

Humboldt County

Community Health Improvement Plan 2014-2019



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Introduction

We are pleased to release our premier endeavor to conduct a collaborative community health improvement plan (CHIP) for Humboldt County.

The purpose of the CHIP is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of Humboldt County residents.

The 2013 Community Health Assessment revealed that 5 of the 8 leading causes of premature death in Humboldt County are largely preventable. They are cardiovascular disease, alcohol and other drug overdoses, suicide, motor vehicle crashes and liver disease. Our rates are shown below with the State and Healthy People 2020 goals for comparison.

DHHS Public Health, DHHS Mental Health, St. Joseph Health-Humboldt County, over 30 partner organizations and nearly 300 community members worked together to determine the root causes of these poor health outcomes, and develop a plan to improve them. With the social and environmental factors that contribute to our health in mind, we identified six priorities.

If we:

- Strengthen social and family cohesion;
- Shift social norms around alcohol and other drugs;
- Increase access to quality health and preventative care;
- Increase access to and use of diverse mental health care options;
- Increase affordability availability and knowledge of healthy foods; and
- Ensure safe neighborhoods for residents, pedestrians and bicyclists; then

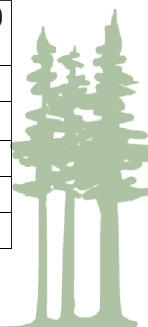
We will reduce cardiovascular disease, alcohol and other drug overdoses, suicide, motor vehicle crashes and liver disease.

Goals and suggested strategies for each of these priorities are included in this plan.

The goals in this plan are time-framed, but the process of assessing our community's health and developing an improvement plan to address our most pressing issues will become a permanent part of our work and our culture.

We are extremely appreciative to all who have spent numerous hours over the past year developing this plan. Their involvement has been most valuable in helping to identify the health priorities for our community. We want to thank you for taking the time to read this plan. Let's Get Healthy, Humboldt!

Leading Causes of Premature Death			
Deaths per 100,000 (2009-11)	Humboldt County	California	Healthy People 2020 Goal
Heart Disease	107.5	122.4	100.8
Alcohol and Other Drug Overdose	36.7	10.9	11.3
Suicide	22.7	9.6	10.2
Motor Vehicle Crashes	15.7	7.5	12.4
Liver Disease	15.1	11.4	8.2



The Process

DHHS Public Health and St. Joseph Health-Humboldt County partnered to host six regional meetings across the county.

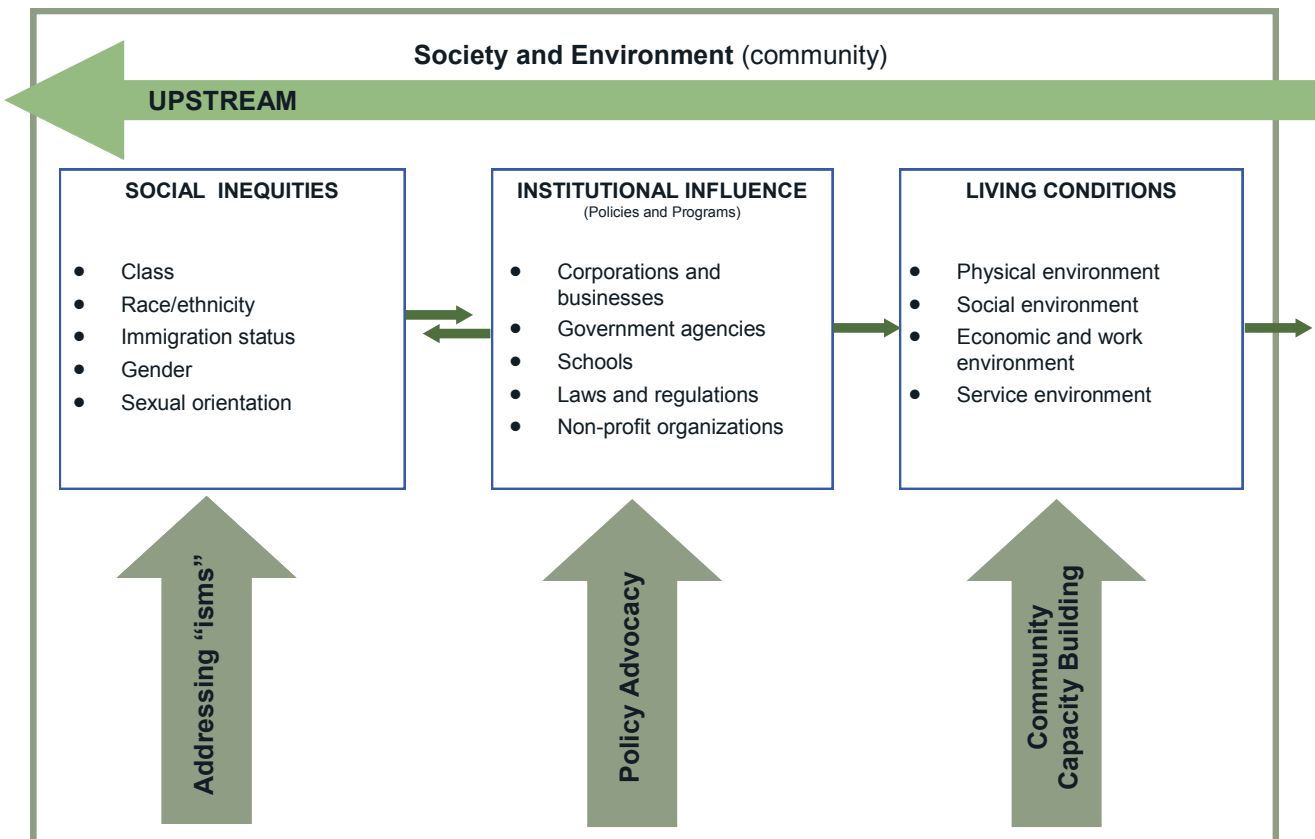
Meetings were held in Willow Creek, Arcata, McKinleyville, Eureka, Eel River Valley and Garberville.

Community members formed sub groups around each of the 5 leading causes of premature death and used the Bay Area Regional Health Inequi-

ties Initiative (BARHII) framework below to identify contributing factors to these poor outcomes.

The BARHII framework helps us explore the factors that may be contributing to the health outcomes we are experiencing.

Beginning on the right side of the framework they began by considering a single disease or injury — Cardiovascular Disease, for example — and con-



Source: adapted from the Bay Area Health Inequities Initiative (BARHII)

