



Jefferson County
**COMMUNITY
HEALTH
IMPROVEMENT
PLAN**

16

*Healthy people.
Healthy communities.*

About the partners involved in this process

In 2013, Jefferson Healthcare, a public hospital district, and Jefferson County Public Health, a county health department in Washington State, partnered to perform a Community Health Assessment to identify the health needs in Jefferson County. Over the past three years, additional partners such as Discovery Behavioral Healthcare, Jefferson County, and the City of Port Townsend, have joined the initiative to develop a plan that addresses these needs. This is a culmination of that work.

On September 29th, 2016 the Community Health Improvement Plan (CHIP) was presented to Jefferson County Public Hospital District No. 2 Board of Commissioners and to Jefferson County Board of Health. It was formally adopted by both of these boards in October 2016.



Acknowledgements

Financial assistance:

The City of Port Townsend has generously donated the use of its public buildings for meetings. The community health assessment was funded by a grant from the Washington State Hospital Association and by Jefferson Healthcare.

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The authors are grateful to Siri Kushner for her work on the community health assessment.

Students from the University of Washington School of Public Health provided data regarding immunization perspectives and practices in our community. This information has helped with developing the immunization strategies.

Emma Robson, a University of Washington medical student, developed the communication plan.

Clay Nowak designed the cover.

The image on the cover is attributed to Carolyn Avery.

The authors kindly thank Lynn Nowak for editing this document.

Community participants:

The authors of this document acknowledge the tireless effort of the community health improvement plan workgroup leaders in organizing the priority workgroups. We also acknowledge the passion of the community and all of their participation in this endeavor.

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Bold denotes a workgroup lead

Abbreviations

5-2-1-0	Community campaign that encourages on a daily basis five or more servings of fruits and vegetables, two hours or less of recreational screen time, one hour or more of physical activity and zero sugary beverages.
ACEs	Adverse Childhood Experiences
CANS	Community Assessment of Neighborhood Store
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
DBH	Discovery Behavioral Healthcare (formerly Jefferson Mental Health Services)
DPP	Diabetes Prevention Program
Epic	An electronic medical records system that is used by Jefferson Healthcare
JCPH	Jefferson County Public Health
JH	Jefferson Healthcare
HPSA	Healthcare Professional Shortage Area
HRSA	Health Resources and Services Administration
OAAA	Olympic Area Agency on Aging
OB	Obstetrical
SNAP Ed	Supplemental Nutrition Assistance Program Education
WA IIS	Washington State Immunization Information System
WIC	Women, Infants, Children nutrition program

Background and Executive Summary

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” World Health Organization, 1946

Over the past three years, residents of Jefferson County have been considering all aspects of health. They have reviewed data, prioritized issues, and created a plan with the end goal in mind of improving health - not just by reducing illness, but by enhancing physical, mental and social well-being.

Every day we make choices that impact our health; these choices range from what we have for dinner to who we choose as a healthcare provider. The environment in which we live also impacts our health; the accessibility of safe places for physical activity and the availability of nutritious foods are just two examples. Additionally, improvements in the social determinants of health would have a significant impact in not only disease prevention, but also in the quality of our lives.

How can we, as a community, make a difference in the health of Jefferson County? The first step requires us to work together. Jefferson Healthcare, Jefferson County Public Health Department, and residents from across the county have collaborated extensively over the course of the last three years in the development of this document.

The plan we present is a roadmap, a guide to help us impact the issues and barriers to better health in our community. It will require many more hands and the commitment of many organizations and residents to implement. We must find the resources and tools to make it happen; our health depends on it.

