Jefferson County Community Health Improvement Plan

Chronic Disease Prevention Strategic results framework

CHIP Purpose Statement	Develop and facilitate the implementation of a community plan to improve the long-term health and wellbeing of Jefferson County residents. This plan will prioritize issues identified through community health assessments. *West Jefferson Co. is served by the Clallam Co CHIP process
Workgroup Purpose Statement	Develop and facilitate implementation of community strategies that will increase healthy behaviors within Jefferson County that can improve long-term health and reduce the risk of chronic disease in the population.

Goals:	Objectives:	Strategy:	Activities	Inputs
What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group?	**Objectives:** *How are we going to implement our Goals? How are the deliverables from the strategy going to be maintained? These are SMART objectives: specific, measurable, attainable, realistic, timely.*	**Strategy:** *What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?*	**Activities** *What steps need to happen to make sure that we can complete the strategy?*	**Inputs** *What do we need to make the activities happen?*
Goal 1: Jefferson County residents get the appropriate levels of physical activity.	**Objective 1a**: Increase the percentage of adult population engaging in 150 minutes of moderately intense exercise or 75 minutes of vigorous activity per week by 15% by 2020. **Metric**: Self-reported activity levels **Data Source**: BRFSS 2012 **Current State**: 84% (CI 75, 90)	**I. Promote active transportation as a way of integrating physical activity into daily life.** Lead:	Ia. Hold annual Open Street events in multiple communities in Jefferson County to raise awareness about active transportation and healthy living. Ib. Enforce speed limits to support active transportation Ic. Explore using social media to enable active transportation Id. Create and support a network of socially connected walking groups based on neighborhood, work, organizational, site specific, or other clustering opportunities Ie. Identify “early adopters” who can help test and refine the walking group strategy If. Use Local 20/20 emergency preparedness model to form neighborhood walking groups.	A sponsor for the open street events Law enforcement support for speed limits Existing information: • walking trails/routes • physical exercise opportunities Funding City/ County Parks and Recreation resources for neighborhood walks

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents get the appropriate levels of physical activity.			Ig. Create and promote collections of existing walking/ trail maps and information, including transit schedules. Ih. Explore regulations about, create, and install signage to mark walking routes Ii. Maintain trails and parks for accessible and safe usage	and trail maintenance Staff time
		II. Improve access to non-competitive adult sports teams and leagues Lead:	IIa. Improve visibility of county website to make it easy to find information about current non-competitive adult sports and league opportunities IIb. Prioritize access to, and expansion of, athletic fields and facilities.	Funding Staff time Sources of data on adult exercise
		III. Implement a county-wide 5-2-1-0 campaign Lead: JCPH	IIIa. JCPH host 5210 website and provide community coordination IIIb. Identify and engage 6 sectors for participation in wide distribution of 5-2-1-0 health messages. Sectors could include: early childhood, schools, after school, healthcare, workplaces, community IIIc. Identify items from Maine 5-2-1-0 resources (newsletters, materials, logos, etc) for local toolkit. IIId. Create webpage home to hold toolkits and create links to this page from each sector website IIIe. Form 5-2-1-0 stakeholder group to meet monthly to plan engagement of sectors and events	

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents get the appropriate levels of physical activity.			IIIf. Hold Kick-off event and then annual community engagement events such as fitness or nutrition challenges.	
	Objective 1b: Increase the percentage of youth engaging in 60 minutes per day of moderate or vigorous intense physical aerobic activity by 15% by 2020. **Metric**: Percent of youth reporting getting at least 60 minutes of physical activity daily **Data Source:** HYS **Current State:** 2012 HYS data: Grade 8: 56% Grade 10: 56% Grade 12: 49%	**I. Create and support a single location website to promote physical activity opportunities for youth in the county, especially for young children.** Lead:	Ia. Recruit organization to host website Ib. Recruit youth Ic. Provide tools Id. Build website Ie. Collect physical activity opportunities information and post to website If. Update the website Ig. Create and implement plan for promotion and maintenance of website.	Staff time IT support Funding
		II. Build and sustain a Safe Routes to School programs with each school district. Lead:	IIa. Identify existing Safe Routes to School and safety barriers for using those routes. IIb. Encouragement approaches to shift parent and/or student motivation by starting Walking School Buses and Bike Trains IIc. Enforce speed limits around school zones. IId. Adopt a 'Complete Streets Requirement' for city and county to enable access to grant funding	Funding Staff time
		III. Expand offerings of non-competitive recreational sports programs. Lead:	IIIa. Evaluate opportunities for new non-competitive recreational sports programs and expand based on evaluated need.	Staff time funding

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Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: In Jefferson County residents get the appropriate levels of physical activity.			IIIb. Engage school in increasing youth physical activity	
		IV. Implement community-wide 5-2-1-0 campaign. Lead: JCPH	Va. See activities for 5-2-1-0 in Goal 1a Strategy III	
	Objective 1c: Implement two evidence-based lifestyle change programs addressing healthy eating, active living and chronic disease prevention by 2020. **Metric:** Count number of active evidence based lifestyle change programs in Jefferson County annually. **Data Source:** Local assessment **Current State:** Currently there is 1 active Aging Mastery Program in Jefferson Co.	**I. Implement Evidence based Lifestyle change program: Aging Mastery (target pop. Adults 50yr olds +) through the county.** Lead: JH **II. Implement Diabetes Prevention Program (DPP) (target population adults at risk for diabetes) in Jefferson County** Lead: JH	I and IIa. Engage partner entities I and IIb. Recruit and train facilitators I and IIc. Develop effective referral system I and IId. Recruit participants I and IIe. Implement classes I and IIf. Maintain program fidelity through entirety	Staff time Meeting space Marketing support Data support Funding/ billing support
Goal 2: Jefferson County residents have access to a healthy diet.	**Objective 2a:** Increase the median fruit and vegetable intake by 15% by 2020. **Metric**: Self-reported number of servings of fruits and vegetables per day **Data Source:** BRFSS (adults) HYS (school-age children) **Current State:**	**I. Implement community-wide 5-2-1-0 campaign** Lead: JCPH	Ia. See activities for 5-2-1-0 in Goal 1a Strategy III.	
		II. Implement a Jefferson County nutrition /culinary teaching course and develop a network of teaching kitchens to promote cooking and nutrition classes. Lead: JH	IIa. Select curriculum for nutrition/culinary teaching course with input from Registered Dietitian and culinary teacher. IIb. Develop list of teaching/commercial kitchens IIc. Assess unused commercial kitchen space available that could be made available,	Funding Staff time nutrition/culinary teaching Curriculum List of teaching/commercial kitchens

Goals:	Objectives:	Strategy:	Activities	Inputs
	Adults: 29% report eating at least five fruits and vegetables per day (BRFSS 2007-2009) Youth (HYS 2012) Grade 8: 33% Grade 10: 34% Grade 12: 31% Youth (HYS 2014) Grade 8: Not reported Grade 10: 32% Grade 12: 20%		include restaurant capacity to add commercial kitchen space. IId. Provide cooking classes in a variety of locations including the food banks IIe. Explore funding for commercial kitchen. IIf. Establish facility requirements for a potential commercial kitchen IIg. Establish a budget for a potential commercial kitchen	Space at food banks A list of Grant organizations interested in funding commercial kitchen
		III. Support schools in increasing student intake of fruits and vegetables Lead: JH	IIIa. Partner with area schools to develop a strategy for student access to fruits and vegetables on menus IIIb. Develop school menu items that increase the quantity of fruits and vegetables to students	Funding
Goal 2: Jefferson County residents have access to a healthy diet.	**Objective 2b:** Eliminate food insecurity in Jefferson County by 2020 **Metric**: Food insecurity rate **Data Source:** Feed America – Map the Meal Gap 2013 **Current State:**	**I. Increase enrollment in current food supplementary programs (WIC, Basic Food, School Reduced Lunches, Senior Nutrition Program, Meals on Wheels, Summer Meals, etc).** Lead:	Ia. Assess current food supplementary programs in Jefferson County. Ib. Ensure Washington Information Network 2-1-1 has current detailed information about local food security resources. Id. Increase promotion of Washington Information Network 2-1-1 Ib. Increase promotion of "**WithinReach**"	Assessment tool Staff time Promotional materials List of local food security resources

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr><td rowspan="3">Goal 2:
Jefferson County residents have access to a healthy diet.</td><td rowspan="3">4,390 people in 2014 in Jefferson County; Rate of 14.6%

Basic Food Participation in JeffCo
<table><tr><td>Jeff Co</td><td>ACS 125 % Poverty Est.</td><td># of Clients Receiving BFP</td><td>BFP Participation as % of People Below 125% Poverty</td></tr><tr><td>Feb 2016</td><td>4926</td><td>4012</td><td>81.4 %</td></tr></table></td><td>II. Distribute SNAP Ed fruit/vegetable prescriptions vouchers to eligible WA Basic Food participants.
Lead:</td><td>IIa. Coordinate with YMCA to increase distribution of SNAP Ed fruit/vegetable prescriptions vouchers.

IIb. Identify sustainable funding opportunities for fruit/vegetable prescription and monetary incentive programs.</td><td>SNAP Ed fruit/vegetable prescriptions vouchers</td></tr>
<tr><td>III. Develop or update resource map for food access in the county.
Lead:</td><td>IIIa. Engage partners in compiling food access resource map.

IIIb. Place resource map on community boards (ie Food Co-Op, Public Health, Quilcene Community Center).

IIIc. Link map to various local websites.

IIId. Provide periodic food access resource map updates</td><td>Staff time

Funding for printing</td></tr>
<tr><td>IV. Work with Food Bank to expand “Distribution” of healthy food options.
Lead:</td><td>IVa. Engage food bank in Identifying and addressing barriers to increasing fruit/ vegetable distribution and utilization:</td><td>Staff time

Meeting room</td></tr>
<tr><td>Goal 3:
Support Jefferson County youth and pregnant women in meeting healthy weight standards.</td><td>Objective 3a:
Increase the percentage of pregnant women with healthy weight gain in pregnancy by 20% by 2020.

