Community Health Improvement Plan
For the People of
Benton and Franklin Counties
2013-2017

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Vision

Our Community is a place where we experience wellbeing by:

- **Fostering social, physical, emotional, vocational and spiritual wellness**
- **Empowering people to make healthy choices in a safe environment**
- **Coordinating access to comprehensive, affordable and integrated healthcare services for all.**



Invitation to the Community

On behalf of the Benton-Franklin Community Health Alliance (BFCHA), I'm pleased to present the Benton-Franklin Community Health Improvement Plan (CHIP). Since spring 2011, members of the BFCHA and various key partners have worked together to better understand current and future health needs of Benton and Franklin Counties. This process of assessing, prioritizing and addressing health needs in the region was facilitated by local hospitals and public health. It is a strategic, county-wide, community-based approach for creating and maintaining healthy communities. A steering committee of 20+ members representing diverse organizations from across the counties provided oversight and guidance and worked together to better align efforts among community partners and create a more strategic framework for local health improvement activities.

Using scientific methodology and process from the National Association for City and County Health Officials (NACCHO), over an 18-month period from July 2011 to December of 2012, the four area hospitals and the Benton-Franklin Health District (BFHD) conducted a community health needs assessment using NACCHO's MAPP (Mobilizing for Action through Planning and Partnerships) model to measure the health of the community. It included four assessments to analyze data trends, public perceptions, capacities, and forces of change (funding, support, etc.) that may affect ability to address a given health issue.

A community health improvement plan is the process of using the information gathered in the CHNA to prioritize issues and to implement strategies to achieve measurable improvements in the health of the community. It includes accountability and evaluation as additional keys to effectively accomplishing these goals. Our CHNA identified access to care and obesity as two strategic issues affecting the health of our community.

Coming together as a community is the best way to address these problems. No one group can tackle these complex issues alone, but the collective impact of multiple agencies aligning their efforts toward common goals is a powerful tool.

Fortunately, Benton and Franklin counties enjoy a long history of community partners collaborating successfully to address community-wide objectives.

Our CHIP will systematically focus efforts across the entire community toward addressing our two strategic issues, access to health services and reducing obesity, and will rely on our community partners to join the effort to improve our current health status.

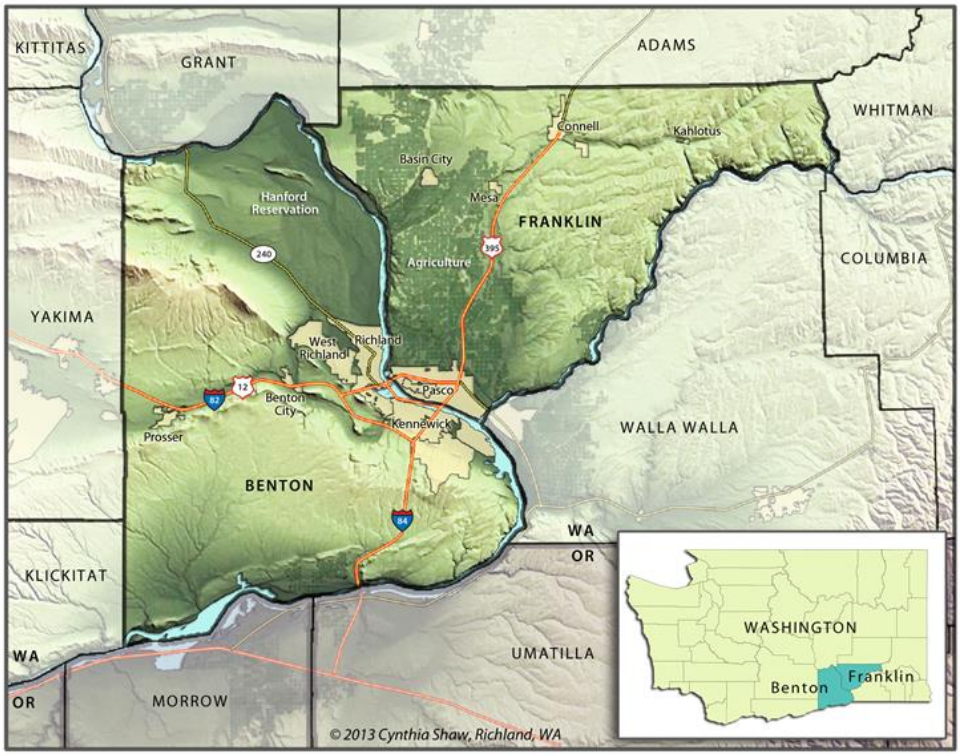
The CHIP recognizes both where we are and where we would like to be. Achieving our goals involves both sustaining existing activities which have been proven successful as well as initiating new tactics to overcome the gaps identified in the Community Health Needs Assessment.

We invite every member of the community to join in this effort. Whether it's choosing to take the stairs instead of the elevator, volunteering at a community garden, advocating for legislation to increase health access, or instituting a worksite wellness program at your business, these are all steps on the journey to improving the health of the Benton and Franklin community.

We thank you for taking the time to read this plan and to learn more about how you can help to assure a healthy community for yourself, your family and all members of the community.

Amy D. Person, MD
Chair, Benton-Franklin Community Health Alliance
Public Health Officer for the Benton-Franklin Health District

Description of Benton and Franklin Counties



First settled by Native Americans, and documented by Lewis and Clark in 1805, the Benton-Franklin bi-county area of Washington State was shaped by fur traders, sheep farmers, railroad expansion, and the Columbia Basin Irrigation Project. Today, the region derives most of its industry from its large agricultural base given its proximity to the Columbia Basin Project, three major rivers, and rich loam soils. However, in 1942, the U.S. government acquired a 586 square mile site in a bend of the Columbia River in order to build a nuclear production complex which operated into the 1980s. Benton County is now home to the world's largest environmental cleanup project at the Hanford site.

These disparate patterns of development have impacted the demographic makeup of the bi-county area. While Franklin County has remained largely agricultural and expanded its base into food and wine production, Benton County is also home to federal contractors and government employees. An estimated 30.8% of total employment today is in two industry clusters—Hanford and Agriculture—with 43.3% of the total wages coming from these two industry sectors. Separated by the Columbia River, each county embraces its historical roots; both named after famous forward thinkers and independent statesmen; Thomas Hart Benton and Benjamin Franklin.

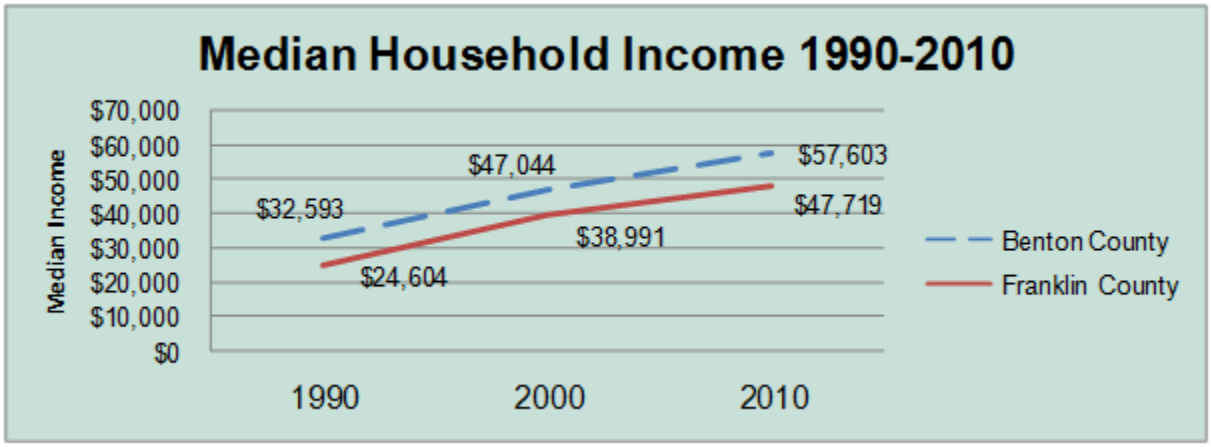
Located in southeastern Washington, Benton and Franklin Counties contain the metropolitan area called the Tri-Cities: Kennewick, Pasco, Richland, and recently, West Richland. According to the U.S. Census, this area consistently ranks among the country's fastest-growing Metropolitan Areas. In 2012, according to the U.S. Census, the area population grew to an estimated 262,500 people.

Age

The median age of each county is younger than Washington State at 37.3; Benton County has a median age of 35.6 years; Franklin County has a median age of 28.4 years.

Income

In 2010, the median household income was $57,603 in Benton County and $47,719 in Franklin County, compared to $58,890 in Washington State and $52,762 in the U.S.



Source: US Census/American Fact Finder

Unemployment

According to the Washington State Office of Financial Management, the 2011 unemployment rate for Washington State was 9.2%, which was higher than Benton (7.6%) and Franklin (8.8%) Counties. The five year estimates for poverty by age and gender for both counties is listed in the table below.

