



Community Health Improvement Plan



2016–2020



*Presented by the
Weber-Morgan Health Department
and Our Community Partners*

***“The groundwork of happiness
is good health.”***

– Leigh Hunt



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Thank you to our community partners...

American Cancer Society

Stevens-Henager College

American Red Cross

Uintah City

Bonneville Communities that Care

United Way of Northern Utah

**Catholic Community Services
of Northern Utah**

Utah Department of Health

Farmers Market Ogden

Utah Department of Human Services

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Utah Department of Transportation

Lions International

Utah Transit Authority

McKay-Dee Hospital

Weber County Library System

Odyssey House

Weber County Sheriff

Ogden City

Weber Fire Department

Ogden City Fire Department

Weber Human Services

Ogden Regional Medical Center

Weber Pathways

Ogden School District

Weber State University

**Ogden Weber Community
Action Partnership**

YCC Family Crisis Center

Ogden-Weber Tech College

YMCA of Northern Utah

Roy City

Youth Futures Utah

Youth Parole Authority

Photo Credit: Laniece Roberts

A Message to Our Community



Photo Credit: Laniece Roberts

In 2016, the Weber-Morgan Health Department (WMHD) released a Community Health Assessment (CHA) that analyzed the health of residents in Weber and Morgan counties. The CHA provided an in-depth analysis of the causes of mortality (death rates) and morbidity (a measure of how sick the community is). This analysis covered positive and negative health behaviors, influential social and economic factors associated with health, and physical environment issues that impact health. Collectively, these five categories influence, in varying degrees, the overall health of residents in Weber and Morgan counties.

Knowing the extent to which the health of the community is being negatively impacted is a critical and necessary component in order to take informed action. Now that we know which health indicators are significantly different than those of national, state, or local peer counties, we are ready to mobilize our community partners and strategically align our resources and efforts in improving the health of Weber and Morgan counties. A Community Health Improvement Plan (CHIP) is an effective tool to communicate and direct the strategies and objectives that we and our community partners have developed together. The WMHD anticipates great health success as we work in tandem with our community partners, the first strategic community-wide health plan for Weber and Morgan counties.

With the help of a wide array of community partners we democratically narrowed the health priorities of the CHA from 55 health indicators down to three health priorities. These three health priorities represent the issues selected as the most pressing issues needing the immediate attention of the community over the next three-to-five years.

Suicide, obesity, and adolescent substance abuse are among some of the most serious health issues in Weber and Morgan counties. When comparing our local health status for



**Health Priority 1:
SUICIDE**



**Health Priority 2:
OBESITY**



**Health Priority 3:
ADOLESCENT SUBSTANCE ABUSE**

these three health indicators to national, state, and local peer county health results, it becomes clear they are areas needing improvement. According to our CHA, the combined suicide rate in Weber and Morgan counties is more than double the U.S. average and 17.6% greater than the Utah average. Depending on the region within Weber or Morgan counties, the childhood obesity rate is as high as double that of the Utah average. Adolescent substance abuse, especially electronic nicotine device use, is greatly elevated when compared to the average of the state and nearby peer counties.

Improving the health of the public is a job that needs everyone's help in the community. As the health department and our community partners strategically work together, through wise planning and deliberate actions, we can improve the health of the residents in Weber and Morgan counties.

Brian Bennion, MPA, L.E.H.S.
Executive Director/Health Officer
Weber-Morgan Health Department

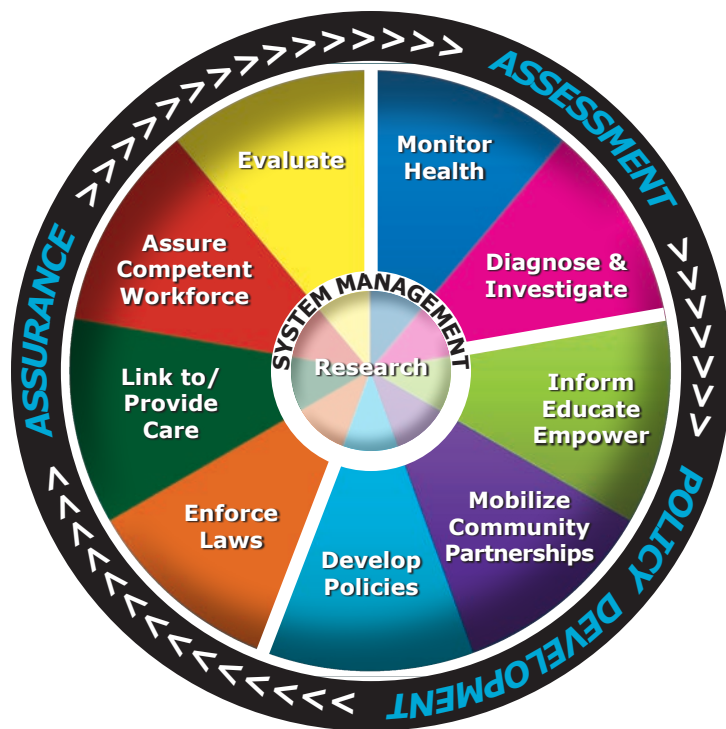


About the Community Health Improvement Plan



Introduction

As the local public health agency, the Weber-Morgan Health Department (WMHD) is the government agency responsible for assessing the health of residents, developing policies that improve and protect the health of the public, and ensuring its efforts are in line with standards of excellence. After the 2016 Community Health Assessment (CHA) was completed, which analyzed the health of the community against 45 national, state, and local health indicators, the next logical step was to take action to improve health indicators that exceeded national, state, or local averages. Mobilizing community partnerships to cooperatively improve the health of the community is a core public health function facilitated by the WMHD. Developing and implementing a Community Health Improvement Plan (CHIP) is a primary method of mobilizing community partners in order to strategically align and utilize resources to improve the most significant health issues of the community.



GRAPHIC1:
Core Functions of Public Health

Purpose

Improving the health of the community is an undertaking that far exceeds the capacity of any one organization. A CHIP is a useful tool by which all community organizations can share responsibility in identifying, prioritizing, and planning how to effectively address the health challenges facing Weber and Morgan counties. The CHIP process provides a forum to better align resources as well as generates numerous opportunities to synergistically strengthen relationships between government, profit, and non-profit entities. This CHIP provides an integrated road map to the WMHD and its partners by identifying existing and new community resources that will be used to support effective strategies and time-oriented objectives and assigning responsibility for CHIP execution amongst CHIP participants. Because of the CHIP's collaborative nature, the WMHD was not exclusively responsible for its planning or subsequent execution. There is shared ownership and responsibility in both development and implementation among all CHIP participants. The overarching purpose of this CHIP is to allow the WMHD and its many community partners to collaboratively leverage resources in a coordinated manner as we work toward common health goals that will result in healthier Weber and Morgan residents.

Summary of the CHA/CHIP Process

The WMHD used the Mobilizing for Action through Planning and Partnerships (MAPP) process to guide them as they followed these steps:

1. Assembled a team of WMHD staff and community partners to develop and plan the CHA.
2. Assembled and analyzed the secondary and primary health data for Weber and Morgan counties.
3. Shared the CHA findings with community leaders and stakeholders.
4. Worked with community leaders and stakeholders to identify and prioritize CHA health indicators.
5. Developed this CHIP with the input of community partners organized into three coalitions that deal with the top health issues selected by community leaders and stakeholders.

“There is shared ownership and responsibility in both CHIP development and implementation among all CHIP participants.”

Detailed CHIP Process and Methods

One-hundred community partners in profit, non-profit, and government organizations were sent an invitation letter (Appendix A) to participate in a June 30, 2016 CHIP meeting. Representatives from 26 organizations attended the June 30 meeting. Since that meeting, additional organizations have joined the CHIP process. Recruiting additional community partners is an ongoing component of the plan.

The initial CHIP meeting lasted from 9 a.m. to approximately 3 p.m. on June 30, 2016, and was facilitated by a public health consultant and a representative from the Davis County Health Department. CHIP participants were provided with an agenda (Appendix B) detailing the progression of the meeting. CHIP participants were trained on the fundamentals of developing a community health improvement plan. To ensure informed prioritization of health issues, CHIP participants were provided with a detailed presentation of CHA findings for Weber and Morgan counties. The health issues from the CHA were divided into five categories:

