



Coast to Cascades Community Wellness Network

Business Plan | June 2016





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COAST TO CASCADES COMMUNITY WELLNESS NETWORK (CCCWN)

MISSION & VISION

CCCWN's mission is to improve community health in Benton, Lincoln and Linn counties by providing leadership and support for regional partnerships.

CCCWN's vision is to lead and sustain a system of partner agencies and organizations working together to provide integrated services and programs that promote individual and community health.

HISTORY & CULTURE

Coast to Cascades Community Wellness Network is the formal coalition that resulted from the Coast to Cascades Childhood Obesity Project and the Rural Health Network Development planning grant. Its membership consists of experts, leaders and decision-makers from health care, schools, government, nonprofits and tribal councils (see sidebar).

The CCCWN is responsible for supporting and monitoring the Health Resources and Services Administration's *Healthy Smiles for All* grant, in addition to addressing community health improvement recommendations from regional and local service providers, community health coalitions, residents, and other stakeholders.

To facilitate this ongoing process, CCCWN provides leadership in policy, funding and regulatory decisions. CCCWN members also communicate regularly to identify key focus areas for health improvement in the tri-county region.

The memorandum of agreement (MOA) between CCCWN's member organizations defines their roles and responsibilities in the development of projects, initiatives and activities. Major responsibilities include:

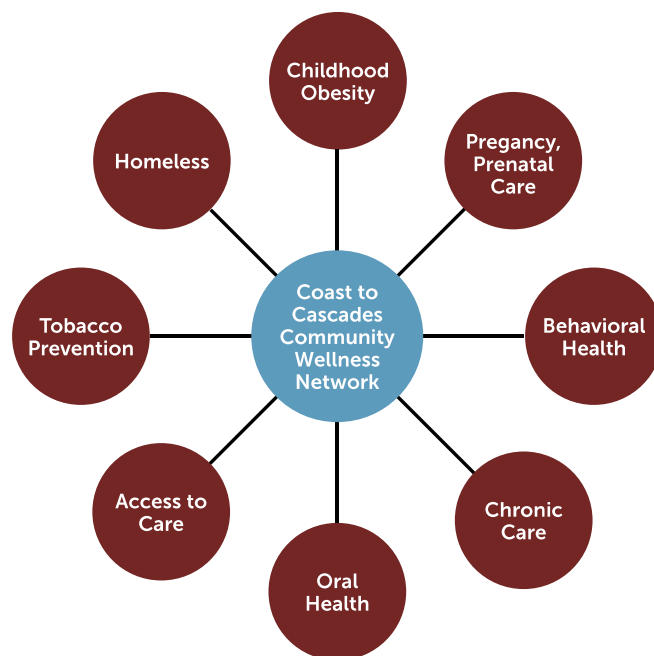
- Conducting regular community health needs assessments
- Creating community health improvement plans and community benefit plans
- Promoting and implementing proven community health improvement strategies
- Supporting local and regional health priorities
- Organizing committees to develop and support necessary community health projects

CCCWN MEMBERS ROSTER—2016

CCCWN's membership body comprises the following agencies and partners:

- Benton County Health Department
- Capitol Dental Care
- Community Outreach Inc.
- Community Services Consortium
- COMP NW Medical School
- East Linn/Benton County FQHC
- Good Samaritan Regional Medical Center
- InterCommunity Health Network CCO
- Lebanon School District
- Lincoln County Health Department
- Linn County Health Department
- Oregon Cascades West Council of Governments
- Oregon Office of Rural Health
- Oregon State University
- Samaritan Albany General Hospital
- Samaritan Health Services
- Samaritan Lebanon Community Hospital
- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital

Focus Areas of the CCCWN



STRATEGIC OBJECTIVES

The overarching goal of the CCCWN member organizations is to facilitate a coordinated and systemic effort to improve health, wellness and quality of life for all residents of Benton, Lincoln and Linn counties. The knowledge, experience and expertise of each organization will improve and sustain the coordination of efforts to address health issues in the tri-county region.

Strategic objectives include:

- Fostering partnerships, collaboration and coordination between public and private health care providers
- Supporting the work of local coalitions
- Achieving and maintaining an equitable standard of care for all tri-county residents
- Developing proven community resources for health

BUSINESS STRUCTURE & GOVERNANCE

CCCWN consists of a general body of members and a steering committee that is responsible for developing the network's agenda and overseeing its activities. Members include experts, leaders and executives with a strong interest in improving child and adult health in Benton, Lincoln and Linn counties.

