

Jackson  
County

*Community Health  
Improvement Plan*

2014



# Acknowledgements

*JCC Board of Directors*

*JCC Clinical Advisory Panel members*

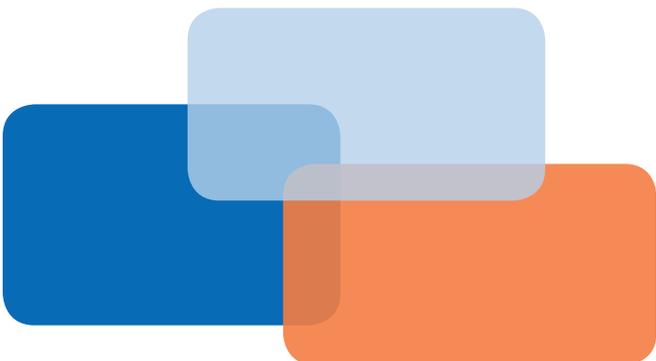
*JCC Community Advisory Council members*

*Jackson County Public Health*

*AllCare Health Plan CCO*

*PrimaryHealth of Josephine County CCO*

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# Summary

The health of individuals and our community is a very large topic. Measuring health and effectively addressing health problems is complex. Improving the health of a community requires resources, focused efforts, innovation and community engagement. The Community Health Improvement Plan (CHIP) is a plan that is based on the Community Health Assessment (CHA) data and prioritizes issues that participating Coordinated Care Organizations (CCOs) feel are important to address. In order to tackle such a large undertaking, several CCOs came together in 2013 to collaborate on a single, collective community health assessment for Jackson and Josephine Counties.

**Jackson Care Connect**, AllCare Health Plan and PrimaryHealth of Josephine County and their Community Advisory Councils (CACs) collaborated to create a single community health assessment (CHA) that was released December 2013. The process to create a Community Health Improvement Plan (CHIP) began in January 2014.

The three CCOs continued to collaborate on the CHIP, beginning with a collective process to identify three major topic areas for all three CCO CHIP documents to focus on. CAC members from all three CCOs reviewed data collected and highlighted in the 2013 Community Health Assessment. Three general focus areas were then identified as health priorities: **Healthy Beginnings, Healthy Living and Health Equity**.

## CHIP Process

Choose focus areas

Community input

Choose strategies

Write, share & submit plan

The next collaborative step involved the collection of extensive community input for strategies to address the collaborative health priority focus areas. Surveys and public meetings captured over 1000 unique comments and survey data from 628 community participants, both community members and individuals that provide health and social services in Jackson and Josephine County. All three CCOs provided resources for the data analysis of the community input part of the process.

Strategies were then chosen from the community input. Each CCO chose their own strategies based on their guiding philosophies, organization resources and priorities and input from their individual CACs. Each CCO drafted their own CHIP but continued to have shared health priority focus areas, format and design.

This CHIP includes strategies for enrollees and members of **Jackson Care Connect** and strategies for the community at large. Progress on the CHIP will be reviewed annually.

For a copy of the 2013 Jackson and Josephine County Community Health Assessment and full copies of the 2014 **Jackson Care Connect** Community Health Improvement Plan, please visit:

[www.jacksoncareconnect.org](http://www.jacksoncareconnect.org)

## What is a Community Health Improvement Plan?

A Community Health Improvement Plan or CHIP, is a process and a document that outlines strategies to support improved health of individuals and the community. This CHIP outlines prioritized health issues and ways to address them locally. This CHIP process included input from community members and people that provide health and social services in Jackson County. It is based on the Jackson and Josephine County Community Health Assessment that was completed in 2013.