Metric: Percent of population with normal BMI at first prenatal appt and 6 weeks post-partum
Data Source:
Family physicians/ EPIC
WIC</td><td>I. Continue to promote the American Academy of Pediatrics breastfeeding recommendations throughout the community.
Lead: JH and JCPH</td><td>Ia. JH maintain Baby Friendly status.

Ib. Continue to provide breastfeeding support to families in community through: Family Birth Center, Breastfeeding Support events (JCPH Breastfeeding Tea event), WIC, MSS.

Ic. Offer continuing education to medical staff on breastfeeding topics</td><td>Staff time

Sample policies</td></tr>
</table>

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 3: Support Jefferson County youth and pregnant women in meeting healthy weight standards.	**Current State:** Unknown		Id. Increase worksite wellness policies that support breastfeeding Ie. Facilitate the ease of breastfeeding/ breast pumping at the workplace and other environments. Worksite wellness breastfeeding polices-BF Friendly workplace designation. If. Public Health nurse to assist with policy and practices and education. Ig. Train group of community volunteers to gather and train 20-25 to help with BF and shopping helping people know how to cook. These volunteers need to do work under the direction of a public or non-profit organization.	Lead organization Volunteer coordinator
		II. Support continuing education for healthcare providers (PCP and WIC, etc) in best practices in nutrition and weight management in PG and postpartum women. Lead: JH	IIa. Schedule regular trainings for healthcare providers on *best practices in nutrition and weight management in PG and postpartum women* for preventing childhood obesity	Funding for speakers Meeting rooms
		III. Increase community education regarding the importance of pre-pregnancy body weight, and appropriate weight gain in pregnancy Lead: JH	IIIa. Support and increase referrals to Empowering Woman for Wellness Program (YMCA). IIIb. Encourage eligible pregnant women to enroll in WIC, Maternal support services, Nurse Family Partnership	
		I. Implement an evidence based program for healthy weight gain in PG. Empowering Women for Wellness- YMCA	IVa. Continue efforts of YMCA to provide classes.	Staff time Funding for classes

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 3: Support Jefferson County youth and pregnant women in meeting healthy weight standards. .		Lead:	IVb. Develop effective referral system to Empowering Women for Wellness- YMCA evidence based program for pregnant women IVc. Hold focus groups to learn needs of target audience. IVd. Provide incentives to encourage participation in pregnancy classes IVe. Create volunteer program to assist with child care, transportation and directing enrollment in appropriate programs.	Liaison to Dr office Meeting space Volunteers
		II.Implement a county-wide 5-2-1-0 campaign. Lead: JCPH	See activities for 5-2-1-0 in Goal 1a Strategy III	
	Objective 3b: Increase the number of children entering kindergarten at a healthy weight to 90% by 2020. **Metric**: BMI of children age 5 **Data Source:** Epic **Current State:** TBD from Epic.	**I. Implement a county-wide 5-2-1-0 campaign** Lead: JCPH	See activities for 5-2-1-0 in Goal 1a Strategy III	
	Objective 3c: Increase the percentage of 6-11 year old population with healthy body mass index by 20% by 2020. **Metric:** BMI of 6-11 year olds **Data source:** Epic **Current state:** **TBD from Epic**	**II. Engage and support schools in adopting and implementing healthy lifestyle curriculum and daily practices that reflect this.** Lead: III.Implement a county-wide 5-2-1-0 campaign. Lead: JCPH	IIa. CHIP plan meet with East Jefferson school leadership IIb. School curriculum committee identify appropriate curriculum and implement. See activities for 5-2-1-0 in Goal 1a Strategy III	Staff time Meeting space

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 4: Community health improvement strategies are reflected in relevant local policies.	**Objective 4a:** Incorporate healthy eating and active living concepts in City and County comprehensive plans by 2020. **Metric:** Healthy eating and active living language ready for insertion into comprehensive plans by next amendment cycle (City 2017, County 2018) **Data source:** City and County Comprehensive plans. **Current state:** City Plan: includes some health language County Plan: includes limited specific health language	**I.** Critically assess the existing plans to identify gaps and develop policy language recommendation for goal/policy revisions to fill identified gaps. Lead: JCPH	Ia. Select a model checklist for assessing Comprehensive Plans. Ib. Using the selected checklist, review City and County Comprehensive Plans for gaps Ic. Form partnerships with city and county planners. Id. develop policy language recommendation for goals/policies to fill identified gaps Ie. Submit suggested amendments for the 2017 and 2018 Comp Plan updates. If. Provide technical assistance to City/County planners Ig Provide recommendation report Ih. Provide technical assistance to county/city planners Ii. Encourage adoption of recommendations	Electronic copies of comp plans Staff time Best practice assessment tools Technical support from DOH/ other counties
	Objective 4b: Implement worksite wellness policies in two large (>50 employees) and two small (<50 employees) businesses by 2020. **Metric:** Number of employers with worksite wellness policies *(or achieving awards for worksite wellness?)* **Data source:** community data	**I. Use Health Links best practice framework, to assist employers in implementing evidence based worksite wellness strategies** Lead: JCPH	Ia. Identify and recruit 2 large county and 2 small employers county wide (JH, Jefferson Co, PT Paper Corp.) Ib. Partner with Jefferson County Chamber of Commerce for recruitment of employers. Ic. Use Health Links model to: • Assess readiness, and current practices of employers. • Based on assessment findings, prepare Health Links best practice recommendations for worksite	Staff time Health Link Model Technical Support Funding for awards

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 4: Community health improvement strategies are reflected in relevant local policies.	**Current state:** unknown. Need survey		wellness programs, policies, and communications. • Provide technical support for employers to implement their choice of worksite wellness policies, programs, and communications that address physical activity, healthy food choices, tobacco and cancer screening. Id. Educate Employers, find/ identify local champions and stakeholders to assist with implementation	
		II. Implement county wide worksite wellness award program Lead: JCPH	IIa. Adopt a county wide standard for worksite wellness award (i.e. Z-08 Healthcare authority award) IIb. Nominate employers for awards IIc. Award employers that meet worksite wellness standards IId. Promote winners as examples of healthy worksites.	
	Objective 4c: Implement policies to limit employer provision of sugar-added beverages in 35% of businesses by 2020. **Metric**: Number of Jefferson county businesses that have current workplace policies that includes limiting provision of sugar-added beverages **Data Source:** Community data **Current State:** unknown	**I. Use best practice worksite wellness policies that Increase availability of healthy beverages and limit employer provision of sugary beverages at worksites.** Lead: JCPH	Ia. Use Health Links model in coordination with Boston Public Health Commission Healthy Toolkit to create worksite wellness policies targeted at increasing access to healthy beverages. Ib. Work with employers to implement worksite wellness policies making healthy beverage choices, the easy choice	Staff time Healthy beverage tool kit Funding

Chronic Disease Prevention Strategic results framework

Legend:

5-2-1-0 campaign: Health daily behavior awareness campaign: 5 fruits/vegetables, < 2 hours of recreational screen time, 1 hours of physical activity, 0 sugary beverages

Aging Mastery: An evidence based education and behavior change incentive program for aging well.

Diabetes Prevention Program (DPP): an evidence based diabetes prevention lifestyle change program to help prevent or delay type 2 diabetes

Health Links: an evidence-based workplace wellness program from the University of Washington Health Promotion Research Center and the Preventive Health Partnership

JCPH: Jefferson County Public Health

JH: Jefferson Healthcare

PCP: Primary Care Provider

SNAP: The US Department of Agriculture (USDA), Supplemental Nutrition Assistance Program (SNAP), called **Basic Food in Washington**, helps low income people make ends meet by providing monthly benefits to buy food.

WIC: The Special Supplemental Nutrition **Program** for **Women, Infants, and Children**

Zo8 Healthcare Authority award: Example of award program that recognizes organizations for achieving a sustainable wellness program.

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Workgroup Purpose Statement	Develop and facilitate implementation of community strategies that will improve community protection from vaccine preventable disease.

Goals:	Objectives:	Strategy:	Activities	Inputs
What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group?	*How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained? These are SMART objectives: specific, measurable, attainable, realistic, timely.*	*What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?*	*What steps need to happen to make sure that we can complete the strategy?*	*What **resources** do we need to make the activities happen?*
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1a**: Achieve 100% compliance for immunization documentation for kindergarten students by 2020. **Metric**: Percent kindergarten student's non-compliant immunization status. **Data Source**: DOH school report **Current state:** **Percent Kindergarten Students Out of Compliance**: (see table below)	**I. School principals and superintendents implement and support the policy requiring registration of kindergartners only when immunization records or exemption paperwork is received by school.** Lead: JCPH and schools **II. Outreach to schools about school immunization rates and what may be influencing the data.** Lead: JCPH **III. Outreach to parents and the community about kindergarten immunization requirements and where to get the immunizations.** Lead: JCPH	Ia. Explain policy to parents when they receive the registration packet, or when they call to enroll, Ib. Post registration policy on school web, etc. and in communications about school registration. Ic. Meet with school districts superintendents and principles to discuss supporting this policy. Could be quarterly school districts meeting or separate meeting. IIa. Share link to school immunization rate data with superintendents, principals, immunization secretaries, and offer to review the data with them annually in the spring. IIIa. Write and distribute to media and webpages, a press release regarding school immunizations requirements (kindergarten, 6th grade Tdap and 9-12 grade varicella) and where to get immunizations. This will be one in April and August of each school year.	I. Staff time II. Staff time (JCPH, Schools) Updated annual DOH school immunization report III. JCPH staff time

	WA	JeffCo
2014-15	10.9%	21.9%
2015-16	8.6%	30.5%
2016-17	report published summer 2017	

