

2023-2028
COMMUNITY
HEALTH
IMPROVEMENT
PLAN



Bear River
Health
Department

Table of Contents

Acknowledgments	3
Executive Summary	4
Introduction	6
Bear River Health District Overview	8
Community Health Assessment Highlights	9
Methods	11
Health Priority 1- Improve Mental Health	17
Access to Care	18
Suicide	21
Health Priority 2- Address & Invest in the Social Determinants of Health	24
Poverty	24
Affordable Housing	28
Educational Attainment	30
Progress Tracking	32
Conclusion	33
Appendices	34
References	47



Acknowledgments

Community Health Improvement Partners

Bear River Association of Governments	Logan Regional Hospital
Bear River Mental Health	Logan School District
Bear River Valley Hospital	Midtown Community Health Center
Bridgerland Technical College	Neighborhood Nonprofit Housing Corporation
Box Elder School District	Options for Independence
Boys and Girls Club	Tremonton City
Cache Chamber of Commerce	The Center for Creativity, Innovation and Discovery
Cache County	The Family Place
Cache Refugee and Immigrant Connection	The Sunshine Terrace Foundation
Cache Valley Hospital	Thomas Edison Charter School
Cache Valley Veterans Association	United Way of Cache Valley
Citizens Against Physical and Sexual Abuse (CAPSA)	Utah Department of Health and Human Services
Habitat for Humanity of Northern Utah	Utah Department of Workforce Services
Intermountain Healthcare	Utah State Courts
Little Lambs of Utah	Utah State University
Logan City	
Logan Pride	

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

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Executive Summary

In 2022, 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 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 on the findings of the community health assessment 2) the process would be community driven with significant involvement from a broad set of stakeholders and partners from various community agencies.

The BRHD invited leaders from school districts, local government, health care, non-profit organizations, private businesses, community-based organizations, and agencies who serve vulnerable community members to a Community Health Improvement Planning (CHIP) meeting. Over 30 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.

Top Two Health Priorities

2023 - 2028



Improve Mental Health & Well-Being



Address & Invest in the Social Determinants of Health

Each of the two 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
- Alignment with state and national priorities
- Organizations with responsibility for each strategy
- Five-year outcome goals
- Short and long-term objectives with measurable outcomes
- Health equity
- Legislative priorities

To see each priority's strategic plan, please use the links below.

[Access to Mental Healthcare](#)

[Suicide](#)

[Poverty](#)

[Affordable Housing](#)

[Educational Attainment](#)

This CHIP is a call to action for BRHD partners and community members to work together to tackle the factors that negatively impact the determinants of health. Working together with a great plan and the right support will enable us to improve the health of all who live, work, and play in the Bear River Health District.

Introduction

In response to the complex problems identified by the BRHD and other stakeholders, 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 Community Health Improvement Plan (CHIP) will utilize the data generated from the Community Health Assessment (CHA) and other data sources 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.

With this CHIP, we continue to move upstream to focus on how we can change the policies, systems, and environments that promote a healthy life. This will allow us to address the root causes, or determinants, of health inequity.

Health Equity

Health equity encompasses the principle of enabling every person to achieve their utmost health potential by improving the circumstances in which individuals are born, raised, reside, work, learn, and age. It entails valuing all individuals equally and recognizing disparities arise when barriers impede access to these opportunities. Promoting preventive measures, such as maintaining a healthy diet, engaging in physical activity, and regularly visiting healthcare providers, is crucial for overall well-being. Additionally, our health is influenced by access to social and economic prospects, the resources within our communities, the quality of our schools, the safety of recreational spaces, the cleanliness of our air, water, and food, as well as the quality of our social interactions. These determinants of health play a significant role in explaining why some individuals enjoy better health than others and can be closely linked to the physical environment and serve as a powerful predictor of quality of life throughout one's lifespan.

How Is Health Equity Addressed in CHIP?

Including health equity in a community health improvement plan is essential. To ensure health equity is part of improvement planning BRHD has taken the following steps:

1. Acknowledging equity in the prioritization plan of the CHA and recognizing the social determinants of health
2. Identifying health disparities in the CHA and utilizing a community readiness assessment focused on identifying the current climate of how ready our community is to address health disparities

3. Building multi-sector partnerships that made up our CHIP steering committees
4. Earning the trust and respect of our partners by updating them on the progress of the CHIP

To build a culture of health, we must first ensure everyone has the basics to be healthy. When it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike.



Robert Wood Johnson Foundation 1

Since our last CHIP, we have increased our efforts to work closely with internal and external partners to ensure equity is foundational and driving each of these steps, and that the process is designed to collaborate with and support underrepresented, underserved, low-income, and minority populations.

Collaboration

While it is the role of the local health department to lead community health improvement processes, the social determinants of health, with a focus on addressing upstream and root causes, require work far beyond that of the local health department alone. With this in mind, this plan was developed with a collaborative perspective, specifically calling out areas where public health will be leading work alongside a wide spectrum of partners and other community organizations whose work has the opportunity to positively impact health for the BRHD jurisdiction.

Community Health Assessment

Intermountain Healthcare, the largest health system in Utah, convened a group of health partners to participate in their CHA for their Logan Regional and Bear River Valley Hospital. Being a small community that relies on many of the same community partners, BRHD decided to not duplicate efforts and rely on the results of Intermountain's CHA.

BRHD also incorporated other data sources to inform the CHIP process such as a community health assessment dashboard presented by BRHD’s epidemiologist, the Utah Well Being Project results from Utah State University faculty, and a community readiness assessment presented by BRHD’s epidemiologist and community planner.

Community Health Improvement Plan

The 2023-2028 CHIP is a long-term, systematic plan to address issues identified in the CHA and other presented data sources. 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 its internal strategic plan. The community health improvement plan can lead community agencies to partner in new ways to effectively address health priorities.

Bear River Health District Overview

The Bear River Health Department (BRHD) serves the northernmost region of Utah. For over 50 years, the BRHD has served the residents of Cache (population: 140,173), Box Elder (population: 61,498), and Rich (population: 2,628) counties.² The health department is managed by a nine-member volunteer board, which is composed of representatives from the medical community, each county, a city, 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 Department of Health and Human Services 3

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 2022 County Health Rankings & Roadmaps, Cache County is the 6th healthiest county in the state, Box Elder is 10th and Rich is 11th out of the 29 counties in the state of Utah.⁴

Population Characteristics

Bear River Health District	Cache	Box Elder	Rich
Population (July 1, 2022)	140,173	61,498	2,628
Population under 18	28.9%	30.5%	27.4%
Population over 65	10.1%	12.9%	20.5%
White	92.7%	94.9%	95.1%
Hispanic/Latino	11.3%	10.2%	6.6%
Black or African American	1.1%	0.7%	0.6%
American Indian/Alaska Native	1.0%	1.1%	0.9%
Asian	2.3%	0.8%	0.4%
Hawaiian/Pacific Islander	0.6%	0.3%	0.2%
High school graduates (2017-2021)	94.2%	93.7%	96.8%
Persons without insurance under 65	9.6%	9.8%	13.7%
Median household income	\$65,670	\$67,486	\$67,396
Persons in poverty	11.0%	8.0%	8.0%

US Census Quick Facts⁵

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

Community Health Assessment Highlights

The BRHD's comprehensive CHA was released on BRHD's website and shared with stakeholders in a newsletter. 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, health disparities, lifestyle factors such as physical activity and tobacco use, demographic information, and environmental health data.

According to the County Health Rankings report, all three districts score exceedingly well on health factors including physical activity, low excessive drinking, and low alcohol-impaired driving deaths when compared to the state as a whole. Also, those of Hispanic/Latino descent have a statistically lower mortality rate from suicide compared to those who are non-Hispanic/Latino.

