

NEVADA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Members of the Steering Committee are gratefully acknowledged for their contributions and sustained participation this planning process.

STEERING COMMITTEE MEMBERS

<i>Jill Blake</i>	Nevada County Public Health Department
<i>Holly Whittaker</i>	Nevada County Public Health Department
<i>Cathy Cross</i>	Nevada County Public Health Department
<i>Dr. Ken Cutler</i>	Nevada County Public Health Department
<i>Michael Heggarty</i>	Nevada County Health and Human Services Agency
<i>Phebe Bell</i>	Nevada County Health and Human Services Agency
<i>Molly DeBroek</i>	Domestic Violence and Sexual Assault Coalition
<i>Joyce Ash</i>	Child Advocates of Nevada County
<i>Seth Kellermann</i>	Emmanuel Episcopal Church
<i>Mali Dyck</i>	Nevada County Department of Social Services
<i>Stephanie Kreiter</i>	Dignity Health
<i>Ariel Lovett</i>	Community Recovery Resources
<i>Alex Gammelgard</i>	Grass Valley Police Department
<i>Nicole Ebrahimi-Nuyken</i>	Nevada County Behavioral Health Department
<i>Lindsay Dunkel</i>	First 5 Nevada County
<i>Amy Irani</i>	Nevada County Environmental Health
<i>Nohemi Mead</i>	Partners Family Resource Center
<i>Alison Schwedner</i>	Community Collaborative of Tahoe - Truckee
<i>Nancy Ramsey</i>	Domestic Violence and Sexual Assault Coalition
<i>Jennifer Edwards</i>	Registered Nurse and Community Member
<i>Holly Hermanson</i>	Nevada County Office of Education



07/2019: The names above that are struck out represent members who left the professional position they held while serving on the Steering Committee and/or they left the community.

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EXECUTIVE SUMMARY

This Community Health Improvement Plan (CHIP) documents a long-term, systematic effort to address public health in Nevada County. The plan was developed using the results of a comprehensive community health assessment and an inclusive community process to identify priority issues, goals, and strategies.

A Steering Committee, convened by the Nevada Public Health Department and facilitated by Social Entrepreneurs Inc., completed the plan using the Mobilizing for Action through Planning and Partnerships (MAPP) process. A three-year plan has been developed that addresses some of the most pressing health-related issues facing Nevada County.

Our Vision: A vibrant, diverse, connected, and healthy community

Core Values

This plan and its implementation is intended to reflect shared values and agreements. They include:

1. **Fairness.** Fairness addresses institutional disparities and barriers to optimal health by providing equitable access to knowledge, education, services, and supports.
2. **Compassion.** Services and supports for people at every stage of life are compassionate and respectful.
3. **Holism.** Health is holistic, with physical, mental, cultural, social, spiritual, environmental, and economic health connected. We work together for long-term, sustained results.
4. **Relationships.** Intergenerational connections strengthen each person's social, emotional, and physical well-being. We share responsibility for each other's physical, mental, cultural, social, spiritual, and economic health.
5. **Leadership.** Strategic and proactive leadership is prepared to address community health challenges including predictable and unexpected events.
6. **Excellence.** Individually and collectively, we strive for excellence and accountability.
7. **Natural Environment.** Publicly accessible open spaces are valued, protected, and utilized to renew health and wellness.

Key Levers for Change

Equity: Work to address health disparities and inequities

Resources: Connect and coordinate resources and supports with one another and with those who need them

Data: Use data and technology effectively to enhance the resources and programs that address community health

Strategic Priorities

The planning process identified three priorities for focus: Healthy Lifestyles, Behavioral Health, and Socio-Economics. These priorities were selected using the MAPP process, and include consideration of public health surveillance data and input from community members.

Healthy Lifestyles



- People in Nevada County are happy, connected, and physically active. They attend to personal health, eat a healthy diet, care for others, and live with a sense of purpose and meaning.



Behavioral Health

- People in Nevada County have the resiliency to achieve their optimal well-being, live joyfully, and contribute to their community.



Socio-Economics

- People in Nevada County have the resources they need to meet their basic needs, live in safe and permanent homes, lead enriching lives, have economic security, and have the ability to invest in the future.



Healthy Lifestyles Objectives

- 1.1 Reduce the incidence of chronic disease
- 1.2 Reduce smoking rates
- 1.3 Increase the percentage of people who report positive social supports/connectedness
- 1.4 Increase social and civic engagement
- 1.5 Increase access to and utilization of perinatal services and supports



Behavioral Health Objectives

- 2.1 Reduce problem drinking including binge drinking and youth use
- 2.2 Decrease suicide rate
- 2.3 Decrease rates of depression
- 2.4 Decrease illegal drug use



Socio-Economics Objectives

- 3.1 Increase number of households with a sustainable income
- 3.2 Reduce number of people who are homeless
- 3.3 Increase safe and affordable housing
- 3.4 Increase percentage of youth reading proficiently at 3rd grade

NEVADA COUNTY'S COMMUNITY HEALTH IMPROVEMENT PLAN

Background

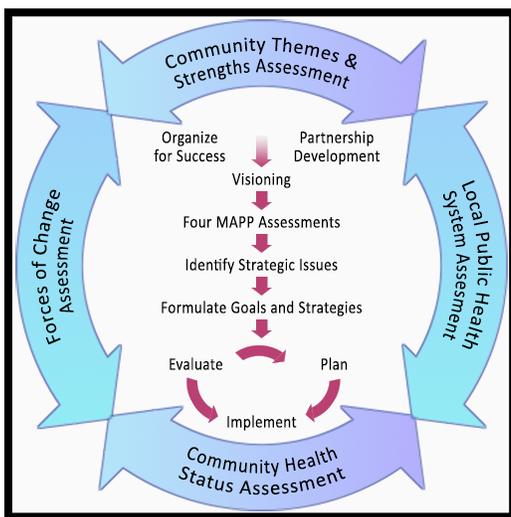
The Community Health Improvement Plan (CHIP) is a long-term, systematic plan to address the issues identified in Nevada County's Community Health Assessment (CHA). The plan's purpose is to unite the Public Health Department, the local public health system, and the community it serves to work together to improve the health of the population. A corresponding implementation plan, highlighting key strategies to begin in Year 1, will accelerate action toward reaching the plan's goals.

The CHIP was initiated by the Nevada County Public Health Department (NCPHD) and completed through the work of community, stakeholders, and partners. Community members helped to set priorities, directed the use of resources, and selected the projects, programs, and policies to implement.

Through a collaborative planning process, a broad set of community stakeholders and partners were engaged to help advance health as a community for Nevada County. This plan reflects the results of that work, including significant involvement from the variety of community sectors.

OVERVIEW OF THE CHIP PROCESS

In the fall of 2015, NCPHD convened a Steering Committee to develop a CHIP using a modified Mobilizing for Action through Planning and Partnerships (MAPP) process. The purpose was to engage the community to address important public health issues, resulting in broad-based, effective strategies implemented through strong community partnerships. The Steering Committee met monthly, working through the MAPP steps as a team.



The conditions of health in Nevada County were identified through a comprehensive CHA. Additional assessments, as recommended through the MAPP process, helped to inform strategic issues, goals, objectives, and strategies.

A key component of the planning process is community engagement. Building on community engagement started during the CHA process as the Steering Committee represented a broad cross-section of Nevada County's organizations, agencies, and institutions. Events to obtain additional participation from community members took place in January and August 2016.

The MAPP assessments were used to identify strategic

issues. Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. Strategic issues are important for a community to position itself for the future and distill what is truly important from the vast amount of information gathered through the assessments. A summary of the assessments is presented in the [next section](#).

The CHIP processes resulted in this plan, which includes:

- **Vision:** A compelling statement of the future the community seeks to create.
- **Values:** Descriptions of the agreed-upon principles that guide the work of the plan moving forward.
- **Goals:** Broad statements of what the community hopes to accomplish and the approach the community will take to achieve each goal.
- **Objectives:** Specific and measurable end-products of an intervention that is often expressed in terms of behavior change, norms, knowledge, attitudes, capacities, or conditions.
- **Strategies:** The outline of what specific activities the community will take to achieve the desired objectives.
- **Indicators:** Data metrics or processes that communities may use to measure and determine whether or not changes have occurred and are effective.
- **Timeframe, Action Steps, and Leads:** These items answer the questions: Who will do what? By when? What resources are needed? Identifying these key action items is critical to timely and successful implementation.

