KLAMATH COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN

2019

HEALTHY KLAMATH

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List of Abbreviations

BZP	Blue Zones Project
CAC	Community Advisory Council
CCBHC	Certified Community Behavioral Health Clinic
CCC	Cascade Comprehensive Care
CCO	Coordinated Care Organization
CDC	Centers for Disease Control
CHA	Cascade Health Alliance
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHSA	Community Health Status Assessment
CPAC	Community Partnership Advisory Committee
CTSA	Community Themes and Strengths Assessment
ED	Emergency Department
FOCA	Forces of Change Assessment
FQHC	Federally Qualified Health Center
HB	House Bill
HRSA	Health Resources and Services Administration
KBBH	Klamath Basin Behavioral Health
KCPH	Klamath County Public Health
KHP	Klamath Health Partnership
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MCH	Maternal and Child Health
NACCHO	National Association of County and City Health Officials
OHA	Oregon Health Authority
OHP	Oregon Health Plan
OHSU	Oregon Health & Science University
OSU	Oregon State University
PHAB	Public Health Accreditation Board
QPR	Question, Persuade, and Refer
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
SHIP	State Health Improvement Plan
SIDS	Sudden Infant Death Syndrome
SLMC	Sky Lakes Medical Center
SMART	Specific, Measurable, Achievable, Realistic, and Time Specific
THW	Traditional Health Worker
UGB	Urban Growth Boundary
WBI	Well-Being Index
WIC	Women, Infants, and Children

Healthy Klamath Coalition Partners

Committed to Improving the Health of the Community

Steering Committee "Core Four"

Cascade Health Alliance / Cascade Comprehensive Care
Klamath County Public Health
Klamath Health Partnership
Sky Lakes Medical Center

- Area Agency on Aging
- Blue Zones Project – Klamath Falls
- Cascades East Family Medicine
- Choose Klamath
- Citizens for Safe Schools
- City of Klamath Falls
- Department of Human Services – Klamath and Lake Counties
- Friends of the Children
- Herald and News
- Just Talk
- KFLS Radio News – Klamath Talks
- Klamath & Lake Community Action Services
- Klamath Basin Behavioral Health
- Klamath Basin Research and Extension Center
- Klamath Basin Senior Citizens' Center
- Klamath Community College
- Klamath County Government
- Klamath County School District
- Klamath Falls City Schools
- Klamath Falls Downtown Association
- Klamath Falls YMCA
- Klamath Housing Authority
- Klamath-Lake Counties Food Bank
- Klamath Promise
- Klamath Tribal Health & Family Services
- Klamath Tribes
- KVLR News – Klamath Voice
- Lutheran Community Services Northwest
- Oregon Health Authority Innovator Agent
- Oregon Health & Science University
- Oregon Institute of Technology
- Oregon State University Extension Service
- Sky Lakes Wellness Center
- Steen Sports Park
- You Matter to Klamath Coalition

Part I. Introduction

The Healthy Klamath Coalition is a multi-sector partnership established to guide community health improvement efforts in Klamath County, Oregon. Leadership for Healthy Klamath consists of the "Core Four" agencies, Cascade Health Alliance, Klamath County Public Health, Klamath Health Partnership, and Sky Lakes Medical Center, all of which are invested in working together to improve the health of our community. Additionally, community partners, such as the Blue Zones Project – Klamath Falls and the Local Mental Health Authority, Klamath Basin Behavioral Health, are increasingly aligning their efforts with the Core Four and the Healthy Klamath coalition to contribute to a joint Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

A Community Health Improvement Plan is a long-term, systematic effort to address health issues and concerns, and the factors that influence them. The Community Health Improvement Plan builds from Community Health Assessment and the community health improvement planning process. The CHIP is used by health care agencies, in collaboration with community partners, to establish priorities and to coordinate activities and resources to improve the health and well-being of community members, and the overall health status of the community.

Growing out of the community health improvement work that was initiated in 2012, the planning process and subsequent documents continue to improve with each iteration of the CHA and CHIP. Led by Healthy Klamath coalition leadership, the 2019 CHIP is based off the 2018 CHA and is the culmination of community health assessment and improvement planning efforts that began in December 2017. In its third iteration, the 2019 CHIP serves as the guide for community health improvement efforts, which will be implemented by the Healthy Klamath coalition, in coordination with community partners, over the next three years.

The 2019 CHIP is a supplement to the 2018 CHA; however, it can be read as a standalone document. The 2019 CHIP outlines Healthy Klamath's vision and values for a healthy community, how partner agencies are working together, and the MAPP model and the planning process used in completing the CHIP. The six priority health issues are identified, and the relationship to other priorities, such as state and national priorities, and health equity and social determinants are described. Finally, strategy tables with goals and objectives for each priority health issue are included with a plan for implementation and monitoring progress.

The Healthy Klamath coalition understands that people are our greatest asset. An important part of community health improvement work is protecting and promoting the health of our community members and improving quality of life for everyone. We do this through the collaborative work of the Healthy Klamath coalition and by implementing the CHIP. To have the greatest impact on our priority health issues, the Healthy Klamath coalition invites community members and community partners to join an assessment sub-committee. To read the 2018 CHA and learn more about the health improvement work happening in Klamath County, Oregon please visit the Healthy Klamath website at www.healthyklamath.com.

Part II. Vision and Values

Vision

As the foundation for community health improvement, the steering committee and the Healthy Klamath coalition have selected the following definitions of health and a healthy community to guide its work. The steering committee uses the World Health Organization definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The vision of the Healthy Klamath coalition is a healthy community where all community members have the ability to thrive and live a happy, healthy, and prosperous life. The Healthy Klamath coalition defines a healthy community as "a place that promotes health and well-being for all community members where they live, learn, work, and play." The Healthy Klamath coalition envisions Klamath County as a community that is diverse, without disparities, livable, active, connected and walkable, prevention-focused, tobacco-free, with a sense of pride and ownership, and no longer the least healthy county in the state.

Values

The Healthy Klamath coalition promotes and supports the following community values:

- Access to care and services
- Celebrating success
- Collaboration among partner agencies, community members, and all sectors
- Economic prosperity
- Genuine engagement with community members
- Health equity
- Success through education

Part III. Partner Agency Alignment

Many of the Healthy Klamath coalition partners are health care and behavioral health agencies that are required to conduct a Community Health Assessment or a Community Health Needs Assessment (CHNA). Additionally, there is a requirement for some of these agencies to complete a Community Health Improvement Plan. The following agencies, along with many other community partners, came together to align their requirements to complete a joint CHA in 2018. After the CHA was published, the steering committee immediately followed this work by continuing the MAPP process to complete a collaborative CHIP, which meets the needs of the Core Four agencies. The Mobilizing for Action through Planning and Partnerships (MAPP) model enables community partners to meet their individual agency requirements while working towards a collective vision for community health improvement.

Cascade Health Alliance (CHA)

The Oregon Health Authority requires Coordinated Care Organizations (CCOs) to conduct a Community Health Assessment and Community Health Improvement Plan at least every five years.

Area Served: Partial Klamath County, Oregon, excluding 97731, 97733, 97737, 97739

Population Served: Cascade Health Alliance serves people with Medicaid coverage under the Oregon Health Plan (OHP), and Medicare Advantage members through their partnership with ATRIO Health Plans.

Klamath County Public Health (KCPH)

The Public Health Accreditation Board (PHAB) requires local health departments to conduct a Community Health Assessment and a Community Health Improvement Plan every five years.

Service Area: Klamath County, Oregon

Population Served: Klamath County Public Health serves all community members.

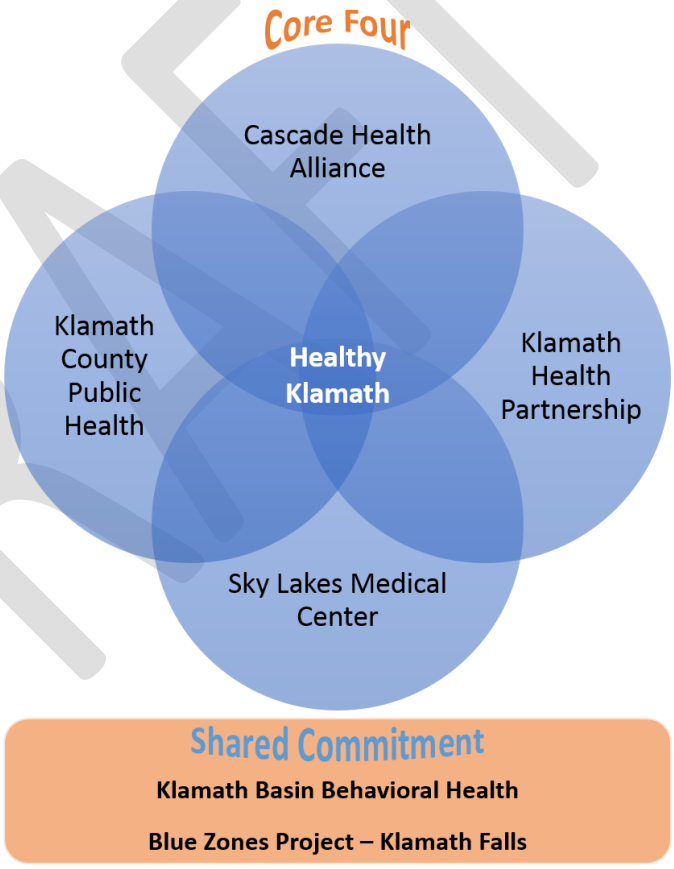


Figure 1. Healthy Klamath Core Four Partnership
Source: Klamath County Public Health, 2018

Klamath Health Partnership (KHP)

The Health Resources & Services Administration (HRSA) requires Federally Qualified Health Centers (FQHCs) to conduct a needs assessment every three years.

Service Area: Klamath County and parts of Lake County, Oregon, as well as Modoc and Siskiyou Counties in northern California.

Population Served: Klamath Health Partnership serves all persons in the service area who pass through their clinic doors regardless of financial, cultural, or social barriers with special emphasis on the underserved.

Sky Lakes Medical Center (SLMC)

The IRS requires 501(c)(3) hospital organizations to conduct a Community Health Needs Assessment and a Community Health Improvement Plan every three years.

Service Area: 10,000 square mile area covering Klamath County, Oregon, parts of Lake County, Oregon, and Modoc and Siskiyou Counties in northern California. For the purposes of this report, the primary population served by the medical center is concentrated within the Klamath Falls Urban Growth Boundary. Community health improvement efforts are generally implemented within the UGB in order to have the greatest impact on the greatest number of people.

Population Served: Sky Lakes Medical Center provides health care to anyone who presents to the acute-care hospital, and is proactive in population health activities and initiatives.

Klamath Basin Behavioral Health (KBBH)

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires Certified Community Behavioral Health Clinics (CCBHCs) to report on 19 quality measures during the demonstration period. Additionally, the Oregon Health Authority (OHA) requires KBBH to report on select measures to maintain their OHA Letter of Approval.

Service Area: Klamath County, Oregon.

Population Served: Klamath Basin Behavioral Health serves adults, children and adolescents who are eligible for Medicaid coverage under the Oregon Health Plan.

Blue Zones Project – Klamath Falls (BZP)

Blue Zones Project – Klamath Falls, now the Healthy Klamath Department at Sky Lakes Medical Center, is not required to conduct a Community Health Assessment or a Community Health Improvement Plan. However, the BZP produces an annual Blueprint plan that aligns with the CHIP to improve health and wellness in Klamath Falls.

Service Area: Klamath Falls, Oregon and its urban growth boundary.

Population Served: Blue Zones Project – Klamath Falls serves all community members.

Part IV. MAPP Model

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning process for improving public health. This framework helps communities prioritize public health issues, identify resources to address them, and take action to improve conditions that support healthy living.

The MAPP process was developed in 2001 by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). MAPP was developed to provide structured guidance that would result in an effective, comprehensive strategic planning process that would be relevant to public health agencies and the communities they serve. NACCHO recognizes the MAPP process as an optimal framework for community health assessment and improvement planning.

There are nine critical elements of the MAPP process, which lay the foundation for continuous community health improvement. These elements are 1) strategic planning; 2) systems thinking; 3) community ownership and stakeholder investment; 4) shared responsibility and working towards a collective vision; 5) using comprehensive data to inform the process; 6) building on previous experience; 7) partnerships; 8) involving the local public health system; and 9) celebrating successes.

The six-phased MAPP model includes four assessments that guide the Community Health Assessment process. The qualitative and quantitative data collected from the four assessments informs the development, implementation, and evaluation of strategic Community Health Improvement Plans.

Phases in the MAPP Academic Model

Community Health Assessment

Phase 1: Organize for Success/Partnership Development

Phase 2: Visioning

Phase 3: Four MAPP Assessments

Community Health Improvement Plan

Phase 4: Identify Strategic Issues

Phase 5: Formulate Goals and Strategies

Phase 6: Action Cycle

Figure 2. MAPP Academic Model
Source: MAPP User's Handbook, September 2013

Part V. Planning Process

Process

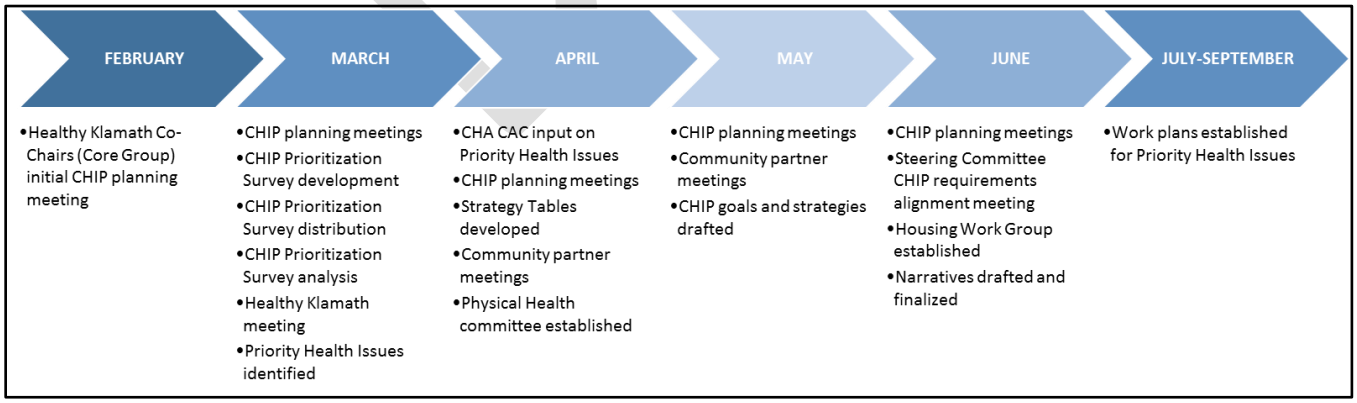
The steering committee and the Healthy Klamath coalition used the MAPP model to complete the 2018 Community Health Assessment (CHA) and the 2019 Community Health Improvement Plan (CHIP). The information gathered during the 2018 CHA process directly informed the 2019 CHIP, to include the partnership development, visioning, and four MAPP assessments completed during MAPP Phases 1 through 3. This section describes in depth the planning process used to develop the 2019 CHIP, to include the committees, timeline, and MAPP Phases 4 through 6. Additionally, as this is a joint community health improvement plan, consideration was given to the specific CHIP requirements for the Core Four agencies to ensure they were addressed.