## Useful Acronyms

CCO	Coordinated Care Organization
CHIP	Community Health Improvement Plan
CHA	Community Health Assessment
CAC	Community Advisory Council
JCC	Jackson Care Connect (a CCO)

# Community Health Improvement Plan (CHIP) 2014 High Level Strategies Map — Jackson Care Connect

## Healthy Beginnings

### *Perinatal Collaboration*

Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy

### *Early Childhood Investment*

Support development of early learning HUB, with a focus on kindergarten readiness

### *Youth At-Risk*

Participate in multidisciplinary work improving basic needs for vulnerable youth including addictions, trauma, homelessness, food insecurity and mental health

## Healthy Living

### *Oral Health*

Evaluate and improve oral health experiences for members and community

### *Member Engagement in Health*

Increase member engagement, including wellness benefits

### *Healthy Communities*

Collaborate to reduce adverse affects of social determinants of health that increase risk of chronic disease

### *Tobacco*

Support policy development and individual interventions that reduce the burden of tobacco use

## Health Equity

### *Reduction of Health Disparities*

Collaborate with Regional Health Equity Coalition to identify data and opportunities to address health disparities in Jackson County

### *Social Determinants of Health*

Increase awareness of how poverty, adverse childhood events and trauma influence health, support community efforts to decrease poverty and build trauma-informed services

## Core Planning Principles

Through this process we strive to:

- Emphasize coordination and leverage local assets, programs and resources
- Choose strategies that are evidence-informed
- Incorporate voices of those we serve, including members of the Oregon Health Plan
- Engage the community advisory council members and provide activities for consumers to be involved in improving health
- Base work on the 2013 Community Health Assessment
- Create positive, measurable changes in the health of individuals and the community
- Build efforts over the 1-3 year timeline
- Meet Oregon Health Authority and Public Health Accreditation rules and mandates



*The purpose of the CHIP is to outline strategies and metrics that support improved health of individuals and the community*

# Jackson County

## Community Health Improvement Plan

2014

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# Introduction, Process and Methods

Understanding the picture of health in a community is the first step in planning to improve a community's health. The health of people who live in Jackson County and the causes of disease and disability has changed over the last several decades, with chronic diseases now being the major cause of premature death. Risk factors for chronic disease include tobacco use, obesity, limited access to healthy food and nutrition. Supporting people who live in Jackson County to have healthy lifestyles, promoting the health of our children and youth, and addressing health disparities are all factors in creating a healthier community.

Measuring health and effectively improving the health of individuals and the community is complex and requires intentional planning. It begins by recognizing that health is beyond just the health care one receives and is influenced by many other factors such as health behaviors, environments that we live and work in, education and the health and social supports around us. Addressing these factors requires resources, effort, collaboration, innovation and community engagement.

The first step in improving health is to understand the state of health in a community. Three Coordinated Care Organizations (CCOs) came together in January of 2013 to collaborate on a single, collective community health assessment over two counties in Southwestern Oregon. Pooling resources, reducing duplication of effort and meeting mandates motivated the three organizations to secure a contract with a consultant to lead and facilitate a community health assessment. The Jackson and Josephine Community Health Assessment was completed to meet the needs of Jackson Care Connect, AllCare Health Plan, and PrimaryHealth. The document was released in December of 2013 and the next step, to create a Community Health Improvement Plan (CHIP) was started in January 2014. The CHIP is a plan that seeks to make sense of the data and prioritize strategies that the CCO and community stakeholders feel are important to improve community health.

**Focus Areas**  
*Healthy Beginnings*  
*Healthy Living*  
*Health Equity*

## CHIP Process



After completing the collective CHA the three CCOs continued to collaborate on the CHIP process, beginning with a collaborative process to identify three major topic areas. CAC members from all three CCOs reviewed data collected and highlighted in the 2013 Community Health Assessment and arrived at three general focus areas. The three focus areas were:

***Healthy Beginnings, Healthy Living and Health Equity.***

The next step in the CHIP involved the collection of extensive community input about possible strategies to address the health priority focus areas. Several methods were used to solicit feedback from the community. Methods included public meetings, and online and paper surveys. The public meetings utilized an audience response system that polled audiences for their ideas, allowing all participants an opportunity to provide their input anonymously. The public meetings also utilized a world café model where participants dialogued with other community members, eliciting many community-based ideas.

The surveys were written for easy reading and comprehension, resulting in a 97% completion rate. The questions asked in the public meetings and the surveys were organized around the three health priority areas and the goal was to gather ideas and solutions from community members, providers of health and human services and organizations. A summary of survey findings can be found in the appendix.

Significant outreach to recruit participants to the public meetings and for community members and providers to take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and staff from all three CCOs. Surveys were distributed county wide and captured over 1000 unique comments from 628 participants.

