Klamath County
Community Health Improvement Plan
2019

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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, other community partners, such as the Blue Zones Project – Klamath Falls and a local mental health provider, 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 off the 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.The 2019 CHIP is the third edition of this document, with previous editions created in 2013 and 2017; it 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 knows that people are the community's 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 subcommittee. To read the 2018 CHA and learn more about the health improvement work happening in Klamath County, Oregon visit the Healthy Klamath website at www.healthyklamath.org.

Vision and values

Vision

The following definitions have been selected, by the steering committee and the Healthy Klamath coalition, as the foundation for community health improvement . 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

Partner agency alignment

In a landscape populated by some of Oregon's most vulnerable citizens, a single agency in Klamath County would be unable to influence population health issues and trends. There is a strong history of collaboration in the best interest of the community's children, and that focus is increasingly broadening to influence the overall environment Klamath's children experience. The Healthy Klamath coalition was founded to leverage the alignment of resources and missions throughout the community to improve population health. Four lead agencies — Cascade Health Alliance, Klamath County Public Health, Klamath Health Partnership, and Sky Lakes Medical Center — form the steering committee for the coalition.

The Healthy Communities Alignment model, created in Williamson County, Texas, demonstrates the need for alignment among the CHA, the CHIP, and the local health coalition in order to create balance, inclusiveness, engagement and sustainability. The model embraces the view of forming a group of stakeholders around an action plan to address local health priorities. Throughout the health improvement process, Healthy Klamath members collected data and provided feedback on goals, objectives, and strategies. The Healthy Klamath membership will be responsible for implementing CHIP action plans to improve outcomes of the six health priorities as well as continuously monitoring implementation to ensure progress. Combined with this feedback, new community input and data will allow the "Core Four" to develop a new CHIP (Figure 1).

This "Core Four" group coordinated the Community Health Assessment and worked with other coalition partners to create the Community Health Improvement Plan. Each leads an a priority health issue from this CHIP, along with four other partner agencies. What follows are the details of these organizations and lead areas.

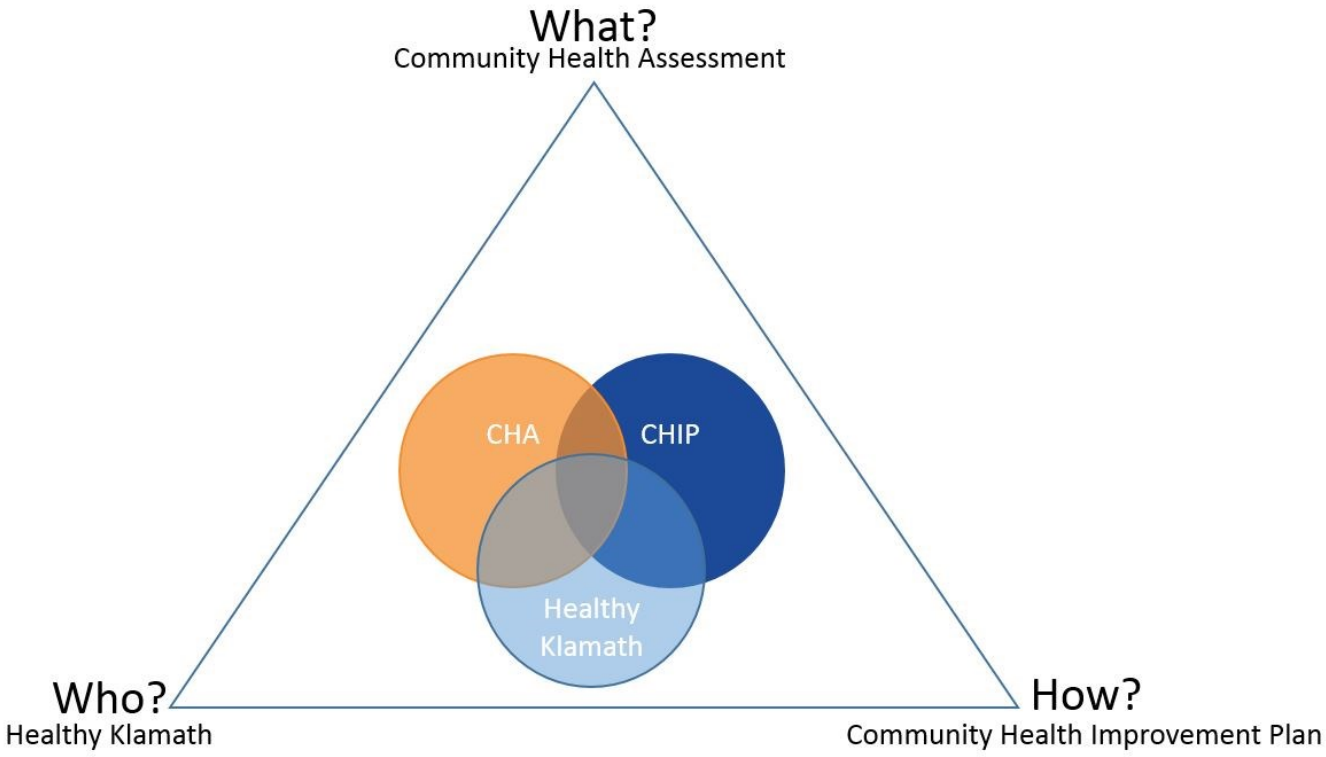


Figure 1: Healthy Communities Alignment model. Source: Klamath County Public Health

Cascade Health Alliance

Lead CHIP priority issues: Oral health and housing affordability. Also involved in all other priority issues.
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)

Lead CHIP priority issue: Infant mortality. Also involved in all other priority issues.
Service area: Klamath County, Oregon
Population served: Klamath County Public Health serves all community members.

Klamath Health Partnership (KHP)

Lead CHIP priority issues: Involved in all priority issues.
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)

Lead CHIP priority issues: Involved in all priority issues. Parent organization of Blue Zones Project — Klamath Falls.
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)

Lead CHIP priority issue: Suicide prevention. Also involved in all other priority issues.
Service area: Klamath County, Oregon.
Population served: Klamath Basin Behavioral Health serves adults, children and adolescents throughout Southern Oregon, including those who are eligible for Medicaid coverage under the Oregon Health Plan.

Blue Zones Project – Klamath Falls (BZP)

Lead CHIP priority issues: Physical activity and well-being, and food insecurity. Also involved in all other priority issues.
Service area: Klamath Falls, Oregon and its urban growth boundary.
Population served: Blue Zones Project – Klamath Falls offers services within Klamath Falls and its urban growth boundary, but encourages participation from all Klamath County community members.

Klamath Housing Authority

Lead CHIP priority issue: Housing affordability.
Service Area: Klamath and Lake counties.
Population Served: More than 1,000 low-income families.

Klamath County Economic Development Association/Choose Klamath

Lead CHIP priority issue: Housing affordability.
Service area: Klamath County.

Mobilizing for Action through Planning and Partnerships model

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

Planning process

Process

The steering committee and the Healthy Klamath coalition used the MAPP model to complete the 2018 CHA and the 2019 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 2019.

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 in order 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 B) 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 C, 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 D, participated in the survey. The survey respondents included representation from community members, Healthy Klamath coalition members and Cascade Health Alliance members. There were 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 E, 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 areas fall into three broad categories: mental/behavioral health, physical health and social determinants of health. Each issue can be thought of as a strategy toward improving the community environment in regard to these areas. Broad aim statements would be:

- Improve Klamath County's behavioral health environment during this CHIP cycle by promoting depression screenings and addressing suicide ideation.
- Improve Klamath County's physical health environment during this CHIP cycle by addressing food insecurity, infant mortality rate, access to dental services, and promoting physical well-being and physical activity.
- Address the social determinant of health regarding the percentage of household income spent on rent during this CHIP cycle.

