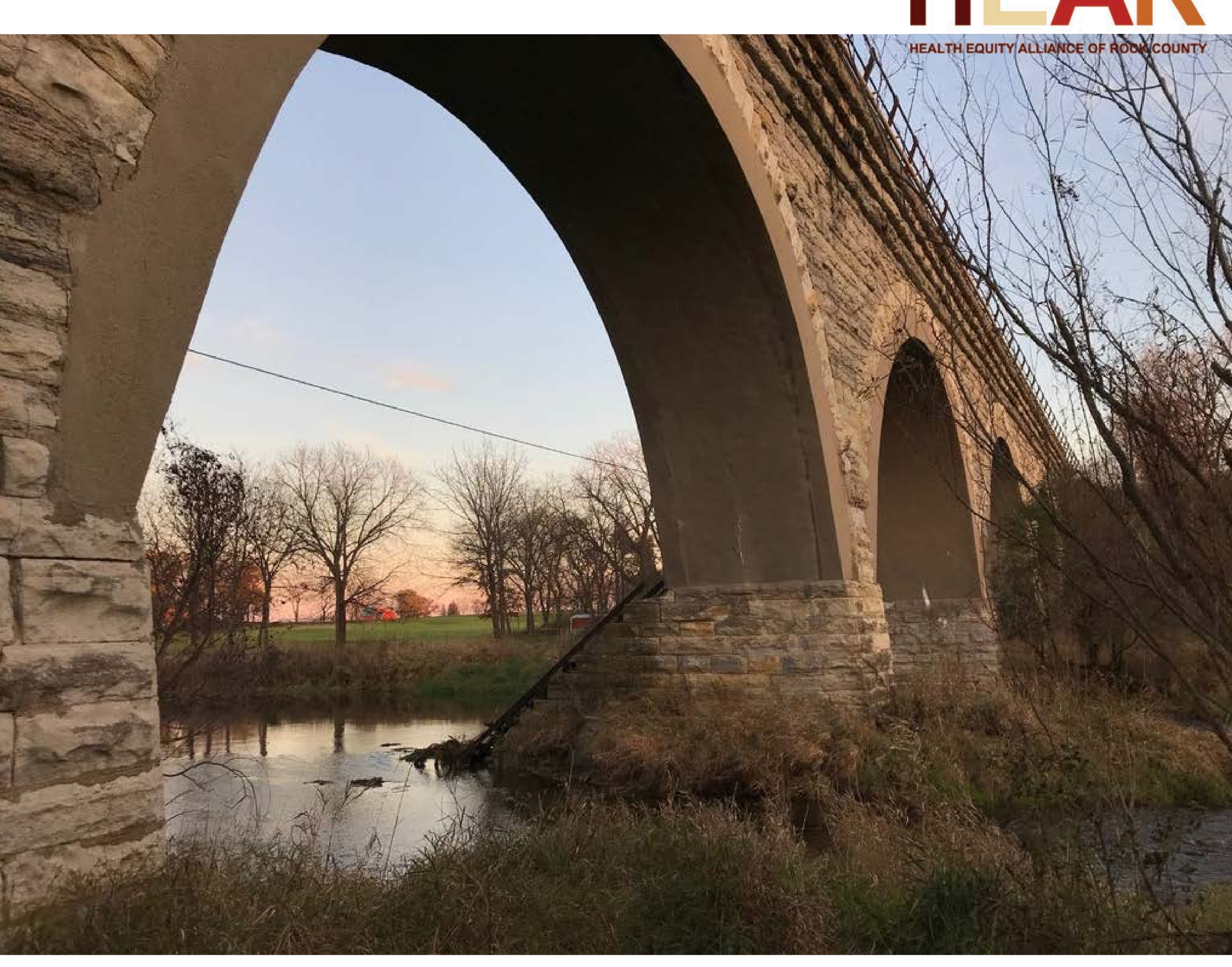
Community Health Improvement Plan

Health Equity Alliance of Rock County

2022-2024

HEAR

HEALTH EQUITY ALLIANCE OF ROCK COUNTY



June 6th, 2022

Prepared by the Rock County Public Health Department

Letter to our Community

This Community Health Improvement Plan contains goals and strategies to address the two priority public health challenges facing Rock County: Access to Care and Mental Health. Access to care and mental health were selected as priorities through a collaborative, community-driven process that identified each topic as having a significant impact on Rock County residents.

Partnership and collaboration are the foundations of this plan and are essential to creating the conditions and environments where Rock County residents can reach their full health potential. This Community Health Improvement Plan aims to create measurable improvements in health status for all Rock County residents, with an emphasis on reducing health disparities and inequities.

The Community Health Improvement Plan is not intended to be a comprehensive plan. Rather, it is a plan focused on the two selected priority topics: Access to Care and Mental Health. These priority topics can be considered underlying contributing factors to other public health challenges we see locally. For instance, at the individual level, mental health can influence health behaviors like diet and physical activity. At the population level, mental health influences how we gather and connect as a community. Additionally, access to care and mental health are timely topics, as both have been influenced by the COVID-19 pandemic.

This plan also serves as a call to action for individuals and organizations to work on addressing the priority areas. Local service providers and organizations can look to improve their operations to support access to care and mental health. Any community members and organizations who are passionate about the topics of this plan and want to get involved are invited to join the Health Equity Alliance of Rock County. In addition to the Community Health Improvement Plan, the 2021 Community Health Assessment can also be a tool for individuals and community groups to inform other strategies to improve population health in Rock County.

We look forward to continued partnership and collaboration through the implementation and evaluation of the strategies contained in this plan

Health Equity Alliance of Rock County Advisory Committee

Acknowledgements

We would like to extend our sincere appreciation to all Health Equity Alliance of Rock County members and those who are participating in the subcommittees, Access to Care and Mental Health.

<u>Health Equity Alliance of Rock County Members:</u>

Aging and Disability Resource Center of Rock County

Alzheimer's Association

American Heart Association

Beloit Area Community Health Center

Beloit Health System

Beloit Library

Beloit NAACP

Building a Safer Evansville (BASE)

City of Beloit

City of Janesville

Community Action, Inc.

Edgerton Hospital

HealthNet of Rock County

Hedberg Public Library

Inclusa, Inc.

Janesville Community Center

Janesville Mobilizing 4 Change

Mercyhealth

Nutrition and Health Associates/ Women, Infants and Children (WIC)

Rock County Children's Family Resource Center

Rock County Council on Aging

Rock County Human Services Department

Rock County Public Health Department

Rock-Walworth Comprehensive Family Services Head Start/ Early Head Start

School District of Beloit

School District of Janesville

Second Harvest Food Bank

South Central Wisconsin Area Health Education Center

Southwest Wisconsin Workforce Development Board

SSM Health

United Way Blackhawk Region

University of Wisconsin-Division of Extension

Vivent Health

Youth 2 Youth 4 Change

YMCA of Northern Rock County

YWCA Rock County

<u>Subcommittee Members:</u>

Aptiv

Beloit Area Community Health Center

ECHO Inc.

Edgerton Hospital

HealthNet of Rock County

Mercyhealth

NAMI Rock County Inc.

Rock County Human Services Department

Rock County Public Health Department

Rock-Walworth Comprehensive Family Services Head Start / Early Head Start

School District of Janesville

South Central Wisconsin Area Health Education Center

SSM Health

University of Wisconsin-Division of Extension

Wisconsin Nurses Association

Youth 2 Youth 4 Change

YMCA of Northern Rock County

YWCA Rock County

Executive Summary

The Community Health Improvement Plan (CHIP) is a 3-year action plan to better the health of Rock County. Using data from the Community Health Assessment (CHA), members of the Health Equity Alliance of Rock County voted for the top two health priorities. The two priorities with the most votes were selected as the CHIP priorities. The two focus areas for this CHIP cycle are Access to Care and Mental Health.

Priority Areas Overview

Mental health is an essential part of overall health that includes emotional, psychological, and social well-being. Factors that can impact mental health include genetics, family history of mental health, and life experiences such as trauma. Mental health often affects how a person thinks, feels, or acts and can also determine how someone copes with stress, relates to others, and makes choices.[1]

Access to care is the ability to receive quality, culturally appropriate, health services and achieve the best health outcomes possible. Access to care can be dependent on healthcare coverage, timeliness of the available services, and service availability.[2] Access to care impacts overall physical, social, and mental health status as well as quality of life.[3]

Mental Health Goals

Reduce Barriers to Mental Health Services

Objectives:
- Reduce Stigma of Mental Illness
- Increase Mental Health Literacy
- Increase Providers' Cultural Competency

Improve Social Connectedness

Objectives:
- Build Inclusive Spaces for People to Gather
- Promote Supportive Relationships and Intergenerational Connections

Access to Care Goals

Improve Navigation of Healthcare Services

Objectives:
- Increase Health Literacy
- Improve Health Insurance Navigation
- Grow Healthcare Systems Collaboration

Improve Patient/Provider Relations

Objectives:
- Improve Language Services
- Increase Health Systems' Cultural Competency
- Grow Diversity in Healthcare Systems

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Health Equity Alliance of Rock County

The Health Equity Alliance of Rock County (HEAR) is a coalition that addresses health disparities and inequities throughout Rock County. HEAR has over 100 community representatives that serve in the general body, advisory committee, and subcommittee groups. Current members represent health systems, community-based organizations, government agencies, and community residents that provide input on the community's needs. An emphasis is placed on community participation throughout the planning and implementation processes of all their efforts. HEAR strives to improve the community conditions that impact health and remove barriers that prevent people from reaching their full health potential.