The Community Advisory Council then worked with Jackson Care Connect staff to choose strategies for Jackson Care Connect's CHIP. Each CCO chose strategies based on their guiding principles, organization resources and priorities and individual CAC input. Although each CCO drafted their own CHIP they continued to have shared health priority focus areas, format and design. Jackson Care Connect worked closely with Jackson County Public Health to choose strategies and write the CHIP. The resulting CHIP includes strategies that will ultimately benefit members of Jackson Care Connect and strategies that will impact the community at large, and meets CCO requirements from the Oregon Health Authority (OHA).

Progress on the CHIP will be reviewed on an ongoing basis by the CAC and Board, with annual reports to the OHA.

### ***Core Planning Principles***

Through this process we strive to:

- Emphasize coordination and leverage local assets, programs and resources
- Choose strategies that are evidence-informed
- Incorporate voices of those we serve, including members of the Oregon Health Plan
- Engage the community advisory council members and provide activities for consumers to be involved in improving health
- Base work on the 2013 Community Health Assessment
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# Focus Issues & Strategies

## Priority Health Issue: Healthy Beginnings

**Goal: Engage in efforts to improve the health of children, adolescents and young adults from age 0 to 24**

### Overview

Adverse Childhood Events (ACEs), like exposure to domestic violence, substance abuse and homelessness, negatively affect the life long health and wellness outcomes of all persons. Jackson County residents are adversely affected by substance abuse, poverty and low graduation rates as noted in the 2013 Community Health Assessment.

### Perinatal

Nationally, nearly 50% of women become pregnant unintentionally. The risks of unintended pregnancies include exposure to substance abuse, including tobacco, low birth weight, and lack of prenatal care. Jackson and Josephine Counties have recently implemented a preconception health campaign to reduce unwanted pregnancies, and thereby reduce risks to the fetus. JCC will participate in the preconception campaign through attendance at meetings, support of data collection and information sharing and promotion of healthy activities to its members and community partners.

### Early Childhood

Youth affected by adverse childhood events (ACEs), as noted above, are less likely to be ready for kindergarten, less likely to meet grade level reading standards, and therefore perform lower overall in academics. Nearly one in four children in Jackson County live in poverty, creating significant challenges to their overall health and long-term development. JCC will collaborate to align Early Learning Services into a Regional Early Learning HUB, with the goal of improving the health and education outcomes of Jackson County's youth.

***“Out of 15 of my preschoolers—four were raised by grandparents last year. They aren’t always healthy [the grandparents] —and their health affects the kids and the grandparents. Plus, it’s stressful to raise your grand kids.” —2013 CHA Focus group participant***

### Youth At-Risk

High school graduation rates in Jackson County hover below the statewide average at around 60%. Youth depression rates, suicidal ideation rates and suicide attempts also exceed the State average. In fact, youth experiencing mental health crises is increasing in the County, as evidenced by an increase in ER visits and hospital admissions. In addition, youth report high levels of drug use, including increased use of tobacco, alcohol, marijuana and other illicit drugs from grades 6-11. Engagement in risky behaviors negatively affects the overall health and wellness of youth across their lifespan. JCC will continue to work with Southern Oregon Success, and other organizations to improve the educational and health outcomes for youth in our community.

## CHIP Priorities for 2014

JCC plans to work with several existing organizations focused on reducing risks to pregnant women and children, and preparing children to be ready for kindergarten, which is a measure of success over a lifetime. Organizations include: Health Care Coalition of Southern Oregon (HCCSO) and their Preconception Health Campaign; Southern Oregon Early Learning Services (SOELS) moving towards the creation of an Early Learning HUB; Southern Oregon Success focused on 100% high school graduation rates, and improved college and two-year degree rates.

JCC CAC recognizes the importance of a healthy, secure and supported early beginning to life for both its members and the community as a whole. The CAC will continue to be informed and participate in areas of work as available.