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 H, and the results of the Community Themes and Strengths Assessment (CTSA), as shown in Appendix I, 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 J) 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 CAC member will serve on one of the assessment sub-committees to ensure even greater community representation and information sharing.

Additionally, members of the steering committee who are a part of the Cascade Health Alliance Community Advisory Council (CAC) gathered input from CAC members on the CHIP issues during a CAC meeting. CAC members completed a strategy table (Appendix K), 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. 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 L, 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 Monitoring Progress.

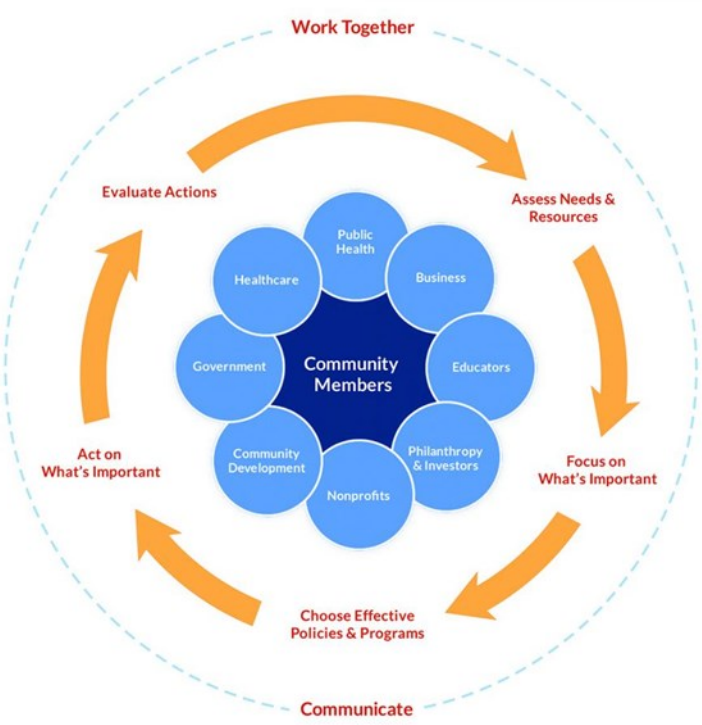


Figure 3. Take action cycle. Source: County Health Rankings & Roadmaps, 2019

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.

In the table below, the LPHSA does not show input into the CHIP priority areas. However, the 2018 LPHSA did illustrate: 1) Which partner organizations are contributing to the delivery of public health services in our community; 2) What services/activities are being provided; and 3)How well is the system doing. As with most assessments, there were areas of strength and areas for improvement. KCPH is currently working with partner agencies to develop a gaps analysis for further consideration.

	Four MAPP Assessments			
CHIP Priority Health Issues	**FOCA**	**CTSA**	**CHSA**	**LPHSA**
Suicide Prevention / Depression	X	X	X	This assessment did not inform the CHIP priority issues
Physical Well-Being	X	X	X	
Use of Dental Services	X		X	
Infant Mortality*				
Food Insecurity	X		X	
Housing	X	X	X	

*The infant mortality priority issue was determined through the issue prioritization survey, not the four MAPP Assessments.

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 promoted 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.

State priorities

CCO 2.0. CCO 2.0, which includes a comprehensive set of policies, is the five-year plan that 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 focus 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 (OHA) 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 and improving the social determinants of health for all community members. 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 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. Priority issues with state and national considerations* . 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.

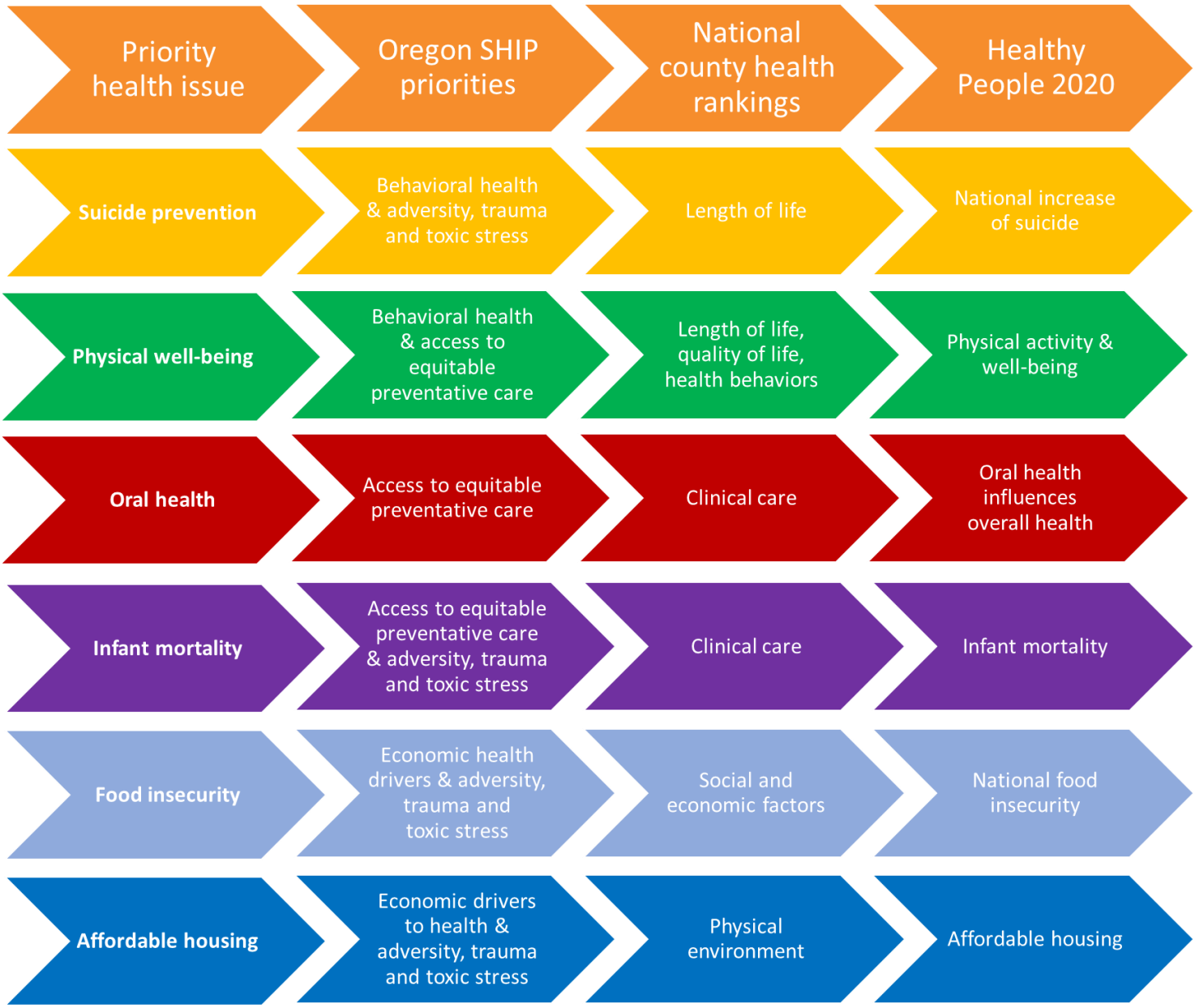


Figure 4. Priority issues with state and national considerations. Source: Klamath County Public Health

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.