Creating a Shared Vision

Community members shared what a healthy community looks like too them.



ASSESSMENTS

Community Health Assessment

A comprehensive [Community Health Assessment](#) was developed in 2015, describing both health needs and assets in Nevada County. The assessment addressed social determinants of health (SDOH), and utilized multiple sources to understand the health and concerns of the county’s residents.

In California, 57 of the 58 counties are ranked to provide a snapshot of a community’s health and a starting point for investigating and discussing ways to improve health. Selected **2019 County Health Rankings** (published by the Robert Wood Johnson Foundation and

University of Wisconsin Population Health Institute) for Nevada County are highlighted in the table below.¹ The two primary categories included are Health Outcomes (how healthy a county is) and Health Factors (those things that influence the health of a county). Selected data for each primary category are shown in the tables below. Additional information about the significance of these outcomes and factors can be found in the comprehensive [Community Health Assessment](#).



Health Outcomes		Ranking: 14	
• Length of Life	Ranking: 23		
	Premature Death (measured as years of potential life lost, or YPLL)	5,700	Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

¹ For more data points and updates, please see *County Health Rankings* online: <http://www.countyhealthrankings.org/>.

<ul style="list-style-type: none"> Quality of Life 	Ranking: 6		
	Poor Mental Health Days	3.6	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).
	Low Birthweight	6%	Percentage of live births with low birthweight (< 2500 grams).
Health Factors			
<ul style="list-style-type: none"> Health Behaviors 	Ranking: 15		
	Adult Smoking	12%	Percentage of adults who are current smokers.
	Adult Obesity	20%	Percentage of adults that report a BMI of 30 or more.
	Access to Exercise Opportunities	79%	Percentage of population with adequate access to locations for physical activity.
	Alcohol - Impaired Driving Deaths	36%	Percentage of driving deaths with alcohol involvement.
<ul style="list-style-type: none"> Clinical Care 	Ranking: 11		
	Primary Care Physicians	1,440:1	Ratio of population to primary care physicians.
	Dentists	1,190:1	Ratio of population to dentists
	Mental Health Providers	140:1	Ratio of population to mental health providers.
<ul style="list-style-type: none"> Social and Economic Factors 	Ranking: 22		
	Unemployment	4.1%	Percentage of population ages 16 and older unemployed but seeking work.
	Children in Poverty	14%	Percentage of children under age 18 in poverty.
<ul style="list-style-type: none"> Physical Environment 	Ranking: 7		
	Air Pollution	8.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
	Severe Housing Problems	22%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities.



Local Public Health Assessment

The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public’s health. The Local Public Health System Assessment answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the essential services being provided to our community?"

Additional information from this assessment that identifies many of the organizations outside of NCPHD providing services can be found in the appendix: [The Local Public Health System - 10 Essential Public Health Services](#).

The 10 Essential Public Health Services		
1.	Monitor health status to identify community health problems	<p>Strengths. The Steering Committee identified many organizations that systematically collect, maintain, and report data related to community health.</p> <p>Weaknesses. Individual organizations may not have the capacity to share information around community health issues.</p> <p>Opportunities. The CHA process (and subsequent updates) provides an opportunity to compile information from various sources, including community resources, to help identify and monitor health problems.</p>
2.	Diagnose and investigate health problems and health hazards	<p>Strengths. Many organizations and agencies outside of NCPHD use assessments and systematic processes to investigate problems and health hazards. Examples include Community Recovery Resources’ (CoRR) ability to diagnose substance use disorders, and Sierra Nevada Memorial Hospital (SNMH) and Tahoe Forest Hospital District (TFHD) community health needs assessments. County and state agencies, including NCPHD, are tasked with these roles and carry them out effectively.</p> <p>Weaknesses. While governmental agencies have a critical role to play, it is also helpful to have other organizations that can track and report on such issues.</p> <p>Opportunities. Continued mapping of the local public health system may identify other groups providing these services. Assessment and targeted strengthening of the county and state resources can identify gaps and fill them.</p>
3.	Inform, educate, and empower people about health issues	<p>Strengths. Numerous community organizations, institutions, and agencies are working to empower individuals on health issues in Nevada County. Many faith-based institutions provide information and linkages to information, and, national, state, and local agencies are able to promote healthy practices at a broad scale.</p>

The 10 Essential Public Health Services

		<p>Weaknesses. While this is generally a strength in Nevada County, there are individuals and groups that may miss critical information on health. Additionally, individuals may struggle with healthy behavior changes with information alone.</p> <p>Opportunities. Reaching hard-to-reach populations with information and resources will help to ensure that this critical effort is more effective in Nevada County.</p>
<p>4.</p>	<p>Mobilize community partnerships to identify and solve health problems</p>	<p>Strengths. Members of the faith community provide an example of movement outside of organizations and agencies working to solve health and related issues, such as homelessness. The county’s coalitions and formal collaborations are also serving in this role.</p> <p>Weaknesses. Complex health problems, such as homelessness, are difficult to solve, even with multiple partners at the table.</p> <p>Opportunities. Existing collaborations may benefit from additional support to realize outcomes from partnerships. Collective impact models and funding may be especially useful to formalize and strengthen the existing work.</p>
<p>5.</p>	<p>Develop policies and plans that support individual and community health efforts</p>	<p>Strengths. Many organizations are working to advance policies that serve public health efforts. For example, coalitions work to inform policies, and, Domestic Violence and Sexual Assault Coalition (DVSAC) works to develop more comprehensive community policies and practices, such as through Sexual Assault Response Teams’ (SARTs) connection to law enforcement and other agencies. The Health and Human Services Agency (HHSA) implements healthy food policies, smoke-free campuses, and the Community Collaborative of Tahoe-Truckee develops policies and advocates for local ordinances that support health. The size of the community also helps to provide access to local decision makers to effect change.</p> <p>Weaknesses. In general, this is a strength. Some differences exist between Eastern and Western County, and in some cases more alignment may be beneficial. Additionally, in some cases, policies that support individual and community health may have some conflict with each other. For example, green building standards help to protect the environment, but may make housing more expensive and out of reach for those in need.</p> <p>Opportunities. Existing collaborations may benefit from additional support to realize outcomes from partnerships. Collective impact models and funding may be especially useful to formalize and strengthen the</p>

The 10 Essential Public Health Services

		existing work. A “health in all policies” approach may help to unite and further outcomes in Nevada County.
6.	Enforce laws and regulations that protect health and ensure safety	<p>Strengths. The existing system has components in place to enforce laws and safety. For example, Environmental Health Department inspects restaurants and foods for safety, toxins, etc., Adult Protective Services protects the county’s elderly population, and organizations and agencies effectively partner with law enforcement on public health issues.</p> <p>Weaknesses. Despite attention to laws, there are many laws and regulations that are broken and these diminish public safety. For example, drinking and driving, use of safety gear like helmets and seatbelts, and restricted smoking areas are not easily enforced.</p> <p>Opportunities. Continued partnerships within the county can help to strengthen both prevention and enforcement for public safety issues.</p>
7.	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	<p>Strengths. Many organizations have effective practices for linkages and referral. Nevada County is relatively small and has connected providers in both Eastern and Western County, fostering good communication among individuals and providers. Some advances in health records and communications at hospitals have also helped with people to get seamless care. Many organizations can also make referrals to nontraditional resources and informal supports. 211 Nevada County provides a central point for resources and referral.</p> <p>Weaknesses. The CHA identified populations that may have difficulty accessing services due to limited specialty care, limited providers, etc. For example, oral health care for people in need may be difficult to access, regardless of community awareness about the issues.</p> <p>Opportunities. Continuing to strengthen what is in place, including 211 Nevada County, referral systems, informal supports, and the network of providers can continue through the work of the CHIP. Regular meetings help to promote linkages across sectors and communities.</p>
8.	Assure a competent public and personal healthcare workforce	<p>Strengths. Organizations such as SNMH facilitate credentialing, offer continuing education, maintain licensing requirements, and meet annual training requirements. Similarly, CoRR supports a competent workforce by developing substance abuse and mental health professionals, and NCPHD hosts nursing students every year in an effort to develop the public sector workforce. State and local boards also fulfill this service.</p> <p>Weaknesses. The number and types of providers available within Nevada County has been identified as an issue within many areas of</p>