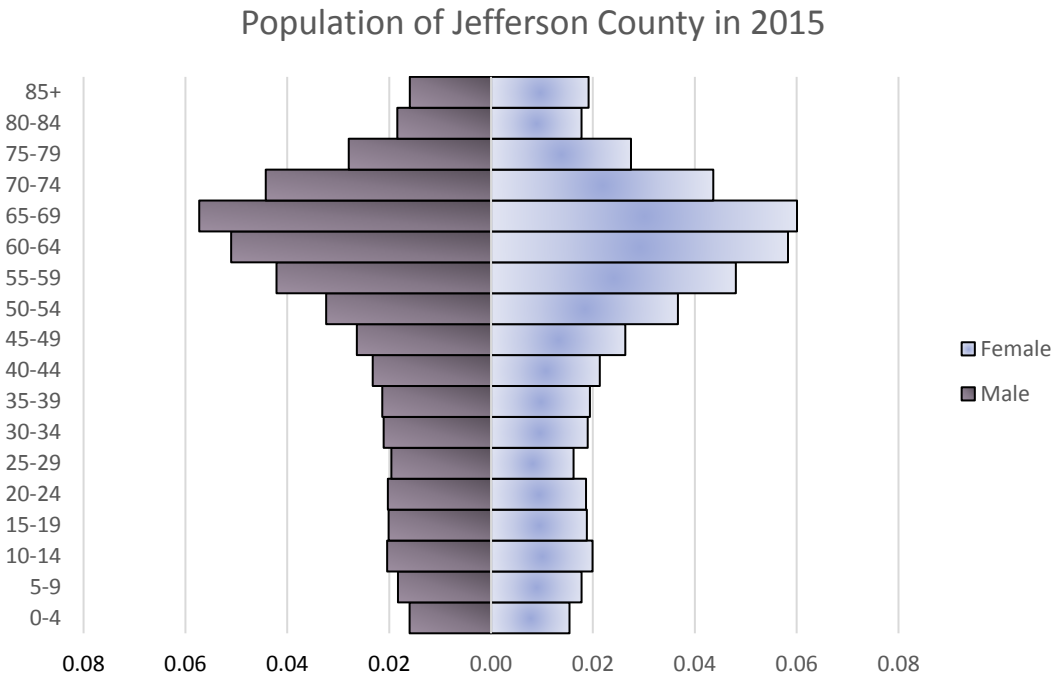
Purpose

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address the community’s most important health problems. They are community-driven, data focused, and are used to define a vision for health in a community. In Jefferson County, we have used this opportunity to build a strategic framework that will guide community leaders and residents in making decisions about where to invest time and resources to improve the health and well-being. The overarching goal of the CHIP is to facilitate alignment of efforts within the community, utilizing collective impact in order to make measurable differences in the health and well-being of Jefferson County people, families, and communities. This CHIP focuses on East Jefferson County; West Jefferson County is served by the Clallam County CHIP.

County Description

Jefferson County, located on the Olympic Peninsula, has a total population of 30,466ⁱ, with approximately one-third of the population living in the county seat of Port Townsend and the rest living in unincorporated Jefferson County. Established in 1852, Jefferson County averages only 17 people per square mile and has the oldest population in Washington State; 33% of the population is aged 65 or older and the median age is 54.

Figure 1: Age Distribution in Jefferson Countyⁱⁱ



Social and Economic Factors

Social and economic factors in Jefferson County are stressed when compared to WA State averages, with an average annual wage of \$34,532 in 2014 and an unemployment rate over the state average at 7.1%. Affordable housing is also difficult to find in Jefferson County, with more than 58% of renters in Jefferson County spending more than 30% of their household income on rent.ⁱⁱⁱ A three-year average unemployment rate in Jefferson County (Jan 2013 – Dec 2015) was 8.2%; the average unemployment rate for the same time frame in Washington State was 6.3%.^{iv} Rural areas are often economically suppressed; job opportunities in Jefferson County are always needed, with Jefferson Healthcare (JH) being the largest employer in the county, followed by Jefferson County and the Port Townsend Paper Corporation. Opportunities to stimulate community development are widely sought after by community groups such as the Jefferson County Chamber of Commerce, Jefferson County Collective Impact, and other service clubs and non-profit entities.

The most recent data indicate that there are 10,701 hospital and/or medical enrollees in Medicare, more than 35% of the total population of Jefferson County.^v Additionally, as of March 2016, there are almost 2,500 Jefferson County children enrolled in Apple Health, WA State’s Medicaid program.^{vi} Jefferson County is a geographic healthcare professional shortage area (HPSA) for primary care providers and psychiatrists as designated by the Health Resources and Services Administration (HRSA).^{vii} Dental services are also needed in the community, specifically for the Medicaid eligible population; Jefferson County is ranked 39 out of 39 WA counties for the lowest percent of dental utilization by the Medicaid population.^{viii}

Table 1: Social Determinants of Health

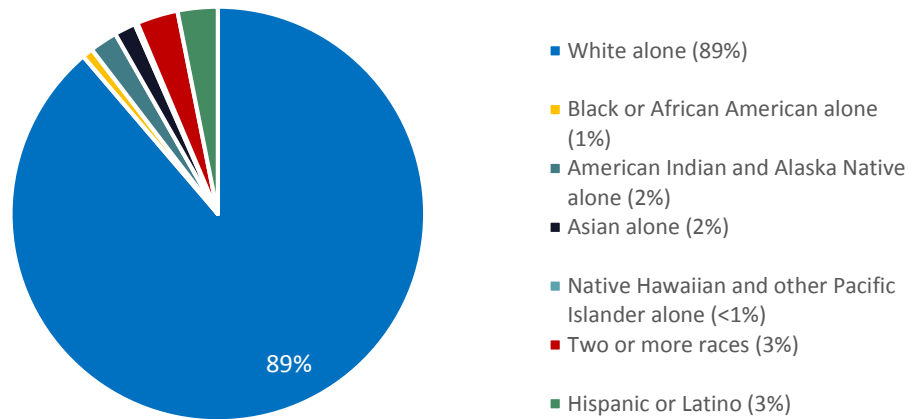
		Jefferson County	WA State
Income			
Average income ^{ix,x}	2014	\$34,532	\$55,427
Median household income ^{ix}	2015 projection	\$52,037	\$62,108
Median household income American Community Survey (ACS) ^{xi}	2010-2014	\$47,202	\$60,294
Poverty^{xii}			
All individuals	2005-2009	12.80%	11.80%
	2010-2014	12.60%	13.50%
Children (<18 years old)	2005-2009	19.30%	15.30%
	2010-2014	19.30%	18.10%
Employment^{xiii}			
Total workforce	2015	11,171	3,544,242
Employed	2015	10,380	3,343,922
Unemployed	2015	791	200,250
Unemployment rate	2015	7.10%	5.7%
Unemployment rate 3-year average ^{iv}	Jan 2013 – Dec 2015	8.2%	6.3%
Housing^{xiv}			
Income needed to purchase average priced home	2010-2012	\$65,829	\$62,340
% households able to afford average priced house*	2010-2012	24%	38%
Over 30% of household income spent on gross rental costs	2010-2014 ACS	58.70%	50.60%

Race and Ethnicity

Jefferson County is not as racially diverse as other communities in Washington State; 11% of residents identify as a race or ethnicity other than white or Caucasian. Please see Figure 2.

