

BEAR RIVER HEALTH DEPARTMENT | 2018-2022

COMMUNITY HEALTH IMPROVEMENT PLAN



Healthy People in Healthy Communities

Box Elder, Cache & Rich Counties, Utah

PUBLISHED APRIL 2018

ACKNOWLEDGEMENTS

Bear River Health Department Community Health Improvement Partners

- Bear Lake Community Health Center
- Bear River Area on Aging
- Bear River Association of Government
- Bear River Mental Health
- Bear River Valley Hospital
- Box Elder School District
- Brigham City Community Hospital
- Cache Refugee & Immigrant Connections
- Cache Valley Community Health Center
- Cache Valley Hospital
- Family Place
- Headstart
- Intermountain Healthcare
- Logan City
- Logan Regional Hospital
- Logan School District
- Midtown Clinic
- Post Consumer Brands
- Tremonton Senior Center
- Utah Division of Workforce Services
- Utah Department of Health

We would like to thank the many individuals who gave of their time to contribute and guide this Bear River Health Department Community Health Improvement Plan.

We appreciate the Davis County Health Department for sharing their Community Health Improvement Plan after which ours was modeled.

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EXECUTIVE SUMMARY

In 2018, the Bear River Health Department (BRHD) organized a community health improvement process to identify health improvement priorities, to mobilize partners to address the priorities, and to prepare a community-wide health improvement strategic plan that provides direction for the whole community, not just a single agency. The two guiding principles of the process were: 1) priorities and strategies would be determined based upon the findings of the community health assessment, and 2) the process would be community driven with significant involvement from a broad set of stakeholders and partners from a variety of community agencies.

On February 13, 2018, the BRHD invited leaders from school districts, local government, health care, non-profit organizations, private businesses, community based organizations, and agencies who serve uninsured or minority community members to a Community Health Improvement Planning (CHIP) meeting. Nearly thirty community leaders representing Box Elder, Cache, and Rich counties came together to discuss the health priorities to be included in the district-wide health improvement plan. Prioritization was necessary because of a growing number of health concerns, coupled with scarce resources and conflicting opinions about what is most important. A structured approach to prioritization included establishing criteria and consideration for issue inclusion, and gave focus to issues that have the greatest need for attention or will have the greatest impact on overall health.

The group discussed how focusing on what is most important could empower our community to take action. Participants understood that strategic alignment around the greatest health needs and concerns could improve health outcomes for residents in Box Elder, Cache and Rich counties. The priority areas and planned projects are as follows:

1. Mental Health
2. Substance Use/Misuse/Abuse
3. Communicable Disease (e.g., Influenza)
4. Chronic Disease and Obesity

Each of the four priority areas is included in this plan with supporting information. The plan includes:

- Reasons why the issue is a priority with applicable data
- Partners involved in developing the plan
- Evidence-based strategies to address the issue

EXECUTIVE SUMMARY

- Alignment with state and national priorities
- Organizations with responsibility for each strategy
- A five year outcome goal
- Short and long term objectives with measurable outcomes
- Legislative priorities

Priority 1: The goal of the **mental health action plan** is to improve mental health through prevention and by ensuring access to appropriate, quality mental health services. Strategies to meet this goal include promoting mental health, and behavioral health services in the Bear River Health District through a coordinated media campaign, and promoting a Master Resource Directory of Mental Health Services to increase access to services.

Priority 2: The goal of the **substance abuse misuse/abuse and prevention plan** is to reduce substance abuse to protect the health, safety and quality of life for all. Strategies to meet this goal include increasing the proportion of adolescents, ages 12-18, who refrain from using substances, and increasing the number of admissions to substance abuse treatment facilities.

Priority 3: The goal of the **communicable disease action plan** is increase immunization rates and reduce preventable infectious diseases. Strategies to meet this goal include increasing the percentage of adults receiving an annual influenza vaccination and, maintaining the percentage of 2-year-olds who have been completely immunized.

Priority 4: The goal of the **obesity prevention plan** is to promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights. Strategies to meet this goal include changing at least 3 community environments (such as planning & zoning, land use, community gardens) to make the healthy choice the easy choice, and conducting at least 4 educational campaigns to increase utilization of community physical activity and nutrition resources (such as trails, farmers markets, etc.)

INTRODUCTION

In response to the complex problems identified by the BRHD's Community Health Assessment (CHA)¹ as well as Intermountain Healthcare's Community Health Needs Assessment (CHNA)² a focused collaborative approach has been undertaken to improve the health of residents of Box Elder, Cache and Rich counties. Partners from government agencies, social services, non-profits, universities, businesses, hospital systems, faith-based groups and concerned community members have banded together to provide their respective expertise, resources and influence.

The mission of this plan is twofold. First, the CHIP will utilize the data generated from the CHA to strategically focus on public health problems that impact the district as a whole as well as unique challenges that affect specific neighborhoods. Second, the plan will provide a catalyst for community partners to work together on mutually beneficial projects.

Community Health Assessment Background

In 2013, the BRHD formed a team with the goal in mind of gathering data that could help drive public health priorities. This team recruited a graduate student from Utah State University who could take the lead in compiling the results of a CHA. Input was sought from partners who provide services to the community. The CHA report³ provided a summary of priority public health measures that are considered to be good indicators of health status. These indicators were drawn from the National Association of County and City Health Officials (NACCHO) as well as outlines provided by Mobilizing for Action through Planning and Partnerships (MAPP).

The bulk of the information for the 2014 CHA was drawn from the Indicator Reports on Utah's Indicator-Based Information System for Public Health (IBIS-PH) website. Existing social, economic, and health data was collected from national, state, county and local sources such as the US Census and Utah Department of Health. Most indicator measures were based on 3-5 years of the most recent data available to ensure statistical validity and reliability. This report was completed in 2014 and published the same year. This report can be found on the BRHD website, brhd.org.

In 2016, Intermountain Healthcare, the largest health system in Utah, convened a group of health partners to participate in their CHNA for their Logan Regional and Bear River Valley Hospitals. Being a small community that relies on many of the same community partners, these meetings were jointly conducted by Intermountain and the

INTRODUCTION

BRHD and were held at the BRHD offices in Cache and Box Elder Counties. This resulted in two different CHNA reports for Intermountain. One for Logan Regional Hospital and one for Bear River Valley Hospital. Both of these were published in 2016. The priorities identified by Intermountain included the prevention of pre-diabetes, high blood pressure, depression and prescription opioid misuse. These priorities mirrored those of the BRHD.

In 2017, the BRHD decided to take the data from Intermountain's reports and from the BRHD CHA published in 2014 and create an interactive website that could be more easily accessed by the public. The website healthybrhd.org was born and data contained on the site will be updated at least every 2 years. The results of these reports guided the CHIP process.

Community Health Improvement Plan

The 2018-2022 BRHD CHIP is a long-term, systematic plan to address issues identified in the 2017 CHA. A CHIP is an important tool in public health to bring community partners together to strategically align to address community health priorities. The CHIP addresses the needs of the citizens within Box Elder, Cache and Rich counties.

The CHIP provides guidance to the health department, its partners, and stakeholders for improving the health of the population. Partners can use the CHIP to prioritize existing activities and set new priorities. The BRHD can use the CHIP in the formulation of their internal strategic plan. The plan can lead community agencies to partner in new ways to effectively address health priorities.

BEAR RIVER HEALTH DEPARTMENT DESCRIPTION

The Bear River Health Department (BRHD) serves the most northern region of Utah. For over 46 years, the BRHD has served the residents of Cache (population: 122,753), Box Elder (population: 53,139), and Rich (population: 2,319) Counties⁴. The health department is managed by a 9 member volunteer board, which is comprised of the medical community, representation of counties, a city representative and community members at large. The mission of the BRHD is to assess the health needs of our community, enhance the quality of our environment and assure access to appropriate services delivered by a professional staff dedicated to excellence. The BRHD has offices in Logan, Brigham City, Tremonton, Randolph, and Garden City.