HEAR Advisory Committee Retreat 12.16.21

Foundational Statements

Mission: Through community partnerships we identify opportunities to remove barriers and advance health equity in Rock County.

Vision: We envision a Rock County where everyone has opportunities to thrive and maximize their health.

Commitment: To create and nurture a space of integrity, humility, authenticity, and respect.

Integrity | **Humility** | **Authenticity** | **Respect**

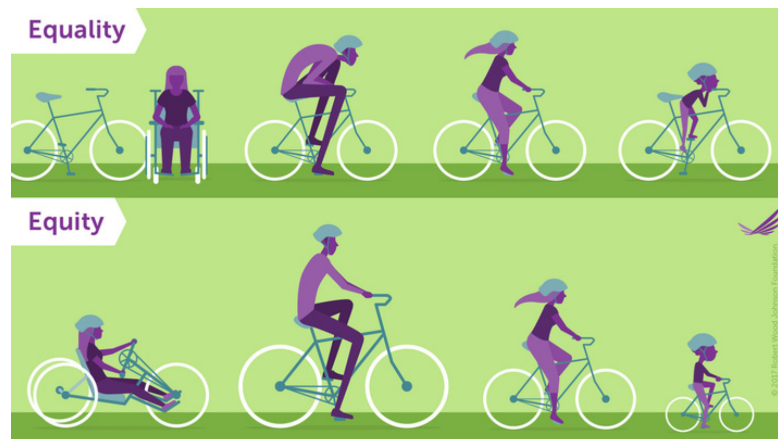
HEAR General Body Meeting 10.14.21

Principles of HEAR

Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Reaching the highest level of health depends on the living and working conditions, as well as access to resources that enable people to be as healthy as possible.[4] Equality focuses on giving everyone the same opportunity, access, and resources which can help eliminate some disparities. Equity takes a step further by focusing on meeting individual's needs and circumstances to get to equal and positive health outcomes.[5]

Some difficulties to achieving health equity are structural barriers like basic housing, limited access to nutritious food, transportation, and environmental quality. These are also known as health disparities. Health disparities refer to the observation of poor health outcomes in socially disadvantaged groups. Disparities show a cause of concern but does not imply a definite reason for the difference. Health inequities are a type of disparity that has a definite cause and reflects injustice.[4]

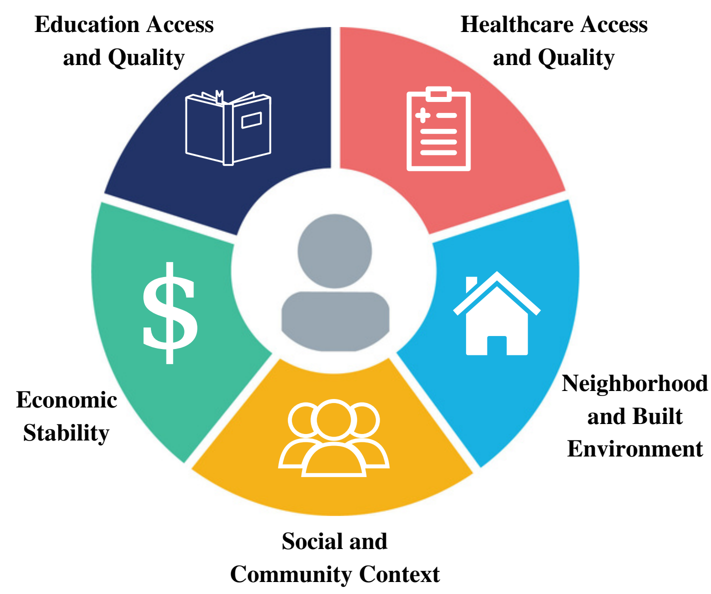


Robert Wood Johnson Foundation Visualizing Health Equity: One Size Does Not Fit All

HEAR is committed to eliminating inequities and disparities to achieve a health equitable community. Measuring disparities is one way to show progress in this goal. As progress is made, the number of disparities will be reduced or eliminated.[4]

Social Determinants of Health

The Social Determinants of Health are the conditions and the environments where people are born, live, learn, work, play, worship, and age. These can affect health risks and outcomes, in addition to one's quality of life.[6] The Social Determinants of Health are shaped by policy and resource distribution at the local, national and global levels, creating health inequities.[7] For this reason, the Social Determinants of Health need to be addressed to advance health equity. Some common Social Determinants of Health are education, income, racism, housing, access to nutritious foods, and access to affordable, quality healthcare.[6]



CDC Social Determinant of Health Domains

Community Health Assessment

The Community Health Assessment (CHA) represents a point-in-time view of the health of Rock County. The assessment is used as a resource for informing the community how one's health status can be impacted by certain factors, including the Social Determinants of Health. HEAR worked from February 2021 to November 2021 to complete the assessment and compile the data into the final report.

Methodology

To complete the CHA, HEAR followed a modified Mobilizing for Action through Planning and Partnerships (MAPP) process using existing partnerships and vision. The steps are below.[8]

Organize and Engage Partnerships

HEAR has over 100 partnerships with local health systems, public health, and community organizations

Vision

We envision a Rock County where everyone has opportunities to thrive and maximize their health.

Assess

Assessments were completed for data collection. Learn more about each assessment below.

Data Assessment Tools:

Community Conversations

Small, informal focus groups to gain insight on a topic

Community Health Assessment Survey

Survey to assess the health of residents to help identify gaps in health equity

Forces of Change Assessment

Survey to identify forces that could affect the health of the community

Key Informant Interviews

In-depth interviews with individuals selected for their knowledge on a subject

Secondary Data

Data gathered from state and national resources to provide greater context

Local Public Health Systems Assessment

Survey to identify areas of improvement in public health foundations

To read the full CHA report, visit the Rock County Public Health Department's website at: https://rebrand.ly/RockCHA

Results

Community Conversations

A total of 17 Community Conversations were held with 14 groups. When asked about the challenges to good health in Rock County, the majority of conversations noted issues with public transportation, access to healthcare or mental health services, substance use issues, and lack of insurance.

Mental Health Language/Documentation
Health Education Food Accessibility
Lack of Providers Substance Use
Insurance Health Care Accessibility
Dental Care Transportation
Communication Barriers Based on Race Poverty

Challenges Identified in Community Conversations

Key Informant Interviews

Interviews with 22 people who live or work in Rock County were asked of community strengths and health concerns. The top results are shown in the figures to the right.

Community Strengths

- Non-Profit Organizations
- Public Organizations
- Recreational Areas
- Schools
- Hospitals and Clinics

Community Concerns

- Mental Health
- Healthcare
- Substance Use
- Insurance Coverage
- COVID-19

Strengths and Concerns Identified in Key Informant Interviews

Community Health Assessment Survey

A total of 1,030 responses were collected. Full results of the survey are available through the following link: https://rebrand.ly/RCSurveyResults

Forces of Change Asessment

Nine surveys were completed for the Forces of Change Assessment. The themes shown in the assessment were related to ongoing public health concerns (e.g. affordable housing, chronic disease, climate change), the COVID-19 pandemic, substance use, public health policy, and economic stability. View the full CHA report for a full list of themes and topics.

Local Public Health Systems Assessment

Nine surveys were completed from HEAR members for the Local Public Health Systems Assessment (LPHSA). Respondents scored Rock County's local public health system based on the 10 Essential Public Health Services. The LPHSA survey used a 5-point (star) scale as shown to the right. The assessment areas received 4 points from the survey. The remaining eight areas received three points.

Optimal Activity ★★★★★
Significant Activity ★★★★
Moderate Activity ★★★
Minimal Activity ★★
No Activity ★

Community Health Improvement Plan

A Community Health Improvement Plan, also known as a CHIP, is a long-term systematic effort to address public health problems based on the results of a previously completed Community Health Assessment. The CHIP is typically updated every 3-5 years. The HEAR group assists in the development of the CHIP and the implementation of CHIP strategies. Below are the remaining steps of the MAPP process that HEAR followed to complete the CHIP.

