

PROJECT ABSTRACT

Project Title: Community Organizing and Planning for a Rural Integrated Service System in Rogue River, Oregon

Project Number: 5 H25 MC 00215-03

Project Director: Anne Daugherty, RN, BSN

Grantee Organization: Jackson County Department of Health & Human Services

Address: Building A
1005 East Main Street
Medford, OR 97504

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Project Period: 7/1/2000 through 1/31/03

Total Amount of Grant Awarded: \$150,000

ABSTRACT:

PROBLEM: As the result of state legislation which has directed state and county health and human service agencies to establish community-based integration site, Oregon has seen a proliferation of integration strategies. Few, if any, of these strategies have been effective in procuring consumer participation in integration site needs assessment, planning, design, implementation, or governance. Stakeholders from the rural community of Rogue River have expressed an interest in developing a service integration site and, like most other Oregon communities, have turned to state and county agencies - and not consumers - in their earliest organizing efforts. Nonetheless, service integration in Rogue River has had the potential to address a litany of negative health variables, including: high adolescent pregnancy rates; high inadequate prenatal care rates; low childhood immunization rates; and high medical uninsurance rates.

GOAL AND OBJECTIVES: The singular goal of the community organizing project has been to identify hard-to-reach, low-income, maternal-child health families, and to provide supports and assistance to these families as they identify their needs and participate in a leadership capacity in the planning for the design, implementation, and governance of a community integrated service system. In so doing, the project's planners have believed the project holds the greatest promise for reversing identified negative health variables. The project has established three process objectives, and three outcome objectives, two of which culminate in completed products, e.g., an

assessment of consumer identified needs; and a consumer informed strategic plan for implementation and service delivery. The project's final outcome objective sought to measure the degree of leadership skill acquisition among consumers who participated in the leadership development forum for project activities and governance.

The Oregon Department of Human Services is well into its first decade of a statewide effort to create a uniform system of community-based service integration sites. Jackson, Coos, and Polk Counties have been acknowledged as the state's leading forerunners in this effort. Nonetheless, the greatest preponderance of integrated service delivery systems are being created in the absence of consumer-identified needs, consumer input, or opportunities for consumer participation in governing consortia.

The current project has represented a bold step, not only for Jackson County, but also for Oregon, as it has attempted, for the first time, to involve consumers *on the front end* of integration site planning, design, implementation and governance.

METHODOLOGY: The project was divided into four specific, and somewhat sequential, phases: consumer outreach, identification, and recruitment; an empirical analysis of consumer-identified needs; applied consumer leadership skills-building; and a facilitated, consumer-driven, strategic planning process.

COORDINATION: The project had coordination with all state and county Oregon Department of Human Service agencies, including: the Office of Maternal-Child Health; the Office of Medical Assistance Programs (governing Medicaid and CHIPS); Adult and Family Services (the state's TANF agency); Services to Children and Families (The state's child protection agency); Senior and Disabled Services; Jackson County Public Health (inclusive of maternal-child health); Jackson County Mental Health; The Job council (the regional JTPA provider); the Oregon Employment Department; the Jackson County Commission on children and Families; and the local publicly-funded provider of chemical dependency treatment services. Other community-based participants include: local elected officials; representatives from the faith community; representatives from local school districts; representatives from Head Start; representatives from the Rogue River Senior center; and representatives from essential community-based organizations.

EVALUATION: The project has been an "organizing" project. "Organizing" is a process; it is not, in and of itself, an outcome. "Organizing" cannot, in and of itself, produce improvements in health status variables or indicators - but it can lay the foundation for a service delivery system which holds the promise for desired changes and improvements. For these reasons, the project's evaluation design focused on a formative analysis of the organizing process and its efficacy.

