The Coast to Cascades Community Wellness Network – A Partnership of Oregon Leaders

- Marty Cahill – Chair – CCCWN, CEO Samaritan North Lincoln Hospital
- JoAnn Miller – Samaritan Health Services/Community Health Promotion Director
- March 5, 2015
- ACHI Conference
Oregon Demographics

• Total Population
  3.9 million people
  White/Caucasian: 88%
  African American/Black: 2%
  Native American: 2%
  Asian: 4%
  Latino: 12%
Coast to the Cascades Region – Benton, Lincoln and Linn Counties
## Benton, Lincoln, Linn County
### Demographics

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Benton</th>
<th>Lincoln</th>
<th>Linn</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>86.8%</td>
<td>84.4%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>.8%</td>
<td>.3%</td>
<td>.4%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>.7%</td>
<td>3.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.5%</td>
<td>1.0%</td>
<td>.9%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Latino</td>
<td>4.7%</td>
<td>7.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Reporting two or more races</td>
<td>2.1%</td>
<td>2.9%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Benton, Lincoln, Linn County Demographics (cont.)

<table>
<thead>
<tr>
<th>Health and Social Indicators</th>
<th>Benton</th>
<th>Lincoln</th>
<th>Linn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Income</strong></td>
<td>$48,604</td>
<td>$43,365</td>
<td>$46,939</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>5.1%</td>
<td>7.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td>19.1%</td>
<td>17%</td>
<td>18.1%</td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>268</td>
<td>1,658</td>
<td>329</td>
</tr>
<tr>
<td><strong>Early Prenatal Care</strong></td>
<td>78.4%</td>
<td>71.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>75.9%</td>
<td>79.6%</td>
<td>68.3%</td>
</tr>
<tr>
<td><strong>Uninsured Children</strong></td>
<td>7%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Child Care Slots</strong></td>
<td>22/100</td>
<td>18/100</td>
<td>14/100</td>
</tr>
<tr>
<td><strong>Child Abuse</strong></td>
<td>4.4/1000</td>
<td>9.3/1000</td>
<td>13.7/1000</td>
</tr>
<tr>
<td><strong>Early Childhood Obesity</strong></td>
<td>20.6%</td>
<td>28.9%</td>
<td>27.4%</td>
</tr>
<tr>
<td><strong>Children on Free and Reduced Lunch</strong></td>
<td>42.5%</td>
<td>64.1%</td>
<td>46.8%</td>
</tr>
<tr>
<td><strong>Children Enrolled with a Dental Care Organization</strong></td>
<td>92.5%</td>
<td>74.1%</td>
<td>92.5%</td>
</tr>
<tr>
<td><strong>Homeless Students</strong></td>
<td>325</td>
<td>484</td>
<td>922</td>
</tr>
<tr>
<td><strong>Teen Pregnancy</strong></td>
<td>3.2%</td>
<td>8.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>High School Drop Out</strong></td>
<td>5.5%</td>
<td>18.8%</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>Juvenile Arrests</strong></td>
<td>11/1000</td>
<td>19.7/1000</td>
<td>14.8/1000</td>
</tr>
<tr>
<td><strong>8th Grade Alcohol Use</strong></td>
<td>22.5%</td>
<td>22.5%</td>
<td>21.5%</td>
</tr>
<tr>
<td><strong>8th Grade Drug Use</strong></td>
<td>12.2%</td>
<td>13.5%</td>
<td>10.4%</td>
</tr>
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<td>Health and Social Indicators</td>
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<td>8.7</td>
<td>6.3</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>20.6%</td>
<td>28.9%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Tobacco Use/Adults</td>
<td>10%</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetics</td>
<td>7%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Behavioral Health – Adults</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Behavioral Health – 8th Grade</td>
<td>9%</td>
<td>12%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Oregon Coordinated Care

- Oregon’s response to the Affordable Care Act
- 16 Coordinated Care Organizations across Oregon
- InterCommunity Health Network – Benton, Lincoln, Linn counties
Oregon’s Solution = Coordinated Care Organizations

– Coordinating health initiatives
– Seeking efficiencies through blending of services and infrastructure, and
– Engaging all stakeholders to increase the quality, reliability and availability of care.
The triple aim

1. Better health
2. Better care
3. Lower cost of care

Source: Oregon Health Authority
Coast to the Cascades Community Wellness Network

• Childhood Obesity Key Leaders Summit– June 2009 Funded by Northwest Health Foundation and Samaritan Health Services

• 55 Health Care Leaders, Education, Community, Business, Government, Faith, Tribal
Coast to the Cascades Community Wellness Network (cont.)