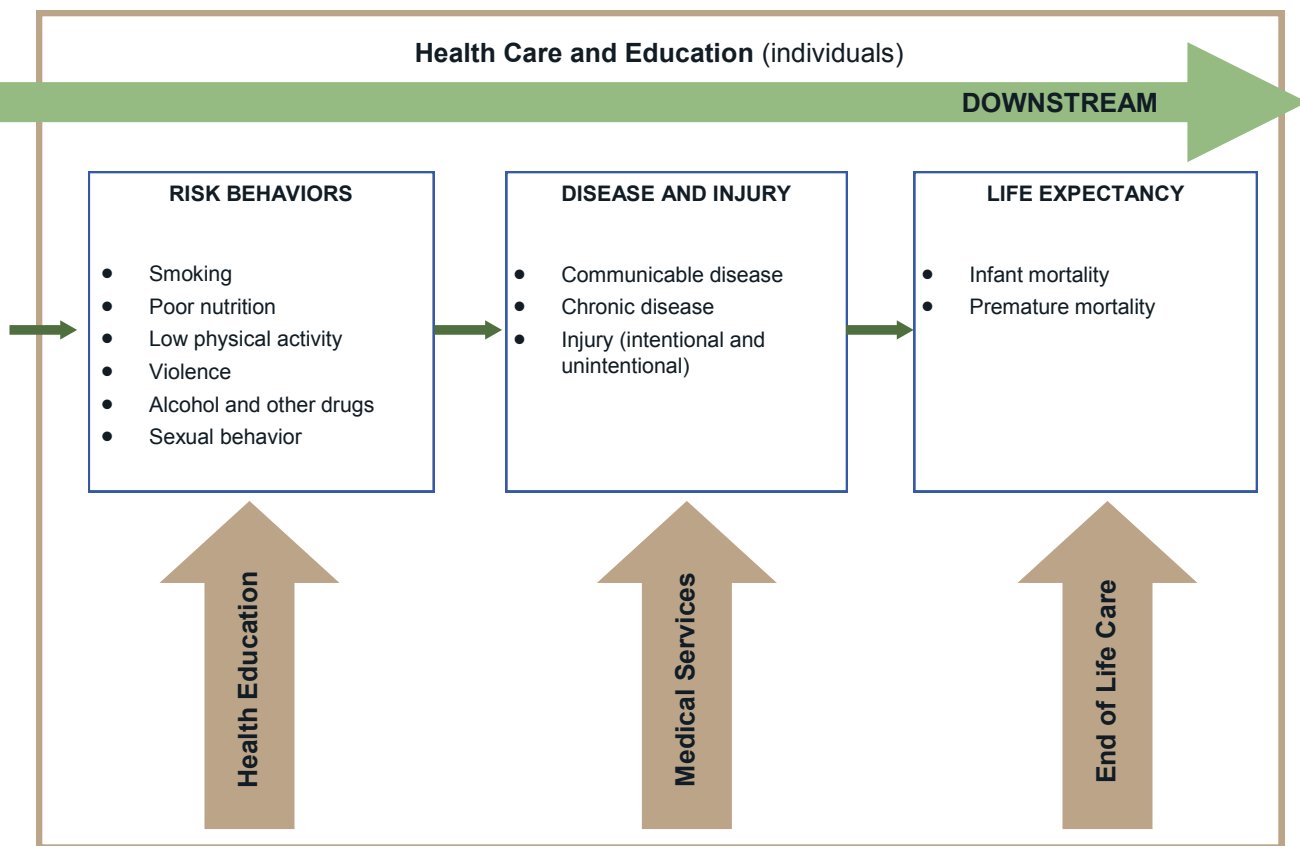
sidered what risk behaviors may have led to that disease. Then for each risk behavior, they considered what living conditions may have contributed to that behavior. Continuing “upstream” (to the left on the framework) they considered what policies or regulatory conditions may have contributed to the living conditions that contributed to the risk behavior that contributed to the disease, and so on.

Complex social issues have no single

cause that we can simply identify and fix. There are infinite combinations of influences that impact each of us, and equally infinite combinations of assets that we have to respond to them.

We do know, however, that the further upstream we work, the broader the impact we’ll have on preventing premature death.

We used this framework to begin the planning process described in the following pages.



The Process

The resulting analysis of Humboldt County's poorest health outcomes shows that they share upstream factors. In some instances, a specific upstream factor may be a contributor to all five of our leading causes of premature death.

These factors are shown in the matrix on the facing page. Reframed from the negative factor (lack of...) into a desired outcome, the following six priorities emerged. In no particular order, they are:

- Strengthen social and family cohesion;

- Shift social norms related to alcohol and other drugs;
- Improve access to quality health and preventative care;
- Improve access to and use of diverse mental health care options;
- Improve affordability, availability and knowledge of healthy foods; and
- Ensure neighborhoods are safe for residents, pedestrians, and bicyclists.

They are mutually reinforcing, so making progress in any one these areas can result in impacts to several of the targeted health outcomes.



“Upstream” Priority Areas Identified by the Community					
Outcomes Priorities	Cardiovascular Disease	Alcohol and Other Drug Overdose	Suicide	Motor Vehicle Crashes	Liver Disease / Cirrhosis
Strengthen social and family cohesion	Lack of active family activities.	Poverty; Social isolation; Lack of healthy activities for youth; Exposure to trauma; Lack of support for creating healthy families; Lack of early AOD education.	Social isolation; Exposure to trauma; Poverty; Availability of lethal means.		Social isolation; Lack of support for creating healthy families; Poverty.
Shift social norms around alcohol and other drugs	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Driving under the influence; Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.
Increase access to quality health and preventative care	Lack of access to healthy foods; Poverty; Lack of transportation options.	Lack of early intervention; Poverty	Lack of treatment outside of a crisis.		Lack of health and nutrition education; Racism.
Increase access to and use of diverse mental health care options		Lack of transitional services from jail; Stigma.	Lack of transitional services from jail; Stigma.	Driving under the influence; Stigma.	Lack of access to diverse treatment options; Lack of clean needles.
Increase affordability, availability and knowledge of healthy foods	Poverty; Lack of health and nutrition education; Influential marketing of unhealthy foods.				Lack of access to healthy foods; Lack of health and nutrition education.
Ensure safe neighborhoods for residents, pedestrians, and bicyclists	Lack of transportation alternatives; Lack of safe streets for walking and biking.	Poverty; Lack of early AOD education.		Lack of safe streets for walking and biking.	Lack of transportation alternatives.



The Process

The communities findings were brought to two half-day forums attended by over 80 representatives from 30 organizations that included traditional and nontraditional public health partners. Present were representatives from organizations serving seniors, organizations serving children, parks & recreation, veterans services, foundations, schools, hospitals and clinics, among others.

This group used the Public Health Spectrum of Prevention framework to generate goals and objectives for each of the identified themes.

The Spectrum of Prevention was used to highlight where our current activities are focused for each priority, and to identify opportunities to enhance those efforts with additional activities that fill in other parts of the spectrum.



For each priority existing and possible objectives were brainstormed across the spectrum. Individual spectrum worksheets are in Appendix B.

Brainstorming activities generate rich and expansive lists of possible opportunities. To narrow the list to a manageable size we established several criteria. Looking at each objective, participants were asked, Is it:

- Specific;
- Measureable;
- Achievable;
- Relevant;
- Time bound; and is it
- An opportunity for Collective Impact?

Spectrum of Prevention

Influencing Policy and Legislation

Developing strategies to change laws and policies to influence outcomes in health and safety.

Changing Organizational Practices

Adopting regulations and procedures to improve health and safety and create new standards for organizations.

Fostering Coalitions and Networks

Convening groups and individuals for broader goals and greater impact.

Educating Providers

Informing providers who will transmit skills and knowledge to others to become advocates for the goal.

Promoting Community Education

Reaching groups of people with information and resources to promote health and safety

Strengthening Individual Knowledge and Skill

Enhancing an individual's capacity to prevent injury or illness and promote health and safety.

Collective Impact is the commitment of individuals, groups and/or organizations from different sectors to a common agenda for solving complex social problems.

The Collective Impact model was used to guide this process, identifying those strategies that would be enhanced by shared measures and mutually reinforcing activities among other criteria.

We need to move beyond collaboration and align our efforts and activities if we're going to achieve lasting change to these large-scale social issues.



The Five Conditions of Collective Impact	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through mutually reinforcing a plan of action.
Continuous Communications	Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and to coordinate participating organizations and agencies.