Committees. The Healthy Klamath coalition supported this process in its entirety by aligning its structure to form a Core Group, Steering Committee and Assessment Sub-Committees. Each of the agencies on the steering committee, along with the Local Mental Health Authority, Klamath Basin Behavioral Health, are actively involved in either leading one of the assessment sub-committees, or having staff engaged as a part of an assessment sub-committee.

Core Group Members	• Healthy Klamath Co-Chairs from:
	  ○ Klamath County Public Health
	  ○ Sky Lakes Medical Center / Blue Zones Project – Klamath Falls

Steering Committee Agencies "Core Four"	• Cascade Health Alliance • Klamath County Public Health • Klamath Health Partnership • Sky Lakes Medical Center / Blue Zones Project – Klamath Falls
Assessment Sub-Committees	• Healthy Klamath Coalition Partners • Community Coalitions, Committees, and Work Groups

Timeline.



MAPP Phase 4: Identify Strategic Issues. The purpose of this phase is to identify the strategic issues, such as policy options or critical challenges that must be addressed for the community to achieve its vision. Using information from the 2018 CHA data indicators and four MAPP assessments, a CHIP prioritization survey was developed to gather community input for the priority health issues.

CHIP Prioritization Survey. To prioritize the health issues identified in the 2018 CHA, a SurveyMonkey instrument (Appendix A) was created and distributed to Healthy Klamath partners and community members. The survey, which aligned with the 2018 CHA, was divided into the nine different categories with the corresponding statistics from the CHA. Additionally, health issues were marked as a previously identified community concern if it was mentioned in one of the four MAPP assessments completed as a part of the CHA process. Respondents were asked to select the top two issues, by selecting a first choice and second choice, per category that the community should focus on improving. The results, shown in Appendix B, were compiled and the first choice for each category was considered by the steering committee for selection as a Priority Health Issue. From the nine categories, the steering committee was able to combine similar items, such as physical activity and physical well-being, to narrow the results to five overall categories.

A broad range of community partners, spanning many different sectors as shown in Appendix C, participated in the survey. The survey respondents included representation from community members, Healthy Klamath coalition members and Cascade Health Alliance members. There was a total of 146 survey respondents, 69 of which were community members and 77 of which represented community organizations. Of the respondents, 22 were affiliated with Cascade Health Alliance as Community Advisory Council members, Cascade Health Alliance members, or employees. These results, shown in Appendix D, were analyzed separately to determine if additional priority health issues were identified to align with the CCO requirements, which led to the inclusion of a sixth category, the Access to Care category covering oral health.

The six priority health issues for the 2019 CHIP are listed below.

- **Length of Life and Quality of Care (Behavioral Health)**
  - Suicide Death Rate
  - Depression Screening
- **Quality of Life and Health Behaviors (Physical Health)**
  - Physical Well-Being
  - Adequate Physical Activity
- **Access to Care (Oral Health)**
  - Annual Dental Visit
- **Maternal and Child Health**
  - Infant Mortality Rate
- **Social and Economic Factors**
  - Food Insecurity
- **Physical Environment**
  - Gross Rent Percentage of Household Income (35% or more)

Further efforts were taken to gain community member input; unfortunately, responses were limited. In addition to the original survey, the survey was shared a second time specifically with the Cascade Health Alliance Community Advisory Council, who then shared the survey with Cascade Health Alliance members. The survey was also translated into Spanish and disseminated in the community. These surveys are shown in Appendices E and F, respectively.

MAPP Phase 5: Formulate Goals and Strategies. The purpose of this phase is to form goals for each strategic issue and identify strategies for achieving the goals. The results of the four MAPP assessments and information gathered from the assessment sub-committees was used to inform the strategy tables for the six priority health issues.

From the 2018 CHA process, the results of the Forces of Change Assessment (FOCA), as shown in Appendix G, and the results of the Community Themes and Strengths Assessment (CTSA), as shown in Appendix H, identified threats, issues, and themes as overall community concerns to be addressed in the 2019 CHIP. As a part of these assessments, community assets and resources to address these concerns were also identified. Those assets are included in the overall community assets and resources (Appendix I) list that was updated by the steering committee as a part of the CHIP process.

In response to the growing concerns in Klamath County, community partners and community members have already mobilized around some of the priority health issues identified during the 2019 CHIP process. Because there are existing groups, the steering committee members were able to collect input on current and planned goals and strategies to address the priority health issues. These groups have a wide variety of engaged community partners and community members, representing many different organizations and populations, to include our Native American population, people with disabilities, and those who qualify as low-income.

To learn about the work of the different groups, information was gathered from steering committee members who are a part of the different assessment sub-committees. The steering committee also met with community partners who lead the other assessment sub-committees to learn more about their current work and future plans. For the other areas, such as physical health, additional assessment sub-committees were formed to develop goals and strategies to address the remaining priority health issues. As the steering committee further develops relationships with community partners from different sectors, the intent is to have a representative on the assessment sub-committees for each of the CHIP priority health issues. Additionally, at least one Cascade Health Alliance Community Advisory Council (CAC) member will serve on one of the assessment sub-committees to ensure even greater community representation and information sharing.

Members of the steering committee who are a part of the CAC gathered input from CAC members on the CHIP issues during a CAC meeting. CAC members completed a strategy table (Appendix J), providing their feedback on the current community activities/assets/resources, new ideas, and barriers for addressing the CHIP issues.

The information gathered from the existing and newly formed groups was used by the steering committee to populate the strategy tables for each priority health issue. The strategy tables for the CHIP's six priority health issues are included in Part VIII. Priority Health Issues.

MAPP Phase 6: Action Cycle. The Action Cycle involves three activities: planning, implementation, and evaluation. The purpose of this phase is to use the goals and strategies identified in Phase 5 to form action teams and to develop multiple work plans to address the priority health issues. The action teams, which are the assessment sub-committees, can take the form of existing or newly formed coalitions, committees, or work groups. Through collective action, the action teams will implement the work plans, evaluate how well they are meeting the goals and objectives, and implement revised work plans as part of an iterative process. The County Health Rankings & Roadmaps' Take Action Cycle provides a visual depiction of how community partners from many different sectors and community members can work together to take action to improve community health.

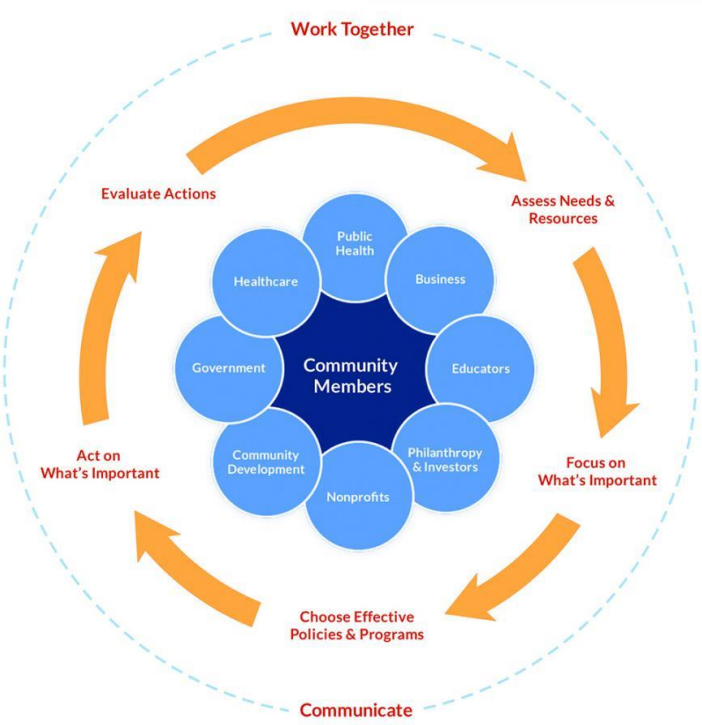


Figure 3. Take Action Cycle
Source: County Health Rankings & Roadmaps, 2019

The action teams are accountable for achieving the desired results and outcomes indicated in the 2019 CHIP. In the first 90 days after the initial CHIP document is published, the action teams will build upon the strategy tables to develop work plans, using the template provided in Appendix K, to address each priority health issue. Steering committee members will serve as liaisons to the assessment sub-committees. The steering committee will ensure progress is made and is reported to the Healthy Klamath coalition and community members in accordance with Part IX. Monitoring Progress.

Part VI. Consideration of Other Priorities

It is important to consider other priorities for alignment with the CHIP priorities. By aligning priorities and efforts, the potential availability of information, resources, and funding to address the priority health issues at the community level increases. The 2019 CHIP aligns with local community input, specific organizational priorities, and state and national priorities.

Local Priorities

Four MAPP Assessments. The CHIP aligns with community input that was sought as a part of the CHA process. The four MAPP assessments that are a part of the MAPP model are the Forces of Change Assessment (FOCA), the Community Themes and Strengths Assessment (CTSA), the Community Health Status Assessment (CHSA), and the Local Public Health System Assessment (LPHSA). These assessments are designed to collect both qualitative and quantitative data to better understand the needs and concerns of the community. This information is useful in identifying the pressing health issues facing the community. The table below shows the alignment between the CHIP priority health issues and the four MAPP assessments in which community members identified the priority health issues, and available assets and resources to address them.

	Four MAPP Assessments			
CHIP Priority Health Issues	FOCA	CTSA	CHSA	LPHSA
Suicide Prevention / Depression	X	X	X	
Physical Well-Being / Physical Activity	X	X	X	
Use of Dental Services	X		X	
Infant Mortality				
Food Insecurity	X		X	
Housing	X	X	X	

Organizational Priorities

Coordinated Care Organization. Coordinated Care Organizations (CCO) are community-governed organizations that bring together physical, behavioral, and dental health providers to coordinate care for people on the Oregon Health Plan. The local CCO, Cascade Health Alliance, and their parent company, Cascade Comprehensive Care (CCC), have provided healthcare services to Klamath County members for over 27 years. Cascade Health Alliance provides services for over 19,000 Klamath County residents through the Oregon Health Plan.

Over the past five years, Oregon's unique coordinated care model (CCO 1.0) has progressed goals for better health, better care, and lower costs. Despite many successes, there is more work to be done. The local Coordinated Care Organization, Cascade Health Alliance, is mandated by the State of Oregon to include specific items in its Community Health Improvement Plan. These requirements have been built into the joint CHIP and include alignment with state priorities and plans and strategies to address specific health care services.

House Bill 2675. Oregon House Bill (HB) 2675 relates to coverage of family members under state-sponsored health benefit plans (i.e., the Oregon Health Plan). In 2017, HB 2675 was changed to require that CCOs include a plan and strategy for integrating physical, behavioral, and oral health care services into their CHA and CHIP.

The physical and behavioral health areas already aligned with the results of the CHIP Prioritization Survey. The additional oral health component still needed to be added to the priority health issues. In the CHIP Prioritization Survey specific to Cascade Health Alliance, Annual Dentist Visit was the second highest choice in the Access to Care category. This was behind the first choice, Emergency Department (ED) Utilization. However, ED Utilization was not selected as a priority health issue because Cascade Health Alliance has a focused Performance Improvement Project to address this issue. Addressing oral health aligns with existing community priorities and the work of the Klamath Basin Oral Health Coalition.

CCO 2.0 requires that Oregon CCOs align their CHIP with at least two State Health Improvement Plan (SHIP) priorities. Cascade Health Alliance is in alignment with this requirement, as the joint CHIP aligns with the SHIP priorities.

CCO 2.0

CCO 2.0 is the next iteration of Coordinated Care contracts with Oregon Health Authority for management of the health care needs of Oregonians on the Oregon Health Plan. In reference to the CHA and the CHIP, contractual requirements remain unchanged from CCO 1.0. CCO 2.0 builds upon successes of CCO 1.0 for coordinated care organizations to continue to improve the health of Oregon Health Plan members and further transform health care delivery in Oregon. As Cascade Health Alliance increases capacity in preparation for CCO 2.0, their devotion to value-based partnerships, financial transparency and sustainable cost growth, behavioral health integration, and addressing health equity and social determinants of health remain unchanged.

CCO 2.0 has a strong emphasis on ways coordinated care organizations can convene collaboration between community partners to increase health equity and improve the social determinants of health. As the CCO 2.0 award cycle approaches, Cascade Health Alliance plans to continue to leverage the Oregon Health Authority framework for collaboration. Cascade Health Alliance remains dedicated to leveraging an alliance between Medicaid members and other influencing community partners to grow a community focused on creating an equitable society, eliminating health disparities, and addressing social determinants of health for all community members in their respective service areas. As these plans align with the 2019 CHIP, the integration of the Cascade Health Alliance priorities with the priority health issues will continue to progress as CCO 2.0 evolves.

State Priorities

State Health Improvement Plan. The priority health issues identified in the 2019 Klamath County CHIP align with most of the priorities identified for the 2020-2024 Oregon SHIP. The SHIP priorities are:

- Institutional Bias
- Adversity, Trauma, and Toxic Stress
- Economic Drivers of Health
- Access to Equitable Preventive Care
- Behavioral Health

Benchmarks. Most of the benchmarks established for the objectives in the strategy tables align with Oregon State statistics and represent the most recent available data for state-level rates or averages for the specific issues.

National Priorities

County Health Rankings. The 2018 Community Health Assessment is aligned with the County Health Rankings model. This comprehensive model includes Health Outcomes, which are length of life (mortality) and quality of life (morbidity), and Health Factors, which are the determinants that influence health and overall outcomes. The outcomes and factors are then broken down into components and subcomponents. The components inform the categories for the 2018 CHA, which are the same broad categories that encompass the priority health issues in the 2019 CHIP. This alignment is shown in *Figure 4. Klamath County CHA/CHIP Crosswalk.* The subcomponents for each category include the specific indicators and data analysis for each area, which inform some of the objectives in the strategy tables. Additional behavioral health and maternal and child health components were added to the CHA, which were also included in the CHIP.

Healthy People 2020. The measurable objectives and strategies associated with the priority health issues are listed in the strategy tables. The steering committee referenced Healthy People 2020 topics and objectives when determining some of the objectives and strategies in the CHIP. Additionally, where applicable, the same target-setting methods, such as 10 percent improvement, that were used for the Healthy People 2020 measurable objectives were used for the CHIP's objectives for some of the priority health issues.