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	***Objective 1a**: Continued* Achieve 100% compliance for immunization documentation for kindergarten students by 2020.	**IV. Schools provide parents the information they need regarding required/missing immunizations.** Lead: JCPH	IVa. Schools provide to parents, the JCPH flyer, Immunizations Required for School. Updated by JCPH each spring, the flyer will include required immunizations, contact information for local immunization providers, information on how to locate immunization records (MyIR via WAIIS), and immunization web resources. School provide above flyer to parents in registration packet, orientation, post on web (schools, JH, JCPH), etc. JCPH provide similar flyer to child care facilities and preschools with required immunizations for child care or preschool. IVb. In 2016, JCPH will provide pilot program to schools: JCPH staff immunization information table at kindergarten orientation/registration at Grant St school. JCPH staff will answer immunization questions and print out pre-populated student Certificate of Immunization Status (CIS) forms. IVc. JH Nurse supervisor works with 1-2 teams for initial trial, then train other teams: JH staff will provide patients at every visit, a list of needed immunizations, date for the next immunizations due. -patient identified in schedule scrub/huddle prior to visit day -list printed by care team -provide parents with immunization record type of their choice (handwritten card, Epic printout, WAIIS printout)	IV. JCPH staff School funding for printing flyer Schools, JH, JCPH staff to update websites. Staff time, internet access at event, laptops, printer, paper IVc. JH Clinic nurse supervisor Staff Time. Other JH nursing staff time IV. JH: Ops Team Recall Committee staff time

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Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	***Objective 1a****: Continued* Achieve 100% compliance for immunization documentation for kindergarten students by 2020.		-Ops Team Recall Committee develop recall system (e.g. in Epic, scheduling appointment, yearly birthday card with reminder) -develop reminder work flow and train all staff.	
			IVd. Schools Send out non-compliance letters in fall to parents regarding missing immunizations: -include pre-populated CIS forms so clinics can see what is needed. -send with information on where to get immunizations, special immunization clinic, etc. -Identify point people at JH, JCPH, Schools for the following coordination: - JH and JCPH coordinate with schools, for timing of the mailing of out-of-compliance letters (annually in mid- October) so clinics can boost staff and plan special immunization clinics. -JCPH offers to train school staff on WAIIS and CIS forms.	IV. JH, JCPH, school staff time. Paper printer
		V. Facilitate documenting children's immunizations by parents and schools. Lead: JCPH	Va. Ensure records get entered into WAIIS for kids transferring from out-of-state: -JH Clinics will enter their patients out of state immunization records into Epic which populates into state database. -JCPH offers to enter out-of-state immunization records for kids without primary care yet. Schools offer parents to fax records to JCPH or parents can mail/carry to JCPH. Vb. Clinics print out pre-populated CIS forms for kids during back-to-school times.	

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Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1a**: Continued Achieve 100% compliance for immunization documentation for kindergarten students by 2020.		Vc. Develop a work flow at JH to provide the most accurate immunization record, though clinics or medical records, for parents requesting immunizations records from JH (usually through WAIIS) Chief Ancillary Officer identify champion to accomplish above. JCPH will provide clients with immunization record or pre-populated CIS forms.	V. JH: HIM and clinics staff time JCPH staff time Internet access Printers paper
		VI. Increase access to immunizations through JH and JCPH clinics, by reducing barriers. Lead: JH and JCPH	VIa. JH Standing orders created, to ensure child can get immunizations without a well-child check or without having a primary care provider)- done 3/2016 VIb. Educate staff on and implement process for standing orders. VIc. JCPH: continue with walk-in immunization clinics; extra staffing during surge times.	VI. JH and JCPH staff time
		VII. Improve communication between JH and JCPH immunization clinics and schools. Lead: JCPH and JH	VIIa. Identify key contact staff at schools, JH, JPH for the following: Timing and coordination for mailing of out-of-compliance letters (mid- October). This letter will include hours of special immunization clinics at JCPH and JH. Both organizations prep with extra hours/ staff time for special immunization clinic.	VII. Staff time from JH, JCPH and schools.

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<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td>Goal 1:
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.</td>
<td>Objective 1b:
80% kindergarten students complete all required immunizations by 2020.

Metric: Percent of kindergarten students who complete all required immunizations.

Data Source: DOH school report

Current State:
Percent of kindergarten Students Complete:
<table>
<tr><th></th><th>WA</th><th>JeffCo</th></tr>
<tr><td>2014-15</td><td>83%</td><td>67%</td></tr>
<tr><td>2015-16</td><td>85%</td><td>57.5%</td></tr>
<tr><td>2016-17</td><td colspan="2">report published summer 2017</td></tr>
</table>
</td>
<td>In addition to objective 1a strategies:

I. Develop an information campaign for parents and the community with social norm messages saying that the majority of families immunize their children.
Lead: JH

II. Promote science-based, parent friendly, immunization web sites for parents and the community.
Lead: JCPH</td>
<td>Ia. CHIP will provide implementation strategy for the following:

Ib. Use video campaign highlighting parents who immunize their children.
Decide if we will produce a local video using local families or link to videos on VaxNorthwest page.

If we produce a local video:
Identify parents who immunize and are willing to participate.
Use best practices and consider possible outcomes in community.
Identify other community members to be advocates for social norms campaign.

Promote VaxNorthwest videos while local video is in production (if producing), link on web pages.

Decide how to promote web videos.

Ic. Decide if we will produce posters for campaign using pictures of local families or use currently available posters.
Need use best practices and consider possible outcomes in community. Review messages used on IAC and VaxNorthwest material.
Develop a plan to distribution posters in various community locations.

IIa. Use resources from current list of science-based web pages.
Decide how to promote these web pages to parents and the community.

Post links on JH, and JCPH web pages.</td>
<td>I. Funding
Qualified video production staff
Graphic design staff
parents who immunize and are willing to participate.

Community advocates

VaxNorthwest videos

Staff time to promote video links

Staff time to research poster options and distribute posters.

II. Staff time</td>
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</table>

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Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1b:** *Continued* 80% kindergarten students complete all required immunizations by 2020.	**III. Provide resources for medical providers regarding immunization conversations with parents.** Lead: JH and JCPH	IIIa. Identify best resources for providers. Provide resources with short messages that providers can use to answer common questions/concerns. Create standardize system to provide this information to all providers.	III. JCPH Staff time List of best resources JH Staff time
		VI. Provide resources for medical providers to give to parents who have questions/concerns. Lead: JH	VIa. Create and administer a provider survey to determine most common questions/concerns. Select, evaluate and choose best parent information sheet for each identified issue. Scan sheets into Epic for printing as needed at time of visit.	VI. Staff to create and administer survey; Staff time to select and evaluate info sheets. Staff to scan sheets into Epic
		VII. Improve clinical staff knowledge. Lead: JH	VIIa. JCH committee select expert speaker to meet with JH clinical staff during summer 2016 to discuss immunization schedule, usual parent concerns, myths/realities. Key JH staff will familiarize all JH clinic and Family Birth Center staff with available resources (handouts in binders, websites). Identify staff and train them to use WAIIS-immunization forecast report and pre-populated CIS. Hold annual staff vaccine information fair at JH to provide update on current immunization practices.	VII. Expert speaker i.e. Dr. Marcuse or other speaker
		VIII. Standardize JH information given to public in response to inquiries regarding immunization resources and access. Lead: JH	VIIIa. JH clinic nurse supervisor/clinic managers, clinic operations team to develop work-flow for phone immunization questions and scheduling to match new standing orders	VIII. JH Staff time

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Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1b:** *Continued* 80% kindergarten students complete all required immunizations by 2020.	**IX. Establish routine JH provider support for (education, time, staff support) to implement these immunization standards.** Lead: JH	IXa. At medical staff meetings: Discuss importance of providing strong message supporting immunizations, inform of standard resources (see below) IXb. Standardize resources for binder and move them to Epic – or use Epic based handouts Assign any scanning to JH office coordinators. Train JH staff (providers and care teams) on available resources and location of resources. JH annual review and update of immunization handouts by office coordinator	IX. Molly Parker –presentation to all med staff planned 6/14/16 meeting IX. JH Staff time Epic expertise
		X. Use all opportunities to immunize children. Lead: JH and JCPH	Xa. Develop JH and JCPH protocols for practitioners to assess immunization status at every visit and provide needed immunization is appropriate. Offer/recommend/give vaccinations at: -Well Child Checks (JH) -Clinic visits for other issues (JH) -WIC appointments (JCPH)	X. JH and JCPH Clinic staff time

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IMMUNIZATION Strategic results framework

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td rowspan="5">Goal 1:
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.</td>
<td rowspan="5">Objective 1c:
80% of children age 19-35 months will be <u>fully immunized with all of the recommended vaccines</u>: DTaP, Polio, MMR, Hib, Hep B, Varicella and PCV, by 2020.

Metric: Percent of children age 19-35 months receive all recommended vaccines.

Data source:
WA State data: National IZ survey
JeffCo data: WAIIS

Current state:
Percent of 19-35 mo. Fully Immunized
<table>
<tr><th></th><th>WA</th><th>Jeff Co</th></tr>
<tr><td>2013</td><td>71 %</td><td>53%</td></tr>
<tr><td>2014</td><td>67%</td><td>56%</td></tr>
<tr><td>2015</td><td></td><td>59%</td></tr>
</table>