	Benton County		Franklin County	
Subject	**Population Estimate**	**% Below Poverty**	**Population Estimate**	**% Below Poverty**
Age: Under 18 years	20,962	19.3%	6,244	25.6%
Age: 18-64 years	11,156	11.0%	7,044	17.3%
Age: 65 years +	1,156	6.1%	712	13.7%
Male	8,854	10.8%	6,839	19.2%
Female	12,108	14.6%	7,161	20.7%

Source: 2006-2010 American Community Survey

Education

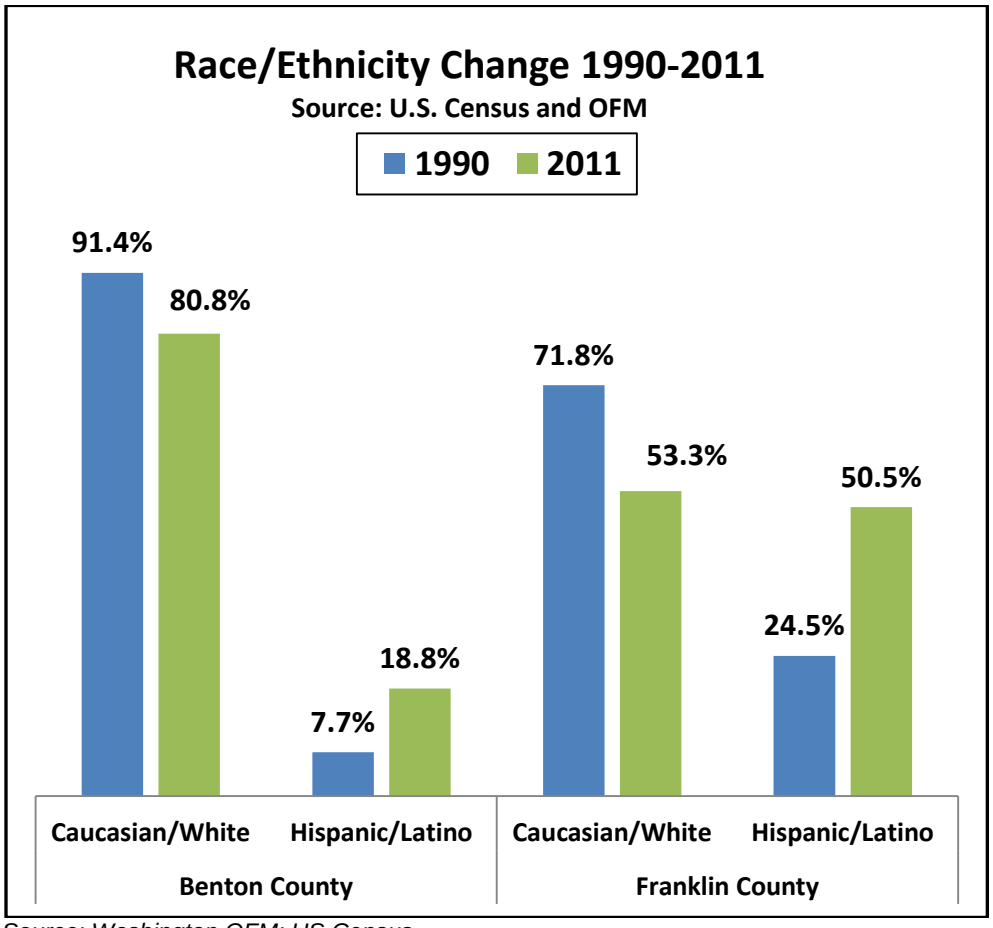
In Benton County, 78% of 9th grade students graduate high school in four years, and 63% of adults age 25-44 have attended college. In Franklin County, 68% of 9th grade students graduate high school within 4 years and 40% of adults aged 25-44 have attended college. The table below describes by school district, K-12 education rates and graduation rates.

School Districts (SD)	Number of Students Enrolled (2010)	Free & Reduced Lunch (% in 2011)	Actual Adjusted On-Time Cohort Graduation Rate (class of 2010)
Benton County			
Kennewick	16,444	47.9%	70.4%
Richland	11,280	28.6%	76.5%
Prosser *	2,910	63.2%	77.2%
Kiona-Benton	1,515	62.4%	71.7%
Finley	999	66.1%	86.3%
Patterson	78	64.1%	*Students go to Prosser for 6-12
Totals	33,226		
Franklin County			
Pasco	15,158	71.8%	64.0%
North Franklin	2,037	74.8%	77.7%
Kahlotus	57	56.4%	100%
Totals	17,252		

Source: OSPI

Ethnicity

According to the U.S. Census Bureau, Benton County's 2011 population was estimated to be 80.8% Caucasian, and 18.8% of Hispanic/Latino ethnicity. Franklin County's population was 53.3% Caucasian, and approximately 50.5% was Hispanic/Latino.

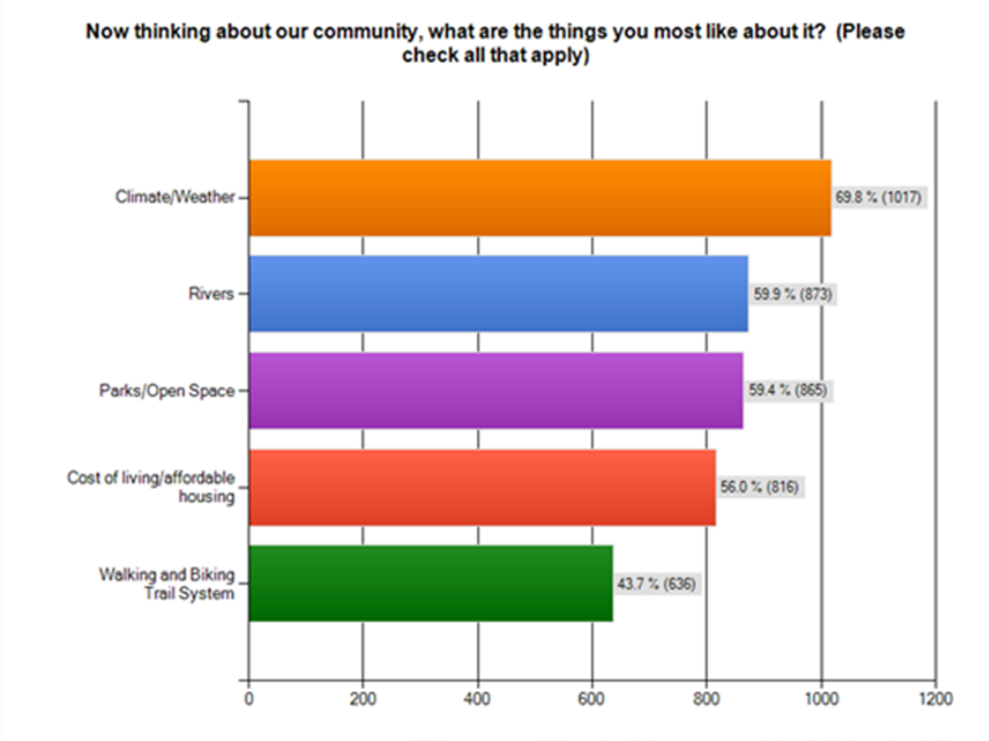


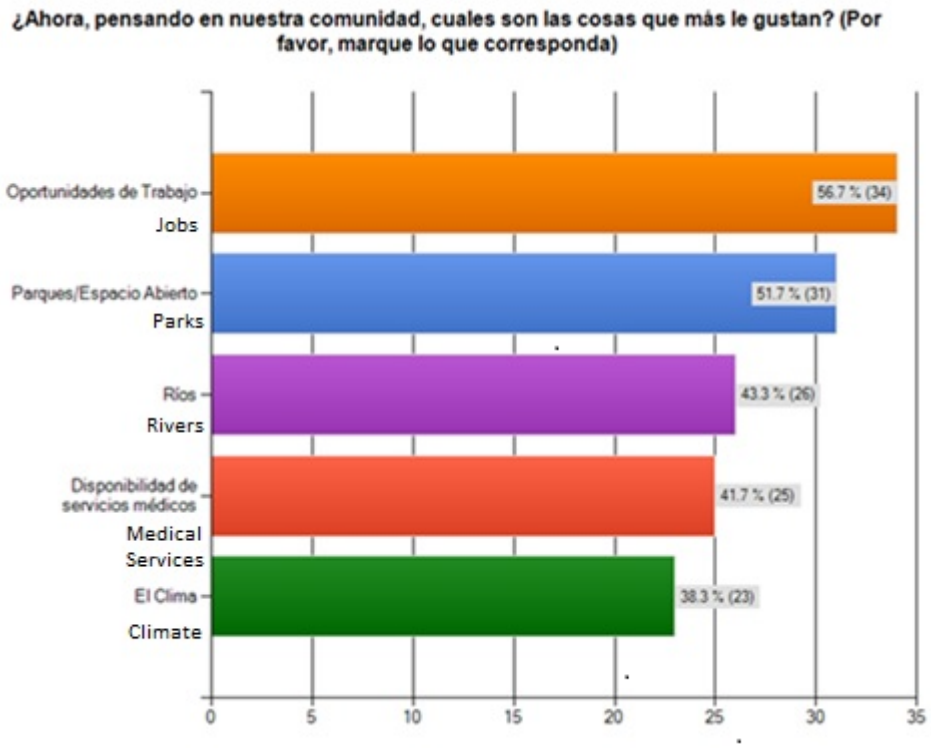
Source: Washington OFM; US Census

Community Strengths and Assets

The Community Health Needs Assessment (CHNA) opinion survey conducted in July of 2012 and taken by 1,808 people rated our climate, rivers, parks/open space, trails and affordable housing as the top five most-liked assets in the community. There were 71 respondents to the Spanish survey.

Most Liked Community Assets (English and Spanish)





Top 5 Health Related Issues in the Community

"What do you believe are the top 5 health related issues in our community?" This question was asked in the community survey in English and Spanish and through a medical providers poll. Affordability was the number one answer for all income levels, and in all of the surveys.

COMMUNITY OPINION SURVEY (1,808)		SPANISH SPEAKING ONLY (71)		MEDICAL PROVIDERS (45)	
#1	Affordability	#1	Affordability	#1	Affordability
#2	Lack of/Inadequate Insurance	#2	Diabetes	#2	Mental Illness
#3	Use of ER for routine care	#3	Dental Health	#3	Coordination of Care among providers
#4	Obesity	#4	Access to Healthcare Lack of/ Inadequate Insurance	#4	Obesity
#5	Mental Illness Substance Abuse	#5	Sexual Health	#5	Lack of/Inadequate insurance

For additional data and findings of the Community Health Needs Assessment click here, or go to www.BFCHA.org.