The Bear River Health jurisdiction has unfortunately seen a decline in overall mental health. Box Elder has one provider per 210 people, Cache has one provider per 530 people, followed by Rich County with one provider for the entire county or 2,450 people. When examining poverty levels by race, over 30% of those who identify as Asian and almost 40% of those who identify as Black or African American are living under the federal poverty level. Another disparity is seen in ethnicity. About 20% of those who identify as Hispanic/Latino origin (of any race) live in poverty compared to 11% of those who identify as White alone, not Hispanic/Latino. White alone, not Hispanic/Latino see a lower percentage of poverty at 7.5% in the State of Utah compared to 11% in BRHD. The average price of a home increased from \$172,369 in 2010 to \$503,734 in 2022, this is a 185% increase. Unfortunately, in BRHD the percentage of educational attainment varies greatly among race and ethnicity. Within the jurisdiction 55.5% of individuals who identify as Black alone are high school graduates or higher compared to the State at 87.3%. Similarly, 66.1% of those who identify as Hispanic/Latino are high school graduates or higher compared to the State at 73.8%.

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

Community Health Improvement Models

The BRHD reviewed several models, tools, and resources for guidance in developing a participatory planning process. The following resources were incorporated and/or adapted and used in an approach that works for our community: Mobilizing for Action through Planning and Partnership⁶ (MAPP), the County Health Rankings, and Roadmaps.

Six Phases of the MAPP Framework

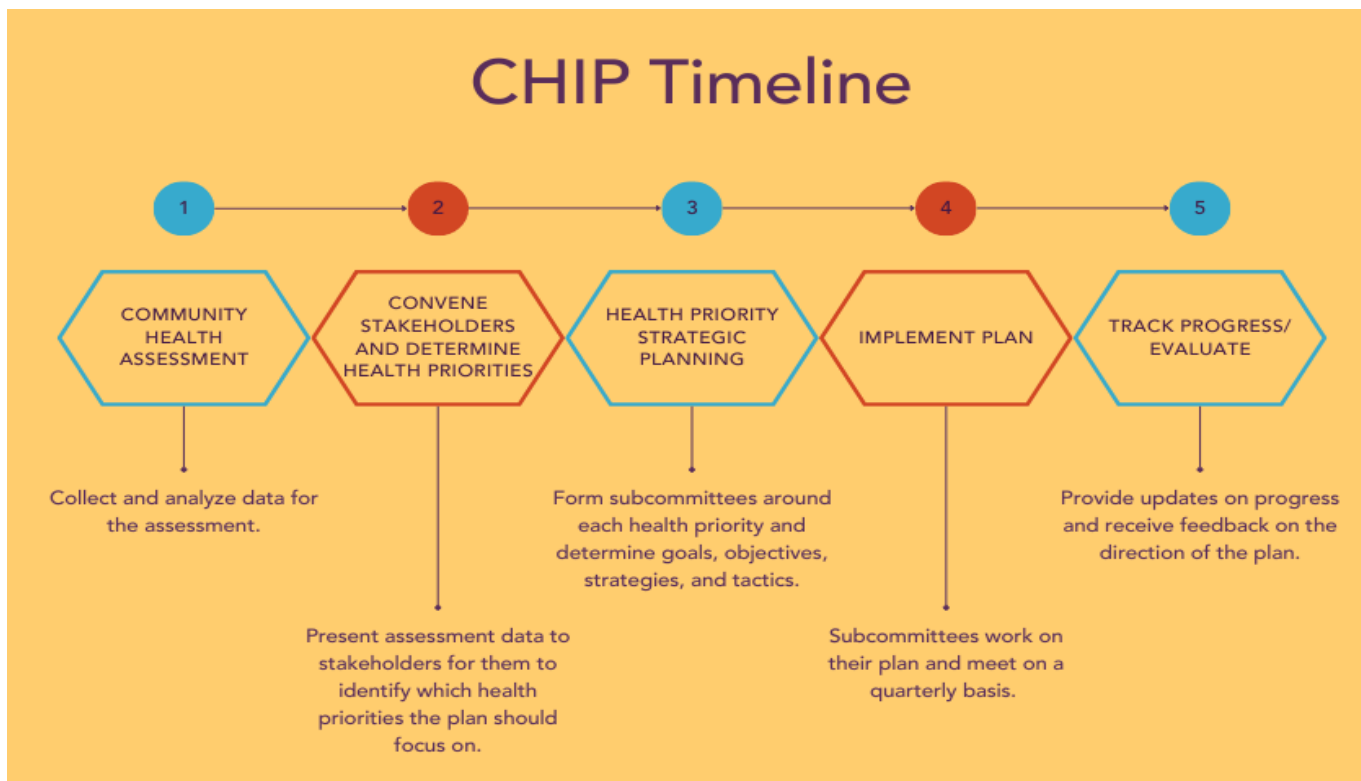
1. Organizing for success/partnership development
2. Visioning
3. The MAPP assessments
4. Identifying strategic issues
5. Formulate goals, objectives, and strategies
6. Action plan

Methods

Timeline

In September 2022, BRHD invited stakeholders to participate in the community health improvement planning meeting that would take place on October 17, 2022.

The goal of the meeting was to determine the health priorities based on the community health assessment data results. Once the priorities were identified, subcommittees were formed for each one and these groups would meet regularly to formulate and work on their plan.



Participants

BRHD compiled an extensive list of partners who participated in the previous CHIP and many new partners. Public health partners invited included healthcare organizations, elected officials, city and county leaders, education, social services, businesses, and community members. It was essential to have a broad and varied audience so 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. A copy of the invitation can be found in Appendix #1. A total of 32 participants representing 21 agencies 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:

- Bear River Association of Governments (BRAG)
- Bear River Mental Health
- Box Elder School District
- Boys and Girls Club
- Cache County
- Citizens Against Physical and Sexual Abuse (CAPSA)
- Intermountain Healthcare
- Logan Pride
- Logan Regional Hospital
- Logan School District
- Midtown Community Health Center
- Options for Independence
- Tremonton City
- The Center for Creativity, Innovation, and Discovery
- The Family Place
- The Sunshine Terrace Foundation
- Thomas Edison Charter School
- Utah Department of Health and Human Services
- Utah Department of Workforce Services
- Utah State University

Community Health Improvement Planning Meeting

The Bear River Health Department Health Improvement Planning meeting was held on Monday, October 17, 2022. A copy of the agenda is available in Appendix #3. Lunch was provided. The lead health strategist 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 and Voting

Prioritization of health concerns are 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 each presentation, voting



considerations were given to assist in determining the health priorities. The voting considerations worksheet can be found in Appendix #5. 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 2 priority issues. This technique was adapted from the National Association of County & City Health Officials (NACCHO) Guide to Prioritization Techniques⁷. 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 the final ranking of priorities.

Components of BRHD’s Community Health Improvement Plan

The 2023-2028 BRHD 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 SMART objectives that are measurable

The end goal of a CHIP is to create a public health system in which all organizations are coordinated and communicating with each other.

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 plan's ultimate goal is to improve health in the Bear River Health District significantly.

Community Assets

Numerous community organizations concentrate on addressing the needs and deficits of their communities, which is essential as every community has its own set of challenges requiring attention. However, an alternative approach is to shift the focus toward the community's assets and strengths, emphasizing what they already have rather than what is lacking. By identifying these assets and strengths, they can be used effectively to fulfill the objectives of the CHIP and enhance the overall health and well-being of the community. The image below showcases some of the key assets that will be leveraged in the CHIP.⁸



CHIP Alignment

The health issues facing our residents, and our communities are very similar to other places across Utah and the United States. The causes of these health issues and the ways local health departments and their partners approach implementing solutions to improve people’s health may vary. We value the flexibility in how we operate as local public health and also value the vast amount of expertise and resources we can use from public health professionals across the state and country. Both national and state health improvement priorities were considered during the development of the CHIP. The following diagram provides a visual representation of these alignments.

