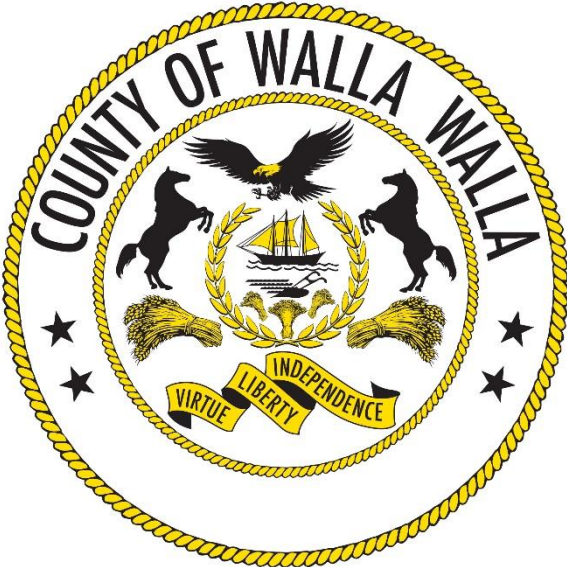


Walla Walla County

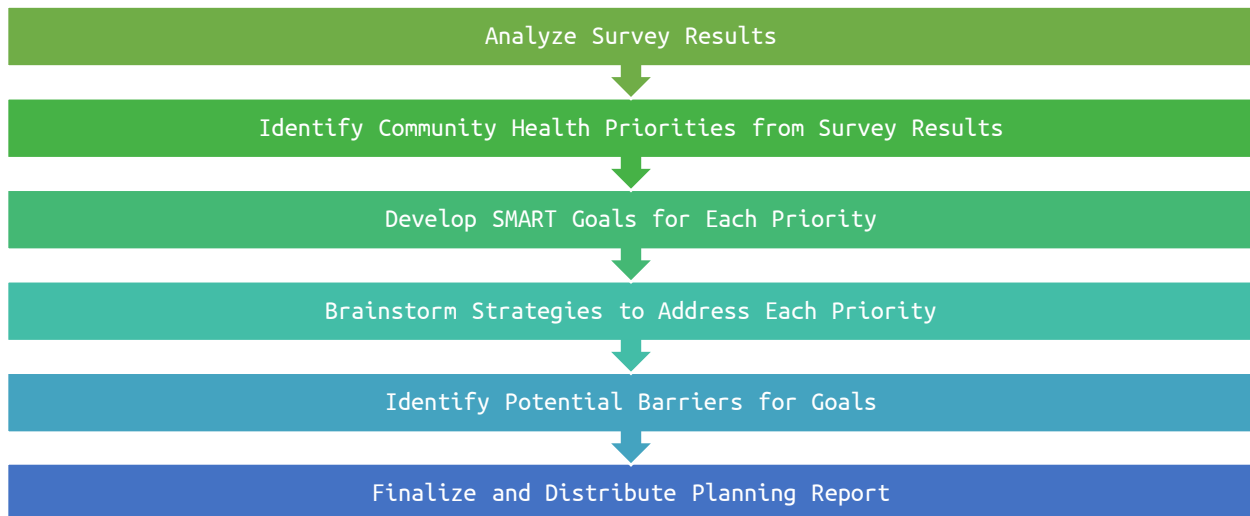
Community Health Improvement Plan 2019-2023



PROCESS

The process for the 2019 Walla Walla County Department of Community Health Community Health Improvement Plan (CHIP) has changed from years past. Previously, an extensive Mobilizing for Action Through Planning and Partnership ([MAPP](#)) process was used to create the [2014-2017 CHIP](#). A modified process was used for the 2019 CHIP to capture as much information as possible in the most efficient and effective way. The 2019 process involved fewer assessments and meetings, focusing instead on gathering data-based feedback online in advance of a discussion-based CHIP Planning Meeting.

Walla Walla County Department of Community Health gathered a cross sector steering committee to help outline and develop the process for the Community Health Improvement Plan. The group's goal was to create an efficient, collaborative, and fair process that would identify the community's top three health priorities for the 2019 Community Health Improvement Plan (CHIP). The steering committee met four times prior to the Blue Mountain Regional Health Partnership CHIP meeting. They developed the following process.



