





2023 Yolo County Community Health Improvement Plan (CHIP)

The 2023 CHIP is a systematic, long-term, community-level effort to address Yolo County public health problems, specifically the 11 Significant Health Needs identified in the 2023-2025 Community Health Assessment. The CHIP is built upon three guiding principles: Social Determinants of Health; Health Equity; and Collective Impact.

CHIP development is part of a five-year cycle to assess the health of the community, create an action plan, and implement the plan.



CHIP Implementation through Healthy Yolo Relaunch



Community Health Improvement Plan (CHIP) Development

2023 CHIP Health Priority Areas:

Service Environment

Goal: All community members can easily access quality behavioral health, physical health, and wellness services. **Risk Behaviors**

Goal: All children and youth will thrive and develop their healthiest behaviors.



CHIP Development Process

October 2022:

First CHIP Workgroup convening and vision setting



January 2023:

Subgroups formed for each Health Priority Area: Risk Behaviors and Service Environment



May - June 2023:

Strategy sharing for community prioritization and feedback; HHSA hosted a community Town Hall to share CHIP preview









September 2022:

HHSA Public Health hosts Community-wide webinar setting foundation for CHIP & launches Community **Advisory Program**



November-December 2022:

Identified Health **Priority Areas** through Root Cause Analysis of Significant Health Needs from 2023-2026 CHA



January - May 2023:

Development of suggested Goals, Objectives, Strategies, and Measure



December 2023:

CHIP Phase I finalized and shared with community

CHIP Partners































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OFFICE OF FOUCATION









2023 CHIP Community Action Plan

Health **Priority Area**

Service Environment

Health **Priority Area Risk Behaviors**

Goal

Community members can easily access quality behavioral health, physical health, and wellness services.

Theme

Service Access and Utilization

Theme

Improved Trust and Relationships

Objective₁ Objective₁ Objective₁ **Theme**

Improved Health Outcomes

Strategy Areas

- Resource Navigation to Connect People to Services
- Coordinated Care Among Community Agencies
- Transportation to Services
- Community Engagement and Awareness of Resources Available
- Youth Resiliency
- Trauma-Informed Training for **Providers**
- Physical Activity

Goal

All children and youth will thrive and develop their healthiest behaviors.

Theme

Basic Needs

Theme

Adolescent Health

Objective₁ Objective₁ Objective₁ **Theme**

School Readiness

Strategy Areas

- School & Community Nutrition
- Housing and Homelessness
- Adolescent Risk Behaviors
- Early Childhood (0 -5) Universal Health Screenings
- Early Childhood Education & Supports

Measures

Measures

Goal: Community members can easily access quality behavioral health, physical health, and wellness services.

40% 1

Yolo County age-adjusted deaths due to hypertension relative to California (2018-2021) More than

1 in 10

adults reported 14 or more days of poor mental health per month (2020)

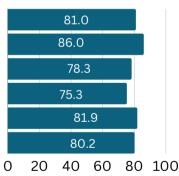


"I love that Yolo County has so many people committed to addressing issues but [it is] difficult because we're not as coordinated as we could be."

CHIP Workgroup Member

Yolo County Life Expectancy at Birth (2018-2021)

Overall Asian | Native Hawaiian | Pacific Islander Black or African American Native American Hispanic or Latino Non-Hispanic White



13.1%

Share of Yolo County Health Status survey respondents unsatisfied with how quickly they could get a doctor appointment (2020)

Objectives of Interest:



- Improved referral-making processes and referral follow-up
- Increased community member participation in Healthy Yolo
- Reduced barriers to accessing and utilizing healthcare
- Increased community engagement among institutions and agencies
- Improved mental health outcomes
- Lower prevalence of chronic diseases



Goal: Community members can easily access quality behavioral health, physical health, and wellness services.

CHA Significant Health Needs



Access to basic needs



Access to specialty & extended care



System navigation



Access to dental care & preventative services



Injury disease prevention & management



Access to functional needs



Access to quality primary care

Potential Strategies

- Support development of a countywide process/platform for comprehensive coordination of services and referrals
- Encourage policymakers and cross-sector leaders to increase funding and recruitment incentives for navigation support such as CHWs and promotores
- Advocate for actions that improve public transportation and mobility for underserved and rural communities
- Develop unified messaging and information sharing across organizations and providers to increase reach within underserved and rural communities
- Expand public/private partnerships for increased alignment across community workforce and infrastructure planning and development initiatives
- Establish a process for sharing trainings, lessons learned, and best practices for supporting trauma-informed care

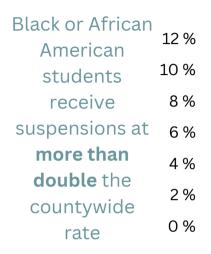
Strengths and Opportunities

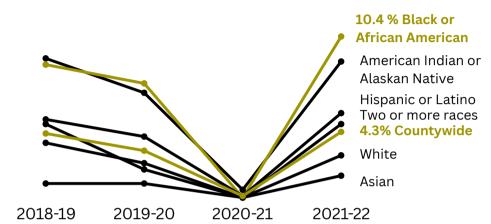
Numerous countywide collaboratives and projects present opportunities to address this Health Priority Area. These include but are not limited to: Resilient Yolo, Food Security Workgroup, Health Council, and CalAIM implementation.