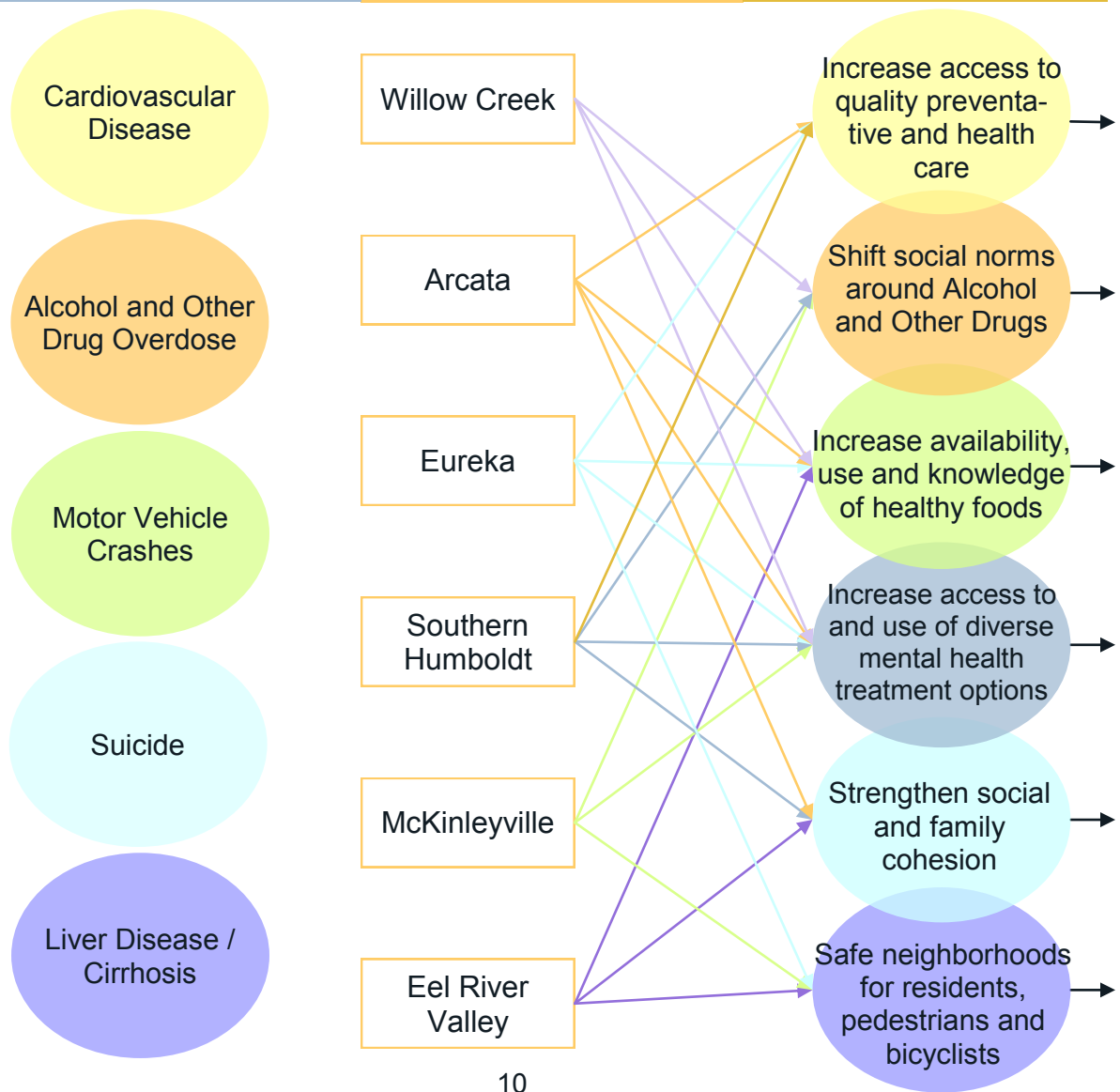
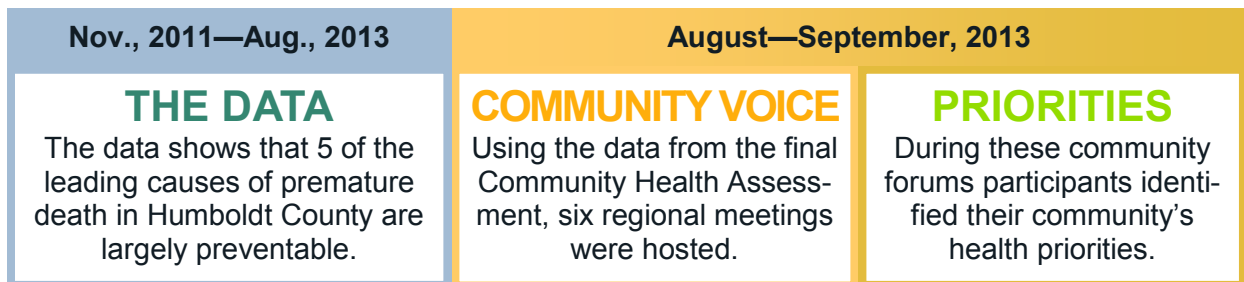


The Process

Once objectives were agreed upon the workgroups brainstormed again to identify specific strategies that are, or could be implemented to support the identified objectives. Many potential strategies were identified. Ultimately

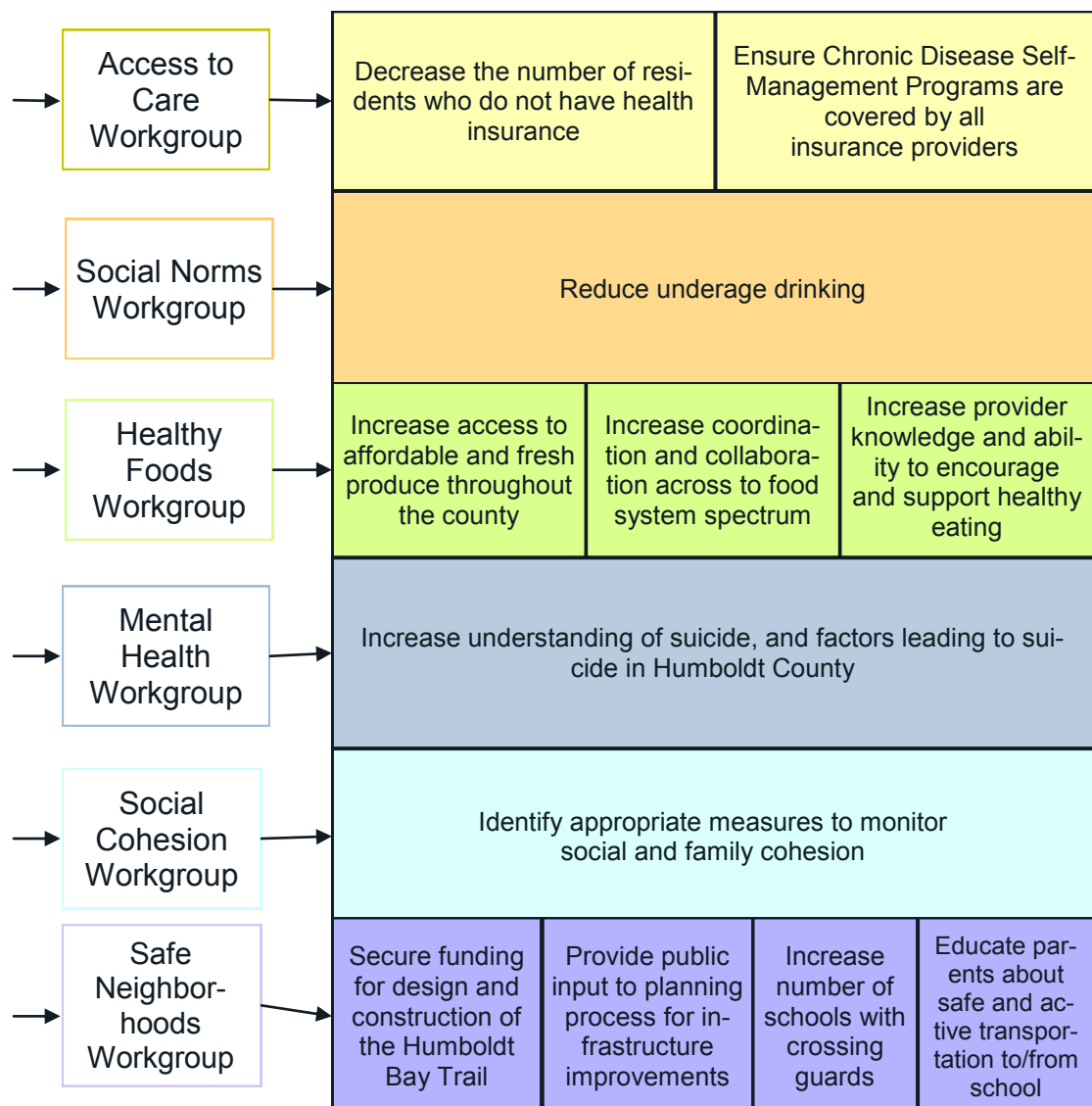
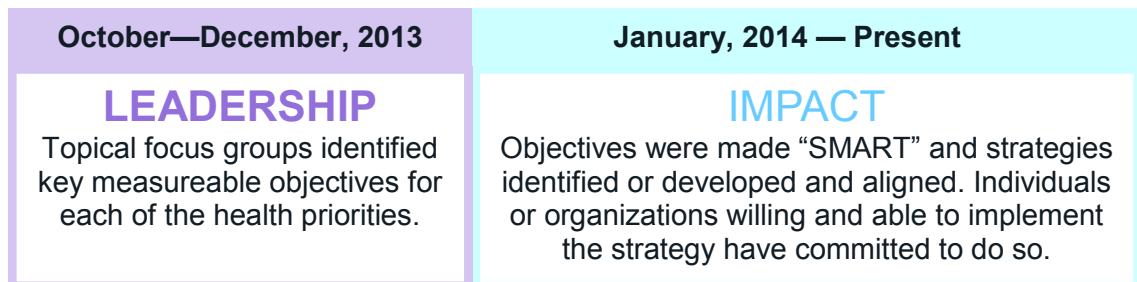
those with existing or willing champions were included in this plan.

