100% Health
Community Coalition

Forces of Change Assessment

June 13, 2018

Acknowledgements

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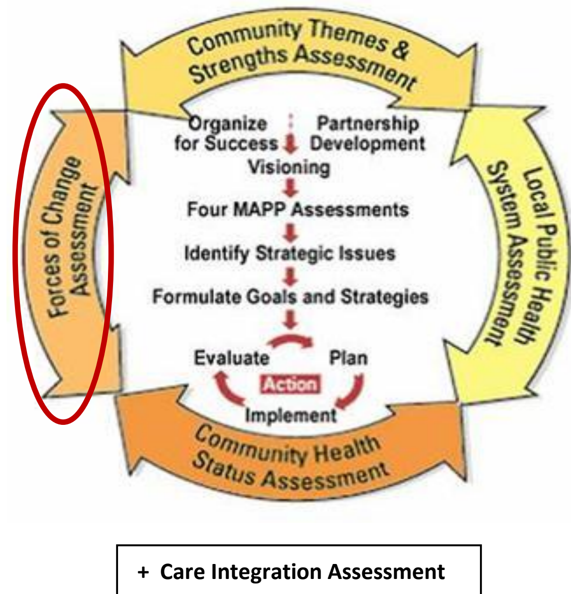
INTRODUCTION

Live Healthy Lane

Creating a healthy community is a shared responsibility. By working together, we have the potential to create a caring community where all people can live a healthier life. *Live Healthy Lane* brings together Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, local organizations, and community members to contribute to improving the lives of everyone in Lane County.

Live Healthy Lane uses the Mobilizing for Action through Planning and Partnerships (MAPP; NACCHO, 2018) model (see Figure 1) for collecting data that inform how we as a community can improve our health. Specifically, Lane County's Community Health Improvement Plan (CHIP) is shaped by data collected by the Community Health Needs Assessment (CHNA), which uses MAPP as its strategic planning process.

Figure 1



+ Care Integration Assessment

In 2015-2016, LHL conducted an in-depth MAPP assessment (see Appendix B). Although the current assessment uses MAPP principles, it is meant to "refresh," or update, 2015-2016 data, and thus should be considered in conjunction with the prior full assessment when planning the 2020-2023 CHIP.

Forces of Change Assessment

A standard part of MAPP, the Forces of Change Assessment (FOCA) explores positive and negative forces predicted to influence health and health systems in the next five years (e.g., 2018-2023). Forces take into account, for example, those that are social, economic, political, geographic, environmental, technological, legal, ethical, and/or demographic in nature. These forces can be trends, factors, and events. *Trends* are patterns over time (e.g., increasing shortage of housing); *factors* capture a community's unique characteristics (e.g., Lane County's diverse geographical landscape); *events* include one-time incidents (e.g., county-wide tobacco legislation). The FOCA also uncovers the opportunities and threats that predicted forces may of bring to Lane County (e.g., equity considerations as they impact immigration policy). In sum, the purpose the FOCA is to *identify trends, factors, and events that are expected to influence health and health systems in Lane County, Oregon*.

This report that summarizes the FOCA is intended to assist the *Live Healthy Lane* planning teams (i.e., Core Team, 100% Health Executive Team) in shaping the 2020-2023 CHIP strategy. The report includes the FOCA's:

1) methods,
2) key findings,
3) strengths and limitations, and
4) an appendix with detailed data.

METHODS

On June 13, 2018, Lane County held its second Forces of Change Assessment (FOCA) at the Willamalane Bob Keefer Center in Springfield, Oregon. (Lane County's first FOCA was held in May 2015). To best consider the foreseeable forces, participants included a broad range of community members who understand and influence policy development, and thus are systems-level thinkers (e.g., government officials, non-profit directors, medical directors, hospital administrators). Such individuals are positioned to best predict upcoming trends, factors, and events, and in turn consider related threats and opportunities. Specifically, participants included 35 individuals representing sectors in Lane County directly related to public health, medicine, government, social & human services, services, non-profit, education, law, environment, and technology.