Priority health issues

The following pages are synopses of the six priority health issues. Below is a diagram of how the Healthy Klamath coalition functions in relation to the CHIP process. The outside circle are the sectors belonging to Healthy Klamath. The first blue inner circle represents the Core Four steering committee that coordinated the creation of the Community Health Assessment, which informed the Community Health Improvement Plan, which are the next inner circle. The segmented circle are the priority issues, which, when addressed, will lead to the healthy community of tomorrow in the center.

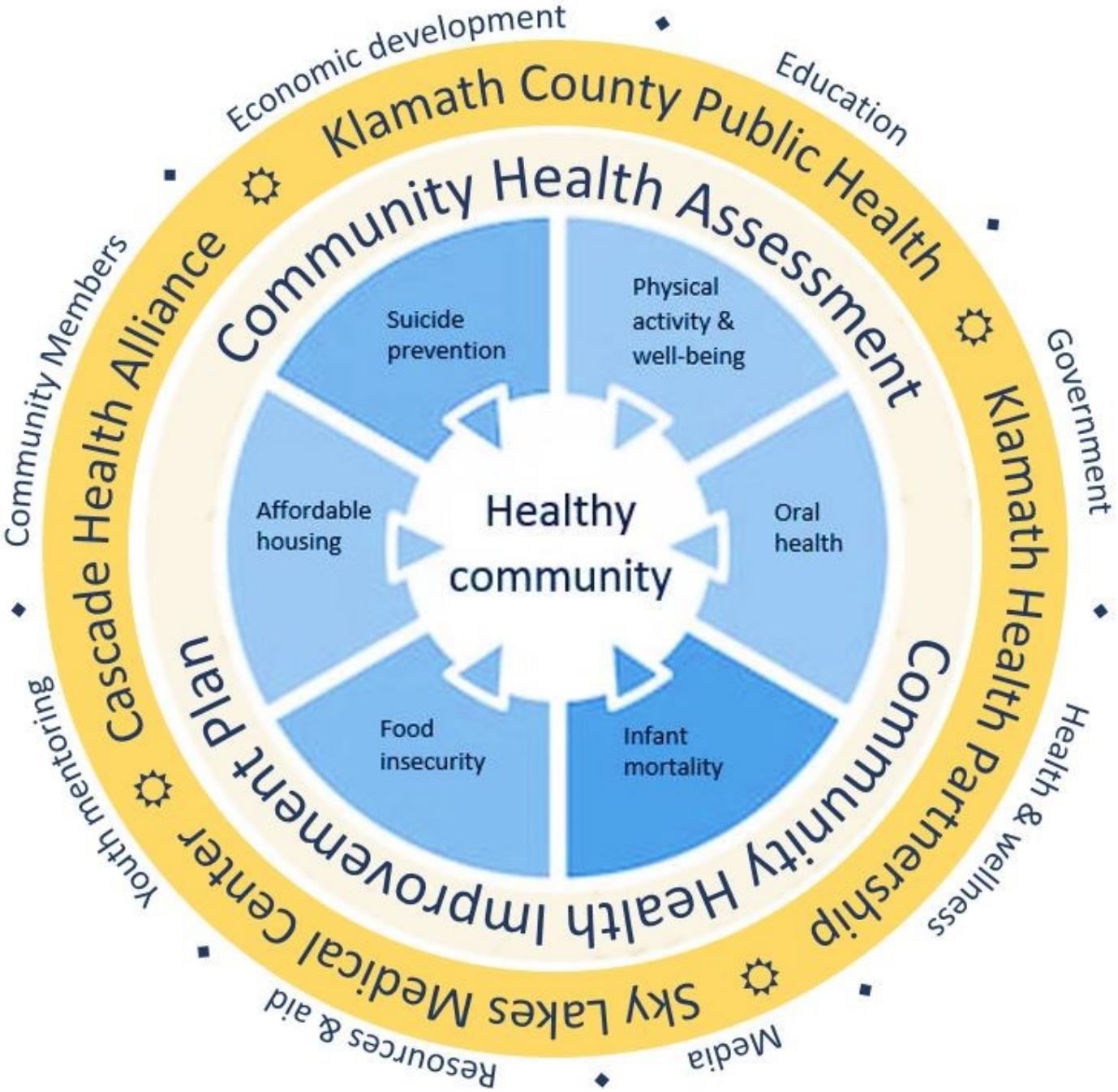


Figure 5. Pictogram of Community Health Assessment and Community Health Improvement Plan process.

Priority health issues in context

There are six priority health issues and each has direct relationship to social determinants of health. Additionally, there are opportunities for policy, systems and environmental change in regard to the issues. Healthy Klamath has chosen the Kaiser Family Foundation definitions of the social determinants of health to evaluate the priority health issues.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 6. Social determinants of health. Source: Kaiser Family Foundation

Suicide prevention. Factors that lead to suicide can be drawn from all of the social determinant areas. Stressors related to economic stability, physical environment, education, food, community and social connection, and the health care system can result in individuals choosing to end their life. Two Oregon Senate Bills reflect the policy change afoot statewide, but the implementation of these policies is still in progress locally. This policy implementation work will lead to systems change within the school districts, and possibly with behavioral health providers. On the environmental change front, the stigma around talking about suicide has been lessened with community events promoting You Matter to Klamath.

Physical well-being and activity. Again, each of the social determinants might be associated with whether an individual possesses a sense of well-being and has opportunity to be physically active. Economic instability could immediately factor into a person's neighborhood and physical environment. Depending upon the situation, this alone could effect well-being and opportunity for activity. A lack of education relates to employment opportunity and also health literacy. For segments of the community food insecurity influences well-being perception and the potential to be active. A sense of well-being is directly related to community and social connection, and a perception of support can encourage physical activity participation. Finally, individuals who are not participating in a health care system may not perceive the importance of physical activity and be removed from a sense of healthy well-being. From a policy, systems and environmental change standpoint, local work has centered on adopting master plans for streets, sidewalks and trails. Blue Zones Project

has worked with schools to adopt specific commitments to healthy foods and physical activity. In reviewing focus group and survey responses from Community Corrections and treatment centers, regarding communicable diseases and use of alcohol, tobacco and other drugs, it appears an opportunity exists in both communities to provide information and access to better understand physical activity and well-being.

Oral health. Everyone's oral health begins in the womb where a mother's access to nutritional food sets the tone for the rest of a person's life. While there are sufficient oral health providers to serve Klamath County, many people do not have the work-hour flexibility or income to facilitate making appointments. Individuals who are geographically isolated must travel for service and that can be a barrier unto itself. Health literacy can be another obstacle, as can the perception of oral health priority within a person's social circle. From a policy, system and environmental change perspective, Klamath County has the opportunity to immediately align messaging about "First Tooth" with providers. Families have been encouraged to seek oral health support after a baby has its first tooth. However, local dentists are requesting families wait until the child has six teeth. The barrier is related to having equipment small enough to safely serve an infant. Also, there is potential work to be done in facilitating off-hours appointments for those who cannot easily leave work. Children's services are readily available in the K-12 environment, but there is still opportunity in serving day care centers and preschools.

