

## **APPENDIX A:**

### **CORE AREA REPORT: COMMUNITY HEALTH**

#### **Executive Summary**

The following Community Health Core Area Report provides an overview of the guiding plans, involved agencies, and policy drivers of community health issues in the Eugene-Springfield metropolitan area.

This report is part of the Baseline Assessment of Plans (Baseline Assessment) initiated by the Lane Livability Consortium and conducted by the Community Planning Workshop (CPW) at the University of Oregon. The overall purpose of the Baseline Assessment is to establish a common understanding of existing community and regional plans, identify opportunities to create stronger synergies among plans and agency efforts, and develop more efficient planning processes and methods in a time of scarce resources. The Baseline Assessment focused on four core planning areas including Economic Development, Housing, Community Health, and Transportation.

Each Core Area Report is informed by two components. First, CPW collected and reviewed regional and agency plans related to the four core planning areas. Second, a Core Area Team was formed which included the staff of agencies and organizations involved in the development or implementation of local healthcare plans (see Table 4 at the end of this document for a list of individuals who participated in one or more core area meetings). A summary of key themes and outcomes from the review of plans and team meetings are outlined below. These themes are unique to the community health field but explore gaps, challenges and opportunities for coordinated development and implementation of plans within the community health core area and across multiple core areas.

Regional community health policy is largely shaped by federal and state mandates. The federal Center for Disease Control and Prevention and the Oregon Health Authority determine the majority of community health related policy. Locally, agencies and organizations follow these policies as well as specific initiatives and actions identified by individual organizations.

#### **Primary Community Health Plans:**

- Lane County Public Health Authority Comprehensive Plan
- National Prevention Strategy
- National Public Health Performance Standards
- Oregon Health Improvement Plan

#### **Plans Supporting Community Health Goals and Outcomes:**

- Envision Eugene
- Eugene-Springfield Consolidated Plan 2010
- Human Services Plan for Lane County
- Lane Coordinated Public Transit-Human Services Transportation Plan
- Springfield 2030

### **Agencies and Organizations Involved in Public Health:**

- City of Eugene
- City of Springfield
- Housing and Community Services Agency of Lane County (HACSA)
- Lane Coalition for Healthy Active Youth (LCHAY)
- Lane Council of Governments (LCOG)
- Lane County
- Lane County Public Health Authority
- Neighborhood Economic Development Corporation (NEDCO)
- PeaceHealth
- United Way of Lane County

### **Key Themes**

- **Consider community health outcomes in the development of all policies.**  
Community Health meeting participants encourage CPW? to look at plans through a variety of lenses to mitigate poor health outcomes. Generally, community health representatives advise planners and decision-makers to incorporate and implement health-based criteria across all regional plans and policies.
- **Implement universal prevention strategies across planning efforts.**  
Community health meeting participants introduced the concept of universal, secondary, and indicated<sup>1</sup> prevention as key focuses of community health related goals. Universal prevention addresses community-wide population health planning that includes the built environment, economic indicators and active transportation features. In the future, the Community Health field would like to see more community planning efforts focus on addressing universal prevention as a means to increase positive population health outcomes overall.

### **Gaps and Challenges**

- **The community health field has no medium or long range plan to meet the breadth of desired community health outcomes.** Currently, community health work programs are developed in alignment with bi-annual budget cycles in accordance with narrowly defined federal and state mandates. The lack of a single guiding document for community health outcomes presents two challenges. First, agencies operating in the community health field lack a central, organized framework outlining goals and strategies for all community health agencies to follow. Second, the lack of a single strategic community health plan makes it difficult for individuals and agencies operating in other core areas to learn about, and coordinate with, the work being completed in the Community Health Core Area. A community based health plan developed in partnership with

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<sup>1</sup> The focus of indicated prevention is on individual people, therefore less emphasis is placed on assessing or addressing environmental influences, such as community values. Indicated prevention seeks to mitigate the costs of treatments received by those worst-off, including vulnerable populations such as the homeless.

economic development, housing, land use, and transportation planning efforts would help other core areas identify work that can support efforts toward enhancing community based health outcomes.

- **Limited financial and human resources.** Community Health meeting participants identified limited financial and staff resources as key challenges to further integrating planning efforts with other core areas. Constrained and decreasing budgets, along with inadequate staffing levels have left few opportunities for community health officials to connect with other planning agencies. This limited interaction decreases awareness and understanding of what is or is not being considered by other planning processes in relation to community health.

## Opportunities

- **The region is well positioned to identify and prioritize mutually beneficial planning activities between community health and other core areas.** The community health field is currently in the process of reframing health policy while enhancing the “triple aim” of health service provision. This reframing opens the potential for community health agencies to increase the identification of mutual benefits across core areas. Mutual benefits may link desired health outcomes with regional planning activities by identifying mutual opportunities for cross collaboration and coordination. Additionally, mutual benefits may uncover potential areas to link planning efforts by evaluating health outcomes across planning priorities.
- **The region stands to increase community health outcomes through the integration of multi-disciplinary community health grant planning processes with other core areas.** Supporting effective preventive health planning offers a large return on investment. Consequently, a large number of state resources are being funneled towards community health based opportunities. Emerging trends in the community health field reveal opportunities to involve other core areas in forthcoming inclusionary grant processes focused on improving population health outcomes. Furthermore, the state’s new outcome based budget model is designed to reward programs that show positive measurable impacts on community health. The community health field’s current work on developing Coordinated Care Organizations offers an emerging opportunity to engage new partners in improving regional population and community health outcomes.

## **I. Introduction**

A group of local agencies formed the Lane Livability Consortium (LLC) in 2010 to apply for and manage a Sustainable Communities Regional Planning Grant from the U.S. Department of Housing and Urban Development. The LLC provides a forum for community agencies and leaders to develop new approaches to issues of livability and sustainability in the Eugene-Springfield Metropolitan Area. These issues cross a variety of planning fields including economic development, community health, higher education, transportation, affordable housing, water and energy, infrastructure investments, and social equity.

This report is part of a Baseline Assessment of Plans commissioned by the Lane Livability Consortium and conducted by the Community Planning Workshop at the University of Oregon. The overall purpose of the Baseline Assessment of Plans is to establish a common understanding of existing community and regional plans, identify opportunities to create stronger synergies among plans and agency efforts, and develop more efficient planning processes and methods in a time of scarce resources. The Baseline Assessment focused on four core planning areas including Economic Development, Housing, Community Health, and Transportation.