Mortality and Morbidity

Health Behaviors

Clinical Care

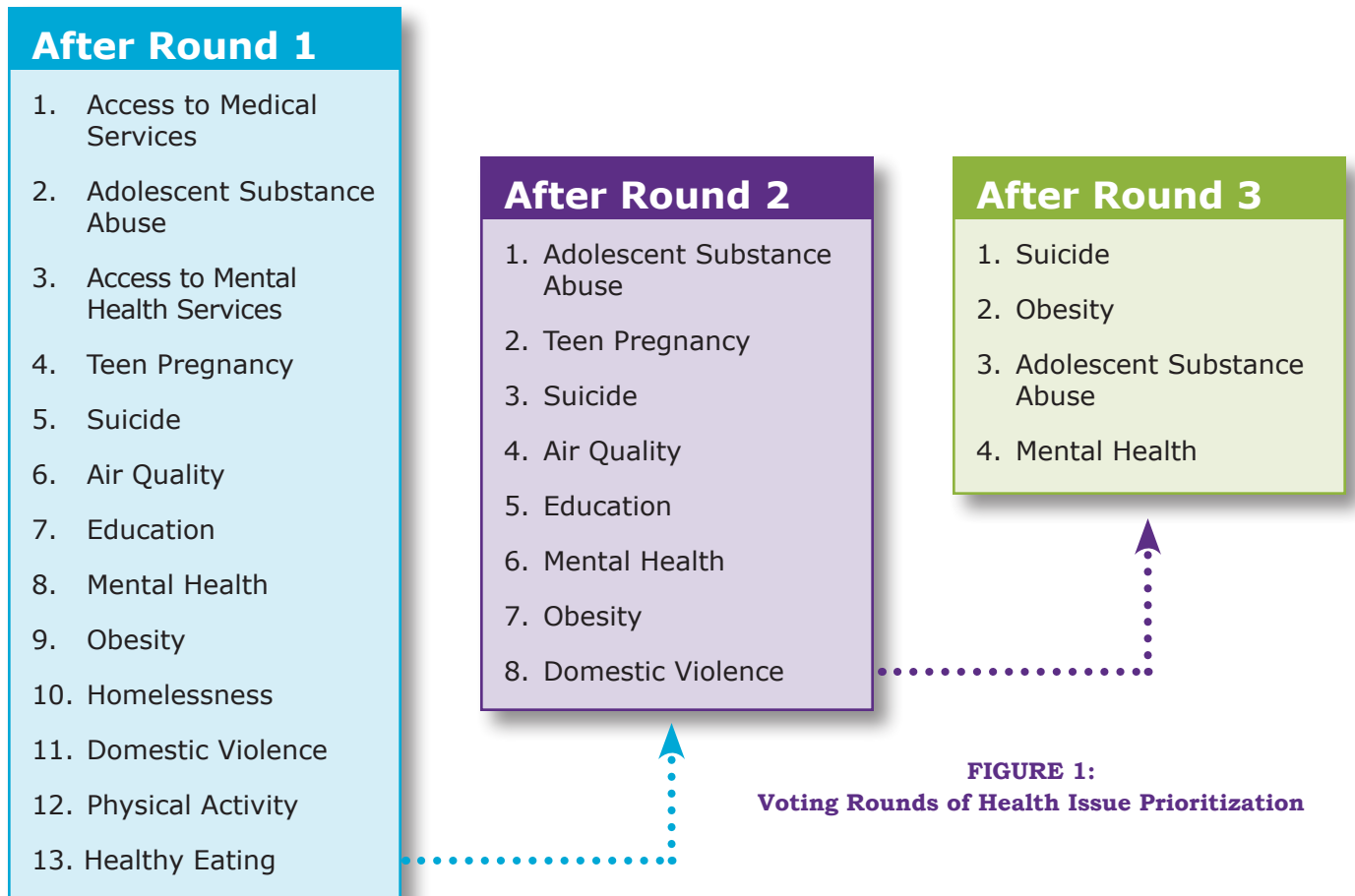
Social and Economic Factors

Physical Environment

These five categories mirror those in the County Health Rankings and Roadmaps developed by the Robert Wood Johnson Foundation. Forty-five health issues were derived from the five categories and presented in a Health Indicator Summary document (Appendix C) to help guide prioritization by CHIP participants. After 45 minutes of small group discussion guided by the Health Issue Discussion Sheet (Appendix D), CHIP participants elected to add four additional health issues to the list of health priorities under consideration – accidental death and injury, mental health, domestic violence, and over-prescription and overuse of prescription medication. CHIP participants were provided with training and a handout (Appendix E) explaining how to prioritize these issues through three rounds of voting.

Posters containing all 55 health issues in three columns for three rounds of voting were present. CHIP participants were instructed to prioritize health issues using colored dots in a method called “dotmocracy prioritization.” For round one of the dotmocracy prioritization process, CHIP participants were instructed to vote for 10 different health issues by applying 10 blue stickers on the voting posters. Only health issues with 33% of the total vote would proceed to round two. After the first round of voting, only 13 health issues met the 33% cutoff requirement and were advanced to round two.

Health Issues Remaining After Each Round of Voting/Participation



In the second round of voting CHIP participants were instructed to vote for six different health issues using six green stickers. Originally, it was planned to permit voting on 10 health issues in the second round, but because the first round of voting resulted in such heavy support for only 13 out of 55 health issues, it required an on-the-spot adjustment to the voting limit. For the second round only issues receiving 50% of the vote advanced to the third and final round of voting. After the second round of voting only eight health issues met the 50% requirement and were advanced to the third round.

For the third and final round of voting, CHIP participants were instructed to prioritize their votes by using a red sticker for their first health priority, a blue sticker for their second health priority, a yellow sticker for their third health priority, and a green sticker for their fourth health priority. Results for the third round of voting were as follows: suicide was voted as the highest priority, followed by obesity, adolescent substance abuse, and mental health. Education was in the top five of results, but it was agreed by the majority of CHIP participants that it was an important underlying issue for all health issues and should be removed from the remaining health priorities.

CHIP participants were subsequently provided training on how the WMHD intended to mobilize community partnerships to address the top four health priorities selected at the June 30, 2016 meeting.

A handout entitled CHIP Community Action Partnerships (Appendix F) was given to each participant in addition to a short training on how these partnerships would operate and improve the health of the community. Each CHIP Community Action Partnership (CAP) was formed of community members interested in providing resources and taking action to address one of the remaining four health issues. Each CAP was instructed to elect three leadership positions with defined roles to ensure independent operations and sustainability going forward. A WMHD employee was assigned to each CAP, but CAP leadership positions were elected from among other organizations.

Of the original four CAPs, the Suicide CAP and Mental Health CAP voted to join NUHOPE, which is an existing community coalition addressing the health priority of suicide. The Obesity and Adolescent Substance Abuse CAPs had their first meetings on July 28th and August 5th at which they were trained on effective strategies that other communities are pursuing in their respective CHIPS. On August 5th NUHOPE was presented with a list of strategies that other communities are working on to prevent suicides. After an in-depth discussion and using a tool called the CAP Worksheet (Appendix G) the following strategies were selected by each group:

The Suicide Prevention CAP selected the following strategy:

- **Strategy 1:** Utilize curricula provided by Working Minds: Suicide Prevention in the Workplace, Question Persuade Refer (QPR), and SafeTALK to support suicide prevention training. For early intervention, utilize curriculums by Youth Mental Health First Aid, Mental Health First Aid and Applied Suicide Intervention Skills Training.

The Obesity CAP selected the following strategies:

- **Strategy 1:** Leverage existing community resources and programs.
- **Strategy 2:** Encourage school districts to promote physical activity and healthy eating.

The Adolescent Substance Abuse CAP selected the following strategies:

- **Strategy 1:** Increase police department buy-in for conducting alcohol compliance checks.
- **Strategy 2:** Increase buy-in for cities to fine businesses for noncompliance.
- **Strategy 3:** Determine environmental factors that lead to youth alcohol, tobacco and other drug use.
- **Strategy 4:** Utilize the prevention coalition to address environmental factors that lead to youth substance use.

Numerous meetings were held with each group between the original June 30th meeting and the release of this CHIP. At those meetings strategies were refined, goals were set, and objectives were defined which are documented in this CHIP. With effective strategies decided upon, measurable objectives set, and responsibility assigned and shared among community partners, this CHIP provides the strategic plan for all interested and engaged organizations to improve the health of the community.

Elements of Each CHIP Health Priority

Each CHIP health priority includes the following information:

Health Priority Justification

Community Partners Dedicated to Improving the Health Priority

Existing Assets and Resources

Health Priority Goals

CHIP Strategies for the Health Priority

Health Priority Objectives and Organizational Responsibilities

How to Use the Community Health Improvement Plan



Improving our communal health is a moving and organic process that depends on the choices of every resident and organization. If you, or your organization, want to get involved, develop recommendations, implement programs or evaluate our progress, please join efforts with us. Contact the Weber-Morgan Health Department to find out how you can help support our community health improvement plan. We look forward to working with you!

Address: Weber-Morgan Health Department
477 23rd St, Ogden, UT 84401

Phone: (801) 399-7100

Email: lbuttars@co.weber.ut.us

Website: www.webermorganhealth.org

Individuals and Families in the Community Can:

- Focus on one or more of the health priorities that align with your personal health goals.
- Volunteer with the health department or one of our many community partners to help implement a part of the CHIP that inspires you.
- Talk with elected officials, organizations in the community, and community leaders about why these health priorities are important, and ask them questions about what they are doing to improve the health of the community.

Organizations in the Community Can:

- Discuss the CHIP with your employees, members, or clients about how the health priorities impact their community.
- Assess your organization against the three health priorities and identify specific changes that can be made to help reduce obesity, suicide, and adolescent substance abuse within your organization.
- Partner with the health department and other organizations to help implement the CHIP.

Workplaces in the Community Can:

- Promote health and wellness by implementing health and wellness programs for employees and their families that include policies that address obesity, suicide, and adolescent substance abuse.
- Partner with the health department and other organizations to help implement the CHIP.
- Raise awareness within the community by sponsoring activities that highlight and provide additional solutions to obesity, suicide, and adolescent substance abuse.

Schools in the Community Can:

- Develop policies, program changes, and changes to the physical environment that support prevention strategies and raise awareness of the CHIP's health priorities.

Healthcare Providers in the Community Can:

- Talk with patients about the health priorities and connect them to community resources and programs that address their physical, mental, and emotional health.
- Evaluate obstacles and enhance assets in your practice that influence the CHIP health priorities.

Non-profit and government organizations desiring to utilize any material in this CHIP may do so without verbal or written permission from the Weber-Morgan Health Department.



“Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity.”