* Defined as household income \$75,000+. In 2010-12, the proportion of households able to afford an average priced house is actually higher, rather than the actual income needed to purchase the average priced house, this analysis uses a higher income cutoff, \$75,000. It is a limitation of the data that we cannot use more specific income groups. Jefferson households earning between \$65,829 and \$74,999 and Washington households earning between \$62,340 and \$74,999 would be able to afford an average priced house, both increasing by some amount the proportions reported above

Figure 2: Population by Race/Ethnicity, Jefferson County, 2014ⁱⁱ



Priority Setting

From February to April 2014, a group of community stakeholders led by Jefferson Healthcare and Jefferson County Public Health began to review the results of a community health assessment (CHA) that had been performed in 2013. A CHA gathers data from a variety of sources, analyzes the data, and provides information that tells us about the health and well-being of our communities. The assessment analyzed current data regarding demographics, socioeconomic status, community safety, quality of life, healthcare access, pregnancy and births, morbidity and mortality, injuries and hospitalizations, and behaviors that impact health. In May, the group compiled a list of the top issues in Jefferson County. The data workgroup continued to perform a prioritization exercise of the top issues into four health priorities in June of that year.

Table 2: Jefferson County Health Priorities

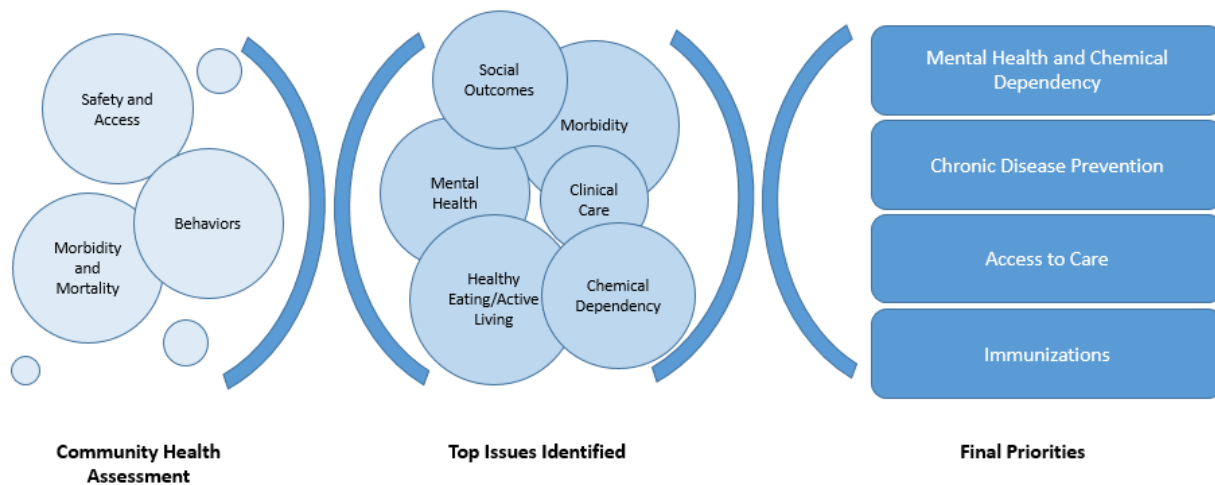
June 13, 2014: Final Priorities	Number of Votes
1. Access to Mental Health and Chemical Dependency Care	19
2. Chronic Disease Prevention	10
3. Access to Care	9
4. Immunizations	7
Underlying these top issues are the ongoing root causes that impact health. Root causes include education, economic opportunities, and housing. These must be addressed by the community as a whole.	

During the process, the stakeholder group identified several issues that were deemed to be root causes that needed to be addressed by the entire community. These root causes, including poor academic performance, economic disparity, lack of affordable housing, and the number of children living in

poverty, were not addressed directly in the strategies developed but were consistently brought up as critical underlying factors.

The prioritization work was reviewed by a broad based group of community leaders and stakeholders in January 2015. This group confirmed these priorities and many of them volunteered to participate in workgroups to develop a detailed plan of action to improve the outcomes in each of the four health priorities. The workgroups were given tools and a timeline to develop the plans. This work concluded in June 2016 and is the basis for this document.