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PROJECT NARRATIVE

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NARRATIVE:

A. A Restatement of the Problem

In rigorous needs assessment studies and service delivery analyses undertaken in 1990 and 1991 by state agencies and county units of government, the lack of centralized, integrated, flexible, and uniform service delivery systems were found to exacerbate social and health problems. As a direct result, in 1992 the Oregon legislative Assembly enacted a packet of legislation which called for the creation of *service integration sites*. These service integration sites were to serve as *one-stop shopping models* for all programs offered by the Oregon Department of Health and Human Services and the Oregon

Employment Department. Inclusive, then, in the legislature's design, was the broad array of services offered through: DHS - Self-Sufficiency (the state's TANF agency); DHS - Child Welfare (the state's child protection agency); Senior and Disabled Services; the Job Training Partnership Act; Employment Department services; Public Health Services (inclusive of maternal-child health, WIC, immunizations, family planning, sexually-transmitted disease clinics); Mental health Services; and publicly-funded chemical dependency treatment services.

Although individual communities were left to their own devices and designs with respect to implementing the legislative directive, there could be no doubt that the creation of *integrated service sites* occurred in a *top-down* manner, with branch managers of various state agencies, and program managers of county agencies, making or delegating the preponderance of integration decisions. As a direct result, service delivery systems were being designed in the absence of consumer input. In some sites, after the integration models were already in place, serious efforts were made to recruit *consumer consortia* to provide input to integration managers. Without exception, these efforts failed as consumers found themselves invited to participate, with few skills in hand to deal with bureaucratic directives, only after the majority of real design and delivery decisions had been made.

The Jackson County Department of Health and Human Services has had extensive experience in the design, development, and implementation of service integration sites, beginning with the Upper Rogue Family Center in 1994 utilizing federal assistance through the Community Integrated Service System initiative. Since that time, the Jackson County Department of Health and Human Services has replicated the Upper

Rogue Family Center in additional communities, including Ashland, West Medford, and Central Point. However, each of these undertakings has occurred largely in the absence of consumer input with greater time and attention directed to the oft-times difficult tasks of gaining design consensus among the branch managers of various state agencies (who are operating under a legislative directive to *integrate*).

In early 2000, the Jackson County Department of Health and Human Services was approached by a cadre of community members, consumers, and agencies who expressed an interest in developing a service integration site in the rural community of Rogue River. Rather than to simply replicate past efforts at service integration in Rogue River, the Jackson County Department of Health and Human Services would like to invest time in actively encouraging and inviting consumer participation *at the front end*. It is believed that, in so doing, the Rogue River service integration site would have the greatest likelihood of being responsive to consumer needs and recruiting consumers for meaningful service as members of a governing consortium.

The City of Rogue River, while sitting astride the Interstate-Five corridor, literally falls in *no man's land*. Rogue River is geographically located within Jackson County, but is about mid-distance between Medford, which is the county seat for Jackson County, and Grants Pass, which is the county seat for Josephine County. The City of Rogue River is federally-classified as *rural*, falling about fourteen miles to the north of the Medford *standard metropolitan area*. The City of Rogue River supports a population base of 1,965 residents, and provides support services for an additional 1,240 persons living in Gold Hill. Rogue River is characterized by a disproportionately large senior population, which is well-served through an active senior center, and as a result, the needs

of young families are often overlooked.

Pregnant women residing in Rogue River are more likely than not to suffer from inadequate prenatal care as the community's two physicians do not provide perinatal services, and the many low-income families do not have reliable transportation to and from Medford for medical appointments. For similar reasons, children from Rogue River and Gold Hill evidence extremely low up-to-date immunization rates, estimated to be 47% for children aged birth to two. No behavioral health care services are available within the communities. While the space constraints of this report do not permit an exhaustive review of maternal-child health indicators for the Rogue River / Gold Hill communities, provided is a *snapshot* for one variable - adolescent pregnancies:

In 1998, there were a total of 56 pregnancies in Rogue River and Gold Hill. Of these, 21 (37.5%) were to adolescents aged 10-17. Four of the 21 adolescents engaged in the regular use of tobacco throughout the term of their pregnancies. Thirteen of the 21 pregnant adolescents received adequate prenatal care; eight did not. The 21 pregnancies culminated in eight pre-term deliveries, and resulted in three low birthweight infants.