Identify Priorities

Six health priority areas were identified using the CHA data. The top six priorities were Economic Stability, Built Environment, Chronic Disease, Substance Use, Access to Care and Mental Health. HEAR members were sent an online survey to pick their top two health areas. For this cycle, Mental Health and Access to Care were chosen as the top needs for the community.

Form Goals and Strategies

Two subcommittees were formed, one for each of the selected topic areas. Each subcommittee has two co-Facilitators and 10-15 members. The subcommittees are tasked with breaking down the data from the CHA to form goals, objectives and evidence-based strategies to improve health outcomes and reduce disparities. Lastly, community partnerships will continue to be formed to assist in the implementation of strategies in the community.

Action Cycle

Work plans are developed for each goal and used to track tasks, timelines, and desired outcomes. The evidence-based strategies are put into action in the community with the formed partnerships. Annual evaluations will be completed to monitor the implementation processes and the impact on the target groups. An evaluation report will be published at the end of the CHIP cycle.

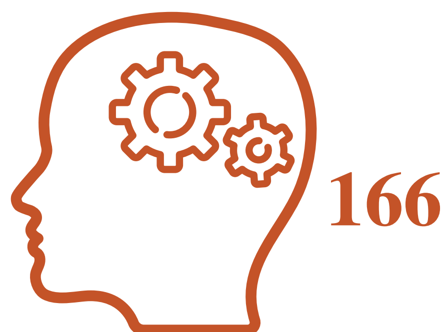
All tools can be found in the appendices.

2022-2024 Priority Areas

Priority 1: Mental Health

Mental health was identified as a primary area of concern among Rock County residents in every mode of data collection while completing the CHA. Access to mental health services specifically was reported in the top three areas of improvement among CHA survey respondents. Topics of concern included mental health stigmas, the impact of mental health on substance use, and mental health among rural and homeless populations. Key points from secondary data sources are listed below and justified the need for mental health as a priority area.

- Rock County has a shortage of mental health providers, including providers that reflect the community's diverse needs
- Rock County residents report having an average of 4.4 mentally unhealthy days each month
- 14% of Rock County residents reported 14 or more days of poor mental health per month[9]
- 1 in 4 people in Rock County have experienced 4 or more Adverse Childhood Experiences which includes types of abuse, neglect, and household dysfunction[10]



Number of mental health providers per 100,000 people in Rock County[11]

Priority 2: Access to Care

Similar to mental health, healthcare access was identified as a topic area of concern in every mode of CHA data collection. Access to care topics like insurance coverage, affordability of care, and provider availability were frequently mentioned on the CHA Survey and during Community Conversations. These topics are often associated with being barriers to good health. The data below justifies the concern for insurance coverage and the availability of providers and how it could be impacting health in Rock County.

- In Rock County, 8% of adults and 4% of children are uninsured
- The number of patients to primary care physicians and other primary care providers is very high compared to the state and top performers of the U.S. indicating a shortage of primary care providers
- In 2019, Rock County experienced 4,686 preventable hospital stays, which is higher than state and national averages[9]

Top Reasons Health Services are Difficult to Access[12]

Expensive, high co-pay/deductible

Long waitlists, not able to get an appointment

Healthcare services are not open when patients are available

Mental Health

Rock County's Top Concerns

- Almost 20% of CHA Survey respondents reported their mental health as "Fair" or "Poor".
- CHA Survey data showed Mental Health services as the hardest to obtain.
- Only 59% of Black or African American respondents reported that there are places for their communities to gather and connect compared to 83% of Hispanic and Latinx and 85% of White respondents.[12]

Mental Health Subcommittee Partners

YWCA of Rock County	Rock County Health Department	Youth 2 Youth for Change
SSM Health St. Mary's Hospital – Janesville	Rock-Walworth Comprehensive Family Services Head Start / Early Head Start	National Alliance on Mental Illness (NAMI) - Rock County
UW-Division of Extension	YMCA of Northern Rock County	School District of Janesville
Edgerton Hospital	Beloit Area Community Health Center	APTIV
City of Janesville	HealthNet	ECHO

Reduce Barriers to Mental Health Services

1. Reduce stigma around mental health
2. Increase mental health literacy
3. Educate providers on disparities and health outcomes for Black, Indigineous, and People of Color (BIPOC) and members of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community.

Increasing Social Connectedness

1. Create inclusive spaces for people to gather and connect
2. Promote supportive relationships and intergenerational connections

Barriers to Mental Health Services

Impact on Mental Health

Mental Health Literacy is the knowledge, attributes and skills needed to develop and maintain a positive mental health, identify mental health challenges in one's self and in others, and seek appropriate help.[13] Reducing stigma is part of mental health literacy. Negative and discriminatory attitudes that people have around mental illness is known as stigma. Stigma can lower the chances of someone seeking help, treatment or staying with a treatment plan for mental illness.[14]

Health Equity Approach

- 17% of Rock County students seriously considered suicide in 2019[15]
- 21% of students didn't receive the emotional support when they needed it[15]
- 44% of the LGBTQ+ community reported their mental health as fair or poor[12]

Resources

- Rock County Trauma Task Force
- Wisconsin's Office for Children's Mental Health
- NAMI - Rock County
- U.S. Department of Health and Human Services

Audience

- Youth
- Adults who Support Youth
- Mental health providers
- BIPOC community
- Members of LGBTQ+

Activities

- Stigma Reduction Campaign
- Provide Mental Health First Aid trainings
- Support NAMI's Raise Your Voice Club
- Educate mental health providers on cultural competency
- Promote the Racial Trauma Summit

Short Term Outcomes

- Increase in youth participating in NAMI programs such as Raise Your Voice Club
- Students will receive tools to support their mental health in a healthy way
- Providers will participate in cultural competency trainings to earn designation
- Community members will be trained in mental health first aid

Long Term Outcomes

- Increase in utilization of mental health services
- Providers will provide culturally competent approaches to treating mental health
- Increase in students reporting they are able to get the emotional support they need
- Decrease of students seriously considering suicide and attempting suicide

Social Connectedness

Impact on Mental Health

Loneliness and social isolation have been associated with adverse health outcomes including depression, anxiety, dementia, and suicide.[16] Good relationships have benefits for both mental and physical health. This includes increased happiness, lower risk of high blood pressure, and a longer life.[17] Positive relationships for children are a essential tool for building resiliency and can support mental health in adulthood.[18]

Health Equity Approach

- Black or African Americans were less likely to report that their communities had places for them to gather and connect[12]
- 22% of LGBTQ+ reported a sense of belonging in the community[12]
- 21% of students didn't receive the emotional support when they needed it[15]
- Older adults and immigrants are at high risk for experiencing loneliness and social isolation[12]

Resources

- Handle with Care Program
- Youth 2 Youth 4 Change
- Rock County Trauma Task Force
- Office of Children's Mental Health

Audience

- Older adults
- People who have a disability
- Immigrants
- BIPOC Community
- Members of LGBTQ+
- Youth

Activities

- Environmental scan of public spaces
- Pilot Walking School Bus programs
- Feelings Thermometer magnets
- Social Connection Campaign

Short Term Outomes

- There will be more spaces identified as welcoming and inclusive
- Youth and members of older generations will have opportunities to interact
- Community members will be able to identify social connection events
- Handle with Care program will be implemented in all school districts

Long Term Outcomes

- Increase the percentage of people reporting they feel a sense of belonging in their community
- Increase the percentage of people reporting there are places for people like them to gather
- Increase the percentage of people reporting their mental health as "good" or "fair"
- Decrease the percentage of students who aren't able to receive the emotional support they need

Mental Health Crosswalk

This crosswalk serves as a guide for health topics being addressed at the local, state, and national levels. The table below is not an all inclusive reference of initiatives at each level. Rather, the table shows the health topics being addressed at the state and national levels that are similar to those in Rock County's CHIP. This resource is meant to be used as a high-level reference and is subject to change.

Wisconsin's 2020 Statewide Health Assessment is a data-driven report that describes the health of the state. This report will be used to develop a health improvement plan with goals and initiatives to be implemented throughout Wisconsin. Wisconsin's 2020-2025 State Health Improvement Plan is currently being developed and no goals or initiatives are known at this time.[19]

Healthy People 2030 is a national initiative designed to guide health promotion and disease prevention efforts throughout the U.S. Healthy People 2030 contains more than 355 objectives in various topic areas such as health conditions, health behaviors, populations, settings and systems, and the social determinants of health.[20]

Mental Health Topic	**Rock County Community Health Improvement Plan (Local)**	**Wisconsin's 2020 Statewide Health Assessment (State)**	**Healthy People 2030 (National)**
Social Connectedness	✓	✓	
Protective Factors/Resilience	✓	✓	✓

Local, state, and national level plans work to implement health policy as this is known to make the greatest impact on health, both directly and indirectly. All policies will be developed through a health equity lens to reduce gaps in health caused by disparities and inequities.