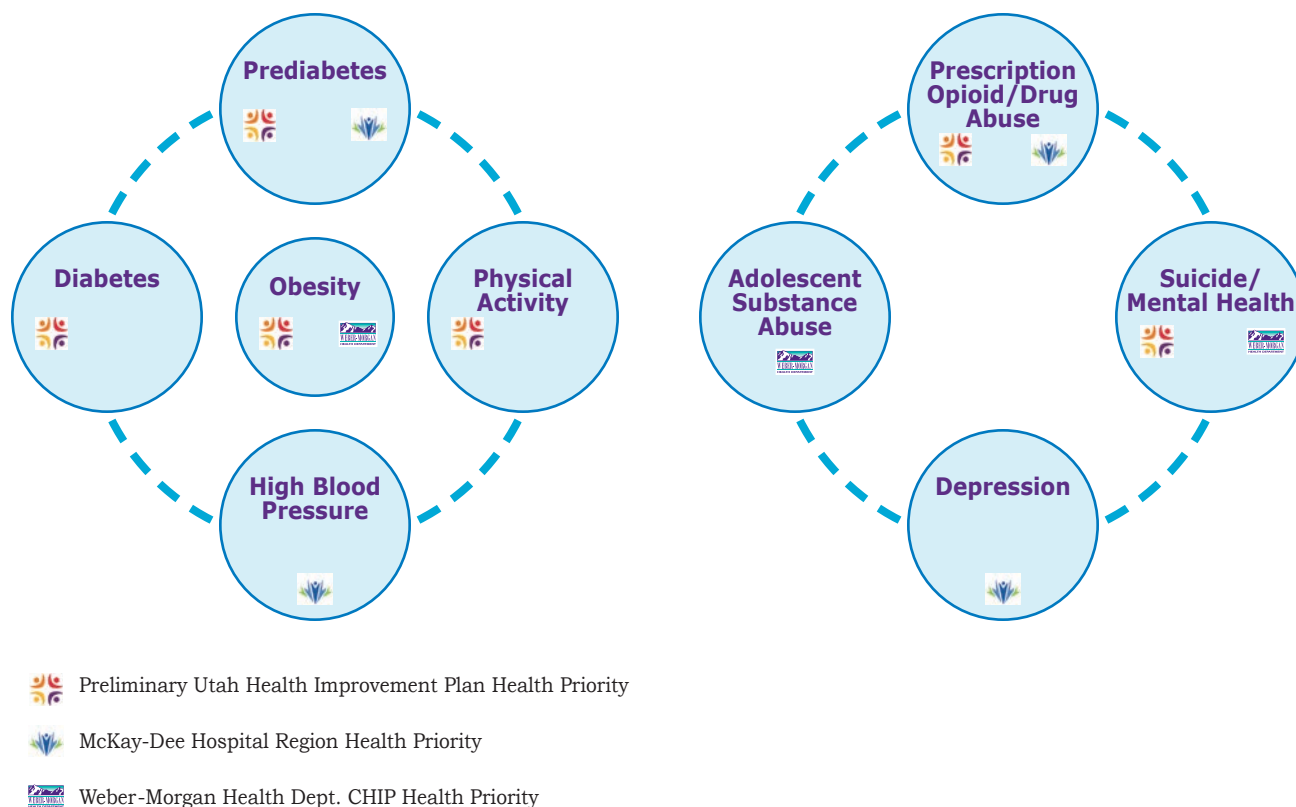
– John F. Kennedy

Aligning Health Priorities



Identical or related health priorities in local, regional, and state-wide health improvement plans permitted synergistic planning, execution, and resource management. After the WMHD and its community partners selected the health priorities of suicide, obesity, and adolescent substance abuse, we compared our health priorities with those of McKay-Dee Hospital and those currently under development in the 2016 Utah Health Improvement Plan (UHIP). UHIP's potential priorities have been narrowed to eight health priority recommendations that could face further reduction of the current list of health priorities, several align with those selected by McKay-Dee Hospital and the WMHD. Not only is there significant local, regional, and state alignment of health priorities, but there is also alignment between the health priorities of this CHIP and several major national objectives outlined in Healthy People 2020.

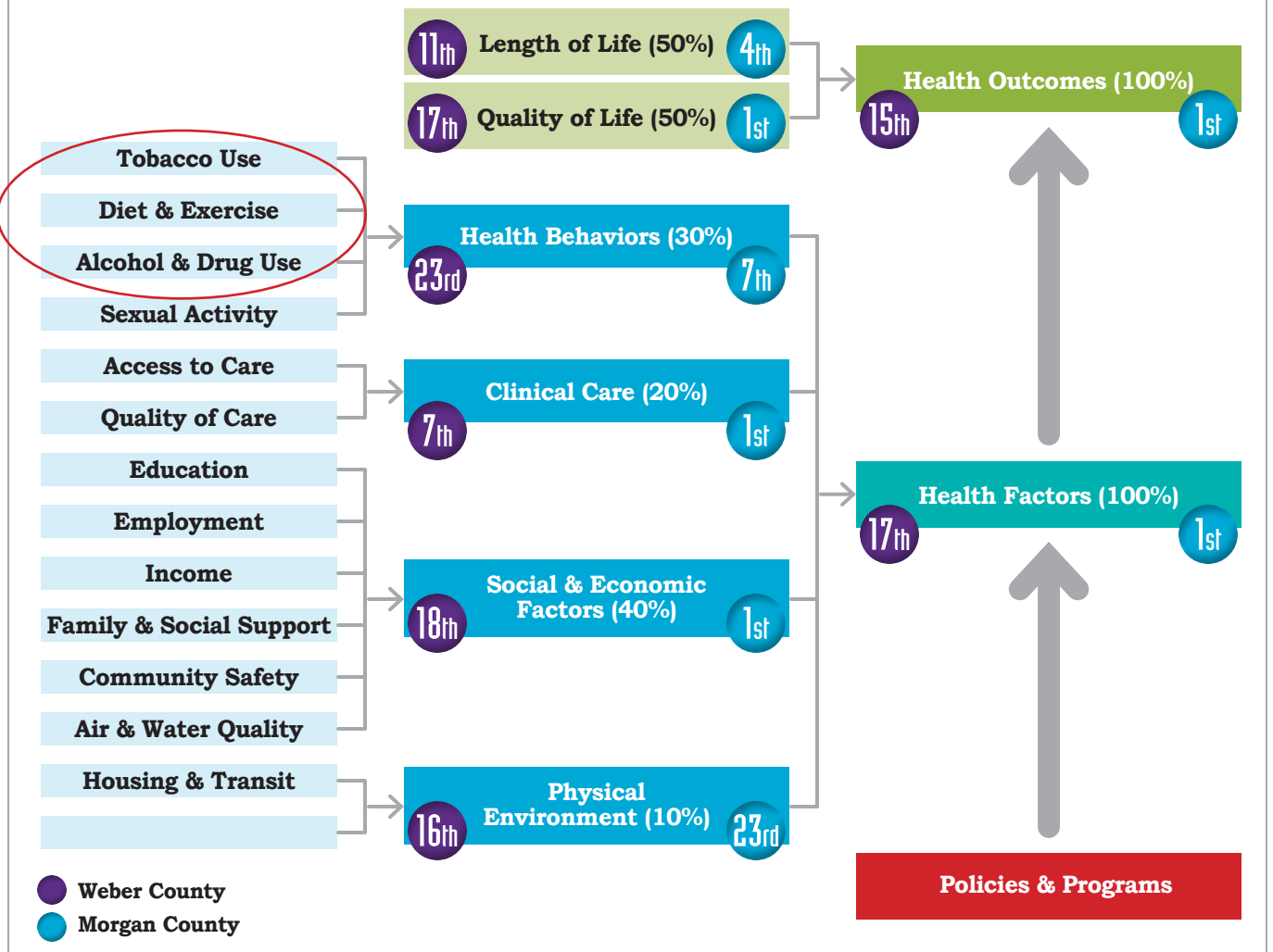
GRAPHIC 2: Aligning the CHIP with the UHIP and McKay-Dee Hospital



The health priorities selected by the WMHD and its community partners also align well with some of the most critical components of the county health ranking system developed by the Robert Wood Johnson Foundation (see Figure 2). Tobacco use, alcohol and drug use, and diet and exercise comprise the bulk of health behaviors that account for 30% of the score assigned to health factors. Health indicators directly influence health outcomes, which are broken out into two measurements – how long a person lives (length of life), and how much that life is free of physical, mental, or emotional disabilities or sickness (quality of life). The length and quality of life for individuals and families is directly impacted when someone dies by suicide. Obesity is strongly related to developing physical sickness or disabilities that influence quality of life in addition to length of life. Adolescent health habits usually set lifetime patterns with long-lasting health consequences that both impact length and quality of life. By engaging our community health partners in improving these three health priorities, we can expect to see short and long-term gains in quality and length of life.

County Health Ranking Relationship to CHIP Health Priorities

FIGURE 2: CHIP Health Priorities and the Robert Wood Johnson Foundation County Health Ranking System*



CHIP Health Priorities:

- Suicide
- Obesity
- Adolescent Substance Abuse

*The above ranking system is scored from 1st to 26th. The healthiest county is scored 1st and the least healthy is scored 26th. Although there are 29 counties in Utah, only 26 were evaluated.

Health Priority 1: Suicide



Introduction

Suicide was selected by the WMHD and our community partners as the paramount health priority for residents of Weber and Morgan counties. Suicide is a leading cause of death in the United States, Utah, and in our local community. In 2015, suicide was the leading cause of death for Utahns ages 10–17, was the second leading cause of death for ages 18–24 and 25–44, and was the fourth leading cause of death for those ages 45–64.¹ High school students are especially at risk for suicide in Utah, with 24.8% reporting feeling sad or hopeless, 16.6% reporting seriously considering suicide, and 7.6% attempting suicide one or more times in the last year.²

In 2015, 7.3% of Utah High School Students Attempted Suicide One or More Times.

