



2018

NAVAJO COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

October 2018

SUMMIT HEALTHCARE
NORTHCOUNTRY HEALTHCARE
CHANGEPOINT INTEGRATED HEALTH
NORTHLAND PIONEER COLLEGE
NORTHEASTERN ARIZONA WORKFORCE SOLUTIONS
NAVAJO COUNTY PUBLIC HEALTH SERVICES DISTRICT

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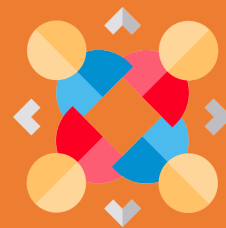
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Introduction

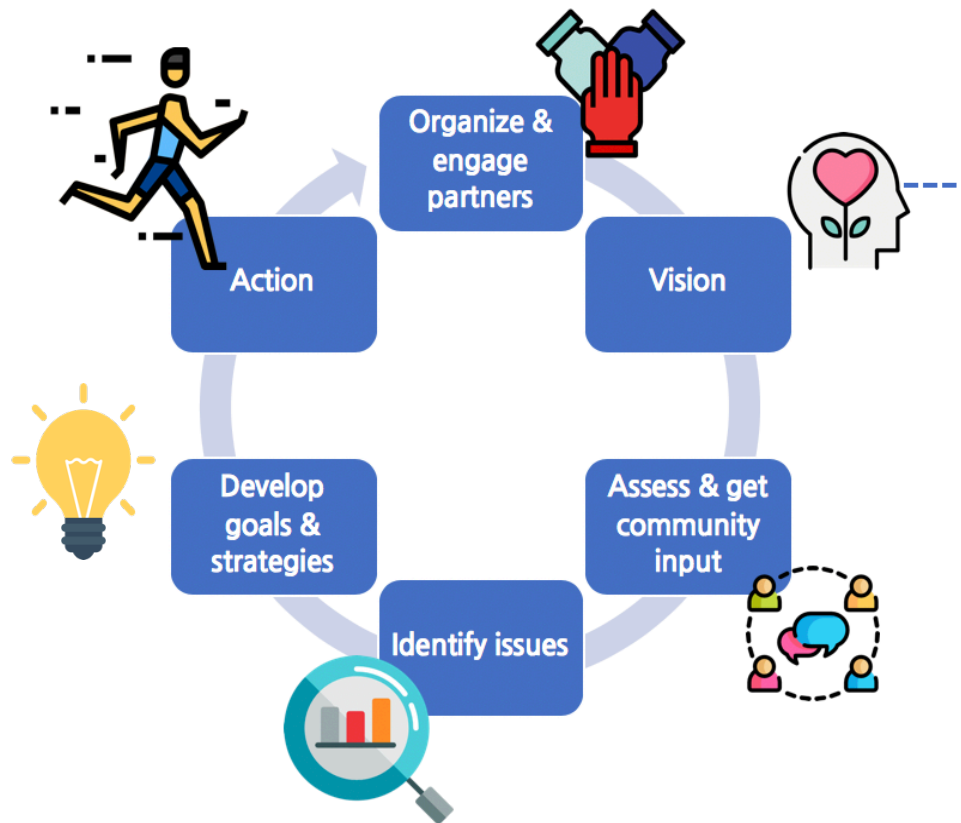
In January 2018, the Navajo County Public Health Services District (NCPHSD) gathered together a diverse group of residents and organizations to conduct community health planning for the county. Led by staff from the NCPHSD, participants from many agencies began the Mobilizing Action through Planning and Partnerships (MAPP) process, a “community-driven strategic planning process for improving community health.”¹

As shown in the graphic below, the MAPP process includes six phases, including organizing the group, creating a vision, assessing the community’s health, identifying issues, developing goals and strategies, and putting those strategies into action. The end goal is to create a public health system in which all organizations are coordinated and communicating with each other to make the system as efficient and effective as possible. “Public health” and the “public health system,” in this context, goes beyond clinical care or healthcare. Rather, it recognizes that many factors contribute to a person’s health –where she lives, her income, whether or not she has running water, what kind of foods she eats, and so much more.²



The end goal is to create a public health system in which all organizations are coordinated and communicating with each other.

Mobilizing Action for Planning and Partnerships (MAPP)



This report presents the final plan created by the Navajo County MAPP participants, including the goals, activities, outputs and outcomes of each of the plan’s components. This final plan is called the *Navajo County Community Health Improvement Plan (CHIP)* and it will guide the public health system activities in the county for the next three to five years. This report also summarizes the process used by the MAPP planning group to generate the plan. This process is considered a “gold standard” in public health planning and incorporates community input, statistical data, logic models and much more into decision making.

The MAPP participants live and work in all parts of the county and represent a wide range of county residents and organizations. Among others, there were representatives from law enforcement, tribal communities, healthcare, hospitals, behavioral health, substance abuse prevention/treatment, early childhood development, as well as staff from the NCPHSD. All participating individuals and agencies are listed in Appendix A.

Timeline

The graphic below presents a summary of the activities completed by the MAPP partners. It presents the process used by the NCPHSD to lead the community from a vision to an action plan over the course of eleven months. The activities will be explained in more detail in the next section.



Summary of Process and Timeline

Phases 1 and 2: Vision and Partners

December 2017

NCPHSD begins planning for Mobilizing Action through Planning and Partnerships (MAPP).



January 2018

NCPHSD develops list of community partners.

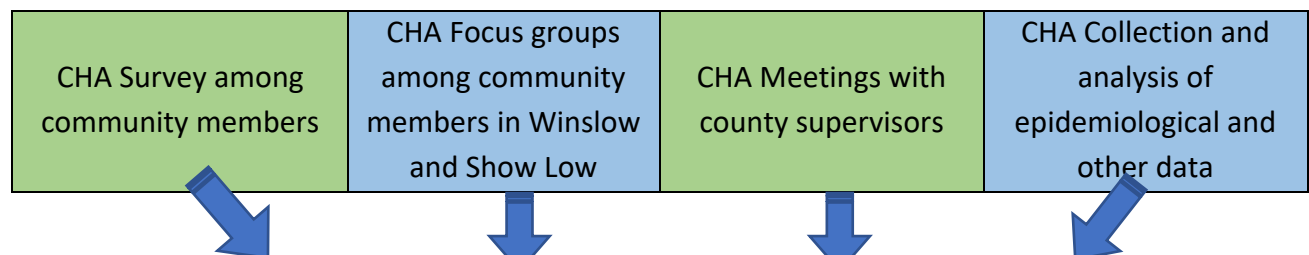
Communitywide meeting of partners held to discuss community health issues, planning for community health assessment (CHA), data resources, etc.



Phase 3: Assessments

February - July 2018

Four CHA components completed with data and input from MAPP members.



Data synthesized into comprehensive community health assessment (CHA).



Phase 4: Strategic Issues

July 2018

Draft CHA sent to CHA Advisory Group for feedback.



August 2018

Draft CHA sent to MAPP Members for feedback and review.
NCPHSD MAPP Support Team generates strategic issues from CHA results.



August 2018

12 strategic issues sent to MAPP members in electronic survey to narrow list.



Phase 5: Goals and Strategies

September 2018

MAPP members select 4 issues: substance abuse, poverty, chronic disease, mental health.
Communitywide meeting of partners held to discuss CHA results, develop action plan.



Phase 6: Action

October - December 2018

Four CHIP Strategic Issue Groups formed to address issues.
NCPHSD giving multiple presentations across community to share CHA/CHIP.

The Process

As mentioned earlier, the Mobilizing Action for Planning and Partnerships (MAPP) process has six phases. This section will summarize the activities conducted in each phase of developing the Navajo County Community Health Improvement Plan (CHIP).

Phases 1 and 2: Organize for Success/Partnership Development and Visioning

December 2017 - January 2018

Beginning in December of 2017, the NCPHSD developed a plan for carrying out the MAPP strategic planning process and all of its components. At that point, they created a project plan with activities, deadlines and team members responsible for different activities. They also identified many community partners to be part of the effort. NCPHSD had already partnered with many individuals and agencies in the past, so they reached out beyond these partners to fill gaps in community representation. (See Appendix A.)