2023-2028 CHIP	State Priorities	National Priorities
Access to Mental Healthcare	Utah Health Improvement Plan: improve mental health and reduce suicide.	Healthy People 2030: Improve mental health.
Suicide	Utah Health Improvement Plan: improve mental health and reduce suicide.	Healthy People 2030: Reduce the rate of suicide.
Poverty	Utah Healthy Places Index: Every household should be able to afford the necessities of a healthy life.	Healthy People 2030: Help people earn steady incomes that allow them to meet their health needs.
Educational Attainment	Intermountain Healthcare: Address and invest in social determinants of health.	Healthy People 2030: Increase educational opportunities and help children and adolescents do well in school.
Affordable Housing	Utah Healthy Places Index: All residents should be able to afford adequate housing without giving up healthy food, medical care, or other necessities, or accepting unsafe housing conditions.	Healthy People 2030: Promote healthy and safe home environments.

Health Priority 1- Improve Mental Health

As selected by community partners and leaders, mental health was deemed the number one health priority in the Bear River Health District. This was also a health priority in the 2018-2023 CHIP. As stated by the World Health Organization (WHO) there is "no health without mental health." The WHO's definition of health is, "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."⁹

Poor mental health and mental illness are commonly used interchangeably, however, it is important to understand their distinction. A person may suffer from poor mental health and not need a mental health diagnosis, while a person with a mental illness may encounter intervals of mental well-being.¹⁰ Data points from the 2021 Behavioral Risk Factor Surveillance System Survey (BRFSS) conducted in the Bear River area indicated about 25% of the population 18 and older reported seven or more days that mental health was not good in the past 30 days. Sadly, this is a 76% increase from the 2018-2023 CHIP.

In order to look at a similar data point among children we can gather insight from the 2021 Student Health and Risk Prevention (SHARP) survey.¹¹ This survey is administered to students in 6th, 8th, 10th, and 12th grade in BRHD schools every other year. Calculated responses showed that 62.3% of students have moderate depressive symptoms while over 10% of those in 10th and 12th grade had high depressive symptoms. Calculated responses also showed 20.4% of students have high mental health treatment needs.

Mental health affects how we feel, think, and act and can determine how we relate to others, make healthy choices, and deal with stress. When students were asked about school environment concerns such as getting bullied, gun violence/active shooter situations, suicide by a student, gang activity, students using alcohol/drugs, or an earthquake/fire, 52.8% of students reported they are "somewhat" or "very worried" about the possibility of suicide by a student. Of the six aforementioned concerns, suicide by a student was number one.

Adverse Childhood Experiences (ACEs)

"Exposure to ACEs may result in toxic stress responses that can impede a child's development, such as changes in gene expression, changes in brain connectivity and immune function, and changes in the type of coping strategies adopted."¹² Experiences of childhood adversity can increase the risk of developing chronic and infectious conditions from changes in physiological mechanisms. ACEs include abuse, neglect, and household challenges that occur during the first 18 years of life and have been shown to have a potential impact on future violence, victimization, perpetration, and lifelong health and opportunity; particularly in the absence of protective factors. The effects of ACEs can be challenging to address, luckily ACEs are in fact preventable.

As reported by the Utah Division of Child and Family Services, in fiscal year 2021 9,062 children were confirmed as victims of abuse/neglect in Utah.¹³ In BRHD 4.5% of households with children under 18 were headed by a single female with no husband present.

One in four Utah adults has experienced three or more ACEs, with a statistically significant difference between women (28.1%) and men (23.3%). Utah females declared experiencing more household substance abuse, house mental illness, domestic violence, divorce, emotional abuse, and sexual abuse, declaring experienced sexual abuse twice as likely as males. Utah males declared experiencing more physical abuse and incarcerated household members. Fortunately, Bear River has a statistically lower prevalence of high ACE scores (4+) compared to the State.

Access to Care

Receiving mental health treatment can be critical to improving mental health. One barrier to accessing mental health treatment is the shortage of providers. As reported by the County Health Rankings data Box Elder has one provider per 210 people, Cache has one provider per 530 people, followed by Rich County with one provider for the entire county or 2,450 people. This shows the disparate gap we have in providers among our three counties. The lack of providers was also an identified theme from interviews for the Community Readiness Assessment with key informants.

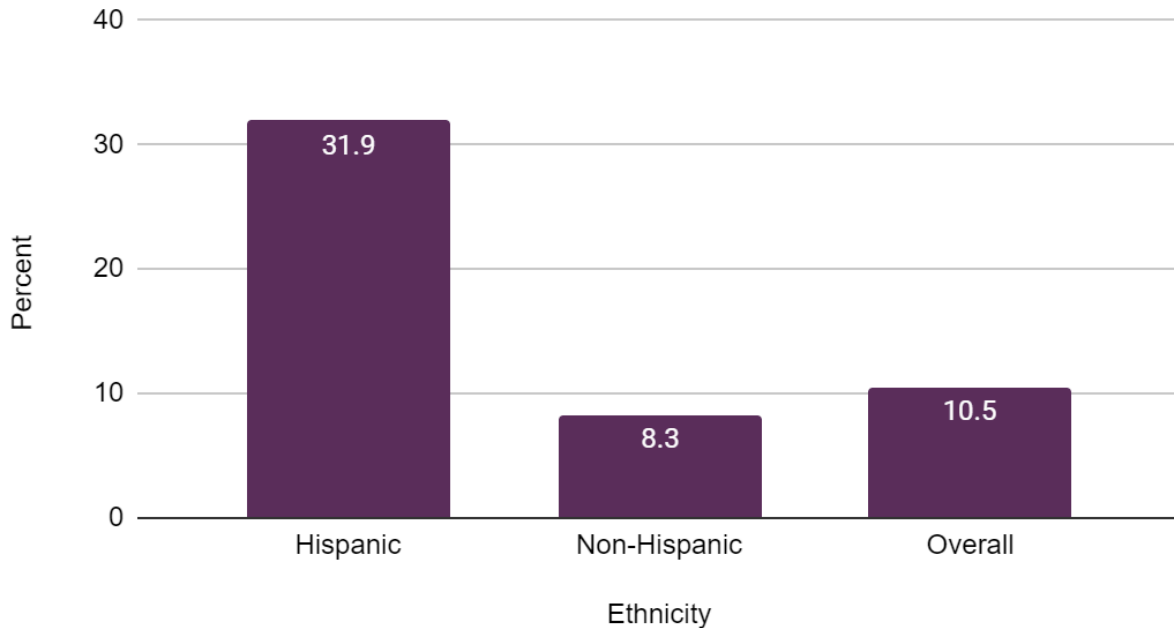
According to the 2019-2020 National Survey of Children's Health, 59.5% of children (3-17 years) in Utah who have a mental/behavioral condition did not receive treatment or counseling.¹⁴

Everyone should be able to access needed medical care and have opportunities for routine preventative services. Overall, 12% of the BRHD population cannot afford to see a doctor when they need to. Delaying medical treatment can lead to developing serious conditions that are more costly. Often those without health insurance bypass or delay care increasing their risk of adverse health outcomes.

As reported by the County Health Rankings data, Box Elder has one primary care physician per 3,300 people and Cache has one primary care physician per 2,250 people. In recent years these trends have declined. This is a higher proportion than what is seen in the State (1,740:1) and nationally (1,310:1).

Next, looking at the past five years, according to the BRFSS survey administered to adults, 11% of the population 18 and older were uninsured. While those who are of Hispanic ethnicity experience a four times higher percentage of uninsurance than those who are of Non-Hispanic ethnicity.¹⁵

Percent of Population in BRHD Uninsured 2017-2021



Transportation can be another crucial factor for some when identifying barriers to accessing care. The Utah Healthy Places Index²¹ calculated that BRHD has healthier community conditions than 50% of other Utah local health districts, deeming BRHD about average, regarding the percentage of households with access to an automobile. Rich County had the highest percentage of households with access to an automobile, while Box Elder had the least households with access to an automobile. When looking at cities in the jurisdiction, households with the least access were in Tremonton and Logan.

Access to Mental Healthcare Strategies	Evidence Base	Responsible Organizations
Increase funding for public health infrastructure.	Utah Healthy Places Index	BRHD, Legislature, UDHHS
Increase health insurance enrollment outreach and support.	County Health Rankings and Roadmap	BRHD, IHC

Increase rural transportation services and improve transit service.	County Health Rankings and Roadmap Utah Healthy Places Index	UTA, CVTD
Provide telemedicine to individuals in areas with limited access to care.	County Health Rankings and Roadmap	BRHD, BRMH

Goal: Increase the number of individuals who are able to access barrier-free mental healthcare services.