Figure 3: Community Health Improvement Process



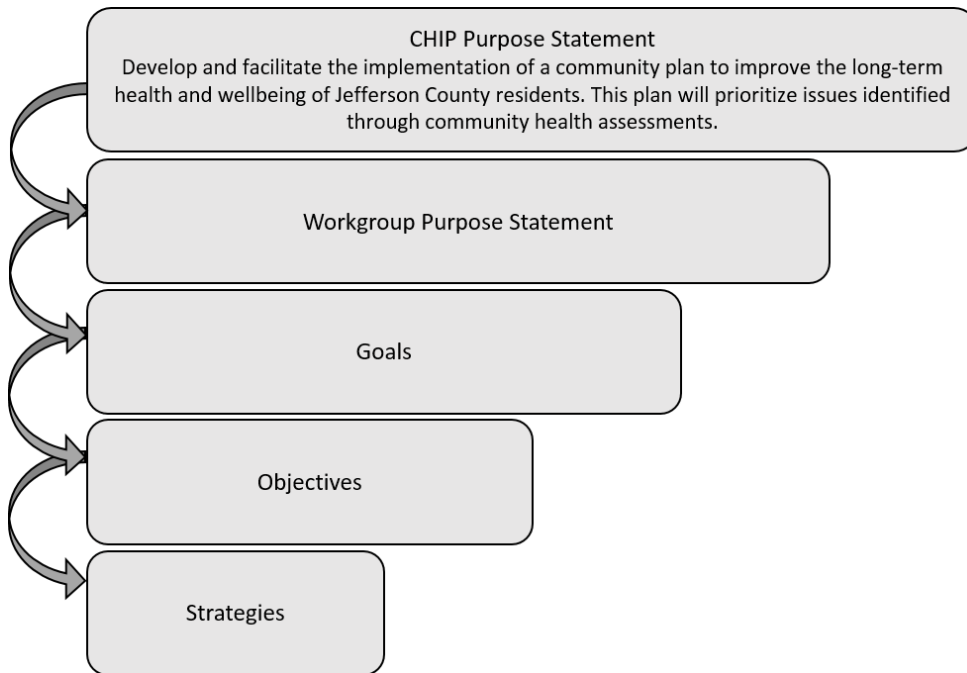
Framework Overview

Working closely with community stakeholders, the following health priorities were selected based on data availability, relevance, and county-wide impact: Access to Care, Immunizations, Chronic Disease Prevention, and Mental Health and Chemical Dependency.

Workgroups were formed with broad representation of Jefferson County residents to identify goals with measurable objectives, and to develop strategies and activities that address each of the identified health priorities. The first step for all workgroups was to develop a purpose statement that helped focus the strategic framework.

The health priority workgroups used the strategic results frameworks as the basis for CHIP development. The frameworks enable leaders to translate its work into tangible outcomes that are necessary to achieve the goals set by the workgroups. The strategic frameworks provide a basis for aligning county-level monitoring, reporting, and documenting achievement in relation to the CHIP goals.

Figure 4: Framework Structure.



The strategic results framework format has been adapted from frameworks used by large public health agencies. The frameworks include goals, which are broad and focus on health outcomes; objectives, which are more granular and emphasize the use of metrics; and strategies, which are made up of activities used to reach the objectives. The emphasis on metrics adds a level of accountability. Workgroup members were also asked to

consider the specific activities that it would take to execute a strategy in order to assess feasibility of achieving an objective. Challenges were encountered in some areas where the lack of reliable data prohibits accurately assessing needs or accurately providing objectives for measurement of progress.

The CHIP framework includes four health priority areas with a total of 13 goals, 38 objectives, and 105 strategies.

Access to Care

Access to both physical and dental services is a health priority for Jefferson County. The access to preventive care was determined to be particularly important and includes an array of services intended to reduce the risk of disease. Included in preventive care are dental cleanings, screening tests, counseling, early prenatal care, immunizations or medications to prevent disease and detect health problems early, or provide education to support good health-related decision making. Preventive services also include interventions and information to reduce the risk of injuries.

Goals include:

- Jefferson County residents who seek healthcare are able to receive it.
- Jefferson County residents report that they are adequately insured.
- Jefferson County residents who seek dental care are able to receive it.

Chronic Disease Prevention

Chronic Disease accounts for the top four causes of death^{xv} and the top three causes of hospitalization^{xvi} in Jefferson County. Healthy eating and active living contribute to decreasing the risks of chronic diseases and the related health outcomes. Many social and environmental factors influence the diet and exercise choices individuals make: built environment, knowledge, skills, social support, policies, cost, access, safety, etc.

Goals include:

- Jefferson County residents get the appropriate levels of physical activity.
- Jefferson County residents have access to a healthy diet.
- Support Jefferson County youth and pregnant women in meeting healthy weight standards.
- Community health improvement strategies are reflected in relevant local policies.

Immunizations

Out of 39 counties in Washington State, Jefferson County ranks 30th in complete kindergarten immunizations, with less than half of the kindergarten students starting school with the full set of required immunizations.^{xvii} Immunizations are considered one of the 10 great public health achievements of the 20th century. There are vaccine schedule recommendations for infants, children, adolescents, adults and travelers. To prevent disease now and in the future, vaccinations must continue. The more people who are vaccinated, the lower the risk of exposure to vaccine-preventable diseases. Vaccines are developed in accordance with the highest standards of safety and continually monitored for safety and efficacy.

Goals include:

- Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.
- Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County.
- Meet recommendations of Centers for Disease Control (CDC) for all pregnant women to receive a Tdap immunization in each pregnancy.