- Connection to local Childhood Obesity Prevention Coalitions
- Key Leaders reconvened – October 2009
- Submitted and received a Health Services and Resources Administration Network Planning Grant
- Formalized membership
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitch Anderson</td>
<td>Benton County Health Department</td>
</tr>
<tr>
<td>Dr. David Bigelow</td>
<td>Samaritan Pacific Communities Hospital</td>
</tr>
<tr>
<td>Dr. Tammy Bray</td>
<td>Oregon State University –College of Health and Human Sciences</td>
</tr>
<tr>
<td>Scott Bond</td>
<td>Oregon Cascades West Council of Governments</td>
</tr>
<tr>
<td>Marty Cahill</td>
<td>Samaritan North Lincoln Hospital</td>
</tr>
<tr>
<td>Rebecca Austen</td>
<td>Lincoln County Health Department</td>
</tr>
<tr>
<td>Sherlyn Dahl</td>
<td>East Linn/Benton County Federally Qualified Health Center</td>
</tr>
<tr>
<td>Dr. Kevin Ewanchyna</td>
<td>Samaritan Health Services</td>
</tr>
<tr>
<td>Dr. Rob Hess</td>
<td>Lebanon School District</td>
</tr>
<tr>
<td>Kelley Kaiser</td>
<td>Samaritan Health Plans</td>
</tr>
<tr>
<td>Martha Lyon</td>
<td>Community Services Consortium</td>
</tr>
<tr>
<td>Julie Manning</td>
<td>Samaritan Health Services</td>
</tr>
<tr>
<td>Clay Martin</td>
<td>Work Force Development</td>
</tr>
<tr>
<td>Frank Moore</td>
<td>Linn County Health Department</td>
</tr>
<tr>
<td>Dr. Louise Muscato</td>
<td>Western U - College of Osteopathic Medicine Pacific Northwest</td>
</tr>
<tr>
<td>Becky Pape</td>
<td>Samaritan Lebanon Community Hospital</td>
</tr>
<tr>
<td>Dr. Janet Peterson</td>
<td>Private Resident - Dentist</td>
</tr>
<tr>
<td>Don Schrader</td>
<td>Sweet Home School District</td>
</tr>
<tr>
<td>Dr. Jana Kay Slater</td>
<td>Samaritan Health Services</td>
</tr>
<tr>
<td>Vacant</td>
<td>Confederated Tribes of Siletz Indians</td>
</tr>
<tr>
<td>David Triebes</td>
<td>Samaritan Albany General Hospital</td>
</tr>
<tr>
<td>Kari Whitacre</td>
<td>Community Outreach Inc.</td>
</tr>
<tr>
<td>Dr. Rick Wopat</td>
<td>Samaritan Health Services</td>
</tr>
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</table>
Memorandum of Understanding

THE COAST TO THE CASCADES COMMUNITY WELLNESS NETWORK - 2012

This Memorandum of Understanding (MOU) is between Coast to the Cascades Community Wellness Network and the following organizations (hereafter referred to as the C2C-WN) for the purpose of defining roles and responsibilities in current and future development of projects, initiatives and activities between the identified organizations.

The MOU may be amended to change the terms and agreement or to include additional representatives. This MOU may be terminated by any representative upon 30 calendar days written notice to the C2C-WN staff.

A. Structure
The C2C-WN membership is comprised of the following lead agencies and partners:
- Benton County Health Department
- Community Members
- Community Outreach Inc.
- Community Services Consortium
- East Line Health Center
- Good Samaritan Regional Medical Center
- Linn County Health Resource
- Linn County Department of Health Services
- Oregon Cascades West Council of Governments
- Oregon State University
- Samaritan Albany General Hospital
- Samaritan InetCommunity Health Network
- Samaritan Health Plans
- Samaritan Health Services Inc.
- Samaritan Lebanon Community Hospital
- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital
- Sweet Home School District
- Western University-COMP-Northwest

The development of a sustainable collaboration between C2C-WN member organizations will ensure a coordinated and systemic effort to address health issues in Benton, Lincoln and Linn Counties. The knowledge, experience and expertise of each organization will result in improved coordination of efforts to address health issues in the tri-county region. The working relationship among the aforementioned organizations is formalized in this MOU for future endeavors and sustainability.

The C2C-WN will work to maintain empathy among the aforementioned organizations and to ensure that all parties are kept informed. The C2C-WN will function as the lead team comprised of representatives from each listed organization. The C2C-WN will communicate on an ongoing basis to identify any focus areas of health in the tri-county region.