The 10 Essential Public Health Services

		<p>health, requiring people to travel out of county or long distances. Assuring a competent workforce to meet the community’s needs continues to be a challenge.</p> <p>Opportunities. Continued attention to standards and quality among public and personal health care is important. Telemedicine, improved referral systems, and integrated care provide opportunities to expand high quality care to people across the county.</p>
<p>9</p>	<p>Evaluate effectiveness, accessibility, and quality of personal and population-based health services</p>	<p>Strengths. The CHA (and community health needs assessment for hospitals) has helped to advance assessment and evaluation of personal and population-based health services. Advances in data systems to provide timely reports and continuous quality improvement are also in progress.</p> <p>Weaknesses. Evaluation of effectiveness, accessibility, and quality requires investments of time and resources. While many activities are in place, many aspects may not be measured (or analyzed) to be able to inform improvements.</p> <p>Opportunities. Continued development of data collection and assessment to improve outcomes is critical and can be strengthened. Monitoring of the CHIP will provide evaluation on many important public health initiatives, and new data infrastructure may support this service.</p>
<p>10.</p>	<p>Research for new insights and innovative solutions to health problems</p>	<p>Strengths. Individuals, organizations, and agencies are working to move health practices forward. Critical issues, such as the opioid epidemic (national, state, and local) have generated attention on emerging issues. Many organizations are able to bring in evidence-based interventions to serve their population.</p> <p>Weaknesses. Research and the capacity to evaluate innovative solutions is difficult in a small county. Nevada County does not have a university or research institution that could play a critical role in conducting research.</p> <p>Opportunities. Nevada County’s small size and connected community provide tremendous opportunity for cross-sector work and shared measurement to understand what is working. Enhancing partnerships and improving data infrastructure are important pieces that are being advanced through CHIP implementation.</p>

Community Themes and Strengths

As part of the CHA process in 2014, community members were asked to provide their perspectives about what makes a healthy community, the assets and attributes of their community, and areas requiring further attention to positively impact health and wellness. More than 500 surveys were collected and analyzed. Many positive aspects of Nevada County health were identified by community members, such as:

- **Quality of Life.** Nevada County is—according to many community members—a great place to live. Through the CHA process, community members noted assets such as open space, farmer’s markets, good schools, recreational activities, a sense of community, and available services as attributes that contribute to quality of life. Many CHA survey respondents rated the quality of life, and other aspects related to it, as “high.” Nearly half of survey respondents (47%) rated the communities where they live as healthy. In addition to this, almost two-thirds of survey respondents (63%) indicated that they were satisfied with the quality of life within their community. Most people surveyed felt safe and trusted their neighbors.
- **Social Connection.** Many CHA survey respondents indicated that they have adequate opportunities for social connection. More than half of respondents agreed that there are adequate meeting spaces (53%), and cultural events (62%) in the community.
- **Healthy Responses to Stress.** Survey respondents reported healthy ways of managing stress. Over half of the respondents (53%) indicated exercising as one of the more common ways they manage stress. Spending time with or calling family or friends was the second way recognized by nearly one-third of participants (32%). The third most common way to manage stress among survey participants was listening to music (28%). Reading (26%), cleaning or doing chores (23%), and watching television or movies (22%) were also among the top responses.
- **Services and Safety Net.** Numerous programs and services are available to help people in need. There are also portals to connect to these resources (online, phone, and through referring organizations). Trust among organizations and a growing network of partners working together to improve conditions in the county exists. 211 Nevada County provides resources and referrals to the available services and supports.
- **Opportunities for Recreation.** Formal recreation programs, trails, open spaces, and parks provide people with opportunities for recreation. More than half (55%) of survey respondents agreed that there are adequate health and wellness activities in the community for people of any age.
- **Culture of Health and Excellent Providers.** In listening sessions, people identified that that they pay attention to health. There are also great providers attracted by the quality of life in Nevada County.

While there are many positive aspects there are also issues of concern to the county residents that were identified through the CHA process. These included:

- **Financial Stress and Jobs.** Of survey respondents, 68% reported that money and finances caused them the largest amount of stress. Work and job concerns followed, with 37% reporting these as their major cause of stress. A large portion of survey respondents did not feel that jobs pay enough to live on, and many felt that opportunities for advancement were very limited.
- **Substance Abuse.** Substance abuse was the most commonly noted risky behavior in the county with 379 respondents (73%) stating this was an issue. Other information supports this concern; rates of substance abuse admissions are higher in Nevada County than in other areas of the state, and binge drinking rates also are considerably higher than other portions of the state.
- **Access to Care.** Health care was selected among the top three health problems in the community, with 45% of responses indicating this as an issue of concern. Through listening sessions, providers suggested that specialty care, particularly for people enrolled in public insurance products (e.g., Medi-Cal) may be limited in the immediate area. Also noted was limited access to oral health services. Consequently, distance to providers in other areas presents an access barrier to care.
- **Mental Health.** Survey participants perceived mental health disorders as a major concern, with almost 4 in 10 respondents (38%) identifying mental health as a leading health problem in their communities. People in listening sessions were concerned about both adult and youth mental health.
- **Safe and Affordable Housing.** Housing that is adequate, safe, and affordable was noted by survey respondents as the second most common health problem, with nearly one in three (32%) mentioning this as a top concern.
- **Chronic Disease.** Chronic diseases (30%) and complications of aging (28%) were also among the top responses reported through surveys.
- **Health Outcomes for Special Populations.** In listening sessions, community members identified people who experience poverty, homelessness, foster care, and other situations may be less healthy and less able to access the care they need.
- **Gaps in the Safety Net.** Respondents to the CHA Survey had mixed views about the safety net. For example, one in five (21%) respondents said there were enough meal programs for older adults in the community, while 16% said there were not enough meal programs for that population. The remaining respondents were uncertain about meal availability. In listening sessions, unmet needs for special, more vulnerable populations were identified.
- **Vaccination.** Many identified the county's low vaccination rates, especially for children, as a concern for community health.

Forces of Change

The Steering Committee conducted the *Forces of Change Assessment* in February 2016. The assessment detects trends, factors, or events that may influence work of the local public health system, including the health and quality of life of the community. A summary is provided below.

Environmental Issues Including Climate Change. Extended drought, fires and floods have the potential to negatively impact health and safety, the economy, recreational environment, and air quality. Many of the threats from climate change are difficult to predict. Few opportunities related to the issue of climate change were identified, although a proactive approach to addressing environmental changes may help to mitigate potential problems. Aging water and solid waste systems were also noted as a concern, impacting water quality.

Health Care. Many factors have recently changed related to health care and continue to change the context for health care. A lack of dental, primary, and specialty care providers coupled with expansion of Medi-Cal, contributes to long wait times for care, providers not accepting patients, and fragmentation among health care providers. Mental health care is also an important need where available services do not meet the existing demand. Opportunities exist in that more people have insurance coverage and through policies and programs intended to address the need.

Behavioral Health. Nevada County has seen an increase in substance abuse, vaping, and cannabis use, and is impacted by the opioid epidemic. Both youth and adults are affected. Additional complications can include increased deaths, increased emergency room visits, and increases in hepatitis, HIV, and other illnesses. Adult obesity and overweight rates are also on the rise.

Changing Demographics and Economy. Important changes in demographics impact the types of services needed. In Nevada County, the population is aging. Truckee has more people who are Hispanic/Latino, increasing the need for culturally-and-linguistically-appropriate services. Income inequality is also an important issue. Housing costs have risen without changes to wages. The number of people who are homeless is also perceived to have increased.

Politics and Government. Elections and legislation provide both threats and opportunities. Legislation on immunization has increased rates of early childhood vaccination and strengthened a backlash against it. Similarly, legislation regarding cannabis cultivation may have effects on the local economy, positive and/or negative.

Connection to Others and Information. Technology has connected people in new ways. In Nevada County, however, many people don't have access to the internet, limiting their access to resources including online health and educational information. Many also noted a lack of sense of community – different beliefs, conflicting priorities, and geographic distances contribute to a lack of connection among people. Opportunities include continued collaborations, faith-based initiatives, and internet groups such as LiNC (Love in Nevada County).