The [CHIP Planning Meeting](#) took place on October 25, 2018 in cooperation with the Blue Mountain Regional Community Health Partnership (BMRCHP). The [BMRCHP](#) is a group of health care, social service, education, and other community leaders collaborating to address gaps in services in the Blue Mountain Region (Walla Walla and Columbia Counties). The priority of the partnership is to ensure residents have access to high quality, affordable health care and the resources to sustain a healthy lifestyle.

Prior to the first meeting, the Partnership was emailed a [survey](#) detailing the outcome of the [Community Health Assessment](#) previously compiled in 2018. The Community Health Assessment examined indicators for Social Determinants of Health, Risk Factors, and Health Outcomes to provide an overall picture of the health and well-being of Walla Walla County. Survey participants were presented with the data and asked the following questions for each indicator:

1. Should [indicator] be a CHIP priority?

2. What, if anything, is currently being done to address [indicator]?
 - a. (Type) Current efforts:
 - b. (Type) Organizations addressing this issue:
3. If “yes” – What else can be done to address [indicator] disparities?

The final questions of the survey asked participants to rank their top 3 choices for CHIP priorities out of the indicators for which they answered the three questions above. The choices were:

- | | |
|--------------------------|--------------------------|
| • Early Learning | • Alcohol Use |
| • Educational Attainment | • Opioid Use |
| • Poverty | • Marijuana Use |
| • Income | • Mental Health |
| • Housing | • Physical Activity |
| • Violence | • Obesity |
| • Bullying | • Communicable Disease |
| • Community Engagement | • Teen Pregnancy |
| • Health Insurance | • Physical Environment |
| • Provider Availability | • Environmental Quality |
| • Dental Care | • Cardiovascular Disease |
| • HIV Screening | • Cancer |
| • Immunization | • Diabetes |
| • Tobacco Use | |

The BMRCHP reviewed the [results of the survey](#) at the CHIP Planning meeting to select CHIP priorities, set goals, and identify barriers and opportunities for the health priorities. Twenty BMRCHP members participated in the survey and a [summary of the results](#) is provided below.

- The top ranked indicators were (in order):
 1. Early Learning
 2. Housing
 3. Mental Health
 4. Obesity
 5. Marijuana Use
 6. Poverty
 7. Educational Attainment
 8. Opioid Use
 9. Physical Activity
 10. Provider Availability
- Of individual indicators that participants answered “yes” to “Should this be a CHIP priority,” tobacco use ranked third, but was only identified as a top three priority by 7% of participants.
- 100% of participants responded “yes” when asked if Mental Health should be a CHIP priority.

In discussing the survey results, the group reached consensus to combine the topics of substance use and mental health into one topic called behavioral health.

The group as a whole then discussed each individual priority and provided guidelines for how recognized goals could be Specific, Measurable, Achievable, Relevant, and Timely (SMART). The Partnership emphasized the importance of ensuring the goals for each priority were prevention-based and focused on the root cause of the issue.

The Partnership made it clear that the CHIP should not duplicate efforts and the group chose to utilize existing work throughout the community to identify the SMART goals. After much conversation the Partnership charged the CHIP Steering Committee with setting SMART goals for each priority.

The CHIP Steering Committee met on November 28, 2018 to review the Blue Mountain Regional Community Health Partnership meeting and identify the following goals in discussion with steering committee members who agreed to utilize existing work and content experts in the community.

EARLY LEARNING

Are being developed in partnership with the Walla Walla Valley Early Learning Coalition who is working on their strategic planning for 2019. Identified SMART goals will be developed by February 2019 and preliminary goals are listed below.

Short Term

- Host listening sessions with parents of young children
- Conduct a needs assessment and landscape analysis at the neighborhood and district level
- Develop collective strategic plan to address community needs across sectors and agencies

Long Term (subject to change based on results of listening sessions)

- Implement a “no wrong door” approach
- Invest in the development of a centralized early learning services “hub”
 - Focus on coordinating early childhood education and school readiness efforts.
 - Community “nucleus” for early learning efforts.
 - Identify children at risk of arriving at kindergarten unprepared; work with families to identify needs; connect families to supports or services; and accountable for outcomes.
 - Adapted from Oregon Dept. of Education, Early Learning HUBS

Next Step: Become an Early Learning Community

HOUSING

Housing Goals Will be added following the completion of the Walla Walla County Council on Housing’s 5 Year Plan and informed by the recommendations developed through the Affordable Housing Study facilitated by Community Council. Housing goals will be available by Summer 2019.