Utah in general is a very healthy state. This is also true for the Bear River Health District. In fact, the three counties BRHD serves have very positive health outcomes. According to 2017 County Health Rankings & Roadmaps⁵, Cache County is the 2nd healthiest county in the state, Box Elder is 9th and Rich is 14th. This could be attributed to the very low adult smoking rate, the low unemployment rate, and the low violent crime rate.

Population Characteristics:

The Bear River Health District has a young population with a median age of 25 years in Cache County, 32 years in Box Elder, and 34.7 years in Rich. Utah ranks as the youngest state in the US. The population is primarily white and Hispanic. Box Elder County is the home of the northern band of Shoshone Indian tribe, a small Native American tribe. According to the 2012 census, Cache and Box Elder County have a Hispanic population of 9.1%, which is an increase of 3% from 2000. Nearly 78% of residents are members of the Church of Jesus Christ of Latter Day Saints⁶, also known as the LDS church or Mormons. In the last presidential election 55.8% of registered voters in Cache, 57.1% in Box Elder and 73.9% in Rich voted Republican⁷.

There are two hospitals in Cache County, two hospitals in Box Elder County, and a small hospital in Rich County. None of these has a Level 1 Trauma Center. The highest rated trauma center is Logan Regional, which is a Level 3 Trauma Center. Utah State University is the largest institution of higher education and has campuses in Cache and Box Elder counties.

A detailed description of county demographics and social and economic characteristics is available in the CHA found at healthybrhd.org.

COMMUNITY HEALTH ASSESSMENT HIGHLIGHTS

The BRHD's comprehensive CHA was released as the website healthybrhd.org. It is a snapshot in time describing the health of Box Elder, Cache and Rich counties. The assessment includes local, state, and if applicable, national data for comparison. The assessment includes recent statistics for many factors influencing health such as mortality rates, morbidity and disease rates, lifestyle factors such as physical activity and tobacco use, as well as demographic information and environmental health data.

As mentioned previously, the County Health Rankings report that Cache County is the 2nd healthiest county in Utah, Box Elder is 9th and Rich County is 14th. The rankings also show that Cache County ranks first for average length of life. All 3 districts score exceedingly well on health factors including adult smoking rates, excessive drinking, and alcohol impaired driving deaths.

Social and economic factors may have more influence on health than other factors. Unemployment rates are below 4% in all three counties. The percent of the population completing high school is higher than the state average. The level of violent crime is lower in the three counties than it is in the state of Utah.

The Bear River Health District is meeting and exceeding many Healthy People 2020⁸ targets, which are 10-year national objectives for improving the health of Americans. Areas where the goals are not being met include adults with a usual source of healthcare, adults with health insurance, adults engaging in regular physical activity, adults 65+ with pneumonia vaccination and influenza vaccination, and workers commuting by public transportation.

There are many reasons why the Bear River Health District is a healthy place to live. Information in the BRHD CHA can be used to educate and mobilize residents, develop priorities, advocate for resources, and plan actions to improve the health of the county. Again, this information can be found on our data website, healthybrhd.org.

Community Health Improvement Models

The BRHD reviewed several models, tools and resources for guidance in developing a participatory planning process. The following were incorporated and/or adapted and used in an approach that works for our community: Mobilizing for Action through Planning and Partnership (MAPP)⁹, and the County Health Rankings and Roadmaps.

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Timeline:

The BRHD CHA site was presented to the BRHD Board of Health in 2017. The website was added to our health department website so that results were made available to the public and community leaders. On January 30, 2018, an invitation letter was sent through email from our Health Director, Lloyd Berentzen, to public health partners and agencies inviting them to be a part of the BRHD Community Health Improvement process. Partners were asked to attend a planning meeting on February 13, 2018 to determine health priorities for our community. Monthly email correspondence and subcommittee meetings took place to allow partners to contribute feedback for the plan. It was determined this group will meet a minimum of twice a year to assure the implementation of the plan.

Participants:

The Bear River Health Department obtained an extensive list of partners who had contributed to Intermountain's Community Health Needs Assessment for Logan Regional and Bear River Valley hospitals in the spring of 2016. This list was reviewed and additional partners were added by the BRHD. Public health partners invited included healthcare organizations, elected officials, city and county leaders, education, social services, businesses, and community members. It was important to have a broad and varied audience so that the priority process would be less likely to be biased toward one issue or population.

Formal invitations to participate in the meeting were sent via email from the Health Director. A copy of the invitation can be found in Appendix #1. There were a total of 23 participants representing 15 agencies who attended the planning meeting. A list of individuals in attendance can be found in Appendix #2. The list of agencies represented at the meeting included:

- Cache Valley Hospital
- Midtown Clinic
- Cache Refugee & Immigrant Connections
- Division of Workforce Services
- Headstart
- Logan City
- Logan Regional Hospital
- Brigham City Community Hospital
- Logan School District
- Tremonton Senior Center
- The Family Place
- Post Consumer Brands
- Bear Lake Community Health Center
- Intermountain Healthcare
- Utah Dept of Health

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At the conclusion of the meeting, the group was asked to identify partners who were missing. From this, partners were recruited from Utah State University, Bear River Mental Health, local pharmacies, and law enforcement.

Community Health Improvement Planning Meeting:



The Bear River Health Department Health Improvement Planning meeting was held on Tuesday, February 13, 2018. A copy of the agenda is available in Appendix #3. Lunch was provided. The Accreditation Coordinator for the BRHD guided group discussions and exercises throughout the meeting. The slides are available upon request.

The purpose of the meeting was to identify district health improvement priorities; mobilize partners to address the priorities; and prepare to develop a community-wide health improvement strategic plan. Objectives for the day included: Introduce participants to the community health improvement process and plan, review highlights from the community health assessment, generate a list of priority health issues for discussion, consider top health priorities and discuss factors leading to an informed vote, select top priorities through a structured voting process.

Priority Selection & Voting:

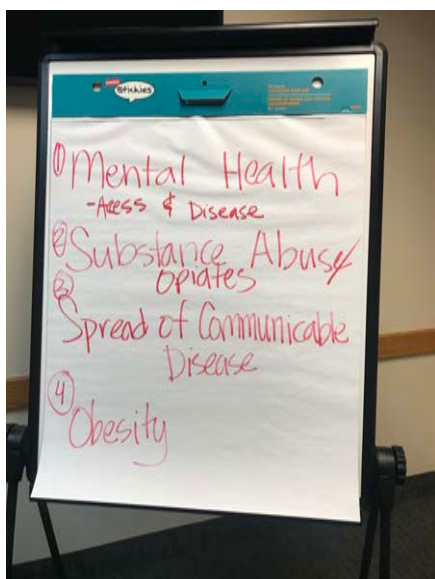
Prioritization of health concerns is necessary since there are a number of concerns, resources are scarce, and opinions differ regarding their importance. During the meeting the results of the Community Health Assessment were presented. After the presentation the group broke into teams of 3-4 people where they were given a copy of the CHA, the county rankings data, as



METHODS

well as data from Utah Kid's Count for each county. They were also given a worksheet with ten questions that helped them organize their thoughts about health issues so that they could decide what issues deserved priority status. The voting considerations worksheet can be found in Appendix #5. The questions were considered individually, in small groups and discussed at tables, and then some ideas were shared with the entire group.

The ideas shared with the entire group were written on large posters at the front of the room. Then the voting technique known as "Dotmocracy" was used to narrow down nearly 20 issues to 4 priority issues. This technique was adapted from the National Association of County & City Health Officials (NACCHO) Guide to Prioritization Techniques¹⁰. Participants were given "dots" to place next to issues they felt were most important that they would like to vote for. They were given four dots of various colors, which represented various levels of concern. The scores were added up for each health condition to determine results and final ranking of priorities.