Violence and Safety. School shootings and firearm-related crimes in the US are a growing public health concern. Also, at the national level, the USA's continued engagement in wars overseas has affected families of enlisted men and women and has generated new needs for veterans' services.

Toward a Healthier Community

Our Vision for Nevada County



A vibrant, diverse, connected, and healthy community

Community Values

This vision is supported by a commitment to uphold the following values:

1. **Fairness.** Fairness addresses institutional disparities and barriers to optimal health by providing equitable access to knowledge, education, services, and supports.
2. **Compassion.** Services and supports for people at every stage of life are compassionate and respectful.
3. **Holism.** Health is holistic, with physical, mental, cultural, social, spiritual, environmental, and economic health connected. We work together for long-term, sustained results.
4. **Relationships.** Intergenerational connections strengthen each person's social, emotional, and physical well-being. We share responsibility for each other's physical, mental, cultural, social, spiritual, and economic health.
5. **Leadership.** Strategic and proactive leadership is prepared to address community health challenges including predictable and unexpected events.
6. **Excellence.** Individually and collectively, we strive for excellence and accountability.
7. **Natural Environment.** Publicly accessible open spaces are valued, protected, and utilized to renew and maintain health and wellness.

Strategic Issues

In alignment with the MAPP process, strategic issues were identified and used to guide goal setting. An initial list of questions was developed, then expanded, and finally reduced to the most critical questions. By definition, strategic issues center on a tension or conflict, resolve upstream or root causes, and are something that the public health system can address.

1. How do we support economic well-being for all members of the community?



2. How do we reduce health disparities and inequities?



3. How do we support youth and families in developing healthy lifestyles?



4. How do we increase connectivity and reduce isolation in our community?



5. How can we use data and technology effectively to enhance the resources and programs that address community health?



6. How can we increase access to healthy food that supports health and wellness for all people in the community?



7. How do we connect and coordinate resources and supports with one another and with those who need them?



8. How do we establish positive social norms that help prevent substance abuse?



9. How do we create the conditions to support optimal mental health?



10. What can be done to increase access to safe and affordable permanent housing?



11. How can we reduce the leading causes of death utilizing evidence-based strategies?

Summary of Priorities and Goals

Using the prioritized list of strategic issues, the Steering Committee established priority areas or “hubs” for focus. These areas set the course for community health and were selected to promote the health across the lifespan, with a focus on social determinants and the need to address health inequities and disparities within the community.

Healthy Lifestyles



People in Nevada County are happy, connected, and physically active. They attend to personal health, eat a healthy diet, care for others, and live with a sense of purpose and meaning.

Behavioral Health



People in Nevada County have the resiliency to achieve their optimal well-being, live joyfully, and contribute to their community.

Socio-Economics



People in Nevada County have the resources they need to meet their basic needs, live in safe and permanent homes, lead enriching lives, have economic security, and have the ability to invest in the future.

Issues of access to health care and other services, environmental factors specific to Nevada County, policy issues, personal behaviors, and changes throughout the lifespan were considered in defining these goals and the strategies most effective to fulfill them. Three of the strategic issues were considered universal, meaning that they applied across all hubs and should inform objectives and strategies as the planning moves forward. Those issues are shown in the text box above, and, through attention in implementation, will be levers to affect change in Nevada County.

Levers to Affect Change

Strategic Issues that Inform Universal Principles and Approaches

Equity: How do we reduce health disparities and inequities?

Resources: How do we connect and coordinate resources and supports with one another and with those who need them?

Data: How can we use data and technology effectively to enhance the resources and programs that address community health?

**Equity
Focus**

**Shared
Resources**

**Data -
Driven**

Objectives

Goals were established based on the strategic issues, and, corresponding objectives were aligned to measure progress toward reaching goals. Note that in many cases the objectives relate to more than one goal. The goals, objectives, and indicators are congruent with both national and state guidance and are shown to help guide Nevada County’s efforts.

Healthy Lifestyles

Goal 1: People in Nevada County are happy, connected, and physically active. They attend to personal health, eat a healthy diet, care for others, and live with a sense of purpose and meaning.	Objectives	Indicators
	1.1 Reduce the incidence of chronic disease 1.2 Reduce smoking rates 1.3 Increase the percentage of people who report positive social supports/connectedness 1.4 Increase social and civic engagement 1.5 Increase access to and utilization of perinatal services and supports	1.1 Incidence of chronic disease (e.g., age-adjusted rates heart disease, cancer, COPD, Alzheimer’s) 1.2 Smoking rate; vaping rate (youth and adult) 1.3 Percentage of people who report positive social supports/connectedness 1.4 Percentage of those engaged in a civic or volunteer group 1.5 Utilization of perinatal services and supports (desegregated by insurance type)

Alignment to State and National Initiatives:

- Let’s Get Healthy California, Selected Indicators: *Living Well*
- Let’s Get Healthy California, Selected Indicators: *Preventing and Managing Chronic Disease*
- Let’s Get Healthy California, Selected Indicators: *Creating Healthy Communities*
- National Prevention Strategy, *Active Living*
- National Prevention Strategy, *Healthy Eating*
- National Prevention Strategy, *Tobacco-Free Living*
- Healthy People 2020, *Physical Activity*
- Healthy People 2020, *Nutrition and Weight Status*
- Healthy People 2020, *Tobacco Use*

Behavioral Health

Goal 2: People in Nevada County have the resiliency to achieve their optimal well-being, live joyfully, and contribute to their community.	Objectives	Indicators
	2.1 Reduce problem drinking, including binge drinking and youth use 2.2 Decrease suicide rate 2.3 Decrease rates of depression 2.4 Decrease illegal drug use	2.1 Rate binge drinking; rate of youth drinking; age of youth drinking 2.2 Age-adjusted suicide rate 2.3 Rate of those reporting depression (youth); rate reporting bad mental health days (adults) 2.4 Rate of illegal drug use (youth and adults); overdose deaths

Alignment to State and National Initiatives:

- Let’s Get Healthy California: *Healthy Beginnings*
- Let’s Get Healthy California: *Living Well*
- National Prevention Strategy: *Preventing Drug Abuse and Excessive Alcohol Use*
- National Prevention Strategy: *Mental and Emotional Well-Being*
- Healthy People 2020: *Access to Health Care*
- Healthy People 2020: *Substance Abuse*
- Healthy People 2020: *Mental Health and Mental Disorders*

Socio-Economics

Goal 3: People in Nevada County have the resources they need to meet their basic needs, live in safe and permanent homes, lead enriching lives, have economic security, and have the ability to invest in the future.	Objectives	Indicators
	3.1 Increase number of households with a sustainable income 3.2 Reduce number of people who are homeless 3.3 Increase safe and affordable housing 3.4 Increase percentage of youth reading proficiently at 3 rd grade	3.1 Median income; percentage in poverty 3.2 Number of people who are homeless (PIT Count) 3.3 30% or more of income spent on housing; percentage in overcrowded homes 3.4 Percentage of youth reading proficiently at 3 rd grade

Alignment to State and National Initiatives:

- Let’s Get Healthy California: *Lowering the Cost of Care*
- Let’s Get Healthy California: *Healthy Beginnings*
- Healthy People 2020: *Social Determinants*
- Healthy People 2020: *Early and Middle Childhood*

Strategies

This section outlines the specific activities identified to achieve the goals and objectives. Community members were integral in this process. Community conversations and feedback in January 2016 and again in August informed the design of Nevada County’s strategies.

The selected strategies emphasize policy and system changes, as well as align with state and national priorities (e.g., National Prevention Strategy, Healthy People 2020, and Let’s Get Healthy California). Strategies that are either scientifically supported or where there is evidence for effectiveness based on Robert Wood Johnson’s *What Works for Health* have been noted with a star (★). First-year strategies are shown in the shaded boxes.

Details about the tasks for the Year 1 strategies can be found in the [Implementation Plan](#) section of this document. The Implementation Plan includes a preliminary list of organizations and agencies in Nevada County that may help to advance the strategy.