Priority Strategic Issues

The first step to develop the CHIP was to take the strategic issues and goals resulting from the CHNA and develop SMART (specific, measurable, achievable, realistic and time-bound) objectives and performance measures. The SMART objectives drive the community health improvement plan, and are supported by tactics which are rooted in evidence based practices.

Through facilitated discussions and alignment with the vision for the community, the CHNA steering committee worked through a compression planning process to identify the top issues of greatest urgency and feasibility: how to improve access to health care services, and how to reduce obesity.

IMPROVE ACCESS TO HEALTH CARE SERVICES

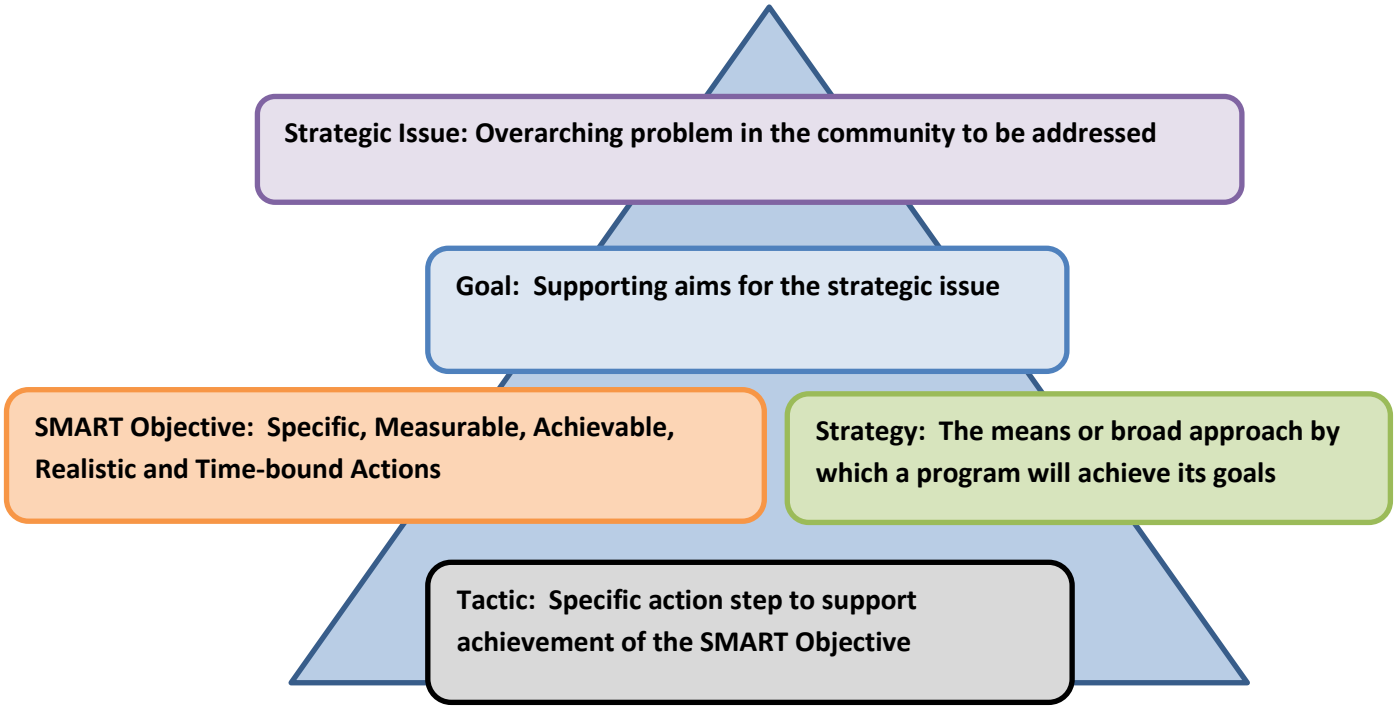
Goal 1: Resources will be identified to lessen the barriers and costs of health care
Goal 2: The community will experience coordinated health care
Goal 3: The health system will have the capacity to meet the needs of the community

PROMOTE HEALTHY WEIGHT AND REDUCE OBESITY

Goal 1: Community members will be more physically active
Goal 2: Adults will make healthier food choices
Goal 3: Promote breastfeeding and improve child nutrition

Structure of the Implementation Plan

It is helpful to understand the hierarchy and terms in the implementation plan by picturing the various components as a pyramid. The top of the pyramid is the overarching issue at the community level, while the tactics are very specific at the agency/organization/individual level.



Acronyms

3RBC: Three Rivers Bicycle Coalition
ALSC: Alliance for a Livable and Sustainable Community
ALTC: Aging and Long-Term Care
ATP/PTA/PTO: Action Teams for Partnering/Parent Teacher Association/Parent Teacher Organization
BFCHA: Benton-Franklin Community Health Alliance
BFCMS: Benton-Franklin County Medical Society
BFCOG: Benton Franklin Council of Governments
BFHD: Benton-Franklin Health District
BMI: Body Mass Index
BRFSS: Behavioral Risk Factor Surveillance Study
CAC: Community Action Connections
CBC: Columbia Basin College
CHIP: Community Health Improvement Plan
CHNA: Community Health Needs Assessment
CHW: Community Health Worker
CSA: Community Supported Agriculture
ED: Emergency Department
FQHC: Federally Qualified Health Center
HYS: Health Youth Survey
IPA: In-Person Assister
MAPP: Mobilizing for Action through Planning and Partnerships
NACCHO: National Association of City and County Health Officials
OSPI: Office of the Superintendent for Public Instruction
PCP: Primary Care Provider
POMAP: Provider and Office Manager Advisory Panel
PSA: Public Service Announcement
TCCC: Tri-Cities Cancer Center
TCCH: Tri-Cities Community Health
TCHCC: Tri-Cities Hispanic Chamber of Commerce
TCRCC: Tri-City Regional Chamber of Commerce
TCVCB: Tri-Cities Visitor and Convention Bureau
WHBE: Washington Health Benefit Exchange
WIC: Women, Infants, and Children Program that promotes mother and child nutrition and breastfeeding
WSU: Washington State University

Definitions

Body Mass Index (BMI)

BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

BMI for adults and teens can be calculated here:
http://www.cdc.gov/healthyweight/assessing/bmi/index.html

Underweight	Normal	Overweight	Obese
< 18.5	18.5 – 24.9	25.0 – 29.9	≥ 30.0

Community Health Needs Assessment (CHNA)

A community health needs assessment (CHNA/CHA) measures the health of a community at any given point in time. This can include data trends, public perceptions, capacities, and forces of change (funding, support, etc.) that may affect ability to address a given health issue.

Community Health Improvement Plan (CHIP)

A Community Health Improvement Plan is a long-term, systematic effort to address public health problems in a community. The plan is based on the results of Community Health Assessment activities, and is part of a community health improvement process.

Coordinated Care

Integrated care or coordinated care is the systematic coordination of general (physical, mental, dental) and behavioral healthcare.

Fast Food

Food that can be prepared quickly and easily and is sold in restaurants and snack bars as a quick meal or to be taken out.

Health Literacy

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (Institute of Medicine: A Prescription to End Confusion)

Lead

Organization/agency/business/group/individual who is responsible to manage implementation of a tactic.

Medical Home

Medical homes provide continuous, comprehensive, whole person primary care. Personal physicians and their teams work with patients to address preventive, acute, and chronic health care needs. Medical homes offer enhanced access, practice evidence-based medicine, measure performance, and strive to improve care quality. (Definition from: County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/policies/medical%E2%80%90homes

Recreational Facilities

Establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.

Supporting

Organization/agency/business/group/individual who supports the Lead in implementing a tactic.

HOW DO WE IMPROVE ACCESS TO HEALTH CARE SERVICES?

According to the Washington State Insurance Commissioner's office, by the end of 2013, Washington State will have 1.1 million citizens or 14.5% of the state's population living without health insurance, of which 48,000 live in Benton and Franklin Counties. Charity care and bad debt for hospitals and health care providers in Washington State now amount to approximately $1 billion a year. As a result, the average family with insurance pays $1,017 more per year in premiums due to cost-shifting by health care providers trying to recoup the costs of caring for people without coverage (What's At Stake Report).

Of the 1808 citizens and 45 medical providers who took the 2012 Community Health Needs Survey, affordability/cost of health care services, lack of health insurance, and use of the emergency department for routine care were among the top 5 health concerns. Medical providers also listed coordination of care between providers as another top concern.

There is much research to support the concept that access to care, and overall health outcomes, is directly related to health care insurance coverage (Finkelstein & Taubman, Wright & Bernstein & Gruber & Newhouse). Coverage is best when it is continuous, comprehensive, affordable and structured to help consumers use care appropriately (How does Insurance Coverage Improve Health Outcomes).

Evidence also shows that patient outcomes, quality and satisfaction, and system costs, are all improved when the patient has a strong clinical relationship with a primary care provider (PCP) (Doctor Patient Relationship). This provider is currently most often a physician (i.e. family practitioner, general internist, and general pediatrician). However, in the future other models of care may come to supplement the PCP's role, including increased use of telemedicine, independently practicing nurse practitioners and physician assistants, and use of both pharmacists and EMS supporting primary care.

Optimal health systems are primary care-oriented, and have high ratios of PCPs to specialists, and PCPs to patients. Systems are also considered primary care-oriented when there are minimal financial barriers to accessing primary care, while communications and care transitions between PCPs and other health care provider are reliable. (The European Primary Care Monitor). The emerging Medical Home and the Health Home models of care support integrated, coordinated care that can successfully support the primary care model of care and thus lead to quality outcomes.