Members are asked to contribute fees annually to support the CCCWN. Membership contributions are voluntary and are not used for CCCWN staff or administration. CCCWN staffing is provided by Samaritan Health Services Community Health Promotion.

The steering committee is drawn from CCCWN member organizations and includes one representative from each county. The steering committee meets every other month to identify new projects, review grant and foundation applications, and oversee programs and activities. Additional committees may be organized to support specific community health projects. Current CCCWN members include:

- Benton County Health Department
- Capitol Dental Care
- Community Outreach Inc.
- Community Services Consortium
- COMP NW Medical School
- East Linn/Benton County FQHC
- Good Samaritan Regional Medical Center
- InterCommunity Health Network CCO
- Lebanon School District
- Lincoln County Health Department
- Linn County Health Department
- Oregon Cascades West Council of Governments
- Oregon Office of Rural Health
- Oregon State University
- Samaritan Albany General Hospital
- Samaritan Health Services
- Samaritan Lebanon Community Hospital
- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital

CCCWN's members elect a chairperson to sit on the steering committee and to preside over the CCCWN's tri-annual meetings. The CCCWN's primary governance aim is to create a strong and sustainable working relationship based on effective collaboration. Thus, all CCCWN member organizations agree to the following terms:

- Participate in CCCWN meetings
- Share in consensus-based decision-making
- Develop, review and approve joint projects and publications that benefit the CCCWN
- Offer training, education, resources and information to member organizations
- Collaborate to develop new resources and funding that will promote health in the tri-county region
- Review regional data updates and reports on health issues
- Participate in discussions on data analysis
- Direct CCCWN-assigned staff on projects, activities and initiatives
- Direct and oversee funding that supports the CCCWN
- Ensure that materials and publications developed for the CCCWN are available to all members

As specified in the memorandum of agreement, CCCWN operates under a charter that outlines the roles and responsibilities of all members. Each member covers its own expenses in a manner congruent with its own mission and vision. CCCWN members agree, wherever possible, to be flexible and creative in the use of funding to support the creation of effective systems of care in the tri-county region.

MARKET ANALYSIS & PLAN

RURAL HEALTH CARE ENVIRONMENT

The rural health care environment has a significant impact on the CCCWN. In all three counties, the population of residents 65 and older is growing. Between 2000 and 2040, the highest rate of growth be seen among adults 75 years and older. This will result in an even greater need for accessible health services and information, especially for low-income and mobility-challenged patients. The needs of seniors in assisted living homes and related facilities are of special concern.

Lack of transportation can be a significant burden for tri-county residents seeking care. Because most of the region's providers operate in urban areas, rural residents may need to travel 40 miles or more to see a provider or to access Medicaid services. Some people in need may not be able to take time away from work or family responsibilities to visit the doctor, while others may have health or disability issues that make driving impossible.

With the passage of the Affordable Care Act, demand for health services is rising. Oregon's uninsured rate dropped by 63 percent between June 2013 and June 2014, according to a study released by Oregon Health & Science University; this reduction was primarily due to an increase in OHP/Medicaid enrollment.

The Oregon Department of Human Services and the Oregon Health Authority estimate that the tri-county region will see a significant increase in OHP/Medicaid eligibility in 2016:

- Benton County: 5,020 newly eligible residents
- Lincoln County: 3,113 newly eligible residents
- Linn County: 7,076 newly eligible residents

This influx of new, lower-income patients—many of whom will need immediate care—necessitates expanding regional infrastructure and systems of care to reach underserved populations.

The major risk factors for chronic diseases such as diabetes are strongly associated with low income, lack of education, and ethnic/racial status. These factors also strongly affect access to timely prevention and treatment. Currently, African-American, Hispanic/Latino, multiracial and rural Oregonians receive care at rates well below the state average, as do Oregonians at lower income and education levels.

Despite ongoing efforts to meet the health needs of all tri-county residents, nonwhite race/ethnicity, lower education levels, and lower socioeconomic status continue to be strong predictors not just of higher rates of disease, but also of a persistent lack of access to care.

As a result of Oregon's Health Transformation bill, coordinated care organizations (CCOs) are tasked with coordinating physical, behavioral and dental care for Oregonians who receive coverage under the Oregon Health Plan (OHP/Medicaid).