The graphic below summarizes the entire 2-year project and its timeline. The following pages examine each of the



priority areas, the objectives developed during the collective work, and identifies partners who are willing to take lead and/or support the implementation of the strategies.

This is by no means an exhaustive list of the work that is or will be undertaken to improve our health outcomes. As this plan is shared and circulated, we welcome additional partners that are willing to add to our collective impact.



The Process

This plan will be monitored quarterly with annual published updates on our progress. It will be completely re-envisioned every five years. If you see a place where you or your organization can plug in and increase our impact, please join us. Reach out anytime to Let's Get Healthy, Humboldt!, LGHH@co.humboldt.ca.us.



Schedule:

Quarterly Lead check-ins every quarter beginning in 2015. Please email for meeting details.

Annual Progress Report released in June of each year. Please email if you would like to receive an electronic copy of the annual reports.

January 2019 begins the next comprehensive assessment and planning period. Please email if you would like to be notified and participate.

	January	March	June	September
2015	Release of 2014-2019 CHIP	Champion Check-in	Champion Check-in / 1st Annual	Champion Check-in
2016	Champion Check-in	Champion Check-in	Champion Check-in / 2nd Annual	Champion Check-in
2017	Champion Check-in	Champion Check-in	Champion Check-in / 3rd Annual Report	Champion Check-in
2018	Champion Check-in	Champion Check-in	Champion Check-in / 4th Annual	Champion Check-in / 1st CHA Planning
2019	Champion Check-in / 2nd CHA-CHIP Planning Meeting	Champion Check-in / 3rd CHA / CHIP Meeting	Release of 2019-2024 CHIP	Champion Check-in



Champions

- City of Arcata
- City of Eureka
- CalFresh Task Force
- Humboldt Allies for Substance Abuse Prevention
- Humboldt County Department of Health & Human Services
- Humboldt County Office of Education
- Humboldt County Public Works
- Humboldt Food Policy Council
- McKinleyville Organizing Committee
- Open Door Community Health Centers



Collaborators

- California Center for Rural Policy
- California Coastal Conservancy
- California Department of Food and Agriculture
- California Department of Transportation
- College of the Redwoods
- Community Alliance with Family Farmers
- County Nutrition Action Plan
- Expanded Food and Nutrition Education
- Family Resource Centers
- Food For People
- Humboldt Area Foundation
- Humboldt County Association of Governments
- Humboldt State University
- North Coast Clinics Network
- North Coast Growers Association
- North Coast Railroad Authority
- Partnership Health Plan of California
- People Improving Community through Organizing
- Redwood Community Action Agency
- United Indian Health Services



Priority 1: Strengthen Social and Family Cohesion

Social and Family Cohesion (SFC) was identified as an important determinant of health for our community. There were three main areas of concern:

- Individual, family and community resilience.
- Empowerment and civic engagement.
- Multigenerational connectedness and cultural identity/participation.

The breakdown of the above factors were identified as contributors to each of the leading causes of premature death discussed in the Community Health Assessment.

The idea that improving social and family cohesion can result in better health appears in various public health initiatives. However, there are a range of terms and perspectives that encompass this priority area. Looking at definitions for each of the areas, we see that each one is unique and, at the same time, each one is interconnected to the other areas of social and family cohesion.

Some examples:

- **Resilience** is the ability to adapt well, over time to life-changing situations and stressful conditions.
- **Civic engagement** can be defined as actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community. The Journal on Active Aging,

- **Connectedness** is defined as “the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups.”
- **Cultural identity** is the extent to which an individual feels proud of his/her culture and tied to the values and traditions of his/her community¹.

How do these factors affect health?

Building each of these factors in individuals, families and communities has been linked to the prevention of suicide, substance abuse and cardiovascular disease, as well as many other negative health outcomes.

The National Prevention Strategy states, “When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices, and lead community change.”

The California Endowment is working on “Increasing the capacity of residents, including youth, to gain a stronger voice and take part in efforts to improve their communities.”

The Centers for Disease Control and Prevention (CDC) identifies promoting individual, family, and community connectedness as one of its strategic directions for the prevention of suicide. In this context, connectedness is defined as “the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups.”

The CDC notes that “This definition also

comprises a wide range of concepts linked in the literature either theoretically or empirically to suicidal behavior, including social support, social participation, social isolation, social integration, social cohesion, and social capital.”

Another example is a Culture-Based approach to AOD prevention described by the CA AOD program, Native American youth are encouraged to participate in their cultural communities. The CA AOD program provides a list of cultural interventions. “All of the activities assume the participation of elders, and include the transmission of tribal history, values, and beliefs. Music, drumming, and singing are also integral parts of most of these activities.”

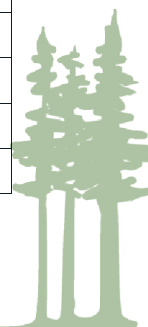
In Humboldt County there are many efforts that currently contribute to SFC. Examples include initiatives that in-

crease peer involvement in and influence on service delivery (HCTAYC/ LatinoNet and the Promotoras/PEI-SDR/ System of Care/ United Advocates for Children and Families), community organizing committees (PICO, Loleta group, HAF), youth leadership development (4-H, Friday Night Live), family resource centers, playgroups (First 5), Big Brothers, Big Sisters and Nurse Family Partnership, to name just a few.