Karen Gaffney, the Director of Lane County Health and Human Services, facilitated the assessment. First, Karen reviewed for participants the process and goal for the assessment. Next, participants engaged in a brainstorming session aimed at identifying forces. Specifically, they were asked to write down perceived forces of change (see Appendix B. Forces of Change Brainstorming Worksheet). Third, using the snow card technique (Bryson, 2004), which is a straightforward and effective approach for generating a list of information from a group of people, participants were asked to consider the five forces from their larger list of which they considered most prominent. Fourth, as a large group, the facilitator gathered primary forces (1-8, in order of prominence) from each participant and posted these forces to the front of the room. Next, the large group categorized the forces (e.g., housing, technology, etc.) and titled them as, "primary forces" under which myriad "sub-forces" were listed. Finally, the primary forces were noted on large sticky notes and, in small groups, participants discussed and then wrote on the sticky notes specific potential threats or opportunities generated by the primary forces. Finally, Karen summarized the key forces and shared next steps for the assessment process.

KEY FINDINGS

Primary Forces

The following five categories emerged as primary forces. The categories are listed in order of how many times they were noted by participants, with the number of times they were noted in parenthesis:

1. Housing (20)
2. Federal & State Politics (14)
3. Immigration (12)
4. Technology (9)
5. Public Discourse (9)

Furthermore, three other categories of forces, Access, Behavioral Health, and the Aging Population, emerged. Data from these additional forces, including related threats posed and opportunities created, are included in Appendix A.

Of note are that two primary force categories, Federal & State Politics and Public Discourse, did not emerge as themes in Lane County's 2015 Forces of Change Assessment. All other forces emerged in the prior assessment, although not necessarily in precisely the same way (e.g., "Technology" in 2019 and "Technology in Healthcare" in 2015). Highlights from the 2015 assessment are included in Appendix C.

Forces, Threats, and Opportunities

To follow, a brief narrative highlighting each primary force and how it influences health and health systems is provided, along with a table including related sub-forces, threats posed, and opportunities created. (Appendix A provides data from which these summary tables emerged.)

Of note is the interrelated nature of the five primary forces. For instance, housing is influenced by federal and state politics and public discourse, while politics and public discourse influence housing and immigration. Because of the interconnected nature of the forces, threats and opportunities are also naturally interconnected. For instance, fear is a threat to housing, immigration, and public discourse; and, equity, in some form, is an opportunity created for all five forces. Given the overlapping nature of forces, threats, and opportunities, information in all the tables should be considered together.

The social ecological model (SEM; CDC, 2018) is used to organize the threats and opportunities in each table, because this perspective demonstrates the interrelated nature between the factors listed. The SEM emphasizes people's interactions with their physical and sociocultural environments, and in turn, the multifaceted nature of those factors and how they influence health (NIH, 2005). Specifically, the model puts forward five factors of influence (McLeroy, et al., 1988) on health including *public policy factors* (e.g., educational systems, sanctioned prevention), *community factors* (e.g., neighborhood structure and economy), *institutional factors* (e.g., city-wide health services availability), *interpersonal factors* (e.g., cultural beliefs, attitudes, and behaviors), and *intrapersonal factors* (e.g., personal beliefs, attitudes, and behaviors).

Housing. A 2018 Point-In-Time count identified 1,641 unsheltered individuals living in Lane County, with over 80% being single adults. Moreover, approximately 138 individuals become homeless each month in Lane County (Technical Assistance Foundation, 2018). Individuals and families are homeless for myriad reasons including, but not limited to, housing and rent costs that rise faster than wages, the burden of childcare costs, increasing competition for a limited supply of affordable housing, behavioral health services that do not adequately support needs, domestic violence, and/or circumstance of abuse, personal trauma, and hardship (City of Eugene, 2018). There is widespread understanding that housing *is* healthcare (National Healthcare for the Homeless Council, 2011), and thus housing influences health and is a public health responsibility.

Table 1. ***Housing***

Sub-Forces	Threats Posed	Opportunities Created
➢ Housing Insecurity ➢ Homelessness	➢ Public Policy ▪ Zoning and codes ▪ HUD funding ▪ Housing crisis	➢ Public Policy ▪ Zoning and codes ▪ Economic support ▪ Alternative housing support ▪ Equity regulations
	➢ Community/Institution ▪ Wage stagnation ▪ Low/no housing = barrier to recruiting healthcare providers ▪ Inward migration ▪ Lack of documentation = barrier to secure housing ▪ Increasing crime rates ▪ Poverty	➢ Community/Institution ▪ Housing first efforts ▪ Accessible housing for seniors ▪ Support for aging in place ▪ Education ▪ Community mobilizing and collaboration
	➢ Intrapersonal/Interpersonal ▪ Housing instability ▪ Evictions ▪ Fear (e.g., Not In My Back Yard/Not In My Front Yard Either)	➢ Intrapersonal/Interpersonal ▪ Widespread knowledge of housing crisis ▪ Widespread knowledge that housing is healthcare ▪ Support (e.g., Yes In My Back Yard)