InterCommunity Health Network CCO (IHN-CCO) serves the regional OHP/Medicaid population. Its goal is to coordinate health initiatives and improve efficiency, while engaging stakeholders to increase the availability and quality of care. Also, IHN-CCO's Regional Planning Council is guiding the development of a regional delivery system that is firmly grounded in a philosophy of coordinated, patient-centered health care.

RURAL HEALTH CARE NETWORK MEMBERS & CUSTOMERS

CCCWN's customers are residents of Benton, Lincoln and Linn counties, as well as the local and regional coalitions and providers that serve them. The CCCWN's member organizations represent the services and support needed to create a healthy community. They have been members since the network's inception and represent customers in the tri-county region. As of June 2016, CCCWN membership comprises the following agencies and partners:

Fred Abousleman

Oregon Council of Governments

Mitch Anderson

Benton County Health Department

Rebecca Austen

Lincoln County Health Department

Dr. David Bigelow

Samaritan Pacific Communities Hospital

Dr. Tammy Bray

Oregon State University

Marty Cahill

Samaritan Lebanon Community Hospital

Sherlyn Dahl

East Linn/Benton County FQHC

Dr. Kevin Ewanchyna

Samaritan Health Services

Dr. Rob Hess

Lebanon School District

Kelley Kaiser

InterCommunity Health Network CCO

Deborah Loy

Capitol Dental Care

Martha Lyon

Community Services Consortium

Julie Manning

Samaritan Health Services

Frank Moore

Linn County Health Department

Dr. Louise Muscato

COMP NW Medical School

Dr. Lesley Ogden

Samaritan North Lincoln Hospital

Becky Pape

Good Samaritan Regional Medical Center

Dr. Janet Peterson

Private Resident - Dentist

Dr. Jana Kay Slater

Contractor/Evaluator

Maeve McClellan Trick

Oregon Office of Rural Health

David Triebes

Samaritan Albany General Hospital

Kari Whitacre

Community Outreach Inc.

Between November 2015 and February 2016, community health needs in Benton, Lincoln and Linn counties were assessed through an online and print survey, 20 interviews with key informants, and 13 focus groups comprising a wide variety of tri-county residents, including low-income residents and seniors. Key findings appear below.

Primary Health Concerns

- **Poverty and inequity** were cited as major factors both in causing poor health and in preventing residents from accessing timely and appropriate care.
- **Mental and behavioral health**—including addiction services—was identified as a serious need in all three counties. All counties need more providers, more specialists (especially for children), and more or better facilities. The need in Lincoln County is particularly severe.
- **Poor nutrition and obesity** were cited as major concerns—especially in rural and remote areas—with low-income children and seniors facing the greatest risk. Childhood nutrition and diabetes were of particular concern to low-income Spanish-speaking parents.
- **Primary/preventive care** was widely seen as difficult to access and hard to afford. Despite the expansion of insurance eligibility under the Affordable Care Act, basic care remains inaccessible for many residents.
- **Dental health.** Dental care providers are lacking in small and rural communities. In areas where providers are available, cost tends to be the main barrier to access for adults.
- **Barriers to access.** When asked what keeps people in the community from getting health services, respondents primarily cited barriers such as lack of transportation, long waiting times, inconvenient office hours, and the difficulty of navigating the health care system. They also mentioned cost, lack of providers, racial and socioeconomic discrimination, lack of bilingual services, and undocumented status.
- **Lack of diversity and cross-cultural competence** among regional service providers was a serious concern. In addition to making community members feel unwelcome and denying them equitable access to medical and social services, it can lead to life-threatening errors in diagnosis and treatment.
- **Drugs, alcohol and tobacco** were cited as major health problems in the tri-county region. Tobacco use—including maternal smoking during pregnancy—is especially high in Lincoln County.
- **Basic human needs** such as safe, healthy food, housing and transportation were cited as fundamental to improving community health in the tri-county region.