Many of these activities focus on different aspects of SFC. There is little integration among the efforts and there is no agreed upon, shared measurement to evaluate their impact on SFC. In order to make a difference in the area of SFC, more work is needed to establish a common definition, evaluate our baseline, and identify performance indicators. This is where we will focus our initial efforts.

Goal: Define what the attainment of social and family cohesion would look like in Humboldt County	
Objective:	Identify appropriate measures to monitor social and family cohesion
Strategy:	TBD
Evidence-based or Promising Practice?	N/A
Performance Indicator:	Meetings held to address SFC
Target:	At least 1 identified measure each for social cohesion and family cohesion
By When?	1/2017
Baseline:	No identified measures
Health outcomes or indicators for monitoring	<ul style="list-style-type: none"> • Suicide rates • Drug-induced death rates
Responsible Organization	DHHS
Contact	Lara Weiss
Email	lweiss@co.humboldt.ca.us
Collaborators	CCRP, HAF, 1st 5, Stanford, PICO
Policy change required?	No

DHHS: County of Humboldt Department of Health & Human Services; CCRP: California Center for Rural Policy; HAF: Humboldt Area Foundation; PICO: People Improving Community through Organizing; HCTAYC: Humboldt Transitional Age Youth Collaboration; PEI - SDR: Prevention and Early Intervention - Stigma and Discrimination Reduction



Priority 2: Shift Social Norms Around Alcohol and Other Drug Use

People typically adapt to the norms of their community. One of the strategies of environmental prevention is to change community norms so that high risk and illegal use of alcohol, tobacco and other drugs is not acceptable.

Norms are not defined strictly as laws or policies. Norms are often unwritten expectations or rules that a community holds, sometimes by default. For example, a community might believe that it's acceptable to provide alcohol to youth at graduation parties as long as an adult is present. Years ago, smokers could assume that smoking within the homes of friends and family was permissible — and would often do so without asking. That norm has changed. Those who smoke will usually ask if smoking is permitted in their host's home — or just assume smoking takes place outside.

Creating a health-promoting normative environment can include everything from promoting public events that are free from alcohol, tobacco and other drug use, to educating community members about the real scope of alcohol, tobacco and other drug abuse within the community.

In Humboldt County the average age of alcohol initiation is 13-14 years, compared with 16 years statewide.

The use of alcohol, tobacco and other drugs causes problems that are pervasive and touch every area of our lives, including the social and economic fabric of our culture. Alcohol and other drug use effect mortality and morbidity, as well as intended and unintended injury, unplanned pregnancy, poor birth outcomes, childhood development, adolescent health, mental health, violence, infectious diseases and chronic disease.



Goal: Increase community awareness of risks of alcohol and other drug use.	
Objective:	Reduce underage drinking
Strategy:	Develop and facilitate passage of countywide Social Host Ordinance
Evidence-based or Promising Practice?	Social Host Ordinances are considered a Promising Practice for Environmental Strategies
Performance Indicator:	Passage of a Social Host Ordinance
Target:	Implementation of a Social Host Ordinance
By When?	7/2016
Baseline:	No Ordinance in Place
Health outcomes or indicators for monitoring	<ul style="list-style-type: none"> Youth reporting accessing alcohol from a home setting Youth reporting that they have not talked to their parents about the dangers of alcohol and drugs Youth under age 15 who report drinking
Responsible Organization	ASAP
Contact	Beth Wells
Email	bwells@co.humboldt.ca.us
Collaborators	DHHS, Elected Officials
Policy change required?	Yes

DHHS: County of Humboldt Department of Health & Human Services;
 ASAP: Humboldt Allies for Substance Abuse Prevention



Priority 3: Increase Access to Quality Health Care and Preventative Care

According to the World Health Organization, many factors combine together to affect the health of individuals and communities. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. The more commonly considered factors such as access and use of health care services often have less of an impact.

While acknowledging that health care per se is a relatively small contributor to an individual's overall health, the Humboldt County community selected access to quality health care and preventive care as a community health improvement plan priority. This two part priority area involves 1) ensuring that all individuals have health insurance and therefore access to a medical home and 2) that high quality preventive services are also available. For purposes of preventive care, our focus is on the availability of evidence-based chronic disease self management programs. The baseline of uninsured adults in Humboldt County prior to the Affordable Care Act was 24%, on par with the state-wide average.

The Affordable Care Act has greatly increased access to health care services for Humboldt County residents. Accessing health insurance through

either expanded Medi-Cal benefits or through Covered California can be daunting for many and our aim is to assure wide availability of hands-on assistance for eligibles. Assistance needs to be readily available not only for initial health insurance applications but for renewals and for managing changing eligibility status.

Our second priority area is to assure availability of and access to preventive care through Chronic Disease Self Management Programs (CDSMP). CDSMP is an evidenced-based program focused on an individual's self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. People who take CDSMP classes demonstrate improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability and social/role activities limitations.

Free CDSMP classes have been widely available and accessed in Humboldt County through the work of the California Center for Rural Policy with funding from the Robert Wood Johnson Foundation. Well over 1,300 Humboldt County residents have participated in CDSMP programs since 2005. RW Johnson support of these classes will end in 2015. These classes would securely be available if costs were covered by Medi-Cal and other insurance products.



Goal 1: Increase the number of people who have a medical home by increasing the number of people insured	
Objective:	Decrease the number of Humboldt County residents who do not have health insurance
Strategy:	Increase the number of Community Enrollment Counselors in Community-based Organizations and Federally Qualified Health Centers
Evidence-based or Promising Practice?	No
Performance Indicator:	Number of Community Enrollment Counselors (CEC)
Target:	10 CECs
By When?	12/31/2015
Baseline:	0 CECs
Health outcomes or indicators for monitoring	Too broad
Responsible Organization	DHHS
Contact	Susan Buckley
Email	sbuckley@co.humboldt.ca.us
Collaborators	NCCN, FRC Network, RCAA
Policy change required?	No



Priority 3: Increase Access to Quality Health Care and Preventative Care

Goal 2: Increase access to culturally appropriate, preventative health care services — specifically Chronic Disease Self-Management Programs (CDSMP).

Objective:	Chronic Disease Self Management Programs are covered by all insurance providers
Strategy:	Assure that local Medi-Cal Managed Care plan covers CDSMPs
Evidence-based or Promising Practice?	Yes
Performance Indicator:	PHC Policy
Target:	100% Covered
By When?	12/31/2015
Baseline:	Not Covered
Health outcomes or indicators for monitoring	Too broad
Responsible Organization	DHHS
Contact	Susan Buckley
Email	sbuckley@co.humboldt.ca.us
Collaborators	CCRP, PHC
Policy change required?	Yes

DHHS: County of Humboldt Department of Health & Human Services

NCCN: North Coast Clinics Network

FRC: Family Resource Centers

RCAA: Redwood Community Action Agency

CCRP: California Center for Rural Policy

PHC: Partnership Health Plan of California



1-7-2015



Eureka Community Health & Wellness Center, 2200 Tydd Street, Eureka, CA 95501



Priority 4: Increase access to and use of diverse mental health care options

Desire for increased access to mental health services was a common theme of the stakeholder process. This long range goal will be an important part of the implementation of the Affordable Care Act.

Overall health consists of both physical and mental health. The Substance Abuse and Mental Health Administration (SAMHSA) defines health as “including mind, body, spirit and community. Recovery is overcoming or managing one’s disease or symptoms and making informed, healthy choices that support physical and emotional wellbeing.” Participants in the community health assessment process recognized this and applied those concepts to addressing the problems of suicide, unintentional overdose and other problems related to substance abuse and untreated mental disorders.



Participants identified the large geographic area of Humboldt County as presenting access problems for residents to receive mental health treatment and community support. Participants recognized that this same geography can contribute to isolation and a lack of social cohesion. Other barriers identified were stigma, a reluctance to ask for help and even a reluctance to offer help and support.

