2017-
2019

Community Health Improvement Plan

UMATILLA COUNTY, OREGON

HEALTH
Building a Healthy Community

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Introduction

The Community Health Improvement Plan (CHIP) is designed to guide Umatilla County's efforts over a three-year period. Umatilla County is a unique rural Oregon Community with a population of 76,645, and estimated 17.1% of which are in poverty[1]. Like many rural communities, Umatilla County has a shortage of primary care providers when compared to the population size[2]. Factors such as these combine to produce a unique profile of the public health issues present in the community.

Umatilla County has an involved network of partners consistently working to improve the health of the community through groups such as the Local Community Advisory Council[3] and Healthy Communities Coalitions[4]. This network has resulted in the identification of unique projects that can be accomplished in the near future, many of which are strategies in this plan.

The CHIP was formed based on Umatilla County's 2015-16 Community Health Assessment Report through a planning process adapted from the MAPP process[5]. Umatilla County Public Health led this process and the completed plan is a result of collaboration among various community partners and citizens.

The goal of the CHIP is to improve the overall health of Umatilla County by 2019 by targeting areas of highest concern as identified through the CHA. Ultimately, the CHIP aims to bring community organizations together to bring needed programs and services to the residents who need them the most.

What Health Means to Umatilla County

Definitions were produced through worksheets and discussions during meetings of the full CHIP committee.

Health: A state of complete physical, mental, social, and economic well-being and not merely the absence of disease or infirmity. (Adapted from the World Health Organization's definition of health[6])

Healthy Communities: Residents of the community have the knowledge of and access to resources to achieve a state of physical, mental, social, and economic well-being.

Vision: Improve the overall wellness of all Umatilla County residents by uniting systems and improving coordination of care.

Health Plan Summary

Priorities:

Weight Status: *Reduce the obesity rate by creating environments where healthy food and physical activity choices are desirable and accessible for all Umatilla County residents.*

- Expand impact of Farmers Markets throughout county by developing new markets and supporting existing markets to increase physical activity and healthy eating opportunities and education
- Promote physical activity by advertising existing classes and events and creating new opportunities
- Promote nutrition education opportunities by expanding the scope of Cooking Matters and implementing educational components for food pantry
- Pursue environmental changes that support healthy choices by focusing on other public sectors including transportation and planning

Chronic Disease: *Increase community awareness of both preventive and disease management resources by promoting overall wellness*

- Increase awareness of existing events and services through strategic marketing and outreach
- Improve access to screenings and services by implementing new programs and expanding existing programs

Mental Health: *Expand access to mental health resources and information to decrease the impact of mental illness and suicide*

- Conduct trainings for community members and service providers to increase awareness and skills for suicide prevention
- Expand access to mental health treatment by increasing access to resources and improving current practices
- Improve community preparedness through implementation of RESPONSE curriculum and formation of suicide postvention plan

Tobacco and Prescription Drug Abuse: *Decrease the use of tobacco through prevention and cessation efforts while increasing access to resources regarding substance abuse*

- Pursue and enforce tobacco policy changes
- Increase awareness of existing resources
- Increase opportunities and education for drug disposal
- Expand access to screenings and cessation resources

Violence and Safety: *Promote resources and educate our community about public safety to reduce violence and death due to domestic violence, child abuse, or car accidents*

- Increase reach and awareness of Domestic Violence Services
- Promote existing resources
- Implement new programming to educate community members

Chronic Disease

Goal: Increase community awareness of both preventative and disease management resources by promoting overall wellness

Cancer, Heart Disease, and Chronic Lower Respiratory Diseases are the top three leading causes of death for Umatilla County[1]. Clinical Preventive Services and Oral Health are Leading Health Indicators for Healthy People 2020[7]. Oral Health is a priority for Oregon's State Health Improvement Plan[8]. Umatilla County has a diabetes rate of 14%, an increase over the previous health assessment (13%) and well above rates for Oregon (10%) and the United States (11%)[1]. Chronic Disease affect an individual's overall quality of life and can have a significant financial impact. While many Americans' insurance covers preventive services, many go without screenings and other treatments that can prevent or treat chronic conditions[7].

Strategies outlined below are based on recommendations from The Community Guide[9], Stanford's Disease Management Program[10], and the resources and needs unique to Umatilla County.