Vulnerable Populations

- Low-income and homeless residents
- Communities of color (especially those who are undocumented or do not speak English)
- Seniors and children
- Rural and isolated residents
- People with mental health issues or addiction problems

Recommendations

Key recommendations from respondents include:

- Expand low-income medical, dental and mental health services, including through mobile clinics, telemedicine and in-home services.
- Recruit more providers who will take Medicare and Medicaid patients.
- Help the region's diverse communities to understand and navigate the health care system.
- Champion community partnerships and initiatives that support basic needs like housing and food security.
- Increase access to mental health care and mental health education for all residents.
- Improve parenting education.
- Offer culturally appropriate community outreach and health education, including home visits.
- Increase bilingual medical and social services for non-English-speaking residents.
- Improve diversity and cross-cultural competence among medical and social service providers and staff.
- Provide clearer communication of medical issues and more compassionate care.
- Involve government and the community in making public health a priority.
- Increase and promote drug, alcohol and tobacco cessation programs.
- Identify and address regional priorities that focus on the social determinants of health.
- Increase interagency collaboration (e.g., between hospitals, public health agencies, and nonprofits).

VALUE PROPOSITION

CCCWN brings together leaders and decision-makers from health care, schools, government, nonprofits and tribal councils to collaborate intelligently on gathering data, providing services, and supporting interventions that will improve health, wellness and quality of life for all residents of Benton, Linn and Lincoln counties.

Service	Member/Customer Needs Met	Alignment With Mission (M), Vision (V) & Strategies (S)
Conducting regular health needs assessments	<ul style="list-style-type: none"> • Recognize current and emerging health problems in the region • Identify underserved populations • Collaborate to develop new resources 	<ul style="list-style-type: none"> • Improve community health (M) • Lead and sustain a system of partner agencies and organizations working together (V) • Develop proven community resources for health (S)
Creating community health improvement plans and community benefit plans	<ul style="list-style-type: none"> • Address current and emerging health problems in the region • Meet the needs of underserved populations • CCCWN materials and publications are available to all members 	<ul style="list-style-type: none"> • Improve community health (M) • Promote individual and community health (V) • Equitable standard of care for all tri-county residents (S)
Promoting and implementing community health improvement strategies	<ul style="list-style-type: none"> • Community outreach and health education • Involve government and the community in making public health a priority 	<ul style="list-style-type: none"> • Improve community health (M) • Promote individual and community health (V) • Equitable standard of care for all tri-county residents (S)
Supporting local and regional health priorities	<ul style="list-style-type: none"> • Champion community partnerships and initiatives that support basic needs • Identify and address regional priorities that focus on the social determinants of health • Consensus-based decision-making 	<ul style="list-style-type: none"> • Leadership and support for regional partnerships (M) • Integrated services and programs that promote individual and community health (V) • Developing proven community resources for health (S)
Organizing committees to develop and support community health projects	<ul style="list-style-type: none"> • Champion community partnerships and initiatives that support basic needs • Increase interagency collaboration • Involve government and the community in making public health a priority • Consensus-based decision-making 	<ul style="list-style-type: none"> • Leadership and support for regional partnerships (M) • Lead and sustain a system of partner agencies and organizations working together (V) • Supporting the work of local coalitions (S)

PROMOTION & COMMUNICATION

Under the memorandum of agreement, CCCWN members agree to ensure that materials and publications developed for the CCCWN are available to all members, as well as to partnering coalitions, organizations and agencies when appropriate. Certain information and data may also be made available to the general public online and through the dissemination of print materials.

LEADERSHIP & OPERATIONS REVIEW

LEADERSHIP TEAM & SKILLS

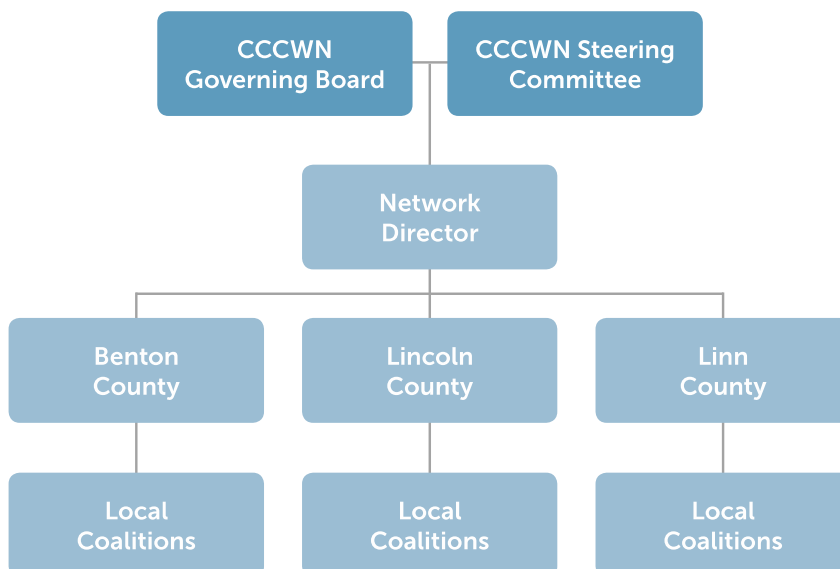
The CCCWN benefits from the broad range of expertise of its members, who include key leaders and executives with a strong interest in the health needs and concerns of children and adults in Benton, Lincoln and Linn counties.