Access to Care Overview

Rock County's Top Concerns

- People who did not complete high school or receive their GED were less likely to report they could always receive the health services their household wanted or needed.
- 20% of Hispanic adults do not have health insurance in Rock County.
- Healthcare settings were identified as a place many experience discrimination in the community, ranking in the top five of places to experience discrimination.[12]

Access to Care Subcommittee Partners

HealthNet

Rock County Public Health Department

MercyHealth

SSM Health St. Mary's Hospital - Janesville

Edgerton Hospital

Beloit Area Community Health Center

Rock-Walworth Comprehensive Family Services Head Start / Early Head Start

YMCA of Northern Rock County

School District of Janesville

Rock County Human Services

South Central Wisconsin Area Health Education Center

City of Janesville

Daniel Kwok

Aptiv

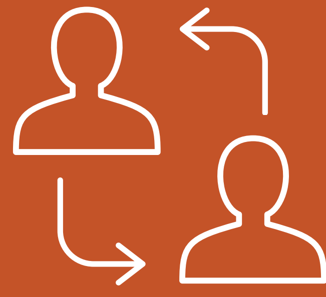
Wisconsin Nurses Association

Improving Navigation of Health Care Services

1. Increase health literacy
2. Improve health insurance navigation
3. Grow healthcare system collaboration

Improving Patient/Provider Relations

1. Improve language services
2. Increase cultural competency within healthcare systems
3. Grow diversity in the healthcare system



Navigation of Healthcare Services

Impact on Access to Care

Health Literacy is the degree to which someone has the ability to obtain, process, and understand basic health information needed to make appropriate health decisions. Low health literacy can make it difficult for a person to find providers and services, fill out health forms, seek preventive health care, manage chronic health conditions and understand instructions on taking medications.[21] Health insurance is also a large determinant of accessing and receiving care.[12]

- 36% of Black or African American respondents reported difficulty getting needed health services
- 47% of Hispanic or Latinx respondents reported difficulty getting needed health services[12]
- Older adults, minority populations, those who have low socioeconomic status and medically underserved people are more at risk for low health literacy[21]

Resources

- Wisconsin Health Literacy
- Healthcare Partners
- Rock County Libraries
- School Partners

Audience

- Medically underserved people
- People with low socioeconomic status
- Older adults
- Healthcare providers
- People who may have cultural or language barriers

Activities

- Healthcare Organizational Assessment
- MyChart Trainings
- Health Insurance Informational Course
- Healthcare Collaborative

Short Term Outcomes

- Health systems will participate in and apply findings from the Healthcare Organizational Assessment
- Increase in people using MyChart to access their healthcare information
- Health systems will join a Healthcare Collaborative
- Schools will adopt the Health Insurance Informational Course in their programs

Long Term Outcomes

- Decrease the rate of uninsured adults and children in Rock County
- Decrease the number of people reporting they don't know how to find providers they need
- Increase the number of people who report getting health services for their household when wanted and needed
- Increase relationships between healthcare systems to improve processes

Patient/Provider Relations

Impact on Access to Care

Cultural Competency is the ability of a healthcare system to provide care to diverse populations with various beliefs, values and behaviors. This includes modifying health information to meet the needs of the patients' socially, culturally and linguistically. Using a culturally competent approach can positively impact health outcomes, patient engagement, and decrease the medical errors and other safety issues.[22]

- 13% of Black or African American respondents reported that they do not feel welcome in healthcare systems
- 11% of Hispanic respondents responded that accessing healthcare was difficult due to language barriers
- Healthcare settings was reported to be the 5th most common place for people to experience discrimination in the community[12]

Resources

- National Center for Cultural Competence at Georgetown University
- US Department of Health and Human Services
- National LGBTQIA+ Health Education Center
- Milwaukee Wisconsin Area Health Education Center

Audience

- People with limited English proficiency
- Healthcare staff
- Healthcare systems
- Community members and leaders

Activities

- Cultural competency self-assessments and training
- Recommendations for best-practices
- Provide scholarships for Community Health Worker trainings
- Focus groups

Short Term Outcomes

- Increase the amount of health information materials in Spanish
- Increase the number of providers who have taken cultural competency trainings
- Increase the number of people trained as Community Health Workers in Rock County
- Increase the amount of health systems that use inclusive language in health forms

Long Term Outcomes

- Reduce the number of people who report experiencing discrimination in healthcare settings
- Reduce the number of people who do not feel welcome when trying to receive healthcare services
- Decrease the number of people reporting difficulty with health services due to language/cultural barriers
- Increase in providers that complete cultural competency curriculum for designation

Access to Care Crosswalk

The Access to Care crosswalk is designed to show a high-level overview of health topics being addressed in the local, state, and national levels. The topics listed below in each level are not all inclusive and are subject to change.

Access to Care Topic	Rock County Community Health Improvement Plan (Local)	Wisconsin's 2020 Statewide Health Assessment (State)	Healthy People 2030 (National)
Health Care Access and Quality	✓		✓
Health Literacy and Education	✓	✓	✓
Telehealth	✓	✓	✓
Health Insurance	✓	✓	✓
Culturally Competent Care	✓	✓	

Local, state, and national level plans work to implement health policy as this is known to make the greatest impact on health, both directly and indirectly. All policies will be developed through a health equity lens to reduce gaps in health caused by disparities and inequities.

Next Steps and Conclusion

Work on this CHIP began in 2021 and the final report was published a year later in 2022. HEAR will continue to work with Rock County to make improvements in access to care and mental health during and beyond the current CHA-CHIP cycle.

Monitoring and Evaluation

All of the created goals in the 2022-2024 action cycle will be carefully monitored and evaluated to ensure that progress is taking place in the cycle's target areas: Access to Care and Mental Health. To monitor the activities, workplans have been developed and will be updated throughout the next three years to ensure the subcommittees are able to meet deadlines and make process changes when needed. Each year, progress will be evaluated and reported to the subcommittees and the community to show progress from the target areas. The evaluations will also be used to help the subcommittees determine the next course of action. At the end of the 2022-2024 cycle, an overall analysis of CHIP activities will be made available to the community.

Revision Process

This CHIP will be updated to incorporate emerging health trends as needed. Process changes within CHIP initiatives will be updated internally with the involved community partners.

Join Us!

Please email *HEARCoordinator@co.rock.wi.us* to partner with HEAR on these initiatives or to ask questions about the Rock County Community Health Improvement Plan.

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Definitions

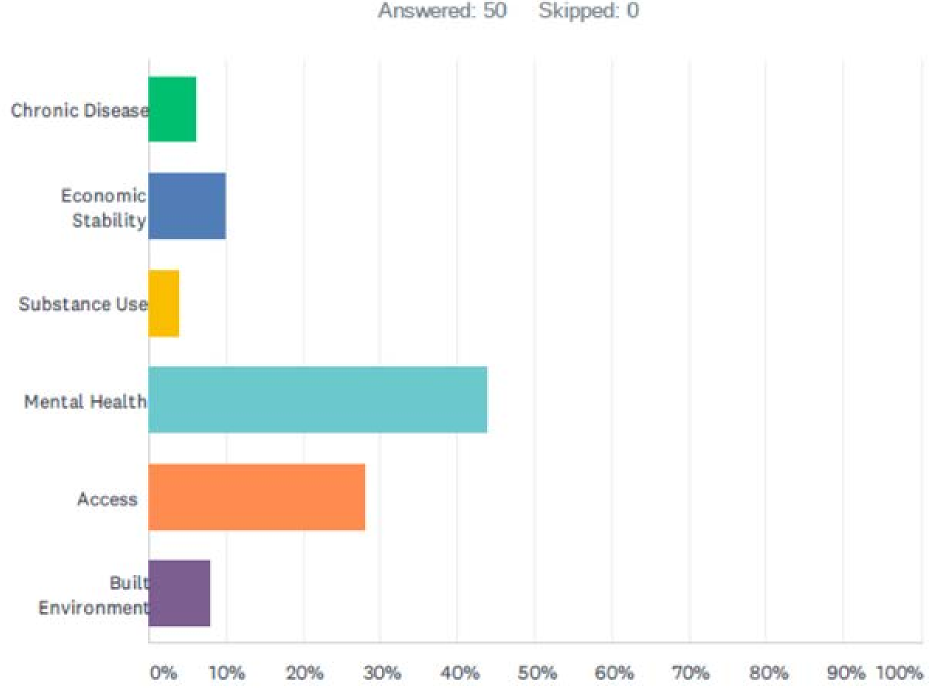
Term	Definition
Cultural Competence	The ability to effectively interact with people from cultures different from one's own, especially through a knowledge and appreciation of cultural differences.
Discrimination	The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex
Diversity	The practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc
Inclusion	The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of other minority groups
Racism	Prejudice or discrimination directed against a person or people (interpersonal) on basis of their membership in a particular racial or ethnic group, typically one that is a minority or marginalized
Social Connectedness	The experience of belonging to a social relationship or network and a social networking community is such a network
Socioeconomic Status	The position or standing of a person or group in a society as determined by a combination of social and economic factors that affect access to education and other resources crucial to an individual's upward mobility

CHIP Prioritization Survey

Health Priorities Survey

Q1 Please choose one (1) health topic you would like to see as a priority for the Community Health Improvement Plan.