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 1			
Objective 1.1 Reduce incidence of chronic disease			
★	<u>Strategy 1.1.A.</u> Partner with community and organizations to launch a <i>Get Nevada County Moving Campaign</i> to promote exercise as means to reduce chronic disease.	EC	Year 3 / 4
	<u>Strategy 1.1.B.</u> Promote, leverage, and expand community partnerships; provide access to healthy food, nutrition education, and WIC/SNAP benefits; address policies and ordinances that promote healthy lifestyles; and create a full circle of opportunities for developing healthy habits. (See 2019 Annual Report Appendix B for Progress made to date.)	EC	Year 1 / 2
★	<u>Strategy 1.1.C.</u> Identify an organization or group to take the lead in getting youth/people help accessing natural environment, healthy food, and recreation resources.	Program	Year 3 / 4
Objective 1.2 Reduce smoking rates			
★	<u>Strategy 1.2.A.</u> Provide community and youth information and education about smoking and vaping. (See 2019 Annual Report Appendix B for Progress made to date.)	EC	Year 1 / 2

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 1			
Objective 1.3 Increase the percentage of people who report positive social supports/connectedness.			
	<u>Strategy 1.3.A.</u> Establish/expand <i>Friendly Visitor</i> program for seniors. (See 2019 Annual Report Appendix B for Progress made to date.)	Program	Completed
Objective 1.4 Increase social and civic engagement			
★	<u>Strategy 1.4.A.</u> Partner with 211 Nevada County and other groups to identify and implement effective communication strategies (e.g., social media) to provide and push information about the available opportunities for community connectedness.	EC	Year 3 / 4
	<u>Strategy 1.4.B.</u> Use high school students and seniors in community service programs (e.g., <i>Friendly Visitor</i>).	Program	Year 3 / 4
Objective 1.5 Increase access and utilization of perinatal services and supports			
	<u>Strategy 1.5.A.</u> Select tool(s), train providers, and implement research-based protective factor screenings/assessments in pediatric, well-child care visits to identify and refer to needed services and supports.	Policy	Year 3 / 4
★	<u>Strategy 1.5.B.</u> Promote/expand prenatal education to identified target population, including expectant and new mothers.	EC	Year 3 / 4

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 2			
Objective 2.1 Reduce problem drinking, including binge drinking and youth use			
★	<u>Strategy 2.1.A.</u> Explore Truckee’s Social Host Ordinance to see if it is appropriate to expand to other areas of the county (i.e., consider passing a	Policy	Year 3 / 4

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 2			
	similar ordinance for the entire county where parents are responsible for what goes on in their homes).		
	<u>Strategy 2.1.B.</u> Create/expand ability to share client information (in accordance with regulations and standards) in order to assist with early identification and referral to services and supports.	Policy	Year 3 / 4
★	<u>Strategy 2.1.C.</u> Explore and implement evidence-based prevention strategies, including strategies of the drug-free coalitions, to reduce youth’s easy access to alcohol and drugs, as appropriate.	Program EC	Year 3
★	<u>Strategy 2.1.D.</u> Offer more positive recreational alternatives for youth, e.g.: youth center.	EC	Progress Expected in Year 2: Links to 1.1.A, 1.1.B, and 1.1.C
Objective 2.2 Decrease suicide rate			
	<u>Strategy 2.2.A.</u> Increase resources for in-patient psychiatry in county (we currently transfer 70% out of county).	EC	Year 3 / 4
	<u>Strategy 2.2.B.</u> Promote/expand Mental Health First Aid to help the public identify, understand, and respond to signs of mental illness (Know the Signs, etc.).	Program	Year 2
Objective 2.3 Decrease rates of depression			
★	<u>Strategy 2.3.A.</u> Work with partners to develop a pilot for integrated health care (mental, oral, physical, and substance use). (See 2019 Annual Report Appendix B for Progress made to date.)	Program EC	Year 1 / 2
	<u>Strategy 2.3.B.</u> Create a “mental health week.”	Program	Year 2
★	<u>Strategy 2.3.C.</u> Launch a community-wide campaign to connect kids and families with activities. (Screen-free week may launch this effort.)	EC	Year 2

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 2			
★	<u>Strategy 2.3.D.</u> Partner with community/providers to secure resources to conduct universal mother/baby home visits (focus to improve the child development and address maternal depression, and to offer access to resources).	EC	Year 3
Objective 2.4 Decrease illegal drug use			
	<u>Strategy 2.4.A.</u> Establish a campaign that combats the normalization of substance use.	EC	Year 2 / 3
	<u>Strategy 2.4.B.</u> Focus prevention, intervention, and treatment efforts on specialized populations.	EC Policy	Year 2 / 3

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 3			
Objective 3.1 Increase number of households with a sustainable income			
	<u>Strategy 3.1.A.</u> Increase enrollment and participation in SNAP/WIC/CalWORKS and other benefits programs for all eligible.	EC	Year 2 / 3
Objective 3.2 Reduce number of people who are homeless			
	<u>Strategy 3.2.A.</u> Expand/increase partnerships with the Planning Department for housing and to expand resources and supports/supportive services. (See Brunswick Commons project.)	Policy Program(s)	Year 3
Objective 3.3 Increase safe and affordable housing			
	Strategy 3.3.A. Work to better implement the Housing Element in the County General Plan; advocate for required affordable housing. Deleted	Policy Policy is in place.	Year 2 / 3

EBP /PP	Potential Strategies and Action Steps	Policy / Program / Environmental Change	Time Frame
Goal 3			
	<u>Strategy 3.3.B.</u> Partner to identify and recommend changes to zoning/building regulations and codes to allow for more affordable housing construction. (See recent BOS actions taken; will work recent developments in the 2019-20 CHIP progress report.)	Policy	Year 2 / 3
	<u>Strategy 3.3.C.</u> Partner with cities and county government to continue to address homelessness and housing needs with wraparound services.	EC Program(s)	Year 2 / 3
Objective 3.4 Increase percentage of youth reading proficiently at 3 rd grade			
	<u>Strategy 3.4.A.</u> Use data and conduct targeted research to look at trends and identify strategies related to increasing reading capacity and promoting protective factors.	EC	Year 3
	<u>Strategy 3.4.B.</u> Provide increased access to services that address maternal depression (recognizing that mothers who are depressed are not as likely to read to their children).	EC	Year 2 - 4
	<u>Strategy 3.4.C.</u> Promote babies' early health and nutrition outcomes. (See 2019 Annual Report Appendix B for Progress made to date.)	EC Program(s)	Year 1 - 3

SUMMARY AND NEXT STEPS

This plan was developed through an inclusive process and identifies actions that can help make Nevada County healthier and more prosperous. Several overarching steps have been identified to help advance the plan. They include:

1. Provide information about the plan to existing community groups. This information and awareness will help to align actions toward the plan's vision, goals, and strategies.
 - a. 7/2019: CHIP presentations were delivered to the Nevada county Health Collaborative, Community Support Network of Nevada County, Community Collaborative of Tahoe Truckee, FREED, and the Foothills Truckee Healthy Babies Community Advisory Board.
2. Work with existing groups, when possible, to advance Year 1 strategies.
 - a. 7/2019: Work was conducted with nearly all of the groups listed above. In addition, other groups and organizations conducted work to advance CHIP goals. In 2019-20, NCPHD will work to capture their work in the CHIP progress reports to demonstrate community progress towards goals/objectives.
3. Develop a system to document and share plan progress, so that progress can be tracked and shared with the community.
 - a. 7/2019: Beginning in 2019, NCPHD will run and post progress reports on its website at least twice a year.
4. Establish new work groups for objectives and strategies for which there is not existing or strong existing activity.
 - a. 7/2019: More work will be done on this in 2020.
5. Hold regular meetings of the Steering Committee, including new stakeholders engaged through implementation, to share information, progress, and lessons learned. Continue to advance relationships within the county that advance the plan's goals.
 - a. 7/2019: NCPHD proposes to use an existing group to serve as the Steering Committee.
6. Continue to identify areas of shared action between Eastern and Western County. Using Steering Committee meetings, share what is in place, including programs and processes that can be leveraged across the county, where appropriate.
7. Complete reporting to monitor process and outcomes of strategy implementation. Include formative measures to support continuous quality improvement throughout. A results-based accountability framework may be helpful for communicating progress on population-level indicators as well as developing strategy-level measures to track.

This plan is intended as a living document, one that is used and useful. Regular review of the plan, including progress updates, should be made a minimum of annually with a formal update to the plan recommended in three years (2020).