Second data source:
Report from DOH: WAIIS Completeness of Record report. (Subset of immunizations)
WAIIS Completeness of IZ Report, Percent of 19-35 mo. (*Does not include varicella and PCV)
<table>
<tr><th></th><th>WA</th><th>Jeffco</th></tr>
<tr><td>2011</td><td>52%</td><td>53%</td></tr>
<tr><td>2012</td><td>57%</td><td>57%</td></tr>
<tr><td>2013</td><td>58%</td><td>56%</td></tr>
<tr><td>2014</td><td>61%</td><td>61%</td></tr>
<tr><td>2015</td><td colspan="2">DOH report requested</td></tr>
</table>
</td>
<td>See Objective 1b messaging strategies.</td>
<td>See Objective 1b messaging strategies.</td>
<td></td>
</tr>
<tr>
<td>I. Start immunization conversation between provider and parents during prenatal care visits.
Lead: JH</td>
<td>Ia. Start immunization conversation between provider and parents during prenatal care visits.</td>
<td>I. Staff time</td>
</tr>
<tr>
<td>II. Ensure all hospital-administered immunizations (i.e. Family Birth Center) are uploaded from Epic into WAIIS.
Lead: JH</td>
<td>IIa. Will test to see if Family Birth Center Immunizations are being uploaded into WA ISS and fix if needed.
Solicit examples to test (Email sent 3/25/2016).
JH clinic nurse coordinator will follow up to ensure completion.</td>
<td>II. staff time
JH IT assistance</td>
</tr>
<tr>
<td>III. Provide parents Immunization card at delivery (JH-Family Birth Center, home births).
Lead: JH</td>
<td>IIIa. Assess current use of cards, ensure Family Birth Center has a supply of immunization cards.
IIIb. Develop procedure to ensure that nurses provide all parents with a completed immunization card for their infant.
IIIc. JCPH staff to offer to local midwives and encourage use of:
Supply of immunization cards
Information on how to obtain immunizations.</td>
<td>III. Immunization cards
Staff time
List of midwives</td>
</tr>
<tr>
<td>IV. JH to standardize immunization record provided to parents at clinic visit (immunization cards vs CIS vs MyIR).
Lead: JH</td>
<td>IVa. 1-2 JH clinic teams to trial use of both cards and printouts, for 1 month, to determine patient preference and clinic work flow.
Clinic nurse supervisor provides input
Clinic team presents report to Ops team,
Ops team to standardize after trial/survey.</td>
<td>IV. staff time
Immunization cards and printouts</td>
</tr>
</table>

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1d:** 90% of children age 19-35 months will have **received the recommended doses of each individual vaccine:** DTaP, Polio, MMR, Hib, Hep B, Varicella and PCV by 2020. **Metric:** Percent of children age 19-35 months receiving each of the recommended vaccines **Data source: JeffCo data**: WAIIS **Current state:** **Percent of 19-35 mo. Immunized per Vaccine**	See Objective 1b messaging strategies. Practice systems: **See above strategies 1b and 1c**	See activities for 1b and 1c	

Jefferson Co.

	# doses	2013 %	2014 %	2015 %
DTap	4	69	66	70
Polio	3	79	78	81
MMR	1	75	77	81
Hib	3	79	77	80
Hep B	3	76	77	80
Var	1	74	74	74
PCV	4	68	68	68

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td>Goal 1:
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.</td>
<td>Objective 1e:
Routine immunization rates for adolescents age 13-15 yrs will meet the Healthy People 2020 goals:
1 dose Tdap 80%
1 dose meningococcal 80%
3 doses PHV 80%
2 doses varicella 90% (if no disease hx)
by 2020.

Metric : Percent of adolescents receiving each of the recommended vaccines

Data source:
WA state data:
National IZ survey
2013 data Includes age 13-17 yrs
2014 data includes age 13-15 yrs
JeffCo data:
WAIIS
Includes age 13-15 yrs
Current state:
Percent of adolescents Immunized per vaccine
<table>
<tr><th></th><th colspan="3">Washington</th></tr>
<tr><td></td><td># doses</td><td>2013</td><td>2014</td></tr>
<tr><td>Tdap</td><td>1</td><td>86%</td><td>88%</td></tr>
<tr><td>Menin</td><td>1</td><td>79%</td><td>81%</td></tr>
<tr><td>HPV:</td><td></td><td>---</td><td>---</td></tr>
<tr><td>Female</td><td>3</td><td>45%</td><td>42%</td></tr>
<tr><td>Male</td><td>3</td><td>13%</td><td>28%</td></tr>
<tr><td>Var</td><td>2</td><td>82%</td><td>80%</td></tr>
</table>
Jefferson Co data: will get when WAIIS reports are available (not functioning now)</td>
<td>I. See Objective 1a: Outreach to schools and parents, include information about immunizations required for 6th grade and others recommended.
Lead: JH and JCPH

II. Improve communication with families re needed vaccines or paperwork.
Lead: JH and JCPH

III. Use all opportunities to immunize adolescents.
Lead: JH and JCPH</td>
<td>Ia. See all Objective 1a activities, use these for the middle schools.

IIa. JCPH Explore possibility of booth at middle school orientation with ability to look up in WAIIS status as well as exemption status, give information on scheduling for immunizations.
Determine if booth is feasible and useful.
Determine if JH help with booth is needed and contact clinic nurse manager.

IIb. JH Nurse supervisor works with 1-2 teams for initially trial, then train other teams:
-Staff will provide patients at every visit, a list of needed immunizations, date for the next immunizations due.
-identified in schedule scrub/huddle prior to visit day
-printed by care team
-provide parents with immunization list type of their choice or standard after trial (see other plan)
-Ops Team Recall Committee develop recall system (e.g. in Epic, scheduling appointment, yearly birthday card with reminder)
-Develop reminder work flow and train all staff.

IIIa. JH/JCPH Develop a protocol for practitioners to assess immunization status at every visit and provide needed immunization:</td>
<td>II. JCPH/schools staff

II. JH Clinic nurse supervisor Staff Time. Other JH nursing staff time

II. JH: Ops Team Recall Committee staff time

III. JCPH/JH staff time</td>
</tr>
</table>

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	**Objective 1e:** *Continued* Routine immunization rates for adolescents age 13-15 yrs will meet the Healthy People 2020 goals*, by 2020*		-Sports physicals (JH, JCPH) -Clinic visits for other issues (JH, JCPH) -School-based health center clinic visits (JCPH) -International travel visits and special Adolescent Travel clinics (JCPH)	
			IIIb. JCPH outreach to and offer immunization services to organizations sending groups of adolescents abroad.	III.JCPH Staff time
		IV. Promote "Adolescent Immunization and Well Child Check" visit (not just for kids playing sports). Lead: JH and JCPH	IVa. Promote DOH adolescent immunization brochure in a variety of methods (i.e.6th grade orientation, clinic visits, etc) JCPH ensure supply of adolescent immunization brochure for JH clinics, and schools IVb. Explore other ways to promote "Adolescent Immunization and Well Child Check" visit.	IV. DOH adolescent immunization brochure (Adolescent immunizations 11-17 years old (Tdap, MCV, HPV)) JH and JCPH Staff Time

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td rowspan="5">Goal 2:
Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County.</td>
<td rowspan="5">Objective 2a:
70% of adults (≥ 18yrs) receive annual flu vaccine, by 2020

Metric:
Percent of adults receiving annual flu vaccine.

Data Source:
WA State: CDC National Vaccination Report
Jefferson Co: WAIIS (data is incomplete)
Possibly future subset EPIC report. (if available)

Current State:
Percent of adults with annual flu immunization
<table>
<tr><td></td><td>WA</td><td colspan="2">Jeff Co, by age</td></tr>
<tr><td>2014-15</td><td>47%</td><td>18-49</td><td>30%</td></tr>
<tr><td></td><td></td><td>50-64</td><td>65%</td></tr>
<tr><td></td><td></td><td>65 +</td><td>80%</td></tr>
</table>
</td>
<td>I. JCPH Provide outreach to the community about influenza vaccine recommendations and where to get the immunizations.
Lead: JCPH</td>
<td>Ia. JCPH Write and send press release each fall, to a variety of media sources, to include information about influenza vaccine recommendations and the benefits of influenza vaccination for everyone, (i.e. protecting vulnerable family members and co-workers, avoiding missed work due to illness).</td>
<td>I. JCHP staff time</td>
</tr>
<tr>
<td>II. Explore developing access to flu vaccine for underinsured adults who work with the public, i.e. home care aids, restaurant workers, day care workers, etc
Lead: JCPH</td>
<td>IIa. Explore and apply for funding for vaccine. Develop plan for outreach and clinic staffing.</td>
<td>II. Funding for vaccine
JCPH staff time</td>
</tr>
<tr>
<td>III. Ensure all JH clinic and hospital administered immunizations are uploaded from Epic into WAIIS.
Lead: JH</td>
<td>IIIa. JH Audit to assess WAIIS for complete immunization records of patients given immunizations in hospital and JH clinics.</td>
<td>III. Staff time
JH chart samples
IT support</td>
</tr>
<tr>
<td>IV. Ensure that all sites that administer vaccines are entering data into WAIIS (i.e. pharmacies – QFC, Walmart, Costco, outside clinics – Port Hadlock Clinic).
Lead: JCPH</td>
<td>IVa. JCPH to assess if vaccine providers are entering data into WAIIS.
If vaccine providers are not entering data, identify barriers and develop plan to address them.
Encourage all vaccine providers to sign up for WAIIS and provide technical assistance.</td>
<td>IV. JCPH staff time.</td>
</tr>
<tr>
<td>V. Per protocol: Ensure that JH staff assess immunization status in WAIIS for each scheduled adult, to discuss at schedule scrub and huddle.
Lead: JH</td>
<td>Va. JH: Ops team to optimize work flow: Identify, and train if needed, the care team members who pull WAIIS data. Trial in JH Orca pod. Consider audits to identify and address barriers.
JH: Ops team will remind staff to assess immunizations status of all scheduled adults during chart prep, utilizing WAIIS. To send to data abstractors if updating needed.
JH: Anticipate upcoming quarterly reports by provider based on Medicare data</td>
<td>V.JH staff time
Trial pod
Identified staff has access to WAIIS</td>
</tr>
</table>

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td rowspan="2">Goal 2:
Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County.</td>
<td rowspan="2">Objective 2b:
90% of adults (≥ 65yrs) receive at least 1 dose of the pneumococcal vaccine, by 2020

Metric:
Percent of adults age ≥ 65 who receive at least 1 dose of the pneumococcal vaccine.

Data Source:
WA State: Kaiser Family Foundation report
Jefferson Co: WAIIS (data is incomplete)
Possible future report
Subset EPIC report. (if available)
Medicare data report

Current state:
Percent of Adults 65+ With PPSV Pneumococcal Immunization
<table><tr><th></th><th>WA</th><th>Jeff Co</th></tr><tr><td>2015</td><td>70%</td><td>45%</td></tr></table></td>
<td>Strategies as noted for objective 2a.

In light of incomplete WAIIS data for adult pneumococcal vaccination:

I. JH: optimize internal data for measuring this goal.
Lead: JH</td>
<td>Ia. JH: Produce Care team report cards, available with new Epic upgrade,
Ib. Chief Medical Informatics Officer team verify data is correct.