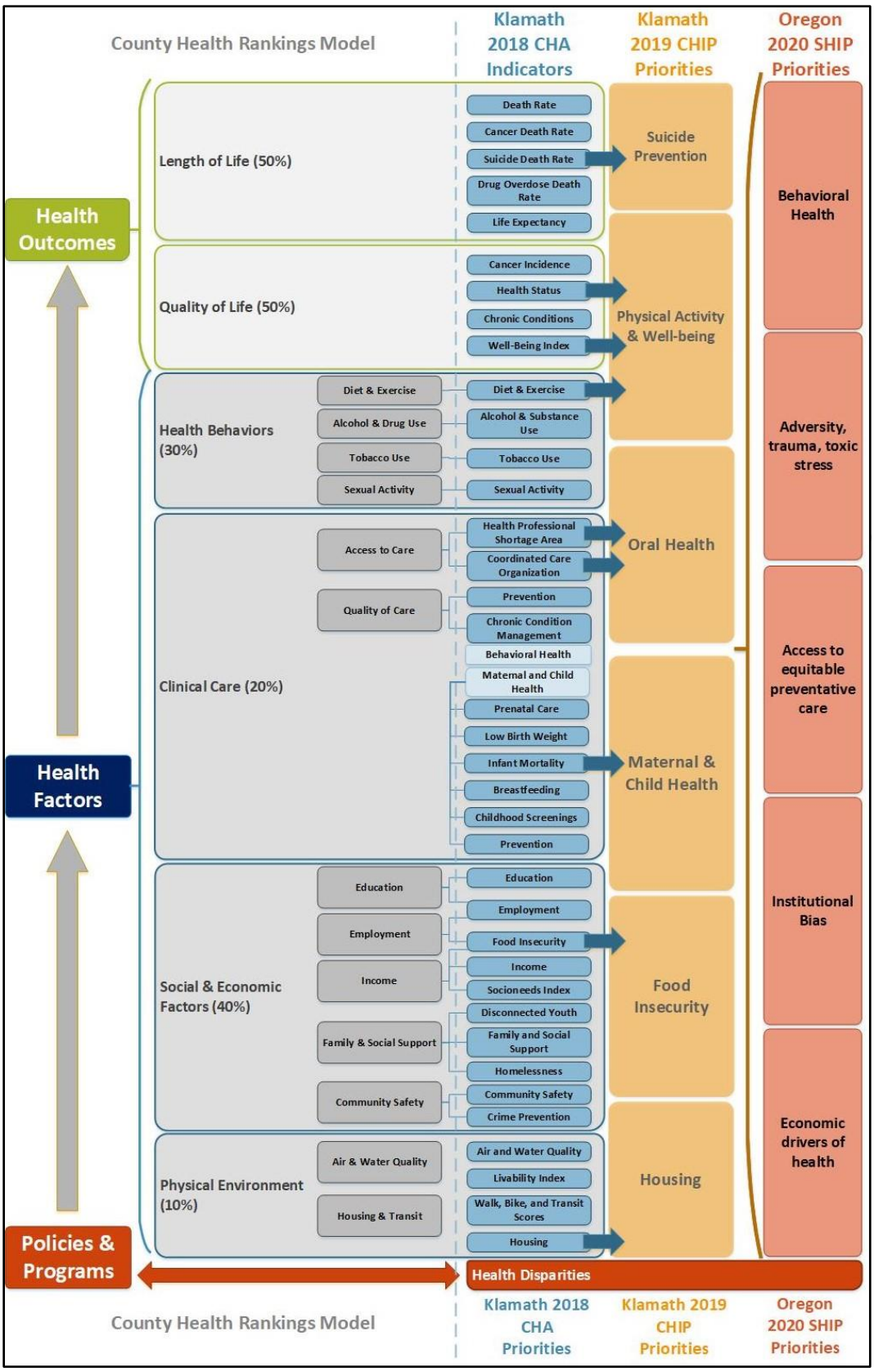


Figure 4. Klamath County CHA/CHIP Crosswalk
Source: County Health Rankings & Roadmaps, 2019; Cascade Health Alliance, 2019

Part VII. Health Equity and Social Determinants

Health equity is described by the Robert Wood Johnson Foundation as everyone having a fair and just opportunity to be as healthy as possible. When disparities exist in a community, community members cannot achieve their optimal health. Understanding that the social determinants of health, the conditions in which people live, learn, work, and play, are the foundations on which health is built, allows the steering committee to identify health equity as a focus of health improvement work in Klamath County.

Health Equity

During the community health assessment process, the core group members and the steering committee realized the limitations of the local data available in trying to identify health disparities. Stratified data on race and ethnicity was analyzed for the priority health issues, however, few disparities were identified. The coalition is aware that the absence of data does not mean that health inequities do not exist. Understanding this need, the community continues to work together to identify and address the issues contributing to health inequities in our community through existing work and planned activities for the future.

One important aspect of health equity is ensuring that all community members have the opportunity to contribute and share their ideas and concerns. Many agencies conduct focus groups to ensure that underrepresented communities are present and engaged in community health assessments and improvement efforts. Despite funding challenges that resulted in the dissolution of the Klamath Regional Health Equity Coalition, many initial partnerships continue while new coalitions have emerged, each with a unique focus on addressing health disparities. One such initial partner, the Chiloquin First Coalition, works to increase community pride and safety, prevent substance abuse among youth, and foster social connectedness among Chiloquin community members. A new LGBTQIA+ coalition, Rainbow Falls, has formed to ensure the needs of our LGBTQIA+ community members in Klamath Falls are being met. The coalition works to spotlight currently available services for the LGBTQIA+ community, address unmet needs, and provide community support. Priorities for Rainbow Falls range from safe public visibility to community education and health care services.

Furthermore, in 2019, Cascade Health Alliance will hire a healthy equity program manager to lead a health equity needs assessment and develop a detailed community-focused Health Equity Plan. To address this work, Cascade Health Alliance will be working alongside other community organizations to expand traditional health worker (THW) services in Klamath County. While Cascade Health Alliance prepares for CCO 2.0 and an expanded role in addressing health equity, the organization continues to focus on improving social determinants of health.

Social Determinants of Health

Aligning the 2018 Community Health Assessment and 2019 Community Health Improvement Plan with the County Health Rankings Model ensured that the social determinants of health

were included. Indicators for economic stability, education, health and health care, neighborhood and built environment, and social and community context were included.

Community stakeholders identified food insecurity and housing affordability as priority health issues. Over the past three years, Klamath County has seen significant improvements in the food system through the focus of the Blue Zones Project. In 2019, the Healthy Klamath coalition will focus on enhancing collaboration, coordination, and data collection in this area. Additionally, housing shortage, affordability, and quality has surfaced as a priority in both the health and economic development sectors, as well as for CC0 2.0 and local government. New work groups have formed to address infrastructure and programming. While the Healthy Klamath coalition has primarily focused on health and health care related issues in the past, the coalition strives to expand beyond the traditional health care focus to promote health equity and improve the social determinants of health. As such, the coalition is engaged with economic development to help fixed- and low-income families achieve optimal health through safe and affordable housing.

With a systems-level approach, Klamath Health Partnership has implemented a universal SDOH screening tool within their medical clinics. Efforts of the Cascade Health Alliance CAC and Community Partnership Advisory Committee (CPAC), SLMC, KBBH, and KHP, along with traditional health workers have begun to address SDOH through financial investment, targeted programming, and health and social service navigation. Including measurable strategies that address SDOH in the 2019 Community Health Improvement Plan provides the Healthy Klamath coalition and its Core Four agencies with a targeted approach to reduce health inequities throughout our community.

Part VIII. Priority Health Issues

Suicide Prevention (Behavioral Health)

As a type of preventable injury death, suicide is a public health issue. While some groups are at a higher risk, suicide can affect anyone, regardless of age, race and ethnicity, and income. It also affects the health of others, to include family members and friends, and the community. Recognized as a local, state, and national health priority, suicide prevention extends across the entire lifespan. Everyone has a responsibility in preventing suicide.

Building off a local grassroots movement, the passage of Oregon Senate Bill 561, and an increasing need for collaborative suicide prevention efforts in the community, Klamath Basin Behavioral Health consolidated community efforts to form You Matter to Klamath, a suicide prevention and awareness coalition in 2018. The coalition focuses on prevention, intervention, and postvention response to prevent loss of life to suicide in our community. Through the work of the coalition, KBBH is coordinating a comprehensive community approach to suicide prevention affecting positive change at all levels, ranging from the individual to the systems-level.

CHIP Priority Health Issue: Suicide Prevention	**Category:** Length of Life and Quality of Care (Behavioral Health)
Coalition: You Matter to Klamath	
Lead Agency: Klamath Basin Behavioral Health	
2018 CHA Data Indicator: Suicide death rate of 47 per 100,000 population (2017)	**Source:** Oregon Public Health Assessment Tool
Resources: • You Matter to Klamath Coalition • Just Talk • Klamath Basin Behavioral Health • Lutheran Community Services • Klamath Tribal Health & Family Services • Sky Lakes Medical Center Emergency Department	 • Klamath County School District • Klamath Falls City Schools • Youth Rising and other Youth Serving Organizations • U.S. Department of Veterans Affairs • Connect Training • QPR (Question, Persuade, and Refer) Training

Goal: Prevent deaths from suicide		
Objective 1: Reduce the suicide death rate in Klamath County by 10% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**
47 deaths per 100,000 population (2017)	≤ 42 deaths per 100,000 population	19 deaths per 100,000 population (Oregon State Suicide Death Rate, 2017)
Source: Oregon Public Health Assessment Tool		
Strategy 1: Prevention: Implement suicide prevention programming in the school districts, in accordance with Oregon Senate Bill 52, and in the community.		
Strategy 2: Intervention: Identify individuals that are at potential risk of suicide and refer to the appropriate agency.		
Strategy 3: Postvention: In accordance with Oregon Senate Bill 561, enact a comprehensive, community-wide suicide postvention plan to prevent suicide contagion.		
Date updated: 06/28/2019		

Physical Well-Being and Physical Activity (Physical Health)

Physical health is critical for overall well-being. A healthy diet, physical activity, avoiding tobacco, and maintaining a healthy body weight all significantly contribute to preventing obesity and chronic disease. Obesity and chronic diseases such as cancer, diabetes, heart disease, and stroke are among the most common, costly, and preventable of all health problems in Klamath County and throughout the country. Currently, Klamath County's Physical Health score ranks at 58 out of 100, while the Well-Being Index score ranks at 59 out of 100.

CHIP Priority Health Issue: Physical Well-Being and Physical Activity	**Category:** Quality of Life and Health Behaviors (Physical Health)
Committee: BZP Physical Health Committee	
Lead Agency: Blue Zones Project- Klamath Falls	
2018 CHA Data Indicator: Physical Health Score: 58 out of 100; Well-Being Index Score: 59 out of 100; Obesity Rate: 28.1%	**Source:** Gallup-Sharecare Well-Being Index, Oregon Behavioral Risk Factor Surveillance System
Resources: • Blue Zones Project – Klamath Falls • Sky Lakes Wellness Center • Sky Lakes Outpatient Care Management • Park and Play • Klamath Trails Alliance	
Goal 1: Improve physical health and well-being in Klamath Falls.	
Goal 2: Reduce obesity in Klamath Falls.	
Objective 1: Increase physical health and well-being in Klamath County by 5%, as measured by the Well-Being Index by June 30, 2021.	
Objective 2: Reduce obesity rate in Klamath Falls by 3%, as measured by the Oregon Behavioral Risk Factor Surveillance System by June 30, 2022.	

Baseline	Target	Benchmark
Physical Health Score: 58 out of 100; Well-Being Index Score: 59 out of 100; Obesity Rate: 28.1%	Physical Health Score: 60 out 100 Well-Being Index Score: 61 out of 100; Obesity Rate: 25%	Physical Health Score: 66 out 100 Well-Being Index Score: 67 out of 100; Obesity Rate: 20%
Source: Gallup-Sharecare Well-Being Index		
Strategy 1: Increase coordination and implementation of physical activity opportunities in schools and parks. This includes the 21st Century After School Sports Program, increased student activity through walking school bus program, and increased number of physical activity opportunities in parks (park and play, additional play structures)		
Strategy 2: Increase connectivity of trails and protected walk/bike lanes to increase community opportunities for active transportation and recreation. This includes partnering with Klamath Trails Alliance to increase connectivity and miles of trails, and seeking funding to prioritize Urban Trails Master Plan and Safe Routes to School Master Plan projects		
Strategy 3: Increase participation in well-being activities and prevention programs. This includes the Living-well coalition, Wellness Center program participation, tobacco cessation program participation and policies passed/project implemented.		
Date Updated: 6/28/19		

Use of Dental Services (Oral Health)

Oral health integration is founded on the ideals that young children receive oral health preventive services as a part of routine well-childcare, pregnant women have dental needs addressed prior to delivery, and that oral disease is treated as part of comprehensive care plans to reduce exacerbation of conditions. In addition, all providers would have a basic understanding of oral disease processes, causes, prevention and effective treatments. In Oregon, 28% of adults avoid smiling due to the condition of their teeth; 20% of adults feel embarrassment due to the condition of their mouth and teeth; and 23% of adults feel anxiety due to the condition of their mouth and teeth. At present, there is very little coordination between dental, behavioral, and physical healthcare providers, not only throughout Oregon, but especially in Klamath County. While Oregon House Bill 2972 requires all children 7 and younger to have a dental screening upon entering public school, many parents in Klamath County are reluctant to take advantage of school-based dental screening programs. Klamath Falls does not have fluoridated water, which contributes to the manifestation of caries in children. There are also challenges with seniors living in long-term care facilities and individuals with diabetes receiving the dental services and treatment that they need.