Bear River Health Department's Improvement Priorities:

The priorities selected by community partners to be included in the 2018-2022 BRHD CHIP are:

1. Mental Health
2. Substance Use/Misuse/Abuse
3. Communicable Disease (Influenza)
4. Chronic Disease and Obesity

METHODS

Components of Bear River Health Department's Community Health Improvement Plan:

The 2018-2022 BRHD's CHIP is a 5-year, coordinated effort to address the leading public health issues based on the results of the CHA and the CHIP process. Some of the benefits of the CHIP include: eliminating redundancy, aligning resources, capitalizing on expertise within community agencies, and working together to identify gaps.

Each of the CHIP priority areas is included in this plan with supporting information. This plan includes:

- Reasons why the issue is a priority with applicable data
- Partners involved in developing the plan
- Resources and assets available to support the plan
- Strategies to address the issues
- Alignment with state and national priorities
- A five year outcome goal
- Short- and long-term objectives

This plan will be used by health and other governmental, education, and human service agencies, in collaboration with community partners, to coordinate efforts and designate resources to address the priorities identified. The ultimate goal of the plan is to significantly improve health in the Bear River Health District.

MENTAL HEALTH PRIORITY 1

Community partners and leaders selected mental health as the leading health issue in the Bear River Health District. During the Community Health Improvement Planning Meeting, participants were given copies of data from the CHA, County Health Rankings, as well as Utah Kids Count. This data helped guide their decisions as to what the major health concerns were.

Statistics from the Utah IBIS-PH database shows that the number of adults who reported seven or more days of poor mental health in the past month is alarming¹¹. Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Mental disorders are common across the United States, but only a fraction of those affected receive treatment. Although occasional down days are normal, persistent mental and emotional health problems should be evaluated and treated by a qualified professional. In the BRHD, 14.2% of adults stated they had seven or more days of poor mental health in the last month¹¹.

The percentage of adults being diagnosed with depression also appears to be increasing. According to the Centers for Disease Control and Prevention, depression is a medical illness characterized by persistent sadness and sometimes irritability—particularly in children¹². There is no singular cause for depressive disorders. Instead, it is likely the result of a combination of genetic and environmental factors. It is often associated with higher risk for mortality from suicide and heart disease, lower workplace productivity and other illnesses such as anxiety disorders, substance abuse, and cancer. Not only can it interfere with an individual's daily functioning, but it can also have negative impacts on the communities they live in. Although many effective treatment options are available, many individuals who suffer from depression do not have access to treatment or do not seek treatment. Effective treatment for depression is important in order to prevent it from becoming a chronic disease. In 2014, 20.7% of adults reported having been diagnosed with depression in the BRHD¹.

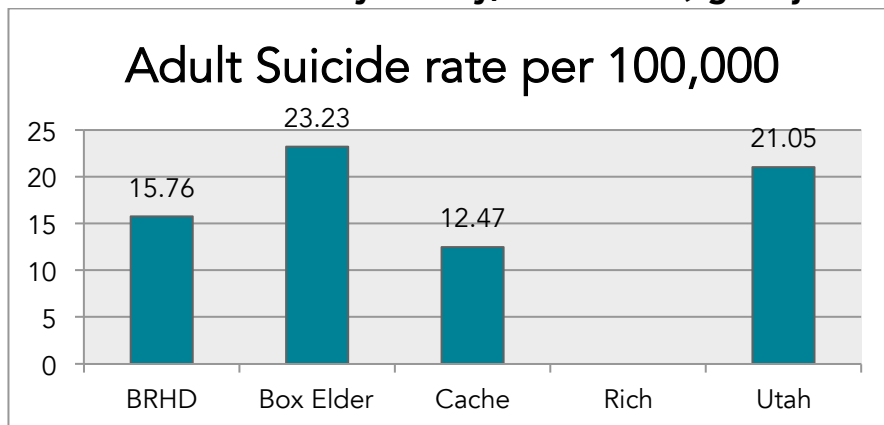
Admissions to the emergency room (ER) for crisis intervention also shed light to the magnitude of the mental health problem. According to the Logan Regional Hospital, the largest hospital in the Bear River Health District, nearly 1,100 were treated in the ER for mental health conditions in 2017. Of these, more than 500 were admitted for extended treatment. Hospital staff report that on average, someone who is seen in the ER but not admitted will wait 3 months to be seen by a psychiatrist and 2-3 months to be seen by a mental health counselor.

MENTAL HEALTH PRIORITY 1

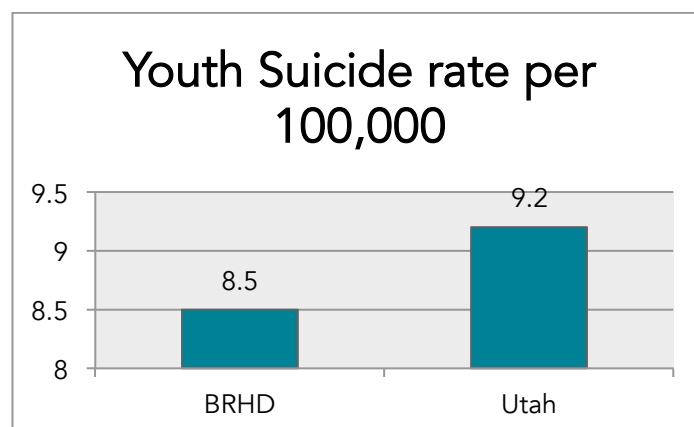
A major concern of the team was access to mental health providers. According to the County Health Rankings Box Elder County fared best with 1 provider for every 280 people. Cache has 1 provider for every 710, and Rich only has 1 provider for every 2,310 people⁵. As mentioned above, there are effective treatment options available but access to those varies significantly from one county to the next in the Bear River Health District.

Without access to treatment, the risk for suicide increases. In the Bear River Health District, suicide is the 8th leading cause of death for adults, but is the number one killer of kids ages 11-17¹. An estimated 25-attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Men are about four times more likely than women to die of suicide but three times more women than men report attempting suicide. The chart below compares the suicide rate by county to the district and the state of Utah as a whole.

BRHD Adult Suicides by County, 2013-2015 (age adjusted)



BRHD Youth (ages 10-17) Suicide, 2014-2016



MENTAL HEALTH COMMUNITY RESOURCES

- USU Counseling and Psychological Services
- USU Student Wellness
- USU Marriage and Family Therapy
- The Family Place
- Bear River Mental Health
- Counseling services within school districts
- Intermountain Healthcare Behavioral Health Network
- www.cachevalleyresources.org (website with current mental health services & resources for Cache County residents)
- Family Solutions Counseling
- Cache Community Health Center
- Family Institute
- Midtown Clinic
- Center for Persons with Disabilities
- Clear Direction Counseling
- Comprehensive Treatment Clinic
- Mt Logan Clinic
- Logan River Academy
- QYS Clinical Services
- Resilience Counseling
- Capstone Counseling
- Gatekeeper Trainings (QPR)
- BRHD Mental Health Resource Directory
- Hope Squads in high schools
- Various private practice mental health practitioners
- Mental health support groups
- Coming Soon! Crisis response teams

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES

- Mental health integration, including suicide and depression, is Priority Area #2 in the Utah Department of Health's Statewide Health Improvement Plan (SHIP).
- Healthy People 2020 goal is "to improve mental health through prevention and by ensuring access to appropriate, quality mental health services."