Federal and State Politics. The current state of politics, both locally and nationally, is divided. Voters, including politicians, are driven by their "political tribe" rather than principles or ideology. Instead of beliefs determining political identity, political identity often determines beliefs (Liasson, 2018). At a state level, there is an urban-rural divide where urban communities are predominantly democratic and rural communities are predominantly republican. Given that the majority of Oregon's population is urban, the state remains predominantly democratic. In turn, democratic politics inform rural areas of the state despite the voters in those regions being primarily republican (Denning, 2019). Federal and state politics inherently influence policies that directly and indirectly influence health and health systems (e.g., Affordable Care Act, tax reform).

Table 2. ***Federal & State Politics***

Sub-Forces	Threats Posed	Opportunities Created
➢ Change in the use of executive power ➢ Policy and budget changes ➢ U.S. Congress ➢ Elected officials ➢ Public Discourse ➢ Budget changes	➢ Public Policy ▪ ACA repeal/reform ▪ Medicare changes ▪ Increasing mergers and acquisitions ▪ 340B Drug Discount Program ▪ Budget deficit ▪ Tax reform ▪ Social security cuts ▪ Hyperinflation = market crash ▪ EPA reform ▪ Trade policy changes ▪ Defense industry prioritization	➢ Public Policy ▪ Political term limits ▪ Local investments and control ▪ ACA improvements ▪ Opioid prevention funding
	➢ Community/Institution ▪ Rural communities not supported ▪ Safety Net erosion ▪ Decrease in women's health services/support ▪ Racism ▪ Nationalism ▪ Cultural and geographical divide ▪ Inequitable distribution of available funds ▪ Disengagement ▪ Opposition	➢ Community/Institution ▪ Creative budgets ▪ Media accountability ▪ Collaborative local funding ▪ Lack of funds = innovation ▪ Increased youth engagement ▪ Dysfunctional federal and state government = collaboration ▪ Equity efforts/training
	➢ Intrapersonal/Interpersonal ▪ Lack of knowledge about and distrust in science ▪ Government distrust	➢ Intrapersonal/Interpersonal ▪ Critical thinking ▪ Public official outreach ▪ Voting

Immigration. Throughout America's history, immigrants have been confronted with discrimination, being denied basic human needs such as healthcare, employment, housing, and social services (Alameda County Public Health Department, 2017) – services that directly influence health. National politics have recently taken a hyper-focus on immigration despite the number of undocumented immigrants in the United States decreasing over the past

several decades (Manuel Krogstad, Passel, & Cohn, 2018). And, the current national executive branch has focused on immigration as a threat. Contradictory to national politics, Lane County follows ORS 181A.820, which "prevents state and local law enforcement agencies from targeting people based on their race or ethnic origin when those individuals are not suspected of criminal activity" (Lane County, 2018). In sum, the aim of the ordinance is to protect personal information of citizens and undocumented immigrants. Immigration is a public health issue, and thus influences community health and health systems.

Table 3. ***Immigration***

Sub-Forces	Threats Posed	Opportunities Created
➢ Policy changes ➢ Fear	➢ Public Policy ▪ Immigration reform ▪ No funds for sanctuary cities ▪ Change to Oregon driver's licenses ▪ Detention = interrupted education	➢ Public Policy ▪ Improved advocacy and policies ▪ Sanctuary cities
	➢ Community/Institution ▪ Increased health disparities ▪ Decrease in workforce ▪ Lack of public safety ▪ Separation of families ▪ New diseases ▪ No cultural support	➢ Community/Institution ▪ Safe spaces ▪ Better communication of policies ▪ Workforce development ▪ Equity efforts/training ▪ Accurate demographic reporting ▪ Service integration ▪ Media accountability ▪ Equity efforts/trainings
	➢ Intrapersonal/Interpersonal ▪ Hate speech and crimes ▪ Trauma = fewer people accessing care, need for more specialized care ▪ Isolation ▪ Biased treatment ▪ Racism	➢ Intrapersonal/Interpersonal ▪ Critical thinking ▪ Public official outreach ▪ Voting