Answered: 50 Skipped: 0

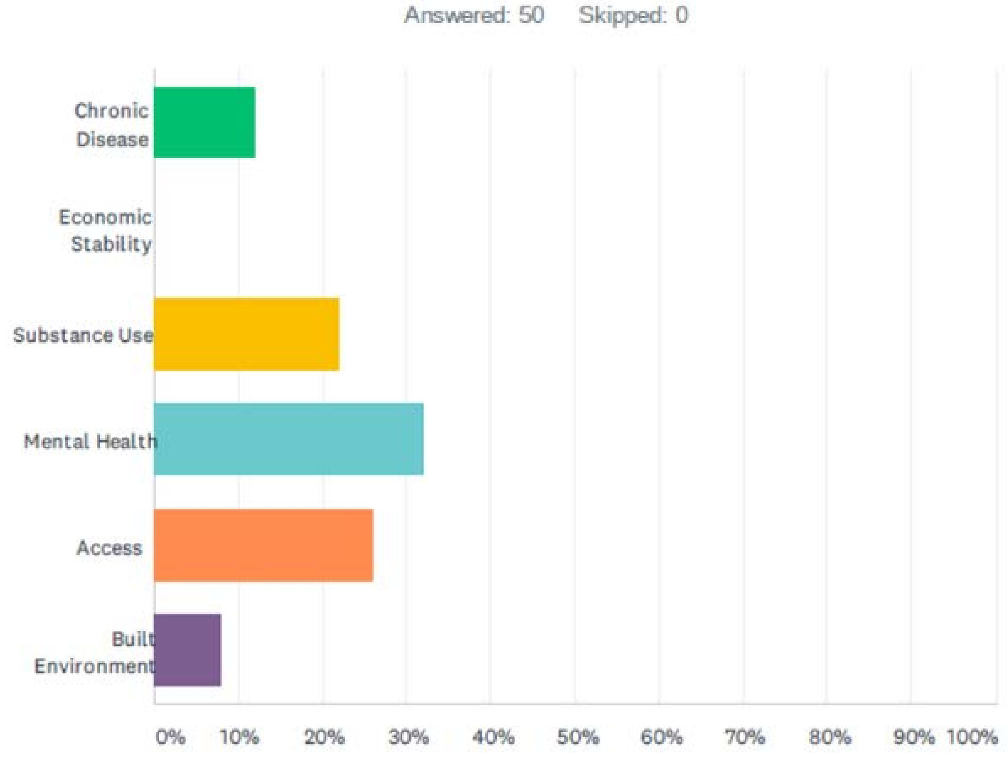


ANSWER CHOICES	RESPONSES	
Chronic Disease	6.00%	3
Economic Stability	10.00%	5
Substance Use	4.00%	2
Mental Health	44.00%	22
Access	28.00%	14
Built Environment	8.00%	4
TOTAL		50

Health Priorities Survey

Q2 Please choose a second health topic you would like to see as a priority for the Community Health Improvement Plan.

Answered: 50 Skipped: 0

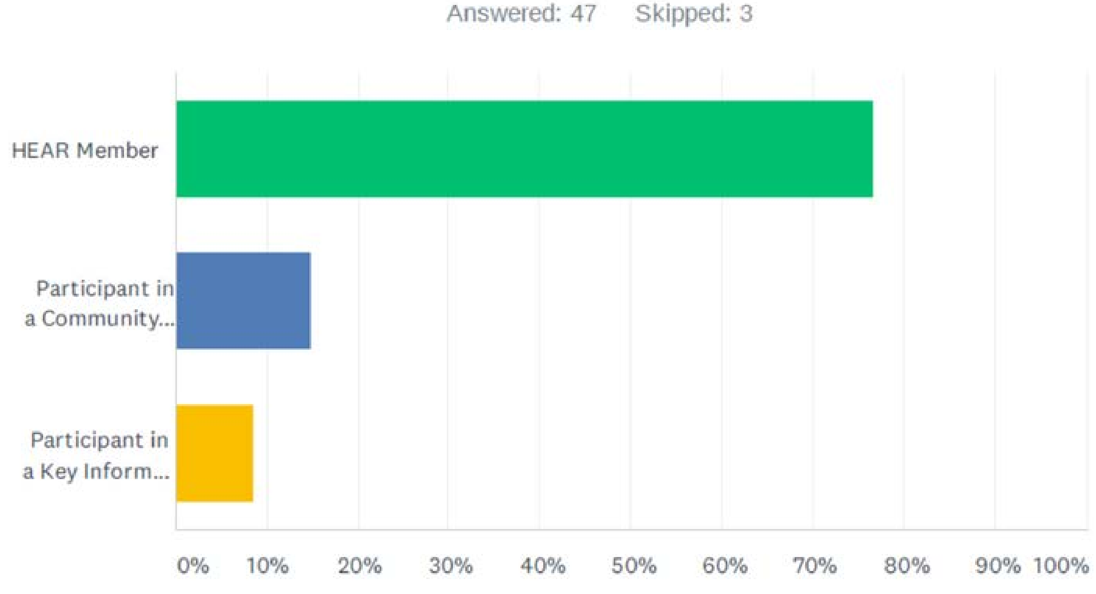


ANSWER CHOICES	RESPONSES	
Chronic Disease	12.00%	6
Economic Stability	0.00%	0
Substance Use	22.00%	11
Mental Health	32.00%	16
Access	26.00%	13
Built Environment	8.00%	4
TOTAL		50

Health Priorities Survey

Q3 What was your involvement in the Community Health Assessment process?

Answered: 47 Skipped: 3



ANSWER CHOICES	RESPONSES	
HEAR Member	76.60%	36
Participant in a Community Conversation	14.89%	7
Participant in a Key Informant Interview	8.51%	4
TOTAL		47

Subcommittee Roles and Responsibilities

CHIP Subcommittee Roles and Responsibilities

HEAR Coordinator

• Provide tools to support the development of strategies.
• Assist with navigating collaboration between CHIP subcommittees and other existing coalitions, committees, workgroups that have a shared interest.
• Support the evaluation of CHIP strategies by providing tools and expertise.

Co-Facilitators (2 individuals)

• Works with the HEAR Coordinator to schedule subcommittee meetings.
• Develops meeting materials, including agendas and meeting minutes.
• Works to ensure a collaborative working environment for subcommittee members.
• Facilitates, in collaboration with the HEAR Coordinator and the subcommittee, the development of strategies to address CHIP priorities.
• Works to ensure that strategies are developed through a lens of health equity; consider social determinants of health; and are of the appropriate type to create conditions for improved population health.
• Monitors the implementation of strategies.
• Reports progress to the HEAR Coordinator and at HEAR monthly meetings.

Subcommittee Members (5-7 per subcommittee)

• Attend subcommittee meetings (in addition to the full HEAR meetings).
• Participate in the development and implementation of strategies.

If you are interested in staying up to date on activities of the CHIP subcommittees, and are not able to fully engage as a subcommittee member, please continue attending full HEAR monthly meetings. If you are interested in advocating and promoting health equity more broadly, stay tuned for more opportunities.

