WALLA WALLA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN 2014-2017

COMPILED AND FACILITATED BY THE

WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

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Background

Walla Walla County is a rural county located in the beautiful southeast corner of Washington State. The 2014 population estimate for the county is 59,404[1]. The city of Walla Walla, population 31,432[2], is its urban hub. The county is 73% white and 21% Latino, with less than 2% representing any other race. Compared to Washington State, our elderly make up greater percentages of our population and a significantly greater percentage of our population lives in poverty.

Our unique geographic placement grants local access to natural recreation: mountains, streams, and trails. We have a beautiful and vibrant downtown, a public transit system, a Farmer's Market, and many local family owned businesses. Our wine industry is thriving and attracts tourists annually, promoting economic growth. Other local businesses and institutions, such as the Penitentiary, provide many jobs. We have three institutions of higher learning, theaters, libraries, radio stations, and a newspaper that all contribute to citizen engagement and local culture. There is a strong sense of community, place, and history. We have faith-based organizations, collaborative social services, and many community events. Our social services include food banks and organizations for youth. We have four medical institutions with bilingual services and non-traditional health resources. Our citizens are friendly, compassionate, and generous. Many residents would describe their quality of life here as high.

The Walla Walla County Health Department (now Walla Walla County Department of Community Health) has a long history of meeting the needs of its county residents. In order to serve the health of our community more effectively, we embarked upon the second Community Health Assessment, having completed the first in 2010. As a result of collaboration with various sectors of the community and its residents, we made a comprehensive assessment of health in our county using quantitative and qualitative data, and completed the Walla Walla County Health Report (WWCHR) 2014. The WWCHR 2014 showed that Walla Walla County has many strengths and assets as noted above, but also has areas for improvement. These areas include poverty, substance abuse, obesity, mental health, and inadequate access to care providers.

Method

In order to best address the most important priority areas identified in the WWCHR 2014 and to plan strategies to address these priorities, we launched our second Community Health Improvement Plan

(CHIP) process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish structures to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP). Our Mission and Core values to guide our CHIP process are:

Mission

- Strengthen our community's health through the CHIP process.

Core values

- Focus on the public's health
- Encompass the Blue Mountain Region
- Generate data driven decisions
- Embrace diversity
- Exercise inclusiveness
- Employ collaboration
- Promote sustainability of solutions to identified problems

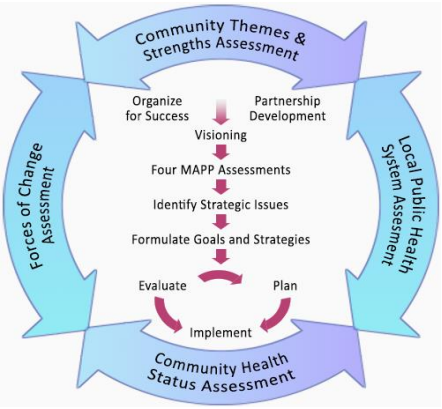
Please see Appendix A for our Gantt Chart of the CHIP process.

WWCHD convened a broad coalition of community leaders and stakeholders (Appendix B for the invitation list) and had our first meeting for the CHIP 2014-2017 on February 7, 2014 (Appendix C for the attendee list). The CHIP process entailed a collaborative process of data review of existing data, such as the *Walla Walla Community Health Report 2014*, consideration of new data sources, and conduct of additional assessments in order to develop the CHIP for 2014-2017. All of the data, quantitative and qualitative, used for our CHIP is compiled in a document entitled "*Walla Walla County Community Health Improvement Planning Assessments".* Our CHIP process incorporated the recognition of the social and economic factors affecting health with data collection expanded to include social conditions such as: unemployment, poverty, built environment's capacity for physical activity, food access, health status disparities, health equity, and high health risk populations.

With the guidance of a professional facilitator, a modified Mobilizing for Action Through Planning and Partnership (MAPP) process was used as a strategic tool to develop a CHIP for our community, with particular attention to identifying vulnerable populations – subpopulations in a community who are socially disadvantaged in terms of income, education, or status – who generally have worse health

status than the most socially-advantaged and the population as a whole. From key informant interviews, it was determined that the following are the vulnerable populations in our county: Children and youth, Elderly and/or Disabled Adults, Chemically dependent, Homeless, Mentally Ill, Low-Income, Uninsured, LGBTQ+, Latino community, Migrant farm workers, and the Russian community.

The MAPP Process



Source: Community Tool Box

Organize for Success, Partnership Development, Visioning

Our CHIP process group came together for our first CHIP process on February 7, 2014 (AppendixD for agenda) to develop a shared vision for Walla Walla County, to determine the highest health priorities for our community, so that strategies for action could be planned and implemented through a Community Health Improvement Plan (CHIP).

MAPP Assessments

To achieve the goal of determining priorities to address, we conducted the four MAPP Assessments: Themes and Strengths and Forces of Change assessments through the Strengths Weaknesses Opportunities Threats (SWOT) Analysis, Forces of Change Assessment, the Local Public health System Assessment via the Local Capacity Assessment, and the Community Health Status Assessment (CHSA) using quantitative and qualitative data.

On our first meeting, we reviewed the WWCHR 2014, the Community Survey 2013, and other applicable data, and conducted the SWOT analysis as part of the **CHSA**. From our **SWOT Analysis** (Appendix E), we determined the **Themes and Strengths** in our county. The results from our Themes and Strengths Assessment were already mentioned in the Background section of this CHIP. The detailed results from our SWOT Analysis can be found in Appendix F. In addition, we identified populations with inequitable

health outcomes defined for our purpose as 'vulnerable populations' through key informant interviews (Appendix G) of representatives of various populations determined by a brainstorm technique with all attendees (See Appendix H for a listing of our vulnerable populations).

The **Local capacity assessment** was done to determine our community's capacity to address the public health and to identify the role each of us play (10 essential public health services). Please see Appendices I, J, K. Results of this assessment showed that our community does well at informing, educating, and empowering people about health issues; developing policies and plans that support individual and community health efforts; linking people to needed personal health services; and mobilizing community partnerships to identify and solve health problems. Our community does not do as well at evaluating effectiveness, accessibility and quality of personal and population-based health services; enforcing laws and regulation that protect health and ensure personal safety; and diagnosing and investigating health problems and health hazards in the community.

We defined **Forces of Change** as those immutable changes that impact the system/population such as Government policy. From our SWOT Analysis results, we determined that Forces of Change for our county include the Affordable care Act, changing healthcare standards, legalization of marijuana, privatization of liquor sales, decrease in program funding for services, and increasing cost of healthy foods.

We then created a Data Synthesis Chart (Appendix L) that incorporated qualitative data and SWOT analysis data which were then synthesized by Domain, Group, and Indicator so that these can be used for developing strategic issues in CHIP planning. Because the CHSA is an ongoing compilation of data sets, new data collected through the CHIP process were incorporated into the CHSA.

Identify strategic Issues

On May 30, 2014 (Appendix M, meeting agenda), all data mentioned so far were reviewed and discussed as a big group, then small groups convened and issues were selected based on the data, using this form (Appendix N). Seventeen strategic community health issues were identified (Appendix O) by the end of this session.

Goals and Strategies

On December 4, 2014 (Appendix P, meeting agenda), a Prioritization Matrix (Appendix Q), along with consolidation of similar issues, and taking community assets and resources identified in previous assessments into consideration, the following strategic issues were identified:

- Mental Health
- Integrated Mental Health and Substance Abuse Care
- Healthy Lifestyles
- Family Living-Wage Jobs

Prioritization process

1. Since the list of 17 priority issues were made by three small groups, there was a potential for redundancy. We divided the group into three small groups again, consolidated the issues, discussed as a large group, and by consensus narrowed the list of strategic issues to 14.

2. We divided into three small groups again to prioritize the list of strategic issues and bring their top five back to the whole group. Small groups could prioritize using any methodology or any criteria they chose.

3. The whole group came back together and the small groups presented their top five strategic issues. These issues were combined into one list of nine strategic issues (eliminating any duplicate issues).

4. Each individual was then given three sticker dots representing three votes for strategic issues. Each person placed the dots by the issues they thought were the most important. Participants were allowed to place more than one dot on one issue if they chose. Dots were counted as total votes for each issue.

After the completion of the prioritization process, the participants were given the opportunity to sign up for action planning for each of the four prioritized strategic issues . The issues of Mental Health and Integrated Mental Health and Substance Abuse Care could be combined by definition under “Behavioral Health” and hence is combined in our CHIP. Each of the action groups will formulate goals, measurable objectives, and expected outcomes within their chosen action group.