Infant mortality. Again, this priority health issue is influenced by all of the social determinants of health. In recent maternal and child health community discussions, a number of concerns were brought forward. These include access to nutritious food, domestic violence, access to health care, toxic chemical exposure from agricultural work, familial support and health literacy. While all infant deaths are evaluated by a multidisciplinary team, as required by Oregon law, there is an opportunity to further explore the causes of fetal deaths. This would require policy work within the health care system and environmental change in creating a dynamic of inquiry, even in the face of tragedy.

Food insecurity. This priority issue is a social determinant of health, but it is influenced by economic stability, physical environment, education and social context. While the Produce Connection has provided six months of free access to fruits and vegetables throughout the county, those who are geographically isolated are still unable to participate. Policy work has begun in having a countywide food advisory council, along with nutritious food policies at both school districts. However, an environmental scan detailing how far individuals in the furthest reaches of the county must travel for grocery service, a food pantry, or Produce Connection site will better inform future work.

Housing affordability. Housing is a social determinant of health, but it is also connected to economic stability, food access and social context. The Board of County Commissioners is working with Choose Klamath to obtain federal funding to encourage contractors and developers to build more housing to offset the demand and create a market where prices are more equitable.

Suicide prevention

2018 CHA Data Indicator

Suicide death rate of 47 per 100,000 population
(2017 Oregon Public Health Assessment Tool)

Goal

Prevent deaths from suicide

Objective

Reduce the suicide death rate in Klamath County by 10% each year.

Strategies

1. Prevention: Implement suicide prevention programming in the school districts, in accordance with Oregon Senate Bill 52, and in the community.
2. Intervention: Identify individuals who are at potential risk of suicide and refer them to the appropriate agency.
3. Postvention: In accordance with Oregon Senate Bill 561, enact a comprehensive, community-wide suicide postvention plan to prevent suicide contagion.

Baseline

47 deaths per 100,000 population (Oregon Public Health Assessment Tool)

Target

≤42 deaths per 100,000 population

Benchmark

19 deaths per 100,000 population (Oregon State Suicide Death Rate)

Measurement

Quarterly reports on activities; annual report on actual suicide death rate

Rationale

The intent is to reduce the suicide rate by 10% each year, which correlates to national work in this area. 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.

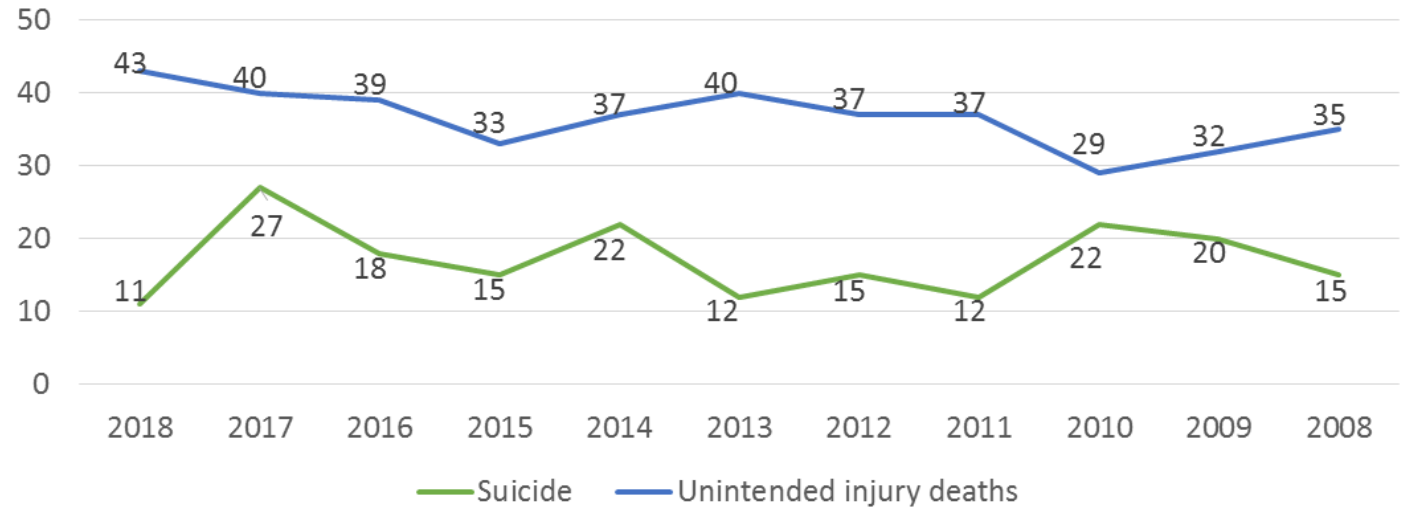


Figure 7: Klamath County suicide death and unintended injury deaths 2008-2018. Source: Klamath County Public Health

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 individuals to systems level.

Relationship to state and national priorities

Oregon SB 561 (policy): Prepare communities to respond to suicides in order to reduce the risk of more suicide

Oregon SB 52 (policy): School districts must implement suicide prevention programming

During 2015, OHA's Health Systems Division and Public Health Division partnered with subject matter experts to create the Youth Suicide Intervention and Prevention Plan for 2016 - 2020.

Healthy People 2020: The suicide rate increased 19.5% between 2007 and 2016, from 11.3 to 13.5 per 100,000 population (age adjusted). In 2016, several population groups had the lowest suicide rate in their demographic category, including the non-Hispanic black population and females.

Between 2008 and 2016, the proportion of adolescents aged 12–17 years who had a major depressive episode (MDE) in the past 12 months increased 54.2%, from 8.3% to 12.8%. In 2016, several population groups had the lowest rate of an MDE in the past 12 months in their demographic category, including the Native Hawaiian or Other Pacific Islander population, males, and persons aged 12–13 years

National Prevention Strategy priority areas: injury and violence-free living, and mental and emotional well-being.

Lead Agency

Klamath Basin Behavioral Health

Coalition

You Matter to Klamath

Resources

You Matter to Klamath Coalition This multi-agency coalition is dedicated to eliminating suicide in Klamath County through education, awareness, and community training on the warning signs and available resources.

Just Talk Just Talk is a positive mental health campaign.

Klamath Basin Behavioral Health Established in 1980 as a family-focused children's mental health clinic, Klamath Basin Behavioral Health (KBBH) has grown into the largest behavioral health provider for children, adolescents, adults, and families in southern Oregon. A private, non-profit corporation, KBBH serves the Klamath Basin through a comprehensive array of evidence-based and family-focused behavioral health services

Lutheran Community Services LCS Northwest helps restore a hopeful future to people living in poverty, escaping tragic circumstances, or facing other mental, physical and emotional turmoil.

Klamath Tribal Health & Family Services Behavioral Health Clinic providers are an integral part of the mission to provide patients with comprehensive services. General counseling services are provided by a compassionate team of providers made up of mental health counselors, certified substance treatment counselors, and intensive case managers and prevention specialists.

Sky Lakes Medical Center Emergency Department The Sky Lakes Emergency Department sees nearly 30,000 patients each year. It is always open and can handle life-threatening medical emergencies of any nature.

Klamath County School District District personnel work together and with other agencies to deliver prevention education, intervention services and postvention activities.

Klamath Falls City Schools District personnel work together and with other agencies to deliver prevention education, intervention services and postvention activities.

Youth Rising and other youth serving organizations Develops a sense of belonging with youth, which helps prevent suicide.

U.S. Department of Veterans Affairs VA believes that everyone has a role to play in preventing suicide, and is working with community partners across the country — including faith communities, employers, schools, and health care organizations.