It was agreed that more specific aggregate data needed to be available to understand suicide in Humboldt County. This would allow comparison to similar sized counties with high rates of suicide. This could help build community capacity for suicide prevention and early intervention. This could guide existing services and identify the need for new services as well.



Goal: Increase understanding of mental health as part of overall health and well-being	
Objective:	Increase understanding of suicide and factors leading to suicide in Humboldt County.
Strategy:	Establish a suicide death review team to review suicide deaths of persons over 18 years.
Evidence-based or Promising Practice?	No
Performance Indicator:	Existence of an active team
Target:	All suicides are reviewed
By When?	11/2015
Baseline:	Suicides by persons under 18 are reviewed
Health outcomes or indicators for monitoring	Suicide rate
Responsible Organization	DHHS
Contact	Mike Goldsby
Email	mgoldsby@co.humboldt.ca.us
Collaborators	UIHS, HSU, CR, HCOE, Probation, Hospice
Policy change required?	No

DHHS: County of Humboldt Department of Health & Human Services
 UIHS: United Indian Health Services HSU: Humboldt State University
 CR: College of the Redwoods
 HCOE: Humboldt County Office of Education



Priority 5: Ensure safe neighborhoods for residents, pedestrians and bicyclists

Humboldt County envisions a healthy community that is safe and inviting for residents, pedestrians, bicyclists and motorists. This priority area was identified as an important contributing factor related to several of the most concerning health outcomes experienced in our county. The absence of safe, walkable communities is a leading cause of physical inactivity (link). Physical inactivity is a leading cause of cardio vascular disease which is a leading cause of death in Humboldt County.

In rural communities people often have to travel long distances to their destinations and many areas lack sidewalks, bike lanes, and other infrastructure to support walking and bicycling. Humboldt County is working to increase safety and connect residents by foot, bicycle, and public transit to their schools, workplaces and communities at large.



Some examples of efforts include: policy passed to reduce the speed limit in school zones (Fortuna), programs that encourage public transit use (Humboldt State University's Jack Pass), education in schools such as suggested walking/biking maps, arrival/dismissal maps, afterschool bike clubs and bike and pedestrian education in the classroom.

Groups are also working to increase and improve walkways, bike paths and connect communities through a trail system.

Encouraging active modes of transportation can improve public health. With more people walking and bicycling, communities experience safer streets, reduced traffic demands, a stronger sense of community, improved air quality, and greater physical fitness. Both walking and cycling are good for your heart, your muscles, your bones, and are linked to improved mental health.

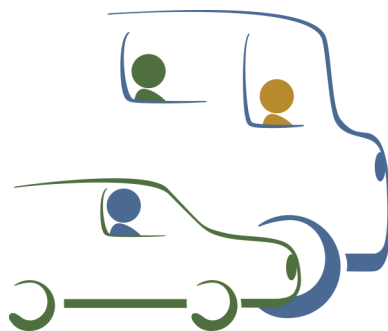


Goal 1: Increase options for active modes of transportation	
Objective:	By 2019, secure funding for design and construction of the Humboldt Bay Trail.
Strategy:	Jurisdictions (County of Humboldt, City of Arcata, City of Eureka) apply for grant funding to further trail completion. Coordinate trail planning between jurisdictions to ensure connectivity. Plan and design trail segments so they are “shovel ready” for future construction grants. Support local fund-raising to provide cost-share for grant applications. Collaborate with NCRA and Caltrans to incorporate trail into railroad and highway corridors.
Evidence-based or Promising Practice?	Yes
Performance Indicator:	Completion of new trail segment designs or construction.
Target:	Continuous trail from Eureka Waterfront to central Arcata.
By When?	Construction of one trail segment starting in 2014 (City of Arcata). Completed trail by 2019.
Baseline:	Hikshari' Trail, Eureka Boardwalk
Health outcomes or indicators for monitoring	Increased walking/bicycling mode share. Increased rate of physical activity.
Responsible Organization	City of Arcata, Humboldt County Public Works, City of Eureka
Contact	Karen Diemer, City Manager
Email	kdiemer@cityofarcata.org
Contact	Miles Slattery, Parks and Recreation Director
Email	msslattery@ci.eureka.ca.gov
Contact	Hank Seemann, Deputy Director of Environmental Services, Humboldt County Public Works
Email	hseemann@co.humboldt.ca.us
Collaborators	HCAOG, Caltrans, NCRA, California Coastal Conservancy.
Policy change required?	No



Priority 5: Ensure safe neighborhoods for residents, pedestrians and bicyclists

Goal 2: Increase safety in neighborhoods experiencing high collision rates (all modes)	
Objective 2.1:	Provide public input during 2014/2015 for planning infrastructure improvements that will increase bicycle safety on Central Avenue in McKinleyville.
Strategy:	The McKinleyville Organizing Committee (MOC) and partners will meet regularly with county engineers and the Fifth District County Supervisor to address safety concerns and infrastructure needs on the portion of Central Avenue slated for improvements.
Evidence-based or Promising Practice?	No
Performance Indicator:	Quarterly meetings are held to provide public input.
Target:	Plan for infrastructure improvements completed.
By When?	12/2015
Baseline:	Existing roadway
Health outcomes or indicators for monitoring	Project site is too small for statistically-reliable data. The assumptions are that there will be increased physical activity and reduced collisions between motor vehicles and pedestrians or bicycles.
Responsible Organization	MOC
Contact	Renee Saucedo
Email	renees@hafoundation.org
Collaborators	Humboldt County Public Works, County Supervisor Ryan Sundberg, Humboldt Area Foundation
Policy change required?	No



Goal 2: Increase safety in neighborhoods experiencing high collision rates (all modes)	
Objective 2.2:	Increase the number of schools in Eureka with crossing guards from 0 to 3 by Fall 2015.
Strategy:	Develop a volunteer crossing guard training program at Eureka City Schools.
Evidence-based or Promising Practice?	Potentially Promising. Under review.
Performance Indicator:	Presence of crossing guards. Roster of crossing guards.
Target:	3 Eureka schools
By When?	8/2015
Baseline:	0 Eureka schools
Health outcomes or indicators for monitoring	Increase in number of students walking or biking to school as indicated in annual parent transportation survey results.
Responsible Organization	DHHS
Contact	Mellody Mallick
Email	mmallick@co.humboldt.ca.us
Collaborators	RCAA, CA Highway Patrol, Eureka Police Department, Eureka City Schools Staff.
Policy change required?	Individual school policies to have crossing guards



Priority 5: Ensure safe neighborhoods for residents, pedestrians and bicyclists

goal 2: Increase safety in neighborhoods experiencing high collision rates (all modes)

Objective 2.3:	Educate parents about safe walking, bicycling, driving and bus-taking to school.
Strategy:	Guidelines for safe walking, bicycling, driving and bus-taking will be included in the parent handbooks of one additional school district.
Evidence-based or Promising Practice?	No
Performance Indicator:	Safety guidelines added to Parent Handbooks
Target:	1 additional school district
By When?	8/2014
Baseline:	1 school district - Eureka City Schools
Health outcomes or indicators for monitoring	Project size too small to produce statistically-reliable data. Assumptions are that more children will use active modes of transportation, thereby increasing their physical activity, and that there will be fewer collisions between students and motor vehicles.
Responsible Organization	DHHS
Contact	Joan Levy
Email	jlevy@co.humboldt.ca.us
Collaborators	RCAA, School principals and superintendents
Policy change required?	No

DHHS: County of Humboldt Department of Health & Human Services
HCAOG: Humboldt County Association of Governments
CalTrans: State of California Department of Transportation
NCRA: North Coast Railroad Authority
MOC: McKinleyville Organizing Committee
RCAA: Redwood Community Action Agency





Priority 6: Improve affordability, availability and knowledge of healthy foods

Everyone Deserves Access to Healthy Food.