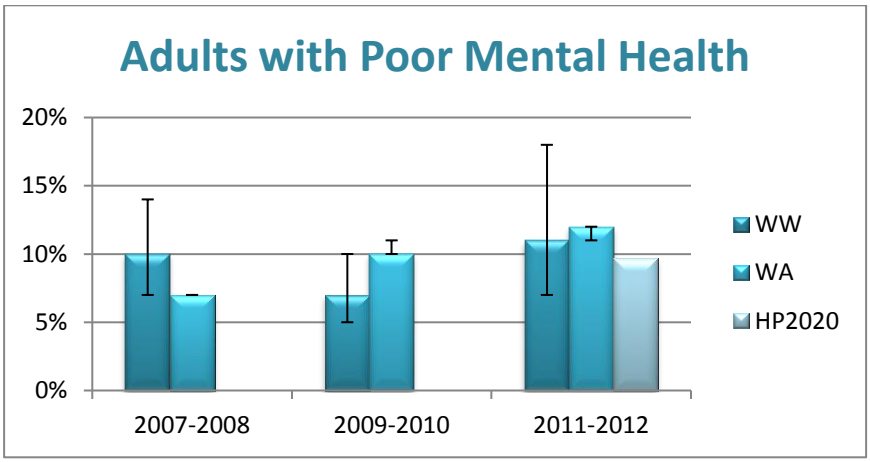
Strategic planning and implementation phases will consider Policy Changes Needed to Accomplish Health Objectives (addressing social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational opportunities, zoning, etc.)

Behavioral Health

The Issues

Adults with Poor Mental Health:

Mental health disorders are treatable medical conditions that inhibit the way a person feels, thinks, or functions in society[3]. While mental illnesses can affect anyone, risk factors include a family history of mental illness, stressful life conditions, a traumatic experience, use of illegal drugs, and childhood abuse or neglect[1]. Examples of mental health disorders include depression, bipolar disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. Eleven percent of adults in Walla Walla County have poor mental health, and depression is the third leading diagnosis at the SOS clinic of Walla Walla.



Walla Walla County Health Report 2014

Poor mental health is a significant problem in Walla Walla County. Treatment can be difficult due to the shame and stigma associated with poor mental health that prevent people from seeking mental health care, leaving many cases of poor mental health untreated in the community.

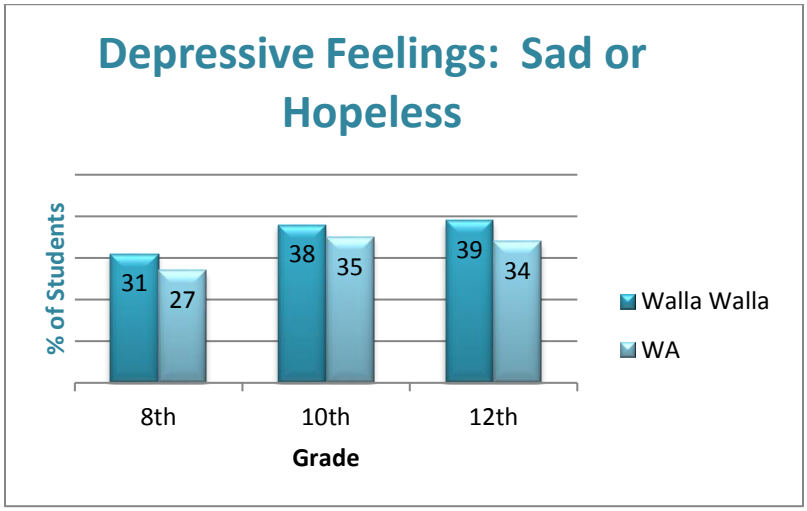
Suicide Rate:

Risk factors for suicide include a family history of suicide, child maltreatment, alcohol and substance abuse, mental disorders, and feeling of isolation and loss[4]. Suicide is the 7th leading cause of death in Walla Walla County. At 15 per 100,000 deaths, the suicide rate in Walla Walla County is higher than the state of Washington, and does not meet the goal set by Healthy People 2020, which is 10.2 deaths/100,000 population. Suicidal thoughts are also a serious concern amongst youth as 23 percent of 10th graders and 21 percent of 12th graders reported seriously considering suicide in the past year.

Factors that protect against suicide include effective clinical care for mental, physical, and substance abuse disorders, as well as social support[4].

Youth Depression:

Thirty-eight percent of 10th graders and 39 percent of 12th graders in Walla Walla County report feeling sad and hopeless, which is several percent higher than the rest of the state.



WA State Healthy Youth Survey 2014

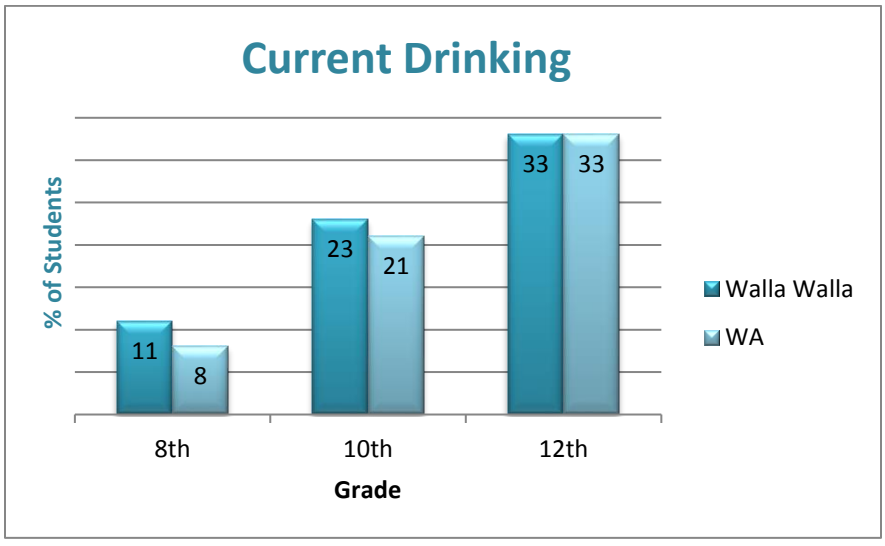
Depression in adolescence is associated with the use of drugs and alcohol, school dropout, and engagement in promiscuous sexual behavior[5]. Healthy People 2020 set a goal of reducing the number of adolescents who have a major depressive episode and increasing depression screening by primary care providers[5].

We found from key informant interviews that the mentally ill population in Walla Walla County has many health care needs. There is need for more in-patient psychiatric care. Our six local crisis workers work around the clock to meet the high demand for support and intervention. With the influx of more insured individuals, there is a delay in availability of intake and care for clients. Often, the mentally ill may avoid or delay care due to the shame and stigma of being labeled "crazy". There is a need for education of providers and the public around mental illness and treatment. The mentally ill are often undertreated for health needs due to a lack of insurance, difficulty in expressing their symptoms and/or their symptoms are overlooked by physicians. Life expectancy for the mentally ill is lower than for other individuals. They have a harder time taking care of themselves, and have worse diets and higher rates of smoking than the rest of the population.

Walla Walla County has sustained a long-standing gap in mental Health services. This gap was identified as a top priority in the first CHIP for 2011-2013. Concurrently, a group of top leaders was forming to address the lack of mental health services in our community. A commissioned study by the Walla Walla Community Council entitled "Enhancing the Education of Our Region's Children" found that there is a link between mental health, academic success, and success in society"[6]. The study also found that there is a shortage in local mental health resources. After the release of this study, a mental health working group was formed, and then the implementation task force was formed with a Final Report released in 2011. Central Washington Comprehensive Health assumed delivery of care for implementation and monitoring of the progress. Even so, there is still a great need in our county for mental health prevention and intervention as well as more resources for mental health.

Substance Abuse

Binge drinking is defined as the consumption of four drinks for women and five drinks for men on at least one occasion in the past 30 days. Walla Walla County has a binge drinking rate of 20 percent, which is slightly higher than the state of Washington. Binge drinking presents many problems to the community, as national data reveals its frequent association with injuries, sexual assault, unwanted pregnancy, and violence. Twenty-nine percent of motor vehicle accidents in Walla Walla County were alcohol-related, and most of these casualties were a result of binge/heavy drinking[7]. The 2014 Health Youth Survey results reveal that 23 percent of 10th graders and 33 percent of 12th graders reported having consumed alcohol in the past 30 days. Twelve percent of 10th graders and 19 percent of 12th graders reported binge drinking over the past 30 days.

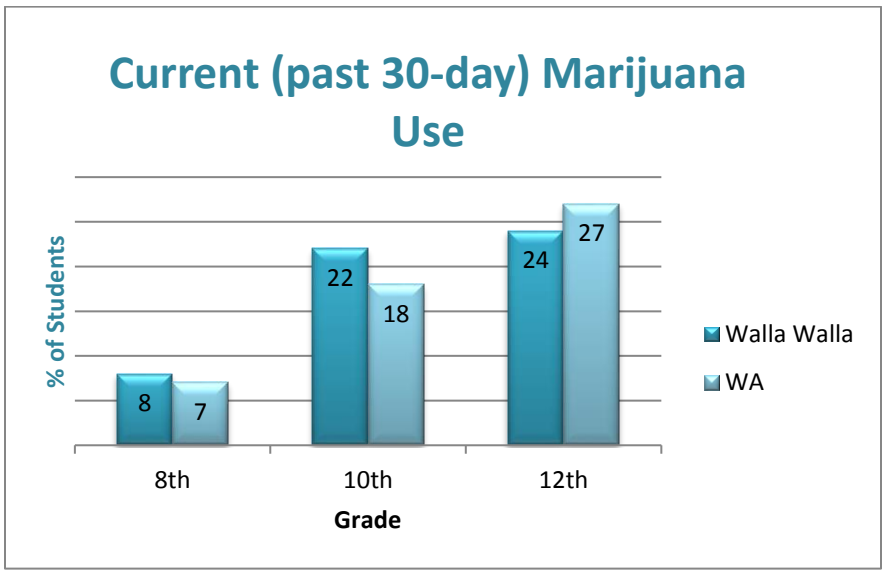


WA State Healthy Youth Survey 2014

Alcohol use among teenagers is a particular concern as it places them at risk for emotional and social problems, lesser academic performance, and changes in brain development. Youth who begin drinking before age 15 are five times more likely to develop alcohol dependence later in life than those who begin drinking at age 21 or later.