Mental Health CHIP Subcommittee:

From Left to Right: Troy Lamb, DWS; Phil Collins, BRHD; Holly Budge, BRHD; Martha Johnson, Midtown; Stephanie Parker, Headstart; Tobi Pierson, Intermountain Logan Regional Hospital; Sara Sinclair BRHD Board of Health; Melissa Jex, Family Solutions (not pictured: Kristy Jones, Intermountain Healthcare)

MENTAL HEALTH STRATEGIES

BRHD Strategies	Evidence Base	Responsible Organizations
PREVENTION: Education efforts to reduce stigma around depression & anxiety; promote awareness that suicide is a preventable public health problem (town hall meetings, social media, websites, media campaign)	National Strategy for Suicide Prevention	BRHD, BRMH, Intermountain Healthcare, Family Solutions, The Family Place
PREVENTION: Promote prevention programs (such GateKeeper programs like QPR; Hope Squads)	Best Practices Registry for Suicide Prevention Hope 4 Utah	Cache, Box Elder, Rich School Districts, BRHD, Intermountain Healthcare
PREVENTION: Promote online mental health directories to support those who are at risk for suicide.	The Children's Plan (Utah's Strategic Plan for System of Care)	BRHD, DCFS Family Solutions
TREATMENT: Improve access to service providers and improve referrals to these providers	211 United Way	211, BRHD, CHIP Mental Health Subcommittee

MENTAL HEALTH PRIORITY 1

GOAL: to improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Long-term Objectives	Short-term Objectives
1. Promote mental health, and behavioral health services in the Bear River Health District through a coordinated media campaign beginning July 2018.	1a. Throughout the course of this plan (2018-2022), develop and implement at least 12 social media posts for Facebook, Instagram, Twitter, etc to highlight Mental Health Month in May. The CHIP Subcommittee throughout the duration of the plan will develop other content. Posts will be shared with CHIP partner agencies to place on their social media sites.
	1b. By January 2019, coordinate with Intermountain Healthcare to create a rack card that promotes suicide prevention education opportunities and provides a centralized location for registration of classes. Disseminate these cards throughout 2022 at a minimum of 20 locations.
	1c. By December 2022, assure the implementation of at least 12 public input meetings and/or health fairs, etc. throughout the district to reduce the stigma of mental illness and connect individuals to services.
2. Promote a Master Resource Directory of Mental Health Services to increase access to services by 2022.	2a. By December 2019, CHIP subcommittee will provide guidance to coordinate a list of Bear River Health District behavioral health providers and services offered (include: hours of operation, specialty services, payment type accepted, crisis services, willingness to participate) throughout the duration of this plan. Partnering agencies will update this list at minimum every 6 months.
	2b. Throughout the course of the plan (2018-2022), coordinate with CHIP partnering agencies to assure the services identified in 2a. are updated on all agency resource directories, including the BRHD Mental Health Service Directory for both Box Elder & Cache Counties.

SUBSTANCE USE, MISUSE, ABUSE PRIORITY 2

Substance use, misuse and abuse was selected by community partners and leaders as a top health issue in the Bear River Health District, just behind mental health.

Drug poisoning deaths are a preventable public health problem linked to the use, misuse and abuse of opioids and other substances. The Utah Department of Health reports that in 2015, Utah ranked 9th in the US for drug poisoning deaths with a rate of 23.4 per 100,000 population.¹³ During that same year, 52 Utahans died each month as a result of drug poisoning, and 83.8% of these were accidental.¹³ The Bear River Health District ranks 9th in the state for drug poisoning deaths and has a rate of 15.9 per 100,000.¹³ Although this rate is lower than the state average, Brigham City in Box Elder County is an area of concern. The rate during the time period of 2011-2013 for Brigham City was reported as 26.9 per 100,000.

Results of the most recent National Survey on Drug Use and Health showed that in the Bear River Health District, 6,977 adults and 713 youth were in need of treatment for a substance abuse disorder.¹⁴ According to the Division of Substance Abuse and Mental Health Annual Report, in FY2016, the BRHD served 975 clients for substance abuse treatment (887 adults, 88 youth). The most common abused drugs included (1) alcohol, (2) marijuana/hashish, (3) methamphetamines. The table below shows the primary substance of abuse at admission for BRHD clients.¹⁴

PRIMARY SUBSTANCE OF ABUSE FOR NEW TREATMENT ADMISSIONS

Drug	Male	Female	Total	Drug	Male	Female	Total
Alcohol	132	61	193	Benzodiazepines	1	0	1
Cocaine/Crack	4	2	6	Tranquilizers/Sedatives	3	5	8
Marijuana/Hashish	117	32	149	Inhalants	0	0	0
Heroin	21	14	35	Oxycodone	6	2	8
Other Opiates/Synthetics	7	8	15	Club Drugs	0	0	0
Hallucinogens	1	0	1	Over-the-Counter	1	0	1
Methamphetamine	80	59	139	Other	6	4	10
Other Stimulants	4	4	8	Total	383	191	574

SUBSTANCE USE, MISUSE, ABUSE PRIORITY 2

Understanding the most commonly used substances by youth also sheds light into where prevention efforts should be directed. The Student Health And Risk Prevention (SHARP) survey is administered to students in 6, 8, 10 and 12 grades in Utah and collects data on mental health & suicide, gang involvement, academic issues, and drug use as well as risk and protective factors. This data was included in the BRHD CHA.¹ Data from the 2017 survey reports the past 30 day use for alcohol, cigarettes, e-cigarettes, marijuana and prescription drugs. The table below shows that alcohol, e-cigarettes, and marijuana continue to be the most commonly used substances by youth in grades 6, 8, 10, 12.

YOUTH 30-DAY USAGE RATES, SHARP 2017

	BRHD	Utah
Past 30 day alcohol use	4.3%	6.7%
Past 30 day cigarette use	1.8%	2.1%
Past 30 day e-cigarette/vaping use	5.6%	8.6%
Past 30 day marijuana use	2.8%	6.1%
Past 30 day prescription/narcotic use	0.5%	0.6%
Past 30 day prescription drug abuse	1.6%	2.4%

OPIOID & SUBSTANCE USE, MISUSE & ABUSE COMMUNITY RESOURCES

- Bear River Health Department, Division of Substance Abuse & Prevention
- The Family Place
- Bear River Mental Health
- Family Institute of Northern Utah
- Alcoholics Anonymous
- Narcotic Anonymous
- Heart t'Heart
- LDS ARP (Addiction Recovery Program)
- Cache Rich Drug Task Force
- Various Private Practice Practitioners

SUBSTANCE USE, MISUSE, ABUSE PRIORITY 2

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES

- Prescription drug misuse and overdose prevention is Priority Area #3 in the Utah Department of Health's Statewide Health Improvement Plan (SHIP).
- Healthy People 2020 goal is to "reduce substance abuse to protect the health, safety and quality of life for all, especially children."

Substance Abuse CHIP Subcommittee:



From Left to Right: Sterling Morris, Logan Regional Hospital; Maddie Hauck, BRHD; Sara Sinclair, BRHD BOH; Crystal Grimes, Lee's Pharmacy; Jared Bohman, BRHD; Troy Thurston, Cache Rich Drug Task Force; not pictured: Estee Hunt, BRHD; Joseph Parry, BRHD, Melanie Teela, Brigham City Community Hospital

SUBSTANCE USE, MISUSE, AND ABUSE STRATEGIES

BRHD Strategies	Evidence Base	Responsible Organizations
PREVENTION: Promote public awareness of opioid and substance use, misuse and abuse issues and services available.	Parents Empowered Use Only As Directed	BRHD, Intermountain Healthcare, various media outlets
PREVENTION: Promote prevention programs (such Life Skills)	Botvin Life Skills Prevention Program	Cache, Box Elder, Logan, Rich School Districts, BRHD
TREATMENT: Improve access to service providers and improve referral resources.	211 United Way	211, BRHD, CHIP Mental Health Subcommittee

SUBSTANCE USE, MISUSE, ABUSE PRIORITY 2

GOAL: Reduce substance abuse to protect the health, safety and quality of life for all.	
Long-term Objectives	Short-term Objectives
1. By 2022, increase the proportion of adolescents, ages 12-18, who refrain from using substances.	1a. Throughout the duration of this plan, coordinate with CHIP partner agencies to assure the implementation of life skill prevention programs to adolescents ages 12-14 at a minimum of 3 school districts.
	1b. Beginning July 2018, CHIP subcommittee will provide oversight on the implementation of a media campaign targeting youth and parents about substance abuse risk factors and prevention.
2. By 2022, increase the number of admissions to substance abuse treatment facilities.	2a. By 2019, coordinate with CHIP substance abuse partners to develop and implement a referral process to connect individuals needing treatment to local providers.
	2b. By 2019, coordinate with CHIP partnering agencies to create a rack card that promotes substance abuse treatment options. Disseminate these cards throughout 2022 at a minimum of 25 locations.
	2c. Throughout the course of the plan, CHIP subcommittee will provide guidance to coordinate a list of Bear River Health District substance abuse treatment providers and services offered (include: hours of operation, specialty services, payment type accepted, crisis services, willingness to participate). Partnering agencies will update this list yearly.