B. Mission and Vision
The mission of the C2C-WN is to provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln and Linn Counties.

The vision of the C2C-WN is to lead and sustain a system of partnership agencies and organizations working together to provide integrated services and programs to promote individual and community health.

C. Responsibility and Agreements
The oversight responsibility and agreement of the C2C-WN is effective collaboration. The C2C-WN member organizations agree to the following:
- Participate in meetings of the C2C-WN
- Share in decision making through consensus regarding issues that impact the C2C-WN
- Develop, review and approve joint projects and publications that benefit the C2C-WN
- Offer training, education, resources and information to the C2C-WN member organizations
- Collaborate to develop new resources and funding that promote health in the tri-county region
- Receive regular data updates and reports on health issues
- Participate in discussions and data analysis
- Direct the C2C-WN assigned staff on projects, activities and initiatives
- Provide direction and oversight of funding that support the C2C-WN
- Ensure materials and publications developed for the C2C-WN shall be available to all members

D. Financial Participation
Each party to this agreement will cover its own expense in performing work under this memorandum of agreement. Each party will expend its own funds in a manner consistent with their own mission and vision. Parties to this memorandum agree to whenever possible and in the best interest of developing a system of care, be flexible and creative in the use of funding to support the creation of an effective system.

Lloyd M. Ridler, CEO
Samaritan Health Services
Signature Date

E. Certification of Agreement

This memorandum of agreement is hereby certified.

Lloyd M. Ridler, CEO
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Signature Date

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Signature Date

Q. Certification of Agreement

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Samaritan Health Services
Signature Date
Role of the CCCWN

- Partnerships
- Collaboration
- Coordination of Care
- Support the Work of Local Coalitions
- Ensure a Standard of Care

• NOT FOR BUYING POWER
Focus Areas of the CCCWN

- Coast to the Cascades Community Wellness Network
- Childhood Obesity
- Pregnancy / Prenatal Care
- Tobacco Prevention
- Homeless
- Behavioral Health
- Access to Care
- Chronic Care
- Oral Health
CCCWN Mission/Vision

• Mission: To provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln and Linn Counties.

• Vision: The Coast to the Cascades Community Wellness Network leads and sustains a system of partnerships of agencies and organizations working together to provide integrated services and programs to promote individual and community health.
CCCWN Responsibilities

• Needs Assessments
• Community Health Improvement Plans
• Community Benefit Plans
• Promote Implement Community Strategies
• Support Local/Regional Priorities
• Resource Development
CCCWN Efforts

The CCCWN has been successful in applying for and receiving local, state and federal funds to implement strategies that improve health.

$1,915,219 in grants since 2010

$500,000+ in grants for community agencies since 2010
CCCWN Projects

- Coordinated Approach to Child Health (CATCH) – Childhood Obesity Prevention Program
CATCH Program

• 17 Years of Research and Results
• CATCH was created as a research project in the late 1980s by four different Universities (University of California at San Diego, University of Minnesota, Tulane University and The University of Texas-School of Public Health).
• The project was the largest school-based health promotion study ever in the United States and was called the Child and Adolescent Trial for Cardiovascular Health or CATCH.
• The CATCH study and subsequent trial involved over 5,000 ethnically diverse third graders from 96 elementary schools in Minneapolis, San Diego, Austin and New Orleans.
CATCH Program Results

• An increase in vigorous physical activity levels and activity time after school and on the weekend;
• A decrease in TV watching and sedentary activities;
• Improvements in standardized test scores;
• Increase in bone density (e.g., stiffness index).
• 27 Sites in East Linn and Lincoln Counties
• 5,500 Children exposed to CATCH
Healthy Smiles for All

- Healthy Smiles for All- May 2014
- Collaboration built from Regional Oral Health Coalition
- Preventative & Treatment Program for uninsured and underinsured
- Vouchers
- Dental Vans
- Co-Location Project
Healthy Smiles for All

• Pilot in Rural Linn County – August 2014
• Expanded Practice Dental Hygienists – Dentist
• Screenings, X-rays, Cleanings, Scoop & Fill
• Restoration & Extractions
• Transportation/Childcare
Healthy Smiles for All Results

- Partnerships emerged
- Local Dentists participated – 9
- Dental Care Organizations – 2/4
- Patients served 8/2014 – 12/2014: 263
- Reduced Emergency Department Usage – 40%
CCCWN Annual Events

- Childhood Obesity Summit
- Oral Health Summit
- Oregon Rural Health Conference
- Oregon Public Health Conference
“Coming Together is a Beginning”
“Keeping Together is Progress”
“Working Together is Success”

Henry Ford
Questions