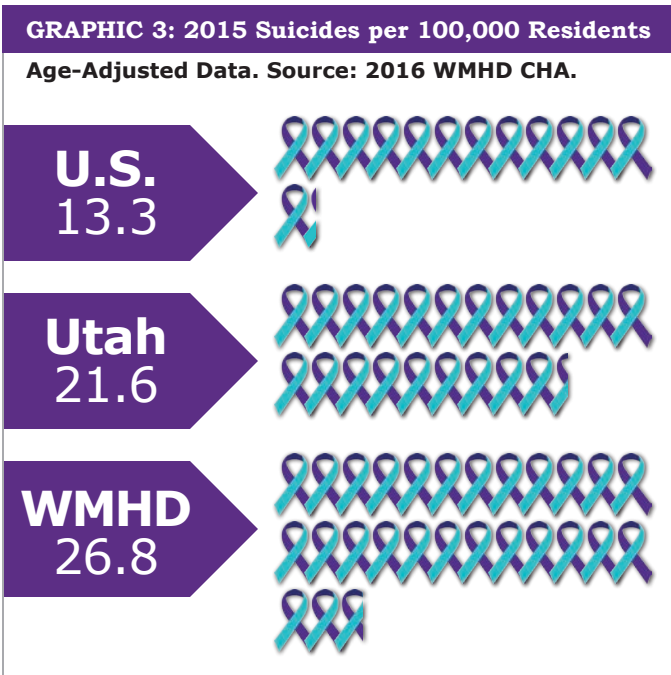
Health Priority Justification

In Utah, all methods of suicide have been trending upward since 2007. The primary method of suicide is firearms for males and poisoning for females. Ninety percent of poisoning deaths in Utah are due to drugs, which includes prescription drugs, over-the-counter drugs, dietary supplements, and street drugs like heroin and cocaine. As many as 38% of poisoning deaths are intentional.³ Though males are more likely to die by suicide, females make more suicide attempts.⁴ In the U.S., males account for 78% of all suicides, whereas it is approximately 75% in Utah.^{5,6} According to 2015 data, 32.4 per 100,000 males died by suicide in Utah compared to 11.4 females. The rate was 21.6 when combining males and females.⁷

TABLE 1: Comparing 2007 and 2014 Utah Suicides by Gender and Method

Utah 2007 Suicides		Utah 2015 Suicides	
Firearm Suicides Per 100,000			
Males:	14.7	Males:	19.1
Females:	2.5	Females:	2.5
Poisoning Suicides Per 100,000			
Males:	3.5	Males:	4.3
Females:	2.8	Females:	5.6
Suffocation Suicides Per 100,000			
Males:	5.0	Males:	7.5
Females:	1.0	Females:	2.5

Using the data reported in the WMHD CHA, suicide rates in the Weber-Morgan health district are more than double the national average and 24% higher than the state average.



Suicide is an issue throughout all of the health district, but it is especially concentrated in Downtown Ogden with an elevated rate of 39.84 suicides per 100,000 residents.⁸

Suicide Prevention Resources

Existing Resources for Suicide Prevention

The following tables document existing resources to prevent suicide in Weber and Morgan counties.

COUNSELING AND SUPPORT GROUPS

Family Support Center of Ogden: fscogden.org | **801-393-3113**. This organization provides support for families in crisis including in-home visits and education, respite care, parenting classes, and youth classes.

LDS Family Services: **1-800-453-3860 ext. 2-1711**

Family Counseling Services of Northern Utah: fcshealing.org | **801-399-1600**

Midtown Clinic: midtownchc.org | **801-393-5355**. Individuals, couples, or families with or without insurance can receive low cost services to help deal with loneliness, grief, and loss.

National Alliance on Mental Illness in partnership with Weber Human Services: namiut.org. The Bridges Class is a free 12-week course that provides support and education and is taught by individuals with mental illness who are living in recovery and can speak from personal experience.

The Family to Family class is a free 12-week course that educates family members of an adult with mental illness on how to best care and support their loved one and themselves.

The Connection Support group is a free group that meets weekly for adults with mental illness where people learn from one another's experiences, share coping strategies, and offer support in their recovery.

The Family Support Group is a free group that meets weekly for family members and friends of individuals living with a mental health condition.

NUHOPE Task Force: nuhopeutah.org. NUHOPE assists survivors of suicide with a support group.

Legacy Support Group for Survivors of Suicide Loss: newhopeutah.org/survivors | **801-771-9307**. A non-profit, peer, grief support network offering understanding, help and support to anyone who has lost someone to suicide.

A Center for Grieving Children: familysummit.org | **801-476-1127**. Provides grief support for children, teens, and their families. Also offers workshops and presentations on how children grieve and how to provide support and promote healing.

COMMUNITY TRAINING AND EVENTS

Weber-Morgan Health Department: webermorganhealth.org | **801-399-7100**. The suicide prevention program provides education, resources, and trainings to the community to better inform residents on suicide prevention.

Since 2015, the WMHD has hosted an annual community meeting where participants are trained on how to recognize warning signs of suicide, how to offer hope, and how to get help and save a life.

NUHOPE Task Force: nuhopeutah.org. Residents are regularly trained with an accredited community suicide prevention model known as Question, Persuade, Refer.

Several events are hosted by NUHOPE to raise awareness of suicide prevention and prevention resources.

American Foundation for Suicide Prevention Utah Chapter: afsp.org. The community can access 12 suicide prevention programs that are free to low cost.

Utah Department of Health: health.utah.gov. The Violence and Injury Prevention program offers free suicide prevention and mental health training which is proven to save lives.

Continue the Mission: continuemission.org. Continue the Mission sponsors a variety of events to support and provide suicide prevention for veterans.

SCHOOL-ORIENTED TRAININGS

Utah State Board of Education (USBE): schools.utah.gov. Suicide prevention training for school district and charter school employees.

The USBE provides educators, parents, and students with access to a resource rich youth suicide prevention blog.

Suicide prevention education is provided to 8th and 10th grade students within the health and physical education class.

Guidance counselors can help connect students with resources to prevent suicide.

NUHOPE Task Force: nuhopeutah.org. QPR (Question, Persuade, Refer) certified instructors teach suicide prevention within schools in Weber County as guest lecturers. The taskforce provides suicide prevention training to local students and community members.

Weber Human Services: weberhs.net | **801-625-3700**. School-based mental health services.

CRISIS RESOURCES

Weber Human Services: weberhs.net | **801-625-3700**. The Suicide Crisis Prevention Hotline provides 24-hour help to Weber and Morgan county residents struggling with suicidal thoughts.

Department of Veterans Affairs: www.va.gov. The Veterans Crisis Line provides 24-hour support to veterans in crisis and their families and friends by connecting them with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text.

The Trevor Project: thetrevorproject.org | **1-866-488-7386**. The Trevor Project Crisis Line is a 24-hour crisis intervention and suicide prevention for LGBTQ youth 13–24 years old.

Substance Abuse and Mental Health Services Administration: **1-800-273-8255**. The National Suicide Prevention LifeLine offers 24-hour crisis counseling and mental health referrals for all residents.

Weber School District and Ogden School District

In a statewide initiative, school officials are educating students to use the Safe UT smartphone app to report concerns.

University of Utah Neuropsychiatric Institute: healthcare.utah.edu/uni | **801-583-2500**. The Safe Utah Schools smartphone application allows for 24-hour access to crisis counseling or tip reporting for youth in Utah.

The Utah CrisisLine provides 24-hour crisis intervention, suicide prevention, and referrals for follow up services.

GENDER-SPECIFIC RESOURCES

United Way of Northern Utah: helpmegrowutah.org. The Help-Me-Grow-Utah program provides resources for mothers experiencing depression and post-partum depression.

Weber-Morgan Health Department: webermorganhealth.org | **801-399-7100**. The Nurse-Family Partnership program provides first time at-risk mothers with regular meetings with nurses that deliver health education and screen for post-partum depression and early signs of suicide.

WIC clients with new babies are screened for postpartum depression and are referred to specialists as needed.

Colorado Department of Public Health and Environment: mantherapy.org. The Man Therapy website is a male-oriented online resource for substance abuse, mental health, and suicide prevention.

Utah Maternal Mental Health Collaborative: utahmmhc.com. Information and resources supporting maternal mental health in Utah.

OTHER RESOURCES

United Way of Northern Utah: 2-1-1. 211 helps connect residents with suicide prevention resources.

Utah Suicide Prevention Coalition: utahsuicideprevention.org. By implementing the Utah Suicide Prevention Plan, this coalition offers resources to those struggling with suicide and also provides help and resources to help promote suicide prevention activities within the state.

EXISTING COMMUNITY COALITION

The NUHOPE Task Force is the existing community coalition for suicide prevention founded by McKay-Dee Hospital in 2007 to serve northern Utah. Government, nonprofit and for-profit organizations, and individuals in the community that have joined the NUHOPE coalition contribute to its mission by providing staff and volunteers. This CHIP relies on the NUHOPE coalition to be the primary vehicle for suicide prevention in Weber and Morgan counties.

Goal 1

By 2020, decrease the current crude suicide rate by 5%, 16.02 per 100,000, for the 14–19 age group by addressing suicide prevention amongst school-age children.

Strategy 1

Increase knowledge, awareness, and coping skills of students in Weber and Morgan school districts.

Objectives

Objective 1.1: Ensure students in 85% of target schools are trained annually in suicide prevention.

Responsible Organization(s): NUHOPE Coalition



Objective 1.2: Provide suicide prevention trainings in 90% of 8th and 10th grade health classes at target schools.

Responsible Parties: NUHOPE Coalition



Data Tracking: IBIS. 4 year groupings, ages 14–19, crude rate.

Goal 2

By 2020, decrease current suicide rate by 5%, 26.84 per 100,000 (age-adjusted), by increasing capacity of local organizations and community members.

Strategy 1

Improve the ability of organizations/community members to support individuals who are at risk for suicide through effective interventions and postvention programs.

Objectives

Objective 1.1: Collaborate with community partners to provide at least six Question, Persuade, Refer (QPR), safeTALK, suicideTALK, or Applied Suicide Intervention Skills Training (A.S.I.S.T.) workshops annually.

Responsible Organization(s): Weber-Morgan Health Department



Objective 1.2: Continue to support the four staff members currently trained in QPR, safeTALK, and other suicide prevention trainings to maintain certifications. May include teaching a class or workshop or any additional training.

Responsible Organization(s): Weber-Morgan Health Department



Data Tracking: IBIS. 4 year groupings, age-adjusted rates, 2015 as benchmark year.





“Exercising everyday is a habit that can radically change your outlook toward life.”

– Carol Welch

Health Priority 2: Obesity



Introduction

Obesity was selected by the WMHD and our community partners as the second health priority for residents of Weber and Morgan counties. Complications directly caused by obesity are costly and often fatal; it is the second leading cause of preventable death in the U.S.⁹ Obesity increases the risk for many chronic conditions that can lead to disability and death as well as high blood pressure, type 2 diabetes, heart disease, stroke, osteoarthritis, and certain cancers.¹⁰

Adult obesity rates in Utah have skyrocketed by a staggering 63% in just 14 years.