Connect Training Intensive and specialized training sessions equip participants to develop prevention and intervention strategies in their communities, workplaces, schools, health care centers and faith-based communities.

QPR (Question, Persuade, and Refer) Training The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training.

Physical well-being

2018 CHA Data Indicator

Physical Health Score: 58 out of 100; WellBeing Index Score: 59 out of 100; Obesity Rate: 28.1% (Gallup-Sharecare Well-Being Index, Oregon Behavioral Risk Factor Surveillance System)

Goal

Improve physical health and well-being 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.

Strategies

1. Increase coordination and implementation of physical activity opportunities in schools and parks.
2. Increase connectivity of trails and protected walk/bike lanes to increase community opportunities for active transportation and recreation.
3. Increase participation in well-being activities and prevention programs.

Baseline

Physical Health Score: 58 out of 100; WellBeing Index Score: 59 out of 100; Obesity Rate: 28.1% (Gallup-Sharecare Well-Being Index)

Target

Physical Health Score: 60 out 100 Well-Being Index Score: 61 out of 100; Obesity Rate: 25% (Gallup-Sharecare Well-Being Index)

The Well-Being Index™: What Is Well-Being?

- High well-being means ***a life well-lived*** — all the things that are important to each of us, what we think about and how we experience our lives.
- Well-being is comprised of five elements — and all five are **interrelated** and **interdependent.**

Purpose: Liking what you do each day and being motivated to achieve your goals

Social: Having supportive relationships and love in your life

Financial: Managing your economic life to reduce stress and increase security

Community: Liking where you live, feeling safe and having pride in your community

Physical: Having good health and enough energy to get things done daily

Source: Blue Zones Project — Klamath Falls, 2019

Benchmark

Physical Health Score: 66 out 100 Well-Being Index Score: 67 out of 100; Obesity Rate: 20% (Gallup-Sharecare Well-Being Index)

Justification

We aim to increase physical health by 5% and reduce obesity by 3%, these targets where chosen based on reviewing data changes since 2015. We know that changing physical health and reducing obesity is a slow process, therefore we set these targets based on the benchmarks and what we thought we could realistically achieve in the next three years.

Measurement

Quarterly reports on activities; Gallup-Sharecare Well-Being Index; Oregon Behavioral Risk Factor Surveillance System

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.

Relationship to state and national priorities

Oregon Well-being: Oregon was one of 21 states that declined in well-being in 2017, dropping from a ranking of 24th in the nation to 35th in the Gallup-Sharecare Well-Being Index. The state dropped its rank in several indicators of overall well-being: sense of purpose, social connectedness and financial security. On the other hand, Oregon held steady in smoking rates, obesity, physical activity and produce consumption.

Oregon Physical Activity: Oregon ranks sixth of the 50 states in physical activity at 78.6%, which is higher than the national rate of 73.4% (www.worldlifeexpectancy.com/usa/oregon-participation-in-physical-activity); Oregon's obesity rate hit 30.1 percent in 2015, the highest adult obesity rate of any state west of the Rockies (Robert Wood Johnson Foundation County Rankings)

Healthy People 2020: Healthy People 2020 emphasizes the importance of health-related quality of life and well-being by including it as one of the initiative's four overarching goals. Healthy People 2020 objective PA-2.4 tracks the proportion of adults who report meeting current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity: at least 150 minutes of light/moderate or 75 minutes of vigorous physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity and physical activities specifically designed to strengthen muscles at least twice per week. Healthy People 2020 objective NWS-9 tracks the proportion of adults with obesity (BMI ≥ 30).

National Prevention Strategy priority areas: healthy eating, active living, and mental and emotional well-being.

Lead Agency

Blue Zones Project- Klamath Falls

Committee

BZP Physical Health Committee

Resources

Organizations and agencies engaged in this work include:

Blue Zones Project – Klamath Falls, providing activities and initiatives to move these issues forward.

Sky Lakes Wellness Center, promoting lifestyle change to increase physical activity and nutritional eating.

Sky Lakes Outpatient Care Management, partnering with clients to monitor individual success in obtaining the elements necessary for well-being and encouraging overall wellness.

Park and Play, offering free summer lunches and physical activity throughout the county.

Klamath Trails Alliance, working to enact policy change to make the community more activity friendly and providing service in building and maintaining local trails.

Oral health

2018 CHA Data Indicator
60% of the adult population in Klamath County have visited the dentist in the past year (2014-2017) (2017 Oregon Public Health Assessment Tool)

Goal

Improve access to and awareness of oral health services.

Objective 1

Increase the percentage of adults visiting the dentist each year to 70% no later than June 30, 2022.

Strategies

1. Develop a coordinated dental services referral protocol.
2. Train frontline health workers on oral health intake, visual screening, referral, and patient education.
3. Incorporate dental screening and referral into local emergency department.

Baseline

60% of the adult population have visited the dentist in the past year (2014-2017 Oregon Public Health Assessment Tool)

Target

66% of the adult population visiting the dentist in a year (2014-2017 Oregon Public Health Assessment Tool)

Benchmark

65% of the adult population in Oregon have visited the dentist in the past year (Oregon State Dental Visits, 2017)

Measurement

Quarterly reports on activities; annual report on actual dental visits

Objective 2

Increase annual oral health evaluation for adults with diabetes to 30% no later than June 30, 2022.

Strategies

1. Increase awareness of the relationship between oral health and physical health.
2. Use case management to schedule and follow up with diabetic clients about oral health.

Baseline

18.5% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening (2018)

Target

21% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening

Benchmark

28% of OHP members with diabetes who are 18 and older have had an annual oral health screening (OHA Incentive Benchmark)

Measurement

Quarterly reports on activities; annual report on actual dental visits

Objective 3

Increase percentage of pregnant mothers seen by a dentist during pregnancy to 25% no later than June 30, 2022.

Strategies

1. Develop education materials for providers about safety.
2. Develop education materials for patients.
3. Develop shared protocol among obstetricians and dental providers about referral and communication between specialties.

Baseline

29% of pregnant mothers visited the dentist during pregnancy (April-June, 2018; Klamath County Public Health Women, Infants, and Children (WIC) Program)

Target

32% of pregnant mothers visiting the dentist during pregnancy

Benchmark

To be determined

Measurement

Quarterly reports on activities; annual report on actual dental visits

Objective 4

Research and support at least two oral health policies or initiatives per year.

Strategies

1. Join Oral Health Progress and Equity Network (OPEN).
2. Secure funding for research and policy health impact statement.
3. Recruit health equity intern to research policies and impact on oral health.

55

Approximate number of dentists serving Klamath County

Source: healthyklamath.org, 2019

82	74	73	70
Percent of 11th graders who have had a cavity	**Percent of 8th graders who have had a cavity**	**Percent of 11th graders who have seen a dentist or dental hygienist in the past year**	**Percent of 8th graders who have seen a dentist or dental hygienist in the past year**

Source for all percentages: healthyklamath.org, 2019

Baseline

3 policies supported (2019)

Target

2 policies supported per year

Benchmark

To be determined

Measurement

Quarterly reports on activities

Rationale

Oral health is an integral part of overall health and well-being. Oral disease can affect what people eat, how they communicate, and their ability to learn. While tooth decay is preventable, it is one of the most common chronic diseases affecting children and teens. In fact, more than three-quarters of Klamath County youth have experienced at least one cavity by eleventh grade. Improvements in oral health in Klamath County require collaborative effort to support programs and policies to prevent dental disease.