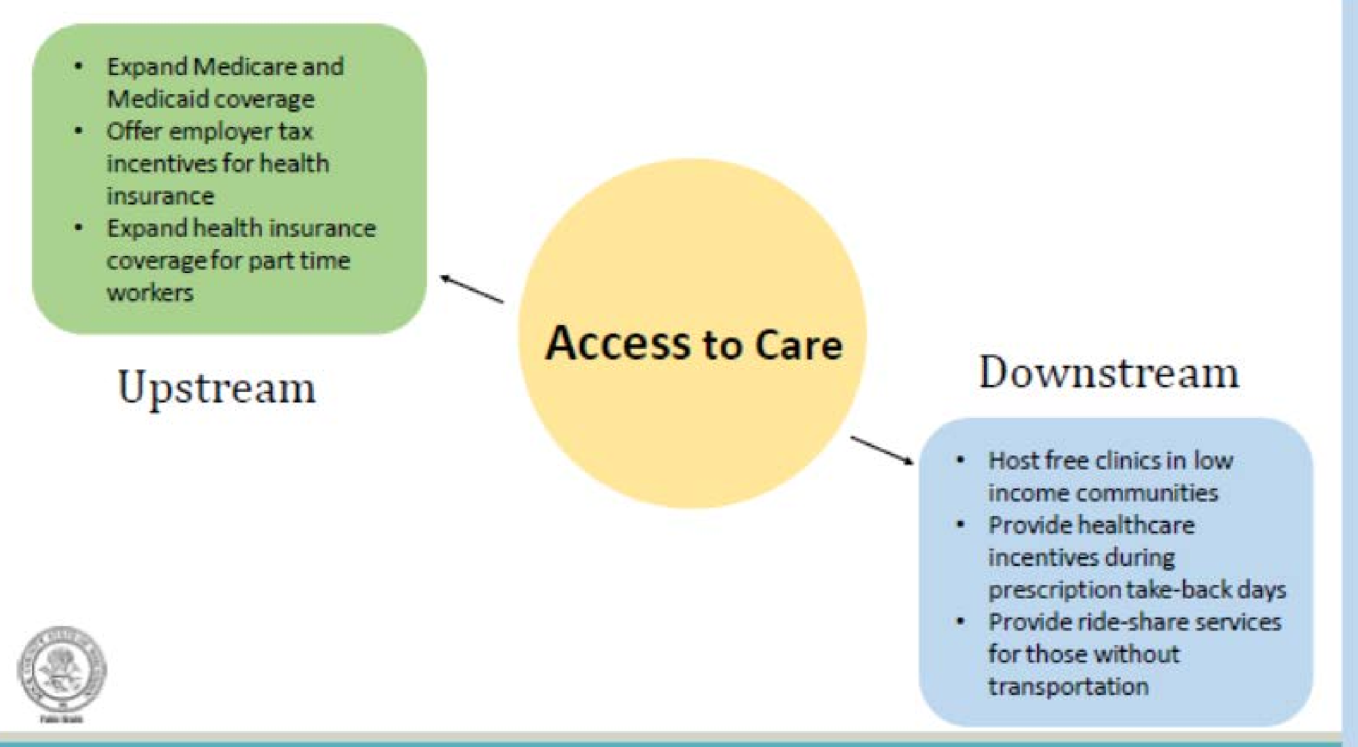
HEAR
Co-Facilitator Training

Megan Timm & Alison Chouinard

December 1, 2021

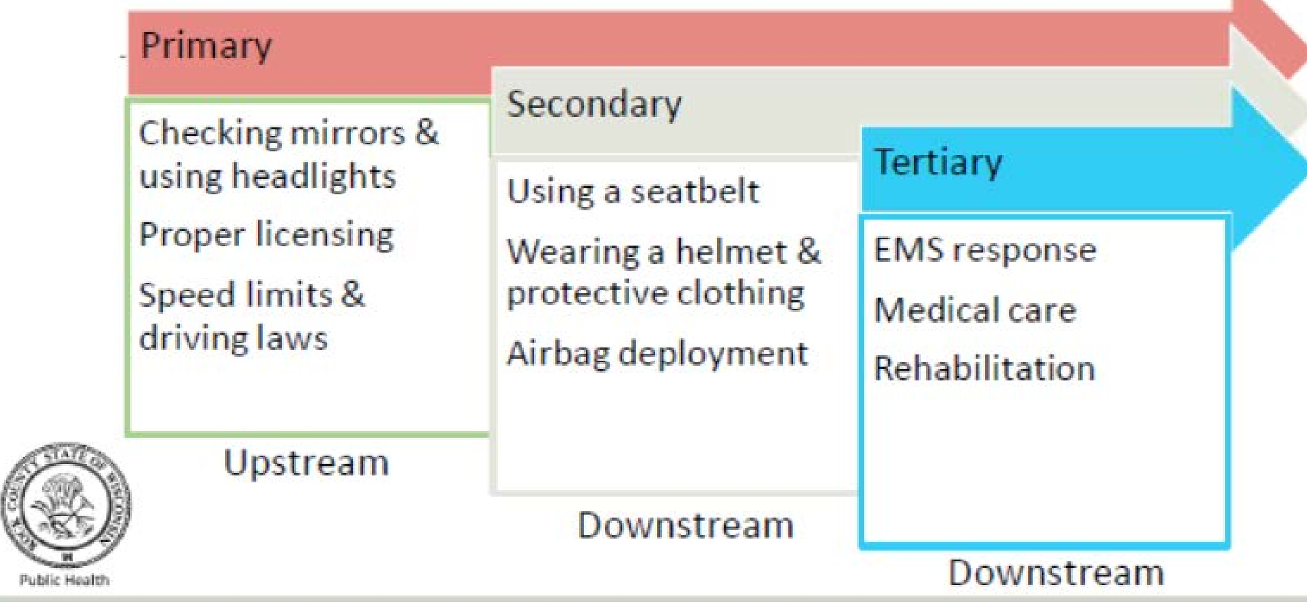
Upstream vs. Downstream Prevention

- Upstream prevention
  - Generally happens at policy level
  - Larger portion of population
  - Aims to diminish the "cause of the causes" (root)
- Downstream prevention
  - Generally occurs at the individual or family level
  - Improve immediate health needs
  - Aims to change the effects of the causes