## Healthy Beginnings: 2014 CHIP Strategies and Objectives

*Goal: Engage in efforts to improve the health of children, adolescents and young adults from age 0- 24*

High level strategy	Objective/work	Internal and community partners	When
<p><b>Perinatal Collaboration:</b> Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy</p>	<p>Participate in the three year preconception health campaign including <b>One Key Question</b> integration into primary care, and other sites</p> <p>Focus on lowering high rates of addiction and tobacco use in the pregnancy population</p> <p>Ensure this population is screened for depression and connected with services</p>	<p><i>Heidi Hill, Belle Shepherd, Ginger Scott, CAC members as identified</i></p> <p><i>Jackson County Perinatal Task Force and Preconception Health Campaign steering members</i></p> <p><i>Health Care Coalition of Oregon (HCCSO) staff</i></p> <p><i>Provider Partners</i></p>	2014-2017
<p><b>Early Childhood Investment :</b> Support development of early learning HUB with a focus on kindergarten readiness</p>	<p>Participate in regionalization of early learning services through an early learning HUB and related family activities</p>	<p><i>Jennifer Lind, HUB Executive Board, Belle Shepherd, Blair Johnson (CAC member), HUB Agency Advisory Council Southern Oregon Early Learning Services (SOELS) and Southern Oregon Education Services District (HUB applicant)</i></p>	2014-2017

High level strategy	Objective/work	Internal and community partners	When
<p><b>Youth At-Risk:</b> Participate in multidisciplinary work</p> <p>improve basic needs for vulnerable youth</p>	<p>Participate in regional efforts to support adolescent and young adults during times of transition and vulnerability</p> <p>Represent healthcare in the multi-disciplinary work addressing: addictions, social determinants of health, food insecurity, homelessness, mental health</p> <p>Community partner for trainings and work related to poverty and Trauma Informed Care, partner with Jackson County's prevention coalition and other agencies serving that demographic</p>	<p><i>Staff Support: Heidi Hill, Board representation, Doug Mares</i></p> <p><i>Support the on going work of Southern Oregon Success</i></p> <p><i>Jackson County Public Health (will be doing prevention work)</i></p>	2014-2017

### Community Advisory Council learning opportunities and implementation role

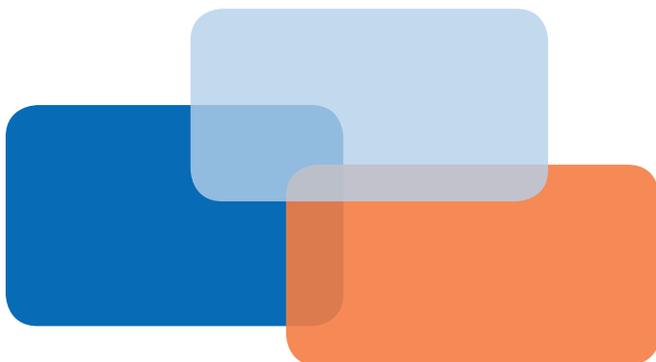
Presentation to CAC on Preconception Health work from HCCSO

Presentation to CAC on Early Learning work from SOELS and SOESD

Identification of Parent Advisory member (HUB subcommittee) to be on JCC CAC

Participate in ongoing trainings and learning opportunities as offered via HCCSO and the HUB

Presentation on prevention coalition work and possible partnership opportunities



## **Priority Health Issue: Healthy Living**

### **Goal: Promote Healthy Living and improve health outcomes**

Jackson Care Connect defines healthy living as participation in behaviors that improve overall health over the lifespan of an individual. Healthy Living addresses the full spectrum of physical, mental and social well-being.

#### **Oral Health**

The Community Health Assessment of 2013 found tooth decay to be five times more common than asthma in Oregon children. The community health assessment process also found that while focus group participants readily identified health problems related to obesity, they overlooked tobacco as a major community health issue. Rates of tobacco use are even higher for OHP members and other sub-populations such as those experiencing mental illness and pregnant mothers.

#### **Member Engagement**

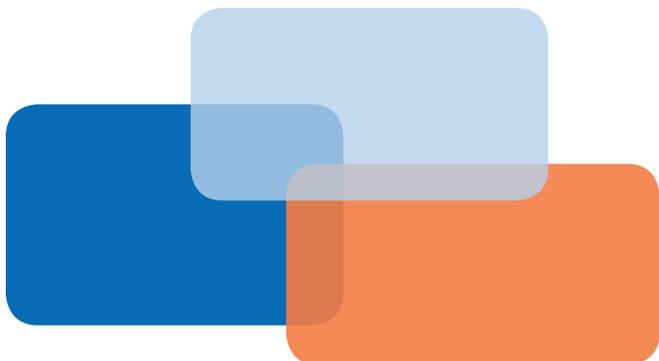
The Community Health Improvement Plan survey clearly demonstrated that people in Jackson County want to be engaged and empowered in their own health. A desire for low-cost and accessible fitness classes, along with access to nutritious foods was expressed. Self-management and peer-supported wellness programs were of interest to survey participants.