Anticipated Outcomes:

Long-Term:

A. By 2019, prevent an increase in the rate of diabetes from 14% (Community Health Assessment)

Short-term:

B. By 2019, increase the percentage of people with diabetes that rate their health as good, very good, or excellent from 42% to 45% (Community Health Assessment)
C. By 2019, increase rate of colorectal cancer screening from____ to ___ (EOCCO Metric)
D. Reduce adults leaving county for dental care from 22% to 20% (Community Health Assessment)
E. Increase percentage of children receiving dental sealants from ___ to ___ (EOCOO Metric)

Strategies	Measure	Baseline	Participants and Resources
Increase publicity for existing resources			
Increase promotion of Living Well with Chronic Conditions Classes	-Program Metrics (Number of ads/media messages)	Program metrics	Hospitals
Increase success of diabetes/prediabetes management classes	-Number of participants, -A1C blood levels in participants	Establish baseline	Hospitals and clinics
Implement awareness campaign for colorectal cancer risk and screening	-Number of ads/marketing resources distributed	No baseline	Hospitals, Clinics, County, Public Health, etc.
Implement health education brochure similar to Good Shepherd's in other communities	-Number of cities with brochures -Number of brochures distributed	No baseline	Parks and Recreation, Hospitals and Clinics
Increase awareness of other educational opportunities at hospitals and clinics	Number of ads/marketing resources distributed	Establish baseline	Hospitals and clinics
Ensure that events and classes are added to community calendars on media throughout county	Number of encounters between resources and participants	Establish baseline	Hospital, clinics, community partners
Increase oral health literacy and knowledge of the impact of Oral Health on chronic health conditions	Number of encounters between resources and participants	[Provider data]	Providers and educators
Increase awareness of oral health resources	Number of oral health messages distributed through traditional and social media	Establish baseline	Providers and educators
Expand access to education and screenings			
Increase community-based screenings and educational opportunities	-Number of events where screening is conducted -Number/type of screenings available at events	[Provider/Coalition data]	Hospitals and clinics, Coalitions, Event organizers

Align community-based screenings and educational opportunities more closely	-Proximity of screenings and related educational opportunities at events -Timing of educational opportunities with respect to major community events	Establish baseline	Providers of services
Expand educational opportunities to areas of county outside of major hospital reach	-Number of cities reached -Number of events held outside of Pendleton or Hermiston	0	Hospitals and clinics, community partners
Implement Good Shepherd Prescription Pad initiative and duplicate in other communities if successful	Implementation	No baseline	Good Shepherd, providers
Increase employer-based outreach targeting workers and families	Number of employers participating in programming	Establish baseline	Coalitions

Weight Status

Goal: Create environments where healthy food and physical activity choices are desirable and accessible for all Umatilla County residents.

The United States has experienced a dramatic increase in obesity in recent history[7]. As a result, weight status of communities is a top concern locally, statewide, and nationally: Nutrition, Physical Activity, and Obesity are a Leading Health Indicator for Healthy People 2020[7], Healthy Eating and Active Living are each priorities for the National Prevention Strategy[11], and the Oregon State Health Improvement Plan[8] identifies "Slow the increase of obesity" as one of its seven priority areas. Umatilla County identified Weight Status as an area of concern because of the high percentage of obese and overweight adults in the 2015 Community Health Assessment. 37% of Umatilla County adults were obese in 2015 compared to 32% in 2011, exceeding the obesity rate for both Oregon (28%), and the United States (30%)[1]. Achieving a healthy body weight, regular physical activity, and a healthy diet can reduce an individual's risk for many health conditions including heart disease, stroke, and cancer[7], all three of which are leading causes of death for Umatilla County[1]. From 2017 to 2020, Umatilla County will focus on expanding and promoting existing resources to increase physical activity and the healthy consumption of food.

The strategies outlined reflect evidence-based practices from the *CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables*[12], the *CDC Guide to Strategies to Increase the CDC Guide to Increase Physical Activity in the Community*[13], the *USDA's SNAP-ED Strategies & Interventions: An Obesity Prevention Toolkit for States*[14] and the needs, projects, and resources unique to Umatilla County.

Anticipated Outcomes:

Long-Term:

A. By 2019, reduce the percentage of adults who are obese from 37% to 35%. (Community Health Assessment)
B. By 2019, reduce the percentage of children who are obese from 19% to 17%. (Children's Health Assessment)

Short-Term:

C. By 2019, increase the rate of adults reporting consumption of 5+ fruits and veggies per day by 20%. (Community Health Assessment)
D. By 2019, increase SNAP and WIC redemption at Farmers Market vendors and produce stands by 20%. (Farmers Market Data)
E. By 2019, increase the percentage of adults participating in any physical activity in the past week from 79% to 85%. (Community Health Assessment)