Mental Health and Chemical Dependency

Poor mental health and substance use are critical health problems for Jefferson County residents. Youth and adults are equally affected and our systems do not currently provide enough care to meet the needs of our residents. Long term poor mental health and substance use are linked to poor physical health and premature death. Access to mental health services is also lacking; Jefferson County is a federally designated psychiatric shortage area. Due to the high level of prioritization for improving mental health and chemical dependency, this topic was separated from Access to Care and developed into a more focused subgroup.

Goals include:

- Prevent the abuse of alcohol, tobacco, and other drugs in Jefferson County.
- Prevent suicides and drug related fatalities in Jefferson County.
- Prevent mental health crisis events in Jefferson County.

Implementation and Sustainability



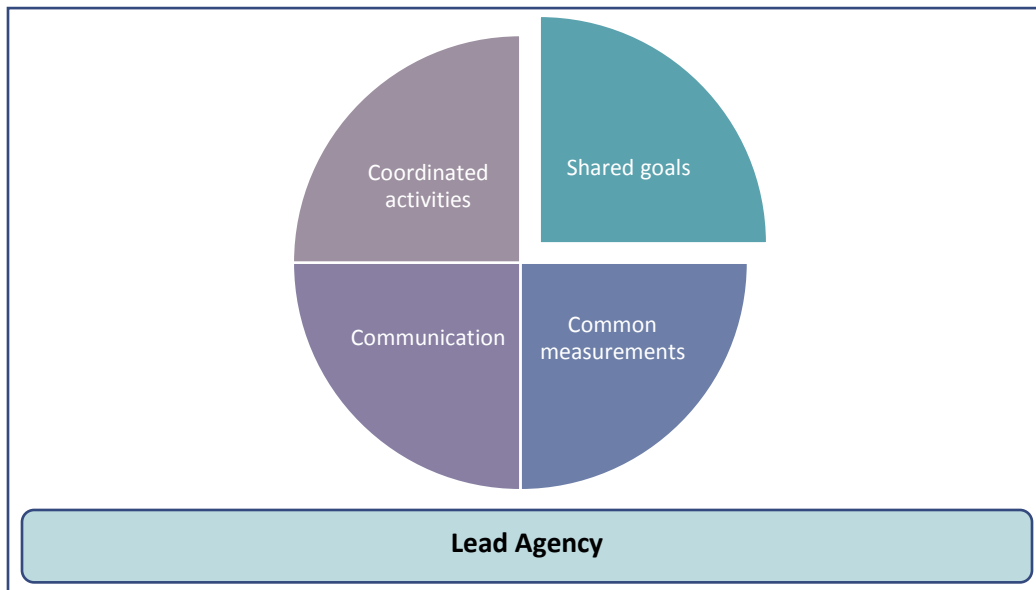
Implementation

Completion of the CHIP is an exciting milestone in the community health improvement process. The document provides a framework for action as well as a launching point for ongoing community conversation about what is important for the health and wellbeing of the Jefferson County community.

The remaining work lies in the implementation. How will the collective “we” implement the CHIP? Improved health and well-being for individuals, families, and communities in Jefferson County cannot be achieved by one organization or one sector of our communities alone; it truly takes a collective effort to move the needle on improving the health of the population. We will need to engage key partners, including local agencies, leaders, government, healthcare, schools, faith-based organizations, and residents. Implementation includes tasks, timelines, milestones, and resources connected with each initiative and strategy. Throughout the assessment and planning processes, Jefferson County leaders have demonstrated commitment to this work. They have not shied away from tough issues and have demonstrated a clear desire for laying the foundation for catalyzing improved community health.

The key to successful community work is ***collective impact***.

Figure 5: Defining collective impact (*adapted from Collective Impact Forum*)



Collective impact is the output of a coordinated effort. Collaborations, defined by having shared goals, coordinated activities, common measurements, and ongoing communication, as well as having a strong organization to see things through, leads to much greater results. In the case of Jefferson County's CHIP, all partners will work as a team to provide support to align community efforts and sustain CHIP work over time. This will include data aggregation, communication, and community collaboration. Jefferson Healthcare and Jefferson County Public Health will also seek a digital data platform for the CHIP that will allow all partners to document current and future work and will reduce and simplify the data management and reporting processes.

Sustainability and Next Steps

The Jefferson County CHIP builds on current community assets. It thrives and depends upon the ongoing commitment and engagement of community partners across all sectors. Strategic alignment and the use of common measures will enable the communities to see how well we are doing in our efforts to improve health and well-being. Long-term sustainability will also need additional resources to grow beyond where we are today.

Community health improvement is not a one-time effort. It is an ongoing process that looks broadly at factors impacting our population's health and finding ways to collectively address them. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. This process will continue to renew as the community moves forward. Subsequent CHA's will provide information regarding the progress made on current priorities and identify additional areas of focus. The more we, as a community, can make progress on the current goals by meeting the objectives, the more we will be ready to move into the next areas of focus and the greater impact we will have on improving our communities' health.