Marijuana

Twenty-two percent of 10th graders and 24 percent of 12th graders reported having used marijuana in the past 30 days. This rate is very similar to that of the state of Washington.



WA State Healthy Youth Survey 2014

Because the brain is still developing well into a person's twenties, marijuana use is dangerous for adolescents. Its chronic effects include short-term memory impairment, impaired lung function, interference with ovulation and prenatal development, impaired immune response, and possible adverse effects on heart function. The use of marijuana may lead teenagers to use other, more risky drugs.

Chemically dependent

Another subpopulation vulnerable to poor health is the chemically dependent or addicted population. There is a general lack of understanding in the community and among some medical professionals around the biology of addiction, which can adversely affect individuals seeking treatment. There is no local inpatient drug facility; a lot of detox occurs in the jail. Although there are local drug testing facilities, the wait for results is long, and often the narrow window of time in which an individual is

willing to go to a rehabilitation facility passes by. A local treatment facility integrated with after-treatment care is needed. Therapists for co-occurring mental health and chemical dependency are needed as more than half of those seeking treatment have co-occurrences. Barriers to care for some include language, lack of documentation, lack of insurance and transportation.

Prescription drug abuse is a big problem in Walla Walla County. Health issues for the addicted include poor nutrition, obesity, sleep deprivation, homelessness, joblessness, STDs and teen pregnancy, poverty, and lack of a youth shelter. Some causes of drug use in youth include uninvolved parents (more among those with low-income) and a lack of jobs which leads to drug dealing. The addicted have difficulty complying with lifestyle changes prescribed by healthcare professionals.

There is a shortage of mental health providers in Walla Walla County. The mental health provider to population ratio is 566:1 in Walla Walla County, slightly worse than the state of Washington[8].

The Plan

Behavioral Health: Entity in charge - Human Services Advisory Board

The existing Human Services Advisory Board (HSAB) encompasses the work of both Substance Use Disorders and Substance Use Prevention with County Strategic Plans for each. The work group to address adolescent Mental Health/Multiple Populations and Integration of Mental Health and Substance Abuse Care will now work with HSAB to develop an integrated strategic plan for implementation of the CHIP strategies. Work of integration is about to begin.

Here are links for the documents for goals and objectives of current HSAB.

Walla Walla County Strategic Plan 2014-2016 for Prevention, Intervention, Treatment Aftercare:
S:\Assessment\CHIP Action Groups\Mental Health

Community Wellness and Prevention Initiative 2014 W2 for Drug Free Youth:

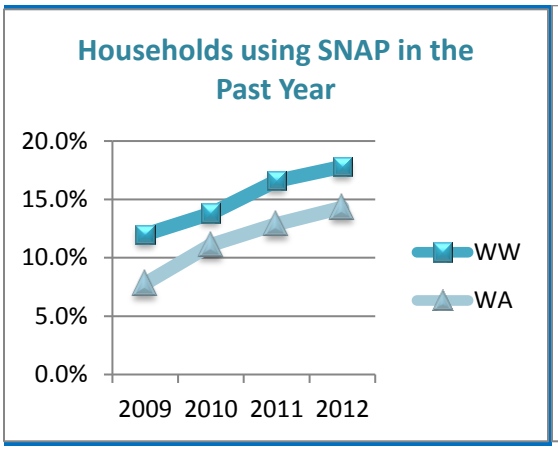
S:\Assessment\CHIP Action Groups\Mental Health

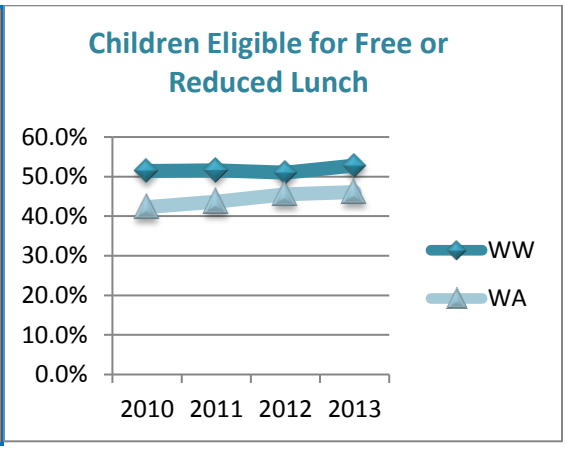
Healthy lifestyles

The Issues

Healthy Eating

The *2015-2020 Dietary Guidelines for Americans* recommend consuming more fruits, vegetables, whole grains, fat-free/low-fat milk or soy beverages, lean protein, beans, nuts, and seeds for optimal health. The recommendations also include reducing consumption of saturated fats, cholesterol, calories from solid fats and added sugars, sodium, and refined grains[9]. Eighteen percent of families in Walla Walla County use Supplemental Nutrition Assistance Program (SNAP) and 53% of children are eligible for free or reduced lunch, while 46% of the state of Washington is eligible.





WA State DSHS: Research and Data Analysis Division OSPI, Washing State Report Card

This high rate of poverty may make it difficult to follow the recommendations on the *2015-2020 Dietary Guidelines for Americans.* In addition, 14% of our population experience food insecurity[10], which is lack of variety, quality, or desirability of available food, with or without hunger [11]. The goal for Healthy People 2020 is to reduce the percentage of those that experience food insecurity to 6%. 27% of our population has low food access, which is higher than the state of Washington[12]. Regardless of income status, 72% of Walla Walla County residents consume inadequate amounts of fruits and vegetables[13]. The Healthy People 2020 goal in this area is to increase consumption of fruits to 0.90 cup/1000 calories and vegetables to 1.14cups/1000 calories. The increased consumption of deeply colored vegetables, beans, peas, whole grains, and decreased consumption of saturated fats, added sugars, and sodium are

recommended in Healthy People 2020. These correlate with the recommendation in the *2015-2020 Dietary Guidelines for Americans*.

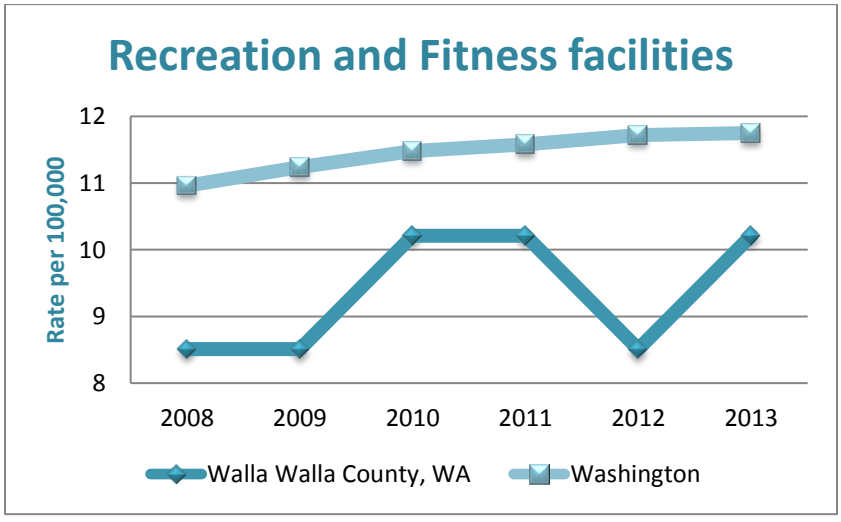
For data and a recent study on Improving Food Security see: https://www.netreturns.biz/Client_Files/communitycouncil/CM/System/2014/low-res.FoodSecurity.su14.final.pdf

For data and a study on Food Linkages in Walla Walla see: S:\Assessment\CHIP Action Groups\ObesityHEAL

Physical Activity

Fifty nine percent of adults in Walla Walla County meet the physical activity recommendation of 150 minutes per week. This rate meets the People 2020 goal but is less than the state of Washington. 41% of eighth graders in Walla Walla County report 60 minutes or more of physical activity per day. This rate declines to 35% of 10th graders and 23% of 12th graders.