Consumer health care literacy can drive decision making and behavioral change on when, how and where to seek and provide care. An empowered patient (someone who takes an active role in health care decision-making) can positively affect access to care. This can be facilitated through health education, decision-aids, and more (Eichler 2009).

Building, sharing and using knowledge, and fostering cooperation among all its players, are essential for a community's success in achieving access to health care for all citizens.

However, access to care must be more than simply providing some type of health services. It is also more than simply providing health care coverage. It is about ensuring the patient receives the right care, in the right setting, at the right time, and at an affordable price. The hospitals in Benton and Franklin Counties have worked hard to recruit and support additional providers and services, but with the deadline fast approaching for Medicaid expansion, the access issue will remain a challenge for our more rural areas. Support for Public Health is critical in order to assure community-based health promotion, eliminate health disparities, and promote disease prevention activities.

Scientific evidence of effectiveness for the following can be found in the CHIP toolkit at www.BFCHA.org or http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors.

Access Goals

ACCESS GOAL 1: RESOURCES WILL BE IDENTIFIED TO REDUCE THE BARRIERS AND COSTS OF HEALTHCARE

ACCESS GOAL 2: THE COMMUNITY WILL EXPERIENCE COORDINATED HEALTHCARE

ACCESS GOAL 3: THE HEALTH SYSTEM WILL HAVE THE CAPACITY TO MEET THE NEEDS OF THE COMMUNITY

ACCESS GOAL 1: RESOURCES WILL BE IDENTIFIED TO REDUCE THE BARRIERS AND COSTS OF HEALTHCARE			
SMART OBJECTIVE: 1.1: Create and implement a Provider and Office Manager Advisory Panel (POMAP), comprised of 5 to 10 practices, to understand local barriers to healthcare by December 2014. Baseline: POMAP does not yet exist Source: Health Access Team, 2013		**STRATEGY:** Identify and understand local barriers to healthcare (medical, dental, and mental health) by gathering insights from provider practices.	
Tactics		**Lead**	**Possible Supporting**
1.1.1	Identify provider offices suitable for the advisory panel.	Health Access Team (HAT)	Benton Franklin County Medical Society (BFCMS)
1.1.2	Solicit providers and office managers for participation in the POMAP.	HAT	BFCMS
1.1.3	Query the POMAP, asking strategic questions. Feed information back to HAT to develop strategies to lower barriers to care (medical, dental and mental health).	HAT	BFCMS
1.1.4	Promote Hospice for end-of-life care services.	The Chaplaincy	BFCHA
SMART OBJECTIVE: 1.2: Increase the number of Community Health Workers (CHW) from 1 to 20 in the community by September 2015. Baseline:1 CHW Source: BFCHA, 2013		**STRATEGY:** Establish programs for the development of CHWs to help the uninsured, elderly, and frequent users of the emergency departments (ED) to reduce hospital readmissions and ED usage.	
Tactics		**Lead**	**Possible Supporting**
1.2.1	Conduct local informational workshop to explain the benefits of CHWs.	BFCHA	Involve case workers/MSW of local hospitals
1.2.2	Achieve a funding source to support CHW training and employment.	BFCHA	Migrant Health Promotion, CBC, DVS, CCP, BFHD
1.2.3	Support Work source, CBC, or Tri Tech to develop CHW training programs.	BFCHA	Involve case workers/MSW of local hospitals, CBC, Tri-Tech
1.2.4	Conduct two local training sessions for Community Health Workers/Promoter(a), with at least one training in Spanish.	Washington State Department Of Health (WA DOH)	Yakima Health Dept., Benton-Franklin Health District, BFCHA

SMART OBJECTIVE: 1.3: Enroll 2,400 uninsured citizens onto healthcare coverage through the Washington Health Benefit Exchange (WHBE) using In-Person Assisters (IPA by December 7, 2014. Baseline: 0 enrolled through WA HBE Source: Community Action Connections, 2013		STRATEGY: Improve health access for more citizens by connecting them with health insurance.	
Tactics		**Lead**	**Possible Supporting**
1.3.1	Promote the use of the WHBE among the uninsured.	Community Action Connections (CAC)	BFCHA
1.3.2	Make presentations, create and distribute flyers at local community events and public places (e.g. KGH Health and Swellness Fair, B-F County Fair & Rodeo, Duck Race, local libraries, community and senior centers, food banks, B-F Transit busses, Chambers, Rotary, Kiwanis, etc.).	CAC	BFCHA, TCCH, DSHS, BFHD, ALTC, YVFW
1.3.3	Conduct Public Service Announcements on TV, Radio.	CAC	WSU Radio/NPR
1.3.4	Hospitals and FQHCs will notify their uninsured patients about the WHBE.	Hospitals, TCCH, YVFW, Columbia Basin Health	Involve case workers/MSW of local hospitals, BFCHA
1.3.5	Use faith based organizations/churches to build outreach and awareness of HBE; possible establish IPAs within church.	CAC	BFCHA
SMART OBJECTIVE: 1.4: Implement an evidence-based health curriculum in one local elementary or middle school by November 2015. Baseline: Unknown Source: BFCHA, 2013		**STRATEGY:** Increase the health literacy in school-aged children by implementing a standardized evidence based health curriculum in a local school.	
Tactics		**Lead**	**Possible Supporting**
1.4.1	Query school-based nurses/health teachers on perceived gaps in health literacy among elementary-school or middle-school students and families (obtain information on school health curriculums used locally).	BFCHA	OSPI, (Diedre Holmberg), ESD 123
1.4.2	Work with local school superintendent to place health curriculum in an elementary or middle school.	BFCHA	HAT, BFHD
1.4.3	Purchase a standard health curriculum (e.g. Food is Elementary by Antonia Demas).	BFCHA	WA Stem, Karen Baker, Diedre Holmberg
1.4.4	Implement the health curriculum.		BFCHA

ACCESS GOAL 2: THE COMMUNITY WILL EXPERIENCE COORDINATED HEALTHCARE			
SMART OBJECTIVE: 2.1 Increase the number of points of distribution for the "Good Health Begins with Me" rack card from 6 to 50 outlets by June 2015. Baseline: 6 Outlets Source: Health Access Team, 2013		**STRATEGY:** For people who use the emergency department as their primary care, connect them to primary care clinics, urgent care centers, and Grace Clinic.	
Tactics		**Lead**	**Possible Supporting**
2.1.1	Achieve funding for printing of the "Good Health Begins with Me" rack card by working with local city emergency services, and local care providers.	HAT	BFCHA, Hospitals, Tri-Cities EMS
2.1.2	Update the rack card to include recent HAT revisions.	HAT	Hospitals
2.1.3	Produce and distribute the card to libraries, hospitals, provider offices, food banks, FQHCs, IPAs, etc.	HAT	Hospitals
2.1.4	Send electronic version of the card PDF to organizations for production and distribution.	HAT/BFCHA	
2.1.5	Monitor overall ED utilization through the Health Access Team.	HAT	Kadlec
SMART OBJECTIVE: 2.2 Conduct at least 2 community presentations that increase awareness about emerging health models by December 2014. Baseline: 0 Community Presentations Source: Health Access Team/BFCHA, 2013		**STRATEGIES:** a. Raise awareness within the provider community of the role and value of a Health Home. b. Raise awareness within the community of the role and value of Federally Qualified Health Centers (FQHCs).	
Tactics		**Lead**	**Possible Supporting**
2.2.1	Invite Lori Brown of Aging and Long-Term Care and Optum (local and Long-Term Health Home providers) physicians (to present to local physicians (e.g. BFCMS).	HAT	BFCHA
2.2.2	Participate on the local steering committee for "coordinating care through the spectrum of health".	BFCHA	Cindy Adams
2.2.3	Present on the Health Home model to a HAT meeting.	ALTC	BFCHA, CCP
2.2.4	Task an outside speaker (e.g. Anita Moynihan) to present locally on the role of an FQHC (e.g. Rotary, Kiwanis, etc)	BFCHA	

SMART OBJECTIVE: 2.3 Increase the number of organizations distributing the "What to do when my child gets sick" book from 4 to10 by December 2015. Baseline: 4 Agencies/Organizations Source: Health Access Team, 2013		**STRATEGY:** Improve the ability of parents to understand basic health information and services needed to make appropriate health decisions for their children by offering resources	
Tactics		**Lead**	**Possible Supporting**
2.3.1	Seek funds or sponsorships to expand the Community Solutions' effort in distributing and providing training for the book "What To Do When My Child Gets Sick".	HAT	BFHCA, Kiwanis, Rotary, Hospitals
2.3.2	Provide "train the trainer" training for those distributing the book.	HAT	Head Start
2.3.3	Form agreements and distribute the book to families through at least one local hospital, and other locations to be determined, with distribution of the book to include training.	BFCHA	Kadlec Regional Medical Center, Head Start, Reading Foundation, TCCH, BFHD, Childcare providers
SMART OBJECTIVE: 2.4 Maintain a 50% reduction of ED utilization by 800 patients enrolled in the Consistent Care Program through December 2017. Baseline:400 Patients Source: Consistent Care Program, July 2013		**STRATEGY:** Focus on redirecting unnecessary ED visits by high users ("frequent fliers") to primary care through the implementation of a Consistent Care Program in hospitals and FQHCs.	
Tactics		**Lead**	**Possible Supporting**
2.4.1	Solicit funding for the Consistent Care Program.	CCP	Hospitals, Health Plans
2.4.2	Work with local hospitals and FQHC to operate the program.	CCP	Hospitals, Health Plans
2.4.3	Develop and operate the program.	CCP	BFCHA
SMART OBJECTIVE: 2.5 Increase the number of opportunities for dentist-provider and for dentist-community interactions from zero to 3 by December 2016. Baseline: 0 Dentist-Provider Interactions Source: Oral Health Coalition, 2013		**STRATEGY:** Create opportunities for dentists, physicians and the community to discuss and better understand the link between oral disease and other health conditions.	
Tactics		**Lead**	**Possible Supporting**
2.5.1	Host a dinner between primary care providers and pediatric dentists to discuss early childhood caries problems and how to coordinate care between the medical and dental providers of children ages 0-5 years old.	Oral Health Coalition	BFCHA, WA Dental Foundation, BFHD
2.5.2	Hold a community event with physicians presenting to the public (e.g. Lourdes' pediatricians and pediatric dentists).	Oral Health Coalition	BFCMS, BFHD
2.5.3	Conduct a local continuing	Oral Health	BFCHA, BFHD