On January 10, 2018 in Show Low, the NCPHSD held a meeting of all community partners to engage in the planning process. This meeting covered the following topics:

- Explanation of MAPP process and its components (community health assessment, community health improvement plan, etc.)
- Definition of the “public health system” as far-reaching and not limited to clinical care
- Input from participants – what they see as key public health issues and quality of life (small groups, then reported out to full group)
- Outline for a community health assessment (CHA), including invitation to participate in CHA Advisory Group
- Several key facts about Navajo County residents to give participants an idea of what is included in a CHA
- Input on what participants felt should be included in the CHA (small groups, reported out)
- Input on what data sources, resources, needs exist (small groups, reported out)
- Meeting evaluation (individual) and reflection (group discussion of “What stood out?”)

As indicated in the list above, there were numerous opportunities for participants to work in small groups and offer opinions via their small groups, individually on paper, or in the larger group. The agenda may be found in Appendix B.

Four Parts of the Community Health Assessment



Survey among over 1,000 residents re: health issues, goals, services



Analysis of epidemiological and other data



Focus groups among residents to hear about residents' experiences with health



Meetings with county supervisors to discuss health priorities

Phase 3: Assessments

February - August 2018

Phase 3 of the MAPP community health planning process is to conduct a community health assessment (CHA). A CHA examines health, healthcare, and factors that influence health, including residents' and leaders' views of the current state of health in the community as well as epidemiological data on health issues, economic issues, the environment, births, deaths, and other related topics. The Navajo County CHA consists of four elements, as shown in the graphic on the previous page. A CHA Advisory Group was formed to recommend epidemiological data to be included in the CHA, methods for conducting primary focus group and survey research, reviews of survey instruments and discussion guides, etc. A list of Advisory Committee members may be found in Appendix C. On February 22, 2018, NCPHSD convened this group to discuss the plan for the CHA. The agenda and notes from this meeting are in Appendix D. Additional meetings via email were conducted over the next six months, including reviews of CHA drafts and suggestions for data to include.

In July 2018, The Navajo County Public Health Services District distributed a draft of the *Navajo County 2018 Community Health Assessment* (CHA) to CHA Advisory Group members for feedback. After feedback was incorporated, the report was sent to all community partners (MAPP members) in August. This allowed the MAPP members to review the data and findings of surveys and focus groups before embarking upon the community health planning process. The results from these studies and detailed explanations of the methods used are summarized in the *2018 Navajo County Community Health Assessment*.³

Phase 4: Identify Strategic Issues

August – September 2018

In August, the NCPHSD embarked upon Phase 4 of MAPP -- identifying strategic issues. They followed guidance for this phase⁴ and added a survey to get input from a greater number of participants. Each of the steps is shown below.

Step 1. The NCPHSD MAPP Support Team reviewed all of the quantitative and qualitative data in the CHA, including the opinions of residents, and generated a list of 35 strategic issues (see Appendix E). These strategic issues are questions that can be posed to help generate goals and actions. The following are three examples of strategic issues and the reasons why they are relevant for Navajo County.

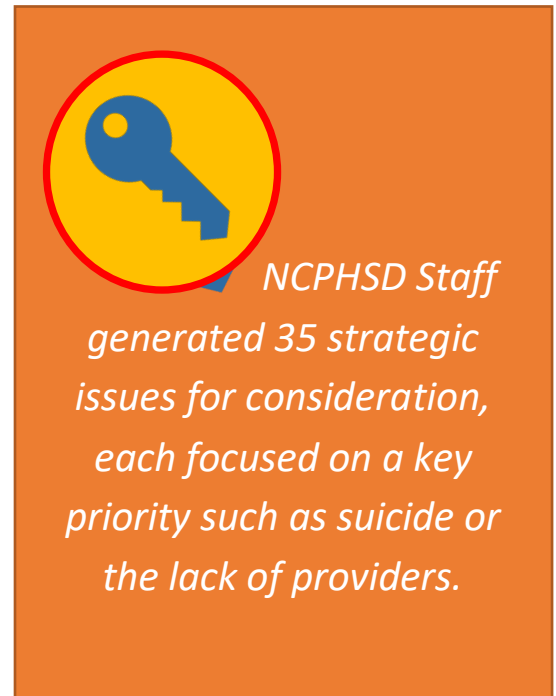
Strategic Issues (Examples)	Reasons/evidence for Inclusion
1. How do we provide a comprehensive, accessible mental/emotional healthcare system to our residents?	<ul style="list-style-type: none">• High rate of hospital visits for mental health disorders• High suicide rate• Mentioned as need by focus group respondents• Selected as need by residents in CHA community survey
2. How do we prevent suicide, especially among high-risk groups such as men, individuals under 40, and American Indian residents?	<ul style="list-style-type: none">• High suicide rate among these groups• Mentioned as need by focus group respondents
3. How do we make the public aware of the public health system and all that it does?	<ul style="list-style-type: none">• Perception of public health experts

Step 2. The support team then narrowed the 35 issues down to twelve in order to have a manageable list to present to MAPP members. The criteria for inclusion at this stage were:

- Size of issue
- Rate of issue in comparison to state and U.S.
- Community concern about issue
- Distinctiveness of issue (minimal overlap with other issues on list)

- Combination of issues
- Effect on vulnerable populations

Step 3. At this point, the MAPP Support Team discussed options for how to proceed. Their goal was to further narrow the issues to a number that would be manageable for the next step (setting goals and priorities). The team wanted to engage MAPP participants in the decision making for this step and considered two options for doing so. One option would be for the MAPP members to choose the highest priorities when they convened in the communitywide meeting scheduled for September. On the plus side, this would allow discussion among participants. On the minus side, only those who could attend the meeting would be able to participate in the selection and time would need to be dedicated to this process during the meeting, which already had a full agenda.



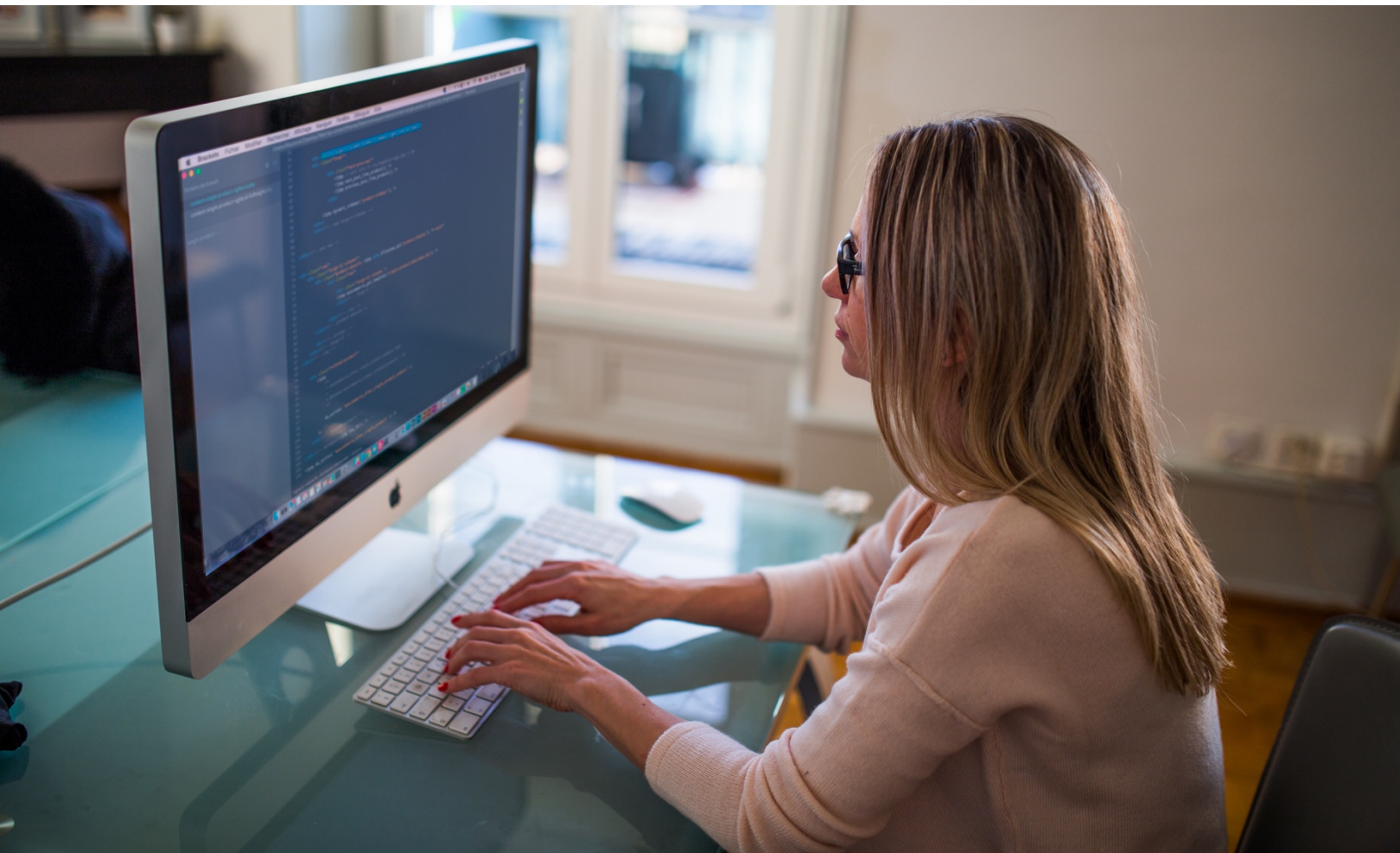
The team decided to go with a different option. In order to expedite strategic planning at the meeting and to include all MAPP members – regardless of whether or not they could attend the meeting – the NCPHSD sent an electronic survey to all MAPP members prior to the meeting asking them to select priorities that they felt were the “highest priority issues for the community.” (The survey instrument can be found in Appendix F.) The survey respondents were asked to keep several considerations in mind during their selection:

- How important is this issue to the health of the community?
- Could the issue address health inequities in our community?
- How widespread is the issue?
- If we work together, can our group have an impact on the issue?
- Would you or your organization be willing to work on this issue?

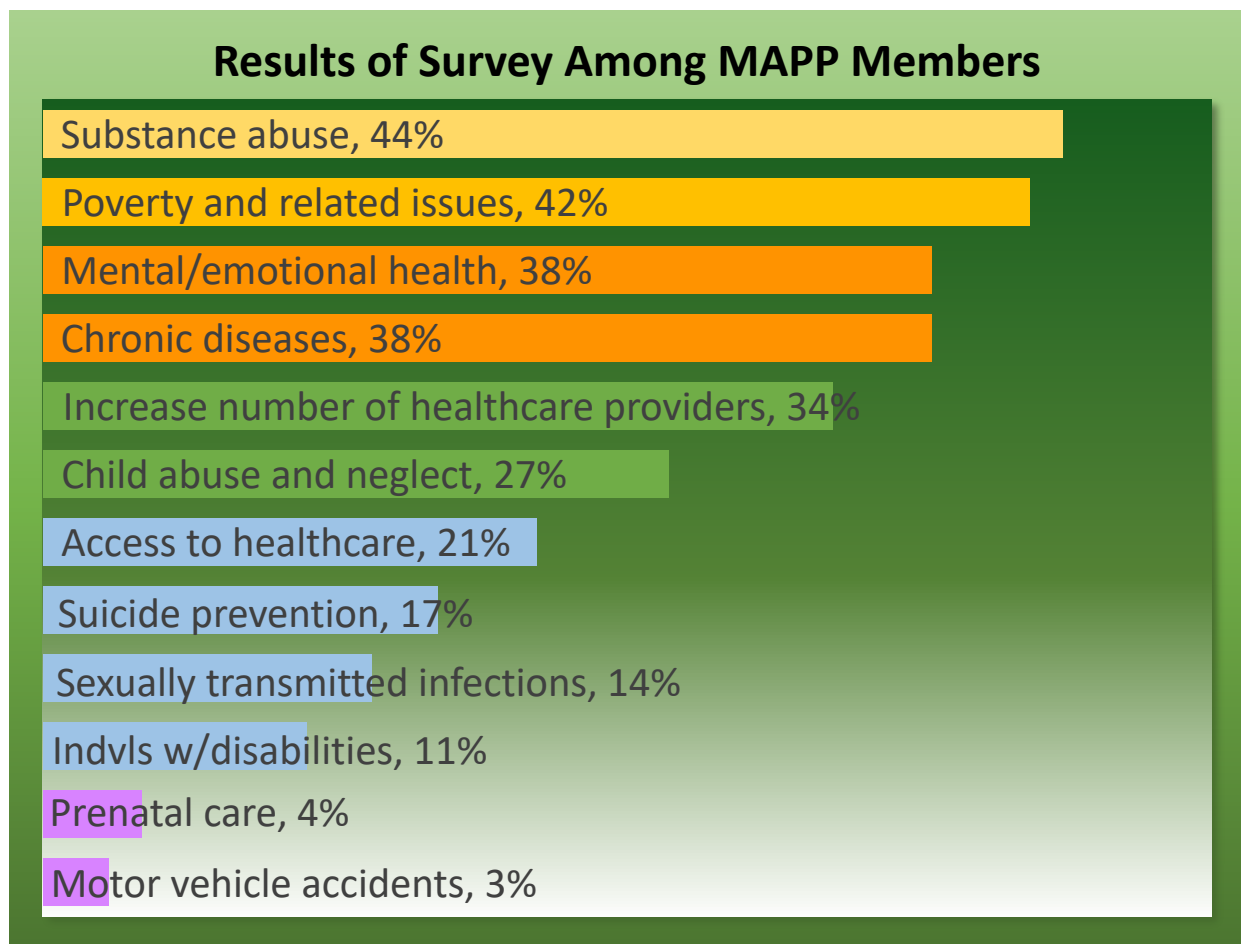
The twelve strategic issues that were presented in the survey were the following:

- How do we address substance abuse (alcohol, legal drugs, illegal drugs), including both prevention and treatment?
- How do we recruit and keep qualified healthcare providers, including behavioral health providers?

- How do we ensure access to the health care system for all residents?
- How can we address poverty and related issues of unemployment, poor housing, lack of insurance, poor food/nutrition etc. to improve health and well-being?
- How do we reduce motor vehicle accidents, including accidents related to substance abuse?
- How do we prevent suicide, especially among high-risk groups?
- How can we reduce sexually transmitted infections (STIs)?
- How do we promote healthy behaviors that prevent chronic diseases such as diabetes, heart disease, cancer, and other chronic conditions?
- How do we provide a comprehensive, accessible mental/emotional healthcare system to our residents?
- How do we promote the well-being of individuals (children and adults) with disabilities/special needs?
- What can we do to encourage prenatal care in the first trimester for all pregnant women?
- How can we reduce child abuse and neglect?



The survey was fielded between August 30, 2018 and September 11, 2018 and 71 MAPP members completed the survey. As shown in the chart below, four key issues emerged.



A table of results may be found in Appendix G.

Phase 5: Formulate Goals and Strategies

September 2018

In September of 2018, MAPP participants accomplished the fifth phase of the MAPP process. The NCPHSD hosted a meeting on September 19, 2018 in Show Low and invited all community partner individuals and organizations. The purpose of the meeting was to share results from the CHA, share results from the survey on strategic issues, and formulate goals and strategies as outlined in the MAPP process.⁵ Lunch was provided. (The agenda and facilitators' notes are in Appendix H.)

The meeting began with a refresher on the MAPP process, which had been introduced at January's meeting. This was followed by an update on where the group was in the cycle -- at the beginning of Phase 5. An epidemiologist then presented highlights of the CHA report, reducing the breadth and depth of the 300-page report to a 45-minute presentation. The epidemiologist also presented the results of the priority-setting survey and the four "winning" issues: substance abuse, poverty, chronic disease, and mental health.

At this point, the facilitators instructed participants to choose one issue from the top four priorities and move to the corresponding table(s) in the room. The participants were instructed to select the one issue they most wanted to affect and which they felt they or their agencies could affect. Additionally, the participants were told that they could contribute to more than one issue group in the future but to select one to work on during the planning meeting. There were ten to 15 participants in each group.