***“Part of the problem is the lack of real education around nutrition and disease prevention.” —2013 CHA Focus Group Participant***

#### **Healthy Communities/Tobacco**

The Jackson Care Connect CAC recognizes that there are many facets to Healthy Living in the community. Not all areas that affect Healthy Living can be addressed in this Community Health Improvement Plan. The Community Advisory Council also recognizes that there are many organizations already tackling problems that affect Healthy Living, and have identified opportunities to work with those organizations, including Jackson County Health and Human Services.

The Community Advisory Council chose four high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be charted and additional strategies will be evaluated and potentially added in 2015.



## Healthy Living: 2014 CHIP Strategies and Objectives

Goal: Promote Healthy Living and improve health outcomes

High level strategy	Objective/work	Internal and community partners	When
<p><b>Oral health:</b> Evaluate and improve oral health services for members and community</p>	<p>Develop Subcommittee who will partner with Clinical Advisory Panel to:</p> <ul style="list-style-type: none"> <li>identify three oral health issues from member perspective</li> <li>develop work plan to improve access, increase utilization and enhance members' experience of care</li> </ul>	<p><i>JCC's Dental Care Organizations</i></p> <p><i>Community Advisory Panel</i></p> <p><i>Community providers</i></p> <p><i>CAC members</i></p>	2014-2017
<p><b>Member engagement in health:</b> Engage and empower individuals to participate in self-management and healthy behaviors</p>	<p>Form CAC sub-committee to evaluate existing member programs focusing on healthy living</p> <p>Explore opportunities with identified sub-populations for possible member benefits and engagement</p> <p>Conduct member and community surveys with targeted populations to research impact of possible programs</p> <p>Support education and development of peer-delivered support programs that empower individuals to create a self-management program</p>	<p><i>Heidi Hill, Belle Shepherd, all CAC members and subcommittee as formed</i></p> <p><i>CAP and Board for approval and input</i></p> <p><i>JCC members at large</i></p>	9/2014 12/2014
<p><b>Healthy communities:</b> Collaborate to reduce adverse affects of social determinants of health</p>	<p>Develop and implement member incentive program for participating in evidence-based self-management programs available through partner agencies</p> <p>Support Jackson County Public Health in advocating for community-level policies aimed at chronic disease prevention and early detection/screenings</p> <p>Support Jackson County Public Health work around colorectal cancer screenings and other public health campaigns</p>	<p><i>JCC staff, Board and CAC members</i></p> <p><i>JC Public Health</i> <i>JCC Stakeholders</i></p> <p><i>Partner organizations to be identified by subcommittee work</i></p> <p><i>Jackson County Public Health</i></p>	2014-2015

High level strategy	Objective/work	Internal and community partners	When
<b>Tobacco:</b> Support policy development and individual interventions that reduce the burden of tobacco use	<p>Increase assessment and referral to tobacco cessation interventions for Jackson Care Connect members</p> <p>Support policies that promote tobacco free campuses at facilities serving Jackson Care Connect members</p> <p>Support Jackson County Public Health's Tobacco Prevention &amp; Education Program in advocating for community-level interventions aimed at reducing the burden of tobacco use in Jackson County</p>	<p>JCC Staff and stakeholders</p> <p>JC Public Health</p> <p>Provider networks</p>	Ongoing 2014-2015

### Community Advisory Council learning opportunities and implementation role

Formation of sub-committees to focus on oral health and member engagement	2014
Inform and engage JCC CAC in Jackson County Public Health's work priorities	2014 on going
Evaluation of existing member benefits focusing on wellness	2015
Presentation from Rogue Valley Food System Network (RVFSN)	2014
Presentations on evidence-based "chronic care" self-management programs	on going

## **Priority Health Issue: Health Equity**

### **Goal: Increase awareness of health equity issues in Southern Oregon and support efforts to address these issues**

Health Equity is a primary concern for Jackson Care Connect's CAC. Health disparities are influenced by factors such as place, race, and socioeconomic barriers. Jackson County struggles with poverty and those considered working poor. 15.8% of county residents live in poverty, with one-in-four children experiencing poverty and significant challenges to their overall health and long-term development.