When compared to the Utah average for child obesity, twice as many children in the Ogden School District are obese.

Health Priority Justification

Obesity is an expanding national and local health issue. Adult obesity rates in Utah from 1997 to 2013 have skyrocketed from 15.8% to 24.9%; in just 16 years Utah obesity rates have increased by a staggering 58%. The latest CHA data shows 27.2% of adults in Weber County are obese compared to the state average of 25%. South Ogden and Roy contain even higher percentages of obese adults – 30.8% and 29.7%.¹¹ Since 2004 Weber County has consistently had higher obesity rates than nearby peer counties.

Childhood obesity is also a significant health issue. Eighty percent of obese children ages 10–13 will become obese adults. The latest data from the WMHD/Utah Department of Health shows that obesity rates for first, third, and fifth graders in the Ogden School District are twice as high as the state average for all genders.

Existing Assets and Resources for Obesity Prevention

The following tables list existing local and national resources to educate residents on proper nutrition and exercise and also help provide access to the same.

Nutrition and/or Physical Activity Education

Existing Resources for Healthy Living

The following tables document existing resources to help residents increase activity and improve nutrition.

NUTRITION EDUCATION

USU Extension: The Expanded Food and Nutrition Education program provides free nutrition lessons to families and youths to improve quality of life by learning the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets.

Catholic Community Services (CCS): The CCS annually teaches the community how to grow produce at home in containers. This program is especially popular with senior citizens.

Country Garden Nursery: Offers free classes in early Spring (March & April) on how to grow a nutritious garden.

La Leche League, Ogden Regional, McKay-Dee Hospital, and WMHD WIC: Women are provided with free information on breastfeeding, nutrition, and weaning. Breastfeeding has been shown to reduce the likelihood of childhood obesity.

Weber-Morgan Health Department: The WIC nutrition and breastfeeding education helps establish good nutrition for infants and children.

The Nurse–Family partnership provides health education for first-time, low-income mothers.

NUTRITION AND PHYSICAL ACTIVITY EDUCATION

Weber-Morgan Health Department: The Healthy Living program focuses on providing tools to reduce obesity in adults, families, healthcare providers, daycare centers, and grades K–12.

The TOP Star program provides preschools with a customized action plan to change policies and practices to encourage excellent nutrition and physical activity.

The diabetes prevention program educates adults on healthy eating and exercise.

Junior League of Ogden: Children and parents at the annual Kids in the Kitchen event prepare a healthy meal together and are educated regarding nutrition and healthy lifestyle choices.

Weber and Morgan County Library Systems: The library system offers instructional audio (CDs) and visual (books and magazines) materials on healthy living to all residents.

McKay-Dee Hospital: The Weigh to Health program includes 12 sessions to help participants develop personal weight loss goals and learn how to manage nutrition, activity, and behavior.

Utah State Board of Education: 8th and 10th grade students are presented with nutrition and physical activity education.

Students have access to guidance counselors that can help connect students with resources to encourage healthy living.

Weber Pathways: The Easy Hike brochure promotes and educates the public on easy hiking and bicycling pathways in Ogden and nearby nature settings.

LOCAL PRODUCE

City of Harrisville, City of Roy, Ogden Valley Open Market, Hooper Farmers Market, Ogden Downtown Alliance, Bountiful Basket Food Co-op: Farmers markets provide affordable access to fresh, locally grown produce. Some produce is organic.

Junior League of Ogden: For a nominal fee members of the community may rent out a small row and or garden plot row at the Oasis Community Garden.

Catholic Community Services (CCS): Clients of CCS may grow their own produce in a space provided by CCS.

NUTRITION ASSISTANCE

USDA Food and Nutrition Service: The Supplemental Nutrition Assistance Program provides nutrition to low-income individuals and families.

The National School Lunch Program provides healthy lunches that are free or reduced to children from low-income families.

During the summer months, children up to 18 years may receive a free nutritious breakfast and lunch at locations throughout Utah.

Weber-Morgan Health Department: The federally funded Women, Infants and Children program offers vouchers to qualified low-income families with children under age 5.

YMCA of Northern Utah: Children are provided with a free, nutritious meal during their after school program.

Ogden-Weber Community Action Partnership, Ogden Seventh Day Adventist Church, First Baptist Church of Roy, Hope Resurrected Church, Griffin Memorial Church, Catholic Community Services, The Salvation Army, Ogden Rescue Mission, Morgan County Foodbank, Open Hand Food Pantry, Meals on Wheels, and Lantern House: These organizations provide healthy food to low-income families.

Healthways: The Healthways SilverSneakers Fitness program is an insurance benefit included in more than 65 Medicare health plans. Through SilverSneakers, health plans and group retirement plans provide a gym membership to their insured, usually at no additional cost. There are over 13,000 gyms nationally that participate in the program.

National Football League: NFL Play 60 Challenge is a 4-to-6 week program that provides resources for teachers on how to get their students moving 60 minutes a day.

Fuel up to Play 60 is an in-school program that makes sure children get healthy through nutrition and activity.

COMMUNITY RECREATION

Weber Library Services: At various library branches, seniors, adults, and teenagers are offered activity through yoga or Zumba classes.

Riverdale City, YCC, City of Farr West, City of Roy, and Ogden City: Recreation centers provide a variety of physical activities at low cost to community residents.

Roy, Ogden, South Ogden, North Ogden, Washington Terrace, and Riverdale: Senior Centers provide exercise and nutrition resources to senior citizens.

YMCA of Northern Utah: Exercise classes for the entire family.

Weber County: The R.A.M.P. program provides access to numerous free event days at a variety of physical activity venues.

OUTDOOR RECREATION

The Utah Sierra Club/Ogden Group: Anyone is invited to join in weekend day hikes, car camps, backpack trips, cross-country ski trips and other outings throughout the year.

Weber Pathways: Each Wednesday, members of the community are invited to participate in recreational hiking.

Ogden Bicycle Collective: The Trips for Kids program provides underserved children with transformative cycling experiences.

Ogden Trails Network: This organization spreads awareness of the Ogden Trails and hosts several free annual events encouraging their use.

The Ice Sheet, Huntsville Town Park Ice Rink: These locations offer free to low-cost ice skating year-round on a seasonal basis (venue dependent).

Various municipalities, townships, Weber and Morgan counties: There are numerous parks, skate parks, splash pads, swimming pools, adult and youth recreation programs, and walking and biking trails throughout Weber and Morgan counties.

GOAL Foundation: Low-cost summer camps for mountain biking, pickleball, and rock climbing for various youth age groups. The foundation also sponsors a program for youth

runners that offers scholarships, nutritional and training to youth who want to train to enter the Ogden Marathon's Kids K and Kids 5K races.

The Ogden Marathon: Provides residents with an annual opportunity to walk, jog, or run a 1K, 5K, 10K or a full or half marathon.

Morgan Valley Marathon: The Morgan Marathon provides residents with an annual opportunity to walk, jog, or run a 5K, 10K or a half or full marathon.

Huntsville, Utah Marathon, The Full Monte: The Huntsville Marathon provides residents with an annual opportunity to walk, jog, or run a 5K, 10K or a half or full marathon in Huntsville.

N.O. Limits Half Marathon and 5K: This marathon provides residents with an annual opportunity to walk, jog, or run a 5K or half marathon in North Ogden.



Goal 1

By 2020, decrease the number of adults (18 years and older) with a BMI 30+ by 8%, 25 per 100,00 (age-adjusted), and decrease the number of children (11 years and younger) with a BMI 30+ from 11.6% to 10%.

Goal 1A

By 2020, increase the number of adults (18 years and older) who meet the recommended amount of aerobic physical activity by 5%, 59.74 per 100,000 (age-adjusted).

Strategy 1

Leverage existing resources and programs in the community in order to increase capacity and awareness.

Objectives

Objective 1.1: Annually update the WMHD Healthy Living Resource Guide (HLRG), available at: <http://bitly.com/wmhd-hlrg>.

Responsible Organization(s): Weber-Morgan Health Department and other members of the Healthy Living Taskforce



Objective 1.2: Annually update the HLRG distribution list.

Responsible Parties: Weber-Morgan Health Department and other members of the Healthy Living Taskforce



Objective 1.3: Healthy Living Taskforce members to each distribute the HLRG to at least 10 organizations.

Responsible Parties: Weber-Morgan Health Department and other members of the Healthy Living Taskforce



Data Tracking: Number of clicks through online bitly tracking. IBIS, 2015 as benchmark. Additional Data tracking: IBIS. 2011–2015 age-adjusted rate as benchmark; IBIS. 2010–2015 age-adjusted rate as benchmark.

Strategy 2 Encourage school districts to promote physical activity and healthy eating through the adoption of comprehensive wellness plans.

Objectives

Objective 2.1: Identify and invite key informants to HLT meetings to provide education on current status of wellness policies.

Responsible Organization(s): Weber-Morgan Health Department and all members of the Healthy Living Taskforce



Objective 2.2: Understand the current law and status of wellness policies in local schools. Learn the best way to support and advocate for the adoption of comprehensive wellness plans.

Responsible Organization(s): Weber-Morgan Health Department and all members of the Healthy Living Taskforce



Objective 2.3: Identify and assign responsibilities for advocacy changes.

Responsible Parties: Weber-Morgan Health Department and all members of the Healthy Living Taskforce



Data Tracking: Number of schools who adopt components of a comprehensive wellness plan. IBIS, 2015 benchmark.

Health Priority 3:

Adolescent Substance Abuse



Introduction

Adolescent substance abuse was selected by the WMHD and our community partners as the third health priority for Weber and Morgan counties. Adolescent substance abuse can set habits that seriously impact both physical and mental health development and can be a contributing factor to negative health outcomes, such as suicide.

The rates of adolescents in Weber and Morgan counties who have used alcohol, tobacco, or marijuana exceed the state average.