The facilitators then gave instructions to the newly formed groups. They asked the participants to build goals, resources, activities, outputs and outcomes that would address their group's priority issue. The facilitators selected a logic model from MAPP resources as a framework for setting goals and shared this with the group, as shown in the graphic on the next page.⁶ Facilitators gave the groups timeframes for completing each of the tasks and the groups posted their goals, resources, activities, etc. on large paper as they completed each task.

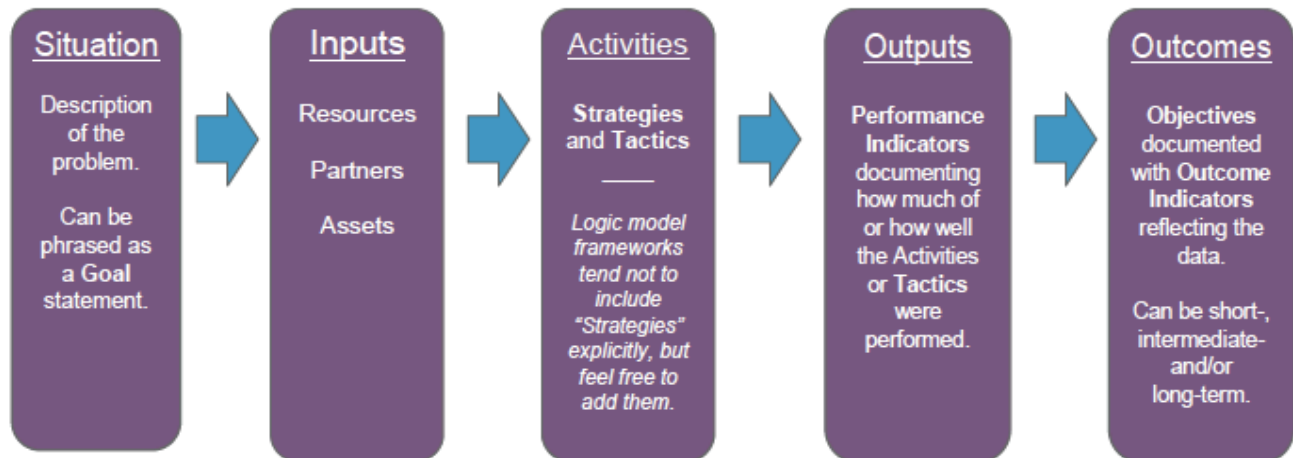
After each group's plan was completed, they collected contact information, set a next meeting date, and drafted/elected a convener to facilitate scheduling of meetings. Then the groups reported their plans to the full meeting and opened up for questions and comments. The facilitators encouraged those interested in plans of any of the groups to join the group to help it achieve its goals. Additionally, all participants were encouraged to suggest other individuals or groups who should be a part of any group.



The key issue selected most often by MAPP members and the community was:

How do we address substance abuse (alcohol, legal drugs, illegal drugs), including both prevention and treatment?

Logic Models to Illustrate “Theories of Change”



Example of a Logic Model Using the Previous Statements

Situation	Inputs	Activities	Outputs	Outcomes
Goal: Reduce the use of marijuana and alcohol use by youth	Local School System PTAs Police Department Chamber of Commerce Funding	Provide information to youth about the dangers & consequences of using marijuana & alcohol -Provide marijuana and alcohol awareness programs to youth in middle & high schools Build the skills of parents & other adults to talk with their children about the dangers & consequences of using marijuana and alcohol -Provide workshops for parents and create parent chat groups Reduce the access of marijuana & alcohol in the community - Work with law enforcement to do local vendor compliance checks of alcohol sales to minors - Set up a tip line on marijuana sales	Pre-and post test results of youth participating in awareness programs Number of parents attending workshops Number of parents participating in chat groups Number of vendors who pass alcohol compliance checks Number of calls to the tip line	Decrease the % of youth using marijuana from 20% to 15% by 2014 -% of middle & high school students indicating they use marijuana - % of middle & high school students indicating they drink alcohol



The meeting ended with an evaluation and reflection. Facilitators distributed paper copies of a meeting evaluation and participants completed these anonymously and left them face down at any of the tables. The facilitator then asked respondents to talk about what stood out for them about the meeting and participants provided positive feedback about the partnerships that were formed at the meeting and their enthusiasm for embarking on the action plan.

After the meeting, a fifth priority was added. As shown in the *2018 Navajo County Community Health Assessment*, the rate of sexually transmitted infections (STIs) is particularly high. For example, the rate of gonorrhea among Navajo County women aged 15-44 years old is twice the rate among Arizona women of the same age. The Navajo County Public Health Services District staff saw this as a priority for the department and decided to include it as part of the CHIP. The NCPHSD will lead the efforts toward reducing STIs and engage appropriate partners accordingly.

Phase 6: Action Cycle

October 2018 – December 2022

The action cycle is currently in progress in Navajo County with each of the CHIP strategic planning groups meeting before December to move their plans into action. NCPHSD staff will be tracking meetings, activities and progress of each of the groups and assisting with logistics such as securing meeting times and places. In addition, NCPHSD staff will hold semi-annual meetings for the full MAPP group during which the CHIP groups can report on their progress, continue networking/team building, and request resources from others. Finally, NCPHSD will also be holding or attending numerous meetings to announce the CHA results and CHIP to the community. Currently, meetings with business leaders, the Navajo County Board of Supervisors, and the White Mountain Apache Tribe are being scheduled, with more to come.

The Navajo County Community Health Improvement Plan

This section shows the health improvement plan that was generated by the MAPP planning group. It will be used as a guide for the public health system for the next three to five years.

1. Substance Abuse: How do we address substance abuse (alcohol, legal drugs, illegal drugs), including both prevention and treatment?				
GOALS	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOME(S)
1. Reduce substance use among youth 2. Identify substance abuse through screening, brief intervention, and referral to treatment (SBIRT)	<ul style="list-style-type: none"> Media Faith-based organizations Indian Health Services (IHS) Business owners Youth Policy makers Parents Volunteer groups Summit Navajo County Nexus Coalition ChangePoint Law enforcement 1st responders 	<ul style="list-style-type: none"> Hold coalition meeting with key stakeholders 	<ul style="list-style-type: none"> Create contact list for relevant individuals and organizations Conduct at least one meeting of coalition to kick-off activities to the left 	1. Lower level of substance use among youth (as seen in Arizona Youth Survey, BRFSS) 2. Increase in treatment referrals (as seen in hospital reports)
		<ul style="list-style-type: none"> Conduct afterschool programs to include healthy stress coping skills 	<ul style="list-style-type: none"> Number of afterschool sessions Number of students reached 	
		<ul style="list-style-type: none"> Conduct In-school prevention education 	<ul style="list-style-type: none"> Number of in-school sessions Number of students or schools 	
		<ul style="list-style-type: none"> Operate a parent-teen university 	<ul style="list-style-type: none"> Number of students enrolled 	

	<ul style="list-style-type: none"> • Schools • Prescribers • Safety Village • Behavioral health • Safety Town • M powrd • 2 B Mpowrd • Mpact • Drug diversions • Sports • Arts • Music • Clubs • JLA • STUCO • Red Ribbon • Drug Takeback 		<ul style="list-style-type: none"> • Number of parents enrolled 	
		<ul style="list-style-type: none"> • Encourage providers to practice SBIRT in their practices/offices 	<ul style="list-style-type: none"> • Number of patients screened • Number of patients not screened • Risk level of screened patients • Number referred to treatment 	
		<ul style="list-style-type: none"> • Execute media campaigns (PSA, radio, Birdman, social media, newspaper - White Mountain Independent, Maverick Magazine, billboard, brochures) to create a presence in community 	<ul style="list-style-type: none"> • Number of media placements 	