The following report includes: (1) a description of the methods used to gather information from available plans and identify agency and staff perspectives; (2) identification of the major policy drivers for the public health area; (3) descriptions of the primary community health related agencies; (4) summary descriptions of the guiding community health plans; and (5) a summary of gap, challenges and opportunities for the Community Health Core Area.

## **Purpose and Methods**

The purpose of the four Core Area Reports (Economic Development, Transportation, Housing and Community Health) is to identify shared planning elements within each of the core areas. The reports also reveal areas to improve the linkages of regional planning components within planning policies and processes. Each core area report can be thought of as “vertical” components within the overall regional plan assessment effort because each report’s analysis focuses on the breadth of a single planning function ranging from a broad regional scale to local implementation strategies.

### **KEY INFORMANT INTERVIEWS**

An initial step in developing the Core Area Reports was to conduct key informant interviews with agencies participating in the LLC. This step allowed CPW to develop baseline information on existing regional planning processes and current planning efforts. The key informant interviews also identified additional plans to be included in the overall analysis. Moreover, the meetings identified preliminary opportunities connecting plans and agency.

Nine meetings were conducted with ten different agencies and included a total of 49 participants. Meeting participants represented the following jurisdictions, organizations and agencies: Lane County and the cities of Eugene and Springfield, Eugene Water and Electric Board, Housing and Community Service Agency of Lane

County, Lane Council of Governments, Lane Transit District, Springfield Utility Board, St. Vincent DePaul Society of Lane County, and Oregon Department of Transportation and the Oregon Regional Solutions Team.

## ANALYSIS OF PLANS RELATED TO PUBLIC HEALTH

Following the key informant interviews, CPW developed three preliminary tools to inform the analysis of gaps and opportunities across regional planning documents and processes. These tools are: (1) plan summaries that detail federal, state, and local plan influencers, implementation processes, origins and relevance of data, and plan goals and objectives (Appendix B); (2) a set of timelines reflecting the creation, adoption, maintenance and lifespan of core area planning documents (Section III and Appendix B); and (3) a visual representation of core area relationships (Appendix C). Each tool informs the development of this core area report by offering CPW a means to dissect plans into logical segments and view relationships across plan goals, objectives, strategies, policies and actions.

## CORE AREA TEAM MEETINGS

Third, CPW worked with LLC members to form a Community Health Core Area Team (CAT) to review the plan summaries, identify relationships among plans, and discuss crossover issues. Each of the three meetings ranged in attendance from 10-20 people and consisted of LLC agency staff and additional participants from related community organizations. After reviewing the products developed from key informant interview meetings, members responded to the following three questions:

1. Do logical connections exist among the plan goals?
2. Do opportunities exist to improve connections between these existing plan goals?
3. What opportunities exist for connecting specific plan goals in one core area to plans in another core area?

The meetings focused on evaluating relationships between core area planning document goals. The meetings also informed CPW of current regional planning and collaboration efforts existing within each core area. Lastly, the CAT meetings exposed shared elements in these core areas tied to local planning documents and to improving the integration of planning policies and processes.

Fourth, CPW hosted a crossover “integration” meeting. This meeting was an opportunity for professionals from all agencies and core areas to discuss relatable crossover areas for future integration. CPW asked the group the following questions:

1. What crossover issues exist between core areas?
2. What are the greatest gaps, opportunities and challenges relevant to linking regional efforts across core areas?

Each core area met in a series of three grouped 30-minute discussions. Nearly 35 LLC stakeholders participated in the round table discussions. Members began identifying the degree to which the four core areas are connected and also

identified specific areas in which further integration may be possible. The outcomes and findings from this meeting inform this Core Area Report and generate ideas for increasing opportunities for regional collaboration.

## **II. Community Health Policy Drivers and Influencers**

A common interest in reducing the harmful effects of rapid industrialization and urbanization initiated the development of urban planning and public health fields.<sup>2</sup> Over time, these aims grew apart. Planning professionals now pay greater attention to land use policy, transportation systems, and economic development while public health practitioners focus increasing attention on chronic disease prevention.

A glaring outcome of this approach to community development is the growth of inequalities among health outcomes facing urban poor and minority populations.<sup>3</sup> Furthermore, population and community health outcomes may suffer when traditional planning fields and community health services fail to coordinate toward achieving healthier and more livable communities.

Since 1973, Oregon's Statewide Land Use planning laws have regulated the use and allocation of land and natural resources. These laws broadly define land use initiatives but also refine requirements related to transportation, housing, economic development, natural resource conservation, and agricultural land preservation. Oregon's land use system, however, only tangentially recognizes the impact of land use patterns on community health. In short, community health indicators linking the built environment with healthy communities are not explicitly addressed in Oregon's land use laws.

The growing divide between planners and community health practitioners means that few planners are actively addressing long-term community health goals.<sup>4</sup> Currently, less than 30 percent of the nation's local comprehensive plans address community health components while only three percent of the nation's sustainability plans address community health issues.<sup>5</sup>

### **Federal**

Lane County's Public Health Authority follows national and state mandates in achieving community health outcomes. The 10 Essential Services outlined by the Center for Disease Control's (CDC) National Public Health Performance Standards

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<sup>2</sup> Jason Corburn, "Confronting the Challenges in Reconnecting Urban Planning and Public Health," *American Journal of Public Health* 94, no. 4 (April 2004): 541-546.

<sup>3</sup> N. Freudenberg, "Time for a National Agenda to Improve the Health of Urban Populations," *American Journal of Public Health* 90 (2000): 837-840.

<sup>4</sup> Planning and Community Health Research Center, *Comprehensive Planning for Public Health: Results of the Planning and Community Research Center Survey*, (American Planning Association, 2011).

<sup>5</sup> Planning and Community Health Research Center, *Comprehensive Planning for Public Health: Results of the Planning and Community Research Center Survey*, (American Planning Association, 2011).

Program (NPHPSP) provide a working definition of traditional public health services, and uniform guidelines and regulations for the responsibilities of local community health systems.<sup>6</sup> Additional federal mandates require planning agencies to address transportation and housing concerns related to community health. However, these plans are largely unknown to regional community health practitioners and little collaboration currently exists between entities.

The Patient Protection and Affordable Care Act of 2010 will continue to enhance federal direction across local prevention and community health efforts. Specifically, the Affordable Care Act provides a policy framework for local prevention practices through the National Prevention Strategy. Furthermore, the Act incorporates the development of a Prevention and Public Health Fund to assist states and local jurisdictions to address the underlying drivers of chronic disease.