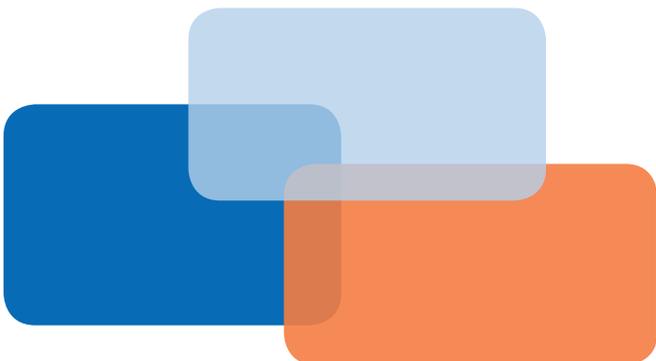
***“Without work there is no money. Without money we have to sell our house. Huge fear, we live in huge fear. Even though we have strong beliefs, I still can't provide.” —2013 CHA Focus Group Participant***

### **Health Disparities and Social Determinants**

In addition to socioeconomic factors, race and ethnicity can play a part in determining health outcomes. Jackson County demographics for race and ethnicity are similar to state averages. 17% of Jackson County residents identify as a minority population, with 11.4% identifying as Latino. Jackson Care Connect membership is comprised of nearly 20% Latino. The Latino population continues to experience worse health outcomes, including nearly three times county averages for teen pregnancy.

### **CHIP Priorities for 2014**

Jackson Care Connect has a responsibility to provide the best access and experience possible for all of its members. Health Equity work can encompass issues around geography, special populations, etc. The CAC has identified two areas of focus, informed by the 2013 Health Assessment. These two high level strategies will address health equity issues related to race, ethnicity and poverty and potential trauma caused by inequality.



## Health Equity: 2014 CHIP Strategies and Objectives

Goal: To increase awareness of health equity issues in Southern Oregon and to support efforts to address these issues

High level strategy	Objective/work	Internal and community partners	When
<p><b>Health Disparities</b> Diminish health disparities directly related to race and ethnicity</p>	<p>Develop baseline data of health disparities existing in region</p> <p>Identify ways to improve cultural competency for the regional services and JCC Providers</p> <p>Develop methods for increased engagement and involvement of priority population consumers in health care systems</p> <p>Support regional efforts to increase awareness of existing health disparities</p>	<p><i>Jackson County Public Health</i></p> <p><i>Southern Oregon Early Learning Services</i></p> <p><i>Care Oregon and Jackson Care Connect</i></p> <p><i>Stakeholders</i></p> <p><i>Oregon Health Authority's Office of Equity Inclusion and Transformation Center</i></p>	<p><b>2014</b>  <b>on going</b></p>
<p><b>Social determinants of health</b> Increase awareness of how poverty and trauma influence health and support community efforts to decrease poverty and build trauma-informed services</p>	<p>Facilitate community wide multi-disciplinary learning around the culture of poverty and organizational constraints contributing to poverty</p> <p>Support community efforts that address the effects of poverty. This includes potential programs, policies, outreach and education</p> <p>Provide education for community, CAC, and provider partners regarding the experience of poverty and how to offer appropriate services</p> <p>Build community alliances for future work addressing the social determinants of health</p> <p>Build community knowledge and capacity to provide Trauma Informed Care</p> <p>Jackson Care Connect CCO to collaborate with regional CCOs to facilitate staged learning collaborative to educate multidisciplinary team of service providers on Trauma Informed Care</p>	<p><i>Department of Human Services</i></p> <p><i>Jackson Care Connect CCO, other regional CCOs</i></p> <p><i>Other community partners identified through process</i></p>	<p><b>2014-2015</b>  <b>on going</b></p>