Long-term Objectives	Short-term Objectives
<p>1. By 2028, ensure adequate access to primary care and mental health services by increasing the number of providers in the Bear River Health District by 10%. <i>(Baseline: Source: American County Health Rankings)</i></p> <p><u>Cache County:</u> 1 primary care provider per 2,250 people 1 mental health provider per 530 people</p> <p><u>Box Elder County:</u> 1 primary care provider per 3,300 people 1 mental health provider per 210 people</p> <p><u>Rich County:</u> 0 primary care providers 1 mental health provider per 2450 people</p> <p>Additionally the CDC identifies the number of providers per 10,000 children.</p>	<p>1a. By July 2025, work with at least 10 partnering agencies to develop and implement a strategy to recruit mental health professionals including psychiatrists, psychologists, and social workers in the Bear River Health District.</p>
	<p>1b. By July 2026, develop and implement a marketing strategy to educate at least 500 community members and a minimum of 30 medical professionals regarding mental health resources that are available, (with focus on marginalized communities.) Services to be marketed include the Behavioral Health Network, Suicide Prevention Line.</p>
	<p>1b. By July 2026, increase access to care providers by developing and implementing one comprehensive strategy that educates the public on transportation options available. Reach at least 500 members of the public.</p>
<p>2. By 2028, ensure funding to sustain ongoing primary and mental health access for all three counties in Bear River Health District.</p>	<p>2a. By July 2025, advocate the need for mental health resources, including telehealth options, to local and state elected representatives. Work with at least 5 individuals.</p>
	<p>2b. By July 2026, develop and implement a strategy to increase Medicaid enrollment among</p>

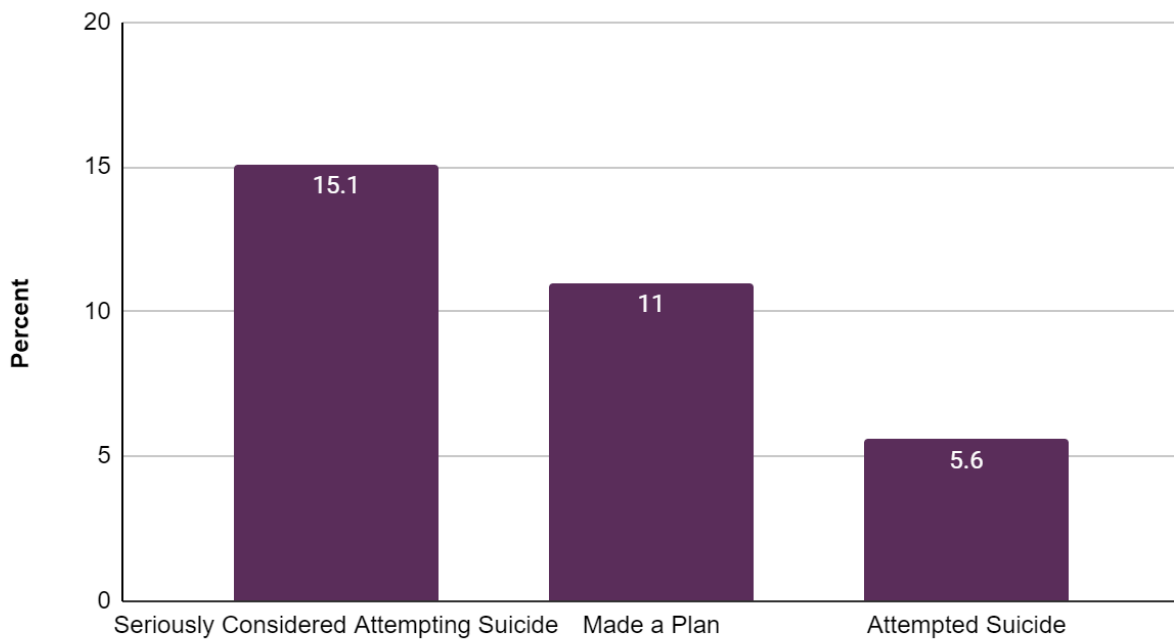
	eligible individuals in the Bear River Health District. Enroll a minimum of 50 individuals.
	2c. By July 2027, identify grant opportunities and submit proposals for funding mental health services. Apply for at least two grants.

Suicide

Another metric to determine the mental health status of our communities includes emergency department encounters. From 2018-2020 the crude number of emergency department encounters in BRHD for suicide intention was 1,044, with almost half (496) being among 15-24 years old. These encounters can be very costly. In 2020, the total charges for emergency department encounters due to suicidal intention equaled over 3.6 million dollars. Close to 1.5 million dollars of that sum was due to those 15-24 years old and almost one million dollars was equated to those 35-44 years old.¹⁵

Data gathered from the Student Health and Risk Prevention (SHARP) Survey gave insight that 1 in 20 students had attempted suicide at least once and over 15% had seriously considered attempting.¹¹

Suicide-Related Indicators Among Youth in BRHD - 2021



Suicide was the leading cause of death when stratifying by age groups for youth 11-17 years, young adults 18-24, and those 25-34 years, in Bear River in 2020. Males in BRHD had a 3.7 times higher rate of suicide mortality than females. While an important emphasis on younger age groups is still needed due to other mortality burden factors, such as years of potential life lost, it is important to recognize suicide risk spreads across a lifetime. Among the nation, according to 2020 data from the CDC, while the older adult age group (75+) sees less than 10% of all suicides they experience the highest suicide rate (19.1 per 100,000). Compared to other age groups men 75+ incur the highest suicide rate (40.5 per 100,000).

A disparate gap for suicide mortality also exists between ethnicity. The following table shows that in the State of Utah, those of Non-Hispanic ethnicity have a statistically significant higher rate of mortality due to suicide than those of Hispanic ethnicity by 1.8 times.¹⁵

Ethnicity	Age-Adjusted Rate per 100,000 Population
Hispanic	12.3
Non-Hispanic	22.7
All Utahns	21.4

Vulnerable Populations

While mental health has the potential to affect everyone at certain periods of their lives, the aforementioned data presents several vulnerable populations experiencing mental health concerns at disparate proportions. Utah females are seen to experience three or more ACEs as a statistically significantly higher percentage than Utah males.¹⁶ While suicide is the leading cause of death for the younger population, those in the 75+ age group experience the highest rate of suicide with those males 75+ and older having the highest rate.¹⁷ In BRHD, vulnerable populations also exist among ethnicity as those who are non-Hispanic have a statistically significant higher mortality rate due to suicide than those who are Hispanic.¹⁸

Suicide Prevention Strategies	Evidence Base	Responsible Organizations
Prevent: Gatekeeper/other training and awareness activities to normalize and encourage mental health support.	Coping/problem solving skills, identification of warning signs,	Brigham Suicide Coalition, Cache Suicide Prevention

	and links to resources available	Coalition, BRHD, Family Place
Prevent: Reduce social isolation and loneliness.	Building healthy connections	Brigham Suicide Coalition, Cache Suicide Prevention Coalition, BRHD, Family Place, New Hope Crisis Center, Box Elder Family Support Center, CAPSA
Screening: Mental health screenings/assessments.	Assessments	School Districts (youth), MH treatment providers, medical providers, Family Place, CAPSA, NHCC, BEFSC, Hospital ER's

Goal: Reduce suicide rates within the Bear River Health District.	
Long-term Objectives	Short-term Objectives
1. By 2028, provide a sustained media campaign with mental health (suicide prevention) focus, promoting mental health resources and crisis lines (normalizing help-seeking behavior).	1a. By July 2025, create a minimum of 10 trusted partnerships to share messaging/crisis lines. <ul style="list-style-type: none"> - Worksite, community, school presentations/trainings - Social media - Opportunities for building connections
	1b. By July 2025, identify, create and share messaging to identified partners (utilizing Live On, crisis lines and local resources).
2. By 2028, increase opportunities for social connectedness of	2a. By July 2025, create eight trusted partnerships to implement initiatives to

Bear River Health District residents.	create social connectedness and identify if they focus on risk and protective factors.
3. By 2028, support and encourage at least five local primary care providers to utilize screening tools.	2b. By July 2025, identify and promote at least eight opportunities to engage in healthy social connections to partners.
	3a. By July 2025, identify at least three mental health screening tools available.
	3b. By July 2025, create information packets including screening tools and data to show the benefits of utilizing tools during visits.
	3c. By July 2025, identify at least 12 local primary care providers and contact them with information regarding screening tools.