BEHAVIORAL HEALTH

The goal for behavioral health will be to create a collaborative system wide approach for community behavioral health which will identify and develop a quality council specifically for behavioral health in our valley. The quality council will provide direction on a continuum of care for quality behavioral health services in our community. The proposed structure is on the following page.

Role of the BH Council

- Oversee the behavioral health system of care for Walla Walla County
- Adopt and oversee the implementation of Behavioral Health priorities, goals, and strategies.
- Funding Allocation:
 - Oversee allocation of local funds designated to behavioral health
 - Make recommendations to the County on regional and state allocation of funding for the behavioral health system
- And more to come...



The BH Network, Reach Out, will integrate several existing behavioral health related committees/workgroups/coalitions into one.

The Reach Out Network will:

- Fulfill coalition and contractual obligations for state and federal grants.
- Serve as a 'working group' of behavioral health partners.
- Identify unmet needs and set priorities, goals and strategies to meet these needs.
- Align systems and services.
- Coordinate community education and outreach.
- And more to come...



PLAN

The plan for each goal will be to re-evaluate and update as necessary throughout the year. This Community Health Improvement Plan is intended to be a living document that is flexible and evolves with each goal and the community's needs.

The CHIP document will be updated as strategies for the above priorities are established, and then reviewed and revised least every six months after that. Representatives for each priority area will report on progress regularly. The BMRCHP will release an annual report of CHIP progress including but not limited to actions taken toward implementation and specific stories of success in achieving outlined goals. The anticipated timeline is as follows.



APPENDIX A: DOCUMENTATION OF PHAB ACCREDITATION STANDARDS

Standard	Measure	Required Documentation	Reference
5.2: Conduct a comprehensive planning process resulting in a community health improvement Plan	5.2.1-L: A process to develop a community health improvement plan	1a. Broad participation of community partners	List of participants
		1b. Information from community health assessments	Survey
		1c. Issues and themes identified by stakeholders in the community	Meeting notes
		1d. Identification of community assets and resources	Survey Results , Meeting Notes
		1e. A process to set health priorities	Meeting agenda and notes
	5.2.2-L: Community health improvement plan adopted as a result of the community health improvement planning process	1a. Desired measurable outcomes or indicators of health improvement and priorities for action	In development – Will add on to SMART Goals
		1b. Policy changes needed to accomplish health objectives	In development
		1c. Individuals and organizations that have accepted responsibility for implementing strategies	Pages 3-4
		1d. Consideration of state and national priorities	SHA/HP2020 Crosswalk
	5.2.3-A: Elements and strategies of the health improvement plan implemented in partnership with others	1. A process to track actions taken to implement strategies in the community health improvement plan	Implementation plan
		2. Implementation of the plan	In development- Implementation Plan
	5.2.4-A: Monitor and revise as needed, the strategies in the community health improvement	1. Report on progress made in implementing strategies in the community health improvement plan	In development- Implementation Plan

	plan in collaboration with broad participation from stakeholders and partners	2. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment	In development- Implementation Plan
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APPENDIX B: ASSET MAPPING – ADAPTED FROM CHNA REVIEW SURVEY

Topic	Current Efforts	Organizations
Mental Health	<ul style="list-style-type: none"> - Crisis lines - Reach-Out, Comprehensive Mental Health services - CRI - ACH BH integration - Sources of Strength 	<ul style="list-style-type: none"> - Comprehensive - Private Counselors - Medical Care Providers - ACHs - Educational institutions (schools – colleges)
Marijuana	<ul style="list-style-type: none"> - School programs? Trilogy and other counseling centers - YMPEP 	<ul style="list-style-type: none"> - WWCDCH
Opioid Use	<ul style="list-style-type: none"> - Some changing in prescription writing by providers and tracking of abusers presenting in ED's - Narcan - Medication assisted treatment 	<ul style="list-style-type: none"> - Blue Mountain H2H - CPW1 - Primary Care providers - Trilogy - WW Fire Dept, Police, Sheriff
Tobacco Use	<ul style="list-style-type: none"> - Public Health - Youth Tobacco Prevention 	<ul style="list-style-type: none"> - WWCDCH
Early Learning	<ul style="list-style-type: none"> - Preschool, Access to Early Learning Program for Low Income - Early Learning Coalition - Early Learning HUB, Education as a Path to Economic Growth - Implementation Task Force from Community Council - State & Federally Funded Preschool Expansion; Parents as Teachers Home Visiting program; Period of Purple Crying; Parenting Education Classes at WWPS and WWCC - Early Head Start, Head Start, Advocacy - Early education starts at home. 	<ul style="list-style-type: none"> - Early Learning Coalition - Children's Homes Society - Walla Walla Community College - Community Resilience Initiative - WWCDCH - Head Start - United Way - Community Council - Walla Walla Public Schools - The parents plus school districts
Housing	<ul style="list-style-type: none"> - Council on Housing, Affordable Housing Workgroup, Community Council Study - Sleep Center; BMAC - Housing Authority - Some agencies building low income housing. - Dealing with homeless 	<ul style="list-style-type: none"> - County of WW - City of WW - BMAC - WWDCH - Community Council - Catholic Charities - Housing Authority - WW Housing Alliance