“We know that a lot of things contribute to poor nutrition and obesity, but access is a key issue,” says Susan Buckley, Director of Public Health, Humboldt County Department of Health and Human Services. “When people don’t have the ability to get healthy foods in their community at an affordable price, it is much harder for them to be healthy overall.” Ann Holcomb, Executive Director of Food for People, continues that thread to its core: “Food is not a luxury, it’s a necessity. It’s not a want. You need food, and every community needs access to affordable food — whatever is affordable for that community.” Continuing the thread in the

other direction, North Coast Growers Association Executive Director Portia Bramble asserts, “When you are talking about food systems and access to healthy food, it is important to highlight local and fresh produce — not just because fresh is best nutritionally, but because local farmers are vital to community wellness, economic viability, and sustainability.” Humboldt Food Policy Council Coordinator, Laura McEwen sums it up this way: “We have worked on a number of strategies to promote healthy lifestyles, but there are a lot of factors that need to be considered and a better future for our children is only possible if we work together across the food spectrum to address a complex set of issues. Individual isolated interventions just do not work.”



Goal 1: Increase access to affordable, nutritious foods	
Objective 1.1:	Increase access to affordable and fresh produce throughout the county.
Strategy:	Develop plans and partnerships to identify and address produce deserts.
Evidence-based or Promising Practice?	No
Performance Indicator:	Copies of completed plans.
Target:	Adopted plans, shared vision, shared commitment of strategies
By When?	9/2015
Baseline:	Some coordination. No shared plans.
Health outcomes or indicators for monitoring	California Health Interview Survey Data: <ul style="list-style-type: none"> • Did not eat fast food in the past week • Eat five or more servings of fruits / vegetables • Eligible adults who participate in the CalFresh program.
Responsible Organization	Food Policy Council
Contact	HFPC event committee lead
Email	laramsrd@att.net
Collaborators	NCGA, CAFF, CCRP, FFP, CNAP, DHHS, RCAA, HFPC
Policy change required?	No

DHHS: County of Humboldt Department of Health & Human Services

NCGA: North Coast Growers Association

CAFF: Community Alliance with Family Farmers

CCRP: California Center for Rural Policy

FFP: Food For People

CNAP: County Nutrition Action Plan

CHIS: California Health Interview Survey

RCAA: Redwood Community Action Agency

HFPC: Humboldt Food Policy Council

CFTF: CalFresh Task Force

EFNED: Expanded Food and Nutrition Education

CDFA: California Department of Food and Agriculture

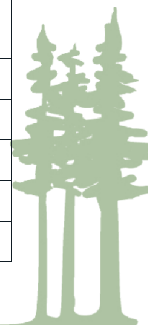
HSBC: Healthy Stores for Healthy Communities program of Healthy Communities Division of DHHS.



Priority 6: Improve affordability, availability and knowledge of healthy foods

Goal 1: Increase access to affordable, nutritious foods	
Objective 1.2:	Increase coordination and collaboration across the food system spectrum every year for the next three years.
Strategy 1.2.1:	Increase commitment to and participation in food-related coordinating groups.
Evidence-based or Promising Practice?	No
Performance Indicator:	Attendance reports
Target:	Increase 10% each year
Performance Indicator:	Participant survey
Target:	Reported increase in collaboration
By When?	Measured annually in June
Baseline:	Regular meetings of FPC, CNAP and CTF
Health outcomes or indicators for monitoring	CHIS data: <ul style="list-style-type: none"> • Did not eat fast food in the past week • Eat five or more servings of fruits / vegetables • Eligible adults who participate in the CalFresh program
Responsible Organization	Food Policy Council
Contact	Laura McEwen
Email	lauramsrd@att.net
Collaborators	UC CalFresh, DHHS CFTF, CNAP, EFNED, CDFA
Policy change required?	No
Strategy 1.2.2	Host a Food Summit
Evidence-based or Promising Practice?	No
Performance Indicator:	Event report and evaluations
Target:	Successful Summit
By When?	10/2016
Baseline:	Summit requested by CFTF
Health outcome or indicators for monitoring	Indirect
Responsible Organization:	CFTF
Contact:	Humboldt Food Policy Council
Email:	laramsrd@att.net
Collaborators	HFPC, CNAP
Policy change required?	No

Goal 2: Increase understanding of what healthy eating means	
Objective 2.1:	Increase provider (clinicians, school meal providers) knowledge and ability to encourage and support healthy eating.
Strategy 2.1.1:	Increase the number of physicians and clinic offices using Food Rx or other food prescription tool.
Evidence-based or Promising Practice?	Yes
Performance Indicator:	Providers reporting # of Food Rx prescriptions made.
Target:	All ODCHC sites use Food Rx and have shared information with other providers
By When?	12/2017
Baseline:	Some ODCHC clinicians have begun to use Food Rx or similar.
Health outcomes or indicators for monitoring	Project is too small to produce statistically-reliable data. The assumption is that those who are “prescribed” healthy food by their clinician may adopt a healthier diet.
Responsible Organization	ODCHC
Contact	Breanne Olmstead
Email	bolmstead@opendoorhealth.com
Collaborators	FFP, Pantries, Community Gardens, NCCGC, NCGA, DHHS
Policy change required?	ODCHC - specific policy may be developed
Strategy 2.1.2	Increase school meal quality and use by students
Evidence-based or Promising Practice?	No
Performance Indicator:	Program use
Target:	At least 4 school districts improve lunch participation by 5%.
By When?	12/2016
Baseline:	Percent of free/reduced meals to ADA is 7.3% below state average
Health outcome or indicators for monitoring	CHIS data: Did not eat fast food in the past week. Eat five or more servings of fruits / vegetables.
Responsible Organization:	HCOE
Contact:	Linda Prescott
Email:	IPrescott@humboldt.k12.ca.us
Collaborators	CAFF, DHHS, CCRP, HC Food Service Network
Policy change required?	School district - specific policies may be developed



Appendix A: Community Strengths and Assets

Humboldt County is about a six hour drive north from San Francisco or Sacramento, or about an hour on the turbo-prop planes that service our regional airport.

The communities — Arcata, Eel River Valley, Eureka, Fortuna, McKinleyville and Willow Creek — where the meetings were held included large and small, incorporated and not, coastal and inland. They also identi-

fied the myriad of assets and strengths they have to work with.

Humboldt County is beautiful, rural, and remote — so isolated that residents sometimes joke they live “behind the redwood curtain,” and they love it here. Our most prized community assets were captured in the “wordle” at right. These assets provide the building blocks to improve our health.



Appendix B: Spectrum of Prevention Worksheets

The strategies listed in this plan started in these brainstorming pages, and are being implemented to improve our

community health outcomes. These pages are a valuable index of possible interventions for future initiatives.

Goal: Increase community awareness of risks of alcohol and other drug use.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Promote and prevent opportunities available through the Affordable Care Act.
	Implement a Social Host ordinance
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Increase physicians' use of CURES system to track pharmaceutical prescriptions.
	Promote alcohol-free events.
	Increase AOD prevention for youth.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Reduce youth access to alcohol and prescription drugs.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers on meaningful interventions and referrals.
	Produce and promote directory of treatment and prevention programs.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Educate public about addiction as a chronic disease.
	Promote family dinner initiatives as opportunities for families to talk about drugs.
	Promote benefits of a drug-free lifestyle.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase peer support networks and resources.
	Increase school-based AOD prevention.