The plan's sustainability and effectiveness will need community and organizational commitment. This starts with the development and implementation of health policies designed to improve health. A common agenda, evaluation and measurement, continual communication, and financial and human resources are essential to achieve success. Partners in Jefferson County will be working to develop a community health improvement leadership structure that will include multi-sector partners and community residents to oversee the recurring cycle of CHA and community health improvement planning going forward. They will oversee and assure alignment of Jefferson County's health improvement efforts for the benefit of all Jefferson County residents. Jefferson County will also work with regional partners such as the Olympic Community of Health which serves as the Accountable Community of Health for Jefferson, Clallam, and Kitsap counties to assure that mutual goals and strategies are developed that will benefit the residents of Jefferson County and further the overarching goal of improved community health.

Individuals or organizations interested in the Jefferson County CHIP may contact us at info@jeffersoncountypublichealth.org.

Annex 1: Access to Care Framework

Access to Care Purpose Statement

Develop and facilitate implementation of community strategies that will promote 100% of people in Jefferson County access to appropriate, affordable, available, accessible care and know how to get it.

Goal	Objective	Strategy	Lead Agency
Jefferson County residents who seek healthcare are able to receive it.	Decrease percentage of adults who did not get medical care due to cost by 75% by 2020.	Establish an ongoing team to advocate for a single payer healthcare system.	
	Decrease the percentage of low income adults who did not get medical care due to cost to 10% by 2020.	Increase community awareness of resources for access to healthcare.	JH
	Decrease the percentage of patients sent to collections at Jefferson Healthcare by 50% by 2020.	Educate community about proactive patient financial responsibility assistance options (i.e. comparing insurance plans or avoiding medical debt).	JH
		Expand affordable healthcare options.	
		Investigate methods to reduce the number of people sent to collections for healthcare expenses.	JH
	Increase the percentage of women receiving pre-natal care in the first trimester to 90% by 2020.	Provide education to women of childbearing years in Jefferson County about the importance and availability of early prenatal care.	JH
		Facilitate early appointments for newly pregnant women.	JH
	Increase the number of patients (ages 14-49) who receive pre-conception counseling by 50% by 2020.	Provide in-person training and educational resources to providers to support their knowledge of pre-conception counseling.	JH
	100% of youth (aged 10-18) are exposed to human growth and development education by 2020.	Provide youth with human growth and development education.	JCPH
		Sustain variety of local settings that provide affordable reproductive health services.	JH
	100% of residents are able to receive needed community-based home services, that enable them to safely stay at home, by 2020.	Increase community awareness of existing systems and benefits (improved health and aging in place) of long-term, community-based home support services.	OAAA
		Strengthen systems for increased referrals of Long-Term Community Based Home Support Services.	JH and OAAA
		Identify and fill gaps in long-term community based home support services.	OAAA
	Enhance healthcare transition planning.	JH	

Goal	Objective	Strategy	Lead Agency
Jefferson County residents report that they are adequately insured.	Increase the percentage of residents who are adequately insured to 90% by 2020	Advocate for a single-payer healthcare system.	
	100% of children who qualify for Washington Apple Health are enrolled in Apple Health by 2020.	Promote enrollment in Washington Apple Health.	JH
		Assist people with insurance marketplace.	JH
		Utilize current programs that fill gaps in underinsured populations.	JH
Jefferson County residents who seek dental care are able to receive it.	Reduce the percentage of residents (OAAA respondents) deferring dental care because of cost by 75% by 2020.	Increase number of dental service providers who accept Washington Apple Health insurance and sliding scale.	
	Increase the percentage of adults with a dental visit in the last year to 80% by 2020.	Develop a plan for a dental clinic in Jefferson County that accepts Washington Apple Health insurance.	
	Increase the percentage of the Medicaid eligible population using dental services in to 50% by 2020.	Explore the option of adding some preventive dental care best practices in primary care setting.	JH
		Explore advocacy for expansion of the dental hygienist role.	JH

Activities for these strategies can be found in the complete strategic results frameworks located [here](#).

Annex 2: Immunizations Framework

Immunizations Purpose Statement

Develop and facilitate implementation of community strategies that will improve Jefferson County community protection from vaccine preventable disease.

Goal	Objective	Strategy	Lead Agency
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.	Achieve 100% compliance for immunization documentation for kindergarten students by 2020.	School principals and superintendents implement and support the policy requiring registering kindergartners only when immunization records or exemption paperwork is received by school.	JCPH and schools
		Outreach to schools about school immunization rates and what may be influencing the data.	JCPH
		Outreach to parents and the community about kindergarten immunization requirements and where to get immunizations.	JCPH
		Schools provide parents the information they need regarding required/missing immunizations.	JCPH
		Facilitate documenting children's immunizations by parents and schools.	JCPH
		Increase access to immunizations through JH and JCPH clinics by reducing barriers.	JH and JCPH
		Improve communication between JH and JCPH immunization clinics and schools.	JH and JCPH
	80% of kindergarten students complete all required immunizations by 2020.	Develop an information campaign for parents and the community with social norm messages regarding immunizations.	JH
		Promote science-based, parent friendly, immunization websites for parents and the community.	JCPH
		Provide resources for medical providers regarding immunization conversations with parents.	JH and JCPH
		Provide resources for medical providers to give to parents who have questions/concerns.	JH
		Improve clinical staff knowledge.	JH
		Standardize JH information given to public in response to inquiries regarding immunization resources and access.	JH
		Establish routine JH provider support for education, time and staff support to implement these immunization standards.	JH
		Use all opportunities to immunize children.	JH and JCPH
80% of children age 19-35 months will be fully immunized with all of the recommended vaccine by 2020.	<i>Messaging strategies as outlined above.</i> Start immunization conversation between provider and parents during prenatal care visits.	JH	