	education event that focuses on the link between oral disease and other health conditions (e.g. What's New In Medicine).	Coalition	
2.5.4	Identify other community partners to collaborate with and sustain the ABCD program.	Oral Health Coalition	BFCHA, BFHD
2.5.5	Explore the need for better coordination between medical and dental providers for medically compromised patients	Oral Health Coalition	BFCHA, BFHD
SMART OBJECTIVE: 2.6 Conduct six community-based mental health first aid training classes by 2017. Baseline: 0 First Aid Training classes Source: Mental Health Committee, 2013		**STRATEGY:** Improve the ability of individuals to understand basic mental health information and availability of local services for the purpose of informed decision-making, breaking down barriers, reducing stigmas, and improving access to mental health care.	
Tactics		**Lead**	**Possible Supporting**
2.6.1	Target classes at teachers, medical providers, (e.g., physicians, doctors, dentists, nurses); LGBT community and allies; faith-based institutions, retail trade (e.g., Wal-Mart and Target employees).	Mental Health Committee	
2.6.2	Identify funding sources through grants, local support and civic organizations.	Mental Health Committee	DHS
2.6.3	Identify, contact and schedule trainers (e.g. Cindy Adams, John Murphy, Tisha Robinson) and arrange venues.	Mental Health Committee	RSN
2.6.4	Conduct outreach and awareness on the availability and benefits of training.	Mental Health Committee	
SMART OBJECTIVE: 2.7 Produce and distribute a mental health resource brochure to at least 36 locations (hospitals, libraries, agencies, urgent cares, TCCC, TCCH) throughout Benton and Franklin Counties by 2015. Baseline: 0 Mental Health Resource Brochures Source: Mental Health Committee, 2013		**STRATEGY:** Improve the ability of individuals to understand basic mental health information and availability of local services for the purpose of informed decision-making, breaking down barriers, reducing stigmas, and improving access to mental health care.	
Tactics		**Lead**	**Possible Supporting**
2.7.1	Identify existing resource guides containing mental health information	Mental Health Committee	
2.7.1	Include mental health agency information (e.g., contact details, provider specialties and fees), vision statement, BFCHA website address, social media links	Mental Health Committee	

2.7.2	Determine funding sources and distribution paths.	Mental Health Committee	DHS

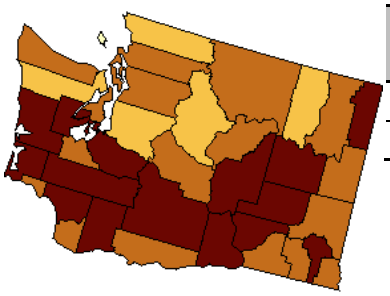
ACCESS GOAL 3: THE HEALTH SYSTEM WILL HAVE THE CAPACITY TO MEET THE NEEDS OF THE COMMUNITY			
SMART OBJECTIVE: 3.1 Support at least one statewide health policy that expands access to health services by December 2015. Baseline: A few health policies have been supported by this group in the past, but this is the first time an intentional goal set. Source: BFCHA, 2013		**STRATEGY:** Perform political advocacy with local elected officials to influence public policy to provide incentives for increasing access to care	
Tactics		**Lead**	**Possible Supporting**
3.1.1	Meet with Sen. Sharon Brown to discuss possible legislation that might improve physician participation in the Medicaid program and in serving the uninsured. Discuss the possibility of allowing dental mid-level providers (EFDA) to practice at the height of their licensure.	BFCHA/HAT	
3.1.2	Support bills that integrate and finance in-pharmacy primary care-type activities.	HAT/BFCHA	
3.1.3	Support legislation that provides for local funding of clinical residency training programs.	BFCHA	Hospitals
SMART OBJECTIVE: 3.2 Increase the number of volunteer opportunities to serve the uninsured/under-insured by 10% by December 2014. Baseline: 600 Volunteers Source: Health Access Team, 2013		**STRATEGY:** Connect volunteers from local training programs with local health agencies who require volunteer services	
Tactics		**Lead**	**Possible Supporting**
3.2.1	Identify local social service agencies in need of volunteer services for their clients.	Volunteer Chore Services	Hospice, BFCHA
3.2.2	Identify local clinical training programs that require volunteer community service opportunities for their students (e.g. clinical training component).	CBC Nursing Advisory Committee	BFCHA
3.2.3	Provide volunteer nursing services at the local Union Gospel Mission.	Faith Based Nursing Coalition	
3.2.4	Provide volunteer dental services at Grace Clinic through the use of CBC dental hygiene students.	CBC Hygiene program	
3.2.5	Coordinate with 2-1-1 so that volunteers can be matched with opportunities via the region-wide information and referral service.	BFCHA	United Way of B-F Counties

SMART OBJECTIVE: 3.3: Increase the number of dentists providing free dental services to the uninsured from 5 to 10 by December 2015. Baseline: 5 Dentists Source: Oral Health Coalition, 2013		**STRATEGY:** Provide access to dental care for the un-insured through the use of local professional dental care volunteers	
Tactics		**Lead**	**Possible Supporting**
3.3.1	Identify a robust measure for assessing free dental care provided by local dentists	Benton Franklin Dental Society	Oral Health Coalition
3.3.2	Work with Benton Franklin Dental Society to increase the number of dentists providing free care	Oral Health Coalition	
3.3.3	Support local FQHCs expanding the number of dentists practicing within their organizations	Oral Health Coalition	BFCHA

HOW DO WE REDUCE OBESITY AND PROMOTE HEALTHY WEIGHT IN BENTON AND FRANKLIN COUNTIES?

Rationale:

2009 Age-Adjusted estimates (among adults age ≥ 20) of the Percentage of Adults who are obese in Washington State, with Benton & Franklin Counties.



County	Percentage	Lower 95% CI	Upper 95% CI	SD
Benton	31.1%	28.2	34.1	1.5
Franklin	30.7%	27.1	34.4	1.9

Red >+29.8
Orange 26.3-29.7
Yellow 22.0-26.2
White 0-21.9 (in San Juan County only)

In 2012, the Gallup-Healthways Well-Being Index ranked the Tri-Cities as the No. 9 most obese metro area in the United States.

Locally, approximately 31% of adults are obese, or have a Body Mass Index of 30.0 and above (compared to 27% in Washington State). There is no current local baseline for obesity among youth; however, the Healthy Youth Survey asked every other year of 6th, 8th, 10th, and 12th grade students provides valuable information regarding physical activity, food consumption, and other social behavioral factors.

According to the Behavioral Risk Factor Surveillance Study (BRFSS), approximately 20% of adults over age 20 report no leisure time physical activity. Access to recreational facilities could be a contributing factor with 15 per 100,000 in Benton County, 8 per 100,000 in Franklin County compared to 11 per 100,000 in Washington State as a whole. However, local assets include hiking trails, bike paths, and a multitude of rivers and parks, thus knowledge and access to these resources has become an important component of the CHIP. Evidence also links regular physical activity to a healthy way to cope with life stressors and reduce depression.

Regarding diet, only 22% of adults report they consume five or more servings of fruits and vegetables daily, which means 78% of adults are not consuming the recommended amount of fruits and vegetables (CDC). Meanwhile, the percent of all restaurants that are fast food establishments is 49% in Benton County and 57% in Franklin County compared to 46% in Washington State (County Health Rankings).

It is also important to note the local rate of adults who have been told they have diabetes (approximately 10% across both counties), and other obesity related diseases have been increasing simultaneously. These are cause for attention and action to slow, stop and reverse this trend.

In recognition of the growing trend of obesity nationwide and locally, the CHIP committee is passionate about stopping and reversing the increase in Benton and Franklin counties. Some efforts have been made, however, a more comprehensive and cohesive effort through collective impact will hopefully yield better health outcomes. By acknowledging how to address behaviors and the environment that contributes to obesity, the following tactics can be implemented to work towards improved health outcomes.