IMPLEMENTATION PLAN

For Years 1-3, Priority Strategies and Action Steps have been identified, along with time frames, community partners and assets to leverage, and strategies for measurement. Priority actions were selected based on capacity to begin work, alignment to the community priorities, and to address prevention across the lifespan. When possible, indicators have been linked to *Let's Get Healthy California* (in **Bold**) and align with national projects such as *Healthy People 2020* and the *National Prevention Strategy*. Final, detailed timeframes will also be established once the plan is approved. Note that additional steps or actions may be made, and the Implementation Plan should be considered a working document. **7/2019: This section has been updated; See NCPHD's 2019 Annual Report for detailed progress made on the strategies listed below.**

Goal 1		
Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
<p>1.1.B Promote, leverage and expand community partnerships, to provide access to healthy food, nutrition education, and WIC/SNAP benefits; address policies and ordinances that promote healthy lifestyles; and, create a full circle of opportunities for developing healthy habits.</p> <ul style="list-style-type: none"> a. Identify existing partnerships. b. Build on NEOP/CNAP meetings. c. Determine gaps or opportunities to expand service connection. d. Define aspects of healthy lifestyles and habits. e. Identify any policies or local ordinances that are in conflict with healthy habits. f. Work with community leaders to champion changes to bills that need change. 	2018-2020	<p>Lead: Lynne Lacroix, Nevada County Public Health Department (NCPHD)</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • 211 Nevada County • Area Hospitals and Clinics • CNAP group • Environmental Health Department • Food Pantries • Local Food Policy Council • NEOP • Primary Care Providers • Sierra Harvest • Department of Social Services
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> • Formal partnerships in place • # and % of those eligible who are enrolled in WIC, SNAP, etc. • # and % of children consuming the recommended amounts of fruits and vegetables daily • # and % of adults consuming the recommended amounts of fruits and vegetables daily 		

Goal 1

Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
<p>★ 1.2.A. Provide community and youth information and education about smoking and vaping.</p> <ul style="list-style-type: none"> a. Catalogue what is currently in place. b. Promote existing education and training to partners. c. Utilize state and local funding for campaign. d. Explore and identify evidence-based practices. 	<p>2018-2020</p>	<p>Lead: Shannon Glaz, NCPHD</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • 1-800-BUTTS • Connecting Point • Cessation – Youth Focused • CoRR • Hospitals • Law Enforcement • Policy Makers • Retailers • Schools • Western Sierra Medical Clinic

Proposed Performance Measures for this Strategy

- # and % of youth using tobacco in past 30 days
- # and % of adults that are current smokers

Data Development: vaping and use of e-cigarettes

<p>1.3.A. Establish/expand Friendly Visitor program for seniors. (This program pairs homebound seniors with a visitor, and can also include therapy animals.)</p> <ul style="list-style-type: none"> a. Conduct assessment to identify assets. b. Use a cross-generational approach to make enhancements where there are gaps. c. Implement program and make changes as needed. 	<p>Completed</p>	<p>Leads: Reverend Seth Kellermann of Emmanuel Episcopal Church and Ana Acton of FREED</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • 211 Nevada County • Assisted and Independent Living Facilities • Behavioral Health Department • Case Managers at Area Hospitals • Churches • Family Resource Centers • Gold Country Community Services • Gold Country Lift • NEO • RSVP • Senior Outreach Nurses • Skilled Nursing Facilities • Veterans Services Office
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Proposed Performance Measures for this Strategy

- Formal partnerships in place
- # and % of seniors that report good, very good, or excellent health

Goal 2

Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
<p>★ 2.1.C Explore and implement evidence-based strategies for prevention—including strategies of the drug-free coalitions—to reduce youth’s easy access to alcohol and drugs, as appropriate.</p> <p>a. Hold meeting with Tahoe Truckee Future without Drug Dependence and Coalition for a Drug-Free Nevada County to discuss existing and emerging programs and practices. Examples include Alcohol Edu, Screening Brief Intervention and Referral to Treatment (SBIRT); media messaging; and License Education on Alcohol and Drugs (LEADS) for merchants and servers.</p> <p>b. Select 1-2 programs/practices for expansion/implementation in Western County.</p>	<p>2019-20</p>	<p>Lead: TBD; this strategy is not currently active.</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • Alcohol and Other Drugs (AOD) Prevention Program • Eastern and Western County Coalitions • High Schools • Law Enforcement • NEO • Nevada County Office of Education
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> • Formal partnerships in place • # and % of new partners implementing screening • # and % of people served through new/expanded programming • Drug overdose deaths (Number of drug poisoning deaths per 100,000 population) 		
<p>★ 2.1.D Offer more positive alternatives for kids, e.g.: youth center.</p> <p>a. Inventory existing programs and opportunities for youth, and ensure that information is widely shared.</p> <p>b. Identify gaps by geography, age, income, and type of activity.</p> <p>c. Develop solutions to address the gaps.</p> <p>d. Work with existing youth providers and area leaders to create projects to fill gaps.</p> <p>e. Hold focus groups with youth to test strategy and develop buy-in.</p>	<p>2020 Links to 1.1.A, 1.1.B, and 1.1.C</p>	<p>Leads: NEO and Tara Crim of NCPHD</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • 211 Nevada County • 4-H Nevada County • Big Brothers Big Sisters • Boy Scouts and Girl Scouts • Center for the Arts • Churches • Family Resource Centers • Friday Night Live/Club Live • Friendship Club • Law Enforcement • Parks and Recreation Districts • Policy makers

Goal 2

Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
<ul style="list-style-type: none"> f. Explore feasibility for funding and policy. g. Obtain funding for projects and activities – including scholarship opportunities. 		<ul style="list-style-type: none"> • Schools • YMCA
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> • Meetings attendance, including youth participants • # and % of youth served through new / expanded programming • # and % of students in 7th, 9th, and 11th grade that have constant feelings of sadness or hopelessness 		
<p>★ 2.3.A Work with partners to develop a pilot for integrated health care (mental, oral, physical, and substance use).</p> <ul style="list-style-type: none"> a. Convene a task force to assess feasibility of integrated health care in Nevada County. b. Identify one or more partners to pilot and serve as a demonstration project. c. Evaluate pilot, and, as appropriate, expand the projects to health care providers. d. Integrated Emergency Department (ED) implementation (e.g., case manager + CoRR counselor in ED for motivational interviewing, MAT). e. Primary care with tele-med capacity. 	<p>2018-2020</p>	<p>Leads: Jill Blake of NCPHD, Laura Seeman of SNMH, and the Nevada County Health Collaborative</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> • Behavioral Health Department • Chapa-De Indian Health • CoRR • FREED Center for Independent Living • Oral Health Collaboratives • Sierra Family Medical Clinic • Western Sierra Medical Clinic
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> • Pilot project in place for integrated health care • # and % of emergency room patients who received integrated care with other providers and services • Formal partnerships in place 		

Goal 3

Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
<p>3.2.A Expand/increase partnerships with the Planning Department for housing and to expand resources and supports/supportive services.</p> <ol style="list-style-type: none"> Identify 1-3 liaisons that can regularly attend Planning Department meetings to build relationships and track issues. Identify one or more key areas where supports, services, and health should be considered (e.g., link to/expand existing efforts to build walkability, biking, etc.). Provide information to support aligned actions. Engage one or more Planning Department personnel in a health / housing planning team. Work on a unified, cross-jurisdictional policy agenda with Placer Co. targeting: <ul style="list-style-type: none"> Housing production Mitigation requirements Development standards Assistance programs 	<p>2019-2021</p>	<p>Lead: NCPHD with Community Representatives</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> Bear Yuba Land Trust City of Grass Valley Law Enforcement Live Healthy NC Walkability Stakeholders City of Nevada City County of Nevada Truckee Regional Housing Council to guide/oversee policy agenda
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> Visibility of health in housing meetings, as evidenced by attendance at meetings # and % of new policies that align to health # and % of housing affordable (based on cost burden) # and % in over-crowded / inadequate housing 		
<p>3.4.C. Promote infants' early health/nutritional outcomes.</p> <ol style="list-style-type: none"> Work with providers to access materials and resources for families with infants and young children. Work with providers to provide referrals to nutrition programs, information, and other resources. 	<p>2018-2020</p>	<p>Leads: Debra Wilson of WIC and Joyce Ash of Child Advocates of Nevada County/Foothills Truckee Healthy Babies</p> <p>Partners to Engage:</p> <ul style="list-style-type: none"> Behavioral Health Department Chapa-De Indian Health Early Head Start