Strategies	Measure	Baseline	Participants and Resources
Expand impact of Farmers Markets throughout county			
Identify individuals to spearhead FM development in Umatilla and Hermiston	Individuals identified	0	Coalitions
Increase nutritional education opportunities at existing Farmer's Markets	Number of activities	26	Farmers Markets
Increase physical activity programming at existing Farmer's Markets	Number of activities	3	Farmers Markets
Facilitate connections between Farmers Market vendors and school food directors	Number of vendors contacted	No baseline	OSU Extension
Obtain new EBT machine for Pendleton Farmers Market and pursue machines for other existing markets	Markets with operative EBT machines	0	OSU Extension, Farmers Markets
Increase SNAP and WIC outreach for Farmers Markets	Redemption at FM	-58% WIC redemption (PFM) -281 SNAP transactions ($5,555)	Farmers Market
Promote physical activity			
Increase promotion of existing physical activity classes through hospitals	Number of ads distributed	[Provider data]	Hospitals
Expand availability of free physical activity classes	Number of classes, Number of cities	Establish baseline	Hospitals, Clinics
Increase access to walking and biking trails and paths	New project implementation	No baseline	Cities, Parks and Rec Departments

Increase awareness of existing events including Screen Free Week, Family Health and Fitness Day, Walk and Bike to School Day	Ads distributed, Partners involved	[Coalition data]	Coalitions/ Event organizers
Increase number of free organized sports activities for kids	Number of activities	[Parks and Rec data]	Parks and Recreation, Coalitions, Schools
Host annual "bike rodeos" at interested schools	Number of events	Establish baseline	Public Health, Coalitions
Develop Parks and Recreation Master Plan	Plan developed	No baseline	Planning Department, Parks and Rec
Promote nutrition education			
Implement educational components for food pantries	Resources distributed	No baseline	Coalitions, SNAP-Ed
Increase promotion of Cooking Matters and similar classes	Number of ads distributed	Establish baseline	Oregon State University, UMCHS
Pursue environmental and policy changes that support healthy choices			
Incorporate healthy eating and physical activity access into the Pendleton Downtown Plaza Project development	Portions focused on healthy food access and increased physical activity	No baseline	City of Pendleton, Umatilla County, Public Health
Pursue Health in All Policies	Policies adopted	No baseline	Planning, Public Health
Promote active transportation by hosting "Ten Minutes to Transit" forum to evaluate options for expanding access to KAYAK bus stops	Forum completed	No baseline	Planning Director, KAYAK Director

Develop a “Year of Wellness” program similar to the initiative implemented in Tillamook County	Program implemented	No baseline	Public Health

Tobacco and Prescription Drug Abuse

Goal: Decrease the use of tobacco through prevention and cessation efforts while increasing access to resources regarding substance abuse

Tobacco is the single leading preventable cause of death, disease, and disability in Oregon and the United States[7]. 25.8% of deaths in Umatilla County in 2014 were tobacco-linked[15]. Smoking rates in Umatilla County were highest for adults with an income less than $25,000 per year, with 13% of pregnant women smoking[1]. Exposure to secondhand smoke has poor health outcomes for members of the community. Tobacco Use is a nationwide concern and is a Leading Health indicator for Healthy People 2020[7] and a priority issue for Oregon's State Health Improvement Plan[8].

Substance Abuse is also a national, state, and county-level concern with Leading Health Indicator for Healthy People 2020 and a priority issue for Oregon's State Health Improvement Plan. 16% of Umatilla County adults reported misusing prescription drugs, but young adults are known to be the biggest abusers of prescription opioid pain relievers, ADHD stimulants, and anti-anxiety drugs[1]. Substance Abuse is related to many negative outcomes for an individual's physical, mental, and social-wellbeing[7].

Strategies outlined below are based on SAMHSA's *CAPT Decision-Support Tools*[16], DHS' *Best Practices for Addressing Prescription Opioid Overdoses, Misuse, and Addiction*[17],OHA's *Evidence-Based Strategies for Reducing Tobacco Use*[18], and the resources unique to Umatilla County.

Anticipated Outcomes:

Long-Term:

A. By 2019 reduce percentage of adults who are current smokers (Community Health Assessment)
B. By 2019 reduce amount of tobacco-related deaths (Community Health Assessment)
C. By 2019 reduce misuse of prescription drugs (Community Health Assessment)

Short-Term:

D. By 2019 increase percentage of adults who have searched for and found a program to stop smoking for themselves or a loved one (Community Health Assessment)
E. By 2019 reduce the number of tobacco retailers that sold to minors from 1/3 to 1/5. (Oregon Health Authority)
F. By 2019 increase percentage of adults properly disposing of prescription medication (Community Health Assessment)