2. Poverty: How can we address poverty and related issues of unemployment, poor housing, lack of insurance, poor food/nutrition etc. to improve health and well-being?				
GOAL	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOME(S)
Create a coordinated system of support for vulnerable populations through an online network of resources	<ul style="list-style-type: none"> • Women, Infants and Children Program • Northeastern Arizona Innovative Workforce Solutions • RE:center • First Things First • Schools • Faith-based organizations 	<ul style="list-style-type: none"> • Invite others to table 	<ul style="list-style-type: none"> • Hold introductory meeting among relevant community partners (sign-in sheet) 	<ul style="list-style-type: none"> • Usage of portal service by providers and vulnerable populations to move toward self-sufficiency • Portal users and community satisfied with service
		<ul style="list-style-type: none"> • Map resources and identify gaps 	<ul style="list-style-type: none"> • Gap analysis report 	
		<ul style="list-style-type: none"> • Identify funding and apply 	<ul style="list-style-type: none"> • Complete at least one grant application or funding request 	
		<ul style="list-style-type: none"> • Hire position 	<ul style="list-style-type: none"> • Individual begins position 	
		<ul style="list-style-type: none"> • Build online system 	<ul style="list-style-type: none"> • System will be online and usable 	
		<ul style="list-style-type: none"> • Create messaging to bring users to the system 	<ul style="list-style-type: none"> • Advertisement or notices distributed in community 	

3. Mental/Emotional Health: How do we provide a comprehensive, accessible mental/emotional healthcare system to our residents?				
GOAL	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOME(S)
Lower suicide rates by 5 percentage points in next 3-5 years	<ul style="list-style-type: none"> Community education Community collaboration to treat entire patient Large companies to pool resources 	<ul style="list-style-type: none"> Schedule quarterly trainings with schools, faith organizations, employers, Safetalk, MHFA, CIT training 	<ul style="list-style-type: none"> Number of seminars at schools, employers, faith-based organizations. 	<ul style="list-style-type: none"> Decreased number of suicides among Navajo County residents
		<ul style="list-style-type: none"> Identify funding resource avenues – i.e., large employers pooling funding to self-insure 	<ul style="list-style-type: none"> Self-insured/funded behavioral health group funded by at least one large employer 	
		<ul style="list-style-type: none"> Identify and apply grant funding opportunities in a collaborative manner within community 	<ul style="list-style-type: none"> Complete at least one grant application or secure funding 	

4. Chronic Diseases: How do we promote healthy behaviors that prevent chronic diseases such as diabetes, heart disease, cancer, and other chronic conditions?				
GOAL	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOME(S)
Increase number of community members actively engaged in healthy behaviors that prevent chronic diseases.	<ul style="list-style-type: none"> • Diabetes prevention/education • Local hospitals and healthcare providers'' • Public health programs – IHS, County • Employers, schools, library, NPC • Parks, trails, outdoor recreation • Gyms, Parks & Rec, organized sports • Community gardens, nature center 	<ul style="list-style-type: none"> • Engage employers to incentivize wellness 	<ul style="list-style-type: none"> • Identify baseline of employer wellness programs and ↑ by/per year or existing programs • ↑ participation of employees by 10% 	<ul style="list-style-type: none"> • Decreased number of hospital readmissions related to chronic health conditions • Increased number of community members with PCP and receiving an annual wellness exam
		<ul style="list-style-type: none"> • Promote NEAR Care 	<ul style="list-style-type: none"> • Promote via employee wellness programs and ↑ NEAR Care participation by one entity per year (shared use agreement) 	
		<ul style="list-style-type: none"> • Wellness seminars 	<ul style="list-style-type: none"> • Provide prevention presentation to at least two new community groups per year. 	
		<ul style="list-style-type: none"> • Promote existing resources 	<ul style="list-style-type: none"> • Semi-annual focus group meetings to improve networking 	
		<ul style="list-style-type: none"> • Promote primary care provider (PCP) establishment for patients 	<ul style="list-style-type: none"> • Work with at least one healthcare facility per year to establish PCP establishment for patients without a PCP 	

		<ul style="list-style-type: none"> • Inspire community groups to address healthy habits 	<ul style="list-style-type: none"> • # of classes among community groups 	
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5. Sexually Transmitted Infections (STIs): How can we reduce sexually transmitted infections?				
GOAL	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOME(S)
Lower the rates of chlamydia, gonorrhea and syphilis.	<ul style="list-style-type: none">• NCPHSD• Hospitals, clinics• Tribal communities• Schools• Arizona Department of Health Services• Centers for Disease Control and Prevention	<ul style="list-style-type: none">• Testing and counseling	<ul style="list-style-type: none">• # of tests completed	Reduction in rates of STIs by 2023*
		<ul style="list-style-type: none">• Provider education	<ul style="list-style-type: none">• # of classes/sessions held• Number of providers, infection preventionists, and other relevant staff in attendance	
		<ul style="list-style-type: none">• Student education	<ul style="list-style-type: none">• # of classes/sessions held• Number of students in attendance	
*Note: With increased counseling and testing and education efforts, we expect the rates to <i>increase</i> in 2019/2020 because more residents will be tested, and more cases will be found. Therefore, the goal is set for 2023 when effects of education will prevent some cases.				

Appendix A: List of MAPP Members and Organizations

NAME	ORGANIZATION
Agan, Barry	Indian Health Services, White Mountain Apache Tribe (WMAT)
Anderson, Billie	Arizona Small Business Association
Beach, Jessica	WellCare
Belnap, Becky	Navajo County Public Health Services District (NCPHSD)
Bevelle, Brock	Blue Vase Recovery Center
Black, Ross	Little Colorado Medical Center
Brandon, Allison	North Country Healthcare
Clatterbuck, Trent	Navajo County Office of the Medical Examiner
Clements, Shauna	NCPHSD
Dobler, Kate	First Things First
Durkee, Geneva	Navajo County Library District
Engler, Ralph	National Alliance on Mental Illness (NAMI) White Mountains, AZ
Fabian, Angie	Summit Healthcare
Flake, Jennifer	NCPHSD
Garcia, Isaac	North Country Healthcare
Gose, Augusta	North Country Healthcare
Guay, Amanda	North Country Healthcare
Harris, Justin	WellCare
Hephner, Allison	NCPHSD (Meeting Organizer)
Hephner, Robert	Birdman Media
Heward, Alysia	Navajo County Court Appointed Special Advocates for Children (CASA)
Holler, Elizabeth	Summit Healthcare
Hook, Kendra	NCPHSD
Huish, Deborah	NCPHSD
Hunt, Rebecca	Northland Pioneer College
Iannucci, Kristi	Summit Healthcare
Joe, Kelly	Little Colorado Medical Center
Knudson, Candy	Arizona Department of Economic Security, Division of Developmental Disabilities (DDD)
Krouse, Rhonda	Snowflake Fire District

Lacapa, Rochelle	Office of Congressman Tom O'Halleran
Lamson, Elmer	WMAT Sex Offender Registration and Notification Act (SORNA)
Lee, Jeff	NCPHSD
Lemmon, Nathanael	Indian Health Services, WMAT
Lewis, Deborah	North Country Healthcare
Linn, Janelle	NCDPHSD
Loney, Ivy	Summit Healthcare
Maxwell, Ashley	NCPHSD
Mays, Lisa	PHN WRSY
McGinty, Debra	Northland Pioneer College
McQuillan, Stephanie	City of Show Low
Oakes, Jeff	ChangePoint Integrated Health
O'Farrell, Kimberle	Navajo County Emergency Management
Orozco, Mauricio	Care1st Health Plan Arizona
Padilla, Roxanne	Navajo County Victims/Witness Services
Persons, Shelly	Arizona Department of Health Services, Office for Children with Special Health Care Needs
Ray, Stephanie	Arizona Department of Economic Security, Workforce Innovation and Opportunity Act
Robertson, Debra	Nexus Coalition for Drug Prevention
Rodriguez, Edwin	NCPHSD (Meeting Organizer)
Ryan, Ashley	City of Show Low
Schumacher, Mare	Mare Insights Consulting (Meeting Facilitator/Epidemiologist)
Scott, Eric	Navajo County Human Resources
Sgambelluri, Michele	NCPHSD
Shores, Kay	Blue Ridge High School
Solomon, Vicky	Nexus Coalition for Drug Prevention
Solomon, Cathy	NCPHSD
Stokes, Dawn	North Country Healthcare
Stradling, Amy	NCPHSD
Todd, Leslie	North Country Healthcare
Updike, Nathan	ChangePoint Integrated Health
Watson, Paul	Navajo County Economic and Workforce Development
Willis, Brenda	Nexus Coalition for Drug Prevention

Wood, Kelly	Pinetop Fire District
Zimmerman, Rosalva	Arizona Department of Economic Security

Appendix B: Agenda of 1/10/18 MAPP/CHA Planning Meeting



Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Planning Meeting January 10, 2018