Members elect a chairperson who also sits on the CCCWN steering committee. The steering committee is drawn from the CCCWN membership body and includes one person from each county. It is responsible for the overall direction of the CCCWN; it meets every other month to develop agenda items, review CCCWN activities, and identify potential projects. The steering committee also reviews and approves all items—including grant and foundation applications—that will be forwarded to the full CCCWN. The current steering committee includes:

Rebecca Austen	Lincoln County Health Department
Marty Cahill [Chair]	Samaritan Lebanon Community Hospital
Sherlyn Dahl	East Linn/Benton County Federally Qualified Health Center
Deborah Loy	Capitol Dental Care
Martha Lyon	Community Services Consortium
Julie Manning	Samaritan Health Services
Dr. Louise Muscato	COMP NW Medical School
Dr. Jana Kay Slater	Contractor/Evaluator

The full CCCWN meets three times a year. Primary duties include reviewing and approving reports, assessments and plans required by local organizations and agencies, as well as grant and foundation applications requested by local organizations, agencies and members. More generally, CCCWN meetings entail a discussion of projects and goals, funding and grant opportunities, and other activities related to regional health and well-being.

CCCWN Organizational Chart



KEY ACTIVITIES

CCCWN's major activities currently include the following events and projects:

- Childhood Obesity Summit
- Oral Health Summit
- Oregon Rural Health Conference
- Oregon Public Health Conference
- Hospital Community Health Needs Assessments
- Hospital Community Health Improvement Plans

In addition, CCCWN members serve as keynote speakers and conduct workshops at annual conferences and summits. They are also represented on local coalitions, such as the Mental Health Advisory Council, regional Early Learning Hubs, and the Opioid Task Force. Key activities to be implemented in the coming year include:

- Convene and facilitate an annual summit on the social determinants of health.
- Host leadership development trainings two to three times a year for the next two years.
- Work intentionally to improve equity, diversity and inclusion throughout the tri-county region.

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

- \$1,915,219 in grants since 2010, including more than \$500,000 in grants for community agencies
- Total funding received: \$336,000
- Total community revenue: \$2,221,219

Grants

Since its inception, the CCCWN has received a total of \$1,885,219 in grants to support programs and services that benefit the most vulnerable populations in the tri-county region:

- **Health Resources and Services Administration—Network Planning Grant.** Amount: \$85,000. Duration: 1 year (2010-2011). Purpose: Develop a plan to address initiatives that promote healthy living, with a focus on childhood obesity.
- **American Medical Association—Healthy Living Grant.** Amount: \$5,000. Duration: 1 year (2010-2011). Purpose: Implement a pilot childhood obesity prevention program in Lebanon School District.
- **General Mills—Childhood Obesity Prevention Grant.** Amount: \$10,000. Duration: 1 year (2010-2011). Purpose: Implement school gardens in Lincoln County Unified School District elementary schools.
- **Community Health Excellence—PacificSource Grant.** Amount: \$39,000. Duration: 1 year (2010-2011). Purpose: Clarify childhood obesity rates in Benton, Lincoln and Linn counties by collecting body mass indices (BMI) through health records and health screenings.
- **Susan G. Komen of Oregon and SW Washington—SCREEN Program.** Amount: \$310,000. Duration: 5 years (2010-2014). Purpose: Develop a cadre of volunteers in Benton, Lane, Lincoln and Linn counties to educate women on the importance of screening for breast cancer.