**Table 1. Federal Policy Drivers and Influencers**

Policy Driver/ Influencer	Description
Patient Protection and Affordable Care Act (PPACA)	The Patient Protection and Affordable Care Act, passed and signed into law in 2010, is a comprehensive package of healthcare reform that expands access and reduces costs of healthcare. The Act incorporates the development of a Prevention and Public Health Fund. The fund assists states in the expansion of prevention activities and with investments in health infrastructure necessary to address the underlying drivers of chronic disease. <sup>7</sup>
National Public Health Performance Standards Program (NPHPSP)	The National Public Health Performance Standards Program provides a working definition of public health and uniform guidelines and regulations for the responsibilities of local community health systems. <sup>8</sup> The framework ensures that local systems monitor, evaluate, diagnose, investigate, enforce, mobilize and inform residents of community health outcomes. Identifying areas for community health system improvement, strengthening state and local partnerships, and ensuring local systems uphold effective response rates to

<sup>6</sup> Centers for Disease Control and Prevention, National Public Health Performance Standards Program (NPHPSP), December 2010, <http://www.cdc.gov/nphpsp/>.

<sup>7</sup> U.S. Department of Health & Human Services, *The Affordable Care Act's Prevention and Public Health Fund in Your State: Oregon*, 2012, <http://www.healthcare.gov/news/factsheets/2011/02/prevention/or.html>.

<sup>8</sup> Centers for Disease Control and Prevention, National Public Health Performance Standards Program (NPHPSP), December 2010, <http://www.cdc.gov/nphpsp/>.

Policy Driver/ Influencer	Description
	daily community health issues and emergencies are the primary goals of NPHPSP. <sup>9</sup>

## State

Oregon's local public health authorities operate under intergovernmental agreements regulated by the Oregon Health Authority (OHA). These agreements allow local health authorities to receive state categorical funds to meet specific federal and state mandates (Table 2). The OHA then ensures compliance with NPHPSP's 10 Essential Services through Oregon Revised Statutes<sup>10</sup> and Oregon Administrative Rules. Although OHA focuses on improving community health outcomes through prevention, few regulatory categories explicitly or implicitly address connections with planning processes across the core areas of Economic Development, Housing, or Transportation.

In an effort to more holistically address community health determinants, the Oregon Health Policy Board (OHPB) created the Oregon Health Improvement Plan (HIP). This visionary document guides evidence-based interventions, systems and environmental approaches to ensure the overall health of all Oregonians.

Through the Health Improvement Plan Committee, state and local transportation and education agencies, businesses, health systems, and community organizations will collaboratively implement the three HIP goals. Participating agencies seek to achieve plan goals by focusing their efforts on: (1) health equity and population health through improving social, economic, and environmental factors; (2) preventing chronic disease by reducing obesity prevalence, tobacco use and alcohol abuse; and (3) stimulating linkages, innovation, and integration among public health, health systems, and communities.<sup>11</sup> Currently Lane County Public Health is working on a local community health improvement plan in collaboration with PeaceHealth and Trillium (the new CCO for the region). Once the plan is drafted each agency will draft its own strategic plan that will guide the activities their agency will pursue. The local community health improvement plan and agency specific strategic plans will complement the Lane County Public Health Comprehensive Plan (see below within "Local" section) by adding more data and time sensitive and specific goals and objectives.<sup>12</sup>

<sup>9</sup> Centers for Disease Control and Prevention, National Public Health Performance Standards Program (NPHPSP), December 2010, <http://www.cdc.gov/nphpsp/>.

<sup>10</sup> Oregon Health Authority, Oregon Revised Statutes - Chapters 91; 431-475; 624, 2012, <http://public.health.oregon.gov/rulesregulations/Pages/OregonRevisedStatutes.aspx>.

<sup>11</sup> Oregon Health Policy Board, Oregon Health Improvement Plan, Oregon Health Authority (Salem: Oregon Health Authority, 2010).

<sup>12</sup> Jordan, Jennifer. Lane County Public Health. Program Coordinator, Chronic Disease Prevention. "Re: Plan Summaries – Please review by Oct. 26." Message to Michael Howard. October 16, 2012. Email.



Recently, Oregon House Bill 3650 and Senate Bill 1580 (2011) called for the creation of Coordinated Care Organizations (CCO). The CCO model reorganizes Oregon Medicaid systems by coupling primary care, mental health, and dental care service provision under a single regional plan insurer. Regional plans offer system efficiencies. CCOs are health entities that will deliver health care and coverage for people eligible for the Oregon Health Plan (Medicaid) including those covered by Medicare. CCOs must be accountable for health outcomes of the population they serve. They will have one budget that grows at a fixed rate for mental, physical, and ultimately dental care. They will be patient-centered and team-focused. Also, they will have flexibility within the budget to deliver defined outcomes. Furthermore, effective service integration and care management will improve population health outcomes among Medicaid enrollees who drive health care costs associated with perinatal health indicators, chronic conditions, smoking, and obesity.<sup>13</sup>

In relation to community health outcomes, Oregon recently adopted an outcome-based budget plan called the 10-Year Plan for Oregon. Agencies throughout the state will now receive funding allocations based on programmatic outcomes related to six key policy areas. Two of the six key policy areas specifically address healthy people and healthy environments.<sup>14</sup> The 10-Year Plan for Oregon carries health related implications across all core areas as each agency receiving state funds will need to address evidence-based outcomes tied to the health of people and their environments. Continued and strengthened collaboration between planning and public health agencies will be essential to reach new state budget and funding targets linked to community health outcomes.

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<sup>13</sup>State of Oregon: Oregon Health Authority. <https://cco.health.oregon.gov/Pages/AboutUs.aspx>. Acquired September 2011.

<sup>14</sup> Chief Operating Officer, State of Oregon, *10-Year Plan for Oregon*, 2012, <http://www.oregon.gov/COO/Ten/Pages/index.aspx>.

**Table 2. State Policy Drivers and Influencers**

Policy Driver/ Influencer	Description
Oregon Revised Statutes Chapters 91; 431-475; 624 <sup>15</sup> and Oregon Administrative Rules	Rules and statutes direct prevention and six additional public health focuses: (1) disease control, laboratory testing, and immunizations; (2) emergency medical services and public health preparedness; (3) food facilities and recreation facilities; (4) health and wellness; (5) healthy environments; and, (6) hospitals and health care. <sup>16</sup>
Oregon Health Improvement Plan (HIP)	The HIP recommends achieving three primary goals: (1) improve the lifelong health of all Oregonians; (2) increase the quality, reliability, and availability of care for all Oregonians; and (3) lower or contain the cost of care so it is affordable to everyone. <sup>17</sup>
Oregon House Bill 3650 and Senate Bill 1580 (2011)	The Coordinated Care Organizations (CCO) model aims to specifically improve health outcomes, health care experiences and lower health care system and delivery costs. <sup>18</sup>

## Local

Lane County's Public Health Authority (LCPHA) addresses community health planning through two formal regulatory documents: (1) the Lane County Public Health Comprehensive Plan (LCPHCP); and (2) the Lane County Mental Health and Addictions Plan (LCMHAP). Each plan must comply with state and federal regulations. However, these plans do not comprise the complete breadth of topics that complete the community health field. Local community agencies separately follow nearly 15 different state and federal plans, initiatives and reports that influence local community health actions.