Technology. Over the past several decades, technological advancements including, for example, Electronic Health Records (EHR), data systems, and telemedicine, have significantly impacted health and health systems. EHR have, for the most part, replaced paper records and impacted medical billing, scheduling, ease of patients' access to information, and improved epidemiological reporting (Banova, 2018). In addition, systems are in place that better facilitate data holding, analyzing, and sharing, which can subsequently result in reduced healthcare costs, better predicting of epidemics, preventing deaths, improving quality of life, reducing healthcare waste, improving efficiency and quality of care, and informing new drug development (Banova, 2018). Furthermore, telemedicine can support individuals who are too sick to leave their home or who live in remote areas. Although there are multiple benefits to technological advancements, there are also disadvantages including, for instance, challenges with patient privacy (i.e., how to store safely patient data), and access issues (e.g., telemedicine is not universal nor do all people have access to the Internet; Banova, 2018).

Table 4. ***Technology***

Sub-Forces	Threats Posed	Opportunities Created
➢ Smartphones ➢ Drones ➢ Healthcare technology ➢ Artificial intelligence ➢ Nano-technology ➢ Other advancements	➢ Public Policy ▪ Data privacy laws	➢ Public Policy ▪ Improved advocacy and policies ▪ Internet as a public utility
	➢ Community/Institution ▪ Lack of integration of healthcare ▪ Disconnected Electronic Medical Records ▪ Access inhibited by Socioeconomic Status ▪ Increased cost ▪ Low-skilled workers pushed out	➢ Community/Institution ▪ Integrated data collection and sharing ▪ Workplace, etc. efficiencies ▪ Labor scarcity solutions ▪ Connectedness ▪ Equity outcomes ▪ Drones as first responders ▪ Automated transportation ▪ Telemedicine
	➢ Intrapersonal/Interpersonal ▪ Advancements outpace knowledge ▪ Social isolation ▪ Psychological distress ▪ Dependence on smartphones ▪ Lack of data sharing ▪ Knowledge gaps	➢ Intrapersonal/Interpersonal ▪ Dependence on smartphones ▪ Knowledge/trainings accessible

Public Discourse. Health and health systems are shaped by moral and political beliefs and public communication about these beliefs. Political divide at the national and state levels (Denning, 2019), as well as a misinformation stream at the national level (Kessler, Kelly, Rizzo, & Hee Lee, 2018), have led to public mistrust and fear (Montanaro, 2018), which in turn heighten oppositional conversations about moral and political beliefs (i.e., public discourse). Public discourse influences voter turnout. For instance, in the 2016 national election, only about 58% of eligible voters (138 million Americans) participated. In the 2018 midterm election, however, with public discourse heightened, an unprecedented number of people cast their ballet (47% compared to 37% in 2014; Domonoke, 2018). Public discourse, as well as voter turnout, influence health and health systems. For example, public discourse about immigration can influence people to vote for politicians who align with their own related beliefs, and subsequently, elected officials inform related policy development that inherently impacts the health of immigrants and the health systems that support immigrants.

Table 5. ***Public Discourse***

Sub-Forces	Threats Posed	Opportunities Created
➢ Political divide ➢ Voter turnout	➢ Public Policy ▪ Identity politics ▪ Big $ drives policy ➢ Community/Institution ▪ Resource competition ▪ Social media/Internet ▪ Lack of accountability (e.g., media, politics) ▪ Geographical differences (e.g., rural vs. urban) ➢ Intrapersonal/Interpersonal ▪ Government distrust ▪ Lack of critical and objective thinking ▪ Nationalism ▪ Personal interests override social good ▪ Racism ▪ Fear	➢ Public Policy ▪ Equity regulations ▪ Political term limits ▪ Supportive education ➢ Community/Institution ▪ Community leader engagement ▪ Effective leaders ▪ Community mobilizing ▪ Social media/Internet ▪ Increased youth involvement ▪ Voting ▪ Media accountability ➢ Intrapersonal/Interpersonal ▪ Knowledge of programs and politics

