

## 2022 Siskiyou County Community Health Improvement Plan

### EXECUTIVE SUMMARY

The 2022 Siskiyou County Community Health Improvement Plan (CHIP) is a community-owned action plan designed to address the highest priority conditions of health in our community. The 2022 Siskiyou County CHIP is headed by Siskiyou County Public Health Division (SCPHD) and is informed by the health needs identified in the 2022 Community Health Needs Assessment (CHNA). For more information on the health assessment, or to access the full document, visit <https://www.co.siskiyou.ca.us/publichealth/page/chnachip-health-planning>

The 2022 CHIP was written to align with state and national health priorities and initiatives, as well as leverage local resources. The goals, objectives, and strategies contained in this document are intended to utilize upstream prevention models to address the social determinants of health. The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. A single social determinant of health can contribute to a wide range of health disparities and inequities. For example, an individual who does not have access to affordable grocery stores in our community is less likely to have a balanced diet. This can result in increased health risks, such as high blood pressure and diabetes, as well as lower life expectancy. Therefore, by focusing CHIP objectives on addressing social determinants of health, we can increase the impact of our efforts and improve many health conditions throughout our community.

We would like to also recognize that there is great need in our community, throughout all health areas, ages, race/ethnicities, and geographic locations. By identifying specific health needs, target populations, and other priorities, we do not intend to diminish the importance or needs of others. Prioritizing health needs in a collaborative document increases the community's ability to leverage resources and make collective impacts. Together, our actions are greater than the sum of their parts.

Please note, this is a living document which will be reviewed and updated annually, and progress will be monitored and reported by SCPHD. For more information on the CHIP process or how to become involved, please contact:

Isaac Fernandez, Health Educator- Siskiyou County Public Health

[ifernandez@co.siskiyou.ca.us](mailto:ifernandez@co.siskiyou.ca.us)



## Goal 1: Living Well

Support and improve Siskiyou County's residents' opportunities to live safe, healthy, productive lives

*CHNA Priority Health Need Alignment:*

*Access to Mental and Behavioral Health Services, Access to Basic Needs, and Injury and Disease Prevention*

*Target population(s): Youth, older adults, BIPOC,*

Objective 1.1: Reduce the percentage of persons prevented from seeking mental/emotional health treatment because of stigma or prejudice from 33.1% to 25%.

Reasoning behind objective: Stigma across health services prevents individuals from all areas of the community from accessing and benefiting from services which already exist in our community. By reducing stigma through a community-based approach, we can increase utilization of services and help people live healthier lives.

Indicators:

- STD rates
- Number of children/adults who have primary care/ dental home
- Well child exams
- Number of sectors engaged in mental health anti-stigma campaign

Source:

Frequency:

Proposed/possible strategies:

- Multi sector stigma reduction campaign (September 2023-September 2025, Lead- SCPHD)

Policy recommendations:

Alignment with National Priorities:

### Healthy People 2030 Objectives

- AHS-07: Increase the proportion of people with a usual primary care provider
- AHS-05: Reduce the proportion of people who can't get the dental care they need when they need it
- AHS-R02: Increase the use of telehealth to improve access to health services

- AHS-08: Increase the proportion of adults who get recommended evidence-based preventive health care

Alignment with State Priorities:

**Let's Get Health California 2012**

- Goal 1: Healthy Beginnings: Laying the Foundation for a Healthy Life
- Goal 3: End of Life: Maintaining Dignity and Independence

Objective 1.2: By 2025, reduce the number of deaths due to suicide from 18.3 per 100,000 to 16.

Reasoning behind objective: Resilience is the ability to adapt and recover from adversity. Building resilience is a pillar of prevention strategies which reduce the harmful effects of adverse experiences in communities. By creating communities which can find healthy ways to cope with trauma and toxic stress, we are able to build resiliency and prevent negative health behaviors and outcomes.

Indicators:

- Suicide/ self-harm rate
- Poor mental health days

Source:

Frequency:

Proposed/possible strategies: (Lead agency – SCPHD)

- Gatekeeper training initiatives
- Community trauma informed/resiliency project

Policy recommendations:

- Trauma informed social policy  
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815621/>)

Alignment with National Priorities:

**Healthy People 2030 Objectives**

- IVP-19 Reduce emergency department visits for nonfatal intentional self-harm injuries
- MHMD-01 Reduce the suicide rate
- MHMD-04 Increase the proportion of adults with serious mental illness who get treatment
- MHMD-03 Increase the proportion of children with mental health providers who get treatment

Alignment with State Priorities:

**California Health and Human Services: Mental Health Strategic Priorities**

- Recognize and utilize Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, including the homeless, those with mental health conditions, children with complex medical conditions, those who are justice-involved and the growing aging population.
- Address the upstream social determinants, including housing and food insecurity, which disproportionately impact communities of color, drive disease and worsen health and economic disparities.

Objective 1.3: By 2025, decrease premature mortality rate from 446 per 100,000 to 430.

Reasoning behind objective: Our community has a premature death rate nearly twice that of the state of California. Four of the five top causes of death are preventable diseases. To create a healthier community, we must both work to reduce health behaviors which lead to preventable diseases and ensure individuals living with chronic diseases experience more healthy days.