## Community Advisory Council learning opportunities and implementation role

Review health disparities data identified by Regional Health Equity Coalition	<i>2015</i>
Participate in “cultural competency and implicit bias” training as identified by Coalition	<i>2015</i>
Frame the work of oral health and member engagement sub-committees through the Health Equity Lens	<i>2014</i>
Participate in learning sessions on Trauma Informed Care	<i>2014-2015</i>
Participate in education about poverty	<i>2015 and on going</i>

## Next Steps

*The 2013 Community Health Assessment and the 2014 Community Health Improvement Plan draw attention to many health challenges and opportunities for change. The documents and processes are designed to compliment one another, not stand on their own. These efforts mark the first step in an ongoing process of community health assessment, planning and improvement. The process and the documents will remain dynamic and will be added to and changed over the next several years as community health and perceptions of health change. Engagement of the CAC will continue to be instrumental in the process, as will listening to community members' priorities and concerns.*

*This JCC CHIP has been developed in alignment with requirements of the Transformation Plan and with consistent values and strategies outlined in the JCC Strategic Plan. Periodic assessment of the CHIP will be done to maintain this alignment and ensure appropriate use of resources.*

*For hard copies of this CHIP or the Community Health Assessment, please visit: [www.jacksoncareconnect.org](http://www.jacksoncareconnect.org)*



# Appendix

## Survey Summary

### Process & Methods

Several methods were used to solicit feedback from the community. The purpose of the survey and public meetings was to get ideas about how to improve health of community members and providers of health and human services in Jackson and Josephine Counties. Methods included public meetings, online and paper surveys.

The community survey was written for easy reading and comprehension, resulting in a 97% completion rate. Survey questions sought input on possible strategies and activities in the three focus areas of **Healthy Beginnings, Healthy Living and Health Equity**. Respondents were asked to choose three strategies from a list and provide additional options in open-ended questions. Surveys were available online, via surveymonkey and in paper/hard copy format.

The public meetings utilized an audience response system that polled audiences for their ideas, allowing all participants an opportunity to provide their input anonymously. The questions asked in the public meetings were the same as in the surveys. The public meetings also utilized a world café model where participants dialogued with other community members, eliciting many community-based ideas.

Significant outreach to recruit participants to the public meetings and for community members and providers to take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and staff from all three CCOs. Surveys were distributed county wide and captured over 1000 unique comments from 628 participants.

Quantitative Excel data and all qualitative comments from the community survey, provider surveys and community meetings were reviewed for themes. Data and themes were then presented to the CCO executive staff and CAC. Categorized comments are available upon request to CCO staff.

## Summary Results and Themes

### Jackson Josephine County Community Health Improvement Plan 2014

#### Community Survey Statistics

*The highlighted responses below represent the top identified themes from the community surveys*

Total participants community survey	<b>554</b>
Total participants provider survey	<b>74</b>
Percent of total community surveys from Jackson County	<b>63%</b>
Total all surveys	<b>628</b>
Total participants public meetings	<b>60</b>
Total unique comments from surveys and public meetings	<b>1008</b>
Completion rate	<b>97%</b>
Survey open	<b>30 days</b>

# Survey Themes

## **Healthy Beginnings** *including: early childhood, children, teens and families*

- Parenting support and skill development
- Early intervention and home visiting programs
- Physical activities for youth
- Healthy food access for children and youth
- Sex education and pregnancy intention programs
- Homeless youth programs
- Family violence and affects of trauma on children
- Prenatal programs

## **Healthy Living** *including: healthy active living, alcohol, tobacco and other drugs, mental health*

- Assistance for low cost fitness events/memberships
- Nutrition/healthy eating classes
- Built Environment projects (sidewalks, walking paths, etc.)
- Worksite Wellness programs
- Youth alcohol, tobacco, and other drug prevention
- Increase treatment quality, volume, accessibility of mental health and addictions programs
- Chronic pain, prescription medication use and prescribing
- Tobacco policy and cessation benefits
- Provider training: mental health and trauma informed services

## **Health Equity** *including: access, special populations, social determinants of health*

- Benefits for alternative providers
- Navigators to help coordinate and navigate system
- Transportation
- Recruitment/retention of all providers
- Programs for seniors and the disabled
- Trauma/intimate partner violence (IPV)
- Language access and cultural competency
- Economic development
- College programs for youth
- Access to specific services such as dental

*\*Lists above are not ranked and are based on data from community survey, provider surveys and public meetings*