STRENGTHS AND LIMITATIONS

The qualitative nature of this assessment provides opportunity for exploration and discovery of forces expected to influence health and health systems in Lane County, Oregon over the next five years. Respondents were recruited from myriad different healthcare sectors in Lane County, and as a whole provided substantial contributions to assessing forces that may influence health over the next five years in Lane County (Polkinghorne, 2005). This report provides a snapshot of potential forces in the county. Nevertheless, the assessment results are based only on respondents' point-in-time perceptions, experience, and knowledge. Subsequently, although the methods for this assessment were the same as those used in 2015-2016, the results may be different due to different participants and different point-in-time responses. The current results, in turn, are meant to inform the 2020-2023 Community Health Improvement Plan, and should be considered in conjunction with the 2015-2016 FOCA results and other data collected during Lane County's 2018-2019 needs assessment MAPP process. Further, future assessments should replicate and extend this assessment to uncover details and nuances related to those factors that influence health and health systems in Lane County, Oregon.

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APPENDIX A.
Data Collected During the June 13 Assessment

1. Housing

Forces	Threats Posed	Opportunities Created
• Affordable housing (n = 3) • Lack of affordable housing (n = 2) • Housing First • Decreasing supply of housing • Increasing housing costs (31% increase in Oregon from 2010 – 2016) (n = 5) • Lack of missing middle housing and subsequent pipeline for more • Worsening housing shortage • Growing incidence of homelessness, especially those middle-aged or older (n = 4) • Increased children and families navigating homelessness • Housing crises: rents, availability, eviction/ prevention • Homelessness and burden on resources • Poverty Housing crisis growing • Housing crisis intensifies (due to wage stagnation) • Housing crisis: heavy demand versus low supply of affordable housing • Increase housing for single people (all income levels) • Housing bubble • Housing supply and types • Housing supply shortage/ cost burden. • Housing accessibility • Addressing housing insecurity in region (n = 2)	• Affordability gap • Lack of housing cost variety • Land locks • Accessible housing • Mismatch black and white HUD funding • Inward migration • Lack of documentation/background (V's?) • NIMBY & NIMFYE • Resources for homeownership • Real housing first • Land use zoning • Housing prices/inventory • Bubble • Increased construction and new developments (regional capital projects) • Local zoning/permitting • Increased construction $ • Eugene Construction Exercise Tax (CET) • Increasing homelessness overcomes local efforts • Discourages retention/recruitment of local talent (UO grads) • Failure to attract/retain healthcare providers due to no/low housing inventory (side effect: long patient waitlists due to decreased providers) • Smaller towns pricing out local residents • Increased crime rate • Inappropriate regulatory response (i.e. rent control) • Land supply restriction through land use regulations • Cost escalation via taxation and regulations (CTE, SDC's & Building codes)	• Missing middle • Tiny homes • Supportive housing • Co-housing opportunities • Increase state funding • Mixed use • Repurposed RV's • Zoning and codes • YIMBY • Housing laddering • IDA's • Educating local community on housing issue • Building community • Campaigns • More flexible land use • More local control • Accessible housing for seniors • Support for aging in place, structural modification for accommodation • Senior/millennial pairing in housing (multi-generational rebound) • Local zoning/permitting • Affordable housing subsidies • Service integration • Housing First • Healthcare and housing • Connection • Increase construction industry/jobs • Smaller towns also benefit from increased growth • Reduce homelessness • Mobile park renovation • Engage private money • Engage community and mobilize to create change • Land Trust Model