<table>
<tr><th colspan="2">CHIP Priority Health Issue: Use of Dental Services (Annual Dental Visit)</th><th>Category: Access to Care (Oral Health)</th></tr>
<tr><td colspan="3">Coalition: Klamath Basin Oral Health Coalition</td></tr>
<tr><td colspan="3">Lead Agency: Cascade Health Alliance</td></tr>
<tr><td colspan="2">2018 CHA Data Indicator: 60% of the adult population in Klamath County have visited the dentist in the past year (2014-2017)</td><td>Source: Oregon Public Health Assessment Tool</td></tr>
<tr><td colspan="3">Resources:
Klamath Basin Oral Health Coalition
Cascade Health Alliance Dental Plan
Sky Lakes Medical Center Outpatient Care Management
Konnect Dental Kare with Expanded Practice Dental Hygienist
Dental Clinics at Klamath Health Partnership and Klamath Tribal Health & Family Services
Oregon Tech Dental Hygiene Program and Dental Clinic
OHSU Nursing Program
Title V MCH Grant for Klamath County Public Health
Knight Cancer Institute Community Partnership Grant for Oregon Tech</td></tr>
<tr><td colspan="3">Goal 1: Awareness: Increase preventative dental screenings and dental visits</td></tr>
</table>

Objective 1: Increase the percentage of adults visiting the dentist each year by 10% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**
60% of the adult population have visited the dentist in the past year (2014-2017)	66% of the adult population visiting the dentist in a year (2014-2017)	65% of the adults population in Oregon have visited the dentist in the past year (Oregon State Dental Visits, 2017)
Source: Oregon Public Health Assessment Tool		
Strategy 1: Increase awareness of the oral health coalition and partner services and resources.		
Strategy 2: Develop dental services referral protocol.		
Objective 2: Increase annual oral health evaluation for adults with diabetes by 15% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**
18.5% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening (2018)	21% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening	28% of OHP members with diabetes who are 18 and older have had an annual oral health screening (OHA Incentive Benchmark)
Source: Oregon Public Health Assessment Tool		
Strategy 1: Increase awareness of the relationship between oral health and physical health.		
Strategy 2: Use case management to schedule and follow up with clients for an annual oral health screening.		
Goal 2: Access: Increase use of existing dental services		
Objective 1: Increase the percentage of pregnant mothers seen by a dentist during pregnancy by 10% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**

29% of pregnant mothers visited the dentist during pregnancy (April-June, 2018)	32% of pregnant mothers visiting the dentist during pregnancy	To be determined
Source: Klamath County Public Health Women, Infants, and Children (WIC) Program		
Strategy 1: Provide education to obstetricians, dentists, and dental hygienists about safety and the importance of oral health visits during pregnancy		
Objective 2: Train 20 front line health workers on oral health intake, visual screening, and referral.		
Baseline	**Target**	**Benchmark**
20 Front Line Health Workers identified	20 Front Line Health Workers Trained	To be determined
Source: OHSU Nursing Program		
Strategy 1: Implement a "Train the Trainer" program with Nursing and Dental Hygiene Students to train front line health workers on oral health intake, visual screening, and referral.		
Strategy 2: Incorporate dental screening and referrals into Emergency Department visits		
Goal 3: Advocacy: Research and support policies that are pro-oral health		
Objective 1: Support two oral health policy initiatives per year		
Baseline	**Target**	**Benchmark**
3 policies supported (2019)	2 policies supported per year	To be determined
Source: Klamath Basin Oral Health Coalition		
Strategy 1: Recruit a health equity intern to research policies and the impact on oral health		
Strategy 2: Join Oral Health Progress and Equity Network (OPEN)		
Date updated: 06/28/2019		

Reduce Infant Mortality

As described in the United Nations Millennium Development Goals, infant mortality rates "reflect the social, economic, and environmental conditions in which children, and others, live, including their health care". Infant mortality, which refers to the death of an infant during the first year of life, is a good indicator of the health of mothers and children. In 2017, the CDC reported the five leading causes of infant death were birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS), and injuries (e.g., suffocation).

To reduce infant mortality, improving the overall health of mothers and infants, along with addressing contributing factors to poor health outcomes, is essential. Maternal and child health is influenced by social and economic factors, such as education and income. Additionally, health factors such as substance use or nutrition status can also have a role, as the physical and mental health of parents and caregivers can affect health outcomes for infants and children. In working to prevent infant mortality, it is important to address health disparities, not only in the rate itself, but also in the contributing factors. Furthermore, implementing strategies to decrease preterm birth and low birth weight are ways to reduce infant mortality.

CHIP Priority Health Issue: Infant Mortality	**Category:** Maternal and Child Health
Work Group: Title V MCH Work Group	
Lead Agency: Klamath County Public Health	
2018 CHA Data Indicator: 10 infants deaths per 1,000 live births within the first year of life (2017)	**Source:** Oregon Public Health Assessment Tool
Resources: • Title V MCH Grants for Klamath County Public Health and Klamath Tribal Health & Family Services • Women, Infants, and Children (WIC) • Babies First • Cascade Health Alliance Maternity Case Management • Klamath Health Partnership Oregon MothersCare	• Department of Human Services – Klamath and Lake Counties • Sky Lakes Medical Center • Healthy Families • Early Learning Hub • Klamath County Fire District No. 1 DOSE Program • Blue Zone Project Food Systems Committee

Goal: Reduce infant deaths in the first year of life		
Objective 1: Reduce low birth weight in Klamath County by 10% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**
8 percent (2017)	7 percent	7 percent (Oregon State Low Birth Weight, 2017)
Source: Oregon Public Health Assessment Tool		
Strategy 1: Increase access to and enrollment in prenatal care.		
Strategy 2: Reduce tobacco and substance use among pregnant mothers.		
Strategy 3: Provide comprehensive sexual health education to prevent teen pregnancy.		
Objective 2: Reduce post neonatal (between 28 days and 1 years) infant mortality by 20% no later than June 30, 2022.		
Baseline	**Target**	**Benchmark**
4 infant deaths per 1,000 live births within the first year of life (2017)	3 infant deaths per 1,000 live births	2 infant deaths per 1,000 live births (Oregon State Post Neonatal Infant Mortality Rate, 2017)
Source: Oregon Public Health Assessment Tool		
Strategy 1: Establish a work group to identify cause of and contributors to infant death in Klamath County		
Strategy 2: Implement a community-wide safe sleep program and messaging campaign		
Strategy 3: Address social and economic factors affecting maternal and child health		
Date updated: 06/28/2019		

Food Insecurity

Food insecurity is defined as "the state of being without reliable access to sufficient quantity of affordable, nutritious food." Food insecurity and poor nutrition have serious consequences for the health and well-being of our community, including a greater risk for chronic disease, which can be costly to health systems and individuals. Vulnerable populations such as children, seniors, and individuals who live in rural areas have less access to healthy foods and are particularly at risk for food insecurity, poor nutrition, and chronic illnesses over the course of their life. The Food Environment Index, ranging from 0 (the worst) to 10 (the best), measures the combination of food insecurity and access to healthy foods. In Klamath County, the Food Environment Index has improved slightly from 6.1 in 2015 to 6.6 in 2018.

<table>
<tr><td colspan="2">CHIP Priority Health Issue: Food Insecurity</td><td colspan="2">Category: Social and Economic Factors</td></tr>
<tr><td colspan="4">Committee: BZP Food Systems Committee</td></tr>
<tr><td colspan="4">Lead Agency: Blue Zones Project – Klamath Falls</td></tr>
<tr><td colspan="2">2018 CHA Data Indicator: Food Environment Index: 6.7 (2019)</td><td colspan="2">Source: County Health Rankings</td></tr>
<tr><td colspan="4">Resources:
• Klamath Farmer's Online Marketplace
• Klamath Falls Farmers Market
• Food Policy Council
• OSU Extension Service
• OHSU Moore Institute</td></tr>
<tr><td colspan="4">Goal: Improve access to fresh and healthy food, and increase knowledge on how to produce, sell, and prepare local food.</td></tr>
<tr><td colspan="4">Objective 1: Reduce food insecurity among Klamath County residents by 10%, as measured by the Food Environment Index, by June 30, 2022.</td></tr>
<tr><td>Baseline</td><td>Target</td><td colspan="2">Benchmark</td></tr>
<tr><td>Food Environment Index: 6.7 (2019)</td><td>Food Environment Index: 7.4</td><td colspan="2">Food Environment Index: 10</td></tr>
</table>

Source: County Health Rankings
Strategy 1: Increase access to local produce and other healthy foods within the urban food desert.
Strategy 2: Improve local food economy by connecting and advocating for local producers to sell locally.
Strategy 3: Educate consumers on nutritional quality, producing, and preparing health foods.
Date updated: 06/28/2019

Housing Affordability

Housing plays a critical role in laying a foundation for success for all health improvement efforts. Safe and affordable housing in Klamath Falls has become increasingly scarce, as wages and rental vacancy have failed to keep up with rising costs of the rental housing market. Given all we know about the importance of housing to health, the current housing environment in Klamath County has the potential to widen and exacerbate health disparities and inequities that impact people with fewer support and financial resources. As approximately 23.1% of residents in Klamath County live in poverty, with insufficient income to pay market-rate rents, the availability of quality, affordable housing is a health concern.

<table>
<tr><td colspan="2">CHIP Priority Health Issue: Housing Affordability</td><td colspan="2">Category: Physical Environment</td></tr>
<tr><td colspan="4">Work Group: Klamath Falls Housing Task Force</td></tr>
<tr><td colspan="4">Lead Agencies: Cascade Health Alliance; Choose Klamath; Klamath Housing Authority</td></tr>
<tr><td colspan="2">2018 CHA Data Indicator: Gross Rent as a Percentage of Household Income (35% or more) (2018)</td><td colspan="2">Source: United States Census Bureau</td></tr>
<tr><td colspan="4">Resources:
Blue Zones Project – Klamath Falls
City of Klamath Falls
Choose Klamath
Department of Human Services – Klamath and Lake Counties
Klamath Basin Behavioral Health
Klamath County Commissioners
Klamath Community College
Klamath County Public Health
Klamath Gospel Mission
Klamath Housing Authority
Klamath & Lake Community Action Services
Klamath Rental Owners Association
Klamath Tribes
Oregon Institute of Technology
Sky Lakes Medical Center Outpatient Car Management
South Central Oregon Economic Development District</td></tr>
<tr><td colspan="4">Goal: Establish adequate supply of ownership and rental housing that is healthy, affordable, safe and equitable for all income levels.</td></tr>
<tr><td colspan="4">Objective 1: Form a housing task force with members who have expertise focused on infrastructure and programs needs by June 2020.</td></tr>
<tr><td>Baseline</td><td>Target</td><td colspan="2">Benchmark</td></tr>
<tr><td>To be determined</td><td>To be determined</td><td colspan="2">To be determined</td></tr>
</table>

Source: To be determined		
Strategy 1: Convene stakeholders to initiate a collaborative process for healthy, affordable, safe, and equitable housing.		
Strategy 2: Identify best practice definitions for adequate housing.		
Strategy 3: Identify and advocate for policy implementation and changes directed towards housing expansion and code compliance.		
OBJECTIVE 2: Implement a variety of housing education programs geared to housing assistance and renter education by June 6, 2023.		
Baseline	**Target**	**Benchmark**
To be determined	To be determined	To be determined
Source: To be determined		
Strategy 1: Incorporate a Community Health Worker at Outpatient Care Management solely focused on housing assistance and education.		
Strategy 2: Implement a "Ready to Rent" program through Klamath Housing Authority.		
Strategy 3: Implement a community-wide community clean and safe housing campaign.		
Date updated: 06/28/2019		
OBJECTIVE 3: Establish baseline infrastructure and capital needs for housing in Klamath County by 2021.		
Baseline	**Target**	**Benchmark**
To be determined	To be determined	To be determined
Source: To be determined		
Strategy 1: Convene partnerships with economic development community partnerships to create development incentive package.		
Strategy 2: Partner with Klamath Housing Authority to solicit grant funding opportunities.		
Date updated: 06/28/2019		

Part IX. Monitoring Progress

The steering committee and Healthy Klamath coalition will use several methods to monitor progress in achieving the goals and objectives set forth in the CHIP. Monitoring progress is an important part of ensuring that the CHIP goals and strategies, along with the work plan activities, are effective in addressing and improving the priority health issues. Work plans, community meetings, success stories, fact sheets, and annual progress reports will be the methods used to monitor and share progress made in addressing the priority health issues.

Methods

Work Plans. Work plans will be used to track the actions taken to implement the strategies set forth in the CHIP. The steering committee will work with the assessment sub-committees focused on each priority health issue to develop the work plans. The work plans will be an expansion of the strategy tables, which include the goals, SMART objectives, baseline, target, and benchmark data, with the relevant data year and source. The work plan will include the activities, measures, person and agency responsible, the target completion date, and the status to monitor progress in achieving the goals and objectives. As a part of an ongoing process evaluation, the assessment sub-committees will work with their steering committee liaison to update the status of the work plan activities on a regular basis. The work plan update will take place, at a minimum of every quarter, to monitor whether or not the activities are being implemented as intended. When possible, the work plans will be published on the Healthy Klamath website to share progress with the community.

Community Meetings. The Healthy Klamath coalition meeting takes place every other month. Community partners and community members are welcomed to attend this meeting to learn more about and to become involved in the community health improvement work. The CHIP priority health issues will be a regular agenda item at the Healthy Klamath meetings. The designated representative, or steering committee liaison, from each assessment sub-committee, will provide updates on the CHIP priority health issues at every meeting. Minutes from the Healthy Klamath meetings are posted on the Healthy Klamath website in order to share updates with the community.

In addition, the steering committee will be making more of an effort to share information with the community outside of the Healthy Klamath coalition meetings and the Healthy Klamath website. This can be done with the assistance of CAC members. To keep community members informed on community health improvement efforts, the steering committee will work with CAC members to host a quarterly information session in the community. These information sessions will be held during the evenings in a central and accessible location to encourage attendance and participation.

Success Stories. Sharing successes and achievements in improving the priority health issues is also a part of the community's health improvement journey. As the assessment sub-committees start to achieve their activities and strategies, the designated representative from

each sub-committee will complete a Google Form detailing how the achievement was accomplished. The completed form will be submitted to the steering committee and will coincide with the pertinent goal, objective, strategy, or activity that was fulfilled. Success stories are a positive way to maintain momentum and to highlight the collective impact of the community working together to address these health issues. As the different activities are completed and the goals and objectives for each priority health issue are met, these accomplishments will be reported out to community partners and community members via success stories. Stories that highlight the achievements will be shared in press releases and fact sheets, via website updates, the Healthy Klamath coalition meetings and community information sessions.

Fact Sheets. Fact sheets are a way to highlight the health information in a simple, easy to share format. Fact sheets will be used as another way to keep the community informed about the CHIP priority health issues. Upon completion of the CHIP, the Marketing Manager for the Blue Zones Project – Klamath Falls will create fact sheets summarizing the six priority health issues. The fact sheets will be updated annually in conjunction with the CHIP Progress Report. Updates to the fact sheets will include overall progress with a description of current activities, strategy changes, changes in data indicators, and achievements. The fact sheets will be shared throughout the community and published on the Healthy Klamath website to keep community partners and community members informed of progress being made in addressing the priority health issues.

CHIP Progress Report. The steering committee will use the work plan updates and success stories submitted throughout the year to compile an annual CHIP Progress Report. The steering committee will evaluate the overall progress in achieving the goals and objectives for each priority health issue. Consideration of available resources and the continued feasibility of the strategies and work plan activities will also be assessed. As a part of this annual outcome evaluation, updated data indicators with a brief trend analysis will be included in the CHIP Progress Report. The report will also include any changes in the priority health issues and strategies, changes in community assets and resources, and how achievements were accomplished. Based on this information, the steering committee and assessment sub-committees will work together to reassess strategies and revise the work plans as needed. The first CHIP Progress Report will be due in June 2020 and will be completed annually thereafter. The annual CHIP Progress Reports will also be made available on the Healthy Klamath website.

CHIP Revisions. The CHIP document will be reviewed and revised, as necessary, every year. As goals, objectives, and activities are completed, new strategies will need to be identified. The strategy tables and work plans will be updated to align with the direction of the community health improvement work based on changed priority health issues, completed strategies, changes in assets and resources, such as new or decreased funding streams, and changes in the data indicators. The revisions will be reflected in the revised CHIP document posted on the Healthy Klamath website. In addition, there is a CHIP Priorities section on the Healthy Klamath website, which highlights the data indicators used in the CHIP and includes trend analysis. This section will be another way to share the CHIP revisions.