Agenda

10:00	Welcome and Introductions – Jeff Lee
10:10	Logistics – Allison Hephner <ul style="list-style-type: none">• Sign in, silence phone, etc. Mobilizing Action through Planning and Partnerships (MAPP) - Allison <ul style="list-style-type: none">• What it is• Where Navajo County is in process• Vision/mission
10:20	Why Are We Here? The CHA/CHIP Journey – Mare Schumacher <ul style="list-style-type: none">• Your role/the public health system• CHA and CHIP overview• Community input, your discussions with each other are essential
10:30	Five things
10:40	What is the Quality of Life in Navajo County? <ul style="list-style-type: none">• What do you/the community think about the quality of life here?
10:55	What are key public health issues in Navajo County? <ul style="list-style-type: none">• What are the public health issues in Navajo County? Most important and why?
11:25	Plan for Community Health Assessment <ul style="list-style-type: none">• What is a community health assessment?• CHA Advisory Group
11:40	Lunch

12:00	Profile of People and Health in Navajo County – Edwin Rodriguez
12:10	What should be included in the Community Health Assessment (CHA)? - Mare <ul style="list-style-type: none"> • What issues, groups, factors, issues?
12:25	What are Resources for Data and Information? <ul style="list-style-type: none"> • Existing resources • What other resources are out there?
12:45	Evaluation <ul style="list-style-type: none"> • Fill out evaluation
12:55	Reflection
1:00	Adjourn

Appendix C: CHA Advisory Group Members

Sean Clendaniel (North Country Healthcare)
Debra McGinty (Northland Pioneer College)
Angie Fabian (Summit Healthcare)
Simonthal Francisco (Navajo Nation Epidemiology Center)
Amanda Guay (North Country Healthcare)
Bryan Layton (Navajo County)
Jeff Lee (NCPHSD)
Nate Lemmon (Indian Health Services, White Mountain Apache Tribe)
Ava Linn (NCPHSD Nursing Services)
Darcey McKee (NCPHSD)
Jeff Oakes (ChangePoint Integrated Health)
Danielle Poteet (Summit Healthcare)
Cara Quade (ChangePoint Integrated Health)
Stephanie Ray (Arizona Department of Economic Security, Workforce Innovation and Opportunity Act)
Robert Schlesinger (Navajo County/Winslow City Council)
Mare Schumacher (consultant, Mare Insights)
Amy Stradling (NCPHSD)
Nate Updike (ChangePoint Integrated Health)
Paul Watson (Northeastern Arizona Innovative Workforce Solutions)

Appendix D: Agenda and Notes of 2/22/18 CHA Advisory Group Meeting



Navajo County Community Health Assessment (CHA) Advisory Group
February 22, 2018
Show Low, Arizona

Agenda (Black) & Meeting Notes (Red)

1. Introductions – Allison

Please say name, agency, what you are hoping to get from community health assessment

2. Purpose of Advisory Group – Allison

- a. PHAB requirement
- b. Provide input into Navajo County CHA process
- c. Contribute information/data (optional)
- d. Help recruit respondents for survey, focus groups
- e. Help maintain scope of project

3. The CHA Scope – Mare

- a. Purpose: "The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: 'How healthy are our residents?' and 'What does the health status of our community look like?'" -- MAPP, NACCHO
- b. Three projects: electronic survey, two focus groups, and epidemiological data summary. **Approved.**

- c. Geographic area(s): Navajo County; how/can we include Navajo Nation? **Yes, include. Mare to call them re: data.**
 - d. Final product:
Who should end users of CHA be?
What do we want final CHA report to look like? Infographic style? Report style?
Should be report, but also presentation in more visual style
- 4. Overview of CHA Parts and Purposes – Mare
 - a. Survey of residents – gives us a feel for how important specific public health issues are to community at large, get further input on what should be in CHA.
 - b. Focus groups – learn about the whys and hows of community issues, rich descriptions.
 - c. Epidemiological data – Reliable, representative data on diseases, deaths, and other factors.
- 5. Electronic survey - **Approved**
 - a. “Snowball method” – send to as many Navajo County residents as you know, they send to others, etc.
 - b. Field March to May 2018
 - c. The shorter the survey, the more people will complete
 - d. Spanish version?
 - e. Review attached draft
- 6. Focus group – show outline or guide - **Approved**
 - a. Review guide today
 - b. Conduct late March
 - c. Locations: Winslow, Show Low
 - d. Recruiting: members of “community,” not service staff
 - e. Review attached draft
- 7. Epidemiological data PHAB asks for:
 - a. Data and information from various sources contributed to the community health assessment and how the data were obtained
 - b. Demographics of population
 - c. Description of health issues and specific descriptions for population groups with particular health issues and inequities

- d. Description of factors that contribute to specific populations' health challenges
- e. Description of existing community assets or resources to address health issues

Possible indicators list attached. – See indicator pages.

8. Next Steps

9. Next Meeting

**Community Health Assessment (CHA) Focus Group
Winslow and Show Low, March 2018
Discussion Guide**

What is a focus group? What to expect...

We would like to thank you for participating in this discussion on health in our community. In order to help avoid potential distractions we would appreciate it if you would turn your cell phones off or place them on vibrate. We want everyone to have the chance to explain their personal experiences, so we would appreciate it if you would allow those speaking to finish before sharing your own comments. We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. If you don't understand a question, please let us know. We are here to ask questions, listen, and make sure everyone has a chance to share. If the group seems to be stuck on a topic, we may interrupt you and if you aren't saying much, we may call on you directly. If we do this, please don't feel bad about it; it's just our way of making sure we obtain everyone's perspective is included. We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly. We will be tape recording the discussion, because we don't want to miss any of your comments. Your name will not be connected with your comments. No one besides the project staff will have access to these tapes and they will be destroyed after our report is written.

What is the purpose of this group?

This discussion will help us to find out the health needs and concerns of people in Navajo County, in general and your community in particular. Our goal is to improve health and asking people directly what they think and have experienced in the community is a key part.

Facilitator's Introduction

- ☐ I'm facilitator hired by health department to facilitate discussion
- ☐ Staff and roles – facilitator, recorder, etc.
- ☐ Thank group for participation
- ☐ Voluntary participation
- ☐ Session will be audio-taped
- ☐ Issues of confidentiality and protection of information – what's said in focus group stays in focus group, only anonymous quotes
- ☐ Expected length of time - 2 hours
- ☐ Purpose
- ☐ How information will be used
- ☐ We will use your ideas to help a group of community partners determine the health priorities as part of a Community Health Assessment for your county. This will help guide the process of Community Health Improvement Planning for the county
- ☐ Report on finding in Community Health Assessment – available online after December 2018.

- ☐ Ground Rules
 1. Please turn off cell phones
 2. Input from everyone
 3. All perspectives are valued, be respectful of other opinions
 4. Please avoid side conversations – we all want to hear!
 5. The facilitator will try to allow opinions from everyone.
 6. When we run out of time on a particular topic, the facilitator may move to the next issue.
- ☐ Any questions?

Discussion

1. Ice-breaker/introductions
 - a. Talk to person next to you and share...
 - b. His/her name
 - c. In what city, town, area they live
 - d. His/her/your team's definition of "healthy community" (the ideal)

2. Is your community a healthy community?
 - a. What is healthy/not healthy about it?
 - b. What are some examples that demonstrate healthy/unhealthy?
 - c. What helps residents be healthy? What makes it harder to be healthy?

3. What are health problems or concerns in your community? (Allow for complete response before prompting below)
 - a. Healthy foods

- b. Mental health
 - c. Physical activity
 - d. Safety
 - e. Alcohol, tobacco
 - f. Drug use/abuse – what types do you see?
 - g. Sexually transmitted diseases
 - h. Access to healthcare
 - i. Cost of healthcare
 - j. Housing
 - k. Obesity, health weight
 - l. Diabetes, cancer, heart disease
 - m. Suicide, homicide
4. What currently helps the community become healthier? What changes could be made to make it healthier? What needs to happen to make it healthier? What's stopping us from making it healthy? (Barriers)
 5. What resources are available now to address these problems/issues? What other resources do we need? Can people get help when they need it?
 6. How about you? How healthy do you feel these days? How would you rate your health – excellent, good, fair, poor?
 - a. Mental/emotional health?
 - b. Talk about things you are comfortable sharing.
 - c. Has your health changed over time? Better? Worse? In what way?
 - d. Is it important to be healthy? Why?
 - e. Do you know where to get help?
 - f. Are you able to get help for this? What experiences have you or a family member had using these services?
 - g. Are there barriers to getting help? (Cost, transportation, etc.)
 - h. Do you have insurance? Does that help?
 - i. Do you get regular check-ups? Have a regular doctor?
 7. Do you feel your children are likely to be healthier than you, less healthy than you, or the same? Why?