2. Federal and State Politics

Forces	Threats Posed	Opportunities Created
• Safety Net erosion • Broken budgets (State and Federal) • Federal health reform • Federal funding changes, reductions, and restrictions • Federal $ disinvestment in critical programs • U.S. Congress party "FLIP" • Decrease access to healthcare (e.g. attacks on ACA) • Changes in State and Federal programs and funding challenges (ACA, OHP, SAMHSA, VA, etc.) • Affordable Care Act repeal/reform • Modifications to SNAP and the ACA at the federal level • Essential repeal of ACA • Economic impact of healthcare legislation • Funding change or progress (how, who, how much?) • Changes in federal government support • Federal/regularity uncertainty	• Executive orders • Tax reform • Trump administration • ACA repeal • Immigration reform • Federal funding restriction • Social security cuts • Medicare cuts • SNAP cuts • Deficit – burden on upcoming generation • Healthcare reform pace → chaos/instability/discourages people entering field • Sustainability • Regulation requirements/admin burden • Increasing mergers and acquisitions • Lack of vision • Ethical challenges • 340B – Federal drug pricing (impact on rural healthcare) • Hyperinflation/market crash • Inequitable distribution of available funding, especially rural • Prioritization of defense industry investment • Medicare funded liability increase • Decrease in women's health services and supports • OWG's • EPA reform • Ignorance and distrust of science • Risky trade policy	• Elected officials can improve laws • E.O.(?) • Opioid funding • Creative budgets • Increased housing funding • Disaster prep • Wyden, Merkley, Walden, DeFazio • ACA improvements • Collaborative local funding • Dysfunctional federal/state government allows for proactive local engagement for change/collective impact (wake-up call) • V.A. reform • Collaboration reframed as a strength • Lack of funds = need to innovate • Local control • Vote • Public official outreach • Knowledge of rights • S.T.R.E.A.M. - Education

3. Immigration

Forces	Threats Posed	Opportunities Created
• Immigration reform • Anti-immigrant actions and policies • Hate crimes • Oregon driver licenses • Impact of immigration on Oregon ag sector (HB-1 visas) • IP22 - repealing Oregon Sanctuary Law • Growing fear and risk for non-citizens/immigration into the U.S. • Increased health disparities due to decreased access to services and supports • Immigrant workers access to healthcare during political pressure • Long-term impact of immigration policies (trauma) • Action by federal government, such as withholding funds, against sanctuary community • Psychological barriers to services continue to emerge for immigrant families	• Decrease in workforce (hospitality, food service, landscaping, farming) • Fear of accessing services • Potential for public health crisis • Public safety implications • Separation of families (locally too) • Exotic disease immigration • Impact/isolation of youth • Fear-based culture/attitudes (could spread sub-consciously due to public discourse) • Public officials using hate speech (overly or more subtle) • Children not receiving quality education while in detention • OR IP22, OFIR, Driver's License • Misinformation • Fear lads to mob mentality • Lack of political representation • Local government • Lack of public discourse • "Attacks" to all immigrants or "assumed" immigrants • Presents challenge to providing quality service • Lack of language and cultural support (translation/interpretation) in schools • Increased healthcare costs • Bias in treatment • Institutional racism (policies, local codes/laws, bias of services) • Law enforcement → ICE (supporting through tax $)	• Better advocacy and policies (legal path to citizenship) • Expand services locally in safe setting • Better communication of local policies on not using access to healthcare • Communicate with ICE • Workforce development that helps immigrants immigrate, adds skills to community • C.L.A.S. across more organizations • Cultural sensitivity training • Accurate demographic reporting and awareness • Encourage employment despite (jn spite of) current legal environment • Cultural enrichment • Language • Family connectedness • Cultural competence • Know your rights – U.S. Constitution • Sanctuary City • Media accountability on messaging and language use • Promote opportunities to integrate/become providers to better serve diverse communities

4. Technology

Forces	Threats Posed	Opportunities Created
• Increasing dependence on smart phones • Increasingly connected world • Increasing need for knowledge and data sharing • Greater availability of data and supportive technology • Telemedicine (or similar) becomes the standard of care • Artificial intelligence/automation – impact on low-skilled workers • Increased sharing and utilization of data and apps for population management and predictive outcomes • Technology evolves – new tools • Drones as first responders	• Social isolation • Increased cost/complexity • Tolls still not advanced to match vision • System isolation/fragmentation • Stress from 24/7 connectedness • AI – automation threats to some aspects of workforce • Pace of change/obsolescent • Knowledge gap between generations • Creates silos of care (systems do not talk to each other) • Privacy/PHI issues • Users cannot keep up with rapid change/iterations • Modernization of data that should be shared for greater good • People do not talk to each other anymore • Pedestrian fatalities • EMR connectivity • Access to technology ($ and socioeconomic) • Users ability to take advantage/access technology • Increased antisocial behavior • Anonymity	• Connectedness • Efficiencies • AI – integrate information and improve outcomes • Rural access/telemedicine • AI – Breakthroughs/cures for diseases • Opportunities to solve labor scarcity issues/new positions • Access to education/training/information • Internet as public utility • Self-management of health conditions and behaviors • Mobile technology and real-time response • Self-driving vehicle increase mobility for seniors • UO/Knight Science Center • Health Tech as an economic sector investment • Automated transportation to decrease isolation and lack of access • Collection of big data/sharing health risks and harm • Tele-community • Data sharing • Compatibility • Nano technology