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.

Relationship to state and national priorities

Oregon: The state is focused on achieving the triple aim for all Oregonians – better health, better care and lower costs. Oregon's health system transformation efforts have focused on wellness, treating the whole person and coordination among providers. Oral health is critical in this equation and over the last several years, community stakeholders and OHA have paid increasing attention to ensuring oral health.

To this aim, OHA appointed a Dental Director in February 2015 to work across the OHA to provide coordination and direction on oral health initiatives and dental health systems transformation work. The Dental director's role is to ensure all Oregonians have equitable access across the lifespan to better oral health and oral health outcomes.

The Oregon Oral Health Coalition provides medical offices, community health providers, and support organizations (such as WIC and Head Start) oral health resources which include comprehensive trainings, educational materials and an understanding of the best oral health practices. A network of Oral Health Educators specialize in three curricula which can educate professionals on the importance of oral health for all Oregonians. The curricula include First Tooth, Maternal: Teeth for Two, and Oral Health & Chronic Diseases.

Healthy People 2020: Objectives in this topic area address a number of areas for public health improvement, including the need to: 1. Increase awareness of the importance of oral health to overall health and well-being; 2. Increase acceptance and adoption of effective preventive interventions; and 3. Reduce disparities in access to effective preventive and dental treatment services.

National Prevention Strategy priority areas: healthy eating, and mental and emotional well-being.

Lead Agency

Cascade Health Alliance

Coalition

Klamath Basin Oral Health Coalition

Resources

Several community agencies and organizations are working to address the need for oral health delivery and usage in the community. These include:

Klamath Basin Oral Health Coalition, partnering to provide more education and outreach opportunities for Klamath County.

Cascade Health Alliance Dental Plan, providing service to some of Klamath's most vulnerable residents.

Sky Lakes Medical Center Outpatient Care Management, working to help clients navigate healthcare systems and self-care resource.

Konnect Dental Kare with Expanded Practice Dental Hygienist, providing more access for residents of Klamath County.

Dental clinics at **Klamath Health Partnership** and **Klamath Tribal Health & Family Services**, also providing more access for residents.

Oregon Tech Dental Hygiene Program and Dental Clinic, combining access, outreach and education.

OHSU Nursing Program, also providing outreach and education.

Title V MCH Grant for Klamath County Public Health, providing funding for special programs.

Knight Cancer Institute Community Partnership Grant for Oregon Tech, also providing funding for special programs.

Infant mortality

2018 CHA Data Indicator
10 infant deaths per 1,000 within first year of life
(2017 Oregon Public Health Assessment Tool)

Goal

Reduce infant deaths in the first year of life

Objective 1

Reduce low birthweight in Klamath County to 7% by June 30, 2022.

Strategies

1. Increase access to and enrollment in prenatal care.
2. Reduce tobacco and substance use among pregnant mothers.
3. Ensure access to healthy foods among pregnant mothers

Baseline

8% in 2017 (Oregon Public Health Assessment Tool)

Target

7% by 2022

Benchmark

7% (Oregon State Low Birth Weight 2017)

Measurement

Quarterly reports on activities; annual report on actual mortality rate

Rationale

There are several factors that influence infant mortality statistics, including low birth weight. Klamath's low birthweight prevalence has consistently been 8% or higher for the past several years, which is higher than the average prevalence for the state of Oregon. The target is to reduce Klamath's prevalence to that of the state, which is 7%. Infant mortality numbers fluctuate year to year, but since 2014, Klamath's rate has been below 6 until 2017. The Oregon state rate is below 6 per 1000, and the benchmark for infant mortality is Healthy People 2020's rate of 6 infant deaths per 1000 live births. Considering Klamath's previous rates, the target is to reach the Healthy People 2020 benchmark.

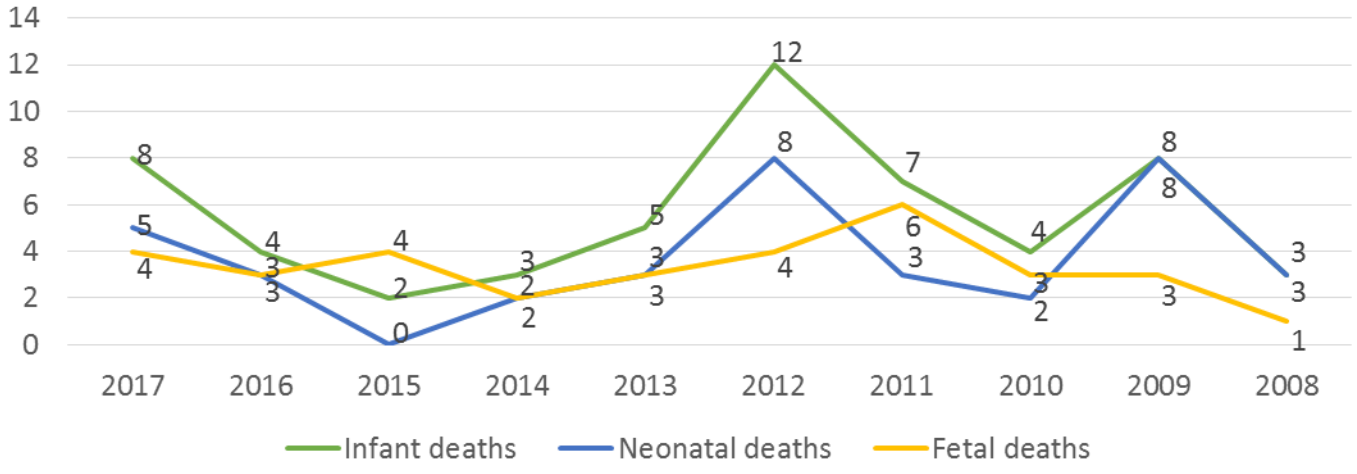


Figure 6. Klamath County infant deaths, neonatal deaths and fetal deaths 2008-17. Source: Klamath County Public Health

Objective 2

Reduce preventable infant deaths within the first year of life to less than 8 per 1,000 live births by 2022.

Strategies

1. Establish a cross-jurisdictional infant mortality work group to coordinate efforts and ensure consistent messaging
2. Increase knowledge among families with children about safe sleep practices
3. Ensure access to resources needed for safe sleep practices (ex. Crib, pack and play, etc.)

Baseline

10 infant deaths per 1,000 live births within the first year of life (2017)

Target

6 infant deaths per 1,000 live births

Benchmark

6 infant deaths per 1,000 live births (Healthy People 2020)

Measurement

Quarterly reports on activities; annual report on actual mortality rate

Relationship to state and national priorities

Oregon: In Oregon in 2016, 4.6 infants died per 1,000 live births among Oregon residents, down from 1990 when 8.3 infants died per 1,000 live births. Oregon's infant death rate has been lower than the U.S. rate for more than 25 years, but racial and ethnic disparities persist. On average from 2012 to 2016, the infant death rate was highest among African Americans (9.3 per 1,000 live births) and American Indian/Alaskan Natives (8.4 per 1,000 live births). Studies have found that, although interventions to reduce some causes of infant death, such as SUIDS, have been successful in these populations, other complex factors are involved, such as access to care.

Healthy People 2020: The Healthy People 2020 goal is to reduce infant mortality in the U.S. to 6.0 deaths per 1,000 live births by the year 2020.

Lead Agency

Klamath County Public Health

Work Group

Title V MCH Work Group

Resources

Both **Klamath County Public Health** and **Klamath Tribal Health & Family Services** receive Title V Maternal and Child Health grants to fund work in this arena.