Part X. Conclusion

The third iteration of the Klamath County Community Health Improvement Plan builds upon the foundational work of many community partners and community members who mobilized in 2012 to address our community's poor health outcomes. It is through continuous improvement that we are able to grow and expand upon the CHA and CHIP planning processes with each iteration. The 2019 CHIP provides us with a robust framework to follow, ensuring that our activities are effective and directly aligned with the measures we seek to improve. This comprehensive plan serves to keep the steering committee, community partners, and community members actively engaged in achieving our community health improvement goals.

The 2019 CHIP also provides an opportunity for us to reflect upon our work as we strive to integrate the characteristics of a culture of health into our everyday work. By focusing on the social determinants of health, which contribute to poor health outcomes, our work addresses health in the broadest possible way. By introducing policy, systems, and environmental changes, we are creating sustainable solutions that address the systemic issues that contribute to poor health outcomes. We continuously improve upon how we conduct our work and approach health improvement in order to promote health equity. We seek to identify health inequities and develop equitable policies, practices, and programs to ensure that all of our community members have a fair and just opportunity to achieve optimal health. The work of the assessment sub-committees highlighted in the strategy tables and work plans, demonstrates the collective impact of community leaders and partners, working alongside community members to improve the health and well-being of all community members where we live, learn, work, and play.

The 2019 CHIP, which details the work of the Healthy Klamath coalition and the assessment sub-committees, demonstrates how we maximize our assets and resources, such as the Healthy Klamath website, to improve health in our community. The plan outlined in this document will direct our work to ensure that we are measuring and sharing progress and results. Finally, we continue to work together across sectors, building relationships and aligning resources, to meet the needs of our community members.

Appendix A: Community Health Improvement Plan (CHIP) Prioritization Survey

Community Health Improvement Plan (CHIP) Prioritization Survey

Introduction

Thank you for helping to prioritize our community health issues in Klamath County. Please review the data tables created from our 2018 Community Health Assessment and select the top two health issues from each category that you think the community should prioritize and work to improve over the next three years.

In the data tables, the trends are shown as improving, increasing, or decreasing. The trends in green represent a positive change, while the trends in red represent a negative change.

* 1. Organization

- ○ Community Member
- ○ Organization Name

* 2. Are you associated with Cascade Health Alliance? (Please select all that apply.)

- ☐ Not Applicable
- ☐ Community Advisory Council Member
- ☐ Member
- ☐ Employee

1

Community Health Improvement Plan (CHIP) Prioritization Survey

Length of Life

Length of life is how long people live. It includes an analysis of the overall number of deaths, specific causes of death, life expectancy, and differences in the population groups affected.

Length of Life			Identified as a community concern
Death Rate		**Trend**	
Total Death Rate	927 per 100,000 population	Increasing	
Tobacco-Related Deaths	209 per 100,000 population	Improving	X
Cancer Death Rate	172 per 100,000 population	Improving	X
Suicide Death Rate	47 per 100,000 population	Increasing	X
Drug Overdose Death Rate	11 per 100,000 population	Increasing	X
Cancer Death Rate (By Type)			
Lung Cancer	47 per 100,000 population	Improving	X
Breast Cancer (In Women)	22 per 100,000 population	Improving	
Prostate Cancer	20 per 100,000 population	Increasing	
Colorectal Cancer	14 per 100,000 population	Improving	
Drug Overdose Death Rate (By Type)			
Any Opioid	4 per 100,000 population	Improving	X
Methamphetamine and Psychostimulants	5 per 100,000 population	Increasing	
Pharmaceutical and Synthetic Opioids	3 per 100,000 population	Improving	
Pharmaceutical Opioids	3 per 100,000 population	Improving	X

3. Please select the top two priority Length of Life issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

2

Community Health Improvement Plan (CHIP) Prioritization Survey

Quality of Life

Quality of life is how healthy people feel. This includes overall health, physical health, mental health, and social functioning.

Quality of Life				Identified as a community concern
Well-Being Index			**Trend**	
Well-Being Index	59.5		**No Change**	**X**
Purpose	59.9		Improving	
Social	64.4		Improving	**X**
Financial	59.5		Improving	
Community	54.9		Improving	
Physical	58.2		Decreasing	**X**
Health Status				
Fair or Poor Health	22%		Improving	**X**
1 to 30 Days of Activity Limitations	25%		**No Change**	**X**
1 to 30 Days of Poor Mental Health Status	39%		Increasing	**X**
1 to 30 Days of Poor Physical Health	38%		**No Change**	**X**
Poor Physical or Mental Health Limiting Daily Activities	27%		Increasing	**X**
Chronic Conditions				
One or more Risk Factors for a Chronic Condition	84%		Improving	**X**
Have one or more Chronic Conditions	53%		Increasing	**X**
Arthritis	28%		Increasing	
Depression	24%		Increasing	**X**
High Cholesterol	30%		Improving	
	Klamath County	**KHP**		
Asthma	11%	413 patients	Increasing	
Diabetes	10%	1,221 patients	Increasing	
High Blood Pressure	35%	2,423 patients	Increasing	

4. Please select the top two priority Quality of Life issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

3

Community Health Improvement Plan (CHIP) Prioritization Survey

Health Behaviors

Health behaviors are the actions people take that contribute to overall health status. They are influenced by social and environmental factors where people live, learn, work, and play.

Health Behaviors			Identified as a community concern
Tobacco Use		**Trend**	
Adult Cigarette Smoking Rate	22%	Improving	X
Diet and Exercise			
Food Environment Index 0 (the worst) to 10 (the best)	6.6	Improving	X
Adequate Fruit and Vegetable Intake	12%	Improving	X
Adequate Physical Activity	25%	Decreasing	X
Overweight or Obese	63%	Improving	
Alcohol and Substance Use			
Heavy Drinking	4%	Improving	X
Binge Drinking	12%	Improving	X
Marijuana Use	30%	Increasing	X
All Drug Overdose Hospitalizations	50 per 100,000 population	Improving	X
Psychotropic Drug Overdose Hospitalizations	19 per 100,000 population	Increasing	X
Any Opioid Overdose Hospitalizations	12 per 100,000 population	Improving	X
Sexual Activity			
Gonorrhea Rate	129 per 100,000 population	Increasing	
Chlamydia Rate	555 per 100,000 population	Increasing	
Effective Contraceptive Use (Ages 15-17)	32%	Improving	
Effective Contraceptive Use (Ages 18-50)	46%	Improving	
Teen Pregnancy Rate (Ages 15-17)	9 per 1,000 women	Improving	X
Teen Pregnancy Rate (Ages 18-19)	50 per 1,000 women	Improving	

5. Please select the top two priority Health Behaviors or issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

4

Community Health Improvement Plan (CHIP) Prioritization Survey

Access to Care

Access to care includes having health insurance coverage and the availability of local health care providers and facilities.

Access to Care			Identified as a community concern
Access to Health Care		**Trend**	
Health Insurance Coverage	84%	Improving	X
Unable to See a Doctor Because of Cost	19%	Improving	X
Had an Annual Doctor Visit	56%	Improving	X
Had an Annual Dentist Visit	60%	Decreasing	X
Access to Care (Overall)	84%	Decreasing	X
Access to Care (Adult)	81%	Improving	
Access to Care (Child)	89%	Decreasing	
Patient-Centered Care Primary Home Enrollment	72%	Decreasing	
Adolescent Well-Care Visits	35%	Improving	
Emergency Department Utilization	45%	Increasing	X
Follow Up after Hospitalization for Mental Illness	80%	Improving	X

6. Please select the top two priority Access to Care issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

5

Community Health Improvement Plan (CHIP) Prioritization Survey

Quality of Care

Quality health care is timely, safe, effective, and affordable.

Quality of Care						Identified as a community concern
Quality of Health Care					**Trend**	
Satisfaction with Care (Overall)	89%				**No Change**	**X**
Satisfaction with Care (Adult)	88%				Improving	
Satisfaction with Care (Child)	89%				Decreasing	
Preventative Screenings						
	CHA	**KBBH**	**Klamath County**	**KHP**		
BMI Assessment	NA	NA	NA	11%	Decreasing	**X**
Cervical Cancer	NA	NA	83%	27%	Decreasing	
Colorectal Cancer	53%	NA	52%	11%	Decreasing	
Depression	11%	59%	NA	8%	Decreasing	**X**
Mammogram	NA	NA	66%	36 Tests	Decreasing	
Tobacco Use	NA	97%	NA	35%	Improving	**X**
Chronic Disease Management						
	CHA		**KHP**			
Heart Disease and Stroke Risk: CAD Lipid Therapy	NA		65%		Improving	
Heart Disease and Stroke Risk: IVD Use of Aspirin	NA		35%		Decreasing	
Asthma: Use of Appropriate Medications	NA		92%		Improving	
Controlling High Blood Pressure	55%		42%		Improving	
Diabetes: A1C Poor Control	25%		15%		Improving	

7. Please select the top two priority Quality of Care issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

6

Community Health Improvement Plan (CHIP) Prioritization Survey

Behavioral Health

Behavioral health is a general term used to refer to both mental health and substance use.

Behavioral Health			Identified as a community concern
Behavioral Health Services Provided		**Trend**	
Crisis Services Provided	1,641	Improving	X
Substance Use Services Provided (Adult)	710	**Baseline**	X
Substance Use Services Provided (Youth)	106	**Baseline**	
Preventative Screenings			
Depression	59%	Decreasing	X
Tobacco Use	97%	Improving	X

8. Please select the top two priority Behavioral Health issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

7

Community Health Improvement Plan (CHIP) Prioritization Survey

Maternal and Child Health

Maternal and child health focuses on pregnant and postpartum women, infants, and children. This is important for decreasing risks and improving birth outcomes.

Maternal and Child Health					Identified as a community concern
Prenatal Care				**Trend**	
WIC Enrollment	76%			Decreasing	
	CHA	**KHP**	**WIC**		
Enrollment in Prenatal Care during 1st Trimester	91%	78%	53%	Improving	
Low Birth Weight					
	Klamath County	**KHP**			
Low Birth Weight	8%	11%		Improving	
Infant Mortality Rate					
Infant Mortality Rate	10 per 1,000 live births			Increasing	
Breastfeeding					
Exclusive Breastfeeding at 6 Months	32%			Improving	
Childhood Screenings					
Developmental Screenings (Ages 0-36 Months)	85%			Improving	
Weight Assessment and Counseling for Nutrition and Physical Activity	14%			Improving	
Prevention					
	CHA	**Klamath County**	**KHP**		
Immunization Status	82%	74%	45%	Improving	
	CHA	**KHP**			
Dental Sealants	22%	30%		No Trend	
Dental Assessments within 60 Days (for children in DHS Custody)	75%			Improving	

9. Please select the top two priority Maternal and Child Health issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey

Social and Economic Factors

Social and economic factors are part of the social determinants of health which influences where we live, learn, work, and play. These factors affect health behaviors and outcomes.

Social and Economic Factors			Identified as a community concern
Food Insecurity		**Trend**	
Food Insecurity	15%	Improving	X
Family and Social Support			
Social Well-Being	64.4	Improving	X
Sense of Purpose	59.9	Improving	
Community Safety			
Sense of Safety and Security	61.6%	Improving	X
Homelessness			
Unsheltered (Adults)	78	Improving	X
Unsheltered (Youth)	3	Improving	
Sheltered (Adults)	114	Improving	X
Sheltered (Youth)	19	Improving	
Disconnected Youth			
Disconnected Youth	19%	**Baseline**	
Education			
High School Graduation Rate (KCSD) – 4 Year Cohort	79%	Improving	
High School Graduation Rate (KFSD) – 4 Year Cohort	63%	Improving	
Some College	27%	**No Change**	X
Employment			
Unemployment Rate	9%	Improving	X
Poverty Rate for Individuals	19%	Improving	X
Students Eligible for Free or Reduced Lunch	66%	Increasing	

10. Please select the top two priority Social and Economic Factors that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

9

Community Health Improvement Plan (CHIP) Prioritization Survey

Physical Environment

The physical environment includes land, air, water, other natural resources, and infrastructure, that provide basic needs and opportunities for health and well-being.

Physical Environment			Identified as a community concern
Air and Water Quality		**Trend**	
PM2.5	27.76 µg/m³	Improving	
Housing			
Gross Rent Percentage of Household Income (30 to 34.9%)	8%	Improving	X
Gross Rent Percentage of Household Income (35% or More)	45%	Increasing	X
Housing Units without Complete Plumbing Facilities	0.6% (162 Units)	Improving	
Housing Units without Complete Kitchen Facilities	1.1% (296 Units)	Increasing	
Occupied Housing Units with 1.51 or More Occupants per Room	0.3%	Improving	
Livability Index			
Livability Index for Klamath County	47	Baseline	X
Walk Score for Klamath Falls	39	No Change	X
Bike Score for Klamath Falls	41	Baseline	X
Transit Score for Klamath Falls	26	Baseline	X

11. Please select the top two priority Physical Environment issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

10

Appendix B: CHIP Prioritization Survey Results

CHIP Prioritization Survey Results

Blue = 1st Choice
Yellow = 2nd Choice
Bold= 1st and 2nd Choice

Length of Life		
1	**Suicide Death Rate**	49.25%
2	**Tobacco-Related Deaths**	13.43%
3	**Drug Overdose Death Rate**	13.43%
1	**Suicide Death Rate**	25.37%
2	**Drug Overdose Death Rate**	18.66%
3	**Tobacco-Related Deaths**	6.72%

Behavioral Health		
1	**Depression Screening**	48.41%
2	**Crisis Services Provided**	19.84%
3	**Substance Use Services Provided**	15.87%
1	**Substance Use Services Provided**	24.39%
2	**Depression Screening**	23.58%
3	**Crisis Services Provided**	21.14%

Quality of Life		
1	Physical (Well-Being Index)	25.95%
2	**Poor Physical or Mental Health**	25.19%
3	**Depression**	10.69%
1	**Depression**	21.37%
2	**Poor Physical or Mental Health**	16.01%
3	Diabetes	12.98%

Maternal and Child Health		
1	**Infant Mortality Rate**	33.87%
2	**WIC Enrollment**	19.35%
3	Enrollment in Prenatal Care during 1st Trimester	16.94%
1	**Infant Mortality Rate**	20.49%
2	**WIC Enrollment**	12.30%
3	Immunization Status	11.48%

Health Behaviors		
1	**Physical Activity**	35.11%
2	Marijuana Use	12.21%
3	**Overweight or Obese**	10.69%
1	**Physical Activity**	16.29%
2	Chlamydia Rate	12.40%
3	**Overweight or Obese**	11.63%

Social and Economic Factors		
1	Food Insecurity	19.20%
2	Disconnected Youth	16.00%
3	Students Eligible for Free or Reduced Lunch	9.60%
1	Poverty Rate	12.30%
2	Unemployment Rate	10.66%
3	Unsheltered Youth	9.84%

Access to Care		
1	**CHA Access to Care (Overall)**	24.22%
2	**Annual Dental Visit**	17.92%
3	**Emergency Department Utilization**	16.41%
1	**Emergency Department Utilization**	24.60%
2	**Annual Dental Visit**	11.11%
3	**Cascade Health Alliance Access to Care (Overall)**	10.32%

Physical Environment		
1	Gross Rent Percentage of Household Income (35% or More)	39.20%
2	**Livibility Index for Klamath County**	16.00%
3	Gross Rent Percentage of Household of Income (30 to 34.9%)	9.60%
1	**Livibility Index for Klamath County**	22.31%
2	Housing Units Without Complete Kitchen Units	20.66%
3	Walk Score for Klamath Falls	13.22%

Quality of Care		
1	**Depression Screening**	24.80%
2	Cascade Health Alliance Satisfaction (Overall)	16.00%
3	Cascade Health Alliance Satisfaction (Child)	13.60%
1	**Depression Screening**	29.41%
2	BMI Assessment	9.24%
3	Heart Disease & Stroke Risk	9.24%

Appendix C: CHIP Prioritization Survey Respondents

Employees from the following agencies completed the CHIP Prioritization Survey. There were 32 participating agencies, with a total 77 responses.