Strategies	Indicator	Baseline	Parties Responsible
Pursue and enforce tobacco policy changes			
Pursue smoke-free policies for city properties	-Number of cities adopting policies -Percentage of people in support of tobacco free city properties	[County Data]	Public Health, Cities
Pursue Tobacco Retailer Licensing and Tobacco 21 policies for cities	-Number of cities adopting policy (if policy not adopted statewide) -Enforcement of policies at local level (if policy adopted statewide	[County Data]	Public Health, Cities
Increase awareness of existing resources			
Integrate tobacco quit line into clinical workflow	-Number of clinic presented to -Number of patients reached	Establish baseline	Clinics, Hospitals, Providers
Educate providers on referral options	-Number of providers presented to	Establish baseline	Public Health
Increase awareness of tobacco cessation resources	-Number of quit line presentations given -Materials distributed	[Public Health data]	Public Health, Hospitals
Educate providers about drug-seeking behavior	-Providers educated -Presentations given	No baseline	Public Health
Increase education on and opportunities for drug disposal			
Increase number of drug disposal locations	-Number of locations	[DHS Data]	DHS, Public Health, Law enforcement
Organize annual event for DEA Take Back Day that includes incentives, education, and a media campaign	-Implementation of event -Number of participants	No baseline	DHS, Coalitions, Law Enforcement
Pursue lock box and education program for opioid prescriptions	-Plan produced	No baseline	Public Health, DHS, Hospitals

Expand access to screenings and cessation resources			
Obtain Trained Tobacco Specialist Master Trainer located in Umatilla County	-Number of master trainers -Number of trainings led by master trainers	No baseline	LCAC, Hospitals
Work with school wellness centers and health classes to distribute tobacco/alcohol survey that will inform a media campaign	-Materials distributed	No baseline	Public Health, Schools
Increase use of SBIRT	-SBIRT percentage (EOCCO metric)	EOCCO metric	LCAC
Hold annual SBIRT Trainings	-Number of people trained	Establish baseline	DHS
School-based education about prescription drug abuse and addiction	-Materials distributed -Presentations given	Establish baseline	Public Health, Schools

Mental Health

Goal: Expand access to mental health resources and information to decrease the impact of mental illness and suicide

Mental Health is essential to living a full and productive life. In the past year, 1 in 4 adults experienced a mental health disorder. Failing to treat mental health problems not only increases the risk of unhealthy behaviors, but has a serious impact on physical health. "Mental Health" is a Leading Health Indicator for Healthy People 2020[7] and "Prevent deaths from suicide" is a priority for Oregon's State Health Improvement Plan[8]. Suicide has profoundly impacted the Umatilla County community in recent history, and residents expressed the need to address this gap in health resources. Umatilla County's Community Health Assessment reported that 2% of adults had attempted suicide in the past year, with rates increasing for Hispanic adults. 22% of Umatilla county adults reported being diagnosed with or treated for depression, and suicide ideation and attempts among adolescents was reported to be higher than state average. 28% of adults rated their mental health as not good on four or more days in the previous month, increasing to 30% for American Indian/Alaska Native adults[1]. Mental Health disorders are strongly associated with the risk, prevalence, progression, and outcome of chronic diseases including diabetes, hypertension, stroke, heart disease, and cancer[7].

Anticipated Outcomes:

Long-Term:

A. Reduce suicide ideation among 6th and 8th graders from 16.4% and 25.2% to 15.4% and 23.0% respectively (Healthy Teens Survey)
B. Reduce suicide attempts among 6th (10.8%), 8th (15.9%), 11th (8.4%) graders from 10.8%, 15.9%, and 8.4% to 9.0%, 13.0% and 8.0% respectively (Healthy Teens Survey)
C. Reduce Hispanic adults in Umatilla-Morrow Counties reported attempting suicide in the past year from 4% to 3%. (Community Health Assessment)

Short-Term:

D. Reduce adults who rated their mental health as not good on four or more days in the previous month from 28% to 25% (Community Health Assessment)
E. Reduce adults indicating someone in household went without mental health/substance treatment from 12% to 10% (Community Health Assessment)
F. Reduce American Indians and Alaska Natives rating their mental health as not good on four or more days in the previous month from 30% to 25% (Community Health Assessment)

Strategies	Measure	Baseline	Participants and Resources
Expand Suicide Prevention Trainings			
Conduct at least one suicide prevention awareness campaign each year including promotion of resources including the National Crisis Line, National Suicide Prevention Lifeline, Veterans Text Line, SAMHSA app, OR Youth Line, and safeoregon.com	-Campaign held -Materials distributed	0	Public Health and community partners
Conduct quarterly gatekeeper training (QPR, Safetalk, ASIST)	-Frequency of trainings	Establish Baseline	Public Health
Annual AMSR training for Mental Health Professionals	-Frequency of trainings	Establish Baseline	Public Health
Promote participation in web-based suicide prevention training to schools, providers, and community groups (Kognito and CALM)	-Training participation -Materials distributed	Establish Baseline	Lifeways, Public Health, Schools, Providers
Improve access to treatment resources			
Increase number of beds available as an alternative to incarceration for individuals with mental illnesses	-Number of beds	4	Lifeways, Law Enforcement, A&D, EOAF, and other community partners
Pursue supported independent living housing by facilitating discussions between key agencies (Public Health, DHS, Lifeways, law enforcement, EOCI, YTHC, etc.)	-Discussions held -Partner participation	0	Public Health, DHS, Lifeways, law enforcement, EOCI, YTHC, and other community partners
Review current partnerships and mapping of services/payment	-Discussions held -Partner participation	0	Mental Health providers, A&D
Multicultural (Latino/Native American/Bilingual) resources/outreach	-Resources distributed	[Establish baseline]	Providers, Public Health
Implement community-based outreach and education from existing mental health resources	-Event participation -Materials distributed	[Establish baseline]	Schools, Providers, Public Health,