For example, local agencies review evidence based practices outlined in national initiatives and studies like the National Prevention Strategy,<sup>19</sup> the Institute of Medicine's Local Government Obesity Report,<sup>20</sup> the CDC's Best Practices for

<sup>15</sup> Oregon Health Authority, Oregon Revised Statutes - Chapters 91; 431-475; 624, 2012, <http://public.health.oregon.gov/rulesregulations/Pages/OregonRevisedStatutes.aspx>.

<sup>16</sup> Oregon Health Authority, Public Health - Rules and Regulations, 2012, <http://public.health.oregon.gov/RulesRegulations/Pages/index.aspx>.

<sup>17</sup> Oregon Health Policy Board, Oregon Health Improvement Plan, Oregon Health Authority (Salem: Oregon Health Authority, 2010).

<sup>18</sup> Oregon Health Authority, Coordinated Care Organization Implementation Proposal: House Bill 3650 Health Care Transformation, (Salem: Oregon Health Authority, 2012).

<sup>19</sup> U.S. Department of Health and Human Services, National Prevention Strategy, <http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>.

<sup>20</sup> Institute of Medicine, Local Government Obesity Report, <http://iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>.

Comprehensive Tobacco Control,<sup>21</sup> and the Robert Wood Johnson Foundation's Social Determinants of Health report.<sup>22</sup> Agencies incorporate additional state-centric plans into their planning processes including the Oregon Foodbank Network report<sup>23</sup> and the Partners for a Hunger Free Oregon report.<sup>24</sup> Agencies also review out-of-state influences such as the Vermont Blue Print for Health.<sup>25</sup>

Realizing that collaborative efforts improve population health outcomes, the Lane County Public Health authority recently partnered with the National Association of Chronic Disease Directors to develop Action Communities for Health, Innovation, and Environmental Change (ACHIEVE). The ACHIEVE model partners local schools, worksites, health care facilities, and community organizations in a coordinated effort to support improvements in social, economic, and environmental health outcomes in Lane County.<sup>26</sup>

Additionally, local agencies prioritize actions and funding allocations based on goals forwarded by local documents such as the Lane County Strategic Plan, the Human Services Plan for Lane County and the Lane Coalition for Healthy Active Youth's five-year goals. These additional plans share best practices, goals, objectives, strategies, and policies relative to improving the region's community health outcomes. The challenge is identifying opportunities, gaps, and challenges to link these community health goals with current housing, economic development, and transportation goals in a comprehensive effort to improve the livability of the region.

Locally, agencies lack a unified community health comprehensive plan to guide the work of multiple agencies. With multiple organizations confronting the myriad of community health issues, there is a fragmented system in which the various health issues are addressed. This leads to a lack of coordination and organization in the work of community health. Presently Lane County Public Health is adding to the body of local plans through the creation of a local Community Health Improvement Plan (CHIP). The local community health improvement plan and agency specific strategic plans will complement the Lane County Public Health

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<sup>21</sup> Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control, [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)

<sup>22</sup> Robert Wood Johnson Foundation, Social Determinants of Health, <http://www.rwjf.org/vulnerablepopulations/product.jsp?id=66428>

<sup>23</sup> Oregon Foodbank Network, <http://www.oregonfoodbank.org/Understanding-Hunger/Research>

<sup>24</sup> Partners for a Hunger Free Oregon, <http://oregonhunger.org/reports>

<sup>25</sup> Vermont Blue Print for Health, <http://dvha.vermont.gov/>

<sup>26</sup> Lane County Public Health Authority, ACHIEVE Communities, 2012, [http://www.achievecommunities.org/communities/community\\_details.cfm?community\\_id=9080B092-9698-E67E-1E8E65C81852BCEA](http://www.achievecommunities.org/communities/community_details.cfm?community_id=9080B092-9698-E67E-1E8E65C81852BCEA).

Comprehensive Plan (see below within “Local” section) by adding more data, as well as time sensitive and specific goals and objectives.<sup>27</sup>

### Core Area Team Participants

Multiple agencies and community providers make up the field of community health. These agencies work across a range of issue areas, including public health, human services, health care, and senior services. With the recent formation of the Lane County Coordinated Care Organization, many of these agencies now gather in a forum to coordinate regional community health efforts to improve the quality of community health outcomes. The following agencies are Core Area Team participants and play influential roles in the region’s community health planning process:

**Table 3. Core Area Team Participants**

Participants	Description
Lane County Public Health Authority (LCPHA)	Although Lane County houses the LCPHA, the LCPHA follows directives provided by the OHA. The LCPHA’s main objective is to operationalize the CDC’s 10 Essential Services and enforce related state statutes and administrative rules. The LCPHA comprehensive plan outlines how to address state and federal mandates and is approved by the Lane County Board of Commissioners.
Lane Coalition for Active Health Youth (LCHAY)	LCHAY seeks to prevent the onset of childhood obesity through advocacy and action. Since 2004, LCHAY has focused on addressing policy and environmental change to support healthy active living.
Parks and Recreation	The City of Eugene, City of Springfield, City of Coburg, and Willamalane Parks and Recreation District departments oversee the preservation and public access to parks and open spaces. Access to parks plays an integral role in developing an active healthy lifestyle. Therefore, parks and recreation departments play a role in ensuring all residents retain access to healthy and maintained open spaces.
Lane Council of Governments (LCOG) Senior and Disabled Services	The Senior and Disabled Services division of LCOG is the region’s Agency on Aging and Disability Services. The agency’s primary role is to plan and administer programs and services for older people and for people with disabilities.
United Way of Lane County	The region’s United Way oversees the 100% Access program aimed at ensuring all people in Lane County receive access to health care, affordable medications, and health insurance. The work of the 100% Access program is driven by United Way’s bi-annual community health assessment outcomes that provide metrics for evaluating the region’s population and community health.