Goal 3

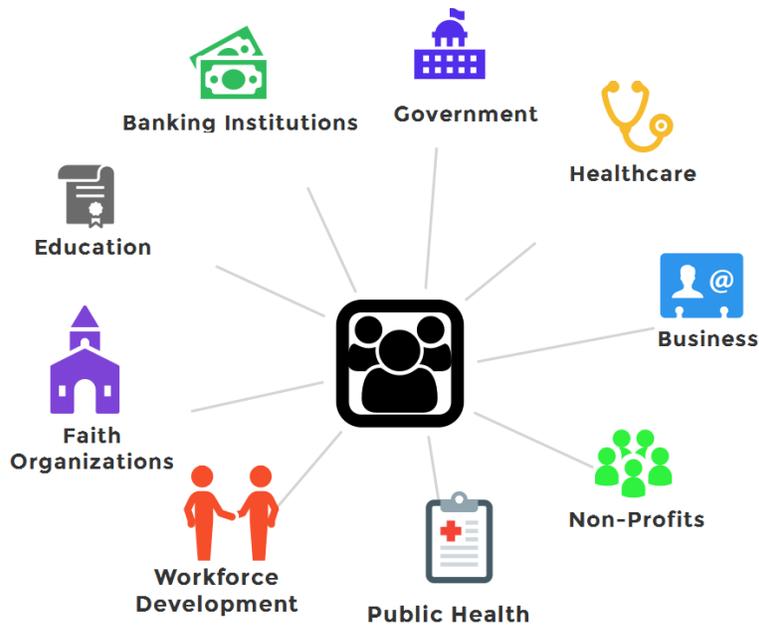
Year 1 Strategies and Action Steps	Time Frame	Potential Partners and Programs to Leverage
		<ul style="list-style-type: none"> • Family Resource Centers • First 5 Nevada County • Hospitals • Maternal Child Adolescent Health • Sierra Nevada Children’s Services • The Nest • Western Sierra OB/GYN • Young Parents Program
<p>Proposed Performance Measures for this Strategy</p> <ul style="list-style-type: none"> • # and % of providers and community organizations providing screening • # and % of referrals to qualified providers • # and % receiving nutrition support for babies (e.g., breastfeeding support, etc.) • # and % reporting that they have food for themselves and their family 		

7/2019: The original CHIP Steering Committee members did a fantastic job of representing community through the development of Nevada County’s CHIP. The professional landscape in Nevada County, however, has changed dramatically since 2015 when the group was initially formed. Several members left their positions or moved, and others have advanced in their organizations thereby decreasing their ability to participate in CHIP oversight and implementation.

In November 2019, Jill Blake, Nevada County Public Health Director, will propose to the Nevada County Health Collaborative (NCHC) that it serve as the CHIP Steering Committee. If the NCHC agrees, then the Implementation Plan will be revised again with NCHC/Steering Committee member input. Additional objectives and strategies may be added, while others may be removed.

MORE INFORMATION

Nevada County’s Community Health Improvement Plan is a community project with leadership and support provided by the Nevada County Public Health Department. To learn more or to get involved, please visit the [Nevada County Public Health Department website](#).



We need your help! This plan will be more successful through the contributions of community members working together to improve and sustain health through coordinated actions.

Project Contacts

Jill Blake, Public Health Director
 500 Crown Point Circle
 Grass Valley, CA 95945
 Phone: 530-265-1732
 Fax: 530-271-0837
 public.health@co.nevada.ca.

Holly Whittaker, Epidemiologist
 500 Crown Point Circle
 Grass Valley, CA 95945
 Phone: 530-470-2658
 Fax: 530-271-0894
 public.health@co.nevada.ca.

This plan and the associated Community Health Assessment was developed with support from Social Entrepreneurs, Inc.

6548 South McCarran, Suite B. Reno, NV 89509

Phone: 775-324-4567 Fax: 775-324-4941 www.socialent.com

APPENDIX

COMMUNITY PARTICIPATION

The Steering Committee consisted of a broad cross-section of Nevada County, representing different sectors and groups.

Many other individuals were engaged in the CHIP. Two specific ways that this took place was through a visioning session in January 2016, and a Community Café, used to discuss and select strategies. Both the Visioning Session and Community Café were held in Grass Valley.

Visioning Session 1: January 2016

Location: Peace Lutheran Church
Time: Afternoon
Participant Count: 32

Visioning Session 2: January 2016

Location: Peace Lutheran Church
Time: Evening
Participant Count: 30

Community Cafe 1: August 2016

Location: Peace Lutheran Church
Time: Afternoon
Participant Count: 16

Community Cafe 2: August 2016

Location: Peace Lutheran Church
Time: Evening
Participant Count: 13

DEFINITIONS

Please see definitions for key concepts presented in plan. Note that definitions may be verbatim from the source presented.

Behavioral Health: A term including both mental health and substance use and that encompasses a continuum of prevention, intervention, treatment, and recovery support services (American Public Human Services Network).

Chronic Diseases and Conditions: A chronic disease is one lasting three months or more, by the definition of the U.S. National Center for Health Statistics. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear (Medicine.net). Heart disease, stroke, cancer, Type 2 diabetes, obesity, and arthritis are among the most common, costly, and preventable of all health problems (Centers for Disease Control and Prevention).

Mental Health: Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization).

Environmental Change: A physical or material change to the economic, social, or physical environment. For example, a city can promote new trails and paths to encourage pedestrian mobility and use of bicycles and mass transit systems, often referred to as active transportation, or a convenience store near a school can stop advertising tobacco products in its windows (Centers for Disease Control and Prevention).

Evidence-Based Practice: Evidence-based public health is defined as the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models (Partners for the Public Health Workforce).

Promising Practice: A promising practice, in addition to fulfilling the criteria above, has been, or is being evaluated and has strong quantitative and/or qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes (Association of Maternal Child Health Program).

LIST OF ACRONYMS

AOD: Alcohol and Other Drugs

APS: Adult Protective Services

BYLT: Bear Yuba Land Trust

CANC: Child Advocates of Nevada County

CASA: Court Appointed Special Advocates

CCTT: Community Collaborative of Tahoe Truckee

CoRR: Community Recovery Resources

COPD: Chronic Obstructive Pulmonary Disease

CHA: Community Health Assessment

CHNA: Community Health Needs Assessment

CHIP: Community Health Improvement Plan

CNAP: County Nutrition Action Plan

DSS: Nevada County Department of Social Services

DVSAC: Domestic Violence and Sexual Assault Coalition

EC: Environmental Change (see definition)

ED: Emergency Department (Hospital)

EHS: Early Head Start

FTHB: Foothills/Truckee Healthy Babies

FRC: Family Resource Center (FRC)

GVPD: Grass Valley Police Department

HIV: Human Immunodeficiency Virus

HHSA: Nevada County Health and Human Services Agency

HUD: United States Department of Housing and Urban Development

LiNC: Love in Nevada County

LEADS: License Education on Alcohol and Drugs

LPHSA: Local Public Health System Assessment

MAPP: Mobilizing for Action through Planning and Partnerships

MAT: Medication Assisted Treatment

NC: Nevada County

NCOE: Nevada County Office of Education

NEOP: Nutrition Education and Obesity Prevention

NEO: Short for NCNEO, with Neo “New Events and Opportunities” Youth programming in Nevada County

PIT: Point in Time (Count; count of sheltered and unsheltered homeless persons on a single night)

SART: Sexual Abuse Response Team(s)

SBIRT: Screening Brief Intervention and Referral to Treatment

SNAP: Supplemental Nutrition Assistance Program (program formerly known as food stamps)

SNCS: Sierra Nevada Children’s Services

SNMH: Sierra Nevada Memorial Hospital

SDOH: Social Determinants of Health

SEI: Social Entrepreneurs, Inc.