Scientific Evidence of Effectiveness for the following can be found in the CHIP toolkit at www.BFCHA.org or at http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors

Healthy Weight Goals

HEALTHY WEIGHT GOAL 1: COMMUNITY MEMBERS WILL BE MORE PHYSICALLY ACTIVE

HEALTHY WEIGHT GOAL 2: ADULTS WILL MAKE HEALTHIER FOOD CHOICES

HEALTHY WEIGHT GOAL 3: PROMOTE BREASTFEEDING AND IMPROVE CHILD NUTRITION

HEALTHY WEIGHT GOAL 1: COMMUNITY MEMBERS WILL BE MORE PHYSICALLY ACTIVE			
SMART OBJECTIVE: 1.1 Increase the number of businesses and individuals participating in the Tri-City Regional Chamber of Commerce (TCRCC) "Good Health is Good Business" campaign by 100% by August 2015 Baseline: 5 Business, 432 Individuals Source: 2012 Tri-Cities Chamber of Commerce Good Health is Good Business Program		**STRATEGY:** Promote adoption of worksite wellness programs to increase employee productivity, reduce health care costs and reduce obesity in the workplace.	
Tactics		**Lead**	**Possible Supporting**
1.1.1	Support efforts of the Tri-City Regional Chamber of Commerce (TCRCC) “Good Health is Good Business" Campaign and other local area chambers promoting worksite wellness.	TCRCC	Local Health gyms, BFCHA
1.1.2	Promote, support, and encourage participation in health-related events such as the American Diabetes Association’s "Step Out: Walk to Stop Diabetes" and Leukemia/Lymphoma Society’s "Team in Training", ACS Relay for Life, March of Dimes, etc.		Diabetes Association, BFCHA
SMART OBJECTIVE: 1.2 Increase the number of elementary schools in Benton & Franklin Counties that implement Safe Routes to School (SRTS) programs from 0 to 5 by September 2015. Baseline: 0 Elementary Schools that have SRTS programs Source: Safe Routes to School Program website (Washington Dept. of Transportation), as of 2012		**STRATEGY:** Adopt programs that increase daily levels of physical activity and better cardiovascular fitness for children.	
Tactics		**Lead**	**Possible Supporting**
1.2.1	Determine which schools are already interested in SRTS programs. (The 2009 Washington State legislature passed ESHB 2261 that will require school districts to establish walk areas for all school buildings)	BFHD	3 Rivers Bicycle coalition (3RBC), B-F Council of Governments (BFCOG), city parks and planning departments
1.2.2	Work with PTA/PTO/ATPs to create momentum for SRTS programs.	Safe Kids Coalition	3RBC, BFCHA, Alliance for a Livable and Sustainable Community, (ALSC), BFHD
1.2.3	Continue and expand efforts of the Safe Kids Coalition/WSU nursing students to create toolkit for walking maps.	BFHD	BFCHA, WSU School of Nursing
1.2.4	Work with Charlotte Claybrook, WA DOT SRTC	BFCHA	School

	coordinator for grant opportunities identified in RCW 47.04.300.		Districts, ALSC, BFCOG, Elected Officials
1.2.5	Work with BFCOG to establish routes & performance measurements (i.e. miles of sidewalk, trail, etc.).	BFCHA	ALSC, 3RBC
SMART OBJECTIVE: 1.3 Increase the prevalence of adults aged 18 and older who report they obtain the recommended level of weekly physical activity (moderate PA 30 minutes/day 5x/week, or vigorous PA 20 minutes a day 3 times a week) to 60% for those living in Benton & Franklin County by December 2017. Baseline: 53.6% Benton Co. and 51.0% Franklin Co. Source: Washington Local Public Health Indicators-BRFSS 2005-2010		**STRATEGY:** Provide opportunities for social interaction and physical activity through public institutions. Provide information on the health benefits of regular physical activity.	
Tactics		**Lead**	**Possible Supporting**
1.3.1	Develop partnerships with community organizations (including local governmental groups and non-profits) and businesses to create opportunities for increased activity. http://www.cdc.gov/physicalactivity/everyone/guidelines/)	BFCHA	Safe Kids, CBC, WSU Nursing Students, 3 Rivers Road Runners, Bicycle clubs, Badger Mountain, local Parks and Recreation
1.3.2	Promote opportunities for physical activities, events and programs on the community calendar hosted by the Tri-Cities Visitor and Convention Bureau	TCVCB	United Way, BFHD, BFCHA
1.3.3	Encourage people to take the stairs, and park further away from destinations when possible	BFCHA	ALSC, Arts Organizations, Large Employers
1.3.4	Enhance personal safety in areas where persons are or could be physically active	ALSC	COG, BFCHA, Cities and Counties
1.3.5	Support Tri-City Herald's challenge to “Play with your kids (or your friends) for 30 minutes a day” campaign	Tri-City Herald (TCH)	BFCHA

SMART OBJECTIVE:		STRATEGY:	
1.4 Decrease the percent of middle school students (6th and 8th grade) in Benton and Franklin Counties who did not meet the physical activity recommendations from an average of 45.75% to 43% (Washington State) or better by December 2017. Baseline: 46% of 6th graders and 45.5% of 9th grade students (Benton and Franklin Counties combined) Source: 2010 Healthy Youth Survey (askhys.net)		Adopt policies and implement practices to increase the level of physical activity in children and teens to reduce obesity and other chronic conditions related to obesity.	
Tactics		**Lead**	**Possible Supporting**
1.4.1	Advocate that school district superintendents, and school principals implement new standards for PA.	HLC, BFCHA	PTO/PTA/ATP
1.4.2	Support all community environments (e.g., youth groups, etc.) that support being physically active out of school.	BFCHA	BFHD
1.4.3	Obtain a baseline for physical activity measures for youth in Franklin Co. and Benton-Franklin counties combined (through HYS).	BFHD	School Districts
SMART OBJECTIVE:		**STRATEGY:**	
1.5 Increase "Bicycle Friendly Community" designation from 0 to 1 in Benton and Franklin Counties by December 2015. Baseline: 0 Bicycle Friendly Community designations Source: 3 Rivers Bicycle Coalition, 2013		Promote bike transportation as a way to increase physical activity.	
Tactics		**Lead**	**Possible Supporting**
1.5.1	Advocate with policy makers for more physical activity-friendly infrastructure (e.g. bike lanes, sidewalks, and trails) so people can more easily engage in physical activity.	3RBC	ALSC, BFCHA
1.5.2	Collaborate with and support the ALSC, Ridges to Rivers, Tapteal Greenway, 3RBC, to promote walk-able/bike-able communities.	ALSC	BFCHA, 3RBC
SMART OBJECTIVE:		**STRATEGY:**	
1.6 Increase the rate of access to recreational facilities in Franklin County from 8 per 100,000 to 11 per 100,000 by December 2017.* Baseline: Access to recreational facilities in Benton County (15 per 100,000) is higher than the Washington state rate (11 per 100,000) Source: County Health Rankings, 2012		Enhancing access to places providing recreational facilities promotes increased physical activity	
Tactics		**Lead**	**Possible Supporting**
1.6.1	Encourage private and public facilities to be open to the public on certain days (e.g., school gyms, track and field, tennis courts, recreation clubs, etc.).	BFCHA	ALSC
1.6.2	Engage local youth and seniors and brainstorm on how to improve physical activity access and programs.	Pasco Recreation Department	BFCHA

HEALTHY WEIGHT GOAL 2: ADULTS WILL MAKE HEALTHIER FOOD CHOICES			
SMART OBJECTIVE: 2.1 Increase the percentage of people in our community, who eat five or more servings per day of fruits and vegetables from 22% to 40% by December, 2017. Baseline: 22% of the population eat five or more servings of fruits and vegetables/day Source: Washington Department of Health LPHI (BRFSS) 2009		**STRATEGY:** Promote and expand farmers' markets, community gardens, Community Supported Agriculture (CSA's). Improve access to healthy foods for low income areas.	
Tactics		**Lead**	**Possible Supporting**
2.1.1	Provide information/food demonstrations at six large events about selecting and preparing healthy food choices. Half the events will be at Hispanic community events.	BFHCA	Tri-Tech, WSU Extension, SNAP-ED, Extreme Pita
2.1.2	At least 12 outreach programs about selecting and preparing healthy food choices will be undertaken at smaller venues such as school PTO/PTA/ATP, churches, Union Gospel Mission, Food banks	HLC	Food Day Organization, Future Farmers of America, Second Harvest, BFHD
2.1.3	Provide regular articles in print media to support 2.1 (e.g. The Tri-City Herald, Tu Decides, Tri-Cities Journal of Business, Mom Magazine, Community Health Connection)	HLC	
2.1.4	Produce 2 community service ads for radio/TV/theater (English and Spanish)	HLC	Tri-Tech
2.1.5	Establish a website to educate B-F citizens how to lead healthier lifestyles	HLC	CBC Technology
2.1.6	Provide "train the service provider" training to help social service programs incorporate healthy lifestyles information into existing services and programs	HLC	
SMART OBJECTIVE: 2.2 Decrease the average annual soda expenditure per household in Benton and Franklin County to less than the state average by December 2017. Baseline: $279 B-F counties; $254 WA state average expenditures per household per year Source: Community Commons.org, 2013		**STRATEGY:** Develop and promote healthy vending machine policies.	
Tactics		**Lead**	**Possible Supporting**
2.2.1	Advocate for vending machine policies that include/promote healthy food choices (thereby reducing unhealthy choices).	HLC	PTO/PTA/ATP, society of dieticians, BF Medical Society
2.2.2	Encourage 3 local large institutions to adopt healthy food and beverage standards for onsite vending machines	HLC	BFHD, Diabetes Assn
SMART OBJECTIVE: 2.3 Increase access to healthy foods in Franklin County by 2% by December 2017. Baseline: 12% Franklin, 4% Benton, 5% Washington (% low income and do not live within a certain distance to a grocery		**STRATEGY:** Educate consumers about healthy eating, food preparation, and locations through community outreach, media, Public Service	

store) Source: 2012 County Health Rankings		Announcements (PSA), social media.	
Tactics		**Lead**	**Possible Supporting**
2.3.1	Establish 12 Farm to Institution/Consumer links (e.g. provide a mechanism by which local restaurants, schools, other cafeteria-like providers can access locally sourced foods).	HLC	CCAN, Master Gardeners, Amazon (Frank Coberly)
2.3.2	Identify public transportation routes to grocery stores and farmers' markets (local app/map) to identify gaps in access.	BFCHA	Ben-Franklin Transit
2.3.3	Promote low cost/free cooking classes in the community.	Meadow Springs Country Club	Tri-Tech Culinary (Paul Randle), Hope Home & alternative high school, American Culinary Federation, BFHD
2.3.4	Advance policies that promote the use of public lands for community gardens.	BFCHA	Amazon, ALSC
2.3.5	Promote inclusion of garden beds for low income housing developments (e.g. Habitat for Humanity).	BFCHA	Amazon, Garden Stores, WSU Extension, Master Gardeners
SMART OBJECTIVE: 2.4 Increase healthy options served by restaurants and fast food establishments by 20% by December 2017. Baseline: Currently not measured at community level Source: Healthy Lifestyles Committee, 2013		**STRATEGY:** Establish/promote database of restaurants with healthy menu options.	
Tactics		**Lead**	**Possible Supporting**
2.4.1	Establish baseline of restaurants that currently provide healthy meal choices		
2.4.1	Define "healthy meal" parameters and establish database of restaurants providing at least 3 healthy meal choices.	HLC	TCCC, ADA Coronary Heart Improvement Plan, American Culinary Federation
2.4.2	Promote restaurant participation in the database mentioned in 2.4.1	BFCHA	American Culinary Federation, Coronary Health Improvement Project