- **Oregon Health & Science University, Center for Women’s Health & Knight Cancer Institute.** Amount: \$10,000. Duration: 1 year (2011-2012). Purpose: Develop a cadre of volunteers in Benton, Lane, Lincoln and Linn counties to educate women on the importance of screening for cervical cancer.
- **Integrating Primary Care Practices and Community-Based Programs to Manage Obesity—ORPRN.** Amount: \$12,000. Duration: 1 year (2011-2012). Purpose: Engage rural clinics and community stakeholders in a research project to link primary care clinics and community resources for obesity management.
- **Community Research Enhancement and Education Development—OHSU.** Amount: \$52,500. Duration: 1 year (2011-2012). Purpose: Participate in community-based research in partnership with the local Community Health Improvement Partnerships in Lincoln and Linn counties.
- **Health Resources and Services Administration—Outreach Grant.** Amount: \$448,334. Duration: 3 years (2012-2015). Purpose: Implement a childhood obesity prevention program in Lincoln and Linn counties.
- **Health Resources and Services Administration—Development Grant.** Amount: \$883,385. Duration: 3 years (2014-2017). Purpose: Implement the *Healthy Smiles for All* initiative in Lincoln and Linn counties.

Letters of Support

The CCCWN also provided several letters of support that secured a total of \$336,000 in program funding:

- **American Recovery and Reinvestment Act—Chronic Disease Self-Management Program.** Amount: \$186,000. Duration: 2 years (2010-2012). Purpose: Enhance the *Living Well with Chronic Conditions* program in Benton, Lincoln and Linn counties.
- **Oregon Health Authority—Community Health Assessments (Benton, Lincoln, Linn).** Amount: \$150,000. Duration: 1 year (2011-2012). Purpose: Conduct community health assessments for accreditation in Benton, Lincoln and Linn counties.
- **US Department of Agriculture—Farm to School Grant.** Amount: \$150,000. Duration: 1 year (2013-2014). Purpose: Implement and enhance school gardens and nutrition programs in Lebanon School District.

KEY RESOURCES & INFRASTRUCTURE

CCCWN receives staff support from Samaritan Health Services' network director and clerical support staff, who are strongly committed to the network. CCCWN's membership also provides expertise, knowledge, in-kind contributions, and technical assistance through their respective organizations. In addition, county coordinators provide project leadership to the network as needed.

KEY PARTNERS

CCCWN's key partners include the local Department of Human Services, Oregon Health Authority, Oregon Housing and Development, Linn-Benton Community College, school districts, juvenile departments, chambers of commerce, local law enforcement, and faith groups. These partners contribute to the success of CCCWN by providing leadership, offering direct financial and in-kind support, and spearheading initiatives.

EVALUATION DASHBOARD

Goal	Measurement	Tools	Timeline/Frequency
Support the efforts of the CCCWN	Meeting frequency and attendance	Agendas and minutes	Quarterly
Identify community needs	Complete community needs assessments	Final needs assessment documents for each county	Every three to five years
Prioritize community supports	Prioritization process complete	Utilize needs assessments	Review and update annually
Support regional priorities	Local initiatives and projects identified	Prioritized list	Review and update annually
Support local and regional efforts of community coalitions	CCCWN membership on local and regional coalitions	Agendas, minutes and attendance rosters	As needed

FINANCIAL OUTLOOK

The CCCWN has been a formal network since 2010. Financial support for the network has come primarily from federal and state grants, as well as from Samaritan Health Services. The costs detailed below are based on the annual salary of the staff and current pricing for services and support. Projected revenue is based on financial commitments from Samaritan Health Services, as well as membership fees, HRSA grant funding available for 2017, and other contributions. Beyond 2017, projected revenue will be generated by membership fees, local and state grants, and donations by local agencies.

Note: The operational costs and projected revenues outlined in the charts below *only* identify support for the CCCWN, not programs and initiatives. The CCCWN does not have any planned decisions or changes that will affect current membership or activities.

ESTIMATED OPERATIONS COST

Items	Costs
Network Director .50 FTE	\$60,000
Network Administrative Staff .50 FTE	\$17,000
County Coordinator .25 FTE	\$13,000
Rental Fees	\$4,000
Materials/Supplies	\$8,000
Travel/Mileage	\$8,000
Conferences/Training	\$8,000
Total	\$116,000

PROJECTED REVENUES

Items	Source
Samaritan Health Services	\$60,000
HRSA Grant – 2017	\$42,257
Membership Fees	\$10,000
Other Contributions	\$3,743
Total	\$116,000

MEMBERSHIP DUES STRUCTURE

Community Services Consortium is the fiscal agent for CCCWN's optional annual membership dues. Suggested dues are based on agency revenue. The recommended pricing tiers are \$500, \$750, \$1,000 and \$1,500. Member agencies have the option of choosing one of these pricing tiers or making whatever contribution they feel is appropriate.