WIC: Women, Infants, Children Supplemental Nutrition Program

YPLL: Years of Potential Life Lost (measure of premature death)

MEETING SCHEDULE

Month	Meeting Focus/Purpose	Dates
January	Held Community Visioning Sessions	January 26, 2016
February	Finalized Vision and Values Discussed “Forces of Change” Factors	February 23, 2016
March	Described the Local Public Health System	March 29, 2016
April	Identified Strategic Issues	April 19, 2016
May	Finalized and Prioritized Strategic Issues; Began Goal Planning	May 24, 2016
June	Held Goal Planning Session #1: Drafted Goals	June 14, 2016
July	Held Goal Planning Session #2: Finished Goals and Objectives; Planned for Community Café Sessions	July 19, 2016
August	Facilitated Community Café to Share Strategic Issues and Goals, and Identified Strategies	August 16, 2016
September	Selected and Finalized Strategies	September 20, 2016
October	Prioritized Strategies and Drafted Implementation Plan Steps	October 25, 2016
November	Presented CHIP to Community and Planning Team Finalized CHIP Document	November 16, 2016

THE LOCAL PUBLIC HEALTH SYSTEM’S CONTRIBUTION TO THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

The 10 Essential Public Health Services

<p>1.</p>	<p>Monitor health status to identify community health problems.</p>	<ul style="list-style-type: none"> • Foothills/Truckee Healthy Babies (FTHB): monitors health of mothers and their babies by tracking maternal and child health and immunizations; conducts developmental and other assessments. • Domestic Violence and Sexual Assault Coalition (DVSAC): monitors rates/numbers of domestic violence and sexual assault in our community. • Hospitality House: works on the Continuum of Care, tracks people who are homeless and related issues. • Schools and School Districts: collect and maintains student health data. • First 5 Nevada County: monitors health data concerning pregnant women and children 0-5. • Tahoe Forest Hospital: monitors many areas of community health, e.g., behavioral and public health. • Sierra Nevada Memorial Hospital (SNMH): conducts community health needs assessments, reports surveillance data to CDC, internal data monitoring and tracking for disease and other intervention outcomes. • Community Recovery Resources (CoRR): monitors health status by identifying emerging or ongoing issues in the population. • Community Collaborative of Tahoe Truckee (CCTT): develops, issues report cards which track health data. • Faith Communities: watches out for members, visits people who are homebound and people in the hospital to offer prayer and to make sure they get care. • Nevada County Public Health Department (NCPHD): conducts countywide health assessment processes and develops a Community Health Assessment as well as a biannual Health Status Report; receives and reports surveillance data; uses data to identify and develop response plans for emerging health issues.
<p>2.</p>	<p>Diagnose and investigate health problems and health hazards</p>	<ul style="list-style-type: none"> • CoRR: diagnoses substance use disorders. • SNMH: conducts community health needs assessments, performs data collection. • NCPHD: conducts community health reviews and communicable disease investigations, and works to

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		mitigate potential health hazards through planning.
3.	Inform, educate and empower people about health issues	<ul style="list-style-type: none"> • CoRR: provides connections to recovery community and coalition partners. • Coalition for a drug free Nevada County: informs and educates about substance use disorder prevention, treatment, and recovery. • Community Support Network: convenes community partner meetings and promotes cross-sector networking. • Department of Social Services (DSS): provides CalFresh outreach, farmer’s market match program, and referrals. • Faith Community: parish nurses educate and help train people to care for themselves and to obtain supports. • Family Resource Centers (FRCs): provide referrals, information and education. • FTHB: informs, educates and empowers families regarding health, safety and their babies’ development. • NCPHD: regularly informs and educates regarding healthy choices, health-related issues, and resources. • Nevada County Farmer’s Markets: provides education, and accepts electronic benefit transfer (EBT) payments for fresh, local produce. • Schools: provide health education. • Sierra Harvest: educates and connects Nevada County families to fresh, local, seasonal food. • SNMH: offers health-related classes, and writes Healthy Tuesday articles for The Union newspaper.
4.	Mobilize community partnerships to identify and solve health problems	<ul style="list-style-type: none"> • Faith Community: serves as an essential component of the web that cares for people on larger issues, e.g. homelessness. • Health and Human Services Agency (HHS): maintains data on health issues, develops programs, builds partnerships, provides Mental Health First Aid, and is active on homelessness issues. • SNMH: leads and engages workgroups to address health issues. • NCPHD: participates in and convenes multiple coalitions and work groups to define and solve community health

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		issues.
5.	Develop policies and plans that support individual and community health efforts	<ul style="list-style-type: none"> • Drug-Free Coalitions: have information to help inform policies and plans. • DVSAC: works to develop more comprehensive community policies and practices, i.e. SART team, connection to law enforcement, communication between agencies. • HHSA: develops and implements healthy food policies and smoke-free campuses. • SNMH: enters into MOU's, implements best practices to improve processes and health outcomes. • CCTT: develops policies and advocates for local ordinances that support health. • First 5 Nevada County: sets initiatives and uses those to direct funding to make an impact. • NCPHD: develops policies and plans by working with city and county governments that implement healthy policies.
6.	Enforce laws and regulations that protect health and ensure safety	<ul style="list-style-type: none"> • Environmental Health Department: inspects restaurants and foods for safety, toxins, etc. • NCPHD: partners with other agencies for enforcement. • Adult Protective Services (APS): protects the county's elderly population. • CoRR: supports enforcement of laws/regulations that support health via mandated or voluntary reporting.
7.	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	<ul style="list-style-type: none"> • Court Appointed Special Advocates (CASA): links foster kids to health services and to other needed services. • CoRR: links people to substance use disorder treatment services along with mental health and primary care; supports access to quality health services and uses navigators to link to other health services. • Department of Social Services: conducts Medi-Cal enrollments and referrals to health care providers. • Faith Community: helps people in need get to appointments and treatments. • FTHB: links families to needed personal health services by referrals to nontraditional resources. • NCPHD: links people to personal health services by

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		<p>making referrals to all types of health, mental health, and social services; provides needed reproductive health care and family planning services.</p> <ul style="list-style-type: none"> • Schools: nurses provide referrals and sometimes assist with access to needed services. • SNMH: provides system navigation, care transition integration, and care coordination. • 211: provides information and referral.
8.	Assure a competent public and personal health care workforce	<ul style="list-style-type: none"> • SNMH: facilitates credentialing, offers continuing education, maintains licensing requirements, and meets annual training requirements. • CoRR: supports a competent workforce developing substance abuse and mental health professionals. • NCPHD: offers continuing education and training, maintains licensing requirements, and annually hosts nursing students for their community health rotation.
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services	<ul style="list-style-type: none"> • NCPHD: conducts evaluation of all programs to determine effectiveness of programs and interventions. • CHIP Partners: provide information about most important issues and steps to move forward. • SNMH: monitors outcomes post-intervention.
10.	Research for new insights and innovative solutions to health problems	<ul style="list-style-type: none"> • Collaborative Groups (e.g., opioid workgroup): contribute to identifying needs and trends. • SNMH: conducts outreach as part of ongoing community health needs assessment processes. • Fire/EMS/Law Enforcement: have data about health problems from first responder point of view. • CoRR: links to best practices and new approaches to prevention and treatment. • NCPHD: considers data, determines health priorities, and develops new programs, utilizing best practices or evidence-based strategies when available.

Record of Updates			
Person Making Change	Section Affected	Date	Change
Jill Blake	Strategies and Time Frames were altered due to changes in staff at partner agencies and to bandwidth of the engaged partners (pp. 19-23, 2 nd and 4 th columns). Similar changes were made to Implementation Plan (pp. 25-30).	7/31/19	One strategy was deleted; all time frames were changed; highlighted notes were added. Changes were made to the Implementation Plan to ensure consistency in the document.
Jill Blake	Implementation Plan, pp. 25-30	07/31/19	The Leads for each strategy were added; the time frames were updated; one strategy was marked "completed."
Jill Blake	County Health Rankings, pp. 5-6	07/31/19	Updated to reflect data from the 2019 rankings.
Jill Blake	Summary and Next Steps (p. 24); see highlighted text.	07/31/19	Provided updates on the status of several listed next steps.
Jill Blake	Narrative added to the last page of the Implementation Plan (p.30); see highlighted text.	07/31/19	Update on proposed next steps to reengage community members to serve in a leadership role related to CHIP implementation and oversight.