HEALTHY WEIGHT GOAL 3: PROMOTE BREASTFEEDING AND IMPROVE CHILD NUTRITION

SMART OBJECTIVE:		STRATEGY:	
3.1 Increase the percent of women who breastfeed for at least 6 months from a combined county average of 38.3% to 60.6% (HP2020 Target) by 2017. Baseline: 38.8% of mothers still breastfeeding when babies are 6 months old Source: WIC (average of overall rates from both BFHD and TCCH), 2012		Implement Washington Steps Up for Breastfeeding Success! (In Hospitals, Child cares, Worksites and Providers).	
Tactics		**Lead**	**Possible Supporting**
3.1.1	Promote: Ten Steps to Successful Breastfeeding for health facilities to ensure successful breastfeeding: (World Health Organization): 1. Have a written breastfeeding policy that is routinely communicated to all health care staff. 2. Train all health care staff in the skills necessary to implement this policy. 3. Inform all pregnant women about the benefits and management of breastfeeding. 4. Help mothers initiate breastfeeding within half an hour of birth. 5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infant. 6. Give newborn infants no food or drink other than breast milk unless medically indicated. 7. Practice "rooming in" – allowing mothers and infants to remain together – 24 hours a day. 8. Encourage breastfeeding on demand – whenever the baby is hungry. 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants. 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.	WIC Programs	Hospitals, T-C Breast-feeding Coalition, BFHD
3.1.2	Establish a consistent and coordinated community wide baseline measure to better track breastfeeding duration at 6 months or longer.	BFCHA	Hospitals, BFHD WIC
SMART OBJECTIVE:		**STRATEGY:**	
3.2 Increase the number of providers (BFHD WIC, Head Start, and Early Head Start) and professionals (Physicians, Dieticians) in Benton and Franklin Counties who complete nutrition training from 5% to 20% by 2017. Baseline: 5% Source: BFHD WIC, 2012 Examples: Ellyn Satter's Division of Responsibility in Feeding: http://ellynsatterinstitute.org/dor/divisionofresponsibilityinfeeding.php Human Lactation Center: http://lactation.ucdavis.edu/ California Baby Behavior Campaign: http://www.cdph.ca.gov/programs/wicworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx		Increase awareness among parents and families about proper eating behaviors from birth, through infancy and childhood to develop healthy eating habits when children become adults.	
Tactics		**Lead**	**Possible Supporting**
3.2.1	Educate and encourage local providers and professionals to complete a nutrition training		Hospitals, BFCMS, CFS
3.2.2	Encourage providers, and other points of contact (preschools, childcares, etc.) to provide these resources and education to parents while also using them in practice (daycare meal time, etc.)	BFHD	

3.2.3	Increase the nutrition awareness of individuals' knowledge and abilities across the life course		Hospitals, BFCHA, TCCC
SMART OBJECTIVE: 3.3 Increase the number of school districts who participate in a school nutrition incentive program from 20% to 80% by 2017. (at least one school building per district) Baseline: 20% of the School Districts participate in a school nutrition incentive program Source: Healthy Lifestyles Committee estimation, 2013		**STRATEGY:** Improve healthy food options to encourage healthy food choices among students, school teachers and staff within the school environment.	
Tactics		**Lead**	**Possible Supporting**
3.3.1	Assess how many schools currently participate in a nutrition incentive program (establish a better baseline).	HLC	
3.3.2	Promote Incentive programs for schools to improve healthy options (e.g. school gardens where food is used in cafeteria)	HLC	Sodexho
3.3.3	Encourage increased availability of healthier food and beverage choices in childcare and school settings (e.g. cafeterias)	HLC	Sodexho
3.3.4	Encourage schools to incorporate worksite wellness so teachers and school staff can also be health role models for students	BFHD	BFCHA
3.3.5	Increase the number of groups developing policies on healthy snacks	BFCHA	

Overarching Themes

HEALTH EQUITY: All of the goals include evidence based strategies to increase opportunities for improved health outcomes regardless of age, ability, or geographic location.

STRESS: While stress was a common health concern among community members who responded to an opinion survey in the Community Health Needs Assessment, it was determined that measuring stress on a population wide level was nearly impossible. Despite this barrier, stress continued to be included in conversation when discussing the benefits of healthy lifestyle on coping with stress in healthy ways (i.e. physical activity, eating healthy, etc.) in addition to having access to counseling services when stress becomes chronic or overwhelming.

MENTAL HEALTH: Mental health also remained a big part of the dialogue, although the committee did not determine that it needed to be a separate strategic issue resulting from the CHNA. It was closely linked to both access to mental health services and resources, as well as healthy lifestyles, or lack thereof. Thus an element of mental health is considered in both sections of the CHIP.

Sustaining the Action

Sustaining implementation efforts of the Community Health Improvement Plan as well as ongoing participation in the community health improvement cycle and process has been built into this plan using several strategies.

1. Per its Bylaws, the Benton Franklin Community Health Alliance has been identified as the lead agency to formulate and facilitate the overall implementation of the CHIP. In collaboration with partnering agencies, BFCHA will also measure, evaluate and report progress. The Benton-Franklin Health District is also committed to participating in the community health improvement cycle approximately every 3 years.
2. Fidelity in the “community voice”: Substantial efforts were made throughout the CHNA and CHIP process to ask “who is missing” and “what is missing” of ALL partners who chose to participate in this collaborative process.
3. Partnership, Communication & Collective Impact: Maintain and grow key partnerships through communication. Share and support implementation throughout the community (all agencies and

organizations within the community understand collective impact and that everyone plays a part in improving community health outcomes) Promote health literacy as a part of this effort.

4. Policy/Advocacy: Policy components are included throughout the objectives and tactics of the CHIP. For example, policies to improve access to health care or to sustain funding for programs like Safe Routes to School need advocacy at the local, state, and national levels. Promoting better school nutrition in lunches and vending machines requires policy changes in many of our schools. Improving health literacy and promoting more time for physical activity will need political advocacy in order to implement new standards in the schools, or workplace. Encouraging hospitals to create and implement policies that support the 10 Steps to Successful Breastfeeding will require new policy development, (Obesity Tactic 3.1.1), or promoting agency policies to train professionals, and staff who work with families of young children about feeding cues and responsibilities (Obesity SMART Objective 3.2 & 3.3). Additionally, we plan to work with local city and county governments to ensure better connectivity of the built environment (trails & sidewalks) by improving policies to foster walking and bicycling safety (Obesity tactic 1.3.4).
5. During the creation of the plan, significant efforts were made to keep the strategies and actions specific, measurable, attainable, realistic, and time-bound (SMART) for the capacity of our community and key partners.
6. Measure & Monitor: The BFCHA by-laws state that BFCHA will work as a CHIP oversight committee, thus monitoring baselines and progress. This will be accomplished through continued collaboration with BFHD. Some of the SMART objectives include ways to establish initial baselines where they are lacking or to improve measures of existing health indicators. This will be important to measure outcomes over time. BFCHA plans to evaluate progress on the CHIP through conducting annual reviews of sub-committees, communication, and program tracking with partnering (lead) agencies.

Alignment with State and National Priorities

How do we improve access to health services for people in Benton and Franklin Counties?

GOALS:

1. **Resources will be identified to reduce the barriers and cost of healthcare**
2. **The community will experience coordinated health care**
3. **The health system will have the capacity to meet the needs of the community**

STRATEGIES:	*Washington State Agenda for Change (SHIP)*	*Healthy People 2020*	*National Prevention Strategy (CDC)*
Identify and understand local barriers to healthcare (medical, dental, and mental health) by gathering insights from provider practices	✓		
Establish programs for the development of Community Health Workers and Promotores to help the uninsured, elderly and frequent users of the emergency departments to reduce hospital readmissions.	✓		
Improve health access for more citizens by connecting them with health insurance (medical, dental, mental, etc.)	✓	✓	✓
Increase the health literacy in school-aged children, families and the community.			✓
Raise awareness within the provider community of the role and value of a Health Home & a FQHC	✓		✓
Improve the ability of parents to understand basic health information and services needed to make appropriate health decisions for their children by providing resources	✓		
Focus on redirecting unnecessary ED visits by high users (“frequent fliers”) to primary care through the implementation of a Consistent Care Program in hospitals and FQHCs	✓	✓	
Create opportunities for dentists, physicians and the community to discuss and better understand the link between oral disease and other health conditions			✓
Perform political advocacy with local elected officials to influence public policy to provide incentives for increasing access to care	✓		✓
Connect volunteers from local training programs with local health agencies who require volunteer services			✓
Provide access to dental care for the uninsured		✓	✓
Ensure sufficient capacity of mental health care providers to meet the needs of the population	✓		

How can we promote healthy weight and reduce obesity in Benton and Franklin Counties?