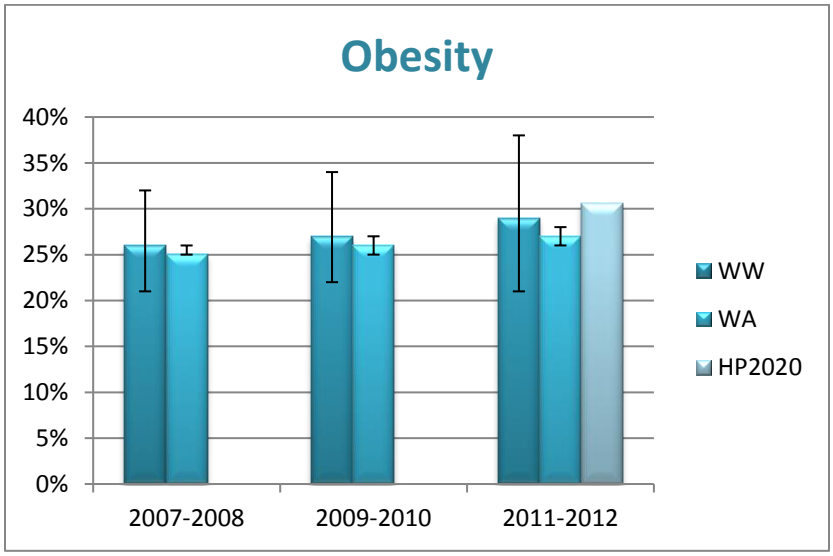
Physical activity is important because it can greatly reduce obesity, which in turn lowers the risk for many serious and often fatal health problems. The *2008 Physical Activity Guidelines for Americans* recommends 150 minutes per week of moderate-intensity aerobic activity (such as walking, aqua aerobics, or gardening), or 75 minutes a week of more vigorous activity (such as jogging/running, singles tennis, aerobic dancing, or swimming laps)[14,15]. Two or more days a week of muscle strengthening activities are also recommended. In Walla Walla County, the availability of recreation and fitness facilities lag behind the state of Washington.



Community Commons

Adult Overweight/Obesity

Twenty-nine percent of adults in Walla Walla County are overweight or obese. The obesity rate is slightly higher than the state and has increased steadily over the past five years. Amongst students in the county, 17% of 8th graders, 12% of 10th graders, and 14% of 12th graders are obese.



Walla Walla County Health Report 2014

Body Mass Index (BMI), which is a weight to height ratio, of 25 to 25.9 is considered overweight, while a BMI of 30 and above is considered obese[16]. Obesity results from an energy imbalance involving eating too many calories and not getting enough physical activity. Obesity-related conditions include heart disease, stroke, and Type II diabetes[17]. These are some of the leading causes of preventable death both in Walla Walla County and nationwide. Regular physical activity and healthy eating habits are two of the most important ways to decrease obesity and improve many areas of a person's health[18].

Choosing healthy, nutrient dense foods and engaging in regular physical activity can help with weight management, decrease the risk of obesity and chronic diseases, which in turn improve health overall[9]. A healthy lifestyle incorporates a lifestyle that includes regular physical activity and healthy eating rather than short-term changes in dietary or physical activity patterns.

The Plan

Healthy Lifestyles: Entity in Charge - Healthy Eating Active Living Coalition(HEAL) – a coalition of community partners facilitated by the Department of Community Health

Toward the overarching goal of Healthy Lifestyles for Walla Walla county residents, the following goals and objectives were developed and are in various stages of implementation. The HEAL group reviews and revises objectives and strategies .

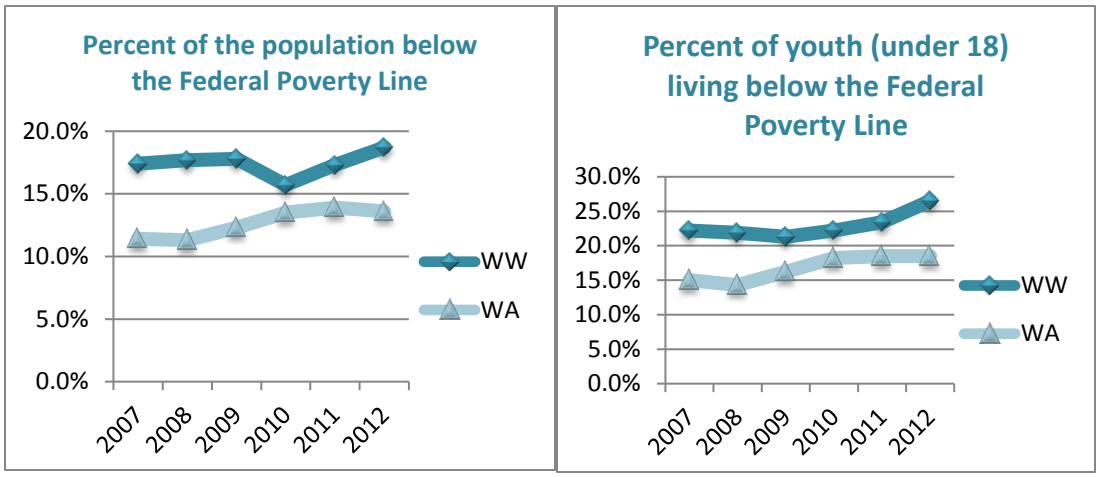
Table 1.

Goal	Objectives	Strategies
1. increase access to high quality nutritious foods	***Establish additional community gardens & programs to encourage their use** ***Create new distribution methods for healthy, low cost foods in convenient locations** ***Ensure that children in schools have access to healthy foods and an environment that encourages their consumption**	Community Council's Food Security Study Development of School Health Advisory Committee (SHAC) to assess school wellness polices and make recommendations for improvements. Began process with School Nutrition
2. Increase community knowledge about healthy foods and food preparation through education	***Create cooking classes to increase knowledge about how to prepare wholesome food** ***Establish a social norms campaign to address people's perceptions about food and risk factors for obesity**	**Heather's cooking classes/ also partners with SNAP** **Social norms project morphed into a website with its own goals and objectives – in progress**
3. Increase opportunities for consistent physical activity in our community	***Expand opportunities for youth and at risk populations to enroll in programs that encourage physical activity.**	**Eg. Community Council's Study on Recreation**

Family Living-Wage Jobs

The Issues

There is a strong and consistent link between poverty and poor health outcomes both globally and within Walla Walla County. Due to cultural and social barriers, the cost of treatment, lesser education opportunities, poor living conditions, and many other factors, those living in poverty often have significantly lower health outcomes. These include, for example, higher rates of motor vehicle accidents, drug-induced death, coronary heart disease, binge drinking, and adolescent pregnancy [19.] Nineteen percent of Walla Walla County residents live below the federal poverty line, compared to 14% for the state of Washington.



U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

This low-income or impoverished population group overlaps with many vulnerable subgroups within Walla Walla County. The needs for this group are many. There is not enough local permanent housing for the low-income population. The Housing Authority has 1000 individuals on their waiting list. A lack of stable housing leads to a transient lifestyle that prevents people from making healthy lifestyle changes. Some of the low-income population include the homeless and/or chemically dependent. Some of their health issues include diabetes, obesity, asthma, and developmental delay (children).

A lack of living-wage employment prevents people from affording health insurance and/or accessing healthcare. Many low-income adults do not qualify for Medicaid. Without a living wage job, individuals have fewer resources to improve their healthy eating and lifestyle habits.

In order to reduce health disparities in the community it is important to increase awareness of the disparities as problems that can be solved. There is a need for interventions and greater allocation of resources in order to close gaps in health outcomes between the rich and the poor. One way to achieve this is by providing living-wage jobs within our county.

The Plan

Family Living-Wage Jobs: Entity in Charge – Community Council

As stated on their website, "Community Council facilitates a citizen-driven, consensus-based problem-solving process to prepare the greater Walla Walla area for future growth, change and challenges. The Community Council encourages the participation of all residents of the region. The Community Council is a nonpartisan, nongovernmental, diverse and inclusive organization committed to open dialogue, solid research, consensus-building and effective advocacy, enabling the highest quality of life for everyone throughout the region."[20]

The Department of Community Health has been participating in the Community Council's current study: "Education as a Path to Economic Growth." We have heard from many different speakers over the course of several months and formulated findings and conclusions based on their presentations. We are currently finalized our recommendations based on our conclusions. Following a published report of the findings, an implementation team will take action on the recommendations and Community Council's board of directors will monitor results.

Action

This action cycle is an ongoing process. Once the Action plan is in place and the strategies are being implemented, there will be at minimum an annual evaluation by the responsible entity for each of the health priorities to see if the objectives are being met. The results will be shared with the Walla Walla Department of Community Health as well as with other responsible entities, as well as with other stakeholders. When there are positive trend data, these and progress being made toward meeting the objectives will be shared with the public via a press release, health department website, and or our Facebook page. If some of the objectives are not being met, further planning will commence to modify the strategies in order to meet the objectives.

Dissemination of the CHIP process

Although not everyone on our invitation list were able to attend the CHIP process session, the minutes of the three meetings along with data that were shared with the attendees during the meetings, were also shared with them via email.