8. We will be doing a community health assessment and we'll include your input. We will look at things like the causes of death or how many people have cancer. What other information should we look at?

Closing

- ☐ Is there anything further anyone would like to add about any of the issues we've already discussed?
- ☐ Thank each of them for participating
- ☐ Be aware of safety when leaving- are there participants who need to be escorted to their vehicles or public transportation?

Community Health Assessment (CHA Focus Group Winslow and Show Low, March 2018 Discussion Guide

Thank you for taking this survey. The purpose is to get input from people in the community about the health of the community, so we can plan for the future.

The survey takes no more than 5 minutes.

1. How would you rate the overall health of our community? Excellent, Good, Fair, Poor
2. From the list below, select the three most important health problems or issues in your community. If you do not see an item on the list, please select "Other" and type in the missing issue. You may add up to three "other" items.

[Cross check list with 1/10/18 community partners meeting.
Random rotate to avoid order bias.]

- Sexually transmitted diseases
- Child abuse/neglect
- Alcoholism
- Drug abuse

- Infectious diseases like flu or salmonella
- Air and environment
- Domestic violence (violence against husbands, wives or partners)
- Cancer
- Heart disease and high blood pressure
- Suicide
- Crime
- Mental and emotional health
- Teen pregnancy
- Car/motor vehicle accidents
- Respiratory/lung disease
- Hunger
- Poverty
- Obesity
- Other
- Other
- Other

3. From the list below, select the three behaviors or activities in your community that you feel are most damaging to the health of the community. If you do not see an item on the list, please select “Other” and type in the missing item. You may add up to three “other” items.

[Cross check list with 1/10/18 community partners meeting. Random rotate to avoid order bias.]

- a. Alcohol abuse
- b. Overeating
- c. Dropping out of school
- d. Drug abuse
- e. Lack of physical activity/exercise
- f. Lack of medical care while pregnant
- g. Poor eating habits
- h. Not getting vaccinations/shots
- i. Racism
- j. Tobacco use
- k. Unprotected sex
- l. Not using seatbelts/child safety seats

- m. Unsecured firearms
- n. Violence toward others
- o. Other
- p. Other
- q. Other

Advisory Group – do we need questions 4-6?

4. Are you able to get help with these issues when you need to?
[Use validated question on this.]
5. In the past year, have you had at least one time when you could not get the assistance you needed? [If no, skip to Q.7]
6. [If yes, ask this question] for which issues were you not able to get assistance? Provide list from above as checklist.
7. How would you rate your own health? Excellent, good, fair, poor

Demographics

- What community do you live in? [Note to advisory board: How to define these ahead of time.]
- Gender, age group, educational level, employment status, race/ethnicity, income

Thank and terminate

List of Possible Indicators to Be Included in CHA Report

Table of Contents from last CHA, 77 tables:

Introduction:	2
Category 1: Demographic Characteristics	3
Category 2 – Socioeconomic Characteristics	9
Category 3 – Health Resource Availability	19
Category 4 – Quality of Life	22
Category 5 – Behavioral Risk Factors	27
Category 6 – Environmental Health Indicators	42
Category 7 – Social and Mental Health	48
Category 8 – Maternal and Child Health	54
Category 9 – Death, Illness and Injury	73
Category 10 – Communicable Diseases	95
Category 11 – Sentinel Events	105
Appendix	109

Additional (from Mare):

- Dental homes from ages 0 – 100
- Vaccines, fully vaccinated, some, none (vaccine rate)
- Transportation to doctors, dentist, specialist etc.
- STD Rates
- Mental Health issues
- Children with Special Healthcare Needs
- Opioid crisis
- Substance abuse specific
- Number of physicians, specialist, specific
- Chronic disease – [See Cancer registry](#)
- Tobacco use
- Out of country travelers, visitors
- Child fatality
- Obesity rate

From 1/10 meeting:

- Child abuse/fatalities, foster care, child protection
- Community resources
- Healthcare resources and gaps
- Demographics, and distribution of health disparities
- Disease rates
- Domestic violence
- Economic issues, e.g. joblessness and underemployment

- Healthcare costs
- Health disparities
- Homeless population
- Insurance coverage
- Leading causes of death
- Mental health
- Nutrition, e.g. food deserts, mileage from grocery store
- Prevention education and health activities
- Risk factors
- Health screenings, e.g. OB/Gyn – Linda Lang at Summit Healthcare
- Social determinants of health – income, education, occupation, migrant status, behaviors (smoking, diet), environment, cultural, social networks
- Specialty healthcare, e.g. gerontology, endocrinology
- Sexually transmitted infections (STIs)
- Substance abuse- Nathan, EMS, Police – best place dispatch for county

Suggested indicators (Public Health Accreditation Board):

1. Basic demographics: age, race/ethnicity, gender, educational attainment
2. Socio-economic demographics: income, employment status/unemployed
3. Risk factors: obesity, alcohol use/abuse, tobacco use, fruits/vegetables eaten, etc.
4. Crime data: arrests,
5. Behavioral health data
6. Asset/resources list
7. Communicable diseases: STIs (chlamydia, gonorrhea, syphilis, HIV, Hep C)
8. Community assets/resources
9. Medical, dental, behavioral health underserved areas
10. Profile of physicians in county – family care and specialties
11. DDD, see Allison – special health care needs – 4 disabilities –cognitive, developmental, DES, Children with SPHCneeds – where getting healthcare services
12. Healthcare screenings – Angie, Allie

Appendix E: Original List of All Possible Strategic Issues

The themes and topics in the 2018 Navajo County Community Health Assessment (CHA) raised some important issues and concerns related to health in Navajo County. The “strategic issues” listed below may elicit discussion about planning priorities.

Topic-oriented Issues

These issues are targeted specifically at a theme or issue identified in the CHA, such as sexually transmitted diseases or access to healthcare.

1. How can we address **poverty** and related issues of unemployment, poor housing, lack of insurance, poor food/nutrition etc. to improve health and well-being?
2. How do we ensure that **cost** is never a barrier for receiving healthcare?
3. How do we ensure that every time a resident **needs healthcare**, he or she receives healthcare?
4. How do we recognize and meet the needs of our diverse population and ensure **access to the health care system**? Particularly for children, seniors, individuals with disabilities or special needs, Native Americans, individuals without insurance, and those living in the most rural areas?
5. How do we recruit and keep **qualified healthcare providers**, including behavioral health providers?
6. How do we join with tribal communities to address the **shortage of healthcare providers** – an issue for the tribes as well as others in Navajo County.
7. How do we address the epidemic of **substance abuse** in the community, including both legal and illegal use of drugs and use of alcohol?
8. How can we **prevent** future **substance abuse** and ensure **treatment** for those who are already experiencing addiction?
9. How do we address accidents, suicides, and homicides (“**injuries**”), especially among men and American Indians?
10. How do we reduce **motor vehicle accidents**, especially accidents related to substance abuse?

11. How do we promote healthy behaviors that prevent **chronic diseases** such as diabetes, heart disease, cancer, and other chronic conditions?
12. How do we change the way Navajo County residents think by changing the culture to one of **healthful living**?
13. How do we leverage our educational opportunities to disseminate health **knowledge, skills and attitudes**?
14. How do we increase access to healthy foods, especially in areas where **healthy foods** are less likely to be available?
15. How does the public health system get residents to meet the guidelines for **physical activity and strengthening** (thereby decreasing their risk for numerous chronic diseases such as diabetes and heart disease)?
16. How can we best use all of our resources (monetary and otherwise) to address **mental disorders**?
17. How do we provide a comprehensive, accessible **mental/emotional healthcare** system to our residents?
18. How do we prevent **suicide**, especially among high-risk groups such as men, individuals under 40, and American Indian residents?
19. How do we promote the well-being of our **children** within and across community agencies?
20. How do we promote the well-being of our **seniors** within and across community agencies?
21. How do we promote the well-being of our **individuals with disabilities/special needs** within and across community agencies?
22. How can we reduce sexually transmitted infections (**STIs**)?
23. What can we do to encourage **prenatal care** in the first trimester for all pregnant women?