GOALS:

1. **Community members will be more physically active**
2. **Adults will make healthier food choices**
3. **Promote breastfeeding and improve child nutrition**

STRATEGIES:	*Washington State Agenda For Change (SHIP)*	*Healthy People 2020*	*National Prevention Strategy (CDC)*
Promote adoption of worksite wellness programs to increase employee productivity, reduce health care costs and reduce obesity in the workplace.	✓	✓	✓
Adopt programs that increase daily levels of physical activity and improve cardiovascular fitness for children.		✓	✓
Provide opportunities for social interaction and physical activity through public institutions. Provide information on the health benefits of regular physical activity.	✓	✓	✓
Adopt programs, policies and support practices to increase the level of physical activity in schools among children and teens to reduce obesity and other chronic conditions related to obesity.	✓	✓	✓
Promote biking and walking transportation as a way to increase physical activity.		✓	✓
Improve existing and build new sidewalks to promote safe walking	✓	✓	✓
Enhance access to places providing recreational facilities to promote increased physical activity.	✓	✓	✓
Promote and expand farmers' markets, community gardens, Community Supported Agriculture (CSA's) to improve access to healthy foods for low income areas			✓
Promote healthy options in vending machine policies	✓		✓
Educate consumers about healthy eating and food preparation through community multi-media outreach			✓
Establish/promote database of restaurants with healthy menu options.		✓	
Support breastfeeding mothers in childcare settings, hospitals, and worksites	✓	✓	✓
Increase awareness of parents and families about proper eating behaviors from birth, through infancy and childhood to develop healthy eating habits across the life course	✓	✓	✓
Improve healthy meals, snacks, and beverage options to encourage healthy choices among students, school teachers, and staff within the school environment (in schools, child care settings, and after-school programs)	✓	✓	✓

Appendix I

Collective Impact

The following partners from the local health system, chambers of commerce and civic leaders participated on the CHIP sub-committees, or donated time and resources towards the plan.

CHIP Participant	Organization	Committee
Aida Juarez	Tri-Cities Community Health	Healthy Lifestyles Committee
Al Cordova*	Tri-Cities Community Health	BFCHA
Alejandro Heredia-Langner, PhD	Pacific Northwest National Labs	Healthy Lifestyles Committee
Alex Najera, MD	Physician	Healthy Lifestyles Committee
Amy Ward*	Mid-Columbia Reading Foundation	BFCHA
Anne Sampson*	American Diabetes Association	Healthy Lifestyles Committee
Annie Goodwin, RD, CD*	Benton Franklin Health District	Healthy Lifestyles Committee
Audra Henderson	Therapy Solutions	Healthy Lifestyles Committee
Becky Gauthier*	United Way/Community Solutions	BFCHA
Becky Grohs*	Alliance Consistent Care Program of SE WA	Health Access Team (HAT)
Becky Schlegel	Pasco High School	Healthy Lifestyles Committee
Becky Van Pelt	Benton Franklin Head Start	Healthy Lifestyles Committee
Bob Burden*	Group Health	Board of Directors/BFCHA
Brenda Atencio	Kennewick General Hospital	Health Access Team
Brian Ace	Boys and Girls Club	Healthy Lifestyles Committee
Brisa Guajardo	Community Health Plan of Washington	Health Access Team
Bruce Huddleston*	Lourdes Health Network	BFCHA
Carl Loera, P.T., D.P.T.	Physical Therapist	Healthy Lifestyles Committee
Carmen Bowser*	Catholic Family Services	BFCHA
Carol Moser*	B-F Community Health Alliance	Healthy Lifestyles Committee, HAT
Chuck Barnes*	Kennewick General Hospital	BFCHA
Cindy Miller*	Tri-Cities Cancer Center	Healthy Lifestyles Committee

CHIP Participant	Organization	Committee
Cindy Shaw	Aurelia Press	
Connie Gillispie	Lourdes Health Network	Health Access Team
Connie Pitts	Kennewick General Hospital	Health Access Team
County Health Rankings and Roadmaps		
Dell Anderson	Tri-Cities Community Health	Health Access Team
Diana Shankle	PNNL	Healthy Lifestyles Committee
Dr. Amy Person*	Benton Franklin Health District	Healthy Lifestyles Committee, HAT
Dr. Anjan Sen*	Physician	BFCHA
Dr. Antonio Sanfilippo	PNNL	Healthy Lifestyles Committee
Dr. William Trzcinski	Physician	Health Access Team
Eric Gough	Kamiakin High School	Healthy Lifestyles Committee
Eric Shadle, MD	Richland Seventh-Day Adventist Church	Healthy Lifestyles Committee
Erinn Gailey*	Domestic Violence Services of Benton and Franklin Counties	BFCHA
Florinda Paez	Benton County, GIS Technician	
Gabriela Araico, RD	Tri-Cities Community Health	Healthy Lifestyles Committee
Glen Marshall, CEO*	Kennewick General Hospital	Board of Directors/BFCHA
Gretchen Patrick, RN, BSN	Benton-Franklin Health District	Healthy Lifestyles Committee
Jason Zaccaria, MHA*	Benton-Franklin Health District	Board of Directors/BFCHA
Jeff Petersen*	Petersen Hastings	
Jenn Helms, RD	Kennewick General Hospital	Healthy Lifestyles Committee
John Serle, President & CEO*	Lourdes Health Network	Board of Directors/BFCHA
Judith Gidley	Community Action Connections	Health Access Team
Judy Westerberg*	The Chaplaincy	BFCHA
Julie Meek	Kadlec Regional Medical Center	Health Access Team
Julie Petersen*	PMH Medical Center	Board of Directors/BFCHA
Karin Rodland, PhD	PNNL	Healthy Lifestyles Committee
Kate Perry, MD*	Alliance for a Livable & Sustainable Community	Healthy Lifestyles Committee

CHIP Participant	Organization	Committee
Kathy Conrad, BSRDH	Columbia Basin College	Healthy Lifestyles Committee
Kathy Story. BSRDH*	Benton-Franklin Health District	Healthy Lifestyles Committee, HAT
Kay Olson, RN, MN*	WSU-Tri-Cities	Healthy Lifestyles Committee
Kelly Harnish	HPM Corp	Healthy Lifestyles Committee
Kim Keltch*	Pasco Police Department	Healthy Lifestyles Committee
Kirk Williamson	Group Health Cooperative	
Lane Savitch, President*	Kadlec Regional Medical Center	Board of Directors/BFCHA
Larry Jecha, MD*	Walla Walla Public Health District	Healthy Lifestyles Committee
Les Stahlnecker	Educational Service District 123	Health Access Team
Letty Perez	TCCH	Healthy Lifestyles Committee
Lindsay Asmus*	Kadlec Regional Medical Center	Healthy Lifestyles Committee
Mark Brault	Grace Clinic	Health Access Team
Martin Valadez*	Columbia Basin College	BFCHA
Mary Hoerner, RN*	Columbia Basin College	BFCHA
Mary Jo Wilkins, M.Ed, BSN, RN	Kennewick School District	Healthy Lifestyles Committee
Matt Smith, MD*	Matt Smith MD	Healthy Lifestyles Committee
Michael Hannah	Meadow Springs Country Club	Healthy Lifestyles Committee
Mike Tuohy*	Health Advocate	Health Access Team
Nancy Doran	Health Advocate	Healthy Lifestyles Committee
Nancy Lyons	Health Advocate	Healthy Lifestyles Committee
Nancy Klotz	Benton-Franklin Health District	Healthy Lifestyles Committee
Nancy Krupin, MS, RD, CDE	Kadlec Regional Medical Center	Healthy Lifestyles Committee
Nancy Richmond, RN*	PNNL	Healthy Lifestyles Committee
Nicole Austin*	Benton Franklin Medical Society	Health Access Team

CHIP Participant	Organization	Committee
Norman Moore*	Dept of Social & Health Services	Health Access Team
Patrick Conrad*	Tri-City Regional Chamber of Commerce	BFCHA
Philippa Sonnichsen	Community Health Advocate	Healthy Lifestyles Committee
Rebecca Sutherland, MPH*	Benton-Franklin Health District	Healthy Lifestyles Committee, HAT
Rick Ballard	Tri-Cities Community Health	Healthy Lifestyles Committee
Robert Brigantic, PhD*	PNNL	Healthy Lifestyles Committee
Rosa Bowling	Kadlec Regional Medical Center	Health Access Team
Russ Burtner	3-Rivers Bicycle Coalition	Healthy Lifestyles Committee
Sandy Rock, MD, MPH	HPM Corporation	Healthy Lifestyles Committee
Sandy Owen, RN*	Benton Franklin Head Start	Healthy Lifestyles Committee, HAT
Sarah Crawford*	Mental Health Committee	BFCHA
Sheila Edwards	Kennewick School District	Healthy Lifestyles Committee
Sheila Schweiger	Benton-Franklin Health District	Healthy Lifestyles Committee
Susan Campbell*	WSU-Tri-Cities	Health Access Team
Susie Cerrillo	Malley's Pharmacy	Health Access Team
Tamara Brown	Contractor	
Ti Nelson*	Mental Health Ombuds	Mental Health Committee
Tim Cooper*	PMH Medical Center	Health Access Team
Tim Lewis	Physician's Immediate Care	Health Access Team
Virginia Janin*	Aging and Long-Term Care, DSHS	BFCHA
Washington State Department of Health Centers for Excellence		
Wes Luckey*	Community Action Connections	Healthy Lifestyles Committee, HAT
***** Benton-Franklin Community Health Alliance Member		

Note to Reader: More information regarding this plan and process can be found in the CHIP toolkit at www.bfcha.org.