Appendices

Appendix A Walla Walla County CHIP Gantt Chart

Task	Jan-Oct 2013	Nov-Dec 2013	Jan 2014	Feb 7, 2014	May 30, 2014	Dec 5, 2014	Jan– June 2015	July 2015-Dec 2017	June 2016 & 2017
CHA data collection, analysis, completion of CHA									
Invitation to stakeholders									
Preparation for 1st CHIP meeting									
Review CHA and other data									
SWOT analysis									
Capacity assessment									
More data review									
Determine strategic issues									
Consolidate issues									
Prioritize issues									
Action group formation									
Formation of goals, objectives, outcome measures									
Implementation									
Annual evaluation									
Annual evaluation									

Appendix B CHIP Formation Partners Invitation List

First Name	Last Name	Title	Company
Kathy	Adamski	Nursing Education Program	Walla Walla Community College
Emily	Asmus	Owner	Welcome Table Farms
Kim	Bainter	Nursing Director	Walla Walla Clinic
Teri	Barila	CRI Facilitator	Children's Resilience Initiative
Teri	Barilla	CRI Facilitator	Children's Resilience Initiative
Jim	Barrow	Mayor	City of Walla Walla
Susann	Bassham	Health Educator	Walla Walla Community Health Department
Mike	Bates	Director	WW County Juvenile Justice Center
Susan	Bell	Superintendent	Touchet School District
Shannon	Bergevin	Board Chair	The WW Valley Chamber of Commerce
Kate	Bobrow-Strain	Board President	Walla Walla Housing Authority
Samantha	Bowen	Program Manager	Walla Walla Valley Early Learning
Mark	Brown	CRI Facilitator	Children's Resilience Initiative
Melissa	Buckley	Executive Director	Blue Mt. Chapter of the American Red Cross
Mary	Campbell	Executive Director	Community Council
Wendy	Carlton	Chief Operating Officer	Providence St. Mary Medical Center
June	Christensen	Executive Director	SonBridge Center
Carol	Clarke	Superintendent	Waitsburg Joint School district
Mary	Cleveland	Program Coordinator	Aging and Long Term Care, WW/Columbia County
Patti	Courson	Director	WW County Emergency Medical Services
Brett	Cox	Superintendent	Prescott School District
Harvey	Crowder	Administrator	Walla Walla County Department of Community Health
Vikki	Davis	Personal Health Director	Walla Walla Community Health Department
Perry	Dozier	Commissioner	Walla Walla County
Christy	Druffel	Executive Director	United Way of Walla Walla
Jim	Dumont	Director	City of Walla Walla, Parks & Recreation
Louis	Gates	Superintendent	Columbia School District
Don	Gibbard		Kiwanis
Tom	Glover	Director	Walla Walla Joint Development
Walt	Gobel	Mayor	City of Waitsburg
Tomas	Gonzalez	Coordinator, Community	Salvation Army
Randy	Grant	Executive Director	YMCA
Rick	Griffin	Executive & Development	Jubilee Leadership Academy
Celia	Guardado	Director, Client Services	YWCA
Sheila	Hagar	Staff	Walla Walla Union Bulletin
Brian	Harris	Principal	Walla Walla Valley Academy

First Name	Last Name	Title	Company
Steve	Heimbigner	Mayor	City of Prescott
Janae	Henry	Executive Director	SOS Clinic
Keala	Hoe	Principal	Liberty Christian School
Holly	Howard	Executive Director	Lincoln Health Center
Kari	Isaacson	Executive Director	Blue Mountain Community Foundation
Nancy	Jacobson		Commitment to Community
Jim	Johnson	Commissioner	Walla Walla County
Tami	Kelley	Program Coordinator	WSU School of Nursing at Tri-Cities
Carolyn	Keyes	Secretary	Club CampFire USA
Jennifer	Kirk	President	Eastern WA Autistic Spectrum Disorder Association
Trudy	Klein	Associate Dean of Nursing	Walla Walla Community College
Monty	Knittel	Chief Executive Officer	Walla Walla General Hospital
Noah	Leavitt		Interfaith Coalition on Poverty
John	Lesko	Principal	Walla Walla Catholic School
Eva	Madrigal	Director	Snake River Housing, Inc.
Everett	Maroon	Executive director	Blue Mountain Heart 2 Heart
Nancy	McClenny-Walters	Manager	Target Zero
Liz	McDevitt	Executive Director	Helpline
Tim	Meliah	Director	Catholic Charities
Janene	Michaelis	Special Projects Coordinator	Walla Walla Community Health Department
Kevin	Michaelson	Chief Executive Officer	Walla Walla Clinic
Linda	Miller	Patient Care Coordinator	Walla Walla Hospice
Mick	Miller	Superintendent	Walla Walla School District
Linda	Moats		Grandmother's RoundTable
Debbie	Moberg-Williams	County Director	WSU Extension
Steve	Moss	Chief Executive Officer	Blue Mountain Action Council
Claudia	Ness	Director, Health Center	Whitman College Health Center
Rick	Newby	Mayor	City of College Place
Susan	Newton	Principal	Development Strategies Plus
Joyce	Paine	Office Manager	Birthright International
Shelby	Paulsen	Director	Rising Sun Clubhouse
Tim	Payne	Superintendent	College Place Public Schools
Yancey	Reser	President	Lions Club, Downtown
Renee	Rooker	Executive Director	Walla Walla Housing Authority
Luis	Rosalez	Executive Director	Trilogy Recovery Community
Jim	Russo	Health Professions Advisor	Whitman College
Katy	Sanlis	CDC Associate	Public Health Associate Program
Cathy	Scott	Director	Good Samaritan Counseling
Karla	Scott	RN	Waitsburg Clinic

First Name	Last Name	Title	Company
Julie	Selbo	Supervisor	Community Services Office
Stephen	Sinclair	Superintendent	Washington State Department of Corrections
Missy	Somers	Elementary Administrator	Vista Hermosa Foundation
Beth	Swanson	President	Mom's Network
Kyle	Terry, MD		Waitsburg Clinic
Terry	Teske	Club Secretary	Noon Rotary
Clare	Thompson	Principal	Rogers Elementary School
Greg	Tompkins	Commissioner	Walla Walla County
John	Turner	Sheriff	WW County Sheriff's Office
Betty	Waggoner	Administrator	Department of Social and Human Services
Carl D.W.	Walk	President	Lions Club, College Place
Jennie	Weber	Area Administrator	Work Source Walla Walla
Mark	Wegner	Superintendent	Dixie School District
Brian	Westfield	Director	Walla Walla VA Medical Center
Seth	Whitmer	Clinic Manager	Family Medical Center
Jason	Wicklund	Executive Director	Christian Aid Center
Scott	Williams	President	Eastgate Lions Club
Hank	Worden	President	Edward Jones Financial
Joe	Wren, MD		Adventist Health Medical Group
Pat	Yenney		Grandmother's Round Table
Anne-Marie	Zell Schwerin	Executive Director	YWCA

Appendix C CHIP Process Attendee List

First Name	Last Name	Agency
Guest		Trilogy
Kathy	Adamski	Director of Nursing Education, WWCC
Kathy	Armentrout	PSMMC
Teri	Barila	Community Network
Susann	Bassham	WWCHD
Mike	Bates	Court Services
Suky	Binney	Walla Walla Community College
Nora	Bleth	SonBridge
Katherine	Boehm	The Health Center
Casey	Burns	Volunteer St. Mary/St. Vincent
Erin	Campbell	Intern from Whitman College
Mary	Campbell	Community Council
Wendy	Carlton	Providence St. Mary
Mary	Cleveland	ALTC
Patty	Courson	County EMS
Harvey	Crowder	WWCHD
Vikki	Davis	WWCHD
Jennifer	Douglas	WWPS
Debbie	Dumont	WWCDHS
Jim	Dumont	Parks & Recreation Director
Jim	Duncan	Emergency Management
Lindsay	Engh	WWCDCH
Linda	Givens	Walla Walla General Hospital
Jessica	Goldsmith	YMCA
Richard	Greenwood	Coroners
Representative for Celia	Guardado	YWCA
Jason	Hahn	WW Housing Authority
Jenae	Henry	SOS
Diane	Hopkins	MSW Graduate Student, WWU
Holly	Howard	Lincoln health center
Nancy	Jacobson	Director, Commitment to Community
Liz	Jessee	Emergency Management
Meike	Johnson	WSU Extension
Linda	Kastning	City of Walla Walla
Trudy	Klein	WWCC Nursing Education
Susan	Leathers	PSMMC
Stan	Ledington	The Health Center
Rachel	Leroy	SonBridge
Alex	Luft	WWU/Providence St. Mary's
Sarita	McCaw	Grandmother's RoundTable
Liz	McDevitt	Helpline
Megan	McGavock	Trilogy
Paul	McLain	SOS Health Services
Tim	Meliah	Catholic Charities
Janene	Michaelis	WWCHD
Steven	Moss	Blue Mountain Action Council