Implement prevention and postvention protocols			
Facilitate creation of postvention plan for county (CONNECT Training)	-Plan created	No plan	Public Health and community partners
Implement suicide prevention/intervention/postvention protocols in at least 3 schools	-Number of schools	0	Public Health, Schools
Implement RESPONSE curriculum in 3 high schools	-Number of schools	0	Public Health, Schools

Violence and Safety

Goal: Promote resources and educate our community about public safety to reduce violence and death

Violence and injury have a lifelong impact on victims and witnesses and are important public health concerns nationwide. Injury deaths are the top leading cause of death for Americans age 1-44 and injuries resulting from motor vehicle accidents are the leading cause of death for children age 0-19, with more than two-thirds of fatal injuries occurring while riding with a drinking driver[19]. "Injury and Violence" is a Leading Health indicator for Healthy People 2020[7] and the Oregon State Injury and Violence Prevention plan prioritizes Motor Vehicle Crashes and Child Maltreatment[20]. Umatilla County's Community Violence Assessment identified Domestic Violence as the top concern among key informants[21]. 18% of Umatilla county adult women reported being forced to engage in sexual intercourse[1]. Many injuries are preventable and translate to significant negative health and economic consequences[7].

Strategies outlined below are reflective of the *CDC Technical Package for Preventing Intimate Partner Violence Across the Lifespan[22], CDC Technical Package for Preventing Child Abuse and Neglect[23], Community Guide Motor Vehicle Injury Prevention[24]* and the needs and resources unique to Umatilla County.

Anticipated Outcomes:

Long-Term:

A. By 2019 reduce percentage of disconnected youth from 20% to 17% (County Health Rankings)
B. By 2019 reduce motor vehicle crash deaths from 15/100,000 to 13/100,000 (County Health Rankings)

Short-Term:

C. By 2019 reduce teens who expressed they felt they had no one to protect them from ___ to ___(ACEs indicator, Healthy Teens Survey)
D. Reduce adults reporting drinking and driving from 11% to 10% (Community Health Assessment)
E. Reduce females under 30 forced to have sexual intercourse from 18% to 16% (Community Health Assessment)

Strategies	Indicator	Baseline	Parties Responsible
Increase reach and awareness of Domestic Violence Services			
Expand outreach/awareness of existing domestic violence services	-Materials distributed	Establish baseline	DVS
Expand outreach of DVS services into smaller communities by continued funding through justice reinvestment fund	-Continued funding -Number of communities	Establish baseline	DVS, County
Increase direct service volunteers at DVS	-Number of volunteers	[DVS data]	DVS
Increase community educational opportunities centered around child abuse and domestic violence	-Number of events	Establish baseline	Violence Prevention Coordinator, Public Health, Schools
Implement new programming			
Implement “Stay Positive” Marketing Campaign	-Campaign Implemented	No baseline	GOBHI, Hospitals
Train 60 People across county in Positive Parenting Program	-Individuals trained	0	GOBHI, Hospitals
Promote Car Seat program Implementation	-Materials distributed -Number of locations of program implementation	Establish baseline	GOBHI, Safe Communities committee, WIC, Yellowhawk, PCS, and other community partners
Incorporate driving safety into existing health classes	-Number of schools/classes	Establish baseline	Schools, Coalitions
Perform “Slow Your Street” demos/programming	-Number of demonstrations	No baseline	Public Health, Planning

Plan for Action

The Community Health Improvement Plan will be distributed throughout the Umatilla County Community. While groups specifically dedicated to improving the health of the community will work closely in implementing the plan, the priorities are applicable to any individual or organization in the county.

Implementation of the plan will be monitored by Umatilla County Public Health. To ensure that specific projects are in progress, subcommittees for each priority area will be formed and individuals will be assigned to head each committee. Subcommittees will be expected to form a priority area-specific plan of action for strategy implementation and wider involvement of community sectors. Subcommittees will meet at least quarterly and report to Umatilla County Public Health on progress for each priority area. The full CHIP committee will meet annually to review and revise the Community Health Improvement Plan based on the feasibilities and effectiveness of the strategies and the status of priorities, resources, and/or community assets.

Health-specific groups in the community such as the Hermiston Healthy Communities Coalition, Pendleton Community Health Partnership, and Milton-Freewater Healthy Communities Coalition will pursue projects and form work plans that specifically address the concerns and strategies outlined in this plan.