Agency	Number of Respondents
Basin Life Magazine	1
Basin Transit Service	1
Blue Zones Project – Klamath Falls	1
Cascades East Family Medicine	8
Cascade Health Alliance	6
Citizens for Safe Schools	1
Department of Human Services	1
Eagle Ridge High School	1
Head Start	1
Just Talk Suicide Prevention	1
Klamath & Lake Community Action Services	1
Klamath Basin Behavioral Health	1
Klamath Basin Oral Health Coalition	1
Klamath County	8
Klamath County Public Health	10
Klamath County School District	2
Klamath County Sheriff's Office	1
Klamath Falls City Schools	1
Klamath Falls Police Department	1
Klamath Promise	2
Klamath Tribal Health & Family Services	5
Klamath Works	1
Lutheran Community Services Northwest	5
Oregon Health Authority Innovator Agent	1
Oregon Tech	4
Oregon State University Extension Service	1
Other	1
Sky Lakes Medical Center	4
South Central Early Learning Hub	2
South Central Oregon Economic Development District	1
United Way	1
Windermere Real Estate	1

Appendix D: CHIP Prioritization Survey for Cascade Health Alliance Members Results

CHIP Prioritization Survey for Cascade Health Alliance Members Results

Blue = 1st Choice
Yellow = 2nd Choice
Bold= 1st and 2nd Choice

Length of Life		
1	**Suicide Death Rate**	56.52%
2	**Methamphetamine and Psychostimulants Overdose Death Rate**	30.43%
3	Cancer Death Rate	8.60%
1	**Suicide Death Rate**	30.40%
2	**Methamphetamine and Psychostimulants Overdose Death Rate**	26.08%
3	Drug Overdose Death Rate	17.39%

Behavioral Health		
1	**Depression Screening**	47.82%
2	**Crisis Services Provided**	34.78%
3	Substance Use Services Provided (Adult)	8.60%
1	Tobacco Use Screening	26.08%
2	**Depression Screening**	17.39%
3	**Crisis Services Provided**	13.04%

Quality of Life		
1	**Physical (Well-Being Index)**	21.73%
2	Depression	17.39%
3	Community (Well-Being Index)	13.04%
1	**Physical (Well-Being Index)**	26.08%
2	Diabetes	17.39%
3	Have one or more Chronic Conditions	13.04%

Maternal and Child Health		
1	**WIC Enrollment**	26.08%
2	**Infant Mortality Rate**	17.39%
3	Enrollment in Prenatal Care during 1st Trimester	17.39%
1	**Infant Mortality Rate**	17.39%
2	Immunization Status	17.39%
3	**WIC Enrollment**	13.04%

Health Behaviors		
1	Overweight or Obese	26.08%
2	**Physical Activity**	21.70%
3	Marijuana Use	8.60%
1	**Physical Activity**	26.08%
2	Cigarette Smoking Rate	13.04%
3	Gonorrhea Rate	13.04%

Social and Economic		
1	**Food Insecurity**	21.73%
2	Social Well-Being	13.04%
3	Students Eligible for Free or Reduced Lunch	13.04%
1	High School Graduation Rate	17.39%
2	Unemployment Rate	17.39%
3	**Food Insecurity**	13.04%

Access to Care		
1	**Emergency Department Utilization**	26.08%
2	**Annual Dental Visit**	17.39%
3	Health Insurance Coverage	17.39%
4	**Cascade Health Alliance Access to Care (Overall)**	17.39%
1	**Emergency Department Utilization**	17.39%
2	**Annual Dental Visit**	17.39%
3	**Cascade Health Alliance Access to Care (Overall)**	17.39%

Physical Environment		
1	Gross Rent Percentage of Household Income (35% or More)	21.70%
2	**Livibility Index for Klamath County**	21.70%
3	PM2.5	13.04%
1	Housing Units Without Complete Kitchen Units	30.43%
2	**Livibility Index for Klamath County**	17.39%
3	Walk Score for Klamath Falls and Gross Rent Percentage of Household Income (30 to 34.9%)	13.04%

Quality of Care		
1	**Depression Screening**	34.70%
2	Cascade Health Alliance Satisfaction (Overall)	26.08%
3	Cascade Health Alliance Satisfaction (Child)	8.69%
1	**Depression Screening**	17.39%
2	BMI Assessment	17.39%
3	Heart Disease and Stroke Risk	8.60%

Appendix E: CHIP Prioritization Survey for Cascade Health Alliance Members

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Introduction

Thank you for helping to prioritize our community health issues in Klamath County. Please review the data tables created from our 2018 Community Health Assessment and select the top two health issues from each category that you think the community should prioritize and work to improve over the next three years.

In the data tables, the trends are shown as improving, increasing, or decreasing. The trends in green represent a positive change, while the trends in red represent a negative change.

* 1. Are you a Cascade Health Alliance Member?

- ◯ Yes
- ◯ No

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

* 2. Have you already taken this survey?

- ◯ Yes
- ◯ No

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Length of Life

Length of life is how long people live. It includes an analysis of the overall number of deaths, specific causes of death, life expectancy, and differences in the population groups affected.

1

Length of Life			Identified as a community concern
Death Rate		**Trend**	
Total Death Rate	927 per 100,000 population	Increasing	
Tobacco-Related Deaths	209 per 100,000 population	Improving	X
Cancer Death Rate	172 per 100,000 population	Improving	X
Suicide Death Rate	47 per 100,000 population	Increasing	X
Drug Overdose Death Rate	11 per 100,000 population	Increasing	X
Cancer Death Rate (By Type)			
Lung Cancer	47 per 100,000 population	Improving	X
Breast Cancer (In Women)	22 per 100,000 population	Improving	
Prostate Cancer	20 per 100,000 population	Increasing	
Colorectal Cancer	14 per 100,000 population	Improving	
Drug Overdose Death Rate (By Type)			
Any Opioid	4 per 100,000 population	Improving	X
Methamphetamine and Psychostimulants	5 per 100,000 population	Increasing	
Pharmaceutical and Synthetic Opioids	3 per 100,000 population	Improving	
Pharmaceutical Opioids	3 per 100,000 population	Improving	X

3. Please select the top two priority Length of Life issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Quality of Life

Quality of life is how healthy people feel. This includes overall health, physical health, mental health, and social functioning.

Quality of Life				Identified as a community concern
Well-Being Index			**Trend**	
Well-Being Index	59.5		**No Change**	**X**
Purpose	59.9		Improving	
Social	64.4		Improving	**X**
Financial	59.5		Improving	
Community	54.9		Improving	
Physical	58.2		Decreasing	**X**
Health Status				
Fair or Poor Health	22%		Improving	**X**
1 to 30 Days of Activity Limitations	25%		**No Change**	**X**
1 to 30 Days of Poor Mental Health Status	39%		Increasing	**X**
1 to 30 Days of Poor Physical Health	38%		**No Change**	**X**
Poor Physical or Mental Health Limiting Daily Activities	27%		Increasing	**X**
Chronic Conditions				
One or more Risk Factors for a Chronic Condition	84%		Improving	**X**
Have one or more Chronic Conditions	53%		Increasing	**X**
Arthritis	28%		Increasing	
Depression	24%		Increasing	**X**
High Cholesterol	30%		Improving	
	Klamath County	**KHP**		
Asthma	11%	413 patients	Increasing	
Diabetes	10%	1,221 patients	Increasing	
High Blood Pressure	35%	2,423 patients	Increasing	

4. Please select the top two priority Quality of Life issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Health Behaviors

Health behaviors are the actions people take that contribute to overall health status. They are influenced by social and environmental factors where people live, learn, work, and play.

3

Health Behaviors			Identified as a community concern
Tobacco Use		**Trend**	
Adult Cigarette Smoking Rate	22%	Improving	X
Diet and Exercise			
Food Environment Index 0 (the worst) to 10 (the best)	6.6	Improving	X
Adequate Fruit and Vegetable Intake	12%	Improving	X
Adequate Physical Activity	25%	Decreasing	X
Overweight or Obese	63%	Improving	
Alcohol and Substance Use			
Heavy Drinking	4%	Improving	X
Binge Drinking	12%	Improving	X
Marijuana Use	30%	Increasing	X
All Drug Overdose Hospitalizations	50 per 100,000 population	Improving	X
Psychotropic Drug Overdose Hospitalizations	19 per 100,000 population	Increasing	X
Any Opioid Overdose Hospitalizations	12 per 100,000 population	Improving	X
Sexual Activity			
Gonorrhea Rate	129 per 100,000 population	Increasing	
Chlamydia Rate	555 per 100,000 population	Increasing	
Effective Contraceptive Use (Ages 15-17)	32%	Improving	
Effective Contraceptive Use (Ages 18-50)	46%	Improving	
Teen Pregnancy Rate (Ages 15-17)	9 per 1,000 women	Improving	X
Teen Pregnancy Rate (Ages 18-19)	50 per 1,000 women	Improving	

5. Please select the top two priority Health Behaviors or issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Access to Care

Access to care includes having health insurance coverage and the availability of local health care providers and facilities.

4

Access to Care			Identified as a community concern
Access to Health Care		**Trend**	
Health Insurance Coverage	84%	Improving	X
Unable to See a Doctor Because of Cost	19%	Improving	X
Had an Annual Doctor Visit	56%	Improving	X
Had an Annual Dentist Visit	60%	Decreasing	X
Access to Care (Overall)	84%	Decreasing	X
Access to Care (Adult)	81%	Improving	
Access to Care (Child)	89%	Decreasing	
Patient-Centered Care Primary Home Enrollment	72%	Decreasing	
Adolescent Well-Care Visits	35%	Improving	
Emergency Department Utilization	45%	Increasing	X
Follow Up after Hospitalization for Mental Illness	80%	Improving	X

6. Please select the top two priority Access to Care issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Quality of Care

Quality health care is timely, safe, effective, and affordable.

5

Quality of Care						Identified as a community concern
Quality of Health Care					**Trend**	
Satisfaction with Care (Overall)	89%				**No Change**	X
Satisfaction with Care (Adult)	88%				Improving	
Satisfaction with Care (Child)	89%				Decreasing	
Preventative Screenings						
	CHA	**KBBH**	**Klamath County**	**KHP**		
BMI Assessment	NA	NA	NA	11%	Decreasing	X
Cervical Cancer	NA	NA	83%	27%	Decreasing	
Colorectal Cancer	53%	NA	52%	11%	Decreasing	
Depression	11%	59%	NA	8%	Decreasing	X
Mammogram	NA	NA	66%	36 Tests	Decreasing	
Tobacco Use	NA	97%	NA	35%	Improving	X
Chronic Disease Management						
	CHA		**KHP**			
Heart Disease and Stroke Risk: CAD Lipid Therapy	NA		65%		Improving	
Heart Disease and Stroke Risk: IVD Use of Aspirin	NA		35%		Decreasing	
Asthma: Use of Appropriate Medications	NA		92%		Improving	
Controlling High Blood Pressure	55%		42%		Improving	
Diabetes: A1C Poor Control	25%		15%		Improving	

7. Please select the top two priority Quality of Care issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Behavioral Health

Behavioral health is a general term used to refer to both mental health and substance use.

Behavioral Health			Identified as a community concern
Behavioral Health Services Provided		**Trend**	
Crisis Services Provided	1,641	Improving	X
Substance Use Services Provided (Adult)	710	**Baseline**	X
Substance Use Services Provided (Youth)	106	**Baseline**	
Preventative Screenings			
Depression	59%	Decreasing	X
Tobacco Use	97%	Improving	X

8. Please select the top two priority Behavioral Health issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Maternal and Child Health

Maternal and child health focuses on pregnant and postpartum women, infants, and children. This is important for decreasing risks and improving birth outcomes.

Maternal and Child Health					Identified as a community concern
Prenatal Care				**Trend**	
WIC Enrollment	76%			Decreasing	
	CHA	**KHP**	**WIC**		
Enrollment in Prenatal Care during 1st Trimester	91%	78%	53%	Improving	
Low Birth Weight					
	Klamath County	**KHP**			
Low Birth Weight	8%	11%		Improving	
Infant Mortality Rate					
Infant Mortality Rate	10 per 1,000 live births			Increasing	
Breastfeeding					
Exclusive Breastfeeding at 6 Months	32%			Improving	
Childhood Screenings					
Developmental Screenings (Ages 0-36 Months)	85%			Improving	
Weight Assessment and Counseling for Nutrition and Physical Activity	14%			Improving	
Prevention					
	CHA	**Klamath County**	**KHP**		
Immunization Status	82%	74%	45%	Improving	
	CHA	**KHP**			
Dental Sealants	22%	30%		**No Trend**	
Dental Assessments within 60 Days (for children in DHS Custody)	75%			Improving	

9. Please select the top two priority Maternal and Child Health issues that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

7

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Social and Economic Factors

Social and economic factors are part of the social determinants of health which influences where we live, learn, work, and play. These factors affect health behaviors and outcomes.

Social and Economic Factors			Identified as a community concern
Food Insecurity		**Trend**	
Food Insecurity	15%	Improving	X
Family and Social Support			
Social Well-Being	64.4	Improving	X
Sense of Purpose	59.9	Improving	
Community Safety			
Sense of Safety and Security	61.6%	Improving	X
Homelessness			
Unsheltered (Adults)	78	Improving	X
Unsheltered (Youth)	3	Improving	
Sheltered (Adults)	114	Improving	X
Sheltered (Youth)	19	Improving	
Disconnected Youth			
Disconnected Youth	19%	**Baseline**	
Education			
High School Graduation Rate (KCSD) – 4 Year Cohort	79%	Improving	
High School Graduation Rate (KFSD) – 4 Year Cohort	63%	Improving	
Some College	27%	**No Change**	X
Employment			
Unemployment Rate	9%	Improving	X
Poverty Rate for Individuals	19%	Improving	X
Students Eligible for Free or Reduced Lunch	66%	Increasing	

10. Please select the top two priority Social and Economic Factors that the community should focus on improving.

	Health Issues
First Choice	
Second Choice	

Community Health Improvement Plan (CHIP) Prioritization Survey for Cascade Health Alliance Members

Physical Environment

The physical environment includes land, air, water, other natural resources, and infrastructure, that provide basic needs and opportunities for health and well-being.