<sup>27</sup> Jordan, Jennifer. Lane County Public Health. Program Coordinator, Chronic Disease Prevention. “Re: Plan Summaries – Please review by Oct. 26.” Message to Michael Howard. October 16, 2012. Email.

### III. Summary of key planning documents

This section summarizes the primary and supporting planning documents for community health in the Eugene-Springfield area (Table 4.1 and 4.2). A brief review of the plans is included. For more detailed information about each plan, including a synopsis of plan themes, goals, actions, and strategies for implementation, data inputs and public engagement processes, please see the Plan Summaries in Appendix B.

The region's community health agencies follow goals, strategies, and proposed actions found in multiple national, state, and local planning documents. This report includes a review of three public health planning documents (Human Services Plan of Lane County, Lane County Public Health Authority Comprehensive Plan, and Lane County Transit Human Services Transportation Plan) and additional plans and policy influencers (National Prevention Strategy and the Oregon Health Improvement Plan) identified during the Community Health Core Area Team discussions.

These additional plans, initiatives, and strategies frame the totality of the field's goals and objectives and provide more detail into how the field includes population health indicators in the evaluation of healthy community outcomes. This report identifies potential linkages between these documents and other community health planning goals related to community health.

Two community health planning documents satisfy federal mandates. These include the Lane County Public Health Authority Comprehensive Plan and the Lane County Transit Human Services Transportation Plan. The Human Services Plan of Lane County is not adopted but provides a consensus among human and social service providers for allocating federal, state, local, and foundation grant funds based on prioritized tiers of community need. Additionally, federal, state, and local initiatives and strategies are used to frame the evaluation of the healthy community outcomes. These include the National Prevention Strategy, the Oregon Health Improvement Plan and the ACHIEVE Communities initiative.

During the first Core Area Team meeting with public health officials, many of the participants noted they do not use many of the local community health plans identified by CPW. In general, most policies and influencers of local decision-making are based on legal mandates and the plans and strategies outlined by other non-profit or non-governmental organizations throughout the country. Additionally, participants noted that all core areas are related and planning decisions in the other areas strongly impact community health.

**Table 4.1 Primary Community Health Plans**

Primary Community Health Plans	Description
Lane County Public Health Authority Comprehensive Plan	<p>The Lane County Public Health Authority Comprehensive Plan (LCPHA) authority is tasked with preserving, protecting, and promoting the health of all people in Lane County. In addressing this charge, the state requires LCPHA to complete an annual comprehensive plan addressing the delivery and enforcement of essential public health services.</p> <p>The plan addresses service delivery requirements by detailing steps to achieve objectives related to the following essential themes: (1) providing for the adequacy of local public health services; (2) monitoring communicable disease control; (3) directing parent and child health services; (4) collecting and reporting regional health statistics; (5) providing adequate health information and referral services; (6) monitoring environmental health services; and (7) improving prevention strategies.</p>
National Prevention Strategy	<p>The federal Department of Health and Human Services' National Prevention Council developed the National Prevention Strategy (NPS) as a critical component of the Affordable Care Act in 2011. The document signifies a multi-agency effort to improve America's health outcomes by creating healthy and safe communities, expanding community-based preventive services, empowering people to make healthy choices, and eliminating health disparities.</p> <p>Altogether, 17 agencies across federal government organizations contributed to the document and share a commitment to promoting prevention and wellness. The NPS is relevant to this report because it incorporates suggestions for improving collaboration towards reaching healthy community outcomes by engaging housing, transportation, workplaces, and environmental fields.</p> <p>The plan's strategic directions include goals to accomplish the following: (1) Healthy and Safe Community Environments: create, sustain, and recognize communities that promote health and wellness through prevention; (2) Clinical and Community Preventive Services: ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing; (3) Empowered People: support people in making healthy choices; (4) Elimination of Health Disparities: eliminate disparities, improving the quality of life for all Americans.<sup>28</sup></p>

<sup>28</sup> U.S. Department of Health and Human Services, National Prevention Strategy, <http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>

Oregon Health Improvement Plan	<p>The Oregon Health Improvement Plan (HIP) provides recommendations to improve the lifelong health of all Oregonians, prevent chronic illness, and stimulate innovation and collaboration within local health and planning systems. The document acknowledges that planning for community health means more than providing access to community health clinics. Communities must think of ways to enhance or redesign sidewalks, transit systems, bike paths, schools, restaurants, parks, and workplaces to achieve environments and systems that promote healthy living choices.</p> <p>Over the next several years, the Oregon HIP Committee will work with state and local public health agencies; education and transportation agencies; businesses and worksites; health care systems; behavioral health, long-term care, community- and faith-based organizations; and Oregon residents to tailor the strategies and actions within the Plan to the needs of individual communities.</p>
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**Table 4.2 Supporting Community Health Plans**