COMMUNICABLE DISEASE PRIORITY 3

Communicable disease has been ranked as the third most important health priority for the Bear River Health District. This area was identified due to the fact that many adults, and an increasing number of children, do not receive recommended immunizations. Further, the rates are low compared to the Healthy People 2020 (HP2020) objectives.

Immunizations should be a cornerstone of preventative medicine and can prevent serious illness, disability, and death. Some of these illnesses, once contracted, do not have a cure and may cause tremendous health problems, disability, or even death. Immunizations are among the safest medical products available; they are very effective; and can prevent the suffering and costs associated with these preventable diseases.

The Utah Department of Health reports that in the Bear River Health District, 74.0% of two-year-olds had been completely immunized¹⁵. The Utah rate is 72.2%. Although the district has exceeded the state rate, the CHIP committee wants to see this maintained.

A heightened area of concern was the percentage of adults who received an influenza vaccination in the last year. According to BRFSS data from 2013-2015 captured in the BRHD CHA¹, only 36.1% of adults surveyed in the Bear River Health District reported having received the flu vaccine¹. Influenza is a contagious disease that can lead to pneumonia, heart or breathing conditions, high fever, diarrhea, and even seizures in children. It is estimated that 226,000 people are hospitalized each year due to influenza and 36,000 die, mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death.

BRFSS data also reported in the BRHD CHA shows that only 70.8% of adults 65+ reported receiving the pneumonia vaccination¹. Pneumonia is the leading cause of vaccine preventable death and illness in the United States. Pneumococcal pneumonia kills about 1 out of every 20 people who come down with the disease. The Centers for Disease Control and Prevention (CDC) recommends the current vaccine for adults ages 65 years and older and for children ages 2 and older who are at high risk for disease.

<i>Data from BRHD CHA, compiled from IBIS-PH 2013-2015 Behavioral Risk Factor Surveillance System (BRFSS) data</i>	BRHD Rate	Utah Rate
Percent of 2-year-olds completely immunized	74.0%	72.2%
Adults receiving influenza vaccination	36.1%	38.9%
Adults 65+ receiving pneumonia vaccination	70.8%	71.2%

COMMUNICABLE DISEASE PRIORITY 3

COMMUNICABLE DISEASE COMMUNITY RESOURCES

- Pharmacies
- BRHD External Clinics
- Health care provider education
- Health care provider vaccine administration
- Inpatient immunizations (Tdap4Dads)
- School district employee clinics
- Senior Center education
- Community Education with parents at Headstart, school districts
- Long term care immunizations
- Worksite education

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES

- The Utah Department of Health's Bureau of Epidemiology addresses immunization and disease control.
- Healthy People 2020 goal is to "Increase immunization rates and reduce preventable infectious diseases."



Communicable Disease CHIP Subcommittee:

From Left to Right: Carol Morrell, BRHD; Lisa Perkins, BRHD; Raquel Guadarrama, Cache Valley Community Health; Kami Christensen, Headstart; Michelle Benson, BRAG Aging (not pictured: John Worley, Cache Valley Hospital; Nelda Ault-Dyslin, Refugee Connection; Kelly Hansen, Logan School District)

COMMUNICABLE DISEASE PRIORITY 3

COMMUNICABLE DISEASE STRATEGIES

BRHD Strategies	Evidence Base	Responsible Organizations
PREVENT: Promote public awareness of the importance of influenza vaccine.	AMA, CDC, ASTHO	BRHD, CHIP Communicable Disease Subcommittee
PREVENT: Provide education on what it means to be fully immunized for adults including the importance of herd immunity.	AMA, CDC, ASTHO	BRHD, CHIP Communicable Disease Subcommittee
PREVENT: Provide education with credible information to dispel myths surrounding childhood immunizations.	AMA, CDC, ASTHO, AAP <i>(American Academy of Pediatrics)</i>	BRHD, Box Elder, Cache, Rich, Logan School Districts
PREVENT: Education for health care providers regarding timeline/intervals for immunizations.	AMA, CDC, ASTHO	BRHD, Intermountain Healthcare, Mountain Star
TREATMENT: Provide influenza vaccines at non-clinic sites to increase access.	AMA, CDC, ASTHO	BRHD, worksites, senior centers

COMMUNICABLE DISEASE PRIORITY 3

GOAL: Increase immunization rates and reduce preventable infectious diseases.	
Long-term Objectives	Short-term Objectives
1. By 2022, increase by at least 10% the percentage of adults receiving an annual influenza vaccination.	1a. Beginning 2018, CHIP committee members will access and analyze immunization records using Utah Statewide Immunization Information System (USIIS) to identify at least 4 areas within Bear River Health District with low adult immunization rates.
	1b. Throughout the course of the plan (2018-2022), the CHIP subcommittee will promote immunization clinics and services to at least 12 community worksites and agencies to increase the number of adults receiving influenza vaccines in the areas identified above.
	1c. By 2022, CHIP Subcommittee members will coordinate with at least 2 school districts to educate on the importance of policies that require immunizations for school employees.
2. By 2022, maintain the percentage of 2-year-olds who have been completely immunized.	2a. By 2022, CHIP subcommittee members will inform their agency service populations of evidence-based immunization schedules to maintain immunization rates.
	2b. Throughout the course of the plan (2018-2022), develop and implement at least 12 social media posts for Facebook, Instagram, Twitter, etc. to highlight the importance of childhood immunizations. Posts will be shared with CHIP partner agencies to place on their social media sites.
	2c. By 2021, CHIP Subcommittee members will review the yearly immunization rates and will share those rates with policy makers who review immunization exemption laws.

OBESITY PRIORITY 4

Obesity was selected as the fourth and final health issue to be included in the BRHD CHIP. The US Surgeon General issued a call to action in 2003 that described a health crisis affecting every state, every city, every community and every school across our nation. The crisis is obesity. It is the fastest-growing cause of disease and death in America. And it is completely preventable. Since the mid-1970s, the prevalence of overweight and obesity has increased sharply for both adults and children. According to the U.S. Department of Health & Human Services, overweight and obesity make up the second leading cause of preventable death in the US.¹⁶ The dramatic increase in obesity rates has serious implications for the health of Bear River Health District residents today and in the future.