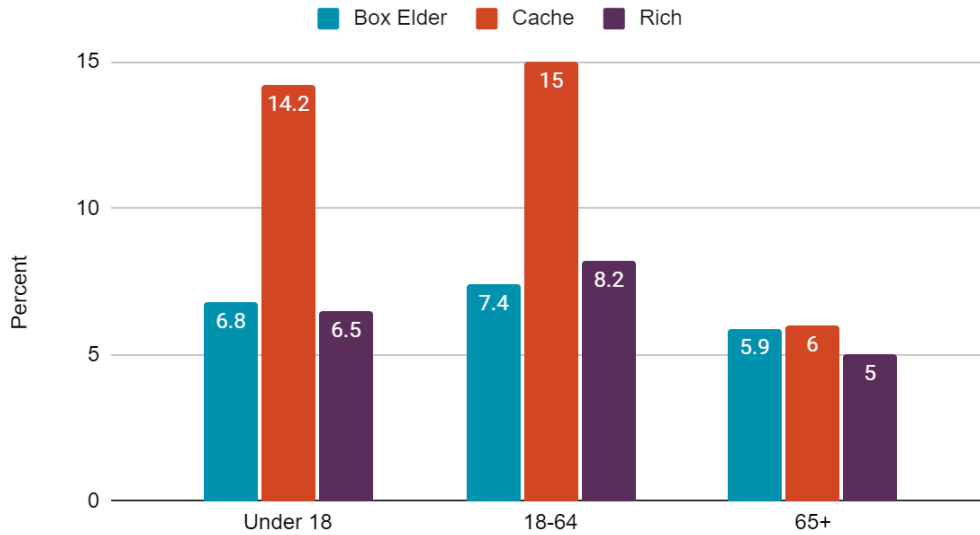
Health Priority 2- Address & Invest in the Social Determinants of Health

Social determinants of health (SDOH) are defined as, “The conditions in the environments where people are born, live, learn, work, play, worship, and age that affects a wide range of health, functioning, and quality-of-life outcomes and risks.”¹⁹ Healthy People 2030 made SDOH a ‘key focus’ as they have a major influence on the well-being and health of people. There are five domains into which SDOH can be grouped. They include economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Not only are SDOHs a major role player in health status, but they are also contributors to various health disparities. Health disparities increase poor health status among those who are most vulnerable.

Poverty

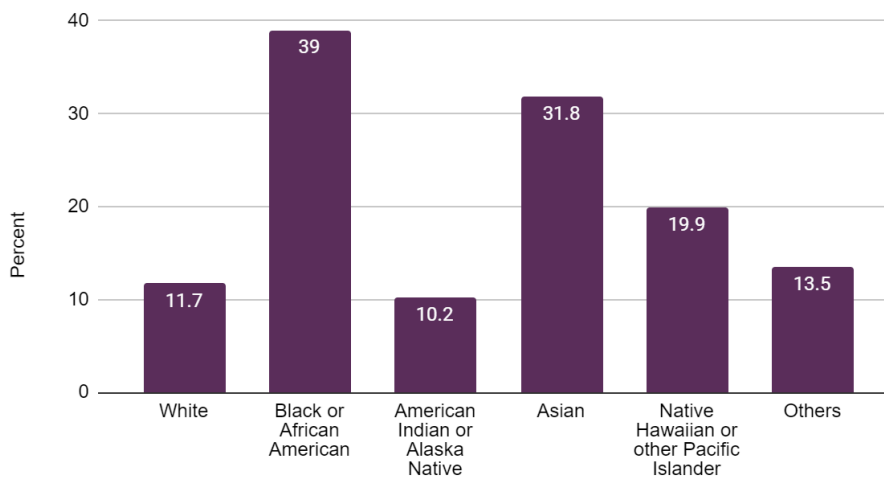
One of the most influential predictors of good health, supported by research, is economic opportunity. Health impacts and disparities are exceptionally pronounced for those near or at the poverty level.²⁰ Looking at the graph below, Cache County has higher rates of poverty, than the other two counties in the BRHD jurisdiction, for those under 18 years of age as well as those who are 18-64 years of age.¹⁵

Percent in Poverty 2021 5-Year ACS Estimate



When examining poverty levels by race, over 30% of those who identify as Asian and almost 40% of those who identify as Black or African American are living under the federal poverty level. This is a statistically significant difference between those who identify as White by 2.7 and 3.3 times respectively. Another disparity is seen in ethnicity. About 20% of those who identify as Hispanic/Latino origin (of any race) live in poverty compared to 11% of those who identify as White alone, not Hispanic/Latino. White alone, not Hispanic/Latino see a lower percentage of poverty at 7.5% in the State of Utah compared to 11% in BRHD¹⁵.

BRHD Poverty Levels by Race 2016-2020



Poverty Strategies	Evidence Base	Responsible Organizations
Identify solutions to address nutrition insecurity.	County Health Rankings and Roadmap	WIC, SNAP, local food pantries, community-based food organizations
Advocate to reduce barriers to public transit.	Utah Health Places Index	CVTD, UTA
Streamline Medicaid and CHIP Enrollment.	Utah Health Places Index	Utah Division of Health & Human Services, Utah Division of Workforce Services
Advocate for sick leave policies.	Utah Healthy Places Index	Utah Legislature, Elected County Officials, policymakers

Goal: Reduce poverty in the Bear River Health District.	
Long-term Objectives	Short-term Objectives
1. By 2028, work with community partners and organizations to increase the number of families who enroll in food insecurity services by 10%. <i>(Baseline: 8272 SNAP participants and 3414 WIC participants in 2022. Cache Food Pantry serves 165 families per week and Box Elder Food Pantry serves 540 individuals per month)</i>	1a. By July 2024, create a screening tool that could identify households that are going without or are worried about going without food and implement the tool at a minimum of 10 medical offices, community-based organizations, etc.
	1b. By July 2025, increase the number of food assistance programs receiving referrals by encouraging at least 2 food assistance agencies to participate in the Unite Utah referral platform. Offer nutrition information and healthy eating opportunities such as on-site cooking demonstrations, recipe tastings, produce display stands, at 2 food assistance agencies.
	1c. By July 2026, establish and/or support at least two community gardens.

<p>2. By 2028, increase by 10% the number of individuals from communities that have higher levels of poverty that have access to transportation services such as Cache Valley Transit District (CVTD) and Utah Transit Authority (UTA). <i>(Baseline: Total number of individuals served daily by CVTD is 5410)</i></p>	<p>2a. By July 2025, coordinate with transit authorities to complete one GIS mapping project that overlays current routes with zip codes/areas that have higher levels of poverty according to US Census data.</p>
	<p>2b. By July 2027, based on the outcomes of the mapping project, work with transit authorities to expand two routes into these geographical areas.</p>
	<p>2c. By July 2027, promote the routes to the communities to increase the utilization of transportation services. Reach a minimum of 50 individuals for each route.</p>
<p>3. By 2028, continue partnerships with Medicaid and Voices for Utah's Children to connect 25 families per year <i>(for a total of 100 families by 2028)</i> with Medicaid and assure continuous enrollment. <i>(Baseline: 33 families enrolled in 2023 via the Voices for Utah Children event)</i></p>	<p>3a. By July 2026, assist 50 families who have difficulties with the enrollment process <i>(due to technology/language/etc)</i> complete their Medicaid applications.</p>
	<p>3b. By July 2027, conduct at least one yearly event (five total) with Utah Voices and Utah's Medicaid director to increase enrollment in Medicaid among families who qualify. Invite other organizations who serve this clientele to participate in these events.</p>
<p>4. By 2028, advocate for one state/county/district level policy that would allow employees to miss work when sick without penalty. <i>(Baseline: to be determined but could include number of organizations that adopt a policy, number of employees the organization employs)</i></p>	<p>4a. By July 2025, conduct research to identify at least 3 model policies that could be considered by elected leaders. Include data that shows the importance of these policies.</p>
	<p>4b. By July 2026, Share this research with at least 2 decision makers that could advocate for policy change. Educate the community and other stakeholders about sick leave policy issues and/or concerns to increase support for change.</p>

Affordable Housing

The Utah Healthy Places Index states, “High housing costs and housing instability are associated with increased stress and depression, communicable diseases like tuberculosis, and decreased children’s well-being and educational outcomes.”