Physical Environment			Identified as a community concern
Air and Water Quality		**Trend**	
PM2.5	27.76 µg/m³	Improving	
Housing			
Gross Rent Percentage of Household Income (30 to 34.9%)	8%	Improving	X
Gross Rent Percentage of Household Income (35% or More)	45%	Increasing	X
Housing Units without Complete Plumbing Facilities	0.6% (162 Units)	Improving	
Housing Units without Complete Kitchen Facilities	1.1% (296 Units)	Increasing	
Occupied Housing Units with 1.51 or More Occupants per Room	0.3%	Improving	
Livability Index			
Livability Index for Klamath County	47	**Baseline**	X
Walk Score for Klamath Falls	39	**No Change**	X
Bike Score for Klamath Falls	41	**Baseline**	X
Transit Score for Klamath Falls	26	**Baseline**	X

11. Please select the top two priority Physical Environment issues that the community should focus on improving.

Health Issues

First Choice

Second Choice

9

Appendix F: CHIP Prioritization Survey in Spanish

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Introducción

Gracias por ayudarnos a priorizar nuestros problemas de salud comunitarios en el Condado de Klamath. Revise las tablas de datos creadas a partir de nuestra Evaluación de salud comunitaria 2018 y seleccione los dos problemas principales de salud de cada categoría que cree que la comunidad debería priorizar y trabajar para mejorar en los próximos tres años.

En las tablas de datos, las tendencias se muestran como mejorar, aumentando, o decreciente. Las tendencias en verde representan un cambio positivo, mientras que las tendencias en rojo representan un cambio negativo.

* 1. ¿Es usted miembro de la Alianza de Cascade Health?

- ◯ Sí
- ◯ No

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Duración de la vida

La duración de la vida es cuánto viven las personas. Incluye un análisis del número total de muertes, causas específicas de muerte, esperanza de vida y diferencias en los grupos de población afectados.

1

Duración de la vida			Identificado como unapreocupación de la comunidad
Índice de mortalidad		**Tendencia**	
Tasa de mortalidad total	927 por 100,000 habitantes	Creciente	
Muertes relacionadas con el tabaco	209 por 100,000 habitantes	Mejorando	X
Tasa de mortalidad por cáncer	172 por 100,000 habitantes	Mejorando	X
Tasa de muerte por suicidio	47 por 100,000 habitantes	Creciente	X
Tasa de mortalidad por sobredosis de drogas	11 por 100,000 habitantes	Creciente	X
Tasa de mortalidad por cáncer (por tipo)			
Cáncer de pulmón	47 por 100,000 habitantes	Mejorando	X
Cáncer de mama (en mujeres)	22 por 100,000 habitantes	Mejorando	
Cancer de prostata	20 por 100,000 habitantes	Creciente	
Cáncer colonrectal	14 por 100,000 habitantes	Mejorando	
Tasa de mortalidad por sobredosis de drogas (por tipo)			
Cualquier opioide	4 por 100,000 habitantes	Mejorando	X
Metanfetamina y psicoestimulantes	5 por 100,000 habitantes	Creciente	
Opioides Farmacéuticos y Sintéticos	3 por 100,000 habitantes	Mejorando	
Opioides farmaceuticos	3 por 100,000 habitantes	Mejorando	X

2. Por favor, seleccione las dos principales prioridades Duración de la vida Problemas que la comunidad debería enfocar en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Calidad de vida

La calidad de vida es cómo se sienten las personas sanas. Esto incluye salud general, salud física, salud mental y funcionamiento social.

2

Calidad de vida				Identificado como unapreocupación de la comunidad
Indice de Bienestar			**Tendencia**	
Indice de Bienestar	59.5		**Ningún cambio**	X
Propósito	59.9		Mejorando	
Social	64.4		Mejorando	X
Financiero	59.5		Mejorando	
Comunidad	54.9		Mejorando	
Físico	58.2		Disminuyendo	X
Estado de salud				
Justa o mala salud	22%		Mejorando	X
1 a 30 días de limitaciones de actividad	25%		**Ningún cambio**	X
1 a 30 días de mal estado de salud mental	39%		Creciente	X
1 a 30 días de mala salud física	38%		**Ningún cambio**	X
Mala salud física o mental que limita las actividades diarias	27%		Creciente	X
Condiciones crónicas				
Uno o más factores de riesgo para una condición crónica	84%		Yo estoy deacuerdo	X
Tener una o más condiciones crónicas.	53%		Creciente	X
Artritis	28%		Creciente	
Depresión	24%		Creciente	X
Colesterol alto	30%		Mejorando	
	Condado de Klamath	**KHP**	**KHP**	
Asma	11%	413 pacientes	Creciente	
Diabetes	10%	1,221 pacientes	Creciente	
Alta presion sanguinea	35%	2,423 pacientes	Creciente	

3. Por favor, seleccione las dos principales prioridades Problemas de calidad de vida que la comunidad debe enfocar en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Comportamientos de salud

Los comportamientos relacionados con la salud son las acciones que toman las personas que contribuyen al estado general de salud. Están influenciados por factores sociales y ambientales donde las personas viven, aprenden, trabajan y juegan.

Comportamientos de salud			Identificado como unapreocupación de la comunidad
El consumo de tabaco		**Tendencia**	
Tasa de fumadores de cigarrillos para adultos	22%	Mejorando	X
Dieta y ejercicio			
Índice de ambiente alimentario 0 (lo peor) a 10 (lo mejor)	6.6	Mejorando	X
Ingesta adecuada de frutas y verduras	12%	Mejorando	X
Actividad Física Adecuada	25%	Disminuyendo	X
Sobrepeso u obesidad	63%	Mejorando	
Uso de alcohol y sustancias			
Consumo excesivo de alcohol	4%	Mejorando	X
Consumo excesivo de alcohol	12%	Mejorando	X
Consumo de marihuana	30%	Creciente	X
Todas las hospitalizaciones por sobredosis de drogas	50 por 100,000 habitantes	Mejorando	X
Sobredosis de drogas psicotrópicas hospitalizaciones	19 por 100,000 habitantes	Creciente	X
Cualquier hospitalización por sobredosis de opioides	12 por 100,000 habitantes	Mejorando	X
Actividad sexual			
Tasa de gonorrea	129 por 100,000 habitantes	Creciente	
Tasa de clamidia	555 por 100,000 habitantes	Creciente	
Uso efectivo de anticonceptivos (edades 15-17)	32%	Mejorando	
Uso efectivo de anticonceptivos (edades 18-50)	46%	Mejorando	
Tasa de embarazo en la adolescencia (edades 15-17)	9 por 1,000 mujeres	Mejorando	X
Tasa de embarazo en la adolescencia (edades 18-19)	50 por 1,000 mujeres	Mejorando	

4. Seleccione los dos principales comportamientos de salud prioritarios o problemas en los que la comunidad debería centrarse en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Acceso a la Atención

El acceso a la atención incluye tener cobertura de seguro de salud y la disponibilidad de proveedores e instalaciones de atención médica locales.

Acceso a la Atención			Identificado como unapreocupación de la comunidad
Acceso a la salud		**Tendencia**	
Cobertura de seguro de salud	84%	Mejorando	X
No se puede ver a un médico debido al costo	19%	Mejorando	X
Tuvo una visita anual al doctor	56%	Mejorando	X
Tuvo una visita anual al dentista	60%	Decreciente	X
Acceso a la atención (general)	84%	Decreciente	X
Acceso a la atención (adulto)	81%	Mejorando	
Acceso a la atención (niño)	89%	Decreciente	
Atención primaria centrada en el paciente Inscripción en el hogar	72%	Decreciente	
Visitas de bienestar para adolescentes	35%	Mejorando	
Utilización del Departamento de Emergencias	45%	Creciente	X
Seguimiento después de la hospitalización por enfermedad mental	80%	Mejorando	X

5. Seleccione los dos temas principales de acceso a la atención prioritarios en los que la comunidad debería centrarse en mejorar.

Problemas de salud

Primera opción

Segunda elección

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Calidad de atención

La atención médica de calidad es oportuna, segura, efectiva y asequible.

Calidad de atención						Identificado como unapreocupación de la comunidad
Calidad de la atención de salud					**Tendencia**	
Satisfacción con el cuidado (general)			89%		Ningún cambio	X
Satisfacción con el cuidado (adulto)			88%		Mejorando	
Satisfacción con el cuidado (niño)			89%		Disminuyendo	
Exámenes preventivos						
	CHA	**KBBH**	**Condado de Klamath**	**KHP**		
Evaluación del IMC	N / A	N / A	N / A	11%	Disminuyendo	X
Cáncer de cuello uterino	N / A	N / A	83%	27%	Disminuyendo	
Cáncer colonrectal	53%	N / A	52%	11%	Disminuyendo	
Depresión	11%	59%	N / A	8%	Disminuyendo	X
Mamograma	N / A	N / A	66%	36 pruebas	Disminuyendo	
El consumo de tabaco	N / A	97%	N / A	35%	Mejorando	X
Manejo de enfermedades crónicas						
	CHA		**KHP**			
Enfermedad cardíaca y riesgo de accidente cerebrovascular: Terapia de lípidos CAD	N / A		65%		Mejorando	
Enfermedad cardíaca y riesgo de apoplejía: uso de aspirina con IVD	N / A		35%		Disminuyendo	
Asma: Uso de medicamentos apropiados	N / A		92%		Mejorando	
Controlar la presión arterial alta	55%		42%		Mejorando	
Diabetes: A1C Control Mal	25%		15%		Mejorando	

5

6. Seleccione los dos problemas principales de calidad de la atención que la comunidad debe enfocar en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Salud del comportamiento

Salud del comportamiento es un término general que se usa para referirse tanto a la salud mental como al uso de sustancias.

Salud del comportamiento			Identificado como unapreocupación de la comunidad
Servicios de salud del comportamiento provistos		**Tendencia**	
Servicios de crisis provistos	1,641	Mejorando	X
Servicios de uso de sustancias proporcionados (adulto)	710	Base	X
Servicios de uso de subsistenciaproporcionados (jóvenes)	106	Base	
Exámenes preventivos			
Depresión	59%	Disminuyendo	X
El consumo de tabaco	97%	Mejorando	X

7. Por favor, seleccione las dos principales prioridades De comportamiento Problemas de salud que la comunidad debe enfocar en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Salud maternal e infantil

La salud materna e infantil se centra en las mujeres embarazadas y en el posparto, los bebés y los niños. Esto es importante para disminuir los riesgos y mejorar los resultados del parto.

Salud maternal e infantil					Identificado como unapreocupación de la comunidad
Cuidado prenatal				**Tendencia**	
Inscripción en WIC	76%			Disminuyendo	
	CHA	**KHP**	**WIC**		
Inscripción en Prenat al Care durante el 1er Trimestre	91%	78%	53%	Mejorando	
Bajo peso al nacer					
	Condado de Klamath		**KHP**		
Bajo peso al nacer	8%		11%	Mejorando	
Tasa de mortalidad infantil					
Tasa de mortalidad infantil	10 por 1,000 nacidos vivos			Creciente	
Amamantamiento					
Lactancia exclusiva a los 6 meses	32%			Mejorando	
Proyecciones de la infancia					
Exámenes de desarrollo (edades 0-36 meses)	85%			Mejorando	
Evaluación del peso y asesoramiento sobre nutrición y actividad física.	14%			Mejorando	
Prevención					
	CHA	**Condado de Klamath**	**KHP**	Condado de Klamath	
Estado de inmunización	82%	74%	45%	Mejorando	
	CHA		**KHP**		
Selladores dentales	22%		30%	**Sin tendencia**	
Evaluaciones dentales dentro de los 60 días (para niños bajo custodia del DHS)	75%			Mejorando	

8. Por favor, seleccione las dos principales prioridades Problemas de salud materna e infantil que la comunidad debe enfocar en mejorar.

	Problemas de salud
Primera opción	
Segunda elección	

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Factores sociales y económicos

Los factores sociales y económicos son parte de los determinantes sociales de la salud que influyen en el lugar donde vivimos, aprendemos, trabajamos y jugamos. Estos factores afectan los comportamientos y resultados de salud.

Factores sociales y económicos			Identificado como unapreocupación de la comunidad
Inseguridad alimentaria		**Tendencia**	
Inseguridad alimentaria	15%	Mejorando	X
Apoyo familiar y social			
Bienestar Social	64.4	Mejorando	X
Sentido del propósito	59.9	Mejorando	
Seguridad de la comunidad			
Sentido de seguridad y protección	61.6%	Mejorando	X
Personas sin hogar			
Sin envoltura (adultos)	78	Mejorando	X
Sin protección (Juventud)	3	Mejorando	
Abrigado (adultos)	114	Mejorando	X
Protegido (Juventud)	19	Mejorando	
Juventud desconectada			
Juventud desconectada	19%	**Base**	
Educación			
Tasa de graduación de escuela secundaria (KCSD) - 4 años de cohorte	79%	Mejorando	
Tasa de graduación de escuela secundaria (KFSD) - 4 años de cohorte	63%	Mejorando	
Alguna educación superior	27%	**Ningún cambio**	X
Empleo			
Tasa de desempleo	9%	Mejorando	X
Tasa de pobreza para individuos	19%	Mejorando	X
Estudiantes elegibles para almuerzo gratis o reducido	66%	Creciente	

9. Seleccione los dos factores sociales y económicos prioritarios principales en los que la comunidad debería centrarse en mejorar.

Problemas de salud

Primera opción

Segunda elección

Encuesta de Priorización del Plan de Mejora de la Salud Comunitaria (CHIP) para los miembros de Cascade Health Alliance

Entorno físico

El entorno físico incluye tierra, aire, agua, otros recursos naturales e infraestructura, que proporcionan necesidades básicas y oportunidades para la salud y el bienestar.