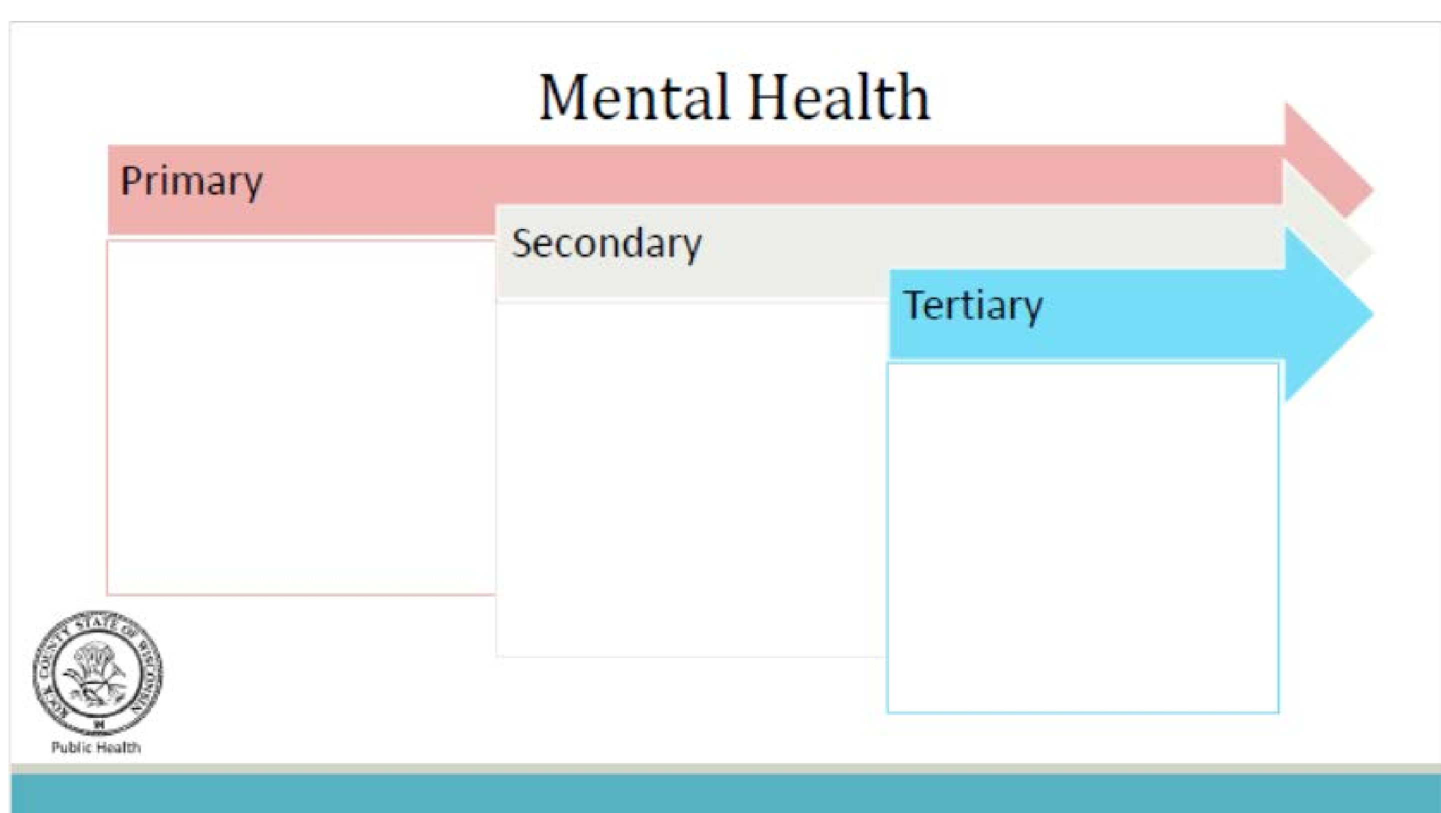
Working Upstream

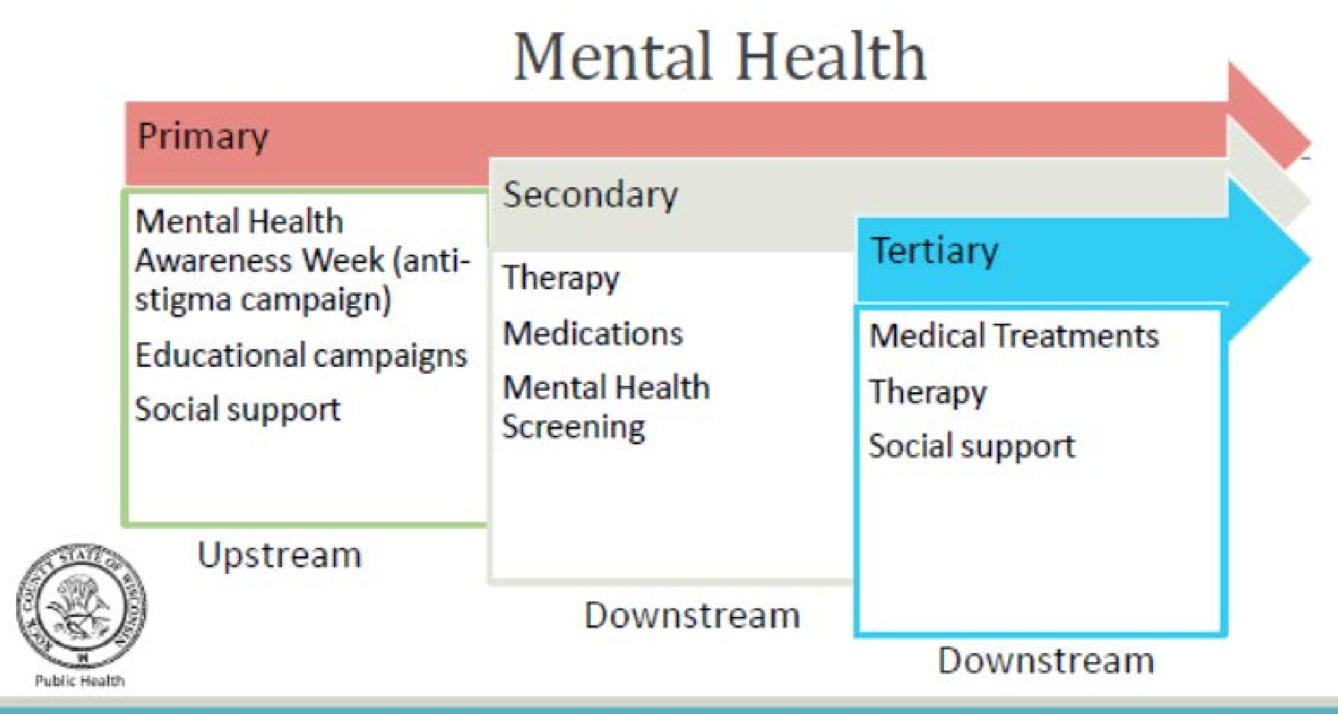
- Challenge your assumptions about the causes of health and illness
- Recognize and address lifestyle drift
- Work with people outside of your circle
- Share and promote upstream efforts and learning



Prevention Activity

- Pair up
- Come up with a program topic (Mental Health/Access to Care, other?)
- Look at primary, secondary, tertiary prevention strategies


Mental Health
Primary
Secondary
Tertiary
Public Health


Mental Health
Primary
Mental Health Awareness Week (anti-stigma campaign)
Educational campaigns
Social support
Upstream
Secondary
Therapy
Medications
Mental Health Screening
Downstream
Tertiary
Medical Treatments
Therapy
Social support
Downstream
Public Health

Social Determinants of Health (SDOH)

- The conditions in the environments where people are born, live, learn, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks
- SDOH have a major impact on people's health, well-being, and quality of life
- SDOH can be divided into 5 domains

Public Health

Strategic Planning

Strategic Action Plan – See Excel Template – Alison Print copies

- Challenge
- Goals
- Objective
- Activities
- Example

Activity

Evaluation

Strategic Planning Activity

Goal setting/Objectives in Excel spreadsheet-Megan to print

Resources

- Technical Assistance
- Evidence Based Practices
- CHA Report
- Race to Equity – Rock County: Addressing Disparities to Build a Foundation for Racial Equity (YWCA) Report

Resources

- Healthy People 2030
- County Health Rankings and Roadmaps
- Wisconsin Department of Health Services
- Wisconsin State Health Assessment
- State Health Improvement Plan
- Centers for Disease Control and Prevention (CDC)
- NACCHO
- Robert Wood Foundation
- UW Partnership Program
- Rock County Race to Equity Report

Strategies

- What Works for Health Curated Strategy Lists are helpful resources to support community change efforts around specific topics and themes, including 407 strategies that includes evidence-informed programs, policies, and systems changes that can help address complex health problems, systemic social issues, and local community needs and priorities.
- Robert Wood Johnson Foundation Building a Culture of Health
- Human Impact Partners: Health Equity Capacity Building

Next Steps

Health Equity

1. Co-facilitators meet with each other
2. Set up meetings with subcommittee team
3. Go over strategic process with subcommittee members
4. Develop strategies and work plan on selected priority
5. Find assets, resources, funding, implement CHIP Plan
6. Provide updates at monthly HEAR meetings

CHIP Strategic Action Plan Template

CHIP Strategy Selection Process: Steps to Identify a Strategy
This strategy selection process is intended to identify specific and measurable actions that improve health outcomes and reduce health disparities and/or health inequities.
Step 1:
What **public health challenges** related to mental health or access to care are evident in the Community Health Assessment (CHA), other secondary data not included in the CHA, or other assessments?
Challenges are specific to a certain community or sub-population and identify the specific disparity and/or inequity.
Step 2:
What is the **goal** related to the public health challenge identified?
The goal statements will be considered the CHIP goals. We will be looking for 2-3 goals for Access to Care and 2-3 goals for Mental Health.
Step 3:
Of the public health challenges identified, which ones are we mostly likely able to influence? Realistically [INSERT more detailed prioritization questions]
Mental Health:
Access to Care:
Step 4:
What are the subfactors or contributing factors associated with the public health challenge?
Challenge:
CHIP **Objectives:**
Step 5:
Of the CHIP **Objectives** identified, which ones are we most likely to be able to influence? [INSERT more detailed prioritization questions]
For each goal identified, we will be looking for 2-3 **objectives**.
Step 6:
What evidence-based interventions or promising practices currently exist related to the identified objectives? [INSERT links to sources for evidence-based interventions and promising practices]
Step 7:
What are the **activities** needed to make a measurable change in the objectives/implement EBI?
Activities identified become the subcommittee's Strategic Action Plan

Glossary of Terms	
CHA	Community Health Assessment
CHIP	Community Health Implementation Plan
Goal	Overarching, typically long term
Objective	Specific item to accomplish the overarching goal
Activities	
SMARTIE	Specific, Measureable, Achievable, Relevant, Timebound, Inclusive, Equitable - used for goal setting
Primary Prevention	Focusing on upstream efforts to prevent disease altogether. Often seen in programs providing vaccinations to prevent disease, creating policy around housing to prevent future asthma cases or raising minimum wage to reduce the pay gap and create more income for people to better take care of their health
Secondary Prevention	Environmental conditions have now made a disease or health issue relevant, secondary prevention focuses on screenings for disease, education on disease, etc.
Tertiary Prevention	After diagnosis of disease typically. This level of prevention is to prolong life via programs such as support groups, medication management, etc.