In April 2022 Cache County convened a Housing Crisis Taskforce, to identify the causes of the crisis, quantify the magnitude of the problem, survey public attitudes, and give recommendations, in regard to unaffordable home prices and the dire shortage of housing. Unfortunately, homeownership is no longer an option for many residents in Cache Valley. According to the report²³, “Here in Cache Valley, less than 25% of households with householders 25 to 45 can afford a home at the average selling price. Most people could not afford to purchase the house they live in, given today’s market prices and household income.”

Housing Indicator	2010	2020	April 2022	Additional Information
Average Home Price (\$)	172,369	307,228	503,734	A 78% increase from 2010-2020 and a 185% increase to 2022
Average Mortgage Payment	893	1,314	2,639	A 64% increase from 2010-2020 and a 196% increase to 2022
Homes on the MLS	April 2011: 768	April 2021: 53	April 2022: 78	An average year, 500-600 homes on the MLS

Because this data and a task force have not been convened for Box Elder and Rich counties, it is recommended that such a task force be created for each of these counties to better understand housing affordability in these communities.

Affordable Housing Strategies	Evidence Base	Responsible Organizations
Increase homeownership counseling programs to help potential homebuyers navigate the process and examine the financial realities of buying a home.	Utah Healthy Places Index	BRHD, Cache Chamber, Bridgerland Technical College, USU, BRAG
Increase support to create and preserve affordable housing. Educate City Council's, planning commissions, and citizens on housing issues.	Utah Healthy Places Index,	Cache County, BRHD

	Housing Crisis Task Force	
Influence decision-makers to affect the outcome of public policies related to affordable housing.	ChangeLab Solutions	BRHD, Cache County

Goal: Increase the number of residents in the Bear River Health District living in a safe and affordable home.

Long-term Objectives	Short-term Objectives
<p>1. By 2028, decrease the number of Cache County residents that believe the current rate of population growth is too fast by 5%. <i>(Baseline: % of residents that believe the current rate of population growth is too fast)</i></p> <p>% of respondents who believe the current rate of population growth is too fast (2022 Utah Wellbeing Survey)</p> <p>Hyde Park - 78%</p> <p>Logan - 76%</p> <p>Nibley - 82%</p> <p>North Logan - 74%</p>	<p>1a. By December 2023, create and disseminate 2 educational videos to a minimum of 2,000 community members and 100 members of local government that focus on the benefits/myths of affordable housing.</p>
	<p>1b. By June 2024, implement a survey to local government/decision makers and get a minimum of 25 responses to gain insight on thoughts of affordable housing before and after educational videos.</p>
	<p>1c. By December 2024, analyze and disseminate survey results to gain insight into the current ideology around affordable housing. Reach 30 decision-makers and 500 community members.</p>
<p>2. By 2028, increase opportunities for people to get connected to economic and housing resources. Identify and compile 20 resources and connect 100 individuals. <i>(Baseline: to be determined)</i></p>	<p>2a. By June 2026, increase access to local workforce development and skills training initiatives among vulnerable/resilient populations by coordinating community health workers with 5 housing organizations.</p>
	<p>2b. By June 2027, expand the utilization of resources that assist people in obtaining housing by creating a website that acts as a central location for housing resources.</p>
<p>3. By 2028, advocate for 2 housing-related policies that would positively impact underrepresented residents.</p>	<p>3a. By June 2027, attend and speak at 10 meetings/events to advocate for policy change related to affordable housing.</p>
	<p>3b. By June 2024, identify 2 policies to advocate for that are relevant and realistic.</p>

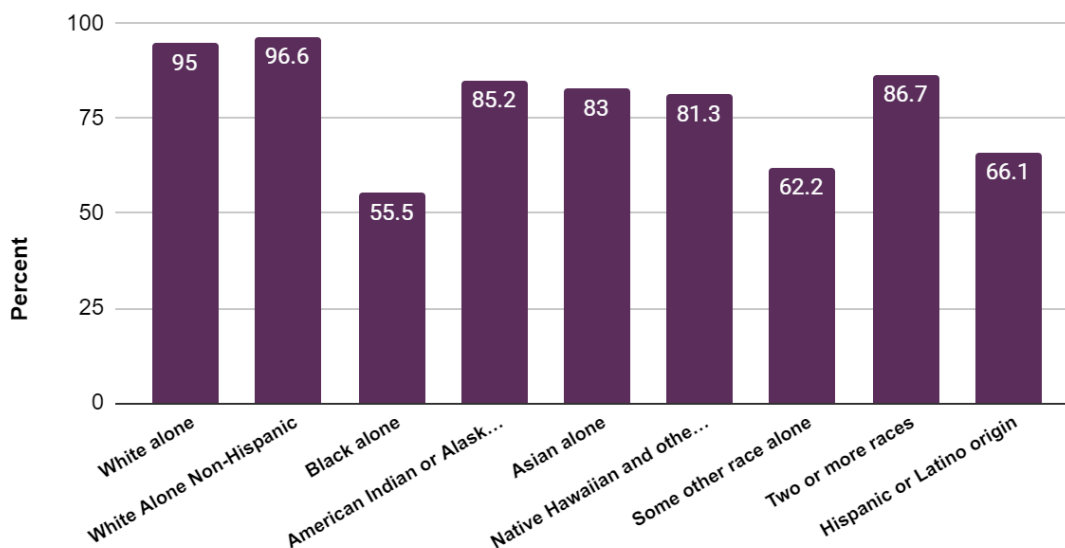
Educational Attainment

Brain development is crucial during early childhood making quality preschool important. Quality preschool has been associated with benefits such as lifelong education and economic and health outcomes.⁶ The 2021 5-year American Community Survey estimates of 3-4 years old in school are as follows, Box Elder - 36.2%, Cache - 40.2%, Rich -13.1%.

Health outcomes such as life expectancy, chronic disease, and infant mortality have also been shown to link to education levels.²² Therefore, it is crucial to ensure students complete high school to prepare them for a future and career of their choosing. High school enrollment numbers, teens aged 15-17 years, are 97.7% for Box Elder, 96.8% for Cache, and about 100% for Rich.