Ic. .JH Ancillary services to determine need/benefit for entering past immunization data from Epic into WAIIS (may be helpful with ACO)

Id. .JH: Explore running EPIC report on clients given pneumonia shots (pre-automatic download from EPIC) and entering patient immunization records in WAIIS</td>
<td>I. JH: staff time

I. JH: Ancillary services staff time

I.JH Staff time</td>
</tr>
<tr>
<td>II. JH Educate/remind patients about pneumonia immunization recommendations.
Lead: JH</td>
<td>IIa. JCH: Implement a standard practice to offer pneumococcal vaccine, as appropriate during all adult clinic visits.
Clinic nurse coordinator and ops team will consider trial for adults, after clinic team completes pediatric trial, or a second team could trial earlier.

IIb. JH: Consider adding annual reminder (e.g. in Epic, scheduling appointment, yearly birthday card with reminder)</td>
<td></td>
</tr>
</table>

Jefferson County Community Health Improvement Plan
IMMUNIZATION Strategic results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 3: Meet recommendations of CDC for all pregnant women to receive a Tdap immunization in each pregnancy.	**Objective 3a:** 100% of pregnant women receiving prenatal care in Jefferson County will receive the Tdap in 3rd trimester of pregnancy, by 2020 **Metric**: Percent of pregnant woman receiving third trimester care within the Jefferson Healthcare system who received Tdap prior to delivery (of those who delivered at Jefferson Healthcare). **Data Source:** EPIC reports yearly **Current state:** To up date	**I. Standardize and incorporate Tdap immunization into third trimester Obstetrical (OB) care.** Lead: JH **II. Assess Tdap status of OB patients transferring in late in pregnancy and offer vaccine if needed.** Lead: JH	Ia. JH: OB Committee adopts (March 2016) and JH implements timing Shift of Tdap to 32 weeks (from 36 weeks) to ensure it is given at least 2 weeks before delivery and to optimize antibody transfer to fetus. Ib. Instruct nurse doing OB intakes to add to routine (3/25/16). Ic. JCPH provides outreach to Jefferson County midwives, nurse family partnership regarding JH new recommended timing for Tdap administration. IIa. OB patients that transfer into JH OB care late in their pregnancy, will be assessed for Tdap status and vaccine offered as needed. This will be added to OB intake assessment.	I.OB Committee approval Staff time JCPH staff time Staff time

Legend:

ACO: Accountable Care Organizations
CAO: Chief Ancillary Officer, Jefferson Healthcare
CHIP: Community Health Improvement Plan
CIS: Certificate of Immunization
CMIO: Chief Medical Informatics Officer, Jefferson Healthcare
EPIC: Electronic Health Record software used by Jefferson Healthcare
HIM: Health Information Management department, Jefferson Healthcare
IAC: Immunization Action Coalition, information for healthcare professionals
IMM: Immunizations
JCPH: Jefferson County Public Health
JH: Jefferson Healthcare
MyIR: My Immunization Record. Portal to WA State Immunization Information System
OB: Obstetrical
WAIIS: Washington State Immunization System
WA DOH: Washington State Department of Health
Vaccines abbreviations:

- **DTaP:** Diphtheria-Tetanus-acellular Pertussis **vaccine**
- **Hep B:** Hepatitis B vaccine
- **Hib:** Haemophilus influenza type b vaccine MMR
- **MMR**: Measles, Mumps, Rubella vaccine
- **PCV:** Pneumococcal vaccine
- **Polio:** Polio vaccine
- **Tdap:** Tetanus, diphtheria, acellular pertussis vaccine
- **Var:** Varicella vaccine

CHIP Purpose Statement	Develop and facilitate the implementation of a community plan to improve the long-term health and wellbeing of Jefferson County residents. This plan will prioritize issues identified through community health assessments. *West Jefferson Co. is served by the Clallam Co CHIP process
Workgroup Purpose Statement	Develop and facilitate the implementation of community strategies by working together to address the mental health and chemical dependency needs of Jefferson County residents of all ages.

Goals:	**Objectives**	**Strategy**	**Activities**	**Inputs**
What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group?	*How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained? These are SMART objectives: specific, measurable, attainable, realistic, timely.*	*What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?*	*What steps need to happen to make sure that we can complete the strategy?*	*What resources do we need to make the activities happen?*
Goal 1: Prevent the abuse of alcohol, tobacco, and other drugs in Jefferson County.	**Objective 1a**: Delay the age of initiation of youth into abuse of tobacco, marijuana, alcohol by at least 10% by 2020. **Metric**: Age of initiation **Data Source**: HYS 2014 12th graders **Current State**: TOBACCO: Never: 53.7% (CI 15.9%) n = 22 14 or older: 14.6% (CI 11.3%) n = 6 13 or younger: 31.7% (CI 14.9%) n = 13 Marijuana: Never: 37.6% (CI 10.0%) n = 35 14 or older: 23.7% (CI 8.8%) n = 22 13 or younger: 38.7% (CI 10.1%) n = 36 Alcohol: First used ever Never: 25.5% (CI 9.0%) n = 24 14 or older: 51.1% (CI 10.3%) n = 48 13 or younger: 23.4% (CI 8.7%) n = 22 Alcohol: First used regularly Never: 64.3% (CI 15.1%) n = 27 14 or older: 31.0% (CI 14.6%) n = 13 13 or younger: 4.8% (CI 6.7%) n = 2	I. **Implement Communities That Care model in communities throughout Jefferson County.** Lead II. **Increase pro-social opportunities for youth.** Lead: DBH III. **Create and maintain central website for youth/ family focused calendar of events, activities, youth opportunities, parent resources** Lead: DBH	Ia. Form a coalition in Port Townsend, Chimacum, Quilcene and Brinnon communities with broad community representation (i.e. youth, parents, business, faith based, public agencies, government, schools, etc.) Ib. Engage school district superintendents Ic. Train coalition members in Communities That Care model. Id. Implement Communities That Care model Ie. Identify local risk factors for each community If. Address identified risk factors with appropriate evidence based programs (such as Life Skills, Protecting you/Protecting Me, Project Toward no drug abuse, etc) Ig. Implement programs that include direct service, environmental strategies and public awareness (include increasing opportunities for parental support) IIa. Identify current opportunities and barriers for youth involvement in pro-social activities. IIb. Choose specific opportunities to increase including: *Internships, building skills/talents, trade schools, juvenile probation services, belonging, college, tutoring, mentoring, recreational opportunities* IIIa. Assess current youth/family focused websites in Jefferson County.	Staff time Communities that care training Meeting rooms Community support Funding Staff time Funding staff time Funding staff time Website consultant Host agency

Mental Health and Chemical Dependency Strategic Results framework

<table>
<tr><th>Goals:</th><th>Objectives</th><th>Strategy</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td rowspan="2">Goal 1:
Prevent the abuse of alcohol, tobacco, and other drugs in Jefferson County.</td>
<td></td>
<td>IV. Increase awareness about impacts of Adverse Childhood Experiences (ACEs)
Lead: DBH</td>
<td>IIIb. Explore examples of model youth/ family focused websites
IIIc. Identify agency to host website
IIId. Identify funding for website project
IIIe. Hire web design consultant
IIIf. Request from organizations, information about youth/ family programs, services, calendar of youth events and activities and opportunities. List of local resources.
IIIg. Post information about opportunities on central youth/ family focused website
IIIh. Promote use of website
IIIi. Maintain website
IIIj. Communication / marketing of youth family activities: newspaper articles, web based collection of opportunities

IVa. Inventory trauma informed practices and training and identify gaps
IVb. Fill identified gaps in trauma informed practices
IVc. Provide training about long term impact of ACEs/resilience (ie Laura Porter and Anne Dean)
IVd. Make ACEs educational information readily available(Utilize resources such as: Futures without Trauma, 123 A Trauma Sensitive Toolkit for Caregivers of Children)</td>
<td>List of youth activities parental resources

Staff time
Funding
Trainers

Trauma sensitive toolkit</td>
</tr>
<tr>
<td>Objective 1b:
Decrease percentage of youth that use alcohol, tobacco, vaping and marijuana before legal age by 10% by 2020.

Metric: Current drug use 10th and 12th grade: alcohol, marijuana, tobacco

Data Source:
2014 HYS
Current State:
Jefferson County 2014 Past 30-day Use
<table>
<tr><th>Prevalence</th><th>G</th><th>2012</th><th>2014</th></tr>
<tr><td>Cigarettes</td><td>10th</td><td>15% ±7</td><td>13% ±6</td></tr>
<tr><td></td><td>12th</td><td>26% ±9</td><td>33% ±10</td></tr>
<tr><td>Alcohol</td><td>10th</td><td>27% ±8</td><td>24% ±7</td></tr>
<tr><td></td><td>12th</td><td>57% ±10</td><td>45% ±10</td></tr>
<tr><td>Marijuana</td><td>10th</td><td>30% ±9</td><td>32% ±8</td></tr>
<tr><td></td><td>12th</td><td>35% ±9</td><td>44% ±10</td></tr>
<tr><td>Vaping</td><td>10th</td><td>N/S</td><td>21% ±10</td></tr>
<tr><td></td><td>12th</td><td>N/S</td><td>39% ±14</td></tr>
</table>
*2014 HYS number of students surveyed for 10th grade (144), for 12th grade (97)

Metric: SYNAR rate</td>
<td>I. Decrease youth accessibility to use alcohol, tobacco, vaping and marijuana in retail settings.