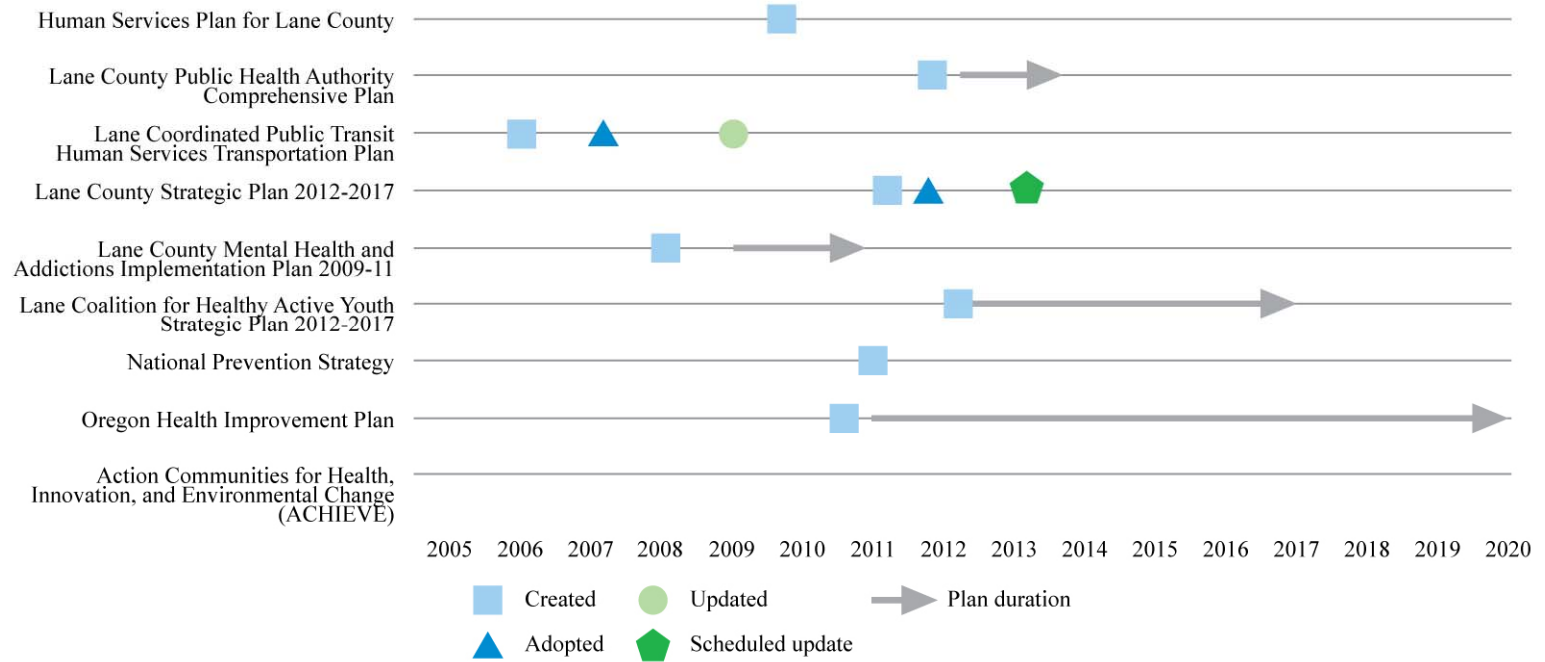
Primary Community Health Plans	Description
Eugene-Springfield Consolidated Plan 2010	<p>The Consolidated Plan is the primary affordable housing plan for Eugene and Springfield. It directs necessary funds for the implementation and development of affordable housing, human services, accessibility improvements, and improvements to low-income neighborhoods through the Home Investment Partnerships Program (HOME) and Community Development Block Grants (CDBG).</p>
Human Services Plan of Lane County	<p>The Human Services Plan of Lane County is a long-range blueprint for human services with the goal of building a healthy more prosperous community. The plan is a strategic policy guide for the Human Services Commission (HSC) decision-making process. The HSC is a partnership of local public and private organizations funded by Lane County and the cities of Eugene and Springfield.</p> <p>Priorities identified in the plan guide the distribution of operating funds for human service programs offered by community-based non-profit and public agencies. Through the Human Services Fund, the HSC supports its nonprofit partners through the provision of approximately \$15 million of local, state and federal funds to support 65 local programs for all ages from infants to elders.</p> <p>The plan's goals address the following concerns: (1) meet community basic needs; (2) increase self-reliance; (3) improve health and well-being; (4) Strengthen children and families; and (5) build a safer community. Formal strategies and actions do not exist to complete the plan goals. Rather, funding priorities are broken out and prioritized into three tiers. Each tier</p>

specifies community needs requiring funding levels necessary to ensure healthy outcomes among vulnerable populations.

<p>Lane Coordinated Public Transit-Human Services Transportation Plan</p>	<p>The Lane Coordinated Public Transit Human Services Transportation Plan (Lane Coordinated Transportation Plan) was developed by the Lane Transit District (LTD) in 2006 and updated in 2009. It is meant to broaden the dialogue of, and support for, coordination between transportation and human services. The 2009 update incorporates expectations and requirements of the Federal Transit Administration (FTA) and the Oregon Department of Transportation (ODOT).</p> <p>The plan reviews existing transit and human services, provides context to expand the coordination of these services, and is a tool to educate human service agencies and transportation providers on how to identify opportunities for coordination. Plan goals are broad and seek to maintain existing services for people who depend on public transportation at levels that have been shown to be effective, to respond to growth within existing services, and to respond to emerging community needs.</p>
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## Timeline of regional planning documents



## **IV. Findings: Assessment of Core Area Team Meetings and Process**

In general, core area team members suggested that separating Community Health from Economic Development, Housing, and Transportation does not help community health practitioners realize their goal of implementing healthy decisions across all policies. Members strongly agreed that if Economic Development, Housing, and Transportation planning decisions incorporated decisions that address community health, then little reason would exist to separate community health from other core areas. This key finding suggests that community health and population health principles should not exist independently but should be incorporated and reflected in all core area decision-making processes.

Second, core area team members indicated that mandated community health plans do not reflect the desired outcomes of the community health field because mandated directives only address the ten essential services prescribed by the CDC. Additionally, the majority of community health goals determined programmatically may not accurately reflect regional land use, transportation, economic development, housing, and other goals. Furthermore, members revealed that no single comprehensive plan addresses the entirety of community health and population health concerns for the region.

Third, members introduced the concept of universal, secondary, and indicated prevention as key focuses of community health goals. Universal prevention addresses community-wide population health planning that includes the built environment, economic indicators, and active transportation features. Secondary prevention addresses prescribed interventions targeted at isolated populations. And, indicated prevention seeks to mitigate the costs of treatments received by those worst-off, including vulnerable populations such as the homeless.

In the future, the community health core area team would like to see more community planning efforts addressing universal prevention as a means to increase positive population health outcomes overall. The community health core area team sees partnerships with all other core areas as instrumental in improving universal prevention efforts to achieve healthier community outcomes.

The core area team meetings established a baseline for CPW and Lane Livability to further understand the working relationships between community health and the other core areas. During the process, CPW asked meeting participants if identified community health plans are currently used, and whether goals within each plan accurately reflected agency work. CPW's findings identify overarching themes and initial gaps, challenges and opportunities for connecting with other core areas.

The findings are organized around themes that emerged from the meetings and interviews and are categorized into four areas:

1. Overarching themes
2. Planning process

3. Data
4. Plan content

The discussion within each of these areas provides an overview of the area, then describes opportunities, gaps, and challenges.

## Overarching Themes

- **Community health practitioners desire community health outcomes to be considered in the development of all policies.** Community Health meeting participants encourage looking at plans through a variety of lenses to mitigate poor health outcomes. Generally, community health representatives advise planners and decision-makers to incorporate and implement health based criteria across all regional plans and policies.
  1. Health is linked to every regional policy and should be planned for and evaluated accordingly.
  2. Community health connections are inherent in all regional plans and should be exposed to highlight the needs of a healthy and thriving community throughout all plans and planning processes.
- **Community health practitioners see opportunities to implement universal prevention strategies across planning efforts.** Community health meeting participants introduced the concept of universal, secondary, and indicated prevention as key focuses of community health goals. Universal prevention addresses community-wide population health planning that include the built environment, economic indicators, and active transportation features. In the future, the Community Health field would like to see more community planning efforts based on addressing universal prevention as a means to increase positive population health outcomes overall.
  1. Nearly 75% of community health resources focus on the sickest portions of the population while many would benefit from meaningful early intervention. With so many resources allocated toward treating the downstream effects of adverse health outcomes, community health practitioners lack the resources to adequately plan or implement universal prevention strategies.
  2. Meaningful universal prevention strategies must include collaborative decision making processes across all core areas.