Goal	Objective	Strategy	Lead Agency
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County.		Ensure all hospital-administered immunizations are uploaded from Epic into WAIS.	JH
		Provide parents immunization card at delivery.	JH
		JH to standardize immunization record provided to parents at clinic visit.	JH
	90% of children age 19-35 months will have received the recommended doses of each individual vaccine by 2020.	<i>Messaging strategies as outlined above.</i> Practice systems strategies as outlined above.	JH
	Routine immunization rates for adolescents age 13-15 years will meet the Healthy People 2020 goals by 2020: 1 dose Tdap 80% 1 dose meningococcal 80% 3 doses HPV 80% 2 doses varicella 90% (if no disease history)	<i>In addition to strategies listed above</i> Outreach to schools and parents, include information about immunizations required for 6 th grade and others recommended.	JH and JCPH
		Improve communication with families regarding needed vaccines or paperwork.	JH and JCPH
		Use all opportunities to immunize adolescents.	JH and JCPH
		Promote “Adolescent Immunization and Well Child Check” visit.	JH and JCPH
Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County.	70% of adults (≥ 18 years) receive annual flu vaccine by 2020.	JCPH to provide outreach to the community about influenza vaccine recommendations and where to get the immunizations.	JCPH
		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.).	JCPH
		Ensure all JH clinic and hospital-administered immunizations are uploaded from Epic into WAIS.	JH
		Ensure that all sites that administer vaccines are entering data into WAIS (i.e. pharmacies – QFC, Walmart, Costco, outside clinics – Port Hadlock Clinic).	JCPH
		Ensure that JH staff assesses immunization status in WAIS for each scheduled adult, discuss at schedule scrub and huddle.	JH
	90% of adults (≥65 years) receive at least 1 dose of the pneumococcal vaccine by 2020.	<i>In addition to strategies listed above.</i> Educate/remind patients about pneumonia immunization recommendations.	JH
		Understand baseline for pneumococcal vaccine utilizing electronic medical records.	JH

Goal	Objective	Strategy	Lead Agency
Meet recommendations of CDC for all pregnant women to receive a Tdap immunization in each pregnancy.	100% of pregnant women receiving prenatal care in Jefferson County will receive the Tdap in third trimester of pregnancy by 2020.	Standardize and incorporate Tdap immunization into third trimester obstetrical (OB) care.	JH
		Assess Tdap status of OB patients transferring in late in pregnancy and offer vaccine if needed.	JH

Activities for these strategies can be found in the complete strategic results frameworks located [here](#).

**DTaP, Polio, MMR, Hib, Hepatitis B, Varicella and PCV*

Annex 3: Chronic Disease Prevention Framework

Chronic Disease Prevention 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.

Goal	Objective	Strategy	Lead Agency
Jefferson County residents get the appropriate levels of physical activity.	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.	Promote active transportation as a way of integrating physical activity into daily life.	
		Improve access to non-competitive adult sports teams and leagues.	
		Implement a county-wide 5-2-1-0 campaign.*	JCPH
	Increase the percentage of youth engaging in 60 minutes per day of moderate or vigorous intense physical aerobic activity by 15% by 2020.	Create and support a single location website to promote physical activity opportunities for youth in the county, especially for young children.	
		Build and sustain a Safe Routes to School program with each school district.	
		Expand offerings of non-competitive recreational sports programs.	
		Implement community-wide 5-2-1-0 campaign.	JCPH
	Implement two evidence-based lifestyle change programs addressing healthy eating, active living and chronic disease prevention by 2020.	Implement evidence-based lifestyle change program: Aging Mastery (target population Adults ≥50 years) through the county.	JH
	Implement evidence-based lifestyle change program: Diabetes Prevention Program (DPP).	JH	
Jefferson County residents have access to a healthy diet.	Increase the median fruit and vegetable intake by 15% by 2020.	Implement community-wide 5-2-1-0 campaign.	JCPH
		Implement a Jefferson County nutrition and/or culinary teaching course and develop a network of teaching kitchens to promote cooking and nutrition classes.	JH
		Support schools in increasing student intake of fruits and vegetables.	JH
	Eliminate food insecurity by 2020	Increase enrollment in current food supplementary programs (WIC, WA Basic Food, School Reduced Lunches, Senior Nutrition Program, Meals on Wheels, Summer Meals).	
		Distribute SNAP Ed fruit/vegetable prescriptions vouchers to eligible WA Basic Food participants.	
		Develop or update resource map for food access in the county.	
		Work with the Jefferson County Food Bank to expand distribution of healthy food options.	