Resources:

Evidence Based Strategies

What Works for Health Curated Strategy Lists	helpful resources to support community change efforts around specific topics and themes, including 407 strategies that includes evidence-informed programs, policies, and systems changes that can help address complex health problems, systemic social issues, and local community needs and priorities.
Robert Wood Johnson Foundation Building a Culture of Health	
Human Impact Partners: Health Equity Capacity Building	
Healthy People 2030	
SMARTIE Goals worksheet	
5 Ps to Health Equity guide	
Health Equity Modules	
SAMHSA	
NACCHO	
Race to Equity Report	
Rock County CHA	
Wellness Wheel	

Strategic Action Plan

Project Title: Access to Care OR Mental Health

Project Leads:

Project Members:

Public Health Challenge:	
Public Health Goal:	

Objective:	Activities	Person(s) Responsible	Start Date	End Date	Outcome Measures	Current Status	Notes
Objective 1A: Write in	1						
	2						
	3						
	4						
	5						
	6						
Objective 1B: Write in	1						
	2						
	3						
	4						
	5						
	6						
Objective 1C: Write in	1						
	2						
	3						
	4						
	5						
	6						
Objective 1D: Write in	1						
	2						
	3						
	4						
	5						
	6						
Keep Adding IF Needed							

Next Steps Checklist

Workgroup:

Workgroup Facilitators:

Task	Person Responsible	Due Date
Determine potential dates for initial workgroup meeting		12/3/21
Decide if you want to poll workgroup members on best dates/times		12/3/21
Decide on final date for first meeting		12/7/21
Determine best platform for first meeting		12/7/21
Create first meeting agenda		before meeting
Email workgroup calendar invite for meeting, agenda and other relevant information		before meeting
Determine who will take notes for the meeting		before meeting
Determine who will facilitate the meeting		before meeting
Determine meeting cadence/frequency		during meeting

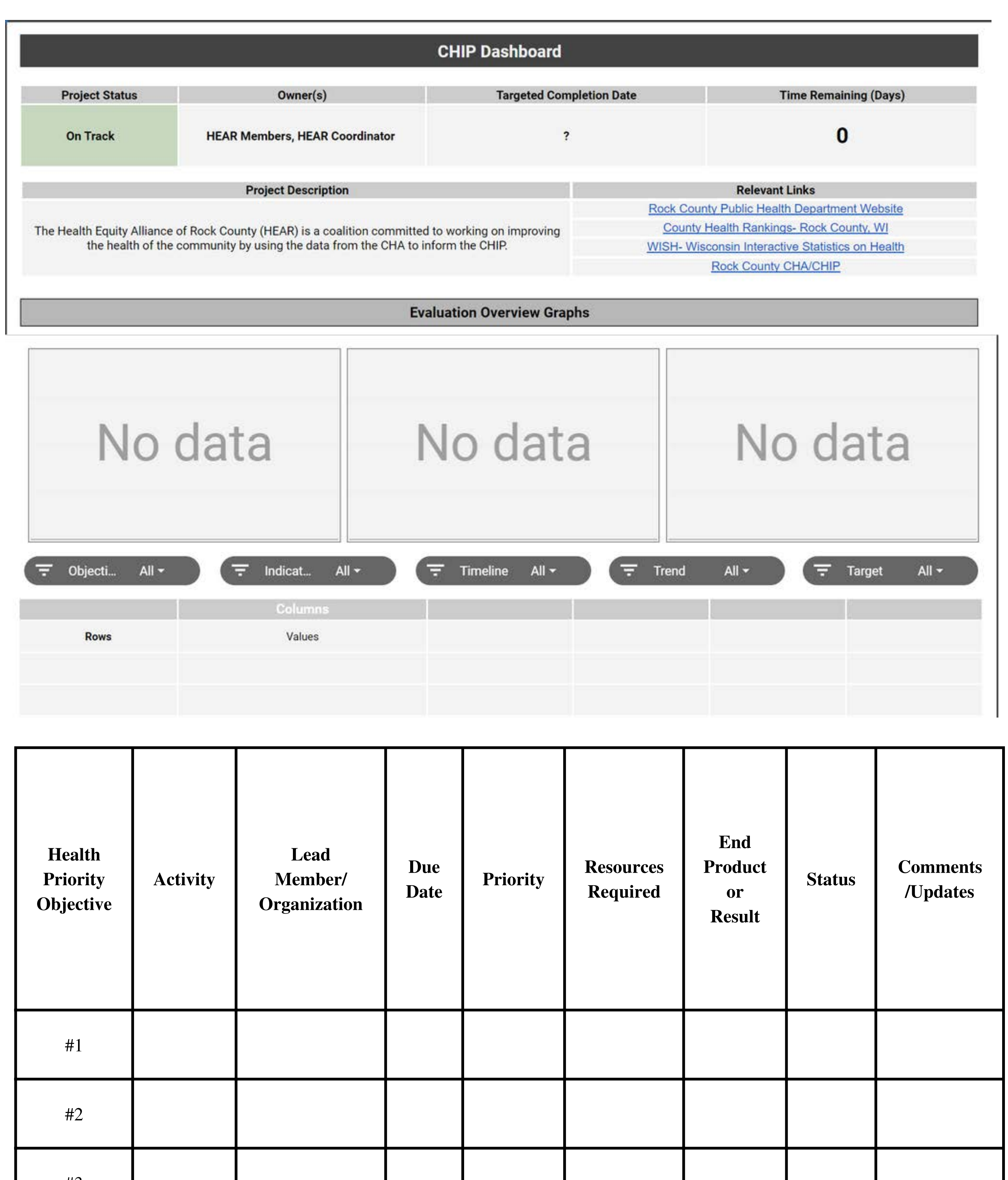
Meeting Items (Guide)

Topic	Lead	Tentative Timeline
Identify Public Health Challenge and Target Audiences		December 2021
Confirm need w/ relevant data and Identify Objectives		January 2022
Map out activities for each objective w/ timeline and responsible parties		February 2022
Identify assets/funding/resources to implement plan		March 2022

Quarterly Co-Facilitator Training Schedule

Topic	Lead	Tentative Timeline
Logic Models		March 2022
GANTT Charts and Project Management tools		June 2022
Evaluation Methods		September 2022
Tracking Progress and Rolling with Change		December 2022

Evaluation Tool



Health Priority Objective	Activity	Lead Member/ Organization	Due Date	Priority	Resources Required	End Product or Result	Status	Comments /Updates
#1								
#2								
#3								

ROADMAP TO IMPACTING COMMUNITY HEALTH

How to apply the Rock County Community Health Assessment (CHA) and Improvement Plan to your organization

Health Equity

Prioritizing health equity is essential to advancing the health and well-being of a community. To apply a health equity lens to your programs, it is important to identify which groups are the most impacted by the issue being addressed. Seeing which groups are positively impacted and negatively impacted will assist your organization in finding what social structures and systems led to the disparities you are looking to reduce. Assessing the Social Determinants of Health is one way to address the systems and get at the root causes of inequities. Programs involving the Social Determinants of Health will involve all sectors of the community, leading to better community engagement.

Community Engagement

Community engagement is a key component of impacting community health. To determine who should be involved in the process, it is important to identify community assets early. Including a wide-range of stakeholders from the community can provide different perspectives and help find better solutions to community problems. It is important to include various sectors with access to different resources such as private sectors, local government, community organizations, and community members that are impacted by the disparities you are looking to change. Bringing these perspectives and resources together is key to improving success in community improvement programs.

1

1 Identify Community Needs

- Define the community your work will impact. Focus the work on populations that are most affected by disparities
- Find CHA data that relates to your work
- Determine how the local, state, and national levels align with your work

2 Form a Workgroup

- Recruit a group of community members and organizations who reflect the diversity of the community
- Determine the guidelines for partnership and develop a vision and mission
- Create a shared understanding of the disparities the workgroup will address
- Determine capacity of the workgroup

3 Develop Programs

- Create measurable goals for your programs
- Use evidence-based strategies to guide the work
- Adapt programs to fit the defined community
- Secure funding through donations or grant opportunities if needed

4 Implement Activities

- Assign a leader to each activity who will be responsible for reporting progress to the group
- Create a work plan to identify clear steps to meet the goals and objectives of the programs with a timeline
- Secure resources, anticipate challenges, meet with the workgroup to overcome barriers
- Put plans into action

5 Evaluate Progress

- Evaluate the program's process, impact, and outcomes of your work at set frequencies
- Use a tracking tool to see how the programs are impacting the community
- Share your work with community and funders
- Determine a plan to sustain partnerships and activities

2

Health Equity

- Robert Wood Johnson Foundation
- Human Impact Partners
- Equity and Empowerment Lens
- Health Equity Training Modules

Form a Workgroup

- Collective Impact Forum
- County Health Rankings and Roadmaps: Partner Center

Evaluate Progress

- SMARTIE Goals Worksheet
- Centers for Disease Control and Prevention-Program Evaluation

Develop Programs

- County Health Rankings and Roadmaps: What Works for Health
- The Community Guide

Identify Community Needs

- Rock County 2020 Community Health Assessment
- YWCA Race to Equity - Rock County: Addressing Disparities to Build a Foundation for Racial Equity
- County Health Rankings and Roadmaps: Rock County

Implement Activities

- University of California, San Francisco: Intervention Planning Resources and Tools
- Wisconsin State Health Improvement Plan
- Healthy People 2030

Community Engagement

- Rock County Community Engagement Toolkit
- Healthy Wisconsin Leadership Institute: Community Engagement Toolkit

Miscellaneous

- Mobilizing for Action through Planning and Partnerships
- Community Tool Box
- Rural Health Information Hub

3