Health Priority Justification

When compared to the state average and nearby peer counties, adolescents in the WMHD have substantially higher use rates for marijuana, alcohol, and nicotine use in both the form of cigarettes and electronic nicotine delivery systems (ENDS).

Existing Assets and Resources for Adolescent Substance Abuse Prevention and Treatment

Graphic 4 on the following page documents local and national resources for adolescent substance abuse prevention and treatment.



Adolescent Substance Abuse Resources

Organization	Primary/ Universal	Selective	Indicated	Treatment
Weber Human Services	✓	✓	✓	✓
Boys & Girls Club of Weber-Davis	✓			
Boy Scouts	✓			
Girl Scouts	✓			
YMCA of Northern Utah	✓			
Youth Impact	✓			
OUTreach Resource Centers	✓			
ParentsEmpowered.org	✓			
Communities That Care (CTC)	✓			
END Tobacco Class (WMHD)			✓	
Nurse-Family Partnership (WMHD)	✓	✓		
GrandFamilies		✓		
Alcoholics Anonymous				✓
Al-Anon/Alateen		✓	✓	
Youth Futures		✓		
Alan Brooks Crossroads			✓	✓
Quality Youth Services				✓
LDS Addiction Recovery				✓
Clinical Consultants				✓
DCFS Transition to Adult Living Program		✓		
Family Counseling Services of Northern Utah				✓
McKay-Dee Behavioral Health				✓

GRAPHIC 4: Existing Resources for Adolescent Substance Abuse Prevention and Treatment

Goal 1

By 2020, every police department in Weber County will conduct alcohol compliance checks at least three times per year.

Strategy 1

Increase police department buy-in for conducting alcohol compliance checks.

Objectives

Objective 1.1: Educate police departments on efficacy of compliance checks.

Responsible Organization(s): ATOD task force.

Objective 1.2: Create sample department policies for departments to adopt, ensuring compliance checks happen in a timely manner.

Responsible Organization(s): ATOD task force.



Strategy 2

Increase buy-in for cities to fine businesses for noncompliance.

Objectives

Objective 2.1: Educate cities on their responsibility to fine businesses for selling alcohol to minors.

Responsible Organization(s): ATOD task force.

Objective 2.2: Create a sample policy to assure police departments and cities work together to ensure business and store staff compliance.

Responsible Organization(s): ATOD task force.



Goal 2

By 2020, decrease the number of adolescents that used alcohol in the past 30 days by 5%, 17%.

Strategy 1

Determine environmental factors that lead to youth ATOD use.

Objectives

Objective 1.1: Conduct an environmental assessment to determine the environmental factors that lead to youth substance use.

Responsible Organization(s): ATOD task force.



Objective 1.2: Determine the priority environmental factors to address.

Responsible Organization(s): ATOD task force.

Strategy 2

Utilize prevention coalition to address environmental factors that lead to youth substance use.

Objectives

Objective 2.1: Form Adolescent Substance Abuse subcommittee of the Prevention Advisory Council through Weber Human Services.

Responsible Organization(s): Weber-Morgan Health Department.



Objective 2.2: After completing the environmental assessment, create a plan to address priority environmental factors.

Responsible Organization(s): ATOD task force.



Data Tracking: 2015 SHARP data as bench mark. Past 30-day alcohol use for LSAA.

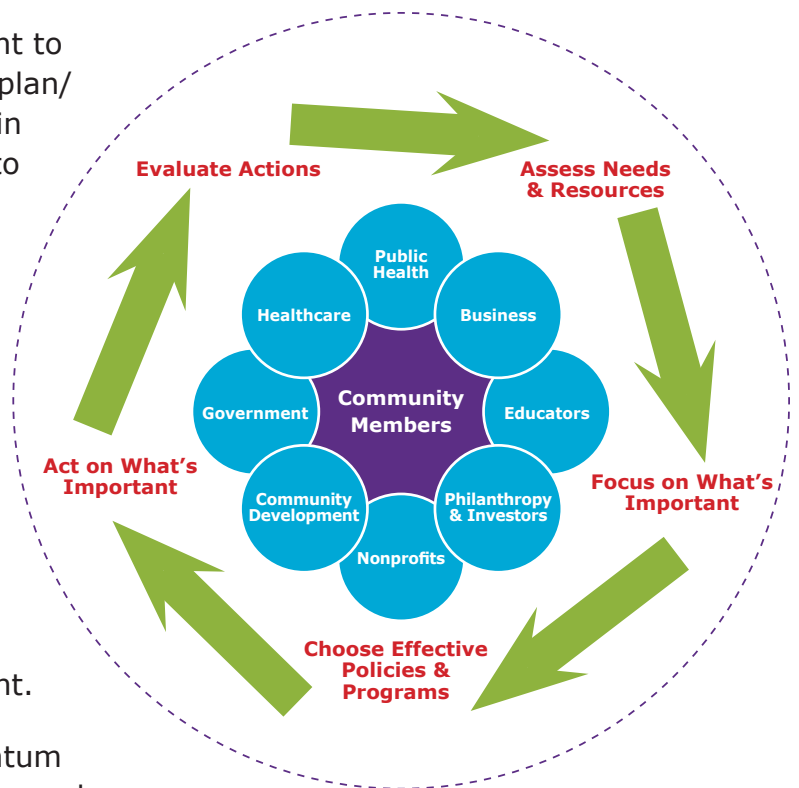
CHIP Conclusion



This CHIP is a necessary document to strategically align resources and plan/execute effective health activities within the community. It has been designed to be self-sustaining with agile coalitions of community partners that have and continue to independently drive this CHIP in a democratic manner. The WMHD's staff participates with each health priority coalition; however, coalition leadership will remain in the hands of other community organizations. The goals, strategies, objectives, and tools of this plan will help all CHIP partners stay focused and organized with a mindset of continuous evaluation and improvement.

To prevent a reduction in CHIP momentum with our community partners and decreased excitement in the public, the WMHD will release an annual report of CHIP progress. The successes achieved by strategically working together will exhilarate all CHIP participants and will encourage others to join.

Public health is everybody's business. Wise choices today will result in a healthier tomorrow. Together, we have developed this CHIP to promote and encourage additional healthy individuals and families thriving in a clean and safe community today and in the future. Together, we will make a lasting and sustainable difference in the health of residents in Weber and Morgan counties.



GRAPHIC 5:
The Mobilized Community Public Health Cycle
Source: <http://www.countyhealthrankings.org/roadmaps/action-center>

Appendices



The following documents were utilized throughout the CHIP planning process and have been included in this CHIP to:

- Share with other health departments engaging in the CHIP process
- Provide documentation for potential national PHAB purposes
- Prepare for the next CHIP

Non-profit and government organizations desiring to utilize any material in this CHIP may do so without verbal or written permission from the Weber-Morgan Health Department.

BRIAN W. BENNION, M.P.A., L.E.H.S.
Health Officer/Executive Director



Dear Public Health Partner,

The Weber-Morgan Health Department (WMHD) invites your organization to join with other community partners in developing a Community Health Improvement Plan (CHIP). Your participation in this CHIP will help develop and implement health priorities designed to improve the health of all residents in Weber and Morgan counties. Improving the health of all residents is a community process that exceeds the capacity of any one organization. Together, we can align resources and work toward common goals that will result in a healthier community.

Throughout 2014 and 2015 the WMHD conducted a Community Health Assessment (CHA) to determine the overall health of Weber and Morgan counties. Many community partners and WMHD staff contributed extensively to the CHA through hundreds of hours of collecting and analyzing both secondary and primary data. Residents provided valuable primary health data through a series of English and Spanish focus groups, surveys, and a PhotoVoice exhibit. Local health data was evaluated against 45 health indicators on a national, state, and county level to determine our health status. A completed CHA grants the WMHD and our community partners the ability to logically set and work towards the most impactful health priorities.

Your organization has essential perspective, resources, and a shared interest in promoting healthy lifestyles that are all vital to developing an effective CHIP. We request the participation of at least one representative from your organization to the upcoming CHIP meeting:

Thursday June 30, 2016
9AM – 3PM (Lunch will be provided)
2nd Floor Auditorium of the Weber-Morgan Health Department
477 23rd Street, Ogden UT 84401

Representatives attending this meeting should:

- ✓ Commit to attend the entire meeting on June 30.
- ✓ Be familiar with the health needs and challenges of your clients.
- ✓ Review the findings of the CHA: http://www.webermorganhealth.org/_include/pdf/WMHD_CHA.pdf.
- ✓ Be prepared to discuss and vote on health priorities.
- ✓ Be capable of discussing and developing effective objectives and strategies to address the identified health priorities.
- ✓ Be capable of describing the resources your organization can provide to address the selected health priorities.
- ✓ Be capable of expressing the role your organization can fill during CHIP implementation.

Please RSVP with Jacob Matthews (801) 450-8996 or jmatthews@co.weber.ut.us by Thursday June 22, 2016 to ensure an accurate lunch count. Please contact him with any questions or concerns you may have.

EDUCATE | ENGAGE | EMPOWER

phone: 801-399-7100 | fax: 801-399-7110 | 477 23rd Street, Ogden, UT 84401 | www.webermorganhealth.org

BRIAN W. BENNION, M.P.A., L.E.H.S.
Health Officer/Executive Director



I am eager for this momentous opportunity to plan and work together to increase the number of healthy individuals and families thriving in Weber and Morgan counties.

Sincerely,

A handwritten signature in blue ink that reads "Brian Bennion".