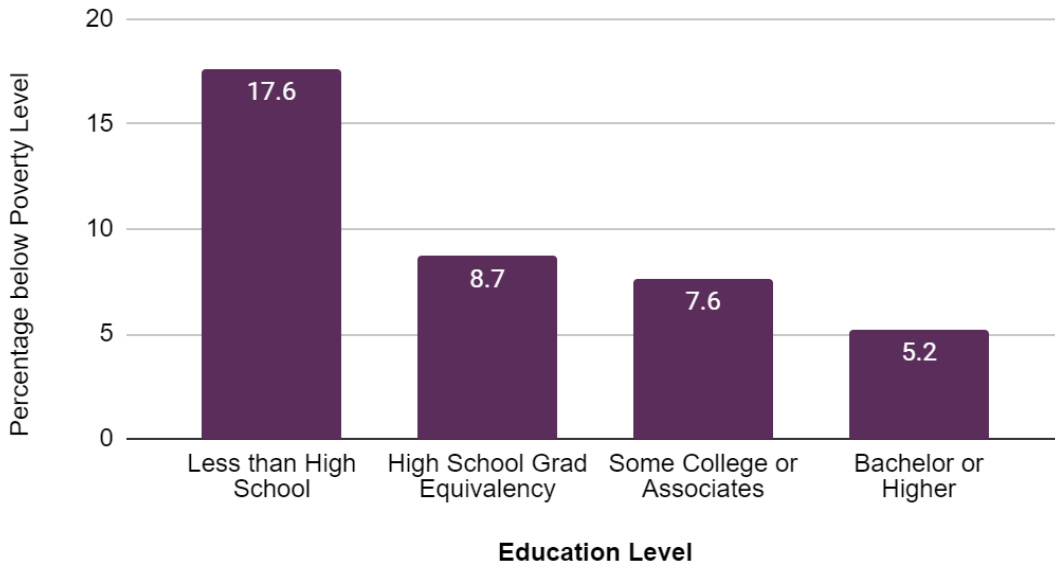
Unfortunately, in the BRHD jurisdiction, the percentage of educational attainment varies greatly among race and ethnicity. Those individuals who are high school graduates or higher and Black alone were 55.5% compared to the State at 87.3%. Those who are Hispanic/Latino and high school graduates or higher were 66.1% compared to the State at 73.8%. In regard to furthering education Bear River is lower than the State for Bachelor's or higher level educational attainment.¹⁵

**BRHD High School Graduate or Higher by Race/Ethnicity
2016-2020**



Education Level is also correlated with poverty status. Data shows those with more education are less at risk for living under the federal poverty limit.¹⁵

Poverty Level by Education in BRHD 2016-2020



Educational Attainment Strategies	Evidence Base	Responsible Organizations
Social and emotional support.	Utah Healthy Places Index	Local School Districts
Early warning and intervention systems.	Utah Healthy Places Index	Local School Districts
Health-attendance partnerships.	Utah Healthy Places Index	Local School Districts, BRHD, Health Professionals
School-based health centers.	Utah Healthy Places Index	Local School Districts, BRHD, Health Professionals, IHC

Goal: Increase educational opportunities and help children and adolescents do well in school.	
Long-term Objectives	Short-term Objectives
1. By 2028, reduce chronic school absences among school-aged children by 10%. (Baseline: to be determined)	1a. By July 2025, conduct at least one qualitative research project with students, parents, and teachers, to identify the root causes of absenteeism.
	1b. By July 2025, coordinate with at least two school districts to implement an Early Warning and Intervention System to identify at-risk students.
	1c. By July 2025, conduct an assessment to identify if schools in our district could participate with Intermountain Healthcare’s School and Community Clinics.
2. By July 2028, increase the proportion of children and adolescents who show resilience to challenges and stress (baseline to be determined. If no assessment tool is available, establish one.)	2a. By July 2028, increase the number of school districts offering social and emotional support curriculum by one (baseline to be determined.)
	2b. By July 2026, increase the proportion of children and adolescents who get referred to services for behavioral conditions. (baseline to be determined. If no assessment tool is available, establish one.)

Vulnerable Populations

When examining individual aspects of various SDOHs certain vulnerable populations emerged. Those who are Black or African American experience a higher level of poverty and lower high school educational attainment. Those who are Hispanic/Latino also experience a lower level of educational attainment and uninsurance rates.

Progress Tracking

Bear River Health Department staff will meet with members of each subcommittee on an annual basis to track the progress of their components of the plan and revise it as needed. Any

changes made to the plan will be made note of in the annual progress report that will be published each year. Refer to Appendix #7 for the tracking sheet.

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 2023-2028 BRHD Community Health Improvement Plan. CHIP action groups will continue to meet regularly to maintain the momentum of work and to ensure selected policies and programs are adopted, implemented, improved, and sustained in order to attain the 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 the 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 having the intended effect and to demonstrate progress. 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 improving health in the Bear River Health District. More importantly, the community is moving from planning to action so effective policies and programs can lead to changes that will have a lasting impact on health.

Appendices

Appendix 1: Meeting Invitation

Save the Date!

Community Health Improvement Planning Meeting

Monday, October 17th

12:00pm - 2:00pm

Bear River Health Department: 635 S 100 E

Logan, UT

Lunch will be provided

Please RSVP to adrungil@brhd.org

by Friday October 7th

Appendix 2: Meeting Participants

Name-Agency

Jordan Mathis-BRHD
Brenda Bennett-CCID
Tanesha Holliday-BRHD
Alicia Toscano-BRHD
Alex Drungil-BRHD
Holly Budge-BRHD
Brandon McBride-Logan Regional Hospital
Bryan Erickson-Sunshine Terrace Foundation
Emilie Butler-Intermountain Healthcare
Stephanie Stokes-Intermountain Healthcare
Sara Sinclair-Board of Health
Mel Payne-Logan Pride
Karina Brown-Cache County
Jess Lucero-Utah State University
Melani Kirk-Thomas Edison Charter School
Shana Longhurst-Logan School District
Janea Lund-Workforce Services (DWR)
Ariana Brenes-BRHD
Anna Dillingham-Utah Department of Health and Human Services
Sarah Fitzgerald-CAPSA
Courtney Flint-USU
Yvonne Marcyes-Logan Pride
Jennifer Green-Box Elder School District
Diane Ortiz-Options for Independence
Quinn Jensen-BRHD
Melissa Lewis-BRAG-Aging
Connie Archibald-Tremonton City
Maria Ayala-Midtown CHC
Sheryl Goodey-The Family Place
Tim Frost-Bear River Mental Health
JeuneElle Jeffries-Boys and Girls Club
Jamie Douglas-CCID

Appendix 3: Meeting Agenda



Community Health Improvement Planning Meeting

Monday October 17, 2022
12:00pm-2:00pm
85 E 1800 N, North Logan

-
- Agenda
- 12:00 Welcome, introductions, and lunch - Jordan Mathis
- 12:05 CHIP process - Jordan Mathis
- 12:10 Community Needs Assessment Dashboard - Tanesha Holliday
- Discussion
- Utah Well Being Project - Dr. Flint/Dr. Park
- Discussion
- Community Input Meeting Results - Stephanie Stokes
- Discussion
- Community Readiness Assessment - Alex Drungil/Tanesha Holliday
- Discussion
- 1:30 Prioritize and vote on health issues
- 1:55 Next steps
- 2:00 Adjourn

Mission: *Prevent disease, promote healthy lifestyles, and protect the community & environment.*

Appendix 4: Meeting Minutes

Welcome, introductions, and CHIP process- Jordan Mathis, Director of the Health Department introduced himself, welcomed everyone, and thanked them for attending the meeting.

Introductions were made around the room.

Jordan Mathis-Went over our mission statement Prevent, Protect, and Promote. Healthy people in healthy communities.

Our goals today

- Understand the community health improvement process
- Review highlights from the community health assessment and other local-level data
- Generate a list of priority health issues for discussion
- Select top priorities through a structured voting process

Purpose of a CHIP

- Set priorities to direct the community's valuable & limited resources to the most critical issues.
 - Plan for how priorities will be addressed
 - Identify partners who will be responsible

Intended to serve as a vision for the health of a community and as a framework for organizations.

Community Input Meeting

- Invited individuals representing broad interests of the community
- Would like to know what you feel is important for our community

Understanding the Needs of the Community

- Routinely assess health needs with input from the community in addition to 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

Anna- A worksheet was handed out "Protecting Health Issues" with blank spaces to take notes during the presentation. Anna explained we would go through the first three questions after Tanesha's presentation.

Community Needs Assessment Dashboard- Tanesha Holliday

Tanesha showed our Community Health Assessment Dashboard- From the IBIS report Mortality top five in the Bear River District 2018-2020

Disease of the Heart

Malignant Neoplasm (Cancer)

Alzheimer's Disease

Unintentional Injuries

Cerebrovascular disease

Tanesha shows an Alzheimer's Disease Graph with a 20 percent increase.

Access to Health Care-Percent of the population in BRHD is uninsured and Unable to see a doctor because of cost

Disability Prevalence- Around 1 in 4 adults in Utah as well as in the US has a disability

- Bear River has a higher percentage of Obese BMI prior to pregnancy

Tanesha will share these slides with all who attended the meeting today

Anna-Went over the questionnaire form that we will use throughout the meeting today.