5. Public Discourse

Forces	Threats Posed	Opportunities Created
• Engage community leaders • Community/neighborhood acceptance/awareness of social programs and facilities • Social/economic and cultural/geographic divide • Low voter turnout • Distrust/disillusionment with government leads to extreme political representation • Increased polarized agents • Political polarization • Increased political tribalism and social divisiveness • Declining ability for civil discourse	• Identity politics • Anonymity of internet → polarization • Competition for resources • Rural versus Urban "listening" • Fake news • "The Deep State" • Social media • Lack of critical/objective thinking in schools, society, etc. • Equity definition is not a positive word • Lack of accuracy, honesty, and accountability • Information echo chambers and confirmation bias • Personal interests trump social good • Willingness to believe inaccuracies • Increase in Nationalism • Widening chasm of opposing opinions • Distrust of government message filtering • Deep levels of racism • Politics of fear • Double think (holding opposites together) • Big corporations/$ are driving policy • Lack of objective reporting/objective news sources	• Teaching how to assume good intentions • Identify dialog leaders • "Bridge" projects • CTE in schools • Grants requiring inclusivity • Critical thinking education • Leverage community organizations (e.g. Rotary, civic, religious groups, etc.) • Social media • Increase youth involvement • Disrupt/dismantle algorithms in media • Term limits • Increase inter-agency cooperation/communication • Vote • Uniting messaging • Remove Us versus Them • Media accountability • Eliminate state initiative process • Opportunity for education of youth/community and highlighting the good happening in our communities

6. Access

Forces	Threats Posed	Opportunities Created
• Rx: increased cost & public demand for transparency • Access to care challenges • Increasing health care costs • Increasing insurance costs and decreasing access • Decreased access to healthcare due to lack of providers, change burnout, increased regulations, and overhead • Lack of availability and unequal distribution of resources for urban and rural communities in Lane County • Access to healthcare in rural areas • Access to healthcare for the vulnerable population (what defines vulnerable)	• Challenge(s) to coverage • OHP structure • Decreased MD's/Providers • Increased costs to all • Increased use of school funds to support healthcare/mental health (versus teachers in classrooms) • Similar in industry and small businesses • + taxes • Cultural/linguistic barriers • Loss of 340B • Lack of specialty services in rural areas • Erosion of women's reproductive health care rights at the federal and state level • Lack of nursing care (cost of living) in rural communities • Payer consolidation • Lack of dental care awareness and access • Fear of system • Immigrants/BH issues • Maintaining privacy • Rural areas = decreased life expectancy • Transportation, especially rural • Uninsured/low income different level of care • Stigma • Lack of cost • Transparency • Increased costs for recruitment/retention of healthcare professionals • Increased costs in insurance • Increased ER utilization/sicker people	• Increase use of "Extenders", PA's, NP's • New partners in prevention • Expand CHC's and FQHC's • Increase and embed healthcare in schools, food sites, etc. • Increase education on available programs • Increase use of Community Health Workers/Navigators • Community Health Workers • Increase inclusion of dental care • Access to full spectrum healthcare for women/children • Access to food (drones) • Deliver services where people are (mobile, rural) • One entry point; consolidate application process • Veggie prescription • Housing • Reading • Technology – telemedicine • Increased use of equity lens • Single payer • Seamless integration of Mental Health services into physical healthcare • Nonprofit health clinics • Healthcare education development/med school