Other agencies and programs promoting both maternal and child health, which influences the rate of infant mortality are: 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.

Food insecurity

2018 CHA Data Indicator
Food Environment Index: 6.7 (2019 County Health Rankings)

Goal

Improve access to fresh and healthy food, and increase knowledge on how to produce, sell, and prepare local food.

Objective

Reduce food insecurity among Klamath County residents by 10%, as measured by the Food Environment Index, by June 30, 2022.

Strategies

1. Increase access to local produce and other healthy foods within the urban food desert.
2. Improve local food economy by connecting and advocating for local producers to sell locally.
3. Educate consumers on nutritional quality, producing, and preparing health foods.

Baseline

Food Environment Index: 6.7 (2019 County Health Rankings)

Target

Food Environment Index: 7.4

Benchmark

Food Environment Index: 10

Measurement

Quarterly reports on activities; annual County Health Rankings

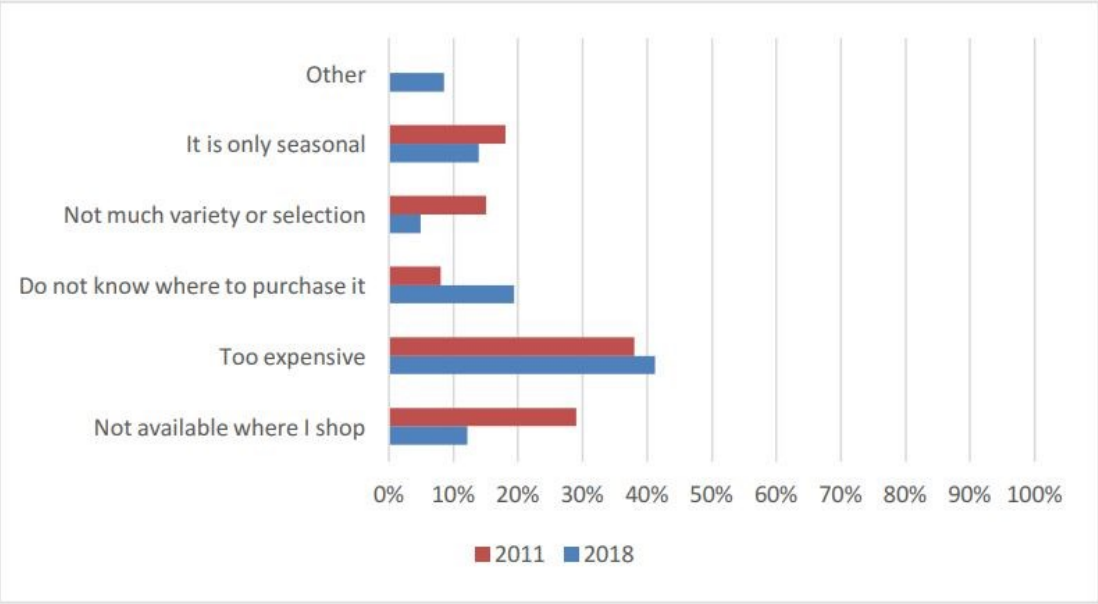


Figure 7. Reasons for not buying local food . Source: Community Food Assessment 2018

Rationale

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 by 10% from 6.1 in 2015 to 6.7 in 2019. The target is to raise this another 10% in the next three years.

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.

Relationship to state and national priorities

Oregon: The rate of food insecurity (being without access to a sufficient quantity of affordable, nutritious food) in Oregon is 14.6%. About 552,900 Oregonians are food insecure, of those 194,070 are children. About 72% of the people who receive food have incomes below the federal poverty level. (Oregon Food Bank, July 2019)

According to the Oregon Health Authority, one in eight Oregonians and one in five children in Oregon are food insecure. The food insecurity rate is highest in rural communities, communities of color, households with children and among renters. Single mothers in Oregon have historically had higher food insecurity rates than single mothers in the rest of the country.

Healthy People 2020: Food insecurity may be long term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. In 2016, 31.6% of low-income households were food insecure, compared to the national average of 12.3%. Unemployment can also negatively affect a household's food security status. High unemployment rates among low-income populations make it more difficult to meet basic household food needs. In addition, children with unemployed parents have higher rates of food insecurity than children with employed parents. Racial and ethnic disparities exist related to food insecurity. In 2016, black non-Hispanic households were nearly 2 times more likely to be food insecure than the national average (22.5% versus 12.3%, respectively). Among Hispanic households, the prevalence of food insecurity was 18.5% compared to the national average (12.3%). Disabled adults may be at a higher risk for food insecurity due to limited employment opportunities and health care-related expenses that reduce the income available to buy food.

National Prevention Strategy priority issue: healthy eating.

Lead Agency

Blue Zones Project – Klamath Falls

Committee

BZP Food Systems Committee

Resources

Food access for all Klamath County residents is being addressed by:

Klamath Farmer's Online Marketplace, providing fresh food access beyond the traditional farmer's market venue.

Klamath Falls Farmers Market, offering seasonal fresh food in downtown Klamath Falls.

Klamath County government's Food Policy Council, examining opportunities for community policy, systems and environmental change.

OSU Extension Service, providing expert knowledge on crops, nutrition and healthy lifestyles.

OHSU Moore Institute, reducing the prevalence of chronic diseases across the lifespan in current and future generations by promoting healthy, nutrient-rich diets based on whole-foods – before conception, during pregnancy and lactation, and in infancy and early childhood.

Housing

2018 CHA Data Indicator
Gross Rent as a Percentage of Household Income (35% or more) (2018 United States Census Bureau)

Goal

Establish adequate supply of ownership and rental housing that is healthy, affordable, safe and equitable for all income levels.

Objective 1

Form a housing task force with members who have expertise focused on infrastructure and program needs by June 2020.

Strategies

1. Convene stakeholders to initiate a collaborative process for healthy, affordable, safe, and equitable housing.
2. Identify best practice definitions for adequate housing.
3. Identify and advocate for policy implementation and changes directed towards housing expansion and code compliance.

Baseline

15 diverse organizational and community representatives

Target

20+ diverse organizational and community representatives

Benchmark

To be determined

Measurement

Quarterly reports on activities.

Objective 2

Implement a variety of housing education programs geared to housing assistance and renter education by June 6, 2023.

Strategies

1. Incorporate a Community Health Worker at Outpatient Care Management solely focused on housing assistance and education.
2. Implement a "Ready to Rent" program through Klamath Housing Authority.
3. Implement a community-wide community clean and safe housing campaign.

Baseline

3 housing programs currently supported by Klamath Lake County Action Services (KLCAS)

Target

5 housing programs supported by KLCAS, Klamath Housing Authority, and Klamath Community College

Benchmark

To be determined.

Measurement

Quarterly reports on program development, implementation, and effectiveness.

of all renters are paying more than 50% of their income in rent

Objective 3

Establish baseline infrastructure and capital needs for housing in Klamath County by 2023.

Strategies

1. Convene partnerships with economic development community partnerships to create development incentive package.
2. Partner with Klamath Housing Authority to solicit grant funding opportunities.

Baseline

2.4% Vacancy Rate (2019 Klamath County Housing Study)

Target

3.4% Vacancy Rate

Benchmark

To be determined

Measurement

Quarterly reports on activities.