Lead

II. Perform Community Assessment of Neighborhood Store (CANS) in 10 community stores

Lead: DBH

III. Enhance law enforcement resources to investigate and prosecute dealers

Lead</td>
<td>Ia. Provide training to retailers (alcohol, tobacco, vaping and marijuana) about checking ID and refusing to sell to minors
Ib. Continue to enforce existing laws regarding selling and furnishing alcohol, tobacco, vaping and marijuana to minors
Ic. Perform Liquor and Cannabis Board required Synar retailer compliance checks throughout the county for alcohol, tobacco, and marijuana. In addition to state minimum # of compliance checks perform additional retailer checks

IIa. Recruit and train teens to participate in assessment of local stores
IIb. Perform assessment of local stores regarding marketing of tobacco, alcohol,
IIc. Write recommendation report
IId. Present report to store and local community
IIe. Encourage stores and community to adopt recommendations
IIf. Coordinate with community agencies to increase impact

IIIa. Coordination between Port Townsend Police Department and Sherriff dept.
IIIb. Partner with Liquor and Cannabis Board for tobacco retailer for letter campaign" mailing to all retailers and were created collaboratively by WA Department of Health,</td>
<td>Staff time

Education materials

Teen volunteers

CANS assessmen ts

Teen volunteers

Staff time

Funding</td>
</tr>
</table>

Goals:	Objectives	Strategy	Activities	Inputs
Goal 1: Prevent the abuse of alcohol, tobacco, and other drugs in Jefferson County.	Data source: DOH SYNAR Compliance check database Current State: 27.8% of retailers checks sold tobacco to minors	**IV. Increase public awareness of risk of youth use of alcohol, tobacco, vaping and marijuana** Lead: DBH	Department of Behavior health and Recovery, WA State Liquor and Cannabis Board , and Public Health - Seattle and King County. IVa. Create and implement community awareness campaign about risks of youth use of alcohol, tobacco, vaping and marijuana IVb. Hold town hall meetings on the topic IVc. Produce and distribute written materials to parents IVd. Educate adults about legal consequences of supplying alcohol, tobacco, vaping and marijuana to youth	Staff time awareness materials meeting space funding
	Objective 1c: Decrease use of alcohol, tobacco and other drugs in pregnant women in Jefferson County by 25% by 2020. **Metric**: Tobacco: Women smoking in PG Alcohol: TBD **Data Source:** Tobacco: WA State DOH Birth Certificate Database Alcohol: ? Other: ? **Current State:** **Tobacco** 2010-2012 Women smoking in PG Jefferson Co 19% WA State 9% **Alcohol:**	**I. Train providers in Motivational Interviewing.** Lead: JH **II. Implement a public awareness campaign about risks of tobacco, alcohol and marijuana use during pregnancy** Lead: **III. Improve interagency referral system to drug treatment services** Lead: JH **IV. Promote tobacco cessation resources to women who use tobacco.** Lead: JH	Ia. Offer Motivational Interviewing training sessions for healthcare providers. Providers included but not limited to Primary Care Providers, mental health providers, public health nurses, drug treatment providers, etc IIa. Choose messages evidence based campaign ie posters/coaster campaign. IIb. Print messages on coasters IIc. Distribute to local restaurant and bars IId. Encourage establishments to use IIe. evaluate IIIa. Work with health coordinators on updating drug treatment resource list for referrals IIIb. After an individual has gone to drug treatment services, check in with patient IIIc. Follow up visit with provider IVa. For all Pregnant women, at each provider visit **Ask** about tobacco use. **Advise** in clear strong manner to quit tobacco **Assess** willingness for quit attempt. **Assist** those willing to quit with pharmacotherapy and counseling. **Arrange** follow up. IVb. Promote the WA state Quitline, SmartQuit App, and cessation benefits of medical insurance in healthcare settings for all pregnant women	Staff time Staff time Trainers Funding Staff time Funding Staff time List of resources Staff time Promotion materials

Goals:	Objectives	Strategy	Activities	Inputs
Goal 2: Prevent suicides and drug related fatalities in Jefferson County.	**Objective 2a:** Decrease the percentage of youth attempting suicide by 75%, by 2020 **Metric**: i. School age children report having seriously considered attempting suicide in the past year. ii. Youth reporting making a suicide plan iii. Youth reporting attempting suicide iv. Suicide related hospitalization rates. v. Suicides committed by youths <18 years old. **Data Source:** Healthy Youth Survey(i-iii); WA State DOH(iv-v) **Current State:** **i. During the past 12 months, did you ever seriously consider attempting suicide?** 10th grade 12th grade 2012 24% 19% 2014 19% 24% **ii. During the past 12 months, did you make a plan about how you would attempt suicide?** 10th grade 12th grade 2012 14% 9% 2014 20% 24% **iii. During the past 12 months, how many times did you actually attempt suicide?** 10th grade 12th grade 2014 13% 10% **iv. Suicide related hospitalization rates** In 2010-2012 on average each year ~8 Jefferson County residents had a suicide-related hospitalization. **v. Suicides committed** <5 Jefferson County residents committed suicide each year between 2010 and 2012.	**I. Educate the community regarding gun safety.** Lead:	Ia. Write news articles for the paper. Ib. Promote gun safes. Ic. Implement the state gun safety program in Jefferson County. Id. Work with the sheriff's department on an educational program.	Staff time
		II. Increase access to mental health counseling and other services. Lead: DBH	IIa. Discuss the potential for implementing 'Natural Helpers' program with school administrators. IIb. Increase the number of providers in the community by identifying funding and recruiting licensed personnel. IIc. Identify creative funding for mental health services for un- and under-insured individuals. IId. Provide technical assistance for people who may have mental health benefits under their insurance access these benefits. IIe. Increase awareness of the crisis hotline and crisis texting hotline.	Staff time Funding Crisis hotline number
		III. Educate the community about youth suicide. Lead: DBH	IIIa. Work with NAMI to develop a curriculum to help parents identify danger signs of suicide in youths. IIIb. Write news articles and op/eds for the newspaper. IIIc. Create posters regarding resources for help and distribute to the schools, the library, the Boiler Room, and other community resource centers.	Staff time Curriculum Funding
		IV. Reduce stigma around mental health issues. Lead: DBH	IVa. Write letters to the editor to normalize mental health issues. IVb. Advocate for further education of providers. IVc. Promote mental health normalization through community outreach activities including flyers and radio programs.	Staff time Volunteers funding

Mental Health and Chemical Dependency Strategic Results framework

Goals:	Objectives	Strategy	Activities	Inputs
Goal 2: Prevent suicides and drug related fatalities in Jefferson County.	**Objective 2b:** Reduce the number of alcohol-related deaths by 50% by 2020. **Metric**: i. Alcohol related deaths ii. Alcohol-related traffic fatalities **Data Source:** i. WA State DOH Center for Health Statistics, Death Certificate Database ii. DSHS Risk and Protection Profile for Substance Abuse Prevention in Jefferson County **Current State:** i. Age-adjusted alcohol related death (rate per 100,000) Number Rate 2001-03 8 7.0 2004-06 23 17.3 2007-09 19 13.2 2010-12 19 14.4 ii. Alcohol-related traffic fatalities Alcohol-related traffic fatalities / Total traffic fatalities / Rate (%) 2000-02 5 16 31.3 2003-05 7 21 33.3 2006-08 7 19 36.8 2009-11 1 9 11.1	**I. Increase access to alcohol treatment centers in the region.** Lead: **II. Promote understanding of deaths due to alcohol by leading an education campaign.** Lead: **III. Explore non-traditional methods for preventing individuals from driving drunk.** Lead: DBH	Ia. Advocate at the Behavioral Health Organization (BHO) level. Ib. Educate state legislature. Ic. Explore chemical dependency inpatient and outpatient facilities in Jefferson County. IIa. Organize and run town meetings regarding alcohol deaths. IIb. Write letters to the editor. IIIa. Develop 'Uber-Safe', a network for community designated drivers for people to call and utilize after drinking.	Staff time Volunteers Staff time Meeting space Staff time Funding
	Objective 2c: Reduce the number of non-alcohol drug-related deaths by 75% by 2020. **Metric**: i. Drug-related deaths ii. Opiate-related deaths **Data source:** WA State DOH Center for Health Statistics, Death Certificate Database **Current state:** i. Age-adjusted drug related death (rate per 100,000) *when drugs are the* *primary* *cause of death* Number Rate 2001-03 7 9.5 2004-06 14 15.7 2007-09 20 24.5 2010-12 17 17.2	**I. Promote the use of appropriate medical interventions to reduce the risk of drug-related deaths.** Lead: JH and JCPH **II. Increase awareness of drug-related deaths.** Lead: JCPH **III. Develop a first alert system for drug issues in Jefferson County.** Lead:	Ia. Increase availability of Naloxone by providing it to community centers and training staff on its use. Ib. Encourage law enforcement to carry Naloxone. Ic. Increase the number of providers prescribing suboxone or other Medication Assisted Treatment (MAT). Id. Continue to promote Naloxone program at JCPH in the user community. IIa. Education the community via an awareness campaign on drug-related deaths risk factors and outcomes. IIb. Promote the reporting of drug related deaths by continuing to educate physicians in Jefferson County. IIc. Educate the Hospital Board regarding reportable drug overdoses. IIIa. Develop a website for information to be disseminated regarding information relevant to drug using community.	Funding Staff time Staff time Funding Website consultant