Claudia	Ness	Whitman College Health Center
Rick	Newby	Mayor, College Place
Susan	Newton	Development Strategies Plus
Jeremy	Nolan	WWHD
Shelby	Paulsen	Rising Sun Clubhouse
Deborah	Peters	Early Learning Coalition
Mykhanh	Pham	Whitman College/WWHD
Mari	Prieto	Blue Mtn Community Foundation. Ass't Director of Donor Services
Jacque	Richerzhagen	Birthright & Grandmother's Forum
Diana	Rios	YWCA
Luis	Rosales	Trilogy
Jim	Russo	Whitman College
Nicole	Saad	Catholic Charities
Katy	Sanlis	WWCHD
Cathy	Scott	Executive Director, Good Samaritan ministries
Stephen	Sinclair	WA State Penitentiary
Leslie	Snyder	YMCA
Michael	Spencer	Walla Walla General Hospital
Kristi	Spurgen	Walla Walla General Hospital
Leslie	Stahlnecker	ESD 123
Charlene	Strozinsky	ALTC
Anne	Sumner	Walla Walla Clinic
Beth	Swanson	The Mom's Network
Sharryl	Toews	Walla Walla General Hospital
John	Turner	Sheriff
Alyssa	Wells	County EMS
Brian	Westfield	Director, VA Medical Center
Seth	Whitmer	Family Medical Center
Debbie	Williams	WSU Extension
Pat	Yenney	Grandmother's Forum

Appendix D February 7, 2014 Agenda

Agenda

"Community Health Improvement Plan"

Friday, February 7, 2014

12:00 Noon	Lunch and Introductions
	Who Lives Here? A Presentation
	SWOT Analysis: Community Themes and Strengths
	Brainstorm: Who has poor health outcomes?
	Capacity Assessment: Ten Essential services
	Wrap Up
	Evaluation
4:30	Close

Appendix E SWOT Analysis

A SWOT analysis is one of the best ways to identify the themes and strengths pertaining to health of our community along with barriers to achieving optimal community health

- Opportunities to improve quality of life may exist in our community
- Strengths of the community, resources, assets
- Weaknesses, barriers to optimal solutions eg. better health
- How does this information about our environment inform our strategy to improve community health?

Pursuing an opportunity where you have no capabilities is futile; having a strength that doesn't align with an opportunity is a useless asset.

For Strengths/Weaknesses, consider:

- What makes Walla Walla County a healthy place to live?
- What assets do we have that can be used to improve our community's quality of life?
- What are positive community values?

- What makes Walla Walla County an unhealthy place to live?
- What is keeping us from better health?
- What values should be more highly prioritized in our community?

For Opportunities/Threats, consider:

- Positive technological or scientific changes now or in the future
- Positive changes now or in the future in our natural or built environment
- Positive social, economic, political changes now or in the future
- Positive legal, ethical changes now or in the future
- What makes you hopeful about our future?

- Technological or scientific changes now or in the future that could affect us negatively?
- Changes now or in the future in our natural or built environment that could affect us negatively?
- Social, economic, political changes now or in the future that could affect us negatively?
- Legal, ethical changes now or in the future that could affect us negatively?
- What do you fear most about our future?

Appendix F SWOT Analysis Results

Strengths	Weaknesses
Environment – access to recreational activities – parks, water, mountains, bike trails Support – social services – collaboration • Christian Aid • Medical Institutions • Helpline • United Way • STEP • Catholic charities • BMAC • YWCA Community Support • The warming center • Volunteers • Colleges • Schools • Intervention Specialists Quality of Life • Room for growth • Farmer's Market Community Values • Giving community • Agriculture – potential for partnership • Gleaning program Public Transit System Faith Based Community Bilingual Services Library Access Youth Organizations Friendliness Short commute – no traffic Friends program Neighborhood development Food banks and pantry • Christian Aid • Access to Soup Kitchens Local newspaper Radio Stations – Local media Tourism Community events Not many franchises – many family owned businesses Sense of history Longevity Downtown Theater Four medical institutions Non-traditional health Education institutions Penitentiary Corps	Being rural – Access to services Income and education • Lower than State average • Large number of children on free/reduced lunches Gang activity Education and inclusivity Lack of affordable and quality housing Language barriers Lack of public swimming pool and other recreational Activity Accessibility to recreational activities • Especially outlying areas Technology addiction Affordable after-school care and summer care Inability to cook healthy and affordable food • Various reasons/justifications for not doing so Transportation • To services Where are community resources being spent? • Public safety • Police vs. education Should prioritize raising families and education Drugs and alcohol Strengthen educators Protect/support seniors Improving ease of access to services • Navigation is difficult Availability of decent paying jobs • Business/industry in our community Need stronger community • Within neighborhoods • Being good neighbors How to encourage self-sufficiency instead of just giving benefits (teach them how to fish) Infant childcare (birth-2) Decreasing employment Poor streets Increasing aging population High substance abuse Lack of activities for teens Education for kids re: drug use School hours/lack of enough sleep for teens, later school start times

SWOT Analysis Results, continued

Opportunities	Threats
Improve communication and coordination of care needs	Poverty rate high
Increased access to high speed information technology	ACA – high deductibles, pre-approval requirements
Patients to have access to their health records and Access to their providers	Aging population greater than 65 high % in poverty
Influence educational and institutional health needs/standards (overall system to "parent" to our public)	Obesity
Adapt to individual needs of community members	Education
Positively influence the health and lives our children	Knowledge re: health
Uninsured to be seen in free or fee for service medical clinics	Skill level
ACA	Ingrained habits/challenges to change behaviors
Harness more volunteers	Access to information
Compassionate community members - many Volunteers eager to influence	Employment for various education levels
Increased access to medical and dental service and education	Economy flat
Increase access and understanding and need for Psych. diagnostic care and treatment	Financial limits, decrease in money
Connect and explore more opportunities (looking Outside our box or region – exploring how Others have succeeded	Silos of service
More case management services	Increased cost of healthy food
A course for childhood obesity	Increase in minimum wage – good/bad?
Public/private partnerships	Financial pressure of health systems
Donate financial resources to services	Privatization of liquor sales
Continue to grow tourism	Legalization of marijuana
To increase education system, birth – 12	Lack of mental health capacity/resources
	Process more slow
	Lack of broad-based community representation in Process
	One-size fits all mentality
	Individual choices
	Cultural divides/lack of integration within community
	Bipartisan politics – lack of consensus
	Workforce capacity for healthcare providers and Support staff
	Economic disparities – wealth distribution
	Non-profits compete for money, how to collaborate, Partner
	Lack of public recreation facilities, no public pool
	Hard to keep up with technology needs
	Gang activity high – challenges: perception vs. reality?
	Increased violence
	Domestic violence persists
	Decreased access to legal services for some
	Violence in media, TV, games, movies
	Gap in technology training
	Loss of funding, some programs
	Decrease home visits/case management
	Personal rights – elders
	Business closures – tax burdens • "Outshopping"
	Lack of fluoride

Appendix G Key Informant Interview Questions

Who: Organizations that work with vulnerable populations

Goal: Determine the health issues and inequities concerning vulnerable populations ~~ forces of change

1. Tell me about your organization:
    - What is your mission?
    - How long have you been involved in the community?
    - Who do you serve?
    - What services do you provide?
    - How do you define your organization's service area?
    - Do you do needs assessment?
        - If so, what did you find?

2. What are major health issues you see among the populations you serve?
    - Are there different issues for different segments of the populations?

3. What prevents people from taking care of themselves?
    - How are they impacted by:
        - housing
        - employment
        - job availability
        - living-wage jobs

4. Are there unmet health needs among those you serve?
    - Health includes: violence prevention, AIDS education, reproductive health
    - Why are these needs unmet?
        - Transportation issues, language translation, cultural or other?

5. Where does your service population go for health care, and what is their experience like?
    - For Primary care? Emergency care? Mental health? Prescriptions? Substance abuse?
    - Are their health care needs met? What gaps exist?
    - How do your uninsured clients access hospital care?

6. Have you seen any changes as the new healthcare system emerges? What are they?
    - Are fewer people without insurance or inadequate insurance?
    - Has there been an increase or decrease in clients?
    - Has the ACA impacted your clients in any observable way?

7. Are there any other questions we should be asking?

Are there other people we should talk to? Have we covered everything you think is important?

Appendix H The Vulnerable Populations of Walla Walla County

The Vulnerable Populations of Walla Walla County	
Middle class who can't get services	**Pregnant**
Non or underinsured	**Inadequately immunized**
Hungry	**People with chronic physical illnesses**
Youth, K-12, teens	**Underemployed**
Seniors	**Chemically dependent**
GLTBQ: gay, lesbian, transgender, bisexual, queer And questioning	**Anyone living in poverty**
	Veterans
Mentally ill	**Low income seniors**
Domestic violence victims	**Smokers**
Homeless	**Obese**
People with disabilities	**Different culture**
Single parents	**Unemployed**
Birth – 12	**English as a second language**
Undocumented	

Appendix I Ten Essential Public Health Services Capacity Assessment

Part 1: Worksheet

Your Organization:	
General Categories of Services	**Does your organization fulfill this service?**
1. Monitor health status to identify community health problems	Yes No
2. Diagnose and investigate health problems and health hazards in the community	Yes No
3. Inform, educate, and empower people about health issues	Yes No
4. Mobilize community partnerships to identify and solve health problems	Yes No
5. Develop policies and plans that support individual and community health efforts	Yes No
6. Enforce laws and regulations that protect health and ensure safety	Yes No
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Yes No
8. Assure a competent public health and personal health care workforce	Yes No
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Yes No
10. Research for new insights and innovative solutions to health problems	Yes No

Please continue on back of sheet.