Of the 3,205 persons who live in the project's catchment area, 449 are insured through Oregon's Medicaid program, the Oregon Health Plan. Because there is no third-party administrator for the Oregon Health Plan in Rogue River, all of these individuals are on *open* medical cards, meaning that they are *unassigned* to a primary care provider. An additional 545 persons, aged 0-64, are without health insurance of any type and are characterized as *working poor* - earning just enough to escape inclusion under the Oregon Health Plan. Fully 16% of all children living in the project's catchment area who are eligible for the Oregon Health Plan have not applied for enrollment, and there is no active outreach efforts in the community for either Oregon Health Plan or CHIPS enrollment.

The communities are served by two primary care providers in private practice, neither of whom engages in extensive perinatal care services. There are no pediatricians within the community to meet the needs of children with special health care needs. The nearest available Medicaid-supported oral health services are in Medford or Grants Pass, a distance of some twenty miles. Similarly, the nearest behavioral health services are also in Medford.

Recent research is indicating that one of the greatest barriers to overall health status is neither the use of tobacco nor obesity; rather, it is a lifestyle of poverty. Those tools which have proven to be effective in the reduction of poverty (i.e., vocational training, work experience, job skills development, and employment assistance) are absent from the communities of Rogue River and Gold Hill. For these reasons, the inclusion of such programs becomes critical to the discussion of project design, and is of interest to community members. Unemployment in Rogue River and Gold Hill, which are both former *timber towns*, is 8.1%, which compares negatively to a countywide rate of 6.8%, and a statewide rate of 5.9%.

Jackson County's Community Organizing Grant Project has provided unique opportunities for collaboration with the State's Maternal and Child Health Services office, by serving as a model vehicle through which maternal-child health programs are included at the front end of statewide service integration initiatives. The project's progress has been shared at not only the state level, but also the concept has been presented and shared at two maternal-child health focused national conferences. The response has been positive in that other states have looked to Jackson County for their expertise in developing like programs to be replicated in their states.

B. GOALS AND OBJECTIVES:

The singular goal of the community organizing project has been to identify hard-to-reach, low-income, maternal-child health families, and to provide supports and assistance to those families as they identified their needs and participated in a leadership capacity in the planning for the design, implementation, and governance of a community integrated service system. In so doing, the project's planners believe that the project has held great promise for reversing identified negative health variables. The project has established three process objectives, and three outcome objectives, two of which have culminated in completed products, e.g., an assessment of consumer-identified needs; and a consumer-informed strategic plan for implementation and service delivery. The project's final outcome objective sought to measure the degree of leadership skill acquisition among consumers who participated in the leadership development forum for project activities and governance.

C. METHODOLOGY:

The project was divided into four specific, and somewhat sequential, phases: consumer outreach, identification, and recruitment; an empirical analysis of consumer-identified needs; applied consumer leadership skill-building; and a facilitated, consumer-driven, strategic planning process.

D. EVALUATION:

The project has been an "organizing" project. "Organizing" is a process; it has not, in and of itself, been an outcome. "Organizing" cannot, in and of itself, produce

improvements in health status variables or indicators-but it has laid the foundation for a service delivery system which continues to hold the promise for desired changes and improvements. For these reasons, the project's evaluation design has focused on a formative analysis of the organizing process and its efficacy.

E. RESULTS/OUTCOMES:

During the first year of the project, the most salient program activities were: identifying, recruiting, and training an initial cadre of consumers who became active in the planning and development of the integrated service system; and undertook an empirical community needs assessment study. Although the original proposal called for the recruitment of six consumer-participants, the project was successful in recruiting a total of nine consumers who designed and developed the integrated system of care model for their community. Of these consumers, two were pregnant (and WIC-eligible), six were WIC-eligible mothers with children under the age of four, and one was a low-income senior citizen.