Goals:	Objectives	Strategy	Activities	Inputs
	ii. Age-adjusted opiate related death (rate per 100,000) *when opiates are included as the* *<u>underlying</u>* *or* *<u>contributing</u>* *cause of death* Number Rate 2001-03 5 6.8 2004-06 12 14.1 2007-09 17 22.1 2010-12 15 16.3	**IV. Increase access to chemical dependency services.** Lead: DBH	IIIb. Start a hotline for emergency responders and other stakeholders to report immediate issues in drugs in Jefferson County. IVa. Explore funding options for additional chemical dependency centers (i.e. SAMHSA) IVb. Lobby for additional funding.	Staff time Funding Staff time Staff time Funding
Goal 3: Prevent mental health crisis events in Jefferson County.	**Objective 3a:** Reduce the percentage of youth reporting depression by 50% by 2020. **Metric**: School age children answering yes to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" **Data Source:** Healthy Youth Survey 2014 **Current State:** **Jefferson County** 8th Grade 10th Grade 12th Grade 2006 27% 30% 23% 2008 20% 25% 29% 2010 31% 30% 20% 2012 25% 35% 32% **WA State** 8th Grade 10th Grade 12th Grade 2006 25% 29% 29% 2008 24% 30% 29% 2010 25% 30% 28% 2012 26% 31% 30%	**I. Increase opportunities for healthy adult/ youth interaction** Lead: DBH **II. Increase education on emotional health in schools and youth programs** Lead: DBH **III. Expand School based Health Center- Mental Health services** Lead: DBH	Ia. Assess previous and current local youth surveys in areas around healthy adult/youth interactions. Ib. Survey community for existing youth opportunities and opportunities of interest to youth • *Design survey using best practices, mental health/clinical provider and student input* • *Partner with school districts to promote and administer survey.* • *Compile results and report out.* If. Develop strategies that meet identified gaps Ig. Expand mentoring opportunities ie Building Futures Ih. Start a youth/adult 'jam session' or band. Ii. Start a technology/personal device mentoring program with youth mentoring adults IIa. Assess current curriculum and programs in schools. IIb. Implement education and outreach campaign on the importance of emotional health, include social media. IIc. Promote existing 'Crisis Text Line' for youth. IId. Set up a meeting with stakeholders including adults, coaches, teachers, etc to discuss emotional health and monitoring this in youth and the current resources available IIe. Include emotional health training for school staff and other adults working with youth. Include in inter-service at schools annually. IIIa. Identify funding for expansion of services.	Staff time Funding Staff time Crisis Text Line promotion materials Funding Meeting space Staff time Funding

Goals:	Objectives	Strategy	Activities	Inputs
Goal 3: Prevent mental health crisis events in Jefferson County.	**Objective 3b:** Decrease the percentage of adults reporting 14 or more poor mental health days in the past 30 days by 50% by 2020. **Metric:** Adults reporting 14 or more mental health days in the past 30 days. **Data source:** BRFSS **Current state:** WA State: 12% Jefferson County: 10%	**II. Promote mental health benefits covered by health insurance.** Lead: III. **Develop Respite Programs for the following populations:** Elders with younger Date night coverage Single parent nights Elder caregivers respite Other caregiver respite Lead: IV. **Promote neighborhoods as support communities** Lead:	IIa. Identify current programs in Jefferson County that are incentivized by health insurance. IIb. Promote these programs in Jefferson County by reaching out to the Chamber, Main Street Association, Realtors Association, Downtown Business Owners Association, faith based service organizations, etc. IIIa. Work with churches and athletic/community clubs to design and implement one respite program as a pilot. IIIb. Train high school students in childcare and CPR. IIIc. Work with high schools to have a 'babysitting evening' where high school juniors and seniors baby sit younger children to give parents date night. IIId. Work with existing childcare facilities to promote evening hours for date night. IIIe. Encourage adults to provide childcare for friends. IVa. Promote emergency preparedness groups to facilitate communication. IVb. Develop and expand community gardns.	Staff time Volunteers Staff time Staff time Volunteers Meeting space Staff time Funding

Legend:

Adverse Childhood Experiences (ACEs)
BHO: Behavioral Health Organization
Building Futures: YMCA mentorship program
Communities That Care: is a proven, community-change process for reducing youth violence, alcohol and tobacco, and delinquency through tested and effective programs
DBH: Discovery Behavioral Healthcare (formerly Jefferson Mental Health Service)
JCPH: Jefferson County Public Health
JH: Jefferson Healthcare
Medication Assisted Treatment (MAT): is the use of pharmacological medications, in combination with counseling and behavioral therapies, to provide a 'whole patient' approach to the treatment of substance use disorders.
Naloxone: (Narcan) is used to reverse the effects of narcotic drugs used during surgery or to treat pain.
NAMI: the National Alliance on Mental Illness
'**Natural Helpers' program**: a community- and school-based peer-helping program for middle, junior high and senior high school students
PACT – Juvenile services assessment tool (TBD)
SAMHSA: Substance Abuse and Mental Health Services Administration
Suboxone: **(**buprenorphine and naloxone) is used to treat opiate addiction.
SYNAR: **Synar** Amendment, which requires states to have laws prohibiting the sale and distribution of tobacco products to minors
WA State DOH: Washington Department of Health
Vaping: Inhaling vaporized liquids via an electronic device

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

CHIP Purpose Statement	Develop and facilitate the implementation of a community plan to improve the long-term health and wellbeing of Jefferson County residents. This plan will prioritize issues identified through community health assessments. *West Jefferson Co. is served by the Clallam Co CHIP process
Workgroup Purpose Statement	**ACCESS to CARE:** Develop and facilitate implementation of community strategies that will promote 100% of people in Jefferson Co access to appropriate, affordable, available, accessible care and know how to get it.

Goals:	Objectives:	Strategy:	Activities	Inputs
What are the objectives, if completed, going to lead to? What measurable goals has the workgroup decided on to make sure that it meets the purpose of the group?	*How are we going to implement our workgroup goals? How are the deliverables from the strategy going to be maintained? These are SMART objectives: specific, measurable, attainable, realistic, timely.*	*What types of things do we need to develop to help met our objectives? What deliverables will we have after we perform the activities?*	*What steps need to happen to make sure that we can complete the strategy?*	*What resources do we need to make the activities happen?*
Goal 1: Jefferson County residents who seek healthcare are able to receive it.	**Objective 1a**: Decrease percentage of **adults** who did not get medical care due to cost by 75% by 2020. **Metric**: Percent of adults self-reporting not getting medical care due to cost. **Data Source**: BRFSS **Current State**: 14% BRFSS 2011-12	**I. Establish on-going team to Advocate for Single Payer Healthcare System** Lead:	The team will: Ia. Create educational materials and provide to the public to help residents understand the need for single payer healthcare system. Ib. Write an open letter to the community supporting single payer healthcare system. Ic. Draft and send letters to local, state and federal governmental bodies asking them to support single payer healthcare legislation.	Staff time to organize logistics Meeting space to review Facilitator for team meeting

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents who seek healthcare are able to receive it.	**Objective 1b:** Decrease the percentage of **low income adults** who did not get medical care due to cost to 10% by 2020 **Metric**: Percent of adults self-reporting not getting medical care due to cost who currently make less than $25,000 per year **Data Source**: BRFSS **Current State**: 22.8% in 2007-09 (most recent data with large enough n for subgroup analysis)	**II. Increase community awareness of resources for access to healthcare.** Lead: JH	IIa. Form a team focused on providing healthcare access resource information IIb.. Perform community assessment of resources that increase patient access to healthcare (SHIBA, Transportation resources, etc) IIc. Perform gap analysis for missing resources. IId. Fill gaps IIe. Develop a single integrated database of healthcare access resources. IIf. Promote current programs available in data base. IIg. Update database regularly IIh. Leverage the state databases like WA Connections, 211, Within Reach	Staff time IT support for Data base List of current resources List of agencies to survey
	Objective 1c: Decrease the percentage of patients sent to collections at Jefferson healthcare by 50% by 2020. **Metric**: number of patients sent to collections by Jefferson Healthcare. **Data Source:** Collection list **Current State:** 168/month	**III. Educate community about proactive patient financial responsibility assistance options** (i.e. comparing insurance plans or avoiding medical debt). Lead: JH	IIIa. Develop on-going community healthcare literacy group to address community education through classes and resources. IIIb. Engage schools IIIc. Develop and provide health care literacy courses for youth, adult, seniors.	Developmentally appropriate healthcare literacy curriculum Staff time funding
		IV. Expand affordable healthcare options Lead:	IVa. Hire consultant to explore options for an FQHC and/or other non-profit care provider in Jefferson County. • Educate community about FQHCs • Present options to community • Develop a core group of interested stakeholders (especially local healthcare users) to pursue a feasible option. • Begin implementation of feasible option	Staff time Consultant funding Interested stakeholders Meeting space

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents who seek healthcare are able to receive it.			IVb. Explore model programs like: Friends of Friends, Healthy San Francisco, Healthy Howard County that will provide these types of support: • Premium assistance • Deductible assistance • Community insurance plan • Supporting seniors without Medicare Supplemental Insurance Keeping in mind the changing healthcare environment including Accountable Communities of Health. IVc. Identify funding for programs listed.	List of model programs Staff time funding
	Objective 1c: continued	**V. Investigate methods to reduce the number of people sent to collections for healthcare expenses.** Lead: JH	Va. Form a collections task force with broad community representation. Vb. Review collections policies/ procedures. Vc. Identify best practice from other healthcare settings. Vd. Provide recommendation to healthcare boards. Ve. Promote current resources for financial assistance for medical costs Vf. Recommend that healthcare boards that send people to collections receive a report on the number of patients sent to collections monthly. Vg. Draft and send letters to Washington State Hospital Association and WA Department of Health asking them to publish best practices for billing and collections.	Interested taskforce members List of healthcare collection best practices. List of current resources for financial assistance. Staff time

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

<table>
<tr><th>Goals:</th><th>Objectives:</th><th>Strategy:</th><th>Activities</th><th>Inputs</th></tr>
<tr>
<td rowspan="3">Goal 1:
Jefferson County residents who seek healthcare are able to receive it.</td>
<td rowspan="2">Objective 1d: Increase the percentage of women receiving pre-natal care in the first trimester to 90% by 2020
Metric: Percent of women receiving pre-natal care in the first trimester
Data Source: Center for Health statistics, Birth Certifications. Accessed in CHAT (Community Health Assessment Tool)
Current State:
<table>
<tr><th></th><th>1st Trimester PNC</th><th>Total Births</th><th>%</th></tr>
<tr><td>‘14</td><td>136</td><td>183</td><td>74%</td></tr>
<tr><td>‘13</td><td>132</td><td>205</td><td>64%</td></tr>
<tr><td>‘12</td><td>122</td><td>177</td><td>69%</td></tr>
<tr><td>‘11</td><td>160</td><td>204</td><td>78%</td></tr>
<tr><td>‘10</td><td>154</td><td>199</td><td>77%</td></tr>
</table>
</td>
<td>VI. Provide education to women of childbearing years in Jefferson Co. about importance and availability of early prenatal care.
Lead: JH</td>
<td>VIa. Engage medical staff in discussion about best practice care for women during pre-conception.
VIb. Develop and deliver messages for use in schools, libraries, local media and agencies that work with young women and families regarding access to health insurance especially for pregnant women and benefits of starting prenatal care 1st trimester.
VIc. Develop and distribute educational/promotional materials with local resources, addressing prenatal care benefits and how to access.</td>
<td>Best practices for pre-conception education.