Brian Bennion, M.P.A., L.E.H.S.
Health Officer/Executive Director
Weber-Morgan Health Department

EDUCATE | ENGAGE | EMPOWER

phone: 801-399-7100 | fax: 801-399-7110 | 477 23rd Street, Ogden, UT 84401 | www.webermorganhealth.org

Appendix B



Community Health Improvement Planning Agenda

Thursday June 30, 2016 | 9:00 am–3:00 pm
2nd Floor Auditorium of the Weber-Morgan Health Department

- 9:00 Welcome, Introductions, and Contact Sheet
- 9:30 Fundamentals of Community Health Improvement Planning
- 9:45 Community Health Assessment Findings
- 10:45 Break
- 11:00 Explore/Discuss Health Indicator Summary
- 11:20 Discuss Voting Criteria
- 11:40 Vote on Health Priorities
- 12:10 Lunch
- 12:45 Review Health Priorities Voting Results (Select 3 to 5 priorities)
- 1:00 Discuss CHIP Action Partnerships
- 1:15 Form 3–5 CHIP Action Partnerships (CAPs)
- 1:20 Elect CAP Leadership (Chair, Vice-Chair, and Secretary)
- 1:30 CAPs will begin to evaluate their resources and select strategies and objectives
- 2:30 Group Discussion – CAP initial strategies and objectives
- 2:45 CAPs: Set a July and August meeting to finish selecting strategies/objectives
- 2:55 Participant Evaluation Form and Adjourn

Appendix C



Health Indicator Summary

HEALTH OUTCOMES: MORTALITY & MORBIDITY (POSTERS 1 & 2)

	Leading Cause of Mortality/ Morbidity	Area of Concern for Residents*	Compared to the State Average	Compared to Utah, Davis & Salt Lake Counties	Meeting Healthy People 2020 Goal
Obesity	✓	✓	Adult - WMHD Child - Weber	WMHD	Adult - WMHD Child - Weber
Asthma	—	✓	Weber	Weber	—
High Blood Pressure	✓	—	WMHD	—	Weber Morgan
Alzheimer's	✓	—	Weber	Weber	—
Heart Disease Death/Incidence	✓	—	Weber Morgan	WMHD	WMHD
Suicide	✓	✓	WMHD	WMHD	WMHD
Depression	—	✓	—	—	—
Firearms Death/Injury	✓	—	Weber Morgan	Weber Morgan	Weber Morgan
Poisoning (accidental & intentional)	✓	✓	WMHD	WMHD	Weber Morgan
Falling	✓	—	WMHD	WMHD	Weber Morgan
Motor Vehicle Deaths	✓	—	WMHD	WMHD	Weber Morgan
Stroke Incidents/Deaths	✓	—	Weber Morgan	WMHD	Weber Morgan
Cancer Deaths	✓	—	WMHD	WMHD	WMHD
Chronic Lung Disease	✓	—	Weber Morgan	Weber Morgan	—
Diabetes Deaths	✓	✓	Weber Morgan	WMHD	WMHD
Influenza & Pneumonia	✓	—	Weber	Weber	—
Nephritis	✓	—	Weber	Weber	WMHD
Food Borne Illness	—	—	—	—	—

HEALTH BEHAVIORS (POSTER 3)

	Leading Cause of Mortality/ Morbidity	Area of Concern for Residents*	Compared to the State Average	Compared to Utah, Davis & Salt Lake Counties	Meeting Healthy People 2020 Goal
Alcohol Abuse		✓	WMHD ☒	WMHD ☒	
Adult Tobacco Use		✓	Weber ☒ Morgan 👍	Weber ☒ Morgan 👍	Weber ☒ Morgan 👍
Adolescent Substance Abuse (alcohol, tobacco, other drugs)		✓	WMHD ☒	WMHD: Alcohol ☒ Marijuana 👍 Cigarettes & E-Cigarettes ☒	WMHD: Alcohol & Marijuana ☒ & Cigarettes only 👍
Healthy Eating (eating 3 or more fruits and vegetables each day)		✓	WMHD 👍	WMHD 👍	—
Adult Physical Activity (aerobic & muscle building)		✓	WMHD 👍	WMHD 👍	—
Safe Sun Practices (sun screen, long clothes, etc.)		—	WMHD 👍	WMHD 👍	WMHD ☒
Car Seat & Seatbelt Use		—	WMHD 👍	WMHD 👍	WMHD ☒
Vaccine Preventable Diseases (adult & childhood)		—	—	—	—
Infant Nutrition: % of Women Who Have Ever Breastfed (WIC clients only)		—	WMHD ☒	WMHD ☒	WMHD ☒
Diabetes Management (two A1c tests per year)		—	WMHD 👍	WMHD 👍	WMHD 👍
Teen Pregnancy		✓	Weber ☒ Morgan 👍	Weber ☒ Morgan 👍	Weber ☒ Morgan 👍
Sexually Transmitted Infections		—	WMHD 👍	—	—
Oral Health		✓	Weber ☒	—	—
Emergency Preparedness		✓	—	—	—

CLINICAL CARE (POSTER 4)

	Leading Cause of Mortality/ Morbidity	Area of Concern for Residents*	Compared to the State Average	Compared to Utah, Davis & Salt Lake Counties	Meeting Healthy People 2020 Goal
Access to Health Services (% residents 65 or younger without insurance)		✓	WMHD 👍	WMHD 👍	WMHD ❌
Access to Oral Health		✓	—	—	—
Access to Mental Health Services		✓	—	—	—
Access to Substance Abuse Services		✓	—	—	—
Cost of Healthcare		✓	WMHD 👍	—	—
Cancer Screenings		—	WMHD 👍	WMHD 👍	WMHD 👍

SOCIAL & ECONOMIC FACTORS (POSTER 5)

	Leading Cause of Mortality/ Morbidity	Area of Concern for Residents*	Compared to the State Average	Compared to Utah, Davis & Salt Lake Counties	Meeting Healthy People 2020 Goal
Education (9th graders who graduate from high school)		✓	WMHD 👍	—	Weber Morgan 👍
Unemployment Rate		—	WMHD 👍	Weber Morgan 👍	—
Economic Disparities (poverty)		✓	WMHD 👍	—	—
Homelessness		✓	Weber Morgan 👍	Weber Morgan 👍	—
Family & Social Support		✓	WMHD 👍	WMHD 👍	—
Community Safety & Crime		✓	WMHD 👍	WMHD 👍	—

PHYSICAL ENVIRONMENT (POSTER 6)

	Leading Cause of Mortality/ Morbidity	Area of Concern for Residents*	Compared to the State Average	Compared to Utah, Davis & Salt Lake Counties	Meeting Healthy People 2020 Goal
Air Quality		✓	WMHD 👍	WMHD 👍	WMHD ❌
Water Quality		✓	—	—	—
Drinking Water		✓	WMHD ❌	WMHD ❌	—
Physical Dwelling Safety		—	WMHD 👍	WMHD 👍	
Public Transit, Walking Paths, & Bicycle Lanes		✓	—	—	—
Food Environment: # of fast food restaurants		✓	WMHD 👍	WMHD 👍	—
Food Environment: Grocery Store Access		✓	—	—	—

Table Key

*Primary research conducted by the WMHD was used to determine if a topic was of concern to residents.

- ❌ Wherever this symbol is found it signifies an area of health improvement for the community. When it is found under the columns of "Compared to the State Average" and "Compared to Utah, Davis, and Salt Lake County," this symbol means there is **more than 10% difference** between the compared geographic locations. When you see this symbol under the "Meeting Healthy People 2020 Goal" (HP2020) column, it means the **HP2020 goal has NOT been met**.
- 👍 Wherever this symbol is found it signifies an area of health success for the community. When it is found under the columns of "Compared to the State Average" and "Compared to Utah, Davis, and Salt Lake County" this symbol means there is **less than 10% difference** between the compared geographic locations. When you see this symbol under the "Meeting Healthy People 2020 Goal" (HP2020) column it means the **HP2020 goal HAS been met or exceeded**.
- ✓ Yes
- No applicable data or goal available. In some cases, it indicates too much data was being compared to accurately declare a simple ❌ or 👍 analysis.

“It is health that is real wealth and not pieces of gold and silver.”

– Mahatma Gandhi



Appendix D



Health Issue Discussion Sheet

This sheet provides you with a tool to help guide your group discussion on health issues.

Q1. What health issues should be **added** to the Health Indicator Summary form?

Suggestion 1: _____

Suggestion 2: _____

Q2. What health issues should be **removed** from the Health Indicator Summary form?

Suggestion 1: _____

Suggestion 2: _____

Q3. What health issues on the Health Indicator Summary form should be **combined** into new health issues or topics?

Suggestion 1: _____

Suggestion 2: _____

Q4. What Health issues on the Health Indicator Summary form are **most serious or urgent** in our community?

Health Issue 1: _____

Health Issue 2: _____

Health Issue 3: _____

Health Issue 4: _____

Health Issue 5: _____

Q5. What health issues on the Health Indicator Summary form are of significant **concern to residents**?

Health Issue 1: _____

Health Issue 2: _____

Health Issue 3: _____

Health Issue 4: _____

Health Issue 5: _____

Q6. What health issues on the Health Indicator Summary form have **proven strategies and solutions** to address them?

Health Issue 1: _____

Health Issue 2: _____

Health Issue 3: _____

Health Issue 4: _____

Health Issue 5: _____

Appendix E



Voting Instructions

ROUND 1 VOTING RULES

1. Open the envelope labeled "VOTE 1." Inside you will find **10 blue** ● **stickers**.
2. You must **USE ALL 10 BLUE STICKERS** during Round 1 of voting.
3. You will vote for a total of 10 different health issues in this round.
4. To vote, find posters with health issues that are important to you. Place only 1 sticker in the box under the "Vote 1" column that corresponds with the issue you are voting on. **YOU MAY ONLY USE 1 BLUE STICKER PER ISSUE THAT YOU VOTE ON.**
5. Only health issues that receive votes from **33%** of the total number of CHIP participants **will progress to round 2** and be available to vote on in round 2.

ROUND 2 VOTING RULES

1. Open the envelope labeled "VOTE 2." Inside you will find **10 green** ● **stickers**.
2. You must **USE ALL 10 GREEN STICKERS** during Round 2 of voting.
3. You will vote for a total of 10 different health issues in this round.
4. To vote, find posters with remaining health issues that are important to you. Place only 1 green sticker in the appropriate box under the "Vote 2" column that corresponds with the issue that you are voting on. **YOU MAY ONLY USE 1 GREEN STICKER PER ISSUE THAT YOU VOTE ON.**
5. Only health issues that receive votes from **50%** of the total number of CHIP participants **will progress to the third and final round of voting** and be available to vote on in round 3.