## GAPS

- **Participants saw a need to redefine and broaden the scope of the public health charge to encompass community health outcomes.** Meeting participants acknowledge that the public and planners alike interpret the term “public health” narrowly to mean communicable disease control. Efforts should be made to reshape the definition of public health to include any agency planning decisions affecting population and community health (i.e. where people live, work, learn, and play).

## CHALLENGES

- **Community health lacks explicit regulatory connections with Oregon's land use planning processes.** Legal challenges prevent the inclusion of community health elements in the land use planning process. Even if incorporated, community health regulations could add increasing layers of legal "red tape" to an already cumbersome ordinance process. Members don't know whether elected officials would support incorporating community health urban services into local and regional planning efforts. Additional research should evaluate whether top-down planning would best impact community health outcomes.
- **The planning community struggles making healthy choices easier to access for all community members.** Members agree that regional planning efforts should strive to make healthy choices easier for individuals and families to achieve. The community should strive to achieve viable active transportation options, access to healthy nutritious foods, affordable health care, and supporting wages as default options in personal decision making processes.

## OPPORTUNITIES

The region stands to increase community health outcomes through the integration of multi-disciplinary community health grant planning processes with other core areas. Supporting effective preventive health planning offers a large return on investment. Consequently, a large number of state resources are being funneled towards community health based opportunities. Emerging trends in the community health field reveal opportunities to involve other core areas in forthcoming inclusionary grant processes focused on improving population health outcomes. Furthermore, the state's new outcome based budget model is designed to reward programs that show positive measurable impacts on community health. The community health field's current work on developing Coordinated Care Organizations offers an emerging opportunity to engage new partners in improving regional population and community health outcomes.

## Planning Process

Key themes identified throughout community health core area team meetings verify the community health field's unique identity as separate but complimentary to "traditional" urban planning efforts. In each core area team meeting, traditional planning fields including economic development, housing, and transportation showed professionals eager to increase collaboration to improve community health outcomes. Optimism for increased partnership and integration will likely help bridge gaps in community health planning connections with planning fields, increase opportunities for cross collaboration, and address challenges discussed by core area team participants.

Currently, few formal communication and collaboration opportunities exist for community health practitioners to engage with leadership and decision making bodies. Currently, the LCPHACP is only viewed by the Lane County Board of Commissioners for approval to satisfy state and federal mandates. City governments and other decision-making bodies are not involved in the

community health planning process. Consequently, community health practitioners have little ability to influence policy and planning practices that fall outside of their mandated jurisdiction. Conversely, there are also few apparent opportunities for non-community health practitioners to influence community health policy and planning practices.

## GAPS

- **A lack of engagement and communication exists between planners and community health partners in traditional planning processes.** Through the meetings with community health practitioners, many expressed a desire to learn more about other core area plan development processes, and to learn where community health planning provides a logical link to core area outcomes. The community health meeting participants expressed interest in finding ways to get involved in community planning decisions and make stronger connections to community health outcomes. Additionally, non-community health participants noted their interest in learning more about the community health field.
- **Lack of access to health insurance increases poor health outcomes.** Meeting participants recognized a link between access to employer-based health insurance and improved community health outcomes. Too often, not having a job means not having health insurance. Without a good job, community members are less likely to retain health insurance and are more likely to have poor health outcomes. Members shared an interest in investigating whether or not Oregon's new system of providing Medicaid coverage through Coordinated Care Organizations (CCO) could include Housing and Economic Development fields in access and outreach strategies.

## CHALLENGES

- **Community health agencies have limited financial and human resources.** Community Health meeting participants identified limited financial and staff resources as key challenges to further integrating planning efforts with other core areas. Constrained and decreasing budgets, along with inadequate staffing levels have meant there are few opportunities for community health practitioners to connect with other planning agencies. This limited interaction decreases awareness and understanding of what is or is not being considered by other planning processes in relation to community health.

## OPPORTUNITIES

- **Enhanced political access, leadership, and networking capabilities across all core areas will likely enhance the coordination and implementation of positive community health outcomes.** Generally, the community health field seeks increased political leadership and influence. Currently, community health agencies lack connections to outside agencies and regional community development efforts. Community health experts struggle to identify a role in the overall plan writing process. Although community health representatives seek engagement in the planning

development process, they lack the relationships necessary for inclusion and meaningful involvement in Economic Development, Housing, and Transportation plan writing processes.

- **Opportunities exist to market the community to business and residents as a healthy community driven by activity and healthy decisions and lifestyles.** Create a community culture anchored on active living.
- **Potential exists to enhance local food production and food security.** Members discussed potential for future collaboration between economic development efforts to promote local food production and community health efforts to promote local food access. For example, local farms can increase participation with school districts. Both issues support increases in the region's quality of life. Moreover, active transportation choices provide a way to improve access to healthy foods and contribute to community health prevention policies. Additionally, Safe Routes to school addresses healthier active transportation options for children by promoting access.

## Data

The community health core area recognizes the need to share data with the other core areas. Reciprocally, the community health core area hopes to collect relevant data pools from other core areas. Efforts to improve data analysis across core areas can expose gaps in service delivery, measure program outcomes, and leverage future funding capacities.

- **Identify successful planning decisions and program outcomes by incorporating the measurement of population health indicators in the planning process.** Members emphasize exploring data metrics to evaluate the impact of planning decisions on poor health outcomes. Ideally, relevant metrics will track community health improvements over time. Future research is needed to determine what health measures, tracked overtime, support economic development, housing and transportation decisions that positively affect the regions long-term health outcomes.

## GAPS

- **The region lacks cost measures of population health care outcomes attributable to environmental issues as a result of poor transportation access.** Improvements in related measures may increase the attractiveness of the community and increase value of programs when successful. Currently, the United Way Community Health Assessment (2009) is one know source of measurable community health indicators. Community health representatives look to increase the whole health of the human being through the increased livability of the community (this includes access to viable and accessible multi-modal transit options).