Staff time</td>
</tr>
<tr>
<td>VII. Facilitate early appointments for newly pregnant women
Lead: JH</td>
<td>VIIa. Assess current process for scheduling prenatal appointment
VIIb. Make recommendations to improve scheduling process
VIIc. Promote Maternal Support Services and Nurse Family Partnership.</td>
<td>Staff time

List of services that support women and their families during pregnancy.</td>
</tr>
<tr>
<td>Objective 1e: Increase the number of patients (ages 14-49) who receive pre-conception counseling by 50% by 2020

Metric: Ahlers reports

Data Source: Provider survey

Current State: Currently being evaluated</td>
<td>VIII. Provide in-person training and educational resources to providers to support their knowledge of pre-conception counseling
Lead: JH</td>
<td>VIIIa. Providers engage all clients of childbearing age in pre-conception/ contraception planning

VIIIb. Increase public awareness that promotes the use of Long Acting Reversible Contraception (LARC) methods, (IUDs and Implants) appropriate for all demographics.

VIIIc .Provide continuing education opportunities to providers regarding current LARC methods.</td>
<td>Promotion materials

Trainers to provide up to latest best practice in LARC

Meeting space

Staff time</td>
</tr>
</table>

Access to Healthcare results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents who seek healthcare are able to receive it.			VIId Support the recommendations of the reproductive task force 2015-2016.	List of reproductive task force recommendations
	Objective 1f: 100% of youth (aged 10-18) are exposed to human growth and development education by 2020 **Metric** : Number of grades 5th, 6th, 7th, 8th 9th completing human growth and development lessons **Data Source:** JCPH **Current State: TBD**	**IX. Provide youth with human growth and development education.** Lead: JCPH	IXa. Provide community education regarding the availably of reproductive health services and affordable preventive services that include contraception covered by their insurance, or Washington Apple Health, in libraries, local media and agencies that work with young people. IXb. Ensure schools provide comprehensive science based Human Growth and Development classes.	List of available reproductive health services Staff time Cooperation from schools
		X. Sustain variety of local settings that provide affordable reproductive health services. Lead: JH	Xa. Ensure that all people of child bearing age know about insurance for reproductive health services. Xb. Work with local health care system to assure that comprehensive reproductive health care is available locally and is accessible to all. Xc. Sustain adequate resources for school based health center and local family planning clinic. Xd. Explore increasing the number of community locations for free barrier contraception (condoms).	Information about Take Charge Staff time Funding School support
	Objective 1g: 100% of residents are able to receive needed community based home services, that enable them to safely stay at home by 2020	**XI. Increase community awareness of existing systems and benefits (improved health and aging in place) of long term community based home support services.** (such as: OAAA, OlyCAP, Senior Info and Assistance,	XIa. Create and implement awareness campaign for existing long term community based home support services programs Target eligible residents and their families.	Staff time Funding Media campaign

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 1: Jefferson County residents who seek healthcare are able to receive it.	**Metric**: Unmet care needs for residents of Jefferson County (need help and do not have any help currently) **Data Source:** Olympic Area Agency on Aging Area Plan Survey, 2015, Self-report **Current State:** Heavy Yard or Home Chores: 23% Planning Long Term Care: 13% Housekeeping: 12% Bill Paying and Finances: 5% Personal Care: 3% Shopping: 3% Meal Prep: 3% Medication Management: 2%	ECHHO, Meals on Wheels, Senior Legal Help). Lead: OAAA	XIb. Evaluate innovative Hairdresser Campaign and adapt for use in Jefferson Co if appropriate.	Engagement of Hairdressers
		XII. Strengthen systems for increased referrals to of Long Term Community Based Home Support Services. Lead: JH and OAAA	XIIa. Provide training for healthcare providers and referral coordinators about benefits of and how to refer patients to long term community based home support services. XIIb. Increase capacity for Electronic Medical Records system to include option for insertion of Long Term Community Based Home Support Service information on visit summary for eligible patients.	Trainer Staff time Meeting space Cooperation of Providence IT List of options
		XIII. Identify and fill gaps in long term community based home support services Lead: OAAA	XIIIa. Perform a gap analysis of long term community based home support services, including end of life care. XIIIb. Develop a plan to fill identified gaps	Staff time Assessment tool
		XIV. Enhance healthcare transition planning Lead: JH	XIVa. Identify best practice community Para-medicine program that support effective care transitions. XIVb. Integrate medical and social services that support care transition XIVc. Enhance existing primary care based care coordination. ACO/ ACH	Staff time List of best practice programs Care coordinators

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 2: Jefferson County residents report that they are adequately insured.	**Objective 2a:** Increase percentage of residents who are adequately insured to 90% by 2020 **Metric 1**: % Adults aged 18 – 64 adequately insured. Use the calculated percent from the community health assessment **Data Source:** BRFSS 2010 -2012 **Current State:** 79% **Metric 2:** 100% of children who qualify for Washington Apple Health are enrolled in Apple Health by 2020. **Data Source:** HCA **Current State:** 78% in 2011	**I. Advocate for Single payer healthcare system** Lead: **II. Promote enrollment in Washington Apple Health** Lead: JH **III. Assist people with Insurance market place** Lead: JH **IV. Utilize current programs that fill gaps in underinsured populations.** Lead: JH	Ia. See Goal 1 Strategy I IIa. Identify eligible populations that are under- enrolled in Washington Apple Health. IIb. Develop campaign to reach these underserved populations. IIc. Promote Healthcare Navigator services to all. IIIa. Provide classes and educational materials to assist people in enrolling in qualified health plans IVa. Promote WA Prescription Drug Program IVb. Review the possibility of establishing a Medicare Advantage Plan in Jefferson County IVb Promote use of Medicare Savings program IVc Help people understand options for charity care	Staff time PR staff List of healthcare navigator services Meeting rooms Educational materials Staff time PR staff List of healthcare navigator services Meeting rooms Educational materials
Goal 3: Jefferson County residents who seek dental care are able to receive it.	**Objective 3a.** Reduce the percentage of residents (OAAA respondents) deferring dental care because of cost by 75% by 2020 **Metric**: Respondents to OAAA survey **Data Source**: OAAA Survey **Current State**: 27%	**I. Increase number of dental service providers who accept Washington Apple Health insurance and sliding scale.** Lead: **II. Develop a plan for a dental clinic in Jefferson County that accepts**	I and IIa. Hire consultant to explore options for an FQHC and/or other non-profit care provider in Jefferson County. • Educate community about FQHCs • Present options to community • Develop a core group of interested stakeholders (especially local healthcare users) to pursue a feasible option.	Staff time Funding Consultant Meeting Room

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

Goals:	Objectives:	Strategy:	Activities	Inputs
Goal 3: Jefferson County residents who seek dental care are able to receive it.	**Objective 3b:** Increase the percentage of adults with a dental visit in the last year to 80% by 2020. **Metric**: Adults with dental visit in the last year. **Data Source**: BRFSS **Current State**: 66%	W**ashington Apple Health insurance** (consider mobile and FQHC) Lead:	• Begin implementation of feasible option by Dec 31 2016 I and IIb. Support the work of Access to Baby and Child Dentistry (ABCD program) I and IIc. Continue to promote WA Dental Service Smile mobile visits to Jefferson Co., and Senior Smile Savers.	
	Objective 3c: Increase the percentage of the Medicaid eligible population using dental services in Jefferson County to 50% by 2020 **Metric**: Percent of Medicaid eligible population using dental services by county **Data source**: Health Care Authority Dental Utilization Report **Current state**: 21.1% (FY 2015)	**III. Explore the option of adding some preventative dental care best practices in primary care setting.** Lead: JH	IIIa. Explore model programs IIIb. Implement feasible model programs in Jefferson co. primary Care setting IIIc. Study possibility of share use of Electronic Health Records	Staff time List of Model Programs
		IV. Explore advocacy for expansion of role of Dental Hygienist Lead: JH	IVa. Ask hospital commission and county board of health to advocate to state officials for expanded role for Dental Hygienist IVb. Collect examples of successful Dental hygienist Programs Partner with WA State Dental Society.	Cooperation of hospital and County Health

Jefferson County Community Health Improvement Plan

Access to Healthcare results framework

Legend:

211: Washington Information Network **2-1-1** win**211**.org
ABCD program: Access to Baby and Child Dentistry Program
ACO: Accountable Care Organization includes Jefferson County ACO (Rocky Mountain ACO)
ACH: Accountable Communities of Health for Jefferson, Clallam and Kitsap: Olympic Community of Health (OCH)
ECHHO: a non-profit organization that works in partnership with volunteers and community organizations of Jefferson County to provide transportation, chores, social support and medical equipment services to persons who are elderly, disabled or of limited means so that they may continue to live independently.
FQHC: Federally qualified health centers include all organizations receiving grants under Section 330 of the Public Health Service Act
JH: Jefferson Healthcare
JCPH: Jefferson County Public Health
LARC: Long Acting Reversible Contraception
Long Term Community Based Home Support Service Long-term services and supports provide assistance with activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping). Includes, but are not limited to, nursing facility care, adult daycare programs, home health aide services, personal care services, transportation, and supported employment as well as assistance provided by a family caregiver.
Medicare Advantage Plan: also called “Part C” plans, provide the same Part A (hospital) and Part B (medical) coverage that Medicare does, with the exception of hospice care. They usually provide Part D (drug) coverage as well.
OAAA: Olympic Area Agency on Aging
SHIBA: Statewide Health Insurance Benefits Advisors
Take Charge: A Medicaid program for preventing unintended pregnancy for uninsured eligible individual and confidential teens.
WA Connections: on line link to various qualifying State, Federal, or Local programs/services
Washington Apple Health: In Washington State, Medicaid is called Washington Apple Health.
Within Reach: free on-line service to make the connections Washington families need to be healthy