Required Policy Changes

Policy Change	Page Number Referenced
Tobacco Retailer Licensing	12
Tobacco 21	12
Year of Wellness	10
Downtown Development Policies	9
Health in All Policies	9
Suicide prevention/intervention/postvention protocols	16

Appendix 1: CHIP Planning Process

The Umatilla County CHIP was created through a collaborative community planning process. Meetings locations were rotated between community partners in key areas of the county.

May 2016
Attendees identified top priority issues based on Umatilla County Community Health assessment data and divided into subcommittees based around each of top 5 priority areas. Distributed discussion materials/assignments for each group to bring information back for next full group meeting

Attendees reviewed data from the Umatilla County Community Health Assessment and identified concerns. Concerns were grouped into areas of similar issues and top issues were identified through collaborative discussion over what issues were of highest priority. Attendees then formed priority area sub-committees focused on one of the top five highest priority issues. Each group identified existing resources in Umatilla County that address each priority. Using the information compiled from both the identified concerns and existing resources, groups then identified gaps in current efforts for each priority.

June 2016
Sub-committees discussed and completed of assignments from May 2016 meeting. Full group identified community-specific gaps and projects that addressed assigned priority areas

July 2016
Attendees discussed the top 5 priorities identified at the May meeting and reviewed the information gathered by each group. The group then reviewed information about effectively selecting long-term strategies for the CHIP and ensuring that different community plans align with one another. The group also discussed the Public Health Accreditation Board requirements pertaining to the CHIP.

October 2016
Priority area sub-committees reviewed previous county and CCO CHIPS and listed the strengths and weaknesses of each. Sub-committees also discussed effective strategies for their priority area and finalized the focus of each area.

November 2016 - January 2017
Key informant interviews with key partners in the community were to thoroughly identify resources and efforts that address the concerns identified by each sub-committee. Interviewees also discussed potential strategies moving forward that would help close the gaps identified by each sub-committee.

February 2017
Weight Status draft reviewed at full committee meeting and CHIP timeline was updated. Small group discussions for Chronic Disease priority area were organized. Follow-up and ongoing outreach to community partners to modify CHIP process and gather information for Weight Status Priority areas. Gauged interest in focus groups/other methods of gathering information.

March 2017

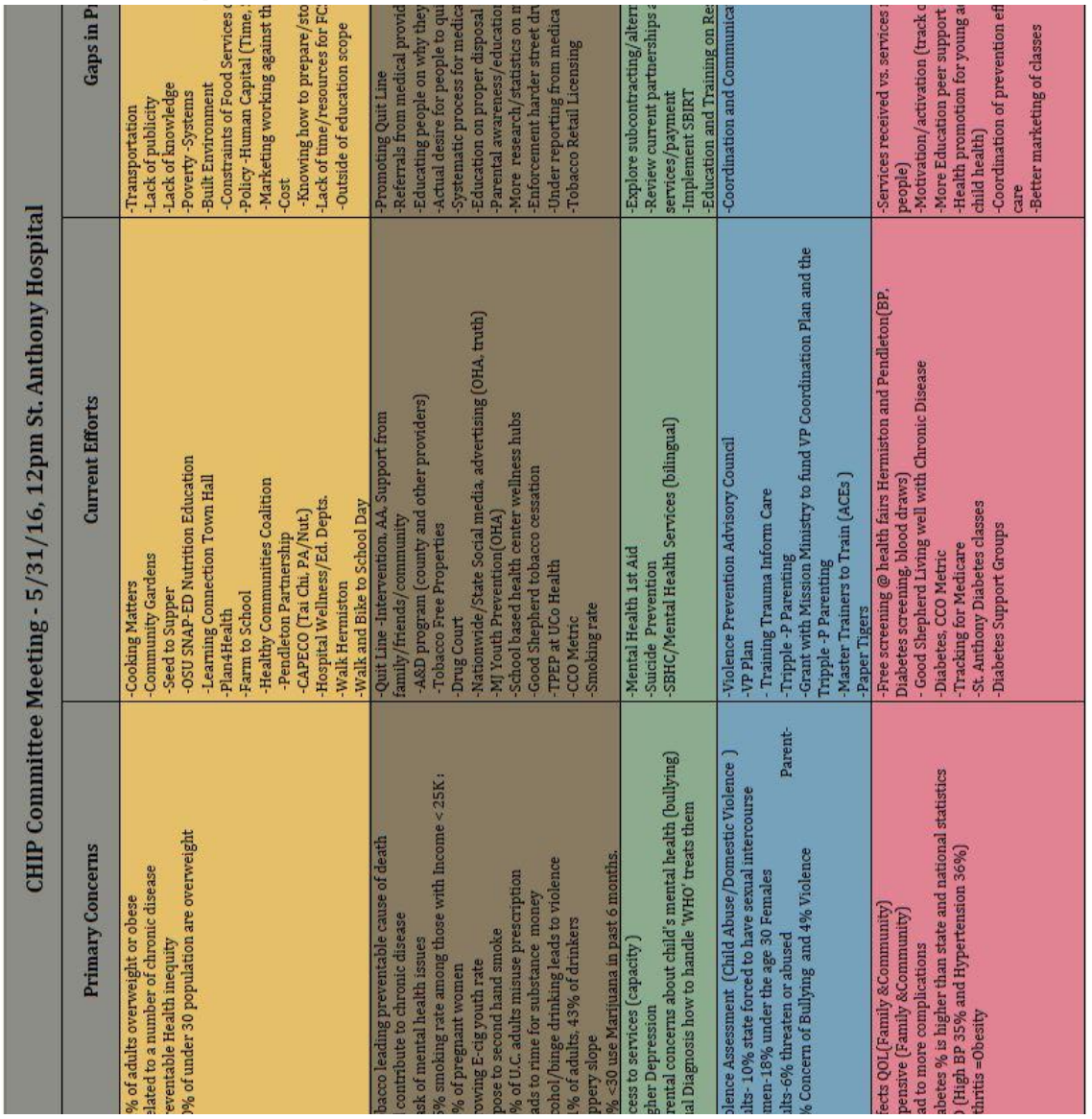
Small group discussions for Tobacco and Substance Abuse priority area were organized. Ongoing outreach to community partners concerning Weight Status and Chronic Disease priority areas.