Overweight and obese individuals are at increase risk for more than 20 major diseases. Obesity is associated with chronic diseases such as diabetes, hypertension, stroke, heart disease, arthritis, asthma, and some cancers. The CDC reports that among adults, the medical costs associated with obesity are an estimated \$147 billion in the US.¹⁶

Nearly 27% of adults in the Bear River Health District are obese.¹ When adults who are obese are combined with adults who are overweight, more than 61% of adults in the Bear River Health District are at an unhealthy weight.¹

OVERWEIGHT & OBESITY RATES FOR ADULTS

	BRHD	Box Elder	Cache	Rich	Utah
Adult Obesity	26.8%	29.9%	25.6%	n/a	30.5%
Obese or Overweight	61.5%	61.9%	61.5%	n/a	60.6%

Although childhood obesity rates are not available for adolescents in the Bear River Health District, it is hypothesized that they are comparable to those of the state of Utah. Among adolescents in 2017, 9.6% of Utah public high school students were obese.¹⁶ This is lower than the national rate of 13.9% and the Healthy People 2020 goal of 15.7%. However, Utah has set a goal to maintain the proportion of children and adolescents who are considered obese to less than 10%.¹⁷

Healthy eating and physical activity are two lifestyle factors that help reduce the incidence of obesity and disease. In 2010, the Dietary Guidelines for Americans recommended making half your plate fruits and vegetables. The amount of fruits and vegetables needed depends on your age, sex, and level of physical activity. The

OBESITY PRIORITY 4

recommended daily amount is 2-3 cups for vegetables, and 1-2 cups for fruits. In the Bear River Health District, only 15.8% of adults reported that they consume the recommended 3 cups of vegetables per day. And, 30% report that they consume the recommended 2 cups of fruit per day.¹

In 2009, the US Surgeon General recommended that all adults get at least 150 minutes of moderate activity each week and that children and teenagers engage in at least one hour of activity per day. During the time period of 2013-2015, only 20.7% of adults reported that they participate in the recommended amount of physical activity each week.¹

PHYSICAL ACTIVITY & NUTRITION RATES FOR ADULTS

<i>Data from BRHD CHA, compiled from IBIS-PH 2013-2015 Behavioral Risk Factor Surveillance System (BRFSS) data</i>	BRHD	Box Elder	Cache	Rich	Utah	HP2020
Adults consuming 3 cups of vegetables per day	15.8%	13.9%	17.2%	n/a	17.4%	n/a
Adults consuming 2 cups of fruit per day	30%	26.9%	32%	n/a	32%	n/a
Adults participating in 150 minutes of physical activity per week.	20.7%	15.8%	22.9%	n/a	23.3%	47.9%

OBESITY COMMUNITY RESOURCES

- Intermountain Weigh to Health
- BRHD National Diabetes Prevention Program
- Food Sense, USU Extension
- Women Infants and Children, BRHD
- Weight Watchers
- Farmer's Markets (USU & Community
- Local gyms and community recreational centers
- Worksite Wellness Programs
- Trails and Parks (resource directories)
- Community Gardens
- Share Care
- Health 2 You
- Senior Center Activities & Educational programs
- Fitness Races (Bicycle races, lay bike rides, 5K events, marathon, half marathons)
- Healthy Retail Options including grocery store tours and classes
- Faith Based Fitness & Nutrition Programs

OBESITY PRIORITY 4

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES

- Obesity and related chronic conditions such as hypertension and diabetes is Priority Area #1 in the Utah Department of Health's Statewide Health Improvement Plan (SHIP).
- Healthy People 2020 goal is to "Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights."



Obesity CHIP Subcommittee:

From Left to Right: Holly Budge, BRHD; Pam Chapman, BRHD; Dr Julie Gast, USU; Karlie Mitchell, BRHD; Amy Greenhalgh, Brigham City Community Hospital; Sara Sinclair, BRHD BOH; Jacob Christensen, Post Consumer Brands; (not pictured: Marion Layne, Bear River Senior Center; Voronnique Whaley, Bear Lake Community Health Center)

OBESITY STRATEGIES

BRHD Strategies	Evidence Base	Responsible Organizations
PREVENT: Promote and recommend land use policies and zoning regulations supporting physical activity and healthy eating	CDC Land use Planning, NACHHO Model Practice (City Design) County Health Rankings (Zoning regulations/land use policy)	BRHD, CHIP Obesity Subcommittee members, County Trails committees, City/County Planners Associations
PREVENT: Promote resources to support physical activity and healthy eating (resource locator; social media; websites; printed materials, etc)	Center for Training and Research Translation 211 United Way	BRHD, CHIP Obesity Subcommittee members, 211

OBSIDITY PRIORITY 4

PREVENT: Promote comprehensive worksite wellness programs.	Guide to Community Preventative Services NACCHO Model Practice (<i>Worksite Wellness</i>) County Health Rankings (Worksite Obesity Prevention Interventions)	BRHD, CHIP Obesity Subcommittee members, Chamber of Commerce, Society of Human Resource Managers (SHRM)
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GOAL: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Long-term Objectives	Short-term Objectives
1. By 2022, change at least 3 community environments (such as planning & zoning, land use, community gardens) to make the healthy choice the easy choice.	1a. By 2020, CHIP subcommittee members will educate at least 10 decision/policy makers on a minimum of 2 policy efforts that foster physical activity and better nutrition.
	1b. By 2022, CHIP subcommittee members will inform neighborhood councils of evidence based strategies to increase physical activity and improved nutrition for their residents.
2. Throughout 2020, conduct at least 4 educational campaigns to increase utilization of community physical activity and nutrition resources (such as trails, farmers markets, etc.)	2a. CHIP Subcommittee will provide guidance to coordinate a list of Bear River Health District physical activity/nutrition services offered throughout the duration of this plan. Partnering agencies will update this list yearly.
	2b. Coordinate with CHIP partnering agencies to assure the services identified in 2a. are updated on all agency resource directories, including the BRHD Physical Activity Directories.
	2c. Throughout the course of the plan, develop and implement at least 12 social media posts for Facebook, Instagram, Twitter, etc to highlight existing PA/Nutrition services. Posts will be shared with on CHIP partner agency websites.

CHIP Conclusion

A complete and comprehensive health improvement plan is necessary to keep the community moving toward action. The plan should help public health agencies and partners focus on what is most important and act to improve those areas.

Now is the time to move from planning to action. Community partners are starting to implement the strategies and activities outlined in the 2018-2022 BRHD Community Health Improvement Plan. CHIP action groups will continue to meet regularly to maintain the momentum of work and to ensure that selected policies and programs are adopted, implemented, improved, and sustained in order to attain intended results.

Moving forward, it will be important to determine if any additional support or resources are needed for each strategy. Action groups will also examine who is at the table and see if anyone else needs to be added to the mix of partners working on pieces of the action plan. Involved agencies will have to identify next steps to address issues. Groups may brainstorm potential opposition and try to understand concerns. Messages will be framed in a way that respects different perspectives.

During implementation, strategies will be evaluated to determine if they are working as intended. The BRHD will be monitoring key measures to find if actions are making a difference and to demonstrate progress. Annual progress will be documented and a yearly progress report will be made available to partners and the public.

To avoid apathy, it is critical to keep in touch with key stakeholders and the public. Community successes will be celebrated and the efforts of all those who are contributing to success will be formally and informally recognized.

Bringing the community together to write a CHIP is an important step to improve health in the Bear River Health District. More importantly, the community is moving from planning to action so that effective policies and programs can lead to changes that will have a lasting impact on health.

APPENDIX

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APPENDIX 1: CHIP PLANNING MEETING INVITATION

January 30, 2018

Dear Public Health Partner:

The Bear River Health Department (BRHD) would like to invite your organization to participate in the Community Health Improvement Planning Process. This process will result in a community-wide strategic plan with the ultimate goal of influencing health for Box Elder, Cache, and Rich counties.

Improving health outcomes will require strong collaboration between BRHD public health partners including health care organizations, elected officials, city and county leaders, education, religious groups, social services, businesses, the media and community members. Your agency is an important public health partner and can provide valuable perspective during the health improvement process and at an upcoming planning meeting. We request your participation at this important meeting:

Tuesday, February 13, 2018
12:00-2:00 PM
Bear River Health Department
655 East 1300 North, Rooms 153/154
Logan UT 84341
Lunch will be served

Please come prepared with the following:

- Have an understanding of the health needs of the population your agency serves
- Review the results of our Community Health Needs Assessment at healthybrhd.org
- Be able to describe the resources and assets your agency can provide to address priorities
- Be able to express the role your agency can play during implementation of the developed community health improvement plan

Together we will determine health priorities for our communities, identify effective programs that will improve health, and prepare a community-wide health improvement plan.

Those who plan to attend should RSVP to Holly Budge at [435.792.6513](tel:435.792.6513) or hbudge@brhd.org by February 6, 2018 to get an accurate count for lunch. Please see attachment for lunch options. Gluten free is available upon request.