Entorno físico			Identificado como unapreocupación de la comunidad
Calidad del aire y del agua		**Tendencia**	
PM2.5	27.76 µg/m³	Mejorando	
Alojamiento			
Porcentaje de renta bruta del ingreso familiar (30 a 34.9%)	8%	Mejorando	X
Porcentaje de renta bruta del ingreso familiar (35% o más)	45%	Creciente	X
Unidades de vivienda sin instalaciones completas de plomería	0.6% (162 Unidades)	Mejorando	
Unidades de vivienda sin instalaciones completas de cocina	1.1% (296 Unidades)	Creciente	
Unidades de vivienda ocupada con 1.51 o más ocupantes por habitación	0.3%	Mejorando	
Índice de habitabilidad			
Índice de habitabilidad para el condado de Klamath	47	Base	X
Puntuación de caminata para Klamath Falls	39	Ningún cambio	X
Puntuación de bicicleta para Klamath Falls	41	Base	X
Puntuación de tránsito de Klamath Falls	26	Base	X

10. Por favor, seleccione las dos principales prioridades debe enfocar en mejorar.

Problemas del entorno físico que la comunidad

Problemas de salud

Primera opción	
Segunda elección	

9

Appendix G: Forces of Change Assessment (FOCA) Findings

Health Behaviors

Forces	Threats Posed	Opportunities Created
Chronic Disease Management	• Structure of Chronic Disease Self-Management Program is not very helpful • Lack of Primary Care Physicians • Fewer Specialists • Social Determinants of Health	• Change the culture to be more self-motivated • Educational campaign for prevention of chronic disease • Food Insecurity and positive lifestyle programs
Focus on Social Determinants of Health	• Limited funding streams • Knowledge of Social Determinants of Health • Lack of affordable housing • Poor transportation for patients	• Community Health Worker programs • Senior Center transportation options • Grants/funding from health care organizations • An increase in neighborhood cleanups
Increased Focus on Wellness	• Health is not always a priority when living on a low income budget • Lack of personal accountability • Lack of awareness of the link between health behaviors and health outcomes • Insufficient funding for programs	• Education programs to bring awareness to overall health and well-being • Blue Zones Project • Social connectedness through programs/clubs (running clubs, cycling groups, etc.)
Opioids and Prescription Drug Monitoring Programs (PDMPs)	• Overdoses and addiction • "Doctor shopping" • Youth use • Domestic issues	• Countywide Opioid Task Force • Sky Lakes Medical Center's H.E.L.P Clinic • Naloxone distribution/needle exchange • Improve PDMP and coordination of care

Clinical Care

Forces	Threats Posed	Opportunities Created
Lack of Providers	• Nurse shortage • Licensing does not transfer quickly/change in education requirements for Nurse Practitioners • Lack of marketing/recruitment for students • Not all insurance is accepted/lack of insurance • Better opportunities for families versus those who are single • Providers do not stay after loan repayment	• OHSU Rural Residency Program and recruitment • Rural campus • Use more students • Mobile clinics • Lobbying and policy change
Increase in Mental Health Issues/Concerns	• Negligence from providers/too few providers • Fear and stigma/Criminalization of mentally ill individuals • Maxed out resources • Increased suicide attempts • Limited screening for fear of permanence on records • Senate Bill 1515	• Integration/Changing cultural norms • New programs • Policy changes • Education and awareness • Independent housing structures/pilots • Grow our non-profit services and organizations
Focus on Oral Health	• No insurance/underinsured • Transportation • Lack of resources • Lack of awareness and understanding • Rural area proximity	• Create policy to provide care for everyone • Dental Therapists Pilot Program • Removing the financial barrier • Education and awareness
Lack of Substance Abuse Rehabilitation Facilities	• Not enough providers	• Transformations providing Medication Assisted Treatment

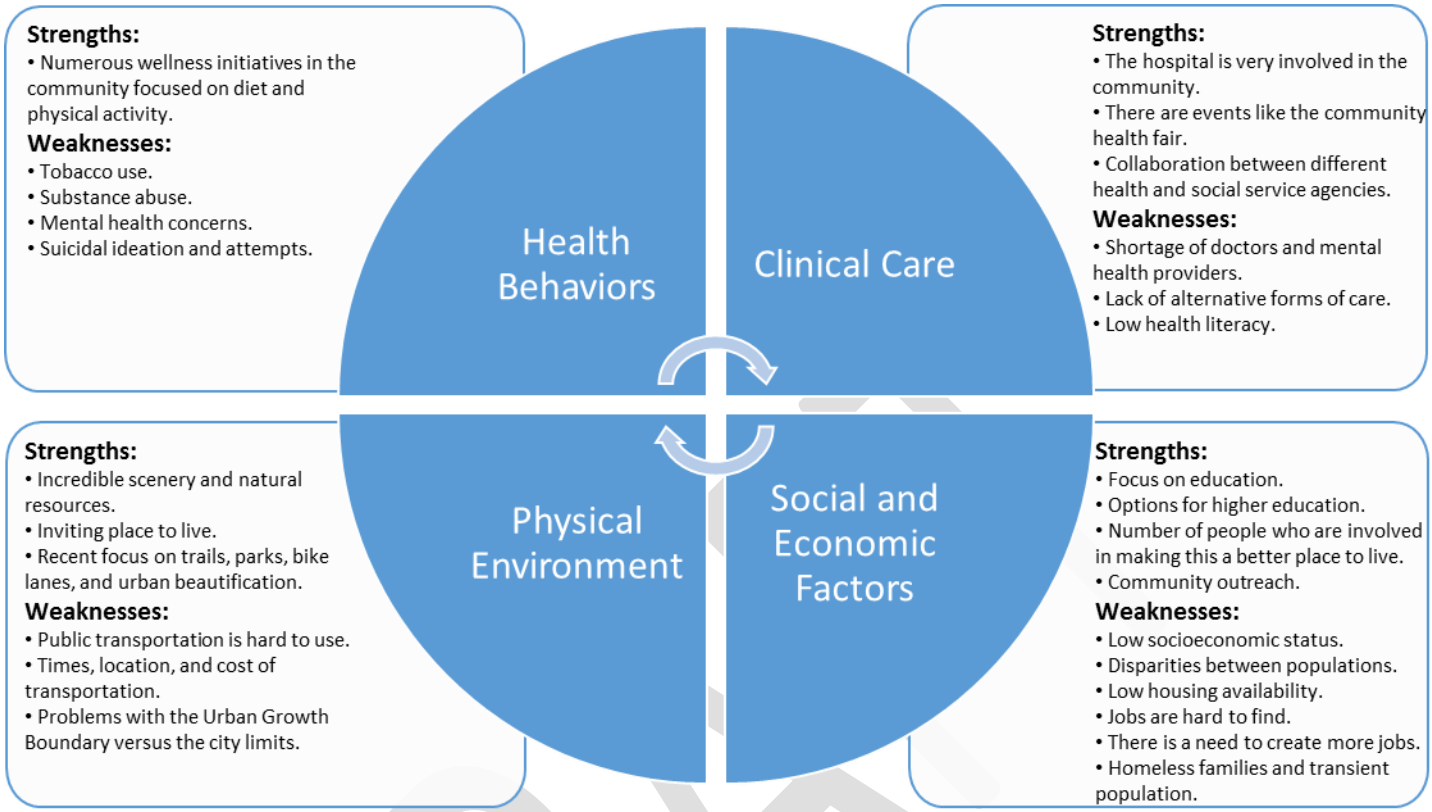
Social and Economic Factors

Forces	Threats Posed	Opportunities Created
Rural Setting	• Brings doctors in only for a short amount of time • Transportation issues/Poor public transit system	• Brings in health care providers looking for loan forgiveness • More opportunities for job advancement within smaller agencies
Food Access/Desert	• Haggen's Food Store closed • Most grocery stores are located on South 6th St.	• Farmer's Market/KFOM • Grow/Hunt your own food
Increase in Housing Prices	• Increase in homeless populations • Less people moving in and more people moving out	• Good seller's market • Increase in HUD housing
Workforce Changes	• Less mill/trade jobs • High price of education • Less residential construction • Less job training for trade jobs	• More apprenticeship programs • More welding and shop classes can be offered in high school classes to provide training for trade jobs
High School to College Transition	• Teen pregnancy and dropout • High cost of college/student loan debt	• Klamath Promise • 5th year Klamath Community College program • Overcoming social biases
Klamath Termination Act	• Generational trauma • Water issues/water crisis of 2001	• Healing of cultural differences • Cultural shifts

Physical Environment

Forces	Threats Posed	Opportunities Created
Built Environment Focus	• Cost/competing funding • Support from policy makers • Lack of physical activity/awareness and understanding of how it impacts health • Stigma around cyclists and walkers • Risk of danger to those who are participating in outdoor physical activity • Weather conditions • Recreation District faces some push back	• Master Plans • Continuing Blue Zones Project Built Environment Committee • Communication with Sky Lakes Medical Center to promote movement • Campaign providing free resources/demo day • Farmer's Market and other events to promote physical activity • Cascade Health Alliance sponsoring Third Thursday • Finding activities to do in the winter • Mike's Fieldhouse • Recreation District

Appendix H: Community Themes and Strengths Assessment (CTSA) Findings



Appendix I: Community Assets and Resources

Community assets and resources in Klamath County have been consolidated into this list as a part of the CHIP planning process. When compiling this list, the steering committee also included the assets and resources that were identified as a part of the CHA planning process. These are the assets and resources that we have available as a community to help us address our priority health issues. The community assets and resources below are categorized by service type.

Benefits
Aging and People with Disabilities
Disabled American Veterans
Department of Human Services Self Sufficiency
Klamath Adult Learning Center
Klamath Lake Counties Council on Aging
Legal Aid Services of Oregon
Spokes Unlimited
Veterans Services
Vocational Rehabilitation Services

City and County Services
Community Police Advisory Team
Food Policy Council
Klamath Basin Senior Citizens' Center
Klamath County Fire District
Klamath County Library Service District
Klamath County Sheriff's Office
Klamath Falls Police Department
Parks Advisory Board
Oregon Health Authority Innovator Agent

Community Support Organizations
Klamath Community Foundation
Klamath-Lake Villages
Sky Lakes Medical Center Foundation
United Way

Counseling/Mental Health
Just Talk
Klamath Basin Behavioral Health
Klamath Hospice Grief Support Group
Lutheran Community Services Northwest
National Alliance on Mental Illness
Survivors of Suicide Support Groups
You Matter to Klamath Suicide Prevention and Awareness Coalition

Crisis
American Red Cross
CARES – Child Abuse Response & Evaluation Services
Department of Human Services Child Welfare
Klamath Basin Behavioral Health Crisis Line
Marta's House
Pregnancy Hope Center
Salvation Army

Disability Services
Developmental Disability Services
Spokes Unlimited

Economic
Catalyze Klamath
Discover Klamath
Downtown Business Association
Gaucho Collective
Klamath County Chamber of Commerce
Klamath IDEA (Inspire Development – Energize Action)
Klamath & Lake Community Action Services
South Central Oregon Economic Development District

Education
Klamath Community College
Klamath County School District
Klamath Falls City School District
Klamath Head Start
Klamath Promise
Migrant Education Program
Oregon Institute of Technology
Oregon Child Development Coalition
Oregon Health & Science University Campus of Rural Health
Oregon State University Extension Office
Oregon Tech Population Health Management Research Center
South Central Early Learning Hub
Southern Oregon Education Service District

Employment
Elwood Staffing
Express Employment Professionals
Klamath Works
Labor Ready
REACH
Southern Oregon Goodwill
Work Source Klamath

Faith-Based Services
Gospel Mission
Lutheran Community Services Northwest

Families/Children/Youth
Camp Evergreen – Klamath Hospice

Court Appointed Special Advocates
Citizens for Safe Schools
Friends of the Children
Integral Youth Services
Young Men's Christian Association
Youth & Family Guidance Center – Klamath Tribal Health & Family Services
Youth Rising

Food Resources
Community Gardens
Klamath Basin Senior Citizen's Association Meals on Wheels Program
Klamath Farmer's Online Marketplace (KFOM)
Klamath-Lake Counties Food Bank
Klamath Sustainable Communities
Moore Institute Nutrition Hub
Women, Infants, and Children Program

Health Equity
Chiloquin First Coalition
Hispanic Advisory Board – Lutheran Community Services
Mills Neighborhood Association
Rainbow Falls LGBTQIA+ Coalition

Health/Wellness
Blue Zones Project – Klamath Falls
Community Health Workers – Sky Lakes Medical Center Outpatient Care Management
Healthy Klamath
Klamath Basin Oral Health Coalition
Konnect Dental Kare
Living Well Coalition
Sky Lakes Wellness Center

Housing Resources
Choose Klamath
Klamath & Lake Community Action Services
Klamath and Lake Home Ownership Center
Klamath Housing Authority
Klamath Rental Housing Association

Medical/Health
Basin Immediate Care
Cascades East Family Medicine
Cascade Health Alliance
Klamath County Public Health
Klamath Falls Community Based Outpatient Clinics
Klamath Hospice
Klamath Health Partnership
Klamath Tribal Health & Family Services
Oregon Health & Sciences University Campus of Rural Health
Oregon Mobile Healthcare
Pharmacies
School Based Health Centers at Gilchrist School and Mazama High School
Sky Lakes Medical Center

Other
Basin Transit Service
Herald and News
Kingsley Field Air National Guard Base
TransLink

Parks/Recreation
Crater Lake National Park
Klamath Falls City Park
sKlamath Trails Alliance
Steen Sports Park
Wiard Park District

Service Organizations
Assistance League
Kiwanis International
Lions Club
Rotary Club
Soroptimist International of Klamath Falls

Shelters
Exodus House – Integral Youth Services
Gospel Mission
Marta's House

Substance Abuse
Above All Influences
Best Care Treatment Services
Dragonfly Transitions
Klamath Tribes – Healing Winds
Life Recovery Network
Transformations Wellness Center
Youth Inspiration Program

Appendix J: Cascade Health Alliance Community Advisory Council CHIP Strategy Table

CAC CHIP Strategies: **Issue**	**Current Community Activities/Assets/Resources**	**New Ideas**	**Barriers**
Suicide Prevention	• You Matter to Klamath May 18th. • Just Talk • Connect training • EASA: Support Group/Paid Staff to advocate for resources, etc. • Mental Health First Aid Training: 8hr course Kathleen R.	• CAC training for Connect training	1.5hr a month; Working schedules Overlap
Physical Health/ Poor Physical Health Days	• Living Well Coalition • Smoking cessation • Diabetes prevention	• Host a couch to 5k partner with the wellness center. • Resource map/Physical health resources	
Infant Mortality	• Klamath County Public Health/WIC • CHA maternity case management • Relief Nursery • Healthy Families-KBBH • Pregnancy Hope Center • KOD Mothers Care	• Educational Campaign-pre/post-natal care • Convening Steering Group • Community Baby Shower • Purple Cry Video Requirement for All (at hospital, PHC, clinics) • Peer support specialist	• Finding the appropriate Video • Workforce Shortage
Food Insecurity	• Klamath Lake County Food Bank: Produce Connection • Klamath Farmers Online Marketplace • Farmers Market • SNAP benefits • Klamath Works • OSU Extension • Community Gardens		
Housing	• Klamath Housing Authority • HUD? • Tribal Housing • KCEDA-Housing Task Force • City/County • Housing Stipends • Foster Care/DDS • Supported Housing-KBBH	• Tenant Education Packet "How to be a good tenant." • HUD information on tenant?? • Oregon Housing and Community Services…statistics/grants. • Letters of supports from CAC.	

Appendix K: Assessment Sub-Committee Work Plan Template

CHIP Priority Health Issue:	Category:
Committee/Coalition/Work Group:	
Lead Agency:	
2018 CHA Data Indicator:	**Source:**
Resources: •	•

Goal:		
Objective 1:		
Baseline	**Target**	**Benchmark**
Source:		
Strategy 1:		

	Activity	Measure(s)	Person(s) and Agency Responsible	Target Completion Date	Status
1.					

Strategy 2:					
	Activity	**Measure(s)**	**Person(s) and Agency Responsible**	**Target Completion Date**	**Status**
1.					