24. How can we reduce **child abuse** and neglect?

“Big Picture” Issues

These strategic issues or questions are not specific to any particular health problem or topic. Rather, they focus on the system itself and what can be done to improve the entire system.

1. How do we gather, analyze, use and share **data** for program planning, evaluation and resource allocation?
2. How do we make the public **aware** of the public health **system** and all that it does?
3. How do we make the public **aware** of our **issues, goals, and plan** to engage them in the public health efforts we choose?
4. How do we ensure adequate **funding/resources** and appropriate allocation of resources?
5. How do we know we are **effective** with our programs?
6. How do we **prioritize** available community resources to fund programs?
7. How do we creatively allocate and utilize a spectrum of **resources** (not just money)?
8. How do we ensure the **quality** of the public health system?
9. How do we coordinate and collaborate with **tribal** communities to create a seamless public health/healthcare system?
10. How do we approach **controversial** issues that may be sensitive to some residents so that we can have an impact on these issues?
11. How does the public health system address public health issues effectively in **differing communities**? Does there need to be a different approach for each?

Appendix F: Survey Instrument for Strategic Issues Survey

This is a one question survey.

The Navajo County Health Assessment (CHA) identified numerous challenges to health among county residents. The purpose of this survey is to "narrow down" to a few issues that will be top priorities as we proceed with creating a Navajo County Health Improvement Plan (CHIP).

You may want to review the CHA, even to skim it, before you make a selection as this may help inform your decision. The CHA is available at this link:

[Link to CHA Report](#)

Please note that this survey is only for members of the community planning group, so please do not forward to others.

From the list below, please select no more than THREE issues that you feel are the highest priority issues for the community.

When selecting your top three priorities, keep in mind the following considerations:

- How important is this issue to the health of the community?
- Could the issue address health inequities in our community?
- How widespread is the issue?
- If we work together, can our group have an impact on the issue?
- Would you or your organization be willing to work on this issue?

[The following strategic issues presented to respondents were randomly rotated to avoid order bias.]

- ☐ How do we address substance abuse (alcohol, legal drugs, illegal drugs), including both prevention and treatment?
- ☐ How do we recruit and keep qualified healthcare providers, including behavioral health providers?

- ☐ How do we ensure access to the health care system for all residents?
- ☐ How can we address poverty and related issues of unemployment, poor housing, lack of insurance, poor food/nutrition etc. to improve health and well-being?
- ☐ How do we reduce motor vehicle accidents, including accidents related to substance abuse?
- ☐ How do we prevent suicide, especially among high-risk groups?
- ☐ How can we reduce sexually transmitted infections (STIs)?
- ☐ How do we promote healthy behaviors that prevent chronic diseases such as diabetes, heart disease, cancer, and other chronic conditions?
- ☐ How do we provide a comprehensive, accessible mental/emotional healthcare system to our residents?
- ☐ How do we promote the well-being of individuals (children and adults) with disabilities/special needs?
- ☐ What can we do to encourage prenatal care in the first trimester for all pregnant women?
- ☐ How can we reduce child abuse and neglect?

Thank you so much for completing the survey. We will see you at the upcoming community health planning meeting:

Wednesday, September 19th at 10:00 a.m.
Hampton Inn
1501 E. Woolford Rd Show Low

Appendix G: Strategic Issues Survey Results

MAPP Strategic Issues Survey		
From the list below, please select no more than THREE issues that you feel are the highest priority issues for the community.		
	Percent	Number
Total respondents answered	100%	71
How do we address substance abuse (alcohol, legal drugs, illegal drugs), including both prevention and treatment?	44%	31
How do we recruit and keep qualified healthcare providers, including behavioral health providers?	34%	24
How do we ensure access to the health care system for all residents?	21%	15
How can we address poverty and related issues of unemployment, poor housing, lack of insurance, poor food/nutrition etc. to improve health and well-being?	42%	30
How do we reduce motor vehicle accidents, including accidents related to substance abuse?	3%	2
How do we prevent suicide, especially among high-risk groups?	17%	12
How can we reduce sexually transmitted infections (STIs)?	14%	10
How do we promote healthy behaviors that prevent chronic diseases such as diabetes, heart disease, cancer, and other chronic conditions?	38%	27
How do we provide a comprehensive, accessible mental/emotional healthcare system to our residents?	38%	27
How do we promote the well-being of individuals (children and adults) with disabilities/special needs?	11%	8
What can we do to encourage prenatal care in the first trimester for all pregnant women?	4%	3
How can we reduce child abuse and neglect?	27%	19

Appendix H: Agenda and Facilitator's Guide for September 19, 2018 Community Planning Meeting

Agenda	
Time	Activity
10:00	Welcome, logistics
10:15	Where we've come on the journey, where we are now
10:30	CHA Report Highlights
11:15	Results of Strategic Issue Vote
11:30	Organize in groups/instructions
11:45	Lunch
12:15	Goals/Resources
12:45	Activities/Strategies
1:30	Outputs and Outcomes
2:15	Report Out
2:45	Evaluation and Review, Next Steps
3:30	Adjourn

Facilitator's Guide – 9/19/18 MAPP Community Meeting for Community Health Improvement Plan (CHIP)

Time	Activity	Facilitator
10:00 - 10:15	Welcome, logistics Slides 1-6 – Please see notes in slides' notes section.	Allie

10:15 - 10:30	Where we've come on the journey, where we are now Slides 7-9 - Please see notes in slides' notes section.	Allie
10:30 - 11:15	CHA Report Highlights Slides 10-62	MS
11:15 - 11:30	Results of Strategic Issue Vote Slide: Survey Results	MS
11:30 - 11:45	Instructions for creating plan Slides: Logic model, Worksheets, Instructions Here is where we organize in groups - they select which group ER, AH - Please Hand out copies of worksheet, Group Sign-in sheet ER and AH help get folks into groups, check in with groups from now on - get more if group stuck and you can't help them	MS
11:45 - 12:15	Lunch	All
12:15 - 12:45	Goal(s)/Resources Have them do post-its and place on wall – have groups post as they decide – helps lock in and pushes other groups	MS
12:45 - 1:30	Activities/strategies Have them do ToP - write bunch of strategies, activities and move around on table, narrow down. Only one they can't do is "have a meeting"	MS
1:30 - 2:00	Outputs and outcomes – Explain what they are, give examples and guide on how to do	MS
2:00	Bottom of worksheet (names, orgs, who else should be here) Set next meeting, choose convener	MS
2:15	Report out to whole group - each group gets 10 minutes We shouldn't have to write it as they should have posted it on big post-its. Now they walk whole group through their plans.	MS
3:15	Next Steps	Allie
2:45	Evaluation and Review This is when they reflect on the day - what stood out, etc.-	Allie
3:30	Adjourn	Allie

End Notes

¹ National Association of County and City Health Officers (NACCHO), *Mobilizing Action Through Planning and Partnerships (MAPP)*. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2020, “Social Determinants of Health,” accessed 9/30/18. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

³ Navajo County Public Health Services District, *2018 Navajo County Community Health Assessment*, August 2018.

⁴ National Association of City and County Health Officials, Mobilizing Action through Planning and Partnerships, “Identifying and prioritizing strategic issues”, website accessed July 2018. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

⁵ National Association of City and County Health Officials, Mobilizing Action through Planning and Partnerships, “Developing Goals, Strategies, and an Action Plan”, website accessed July 2018. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-5-formulate-goals-strategies>

⁶ Lomax, A. and M. Peters, National Association of City and County Health Officials, “Developing Goals, Objectives, and Performance Indicators for Community Health Improvement Plans (CHIPs)”, presentation, 5/9/12. https://www.naccho.org/uploads/downloadable-resources/NACCHO_GoalsandObjectives_05-09-12Final-Slides.pdf