Indicators:

- Premature death rate
- Morbidity/ mortality rates

Source:

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Frequency:

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Proposed/possible strategies:

- Diabetes Prevention Program (January 2023-Jan 2025, Lead- California Health Collaborative)

Policy recommendations:

Alignment with National Priorities:

**Healthy People 2030 Objectives:**

- D-06: Increase the proportion of people with diabetes who get formal diabetes education
- D-02: Reduce the proportion of adults who don't know they have prediabetes
- HDS-1: Improve cardiovascular health in adults

Alignment with State Priorities:

**Let's Get Healthy California 2012**

- Goal 2: Living Well: Preventing and Managing Chronic Disease

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## Goal 2: Creating Healthy Communities

Build connected, engaging systems where Siskiyou County residents can thrive

*CHNA Priority Health Need Alignment:*

*Access to Basic Needs, Injury and Disease Prevention, Active Living Health Eating, and Access to Care*

*Target population(s):*

Objective 2.1: By 2025, decrease the percentage of persons living without health insurance from 9.6% to 9.2%.

Reasoning behind objective: People’s social, emotional, economic, and environmental conditions all affect their health. Therefore, particularly for those who are medically vulnerable or who have complex health needs, systems that can consider their full spectrum of needs are better able to improve health outcomes.

Indicators:

- Uninsured rate, by race and age
- Preventable hospital stays
- # of organizations with no wrong door policies

Source:

Frequency:

Proposed/possible strategies:

- Whole Person Care Model (June 2024-Jan 2025, Lead – SCPHD with Health and Human Services Agency)

Policy recommendations:

- No Wrong Door policies: Aimed at alleviating inequity by encouraging a whole person care approach and decreasing barriers to accessing resources.

Alignment with National Priorities:

### Healthy People 2030 objectives

- HC/HIT-D05 Increase the proportion of hospitals that exchange and use outside electronic health information

Alignment with State Priorities:

- Goal 4: Redesigning the Health System: Efficient, Safe, and Patient-Centered Care

Objective 2.2: By 2025, reduce adult obesity from 34.5% to 32%.

Reasoning behind objective: Physical activity and healthy eating are some of the most immediate factors that individuals can utilize to improve their health and prevent disease. However, countless barriers exist in our community which reduce an individual's ability to engage in healthy practices. Our health system must continue to work to address access and empowerment within this foundational element of health to create sustainable health improvements.

Indicators:

- Access to exercise opportunities
- Adults/ children who are physically inactive
- Adult/ childhood obesity
- Food access

Source:

Frequency:

Proposed/possible strategies:

- Community wellness/ activity events (April 2023-April 2025, Lead SCPHD)

Policy recommendations:

- Wellness Policy initiative

Alignment with National Priorities:

#### **Healthy People 2030 Objectives**

- NWS-04: Reduce the proportion of children and adolescents with obesity
- NWS-01: Reduce household food insecurity and hunger
- NWS-10: Reduce consumption of added sugars by people aged 2 years and over
- PA-09: Increase the proportion of children who do enough aerobic physical activity

#### **CDC Contributions in Nutrition / Physical Activity / Obesity Winnable Battle Initiative**

- Promoting improved nutrition standards and access to healthier foods for children and adults
- Promoting increased physical activity in communities, schools, and workplaces

Alignment with State Priorities:

**Let's Get Health California 2012**

- Creating Healthy Communities: Enabling Healthy Living

Objective 2.3: By 2025, reduce the number of deaths due to unintentional injuries from 82.3 per 100,000 to 60.

Reasoning behind objective: Unintentional injury and violence are critical health problems in our community which have lacked a system wide prevention response. Exposure to violence has been linked to increased and worsening chronic health conditions, while unintentional injuries often result from engagement in risky behaviors which are preventable. Focusing on upstream efforts to reduce harm in our community will improve health outcomes in all community populations.

Indicators:

- Violent crime
- Injury death
- Intimate partner violence rate
- Suicide rate
- Non-fatal hospitalizations

Source:

Frequency:

Proposed/possible strategies:

- Comprehensive suicide prevention project (Aug 2023-June 2024, Lead-SCPHD)
- Population-specific mental health campaigns (Aug 2023-June 2024, Lead SCPHD)
- Safe storage project (Aug 2023-June 2024, Lead-SCPHD)
- Older adults injury prevention (March 2023-June 2025, Lead-SCPHD)

Policy recommendations:

Alignment with National Priorities:

**Healthy People 2030 Objectives**

- IVP-03: Reduce unintentional injury deaths
- IVP-01: Reduce fatal injuries
- IVP-04: Reduce emergency department visits for nonfatal unintentional injuries

Alignment with State Priorities:

**California Department of Public Health Injury and Violence Prevention (IVP) Branch**

- Violence Prevention Initiative: The goal is to reduce violence and create safer and healthier communities for all Californians

#### MONITORING AND REPORTING

The 2022 Siskiyou County CHIP is monitored for progress internally by SCPHD. The CHIP coordinator will track progress through an excel spreadsheet, update quarterly, detailing the following: progress made toward completion (represented by a percentage), significant activities and progress (narrative), challenges during the reporting period, lead agency/organization, partner organizations, additional resources required (such as grant funding for a project), and resources allocated to the project (such as staff time or funding).