APPENDIX C: STATE AND NATIONAL PRIORITY ALIGNMENT

Priority	Walla Walla CHIP	WA State Health Improvement Plan	Healthy People 2020 Leading Health Indicators
Systems approach to population wellbeing	Systems approach to population wellbeing	Priority 3: Elevate consideration of social and environmental factors impacting health and place an emphasis on community health promotion and disease prevention strategies across the lifespan.	
Early Learning	Early Learning Coalition Priorities	Priority 1: Ensure that families and communities build a strong foundation in the early years for a lifetime of good health, educational success, and economic prosperity	
Housing	Council on Housing 5-Year Plan	Priority 2: Create communities that promote positive social connections and support health-promoting behaviors. Healthy and safe communities foster stability and increase the quality of life for all	
Behavioral Health	Create a collaborative system-wide approach for community behavioral health		<ul style="list-style-type: none"> • Mental Health <ul style="list-style-type: none"> ○ Suicide ○ Adolescents with a major depressive episode in the past 12 months • Substance Abuse <ul style="list-style-type: none"> ○ Adolescents using alcohol or illicit drugs in past 30 days ○ Binge drinking in past month – Adults • Tobacco <ul style="list-style-type: none"> ○ Adult Cigarette smoking ○ Adolescent cigarette smoking in past 30 Days

APPENDIX D: PARTICIPANTS

MEETING PARTICIPANTS

Shelby Paulsen	Aging and Long-Term Care
Kathy Covey*	Blue Mountain Action Council
Mike Denny	Blue Mountain Audubon Society
Harvey Crowder	City of College Place
Martha Lanman	Columbia County Public Health
Chelsey Eaton	Columbia County Public Health
Ruthell Martinez	Community Council
Catherine Veninga	Community Council
Liz McDevitt	Helpline
Matt Davy	Family Medical Center
Susan Leathers	Providence St. Mary Medical Center
Luis Rosales	Trilogy Recovery Community
Katherine Boehm*	Walla Walla Clinic
Samantha Bowen*	Walla Walla Community College
Melissa Rodriguez	Walla Walla Community College
Susann Bassham	Walla Walla County Department of Community Health
Jessalyn W. Bruce	Walla Walla County Department of Community Health
Meghan DeBolt*	Walla Walla County Department of Community Health
Morgan Linder*	Walla Walla County Department of Community Health
Peggy Needham	Walla Walla County Department of Community Health
Amy Osterman	Walla Walla County Department of Community Health
Doug Logan	Walla Walla University
Steve Owens	Walla Walla Valley Chamber of Commerce
Carmen Gomez	

* CHIP Steering Committee Member

BMRCHP PARTICIPATING ORGANIZATIONS

Aging and Long-Term Care	Trilogy Recovery Community
Alzheimer's Association	Umatilla County Public Health
Blue Mountain Action Council	Union Bulletin
Blue Mountain Land Trust	United Way
Catholic Charities	Veterans Relief Advisory Board
City of College Place	Walla Walla Clinic
Columbia County Health System	Walla Walla Community College
Columbia County Public Health	Walla Walla County Community Development
Community Council	Walla Walla County Department of Community Health
Dayton Hospital	Walla Walla Housing Authority
Greater Columbia Accountable Community of Health	Walla Walla Public Schools
HAPO Community Credit Union	Walla Walla University
Hayshaker Farm	Walla Walla Valley Chamber of Commerce
Helpline	Walla Walla Valley Disability Network
Kontos Cellars	Walla Walla Valley Farm to School
Oregon Child Development Coalition	Whitman College
Providence St. Mary Medical Center	WorkSource
State of Oregon	Yakima Valley Farm Worker's Clinic
Tangent Media Group	