7. Behavioral Health

Forces	Threats Posed	Opportunities Created
• Increase in-patient mental health services for youth • Growing need for increased mental health support • Behavioral health (mental health, addiction, access to care) (n = 2) • Increasing need for mental health services (suicide, social media, isolation) (n = 2) • Insufficient youth mental health resources • Opioids • Opioid epidemic continues to be misunderstood • Continued high drug use and addiction	• Suicide rate • Limited access, especially rural • Substance abuse • Schools overwhelmed • Financial decrease • Uncoordinated care • Availability and variety of service providers • Increased crime rate • Vicarious trauma of staff and families • Social isolation of youth and seniors • Underemployment/unemployment • Increased number of people experiencing behavioral health challenges • Inappropriate over-prescription of psychoactive drugs • Rx interactions • Lack of knowledge and training within senior services to address co-occurring physical and behavioral health • Pop “Science” • Social media (isolation, cyber bullying, “mean”) • Kids suffer from parents’ challenges • Stigma • Misdiagnosis • Billing and costs • Lack of prescribers • Overdose • Extended families taking on care of children	• Trauma-informed Care • Integration of all systems with physical health • Shared services and resources • Supported housing • Coordination of services between providers • Mobile crisis response in rural areas • Integration of public safety and behavioral health services • Youth prevention • Support in K-12 education • Housing and neighborhoods designed to promote socialization • Harm reduction versus abstinence (how to best treat individual addiction and awareness) • Early childhood/parenting interventions • Peer Support Specialists • Depression awareness for Seniors • Shared data across all health indicators • Study results incorporated into local public health education • Impact of activity on mental health • Supported employment • “In shape” exercise and nutrition • Mentoring peers • Person-centered care • Harm reduction • Focus on pain management • Provide services for youth (and others) in acute crises

8. Aging Population

Forces	Threats Posed	Opportunities Created
• Boomers • Diversifying, aging growing population • Increasing aging patient population • Increasing population of seniors without adequate retirement savings • Growing vulnerable elderly population • Exponential growth in seniors/older adults, (28% by 2020 of Lane County population; 30% by 2025)	• Isolation • High maintenance expected • Economic disparity 20 to 08 recession and decreased retirement plans • Higher incidence of chronic disease • Epidemic vulnerability • Bed availability • Lack of internal med and/or geriatric providers of all types • Increased number of elderly in the population • Burden on existing programs • Burden on younger, smaller generations • Increased suicide rates • Insufficient patient assistance programs • Increased institutional living that is unregulated • Lack of support for family/unpaid caregivers • Homelessness • Lack of retirement/savings/social security • Funding changes • Lack of variety of housing and service options • Changes to medicine programs • Rural access • Demand bubble (in 20 years, needs change) • Caring for elderly parents • Cultural differences between Boomers and other elderly • Services – in-home care • Increased cost of pharmaceuticals/biological agents (high impact to the community) • Caregiver depression, anxiety, and lack of support • Increased chronic conditions • Mobility and transportation	• Volunteerism • Telemedicine • Skills-based volunteerism • Health promotional, community-based programs – YMCA, Willamalane, Community Centers, Silver Sneakers, etc. • Immunization – flu, pertussis, (phell?), zoster • Mentorship • Exploit their advocacy • Generation – "focused" programs for Boomers versus GenX, etc. • Education/acceptance of palliative, terminal care options • Intergenerational connections • Foster Grandparents (seniors volunteer in schools) • Educational training opportunities • Volunteer/mentorship • Social interaction • Age-specific community building • Paid family leave • Smaller homes

APPENDIX B.
Forces of Change Brainstorming Worksheet

Forces of Change Brainstorming Worksheet

This two-page worksheet is designed to use in preparing for the Forces of Change Assessment.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change — outside of your control — that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet

(Page 2)

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session

1. ____

2. ____

3. ____

4. ____

5. ____

6. ____

7. ____

8. ____

9. ____

10. ____

11. ____

12. ____

APPENDIX C.
Forces of Change Assessment – 2015 Highlights

The following forces were identified as influencing community health and/or impacting the work of the local public health system:

- Collaboration
- Access to primary care
- Funding for healthcare
- Affordable Care Act
- Care delivery system
- Technology in healthcare
- Dental
- Public Health workforce
- Political and leadership changes
- Economy
- Education funding
- Healthy schools
- Environment
- Community infrastructure
- Affordable housing
- Poverty
- Rural
- Changing demographics
- Behavioral/mental health
- Health behaviors
- Communicable disease

Common reoccurring threats emerged as:

- The impact of poverty and economic shifts overwhelming the systems of:
  - Education
  - Employment
  - Affordable housing
- Shortages of resources and funding shifts
- Increased costs
- New legislation

Common reoccurring opportunities emerged as:

- Access to healthcare
- Collaboration and innovation
- Emerging technology
- Focus on prevention

Forces of Change Assessment

June 13, 2018