1. Consider the services for which you circled "Yes." Of these, which ones do you believe your organization ***most*** *effectively* provides to our community? Choose 1-2 and write about them below. How does your organization specifically fulfill this general public health service, and why is it effective?

2. Consider the services for which you circled "Yes." Of these, which ones do you believe your organization ***least*** *effectively* provides to our community? Choose 1-2 and write about them below. How does your organization attempt to fulfill this general public health service, and what are the challenges you face?

3. Consider the services for which you circled "No." Does your organization aim to fulfill – or plan to fulfill in the future – any of these services, but lack the resources to do so? What are you lacking?

Appendix I continued

Ten Essential Public Health Services

Capacity Assessment

Part 2: Discussion Questions

Discuss with your Essential Service small group.

Awareness

- Even if the service is being provided, do people know about it?

Involvement

- Are public health services provided within the system in a coordinated and efficient manner?

Frequency

- Is the service or activity completed routinely and in a timely manner?

Quality and Comprehensiveness

- Is the service or activity provided based on established need within the community? Are measurable process and outcome data available?
- Is the service being provided in a comprehensive manner?

Usability

- Is the service provided across the county?
- Is the provision of the service dispersed among programs or organizations?
- Are the results and information derived from assessment, research, evaluation, and other activities used to improve public health?

Appendix J Walla Walla County Health Department Local Capacity Assessment

10 Essential Public Health Services, part 1

1. Your Organization:	
Answer Options	Response Count
	31
answered question	31
skipped question	0

2. Name:	
Answer Options	Response Count
	25
answered question	25
skipped question	6

3. Monitor health status to identify community health problems		
Answer Options	Response Percent	Response Count
Yes	55.6%	15
No	44.4%	12
Comment		6
	answered question	27
	skipped question	4

4. Diagnose and investigate health problems and health hazards in the community		
Answer Options	Response Percent	Response Count
Yes	46.4%	13
No	53.6%	15
Comment		6
	answered question	28
	skipped question	3

5. Inform, educate, and empower people about health issues

Answer Options	Response Percent	Response Count
Yes	93.3%	28
No	6.7%	2
Comment		6
	answered question	30
	skipped question	1

6. Mobilize community partnerships to identify and solve health problems

Answer Options	Response Percent	Response Count
Yes	70.0%	21
No	30.0%	9
Comment		6
	answered question	30
	skipped question	1

7. Develop policies and plans that support individual and community health efforts

Answer Options	Response Percent	Response Count
Yes	74.2%	23
No	25.8%	8
Comment		5
	answered question	31
	skipped question	0

8. Enforce laws and regulations that protect health and ensure safety

Answer Options	Response Percent	Response Count
Yes	43.3%	13
No	56.7%	17
Comment		4
	answered question	30
	skipped question	1

9. Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Answer Options	Response Percent	Response Count
Yes	73.1%	19
No	26.9%	7
Comment		9
	answered question	26
	skipped question	5

10. Assure a competent public health and personal health care workforce		
Answer Options	**Response Percent**	**Response Count**
Yes	56.7%	17
No	43.3%	13
Comment		6
	answered question	30
	skipped question	1

11. Evaluate effectiveness, accessibility, and quality of personal and population-based health services		
Answer Options	**Response Percent**	**Response Count**
Yes	42.3%	11
No	57.7%	15
Comment		5
	answered question	26
	skipped question	5

12. Research for new insights and innovative solutions to health problems		
Answer Options	**Response Percent**	**Response Count**
Yes	56.7%	17
No	43.3%	13
Comment		8
	answered question	30
	skipped question	1

Appendix K Capacity Assessment Part 2

Capacity Assessment: Ten Essential Services
Group 1 Amazed at the depth of things other agencies do, JJC and educational district, for example, and the breadth of what they do. Try to answer which agencies do more public health. Some agencies work more with individuals. Emergency management's public health limited only to certain scenarios. Surprising that aging and long term care work with a lot of younger kids, disabled adults 18+ and a majority of clients are under 60.
Group 2 Introduced the agencies we represent, what health-relate things we could be doing, like collaboration Between schools and community resources, knowing what the resources are, more funding for Certain programs through non-profits, ideas for improving health. There are funding limitations, for example, children's obesity programs at the Y want to be free, but Need funding. Surprising that schools have hard time communicating to different agencies, when the Department of Human Services has a hard time collaborating with schools.
Group 3 Grandmother's RoundTable started 10 years ago, to encourage thoughtful action, to participate, not Complain, and meet doers who can assist our endeavor. Talking about collaboration: the first two forums in Walla Walla were on water, all the guys got together to talk. Tom said, "This worked, the first time I thought we were talking to each other, the second I realized we weren't." It was surprising how little we knew about each other. The multiple ways to communicate makes it harder to know how to communicate, hard to get the word Out, so people know about a service.
Group 4 Our group had health providers and we all do a lot for health. It is good to know what is happening at the Y. The Y used to be boring, but it has expanded, is growing Programs, and is trying to meet the needs of the community. They have built up credibility and their Name in recent years.
Group 5 There is an overall lack of awareness of the services offered, a lack of comprehensiveness, out of town Services are an issue with limited availability/hours. We need the health department to make a list of all services on their website. Birthright, by Iceburg, has To go through superintendent to get to the schools. Birthright is a service for all pregnant women, And they don't tell them what to do, they listen. The Health Center is not in the bigger schools in this community, this is a problem. Beth says Mom's Network website has a resource page, if you Google Moms in Touch, Mom's Network Comes up, the county can save lots of money by having resources posted there. There is a resource of the week, and Beth is willing to post anything free of charge. Human Services used to publish resource guide, but the cost became prohibitive. Beth can post a link To their guide.
Group 6 We were amazed at the breadth of services. There is reliance on getting the word out based on Community understanding of social media, people get missed. Connections were made, three people exchanged cards. The VA has fabulous alternative treatments, and donated 3000 pounds of produce to the food banks From their garden.

Appendix L Data Synthesis Chart

This chart combines data from three sources for the purpose of developing strategic issues for Community Health Improvement Planning. Data combined includes: qualitative Strength, Weakness, Opportunity, Strength (SWOT) data from community health partners at the first CHIP meeting on February 7, 2014, quantitative Community Health Status Assessment data gathered from various sources by the health department, and qualitative data from key informant interviews on vulnerable populations identified by community partners during the CHIP meeting on February 7, 2014.

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
Social, Economic, Physical Environment	Social and Economic Environment	Law and Policy	Privatization of liquor sales Legalization of marijuana Minimum wage discussion Need protection for elders' personal rights Not prioritizing prevention/education spending Affordable Care Act, changing healthcare standards Bipartisan gridlock		Less funding due to our small size
		Education	Education less than the state Not enough spending on education Need higher skill levels Need to strengthen educators and system Gap in technology training	Educational attainment rate is less than the state for Bachelor's and High School levels 3rd grade proficiency in reading and math less than the state High school graduation rate is declining Percent high school graduates in post-secondary education is lower than the state	Need education

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
		Poverty	High poverty rate High free-and reduced lunch rate Wealth disparity High % of seniors in poverty	A greater percentage of population lives below the poverty line than the state A greater percentage of children live below the poverty line than the state Poverty rate is increasing, while the state rate is decreasing SNAP or food stamp use is increasing Percent school Free and Reduced Lunch is increasing ~10% feel they don't have enough to eat throughout the year	Poverty
		Income/ Employment	Income lower than state average Not enough jobs with decent pay Tax burdens for businesses Economy flat	Median household income is less than the state	Need employment Need living wage Overwork, long hours Lack of childcare a barrier to work No jobs for youth
		Housing	Lack of affordable, quality housing	Percent of households paying greater than 30% of their income on housing is greater than the state	Not enough safe/affordable housing High rental rates Waiting list for low-income housing
		Services	Decrease in program funding Difficult to navigate services		Need immigration services

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
			For some, decreased access to legal services Childcare need Increased access to information technology Hard to keep pace with technology needs		Need affordable childcare with flexible hours Need family therapy court Lack of documentation lowers access to services Some denied services due to bias
		Homelessness			Homelessness No temporary shelter for youth Not enough shelter 20-30 chronically homeless Job loss leads to homelessness No emergency shelter for LGBT
		Community Engagement	Lack of integration Language/cultural barriers Silos of service Lack of teen activities Lack of support for seniors Need volunteers/resources Hard to access information	Percent linguistically isolated population is higher than the state A greater percentage of population without adequate social/emotional support than the state Wa-High did not participate in the 2014 Health Youth Survey	Social isolation Language barriers Technology access gap Agricultural worker seasonal isolation from community Distrust/fear of deportation