The project designed an empirical needs assessment instrument (Appendix A), using the COMPASS model developed at Harvard University for the United Ways of America. The project called for interviewing 200 community residents to assess maternal-child health needs across 17 neighborhoods and 17 family variables. Of the persons surveyed, 100 were to be WIC-eligible.

By the end of the first year of the project an assessment of consumer-identified needs were produced and 175 citizens were surveyed. The community survey

participants included: 74 WIC families; 23 Seniors; and 78 “other” (singles, private insurance, not on WIC).

The results indicated the top 5 concerns were: activities for youth (46%); health care shortage (43%); child care shortage (37%); affordable housing (36%); and unemployment/underemployment (32%). Items of lesser importance included: crime and/or gang problems; not enough food for children; teenage pregnancy; family violence; and drug use. The top three issues identified by families as needing increased community education included, illiteracy, mental illness, and alcoholism/drug abuse.

In the second year a leadership training was completed. Six of the 9 women involved were given a pre-test (Appendix A) to evaluate their level of community awareness.

Ethnicities of the six women was declared by them to be Caucasian.

In the third year of the project, performance outcome was measured by the degree of change (improvements) in the applied leadership skills of those consumers who participated in the leadership training. This was measured by a post-test (appendix A) completed by all participants. All of the tests indicated a significant increase in leadership and knowledge.

All of the six women were employed by the end of the project which was not necessarily a goal of the project, but definitely a success. The women became empowered and motivated to create affirmative change in their community. One consumer took college classes to further her education and became employed as a result. Another consumer became employed as the director of the SMART (Start Making a Reader Today) program in the Rogue River school district.

Issues relating to full success and implementation of this project went beyond the control of the community. One of the first issues that came to light was the decentralized delivery of services between both Josephine and Jackson Counties. For residents of the City of Rogue River, state services were provided in Josephine County. All county services were provided by Jackson County. This created difficulties for residents in having to travel great distances for services as well as creating a barrier for communication among service providers resulting in duplication of services and at times poor/inadequate services to meet the holistic needs of the residents.

During the second and third year of the project the state's Department of Human Services (DHS) shifted their primary focus of community human service integration at a community level to a major restructuring/reorganization of the state system. This resulted in the blending of the seven state agencies under the DHS system's umbrella into three service agencies. This created a major systems change at the state level which trickled down to the community service delivery area causing downsizing of personnel and inadequate service delivery at times. This change also delayed the on-site stationing of DHS personnel to the Rogue River City integrated site. As this change has progressed our state has also experienced and continues to experience significant financial difficulties that is having impact on the quantity of services available. Regardless, partnerships have formed among service providers in both Jackson and Josephine Counties resulting in a strong commitment to provide comprehensive human services to the communities of Rogue River and Gold Hill. These partnerships would not have had the opportunity to form if it had not been for this project and the motivation and commitment of the six consumers to meet the needs of the residents. As the project ended its period many

providers continue to bring services to the community which is a direct result of the project and there are community members, the school district, and service providers committed to bringing this dream of “one stop shopping” to fruition. The state Employment Department, Jackson County Healthy Start, WIC, Head Start, Community Works (child behavioral therapy), Jackson County Mental Health, Jackson County Maternal-Child Health, and Senior and Disabled Services continue to provide services within the community thus reducing transportation issues and building a strong presence in the community.