Goal: All children and youth will thrive and develop their healthiest behaviors.

Yolo County Suspension Rate by Race/Ethnicity





"Prevention is easier than a cure - if we can help [the] younger population have a healthy foundation, parents can benefit too." - CHIP Subgroup Member

30% 1

Mental health
hospitalizations for
Yolo County youth ages
15-24 relative to
California (2016-2019)



Yolo County 5th grade students met all physical fitness standards (2019) 29%

Grade 11 students have tried E-Cigarettes in their lifetime (2017-2019)

Objectives of Interest:

- Increased access to basic needs
- Increased food and nutrition security
- Decreased number of individuals experiencing homelessness
- Reduced risk factors for chronic and communicable diseases
- Reduced teen pregnancy rate
- Improved mental health outcomes in youth
- Decreased percentage of 7th graders experiencing depression
- Increased literacy rates among school-aged children
- Increased children enrolled in kindergarten readiness programs



Goal: All children and youth will thrive and develop their healthiest behaviors.

CHA Significant Health Needs



Access to mental/behavioral health & SUD services



Active living and healthy eating



Safe & violence-free environment



Injury disease prevention & management



Increased community connections

Potential Strategies

- Develop greater awareness of eligibility for programs such as CalFresh and WIC
- Support increased use of evidence-based programs addressing sexually transmitted infections and substance use disorder in school-based settings
- Convene a youth coalition to inform public health messaging and actions to reduce initiation of risk behaviors
- Advocate policy and funding efforts to increase availability of after-school programs
- Conduct a community assessment to deepen understanding of suicide prevention resources and needs
- Support integration of behavioral and physical health prevention, screening, and early intervention services into more community-familiar settings and homebased care services
- Expand access to culturally appropriate home visiting programs

Strengths and Opportunities

Numerous countywide collaboratives and projects present opportunities to address this Health Priority Area. These include but are not limited to: Roadmap to the Future (Yolo County Office of Education), Community Schools (United Way and Washington Unified School District), and the West Sacramento Accountable Community of Health (Health Education Council).



Evaluation and Redesign

As a living plan, the CHIP will be continuously evaluated for impact and redesigned for greater success. To promote transparency, CHIP impact will be publicly reported.



Convene and Build



HHSA is committed to supporting CHIP implementation in a way that is community-focused, participatory, and impactful.

HHSA will facilitate the collaborative, which will include existing CHIP partners as well as additional agency leaders, community partners, and community residents.







SMART Planning



Over the 2023-2026 period, Healthy Yolo partners will implement the strategies they have selected for themselves. However, the intention of Healthy Yolo is to be forward looking, and CHIP efforts may be part of laraer, lona-term efforts to address SDoH and health inequities.



Community assets, including organizations, programs and intangible community elements, will be identified and mapped. This includes review of other initiatives working to address similar issues as discussed in the Community Alignment Section and determining where CHIP efforts can complement or align with current initiatives.

Healthy Yolo will refine the list of Objective Themes, Measures for Consideration and Suggested Strategies to develop SMART objectives, specific and targeted strategies, and outcome measures to track progress and impact of implementation strategies.

References

- 1. **Hypertension Deaths.** Centers for Disease Control and Prevention, National Center for Health Statistics. 2021 National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database.
- 2. **Poor Mental Days.** PLACES Project. Centers for Disease Control and Prevention. 2020 data accessed via County Health Rankings and Roadmap. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life/frequent-mental-distress?anchor=data-methods&selected-tab=methods&year=2023
- 3. **Life Expectancy**. County Health Rankings and Roadmap, 2019. Mortality and Life Expectancy Calculator. https://www.countyhealthrankings.org/resources/mortality-and-life-expectancy-calculator.
- 4. **Timely access to a doctor.** Community Health Service Survey 2021. https://www.yolocounty.org/home/showpublisheddocument/74885/638030654728100000
- 5. **Suspension rate by race.** Cal office of Education, Educational Data Partnership. Suspension Rate by Race 2021-22.
- *Suspension defined as suspended one full day during the school year.
- 6. **Mental Health hospitalizations.** California Department of Health Care Access and Information, 2016-2019 https://hcai.ca.gov/data/
- 7. **5th Grade Physical Fitness.** California Dept. of Education, Physical Fitness Testing Research Files)Jan. 2020). Accessed Jan, 2024 at https://www.kidsdata.org/
- 8. **E-Cigarette use.** WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020). Accessed Jan, 2024 at https://www.kidsdata.org/