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
					Need social support Distrust of system
		Environmental Quality		Walla Walla River quality is decreasing over time	
Health Behaviors and Education	Health Behaviors	Smoking		Smoking rate is higher than but not significantly different from HP2020	Smoking
		Substance Abuse	High substance abuse Drug use Alcohol use	Drug crime rate is higher than the state Adult binge drinking rate is higher than, but not significantly different from the state Percent 10th grader alcohol use is higher than the state Percent using marijuana is higher than the state	Drug abuse Marijuana use Prescription drug abuse Alcohol more accepted in some cultures Lack of jobs leads to dealing Need local inpatient drug/detox facility Local drug testing takes too long; prevents rehab enrollment Most detox happens in jail If doctors deny opioids for pain management, some turn to heroin Need chemical dependency support Sleep deprivation correlation

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
		Risky Sexual Behavior		Gonorrhea rate is increasing Chlamydia rate is increasing	STDs and pregnancy Unsafe sex practices
		Physical Activity	Technology addiction	Adult physical activity rate is lower than, but not significantly different from the state	Lack of exercise
		Nutrition	Increasing cost of healthy food		Poor nutrition Cultural barriers to the food banks Groceries too expensive Lack of living-wage jobs prevent healthy living Low-income parents are less involved with their kids Lack of parental support Parents lack stability/skills to parent Broken families
		Violence	Increased violence Gang activity Domestic violence	~8% don't feel safe walking in their neighborhood ~17% see graffiti in their neighborhood	Domestic violence
	Health Education	Health Education	Need drug education for kids Need health knowledge Some unable to cook healthy food		Need knowledge to eat/cook/shop healthfully Lack sex education Need parenting education

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
			A one-size-fits-all mentality Need a course for childhood obesity Need more access to medical and dental education		
Morbidity, Healthcare, and Mortality	Disease	Quality of Life		For years of healthy life, we are worse than, but not significantly different from the state	
		Cardiovascular Disease		Major cardiovascular disease is the primary cause of death Stroke mortality rate is higher than but not significantly different from the state and HP2020 Top SOS diagnosis is hypertension	Hypertension High cholesterol
		Obesity		Obesity rate increasing Obesity rate is higher than, but not significantly different from the state	Obesity
		Diabetes		Rate of diabetes is higher than but not significantly different from HP2020 2nd leading SOS diagnosis is diabetes	Diabetes
		Mental Health		Percent of adults with poor mental health is higher than but not significantly different from HP2020 Rate of ACEs is higher in teen DSHS clients than state	Mental/ Emotional/behavioral services needed Depression Suicide risk Anxiety Shame and stigma prevent

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
				Suicide rate is higher than, but not significantly different from the state and HP2020 3rd leading SOS diagnosis is depression Percent sad/hopeless 10th graders is higher than the state	seeking mental health care Only six crisis workers for whole county Undertreated
		Cancer		Malignant neoplasms are 2nd leading cause of death Cancer death rate is higher than HP2020	
		Asthma			Asthma
		Injury/ Disabilities		Accidents are the 3rd leading cause of death Accident death rate is higher than, but not significantly different from the state and HP2020	Physical disabilities Physical access issues for those with disabilities
	Healthcare	Healthcare Quality	Financial pressure on system Increasing aging population Need more case management, home visits Poor workforce capacity High deductibles and pre-approval requisites improve communication and coordination of care Need more mental health care Uninsured to be seen in clinics for free or fee for service	Cervical cancer screening rate is significantly lower than HP2020 and lower than the state Colorectal cancer screening is lower than, but not significantly different from the state and HP2020 Percent adequately immunized children is significantly less than the state and HP2020 Percent adults never screened for HIV is higher than the state	Mental/emotional/behavioral health need Immunization need Dental care need, esp. adults Lack of preventive care Need pediatric specialty services Need developmental delay services Need for screening

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
				Percent vaccinated for flu significantly lower than HP2020	Need behavior management in home care setting Cultural preference for family caregivers or home care Some clinics need funding Patient compliance with care plans limited by finances Transient life means patient inability to comply with lifestyle changes Medicaid reimbursement is too low Some providers have bias Need inpatient psyc care Pscy intake delay due to new demand No providers for neuro/psych evaluations
		Provider Education/ Training			Lack of provider understanding of the biology addiction Some doctors unprepared/untrained to handle HIV

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
					patients Need for cultural competency Need for mental illness and treatment education Symptoms missed in the mentally ill
		Access to care	Poor rural access Need more access to medical/dental services	Percent of adults with health insurance is significantly lower than the state and HP2020 Percent of population living in a health professional shortage area is higher than the state Percent with unmet healthcare needs is increasing and is higher than the state and HP2020 Percent of adults with a personal care provider is less than HP2020 Percent of adults receiving dental care is less than the state and HP2020 Percent of mothers with prenatal care is lower than HP2020`	Can't afford healthcare Need health insurance Some poor don't qualify for Medicaid ER used as primary care Rural folks far from services Conditions go untreated Lack of documentation prevents access Translation services needed Few dentists take Medicaid SOS turns some away due to lack of volunteer physician time

Domain	Group	Indicator	SWOT Analysis	Community Health Status Assessment*	Vulnerable Populations
					SOS has limited hours/long wait Not enough Medicaid for adults Doctors don't want Medicaid patients Real/perceived bias limits care
	Death				Shorter life expectancy for those with mental illness

Appendix M. May 30, 2014 Agenda

Friday, May 30, 2014

AGENDA

12:00 - 12:30	Lunch
12:30 - 12:50	Welcome & Intros
12:50 - 2:00	Small Groups – Digesting the Data
2:00 - 2:15	Break
2:15 - 3:00	Working Session – Determine Strategic Issues
3:00 - 3:45	Share Strategic Issues
3:45 – 4:00	Close

Appendix N Strategic Issue Selection Form: One form per issue

A. Definition: A strategic issue is a critical challenge that must be addressed for Walla Walla County residents to be healthy and experience a fulfilling quality of life.

B. Instructions: Formulate a strategic issue in the form of a question. This issue should be based on data and may relate to an indicator or connect more than one indicator. The best strategic issues will rate highly with each of the criteria in the table below. For example, Kittitas County identified the following strategic issue during their planning process: How can we strengthen coordination and communication among local public health system partners?

Strategic Issue:

_____
_____
_____

Why is this strategic issue? (Why is it important?)

_____
_____
_____
_____
_____

C. Rate the selected strategic issue based on the following criteria:

Criteria	**Rate: 1 to 4** (explain as needed) *1 = Disagree, 2 = Agree, 3 = Strongly Agree, 4 = Very Strongly Agree*
1. This issue is supported by multiple sources of evidence (quantitative and qualitative).	
2. Addressing this issue requires the involvement of multiple organizations.	
3. This is a public health issue (encompassed by the 10 essential public health services).	
4. Addressing this issue is feasible.	
5. This issue is upstream of health outcomes.	
6. Our group is willing to work together in the future to address this issue.	
7. This issue has a serious impact on the health of individuals.	
8. This issue affects most county residents.	
9. This issue affects multiple vulnerable populations.	

Appendix O 17 Strategic Issue Results

Group 1:

1. How can we help families adopt/teach healthier lifestyles?
2. How can we enable cultural change to support better health? (food, exercise)
3. How can we increase access to adolescent mental health?
4. How can we improve the quality of the early years (0-5)?
5. How can we decrease substance abuse?
6. How do we build a culture focused on strengths and resilience?
7. How do we integrate mental health and substance abuse care, treatment, and aftercare?

Group 2:

1. How do we generate family sustaining or living-wage jobs?
2. How do we address the misuse and abuse of drugs?
3. How do we ensure that our community offers a wide range of opportunities that are affordable for family recreation and relevant for all ages?
4. How do we improve access to or having the ability to eat healthy?
5. How do we address and provide for the mental health needs of multiple populations?

Group 3:

1. How do we improve access to care?
2. How do we counter the increase in obesity?
3. How do we improve provider education and training?
4. How to we increase coordination and communication between providers and the community?
5. How do we counter the increase in STDs?

Appendix P December 5, 2014 Agenda

AGENDA

Community Health Improvement Plan (CHIP) Meeting 3
Friday, December 5, 2014 - 12:00 Noon to 4:30 pm

Lunch, Welcome and Launch 12:00 Noon – 12:45

To Work: 12:45
Consolidate Issues

Break

To Work:
Prioritize Issues

Next Steps:
Planning for Action

End by: 4:30 pm

Evaluation link to follow by e-mail

Appendix Q Prioritization Matrix

Issues	Criteria: *Fill in Blanks* (suggested rating: 1-4)*					Score
ABN. Healthier Family Lifestyles/Culture Change/Obesity						
CL. Adolescent Mental Health/Multiple Populations						
D. Quality of Early Years (0-5)						
EI. Substance Abuse						
F. Culture of Strengths and Resilience						
G. Integrate Mental health and Substance Abuse Care						
H. Family Sustaining Living Wage Jobs						
J. More Affordable Family Recreation						
K. Healthy eating Ability/Access						
M. Access to Care						
O. Provider Education/Training						
P. Provider/Community Coordination/Communication						
Q. STDs						

* Suggested rating:

4 = criterion met well
3 = criterion met
2 = criterion not met well
1 = criterion not met

Reference

All of the data for Walla Walla County represented in the 2014-2017 CHIP is from the WWCHR 2014, except for updated population information.

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