Goal: Increase access to treatment to address multigenerational drug abuse.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Increase funding to AOD and MH treatment.
	Increase length of treatment when appropriate.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Increase treatment options.
	Increase treatment options for those incarcerated.
	Address drug prescribing patterns, and provide options for chronic pain management.
	Make available guidelines for sober living environments.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Increase coordination and communication between AOD providers.
	Increase meaningful multi-generational contact and support.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers on intervention and treatment resources for addicted patients.
	Educate law enforcement on substance abuse similar to CIT program.
	Increase cultural awareness in AOD treatment providers for ethnic and racial minorities and LGBT clients.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Promote speakers programs to reduce stigma and increase help-seeking behavior.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Overdose prevention education, NarcAn promotion.
	Youth empowerment and leadership opportunities and career opportunities
	Implement Children’s Program Kit.



Goal: Increase the number of people who have a medical home by increasing the number of people insured.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Simplify Medi-Cal.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Train outreach and navigator staff within local organizations.
	Train Certified Enrollment Counselors within local organizations.
	Establish systems to support insurance renewals.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers to follow up on referrals and recommendations for preventative care.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Use media to educate people about enrollment and a medical home.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase understanding of how to enroll electronically and via phone.

Goal: Increase access to culturally appropriate preventative health care services — specifically Chronic Disease Self Management Programs (CDSMP).

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Sustain CDSMP for Medi-Cal clients.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Ensure providers effectively refer patients to CDSMPs.
	Ensure referral and CDSMP materials are available in Spanish.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate providers about CDSMPs so that they will understand and promote them.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate individuals about CDSMPs so that they will participate in and complete programs.



Goal: Increase active modes of transportation for all.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reduce school zone speed limit.
	Change HTA bus policy to allow shoppers to have a greater number of bags on board.
	Increase and improve walkways and bike paths.
	Connect communities through trail system.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Improve bus shelters.
	Make bus routes directional rather than circular.
	Increase animal control near school routes.
	Improve timing of traffic lights.
	Increase public bathroom access.
	Advocate for better street lighting.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Install alternatives to yellow bombs for visually impaired.
	Share goals, strategies and policies between groups working on this goal area.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Groups increase awareness of and coordinate with each other's efforts.
	Educate traffic control officers.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop and distribute school arrival/dismissal maps.
	Distribute school-specific recommended walking/biking routes.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase bike and pedestrian education in the schools and community.
	Teach people how to use the bus system.

Goal: Increase safety in neighborhoods experiencing high collision rates (all modes).

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reduce school zone speed limits.
	Establish steeper penalties for distracted driving.
	Pass joint-use policies.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Expand Jack Pass beyond HSU.
	Develop school crossing guard programs.
	Increase number of controlled left turn signals, crosswalks, and speed tables.
	Improve timing of traffic lights.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Facilitate neighborhood engagement to prioritize projects.
	Increase cooperation between cities and the county.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Develop data overlaying auto collisions and SES and encourage CalTrans, HCAOG, and local governments to use the data to prioritize projects.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop, maintain and provide access to maps of bike/pedestrian routes.
	Decrease number of vehicle trips.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase education to drivers by law enforcement.
	Increase bike and pedestrian education.



Goal: Increase access to affordable services especially in outlying areas and for diverse populations.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Develop and financially secure people for jobs who are culturally and linguistically diverse.
	Bring/extend community resources and programs to school system.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Educate providers on use and importance of using interpreters.
	Build mental health infrastructure to improve response time.
	Collect and share data to increase awareness.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Increase community support groups.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Increase effectiveness of mental health services.
	Increase awareness of existing services and support for mental health, suicide prevention and early intervention.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Educate the community around and about mental health parity, Medi-Cal and Covered California.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase awareness regarding self-care and self-awareness especially for students of color.

Goal: Increase understanding of Mental Health as part of overall health and well-being.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Implement a policy requiring education about mental health, including early identification.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Increase screening and recognition for mental health, especially for employees.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Reduce stigma by using social networks and media.
	Encourage an existing network to map all existing services.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Increase provider skills for recognition, screening for mental health, suicide prevention and early intervention through training.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop a strategy to reduce stigma around mental health.
	Increase informed social support.
	Increase awareness and knowledge-base of consumers and community regarding mental health for early intervention.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase awareness regarding self-care and self-awareness especially for students of color.
	Increase involvement of consumers and clients in decision making about treatment options.



Goal: Increase opportunities for community engagement by youth; through community organizing; in cultural activities; and through volunteering.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Alter insurance requirements to allow for community events.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Translate information for events into Spanish.
	Provide accessible information.
	Post volunteer opportunities on employer blogs/bulletin boards.
	Allow paid volunteer time for employees.
	Require or promote community service opportunities for families and youth.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Support and create cultural celebrations.
	Support and promote community organizing networks.
	Support and promote Adopt-A-Block programs.
	Support and promote playgroups.
	Encourage teen advisory panels to guide projects.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop a volunteer app or website.
	Use social and other media.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Support and promote community organizing efforts..
	Support and promote youth leadership programs.
	Get information out about opportunities.
	Support and promote Seeds of Understanding Speakers Collective and other programs that support individuals to share their stories.

Goal: Increase frequency of shared family and community meals.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Daily meals at the Senior Resource Center.
	Change school transportation to alleviate barriers to attending family meals.
	Provide meals at worksites for the whole family.
	Avoid planning events at dinner time.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate Family Resource Center staff about the health and social benefits of family meals.
	Encourage primary care providers, mental health care providers, etc., to promote health and social benefits of family meals.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Conduct a social media campaign about family dinners.
	Invite youth to serve and dine at senior centers.
	Organize dinners together with community gardens and farms.
	Adopt-a-grandparent for meals.
	Conduct a countywide campaign for monthly family dinner night.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate youth about the importance of family meals.



Goal: Increase resiliency among high risk and/or marginalized groups.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reinstate early mental health initiative.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Promote trauma-informed care.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Develop and support a friendship hotline.
	Promote and support grief services.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Link families from one program to another.
	Develop and support school-based resiliency-building programs.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Promote awareness of “who supports you, and who do you support?”

Goal: Increase access to affordable, nutritious foods.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Change policies about donating event food, restaurant leftovers, post-sell-date foods, etc.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Glean excess foods for re-distribution.
	Purchase farm shares and/or start gardens at workplaces.
	Increase school usage of local produce and food products.
	Develop a way for local farmers to meet the demands for produce in food deserts.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate service providers about existing resources so they can effectively refer their clients to services.
	Support and promote "Plant a Row for the Hungry."
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Plant more community gardens.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Decrease stigma of food support programs (CalFresh, school lunches, pantries).
	Get mobile produce wagons or other produce distribution into neighborhoods.



Goal: Increase understanding of what healthy eating means.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Implement policies to encourage and consistently fund use of CalFresh at farmers' markets.
	Implement a policy that supports bonus produce and/or bonus dollars for USDA-funded programs.
Changing Organizational Practices What [workplace, school, program, etc.] practices influence this issue?	Establish wellness policies and practices at workplaces and schools to eliminate sugar-sweetened beverages and sugary snacks.
	Promote healthy food and snack sales at youth events and fundraisers.
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Share goals, strategies, policies and agendas to increase awareness and coordination of efforts.
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Health care providers educate patients and help them set specific goals, including prescriptions for nutrition such as Food Rx.
	Increase understanding and awareness among lunch providers, administrators and teachers.
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Implement marketing campaigns.
	Use newspaper articles.
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate employees at worksites.
	Educate parents about nutrition, especially new parents.

1-7-2015



Humboldt County

Community Health Improvement Plan 2014-2019

1-7-2015