April 2017
Small group discussions and outreach for Mental Health priority area were organized. Continued outreach concerning past small group meetings and other priority areas.

May 2017
Small group discussion and work for Violence and Safety priority area were organized. Final editing and gathering of information for all other priority areas throughout month.

August 2017
Final discussion of priorities and transition into implementation and evaluation.

Appendix 2: Development of Priorities



CHIP Committee Meeting - 5/31/16, 12pm St. Anthony Hospital

Primary Concerns	Current Efforts	Gaps in P
% of adults overweight or obese lated to a number of chronic disease eventable Health inequity)% of under 30 population are overweight	-Cooking Matters -Community Gardens -Seed to Supper -OSU SNAP-ED Nutrition Education -Learning Connection Town Hall -Plan4Health -Farm to School -Healthy Communities Coalition -Pendleton Partnership -CAPECO (Tai Chi. PA/Nut.) -Hospital Wellness/Ed. Depts. -Walk Hermiston -Walk and Bike to School Day	-Transportation -Lack of publicity -Lack of knowledge -Poverty -Systems -Built Environment -Constraints of Food Services -Policy -Human Capital (Time, -Marketing working against th -Cost -Knowing how to prepare/sto -Lack of time/resources for FC -Outside of education scope
bacco leading preventable cause of death contribute to chronic disease sk of mental health issues % smoking rate among those with Income < 25K ; % of pregnant women owing E-cig youth rate pose to second hand smoke % of U.C. adults misuse prescription ads to rime for substance money cohol/binge drinking leads to violence % of adults. 43% of drinkers ppery slope % <30 use Marijuana in past 6 months.	-Quit Line -Intervention. AA. Support from family/friends/community -A&D program (county and other providers) -Tobacco Free Properties -Drug Court -Nationwide/State Social media. advertising (OHA. truth) -MJ Youth Prevention(OHA) -School based health center wellness hubs -Good Shepherd tobacco cessation -TPEP at UCo Health -CCO Metric -Smoking rate	-Promoting Quit Line -Referrals from medical provid -Educating people on why they -Actual desire for people to qui -Systematic process for medica -Education on proper disposal -Parental awareness/education -More research/statistics on m -Enforcement harder street dr -Under reporting from medica -Tobacco Retail Licensing
cess to services (capacity) gher Depression rental concerns about child's mental health (bullying) al Diagnosis how to handle 'WHO' treats them	-Mental Health 1st Aid -Suicide Prevention -SBHC/Mental Health Services (bilingual)	-Explore subcontracting/alter -Review current partnerships services/payment -Implement SBIRT -Education and Training on Re
olence Assessment (Child Abuse/Domestic Violence) alth- 10% state forced to have sexual intercourse men-18% under the age 30 Females Parent- alth-6% threaten or abused % Concern of Bullying and 4% Violence	-Violence Prevention Advisory Council -VP Plan - Training Trauma Inform Care -Tripple -P Parenting -Grant with Mission Ministry to fund VP Coordination Plan and the Tripple -P Parenting -Master Trainers to Train (ACEs) -Paper Tigers	-Coordination and Communica
fects QOL(Family &Community) pensive (Family &Community) ad to more complications abetes % is higher than state and national statistics) (High BP 35% and Hypertension 36%) thritis =Obesity	-Free screening @ health fairs Hermiston and Pendleton(BP. Diabetes screening. blood draws) - Good Shepherd Living well with Chronic Disease -Diabetes. CCO Metric -Tracking for Medicare -St. Anthony Diabetes classes -Diabetes Support Groups	-Services received vs. services people) -Motivation/activation (track -More Education peer support -Health promotion for young a child health) -Coordination of prevention ef care -Better marketing of classes