Impact on health status as it relates to maternal-child health showed a reduction in low birth weight and an increase in adequate prenatal care. There is no reliable raw data to support the presence of this project to the change in maternal-child health, but it makes sense to conclude that there is a correlation. Pre-project data and data from the final year of the grant demonstrate a change in both health indicators of low birth weight and inadequate prenatal care and are as follows:

1998 Rogue River/Gold Hill - 318 births

Low Birth Weight	6%
Inadequate Prenatal Care	13%

2001 Rogue River/Gold Hill - 296 births

Low Birth Weight	3%
Inadequate Prenatal Care	12%

During the third year of the project a strategic plan (Appendix A) was developed by service providers and consumers to meet the goal of continuing to develop a service

integration site to meet the needs of an area that suffers from preventable social dysfunction due to conditions associated with rural isolation and poverty. Three objectives were identified and steps in attaining the goal were developed and continue to be the strategic plan for the community with consumers and interested others taking the lead.

F. PUBLICATIONS/PRODUCTS

The original intent of the project was to utilize the first year recruiting and developing a cadre of consumers who would lend their life experience and newly-acquired leadership skills, along with empirical needs assessment data, to the design, development, and implementation of a community integrated service site. As the consumer were recruited for their positions they were administered a pre-test. Following their leadership training a post-test was given to assess their level of growth in leadership skills. Both pre and post tests are included in the appendices.

The community survey that was distributed and completed by 175 resident families is included as well in the appendices. Additionally included are the detailed survey results along with a synopsis of those results.

A “loose” strategic plan was developed primarily by community members and will be found with the other stated products.

G. DISSEMINATION/UTILIZATION OF RESULTS:

Project development, design, implementation, and products have been reported on quarterly to the Service Integration Site managers. They, in turn, have shared this project

at both state and national level as a model within our county of community need based service integration.

State officials have visited the site and have had the opportunity to hear, in detail, the projects progress. Their support has been invaluable to the project and further inspired the community to continue their efforts to fully realize the goal of bringing quality integrated services to their residents.

H. FUTURE PLANS/FOLLOW-UP:

The community has now taken leadership with this project and is taking action to meet their needs for integrated services. The project provided valuable survey data in which to construct their strategic plan for the future. Various funding options are being explored to fund the capitol expenses involved in developing and maintaining a centralized site to provide services. Jackson County Health and Human Services continue to provide consultation and limited services to the community in their efforts to move its citizens to optimum health and well-being.

I. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

The overall design of this project is adaptable to any rural community. Use of community consumers to assess, develop, and implement a plan of health for their own community has proven to impact many. The needs may vary among rural areas, but identifying and prioritizing their own perceived needs leads to an increase in involvement and overall health.

It is imperative there be a lead agency or skilled individuals committed to assisting

in a process such as this. Equally important is the ability of that agency to allow, encourage, and educate consumers to develop and implement the plan for their community.

Integration of services can be an expensive endeavor, but with the right mix of committed agencies and service providers it is a workable project. Our county has found that it is necessary to have a site manager available to provide direct supervision, organization, and to be a liaison among agencies/providers. Our experience has been that each agency contributes to the maintenance and overhead and indirect costs of the site. This shared cost would include the cost of the site manager.

ANNOTATION:

In early 2000, the Jackson County Department of Health and Human Services was approached by a cadre of community members, consumers, and agencies who expressed an interest in developing a service integration site in the rural, and predominantly low socio-economic, community of Rogue River. Rather than to simply replicate past efforts at service integration in Rogue River, the Jackson County Department of Health and Human Services wanted to invest time in actively encouraging and inviting consumer participation *at the front end*. It is believed that, in so doing, the Rogue River service integration site would have the greatest likelihood of being responsive to consumer needs and recruiting consumers for meaningful service as members of a governing consortium.

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Access to Health Care; Adolescent Pregnancy; Children with Special Health Needs; Chronic Illness and Disabilities; Community Based Health, Community Development; Community Participation; Service Integration; Adequate Prenatal Care; Dissemination; Families' Family Centered Health Care; Health Promotion; Maternal and Child Health; Public Health Nurses; Uninsured; Family Professional Collaboration; Family Support Programs; Health Care Reform; Information Sources; Poverty; Interagency Cooperation; Parent Education; Parent Networks; Public Policy, State Health Agencies; Support Groups.

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