We look forward to our opportunity to work together and the potential to improve the health of Box Elder, Cache, and Rich county residents in a significant way.

Sincerely,

Lloyd Berentzen, Health Officer



APPENDIX 2: CHIP PLANNING MEETING PARTICIPANTS

Name	Agency
John Worley	Cache Valley Hospital
Marion Layne	Tremonton Senior Center
Kristy Jones	Intermountain North Region
Amy Greenlagh	Brigham City Community Hospital
Melanie Teela	Brigham City Community Hospital
Martha Johnson	Midtown Clinic
Kelly Hansen	Logan School District
Holly Daines	Logan City
Roger Olson	Cache Valley Hospital
Nelda Ault-Dyslin	Cache Refugee & Immigrant Connections
Steve Mackley	Bear Lake Community Health Center
Voronnique Whaley	Bear Lake Community Health Center
Kami Christensen	Headstart
Tamara Hampton	UDOH
Troy Lamb	Division of Workforce Services
Jake Christensen	Post Consumer brands
Sterling Morris	Logan Regional Hospital
Lizette Cruz	The Family Place
Estee Hunt	Bear River Health Department
Holly Budge	Bear River Health Department
Lloyd Berentzen	Bear River Health Department
Jill Parker	Bear River Health Department
Bianca Peterson	Bear River Health Department

APPENDIX 3: CHIP PLANNING MEETING AGENDA



Bear River Health Department Community Health Improvement Planning Meeting
Tuesday February 13, 2018
12:00 – 2:00 PM

AGENDA

- | | |
|-------|---|
| 12:00 | Welcome & Introductions, pick up box lunches |
| 12:15 | Introduction to Community Health Improvement Process & Plan |
| 12:30 | Community Health Assessment Summary & Results |
| 12:45 | Discuss and prioritize Health Issues Within Small Groups |
| 1:15 | Group Sharing of Priorities |
| 1:30 | VOTE for 4 priorities |
| 1:45 | Worksheet: Community Asset Inventory |
| 2:00 | Wrap-up, Schedule next meeting, Adjourn |

Thank you for your participation today!
Your time and contributions are greatly appreciated!

APPENDIX 4: CHIP PLANNING MEETING MINUTES



**Bear River Health Department
Community Health Improvement Planning Meeting
Tuesday February 13, 2018
12:00-2:00pm**

In attendance:

Martha Johnson, Midtown CHC	John Worley, Cache Valley Hospital
Steve Mackley, Bear Lake CHC	Tamara Hampton, Utah Department of Health
Sterling Morris, LRH	Kristy Jones, Intermountain North Region
Holly Daines, Logan City	Kami Christensen, Head Start Health Coordinator
Marion Layne, Tremonton Sr. Center	Michelle Bensen, BRAG Aging Services
Troy Lamb, DWS	Lloyd Berentzen, BRHD
Holly Budge, BRHD	Jill Parker, BRHD
Amy Greenlagh, Brigham Com. Hosp.	Melanie Teela, Brigham Com. Hosp.
Voronnique Whaley, Bear Lake CHC	Nelda Ault-Dyslin Cache Refugee & Immigrant Connection
Lizette Cruz, The Family Place	Jacob Christensen, Post Consumer Brands
Estee Hunt, BRHD	Bianca Peterson, BRHD

Lloyd Berentzen Director of the Health Department introduced himself, welcomed everyone, and thanked Holly Budge for coordinating the meeting. Introductions were done around the room.

Lloyd mentioned we have a diverse group of leaders in the room, which is great to help give the Health Department stability moving forward. He explained the Health Departments mission; Prevent, Protect and Promote. He expressed it is beneficial to work closely with our partnerships in the community, to help continue to put together our plans. Lloyd thanked everyone for coming and participating in this process. Holly Budge conducted the meeting and went through;

Goals for Today:

- Understand the community health improvement process

- Set priorities to direct community's valuable and limited resources to the most important issues
 - Plan for how priorities will be addressed
 - Identifies partners who will be responsible
- Review results from the community health assessment and other local level data
 - Understand the needs of the community
 - Routinely assess health needs with input from the community and analysis of the most current health information
 - Identify and prioritize health needs for the community
 - Develop local evidence based strategies to improve health through community collaborations
- Generate a list of priority health issues in the community, for discussion
- Select top priorities through a structured voting process

Holly informed the group that as a public health agency one of their main responsibilities is to routinely assess the data. In 2014 BRHD did their first Community Health Needs Assessment. That report is found online at BRHD.org under "Health Statistics". In 2016 the Health Department participated in Intermountain Community's health Assessment as well. They published their assessment that is found on their website. The Health Department created a website that will be updated every couple of years and can give the Community that information. That website is healthybrhd.org

The group reviewed the leading causes of death. Heart disease, cancer, unintentional injuries, stroke, Alzheimer's, diabetes, lower respiratory diseases, suicide, influenza, pneumonia, and kidney disease.

Holly did a review of pertinent mortality and morbidity data for the three counties comparing to Utah as a whole. Cause of death isn't the only way to determine the health of a community. We also need to evaluate what is making people sick, and what is causing that death.

The group broke out into smaller groups to discuss the following questions, and then talked about them all as an entire group.

Discussion Questions:

1) What are the greatest health concerns in our community? What is most important?

a) What issues are most serious and or urgent

- i) Seniors-Alzheimer's, mental health access

- ii) Opiates -addiction, overdose, crime/theft
- iii) Mental health services access to care – access even if there is a provider it is challenging financially, insurance may not be accepted or deductibles need met. The stigma seems to be gone, but access and availability is an issue
- iv) Suicide-teenager
- v) Obesity
 - (1) Behavioral
 - (2) Food addiction
 - (3) Healthy eating
 - (4) Physical activity
 - (5) Relationship to other health issues (heart, stroke, mental health, diabetes)
 - (6) Health literacy issues – people not knowing, and the resources available

b) Which issues affect the most people

- i) Opioids, suicide, it all impacts the family

c) Have highest community demand

- i) Every group discussion people are talking about mental health – affordable and accessible mental health care

d) What issues are likely to have impact on other issues as well

e) What issues can be improved or addressed quickly or simply

- i) Education to the community around health literacy (*bring flu shots to the work environment etc.)
- ii) Education to providers on how to help patients make behavior changes

f) What issues would improve county health rankings?

- i) Cache 2nd, Box Elder 9th, Rich 14th

g) What issues have proven strategies solutions

- i) Improving activity level, evidenced based programs: LWCP, LWCC, Stepping on, other programs – how do we maximize some of these for individuals (Lets hold LWCP during day at Sr. Center)
- ii) USU evidenced based programs targeting people with disabilities – partnering with them
- iii) Sustainability is key

h) What issues have resources available to address the problem

- i) Sustainability of programs that are grant funded are challenging as grants go away
- ii) Volunteers are great, but expensive and a high turnover rate

i) What issues have political will to address them

- i) Suicide
- ii) Opioids (lots of talk but where is the action?)
- iii) Organizations don't need unfunded mandates from government.
- iv) Work together to bring agencies together to maximize resources
- v) Some issues are relevant to veterans, how can we partner and maximize resources to help veterans

2) Areas that came up in large group discussion and votes

- a) Suicide 7 votes
- b) Opiate use 2 votes
- c) Obesity 10 votes
- d) Senior health 2 votes
- e) Access to mental health 10 votes
- f) Mental health 10 votes
- g) Substance Abuse 10 votes
- h) Heart Disease 1 vote
- i) Dental Health 2 votes
- j) Spread of Communicable Disease 9 votes
 - i) Included additional discussion around how to address this issue
 - ii) Many people culturally don't feel like they can stay home from work or church
 - iii) Many businesses don't allow for employees to miss work due to illness
- k) Education/Awareness 14 votes
- l) Additional issue brought up –
 - i) Homelessness – the point in time count found 13 people this year, this may not have the biggest number impacted, but do we address and prioritize now before it becomes a larger problem?