Appendix 3: Planning Committee Participant List

Alisha Southwick	Umatilla County Public Health
Amanda Walsborn	Umatilla County Public Health
Amy Ashton-Williams	Umatilla County Human Services
Amy Hendrix	Umatilla Morrow Head Start, Inc.
Anne Sokoloski	Pendleton Early Learning Center
Angie Treadwell	Oregon State University Extension Service
Cameron Larsen	Umatilla County Public Health

Carol Eck	Lifeways, Inc.
Carrie Sampson	Yellowhawk Tribal Health Center
Cathy Wamsley	Intermountain Educational Service District
Catie Brenaman	Good Shepherd Health Care System
Charlotte Dudley	Greater Oregon Behavioral Health, Inc.
Chelsea Maranville	Greater Oregon Behavioral Health, Inc.
Cheryl Pearce	St. Anthony Hospital
Christine Guenther	St. Anthony Hospital
Darrin Umbarger	Clearview Mediation and Disability Resource Center
Diana Romero	Umatilla County Public Health
Emily Smith	St. Anthony Hospital
George Murdock	Umatilla County Board of Commissioners
Heidi Zeigler	State of Oregon Department of Human Services
Helena Wolfe	Community Action Program of East Central Oregon
Jane Jones	Umatilla County Public Health
Janet McFarlane	St. Anthony Hospital
Jason Edmiston	Hermiston Police Department
Jenae Henry	Lifeways, Inc.
Jessica Raphael	Juniper House
Jill Boyd	Greater Oregon Behavioral Health, Inc.
James Setzer	Umatilla County Public Health
Jeff Williams	Eastern Oregon Center for Independent Living
Joseph Fiumara	Umatilla County Public Health
Johanna McGainey	Eastern Oregon Coordinated Care Organization
Jovanna Centre	Lifeways, Inc.
Juli Gregory	Good Shepherd Health Care System
Kathryn Chaney	Domestic Violence Services
Kathy Thomas	Good Shepherd Health Care System
LeAnn Alexander	Yellowhawk Tribal Health Center
Lindsey Watchman	Yellowhawk Tribal Health Center

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Mary Davis	Eastern Oregon Nutrition Services
Mary Lou Gutierrez	Umatilla Morrow Head Start, Inc.
Mary Wren	Advantage Dental
Meghan DeBolt	Umatilla County Public Health
Megan Bernard	Umatilla County Public Health
Melissa Naff	St. Anthony Hospital
Micaela Cathey	Lifeways, Inc.
Michelle Aguire	St. Anthony Hospital
Morgan Linder	Umatilla County Public Health
Nicholas Anderson	Umatilla County Public Health
Rebecca Gardner	Oregon Child Development Coalition
Rikkilynn Larsen	Umatilla School District
Rod Harwood	Greater Oregon Behavioral Health, Inc.
Sarah Williams	Umatilla County Public Health
Shelley Liscom	Stanfield School District
Sonja Hart	Eastern Oregon Alcoholism Foundation
Steve Hardin	St. Anthony Hospital
Stuart Roberts	Pendleton Police Department
Tamara Mabott	Umatilla County Planning
Taylor Smith	Umatilla County Public Health
Terra Richter	Health Integrated, Inc.
Travis Enyon	Hermiston Police Department
Whitney Knowles	Advantage Dental

Appendix 4: Accreditation Standards and Measures

The Umatilla County Community Health Improvement Plan was developed in accordance with the following Public Health Accreditation Board Standards and Measures[25].

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	a. Broad participation of community partners	Appendix 3
		b. Information from community health assessments	Appendix 2
		c. Issues and themes identified by stakeholders in the community	Appendix 2
		d. Identification of community assets and resources	Appendix 2
		e. A process to set health priorities	Appendix 1
	5.2.2-L: Community health improvement plan adopted as a result of the community health improvement planning process	a. Desired measurable outcomes or indicators of health improvement and priorities for action	"Anticipated Outcomes" for each priority area
		b. Policy changes needed to accomplish health objectives	Page 19
		c. Individuals and organizations that have accepted responsibility for implementing strategies	"Parties Responsible" for each priority area
		d. Consideration of state and national priorities	"Background" for each priority area
	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	Pending (Plan for Action)
		2. Implementation of the plan	Pending (Plan for Action)
	5.2.4-A: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners	1. Report on progress made in implementing strategies in the community health improvement plan	Pending (Plan for Action)
		2. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment	Pending (Plan for Action)

Appendix 5: References

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