ROUND 3 VOTING RULES

1. Open the envelope labeled "VOTE 3." Inside you will find **1 Red, 1 Yellow, 1 Blue, and 1 Green sticker.**
2. You must **USE ALL 4 STICKERS** during Round 3 of voting.
3. You will vote for a total of 4 health issues in this round.
4. The 4 colored stickers during the 3rd round of voting represent the following health priorities.
 - A. **Red sticker** ● = **your 1st health priority.**
 - D. **Yellow sticker** ● = **your 2nd health priority.**
 - A. **Blue sticker** ● = **your 3rd health priority.**
 - A. **Green sticker** ● = **your 4th health priority.**
5. To vote, find posters with remaining health issues that are important to you. Place your red sticker on the remaining health issue that is your 1st health priority. Continue to vote and prioritize with your remaining 3 stickers.

**VOTING RESULTS WILL BE TABULATED DURING LUNCH.
WE WILL DISCUSS THE RESULTS AFTER LUNCH.**

Appendix F



CHIP Community Action Partnerships (CAP)

Purpose

A CHIP Community Action Partnership (CAP) will be formed to address each selected health priority if there is not an existing community partnership dedicated to addressing that health priority. The purpose of each CAP is to provide the community with an organized group that meets regularly to address their selected health priority. By planning, strategically aligning existing and new community resources, and doing measurable activities, each CAP can improve their selected health priority.

SUSTAINABILITY

Each CAP will elect a three member leadership team consisting of a Chair, Vice-Chair, and Secretary to ensure continuing viability and progress. Leadership for each CAP will be voted on during the June 30th CHIP meeting and the term of office of each position will be for one year.

CAP LEADERSHIP and MEMBERSHIP DUTIES:

1. The Chair is responsible to lead his or her respective CAP by ensuring regular meetings are held. The Chair leads the group discussion in selecting effective strategies and objectives for their respective CAP.
2. The Vice-Chair is responsible to find and secure a regular meeting location. The health department is a good place to consider for CAP meetings, but you can hold your meetings wherever it is convenient.
3. The Secretary is responsible to record the minutes of each meeting and record any progress the CAP has made towards recruiting and completing objectives.
4. In the event any CAP leadership team member is unable to complete their duties, they will be assumed by the remaining CAP leadership members until a replacement can be found.
5. All CAP members must decide upon things democratically — a simple majority makes all decisions related to your assigned CAP. Fifty percent of CAP membership must be present to constitute a quorum.

CAP SUCCESS

Your CAP will find success by following some simple steps:

- 1. Plan:** Set regular meetings and select effective strategies and short-term and long-term objectives as the foundation for your CAP's success.
- 2. Act:** Assign and provide CAP members with responsibilities and resources they can use to complete measurable objectives. We all have resources to help and by pooling them we can do more together than by ourselves.
- 3. Assess:** Did anything change because of the action your CAP took? Record your success or learning lessons in your meeting minutes.
- 4. Report:** Share the progress your CAP makes with the Weber-Morgan Health Department employee assigned to your CAP. This will allow the health department to issue an annual report of progress for everyone to see.
- 5. Recruit:** Continually seek for additional partners to join your CAP. There are many for profit, nonprofit, and government agencies that want to help — they just need to be invited to join your CAP.



Appendix G



CAP Worksheet

Is Your CAP Complete?

There are many potential partners in the for-profit, non-profit, and government sectors that are interested in helping making the community healthier. What others organizations should be invited to participate with your CAP?

Suggested Organization 1: _____

Suggested Organization 2: _____

Suggested Organization 3: _____

Suggested Organization 4: _____

Existing Community Resources

What existing community resources exist to address the health priority of your CAP?

Existing Resource 1: _____

Existing Resource 2: _____

Existing Resource 3: _____

Existing Resource 4: _____

New Community Resources

What new community resources, from your organization or others, could be used to address the health priority of your CAP?

New Resource 1: _____

New Resource 2: _____

New Resource 3: _____

New Resource 4: _____

Effective Evidence Based Strategies

What are some effective evidence based strategies your CAP could pursue to help address your health priority? Here is an example of an evidence based strategy: If there were an Obesity CAP, its purpose would be to set strategies and measurable objectives to help reduce obesity in the community. Encouraging Workplace Wellness Programs (WWP) is one effective strategy the Obesity CAP could select to reduce obesity.

Effective Evidence Based Strategy 1: _____

Effective Evidence Based Strategy 2: _____

Effective Evidence Based Strategy 3: _____

Effective Evidence Based Strategy 4: _____

Measurable Objectives

What are some measurable objectives your CAP could pursue to fulfill the strategies of your health priority? Here are examples of measurable objectives to support the selected strategy of Workplace Wellness Programs: The Obesity CAP sets a measurable short-term objective of educating 50 companies in Weber and Morgan counties on the advantages of a Workplace Wellness Program by December 2017. It could set a long-term objective of 10% of the educated companies adopting a Workplace Wellness Program by December 2020.

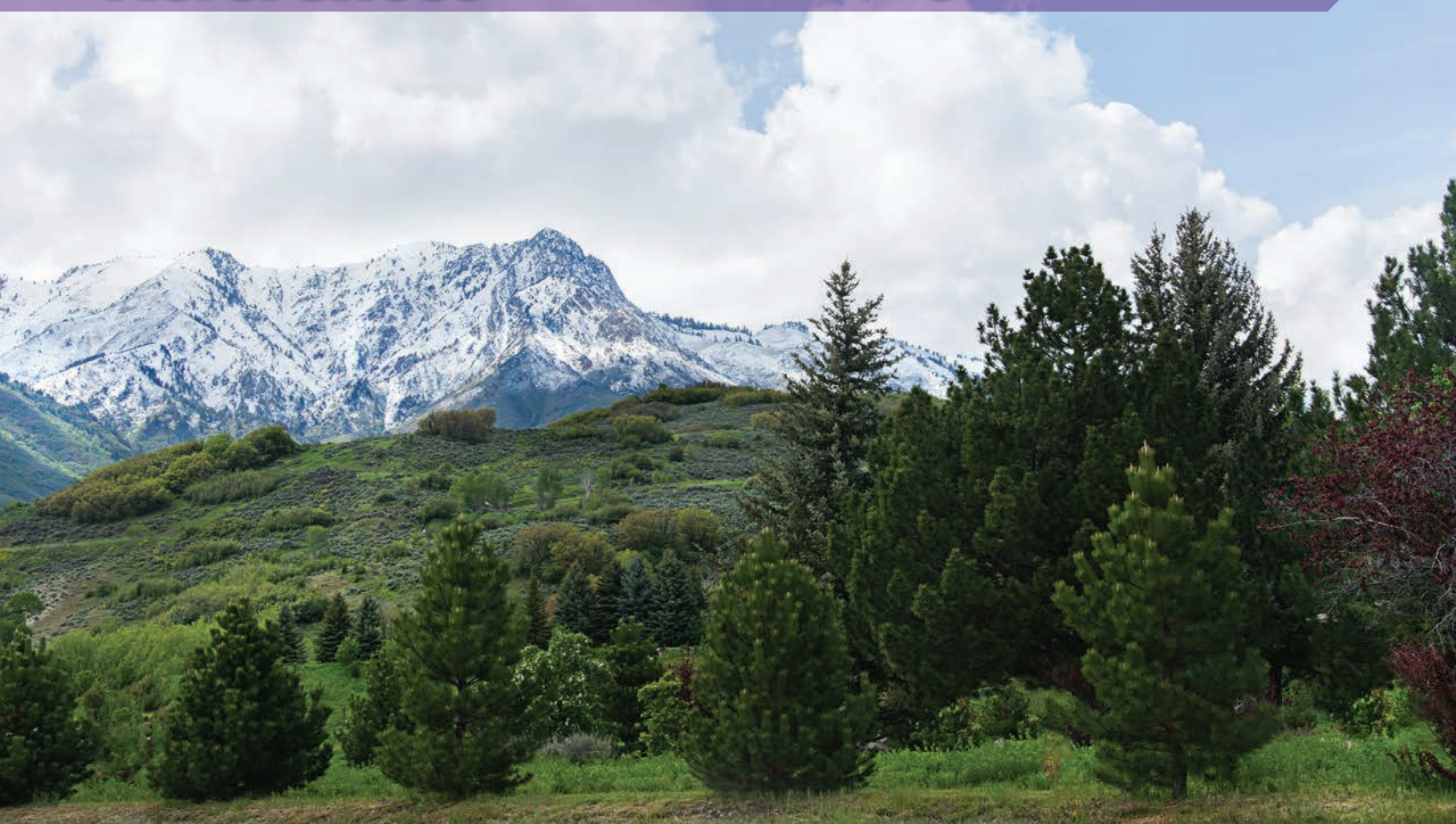
Measurable Objective 1: _____

Measurable Objective 2: _____

Measurable Objective 3: _____

Measurable Objective 4: _____

References



1. <https://ibis.health.utah.gov/indicator/view/SuicDth.PlaYou.html>
2. <https://ibis.health.utah.gov/indicator/view/SuicDth.PlaYou.html>
3. Weber-Morgan Health Department CHA Page 34
4. Weber-Morgan Health Department CHA Page 34
5. <http://mantherapy.org/about>
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7. <https://ibis.health.utah.gov/indicator/view/SuicDth.LHD.html>
8. <https://ibis.health.utah.gov/indicator/view/SuicDth.SA.html>
9. Weber-Morgan Health Department CHA Page 45
10. <https://www.co.dakota.mn.us/Government/publiccommittees/CHA/Documents/CommunityHealthImprovementPlan.pdf>
11. <https://ibis.health.utah.gov/indicator/view/Obe.SA.html>



***“Energy and persistence
conquer all things”***

– Benjamin Franklin





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Coordinated by Weber-Morgan Health Department**

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