Question #1

What issues are most serious?

- Mental Health-Crime, Communities, and school districts are promoting resilience, drug-related issues, and suicide. Drugs and mental health parallel each other.
- Obesity-Related to lower fitness, heart disease, physical activity, and vital signs.
- Education Rates-Do people feel safe in high schools? Not finishing high school makes those less likely to receive higher education. This increases the worry about students graduating and going on to the University level. If we don't figure out a way to help with absenteeism and tardiness which is increasing anxiety we could see these levels increasing.
- Poverty-Pre-covid we were serving 78 families to almost 500 families requesting assistance. Due to a lot of the above issues. (Little Lambs) Production jobs have people thinking if they quit school they make more money than getting an education.

Question #2

What issues affect the most people

- Heart Disease and High Blood Pressure
- Access and barriers to getting an education on services that are available
- Injury-Impacts, everyone. One area in data that we are higher than the state. Considering the year's life lost makes this huge. (Jordan)

Question #3

What issues seem most urgent and/or are trending in the wrong direction? (compared to state/national trends)

- Thyroid cancer in BRHD is higher than in the state.
- Alzheimer's is very high-These are age-adjusted rates

Utah Well Being Project-Dr. Flint (USU)

Dr. Flint went over the Well Being project.

Project Goals

To provide Utah city leaders with information on well-being (USU well-being Project)

Qualtrics survey is used to do this survey. No-cost partnership with cities, cities lead advertising and recruitment. Went over the Utah Wellbeing Survey Overview

General Focus Areas

- Overall Personal well-being
- Community well-being
- Ten well-being domains
- Influence of landscape features on well-being
- Recreation/Nature activity

Well-being is generally improving

Domains-Living standards, physical health, safety and security, mental health, connection with nature, leisure time, education, local environmental quality, Social Connection, and Language.

Health rating has bounced back after Covid!!

Local environmental quality has not improved.

Demographic Influence on Health Domains Varied Across Cities.

Community Action-To what degrees do people take action together in response to local problems or opportunities?

How connected do you feel to your city as a community?

Community Connection Matters!

Wellbeing resources on the Website. <https://www.usu.edu/utah-wellbeing-project>

Population growth is "Too Fast"

Concerns in Bear River Region (for the Future of City)

Difference Between Cities on Health

Tremonton is statistically significantly higher for

- Access to healthcare

Identifying Missing Links in collaboration-solutions

Survey connected to their health with personal surveys using laptops. If it had an ID # without us having any of the identifiers. To see if health conditions are improving. Finding some age resistance and them rating their physical health needs higher than mental health.

Next Survey Effort in Early 2024-Due to survey burnout and funding through grants. How we could continue this in the long run?

Question #4

Which issues does the community at large believe are pressing issues or are the biggest area of Concern?

- Water quality and quantity issues
- Housing
- Communication- From Leaders to the public. The people are not understanding and the community isn't aware of the issues. There is a lot of anger and people are unsatisfied. Tremonton now has a communication expert to help the community understand.

Community Input Meeting Results (CHA)

Stephanie Stokes with Intermountain Healthcare

Improving Community Health through Needs Assessments- Reporting publishes Design improvement strategies, prioritizes, evaluates CHNA, and gathers input.

Prior to the meeting, community members identified mental health as the most significant health-related need: Mental Health-57% Drug and Alcohol-39% Obesity or related conditions 14%.

Recruiting and retaining health providers is core to addressing these needs

- Access to reliable, affordable healthcare
- Mental Health & Wellness (isolation from COVID guidelines)
- Adverse Childhood experiences & IPV
- Lack of safe, quality, affordable housing
- Lack of knowledge of resources in the community
- Nutrition and hunger

What are the greatest strengths of your community

Low crime/safe neighborhoods

Strong social connections, family life

Parks and recreation, access to outdoors

Transportation

Art and cultural events

Draft 2023-2025 Community Health Priorities

1-Improve mental well-being

2-Improve chronic & avoidable disease outcomes

3. Address & invest in social determinants of health

Discussion Questions:

What are our partners/leaders and community stakeholder seeing as the most pressing issues/concerns?

- Social determinants of health-Especially intersectionality
- Mental Health-Unhealthy individuals with a lot of explosive anger. Balance of health and mental health
- Affordable housing-Housing Taskforce is applying for grants for education. Targeted density, progress for growth, and open space advocates.

Community Readiness Assessment

Alex Drungil and Tanesha Holiday-Bear River Health Department.

A spiral-bound copy of the Community Readiness report was given to everyone to take with them today. Refer to this handout for most of this information.

Funding

Impact on vulnerable populations

Time frame-Started back in April of 2022

Community Toolbox

Assess the community readiness to address health disparities

Broader goal to achieve health equity

Highest level of health for everyone

Definitions were gone over for-Health disparities, preventable disease, and community awareness.

Methods-

- Interview-12 stakeholders who represented vulnerable populations. The interview guide included 36 questions.
- Scoring-Six dimensions were scored
- Analysis

Results-Volunteerism was huge. The lowest was community climate. Tanesha read quotes from the interviews that were done as some of the attitudes they were able to get during the interviews.

- Community readiness score-3.6 (vague awareness)
- CRM-Purpose is not to tell communities exactly what to do
- Actions can be taken
- The catalyst to address health disparities
- Following meetings-more discussion of this in our coming meetings.

Alex included his and Tanesha's contact information for those attending the meeting

Question #6-

What issues are disproportionately affecting vulnerable populations?

The number 3.6 readiness score was a little shocking. Education because we have a community that is lacking education. The majority of people may not understand why this is important. If it weren't for WIC people wouldn't have prenatal care. It's not an "I" issue it's a "we" issue. (Little Lambs)

Community Connections-It's not what it was 30 years ago. We have more diversity now.

Question #7

What issues did you see repeatedly come up through all the presentations? What are we missing?

Access to the services-Provider shortage. There aren't enough professionals to handle the needs of the public in the mental health field. (BRMH)

Diversity and Inclusion for our vulnerable population (Logan Pride)

ACES & IPV should be more important

Voting took place-

#1-Mental Health -14 votes

#2-Education-12 votes-Communications

#3-Housing-10 votes

Group discussion-Really ACES could go right underneath Mental Health.

Communication can really be used across the board.

Participants used sticky notes to put their names and contact information on which of these top three topics they're most interested in helping with. Those names will make up subcommittees as partnering agencies to address these topics.

BRHD will send out a Community Asset Inventory as a follow-up to this meeting. With what your agency is already doing. You can expect this mid-November or the first of the year?

Appendix 5: Voting Considerations Worksheet

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: Subcommittee Meeting Agenda Templates



CHIP Subcommittee Meeting

Date

Agenda

- Welcome and sign-in
- Introductions
- CHIP recap
 - Purpose of the CHIP/subcommittees
- Community asset inventory
- Goals template
- Next steps/meeting
- Action items



CHIP Subcommittee Meeting


Date

Agenda

- Finalize goals, objectives, strategies document
 - Are we considering our more vulnerable population?
 - Will any part of our plan impact these groups in a positive way?
- Finalize community asset inventory document
- Determine which organizations/individuals will be assigned to the objectives, strategies, and tactics
- Determine quarterly meeting dates
 - Quarterly meetings will be for reporting progress and technical assistance

Mission: Prevent Disease, Promote Healthy Lifestyles, and Protect the Community & Environment.

Appendix 7: Progress Tracking Sheet

 Community Health Improvement Plan Progress Tracker 2023-2028			
Subcommittee:			
Reporting period:			
Strategies			
1.)			
2.)			
3.)			
Objectives			
	Description of progress made	Status	Partner/organization assigned
1.) Long term		<input type="text"/>	
a.) Short term		<input type="text"/>	
b.) Short term		<input type="text"/>	
1.) Long term		<input type="text"/>	
a.) Short term		<input type="text"/>	
b.) Short term		<input type="text"/>	
Notes			

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