3) Leading issues based on votes

- a) Mental Health with 20 votes (combined w/ Access) (look at subcategories)
 - i) Access
 - ii) Mental Health Status
- b) Substance Abuse (combined with opiate abuse) 12 votes
- c) Spread of Communicable Disease (9 votes but had more blue than Obesity)
- d) Obesity (10 votes)

*Education and Awareness – is this a strategy to fulfill and address the other priorities?
 Yes, use that (It had 14 votes) Discussion then ended.

APPENDIX 5: VOTING CONSIDERATIONS WORKSHEET



Name: _____ Organization: _____

Thank you for your attendance at our meeting today. Please write in the top 5 health conditions you feel need to be addressed by a Community Health Improvement Plan. These can be conditions discussed today or other concerns that were not addressed. Once you have the list of conditions, please rank each condition based on the following:

- ◆ **Seriousness:** the degree to which the health concern is associated with mortality, morbidity, pain/suffering
- ◆ **Upstream:** Extent to which the health issue is a root cause of other health issues
- ◆ **Feasibility:** The degree to which the health issue is feasible to change taking into account resources, evidence-based interventions, and existing groups working on it
- ◆ **Size:** The number of individuals affected by the health issue
- ◆ **Health Equity:** The degree to which the health issue disproportionately affects population subgroups

Use the scale of 1 to 5 where 1 is low and 5 is high.

Health Condition	Seriousness	Upstream	Feasibility	Size	Health Equity
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

February 13, 2018

Prioritizing Health Issues

Questions to Consider	Health Issues Meeting this Criteria
What issues are most serious and/or urgent?	
Which issues affect the most people?	
Which issues have highest community demand?	
What issues are likely to have impact on other issues as well?	
What issues can be improved or addressed quickly or simply?	
What issues would improve county health rankings?	
What issues have proven strategies and/or solutions? (Please list these strategies)	
What issues have resources available to address the problem? (Please share these resources with us)	
What issues have political will to address them?	

APPENDIX 6: COMMUNITY ASSETS WORKSHEET



COMMUNITY ASSET INVENTORY

What our agency is already doing to address these health issues

Priority	Our agency does....
Example: <ul style="list-style-type: none">• Prescription Opioid Misuse• Depression	Example: <ul style="list-style-type: none">• Prescription Take Back Events• Individual and group counseling
Priority #1	
Priority #2	
Priority #3	
Priority #4	

Agency: _____

Your name: _____

February 13, 2018

APPENDIX 7: COMMUNITY ASSETS WORKSHEET RESULTS

Community Asset Inventory

Health Priorities:	<ol style="list-style-type: none"> 1. Mental Health (Access & Disease) 2. Substance Abuse/Opiates 3. Spread of Communicable Disease 4. Obesity
--------------------	--

Name	Agency	Our Agency does...
Tamara Hampton	Utah Department of Health	<ol style="list-style-type: none"> 1. Kim Myers DHS contact 2. UDOH has a program to help 3. UDOH has a program to help 4. Rebecca Fronberg is UDOH contact
Michelle Benson	BRAG Aging	<ol style="list-style-type: none"> 1. Caregiver Education & Support Group 3. Immunization Clinics & Education through local seniors 4. Preventative Health Programs
Marion Layne	Bear River Senior Center	<ol style="list-style-type: none"> 4. Stepping On, Zumba & other preventative exercise classes
Troy Lamb	Department of Workforces Services	<ol style="list-style-type: none"> 1. Medicaid & CHIP Medical Programs, Traditional Medicaid 2. If eligible for medicaid, traditional programs may have some resources (i.e. BRMH)
John Worley	Cache Valley Hospital	<ol style="list-style-type: none"> 2. Appropriate distribution of drugs & Education 3. Education & Support of immunization 4. Education & Clinics
Jacob Christensen		
Martha Johnson	Midtown Community Health Clinic	<ol style="list-style-type: none"> 1. Therapy for behavioral health for the uninsured 3. Provide immunization for adult & children on a sliding fee based on income and family size 4. Provide education and referrals to patients that need to lose weight
Nelda Ault-Dyslin	Refugee Connection	Trusted relationship with different refugee

	(formerly CRIC)	communities 4. Community garden for refugees
Sterling Morris	Intermountain Healthcare	<ol style="list-style-type: none"> 1. Behavioral Health Network, mindfulness class, BHU, Psychiatry and Psychology 2. Courses 3. Immunization of employees 4. Classes & public messaging
Steve Mackley	Bear Lake Community Health Center	<ol style="list-style-type: none"> 1. 4 full time behavioral health providers & 2 mental health counselors 2. New saboxin treatment, providers 3. Ongoing education & patient outreach to services & locations 4. Ongoing education & patient outreach to services & locations
Amy	Brigham City Community Hospital	<ol style="list-style-type: none"> 1. Healthy Conversations 2. Healthy Conversations 3. Community Health Fairs 4. Healthy Conversations & Free presentations
Melanie Teela	Brigham City Community Hospital	<ol style="list-style-type: none"> 1. Education, "holds" while awaiting placement 2. Short term detox & referrals 3. Community education - health fairs 4. Healthy Conversations
Voronnique Whaley	Bear Lake Community Health Center	<ol style="list-style-type: none"> 1. Sliding fee scale services, assist families in obtaining health coverage 2. Old medication drop-off 3. Offer vaccinations for those insured & uninsured 4. Free blood pressure & glucose checks, patient outreach to services & locations
Kristy Jones	Logan Regional & Bear River Valley Hospital	<ol style="list-style-type: none"> 1. Behavioral Health Network, suicide prevention, BH treatment, public messaging 2. Drug disposal drop boxes, community awareness/public messaging, LWCC & LWCP, Naloxone kits & education 3. Immunizations of all caregivers, immunizations through doctor offices, medical group follows CDC guidelines for immunizations 4. Health screening events, LWCC, lifestyle classes, diabetes education

Kami Christensen	Bear River Head Start	<ol style="list-style-type: none"> 1. Education & referral to community services 2. Referral to community services 3. Education on immunization requirements & health promotion, infection control 4. Family education on healthy eating & increased activity
Jill Parker Estee Hunt Holly Budge	BRHD	<ol style="list-style-type: none"> 1. Services for non-medicaid clients 2. Treatment, take back events, medication assisted therapy, drop off locations 3. Health promotion & nursing 4. Diabetes & Be Wise
Lizette Cruz	The Family Place	<ol style="list-style-type: none"> 1. Education & Therapy 4. USU extensions (Celina Willie)

APPENDIX 8: CHIP SUBCOMMITTEE MEETINGS



Bear River Health Department Community Health Improvement Planning Meeting
Monday March 12, 2018
1:00 – 2:00 PM

AGENDA

- | | |
|------|---|
| 1:00 | Welcome & Introductions |
| 1:05 | Review of 4 Health Priorities Identified |
| 1:10 | Break into subcommittees: Mental Health/Suicide;
Substance Abuse/Opioid Prevention |
| 1:15 | Discuss community resources available |
| 1:30 | Identify strategies/goals/objectives |
| 2:00 | Wrap-up, Schedule next meeting, Adjourn |

Thank you for your participation today!
Your time and contributions are greatly appreciated!



Bear River Health Department Community Health Improvement Planning Meeting
Monday March 19, 2018
1:00 – 2:00 PM

AGENDA

- | | |
|------|--|
| 1:00 | Welcome & Introductions |
| 1:05 | Review of 4 Health Priorities Identified |
| 1:10 | Break into subcommittees: Communicable Disease;
Obesity |
| 1:15 | Discuss community resources available |
| 1:30 | Identify strategies/goals/objectives |
| 2:00 | Wrap-up, Schedule next meeting, Adjourn |

Thank you for your participation today!
Your time and contributions are greatly appreciated!

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