Goal	Objective	Strategy	Lead Agency
Support Jefferson County youth and pregnant women in meeting healthy weight standards.	Increase the percentage of pregnant women with healthy weight gain in pregnancy by 20% by 2020.	Continue to promote the American Academy of Pediatrics breastfeeding recommendations throughout the community.	JH and JCPH
		Support continuing education for healthcare providers in best practices in nutrition and weight management for pregnant and postpartum women.	JH
		Increase community education regarding the importance of pre-pregnancy body weight, and appropriate weight gain in pregnancy.	JH
		Implement an evidence based program for healthy weight gain during pregnancy. <i>YMCA "Empowering Women for Wellness"</i>	
		Implement a county-wide 5-2-1-0 campaign.	JCPH
	Increase the number of children entering kindergarten at a healthy weight to 90% by 2020.	Implement a county-wide 5-2-1-0 campaign.	JCPH
	Increase the percentage of 6-11 year old population with healthy body mass index by 20% by 2020.	Engage and support schools in adopting and implementing healthy lifestyle curriculum and daily practices that reflect this.	
		Implement a county-wide 5-2-1-0 campaign.	JCPH
Community health improvement strategies are reflected in relevant local policies.	Incorporate healthy eating and active living concepts in City and County comprehensive plans by 2020.	Critically assess the existing plans to identify gaps and develop policy language recommendation for goal/policy revisions to fill identified gaps.	JCPH
	Implement worksite wellness policies in two large (>50 employees) and two small (<50 employees) businesses by 2020.	Use Health Links, a best practice framework, to assist employers in implementing evidence based worksite wellness strategies.	JCPH
		Implement county-wide worksite wellness award program.	JCPH
	Implement policies to limit employer provision of sugar-added beverages in 35% of businesses by 2020.	Use best practice worksite wellness policies that increase availability of healthy beverages and limit employer provision of sugary beverages at worksites.	JCPH

Activities for these strategies can be found in the complete strategic results frameworks located [here](#).

*5-2-1-0 is a community campaign that encourages five or more servings of fruits and vegetables, two hours or less of recreational screen time, one hour or more of physical activity, and zero sugary beverages.

Annex 4: Mental Health and Chemical Dependency Framework

Mental Health and Chemical Dependency 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.

Goal	Objective	Strategy	Lead Agency
Prevent the abuse of alcohol, tobacco, and other drugs in Jefferson County.	Delay the age of initiation of youth into abuse of tobacco, marijuana, and alcohol by at least 10% by 2020.	Implement Communities That Care model in communities throughout Jefferson County.	
		Increase pro-social opportunities for youth.	DBH
		Create and maintain a central website for youth/family (focused calendar of events, activities, youth opportunities, parent resources).	DBH
		Increase awareness about impacts of Adverse Childhood Experiences (ACEs).	DBH
	Decrease percentage of youth that use alcohol, tobacco, vaping and marijuana before legal age by 10% by 2020.	Decrease youth accessibility to use alcohol, tobacco, vaping and marijuana in retail settings.	
		Perform Community Assessment of Neighborhood Store (CANS) in 10 community stores.	DBH
		Enhance law enforcement resources to investigate and prosecute dealers.	
		Increase public awareness regarding risk of youth use of alcohol, tobacco, vaping, and marijuana.	DBH
	Decrease use of alcohol, tobacco, and other drugs in pregnant women by 25% by 2020.	Train providers in Motivational Interviewing.	JH
		Implement a public awareness campaign about risks of tobacco, alcohol, vaping, and marijuana use during pregnancy.	
		Improve interagency referral system to drug treatment services.	JH
		Promote tobacco cessation resources to pregnant women who use tobacco.	JH
Prevent suicides and drug related fatalities in Jefferson County.	Decrease the percentage of youths attempting suicide by 75% by 2020.	Educate the community regarding gun safety.	
		Increase access to mental health counseling and other services.	DBH
		Educate the community about youth suicide.	DBH
		Reduce stigma around mental health issues.	DBH
	Reduce the number of alcohol-related deaths by 50% by 2020.	Increase access to alcohol treatment centers in the region.	

Goal	Objective	Strategy	Lead Agency
		Promote understanding of deaths due to alcohol by leading an education campaign.	
		Explore non-traditional methods for preventing individuals from driving drunk.	DBH
	Reduce the number of non-alcohol drug-related deaths by 75% by 2020.	Promote the use of appropriate medical interventions to reduce the risk of drug-related deaths.	JH and JCPH
		Increase awareness of drug-related deaths.	JCPH
		Develop a first alert system for drug issues in Jefferson County.	
		Increase access to chemical dependency services.	DBH
Prevent mental health crisis events in Jefferson County.	Reduce the percentage of youth reporting depression by 50% by 2020.	Increase opportunities for healthy adult/youth interaction.	DBH
		Increase education on emotional health in schools and youth programs.	DBH
		Expand School Based Health Center- Mental Health services.	DBH
		Promote mental health benefits covered by health insurance	
	Decrease the percentage of adults reporting 14 or more poor mental health days in the past 30 days by 50% by 2020.	Develop respite programs for the following populations: Elders caring for younger children Date night coverage Single parent nights Elder caregivers respite Other caregiver respite	
		Promote neighborhoods as support communities.	

Activities for these strategies can be found in the complete strategic results frameworks located [here](#).

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