## CHALLENGES

- **Identifying potential metrics to measure shared community health and economic development outcomes prove challenging to collect.** A triple bottom line analysis offers tools to measure and assess social equity,

economic development, and environmental concerns. However, additional indicators may inform a more complete performance of economic development and public health outcomes.

- **Use of the Health Impact Assessment (HIA) tool in developing policy lacks political support.** This tool can be used to determine the health impacts of policies and developments. Currently, community health practitioners perceive a lack of necessary political will to implement the HIA tool with consistently.
- **Assessing the needed supply of housing that meets the health needs of the aging population will require already limited staff time and resources.** Seniors are beginning to look for more one level housing due to mobility challenges. The housing industry must accommodate this demographic shift through subsidized and non-subsidized housing alternatives. These seniors will have specific health and care needs.

## OPPORTUNITIES

- **The region is well positioned to identify and prioritize mutually beneficial planning activities between community health and other core areas.** The community health field is currently in the process of reframing health policy while enhancing the “triple aim” of health service provision. This reframing opens the potential for community health agencies to increase the identification of mutual benefits across core areas. Mutual benefits may link desired health outcomes with regional planning activities by identifying mutual opportunities for cross collaboration and coordination. Additionally, mutual benefits may uncover potential areas to link planning efforts by evaluating health outcomes across planning priorities.
- **Members wished to explore if metrics exist to evaluate the impact of poor health outcomes on the local economy.** Ideally, members would like to compile relevant metrics that can track community health improvements over time.
- **Determine how to measure how social determinates affect the cost of community health.**

## Plan Content

Existing community health plans address a narrow segment of community health related interests. No one plan adequately addresses the totality of desired population health and healthy community outcomes. Consequently, the identified core area plan goals lack consistency and are often not complementary. Each plan addresses specific outcomes related to community health, social services, and transportation related fields but does not address a unifying aim.

## GAPS

- **Few clear relationships exist between the identified plans within the community health core area.** Topics related to service accessibility stand out as a common denominator across plans. However, plans do reflect the organization of work completed by community health agencies. Plans

do not entirely address goals, objectives, policies, and actions necessary to achieve overarching population health outcomes.

- **The importance of financial education in relationship to health care decisions is not represented in plans.** Often families and individuals forego preventative care due to financial constraints. The trade-off leads to more expensive treatments down the line that can cause economic instability for the individual or family. Adequate financial management education could mitigate financial insecurity and increase access to necessary preventative care.
- **Educational attainment indicates community health outcomes and is not addressed in plans.** As educational services and supports are being cut, meeting participants suggest the community will experience adverse health impacts. Where possible, the region must address this challenge and prepare to mitigate adverse outcomes.
- **The region lacks the access to healthcare information and referral services necessary to increase positive population health outcomes.** Members suggested that to insure all people have access to health care, the region must enhance the provision of referral and information services as community health necessities. Members also discussed the need to increase housing proximity to health services so people can access needed health services in a timely manner.

## CHALLENGES

- **Current work undertaken by the continuum of community health agencies does not directly reflect the goals stated in the reviewed plans.** The LCPHACP addresses annual steps to achieve essential federally mandated “public health” services but the majority of community health agencies follow mission driven objectives drawn from national, state, and local initiatives and influences.
- **Community health has no medium or long range plan to meet the breadth of desired community health outcomes.** Currently, community health work programs are developed in alignment with bi-annual budget cycles in accordance with narrowly defined federal and state mandates. The lack of a single guiding document for community health outcomes presents two challenges. First, agencies operating in community health lack a central, organized framework outlining goals and strategies for all community health agencies to follow. Second, the lack of a single strategic community health plan makes it difficult for individuals and agencies operating in other core areas to learn about, and coordinate with, the work being completed in the Community Health Core Area. A community based health plan developed in partnership with economic development, housing, land use, and transportation planning efforts would help other core areas identify work that can be completed to support efforts toward enhancing community based health outcomes.



- **Transportation plan elements do not explicitly address community health objectives or outcomes.** Transportation plans address active transportation, and local and regional government bodies actively coordinate transportation decisions based on health impacts; however, this is not always evident. Community health officials noted their perception that transportation plans do not specifically address ways to improve community health through transportation decisions. Clearly articulating community health decisions within plans may improve the transparency of the community health decisions that are considered in plan and policy development.
- **Trade-offs associated with housing affordability share a link with health outcomes.** Community Health plans should incorporate or cross-reference housing affordability goals. Lack of affordable housing options force people to make hard monetary trade-offs between groceries, medicine, or other goods. Such decisions can lead to or exacerbate poor health outcomes. Furthermore, the quality of affordable housing provides crossover issues, as accessibility must also accommodate safe and sanitary living conditions. Meeting participants acknowledge that the affordability of utilities must be addressed for individuals and families to increase their available disposable income.

## OPPORTUNITIES

- **State level policies are increasingly linking housing and health systems.** Housing improvements are seen as a low cost means of improving health outcomes through preventative housing improvements.
- **Increasing the amount of housing with supportive services, including alcohol and drug treatment, mental health, and senior services offers natural links with community health prevention models.** Additionally, care for homeless individuals and families provide a crossover issue because those without shelter are in higher danger of developing adverse chronic health conditions.
- **Improving transportation accessibility throughout the region stands to improve community health outcomes.** Research suggests that a variety of health outcomes are linked with urban patterns. Currently, transportation issues have a direct affect on community health outcomes and access to health related services.
  1. A transportation service gap exists for medical needs of residents in rural areas.
  2. Residents need transportation to access healthy, quality food. Adequate access to healthy food correlates with a decrease in medical and health related costs.
  3. An outcome of neglecting community health in planning is the current obesity crisis. Members agree that decreased reliability on automobiles will likely improve community health outcomes.

**Table 5. Individuals Involved in Core Area Team Meetings**

<b>Name</b>	<b>Agency</b>
Lindsey Adkisson	Lane County Public Health
CA Baskerville	Lane County Health and Human Services
Kellie DeVore	United Way
Mira Gattis	Housing and Community Services Agency of Lane County (HACSA)
Karen Gillette	Lane County Public Health
Jennifer Jordan	Lane County Public Health
Patrick Luedtke	Lane County Public Health
Matt McRae	City of Eugene
Angela Phinney	Lane Council of Governments (LCOG) – Senior and Disabled Services
Sandy Shaffer	City of Eugene
Elaine Snowhill	Governor’s Office
Pam Stuver	Lane County Public Health
Laurie Trieger	Lane Coalition for Healthy Active Youth
Marieke Young	Lane County Public Health