Rationale

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. The current rental vacancy rate is 2.4% with nearly 35% of the population paying more than 50% of their income on rent. In 2011-2015, Klamath's rental vacancy rate was 9.4% with 33% of the population paying more than 50% of their income on rent. 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. In efforts to align with the 2019-2023 Statewide Housing Plan to increase healthy, affordable, safe and equitable supply of rental housing for all income levels.

Relationship to state and national priorities

Oregon: The Oregon Affordable Housing Assistance Corporation (OAHAC) is an Oregon nonprofit public benefit corporation. The primary purpose of OAHAC is to administer programs, such as the Oregon Housing Stabilization Initiative (OHSI), targeted to help prevent or mitigate the impact of foreclosures on low and moderate income persons, to help stabilize housing markets in Oregon, to provide resources for affordable or subsidized housing and to develop and administer programs related to housing permitted under the Emergency Economic Stabilization Act of 2008, as amended ("EESA"), and act as an institution eligible to receive Troubled Asset Relief Program Funds under EESA. The National Low Income Housing Coalition indicates that Oregonians working at minimum wage of $11.25 an hour would need to work 67 hours to afford a modest 1 bedroom rental home at Fair Market Value.

Healthy People 2020: Households are considered to be cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50% of their income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Black and Hispanic households are almost twice as likely as white households to be cost burdened. In 2014: 21.3 million households were cost burdened—of these, 11.4 million households were severely cost burdened, and 83% of households earning less than $15,000 a year were cost burdened. Due to a limited rental market with few affordable vacancies, people with the lowest incomes may be forced to rent substandard housing that exposes them to health and safety risks such as vermin, mold, water leaks, and inadequate heating or cooling systems. They may also be forced to move in with others, potentially resulting in overcrowding. Overcrowding is defined as more than 2 people living in the same bedroom or multiple families living in 1 residence. Overcrowding may affect mental health, stress levels, relationships, and sleep, and it may increase the risk of infectious disease.

Lead Agencies

Cascade Health Alliance; Choose Klamath; Klamath Housing Authority

Work group

Klamath Falls Housing Task Force

Resources

A number of organizations and groups are working to provide access to affordable housing, with resources ranging from actual services provided to residents to enacting policies to improve affordability. These groups include: Blue Zones Project – Klamath Falls, Klamath Community College, The Klamath Tribes, City of Klamath Falls, Klamath County Public Health, Oregon Institute of Technology, Choose Klamath, Klamath Gospel Mission, Sky Lakes Medical Center Outpatient Care Management, Department of Human Services – Klamath and Lake Counties, Klamath Housing Authority, Klamath & Lake Community Action Services, South Central Oregon Economic Development District, Klamath Basin Behavioral Health, Klamath Rental Owners Association, and the Klamath County Board of Commissioners.

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 preceding fact sheets, 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 make 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 Cascade Health Alliance's Community Advisory Council (CAC) members. To keep community members informed about 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 standard form detailing how the achievement was accomplished. The completed form will be submitted to the steering committee and will address 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.

Conclusion

The 2019 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 edition. 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 fact sheets 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: 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

Appendix B:
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	

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	

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	

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	

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	

8

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	

Appendix C
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 D:

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 E:

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 F:

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.

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.

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.

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

Appendix G:

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.

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.

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	

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 H:

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

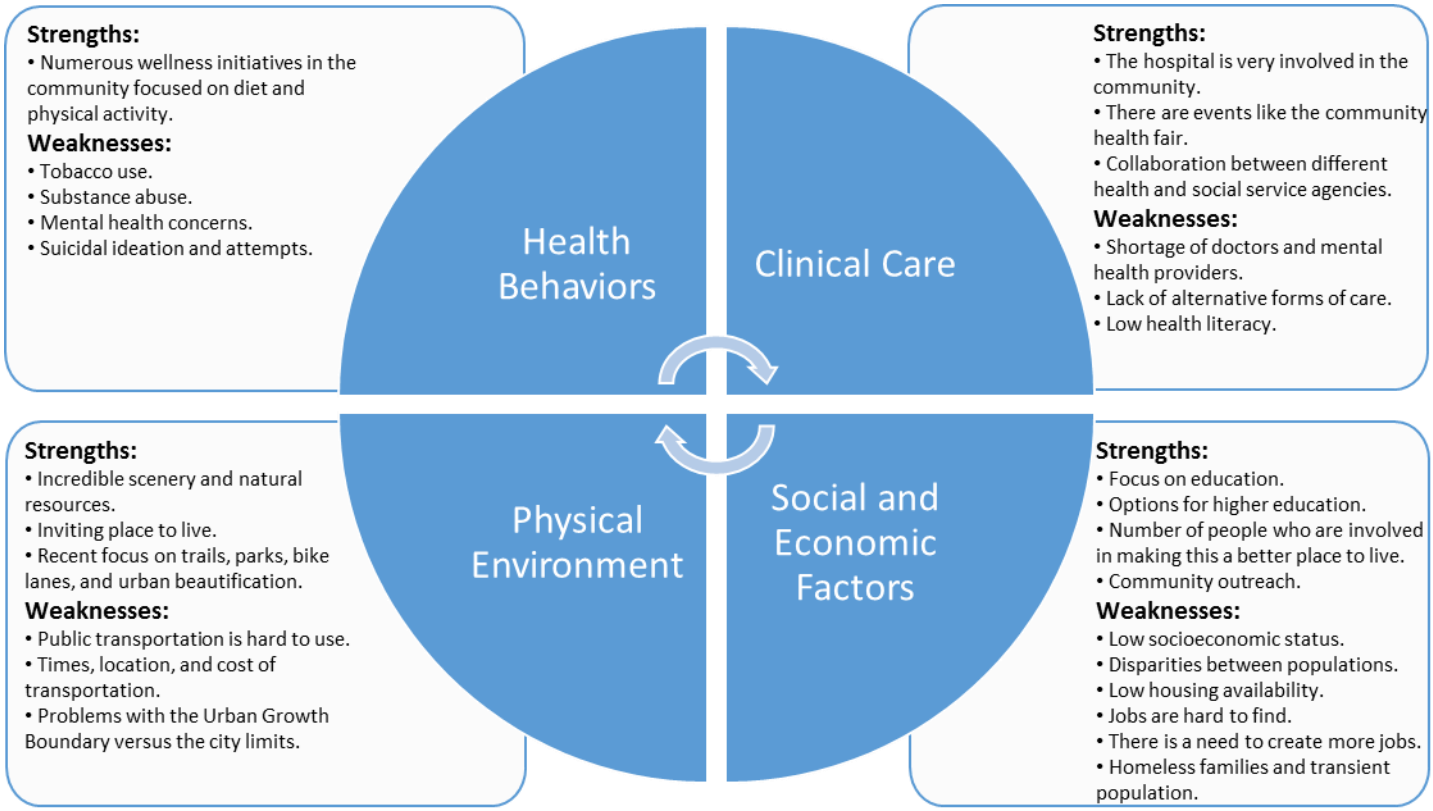
Forces	Threats Posed	Opportunities Created
Rural Setting	• Brings doctors in only for a short amount of time • Transportation issues/Poor public transit system	• Brings in health care providers looking for loan forgiveness • More opportunities for job advancement within smaller agencies
Food Access/Desert	• 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 I:

Community Themes and Strengths Assessment (CTSA) findings



Appendix J:
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
Choose Klamath
Discover Klamath
Downtown Klamath Falls
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
YMCA
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

Media
Herald and News

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
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 K:

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 18. 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 Crying 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 support from CAC.	