

**IMPERIAL COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN
2024-2027**



IMPERIAL COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP

December 2024

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Executive Summary

The 2024 Imperial County Community Health Assessment (CHA) represents the second comprehensive, collaborative effort to evaluate and improve the health and well-being of our community. Building on the foundation of the 2017-2021 CHA and Community Health Improvement Plan (CHIP) process, the 2024 CHA/CHIP planning process provided an opportunity to refresh key data from the prior assessment and to gain new insights into the current health status of the county, including taking an in-depth look at factors exacerbated by the COVID-19 pandemic.

The 2024-2027 Community Health Improvement Plan (CHIP) is a framework and strategic plan for community-wide action. Through data-driven strategies, the CHIP sets measurable goals and assigns implementation responsibilities to ensure accountability and progress over time. Collaboration with community partners through the Imperial County Community Health Improvement Partnership is integral to the success of the CHIP.

By engaging local organizations, healthcare providers, government agencies, and community members, the plan aims to align priorities and actions across various sectors. This collaborative approach will ensure that the community's needs are better met and will address social determinants of health, such as education and access to healthy, nutritious food. Additionally, it will support initiatives aimed at improving the availability and affordability of housing and will address environmental factors that negatively impact the community's health.

The Imperial County Community Health Improvement Partnership, through its collective efforts and implementation of the CHIP, will strive to create equity for all by reshaping systemic or structural factors that shape the distribution of the social determinants of health in the community.

The Model: Mobilizing for Action through Planning and Partnerships

The partnership and community participatory planning model selected for the development of the 2022-2027 Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) was the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a community-driven strategic planning tool designed to improve public health by engaging community stakeholders in identifying priority health issues and leveraging resources to address them.

Midway through the planning process, NACCHO released an updated version of the model, MAPP 2.0. This revised framework places a stronger emphasis on health equity and is better aligned with current public health challenges, particularly those affecting marginalized and underserved communities. MAPP 2.0 encourages a focus on the social determinants of health and ensures that strategies are inclusive and equitable, addressing disparities that exist within the community. In addition, MAPP 2.0 enhances the ability of communities to communicate their progress through both quantitative data and qualitative storytelling, reinforcing transparency and community engagement. As the local planning process continues, the 2.0 model will guide the remainder of the CHA-CHIP cycle, ensuring a flexible and iterative approach to community health improvement while remaining responsive to emerging needs.

Steering Committee

Using the MAPP framework, the Imperial County Community Health Partnership's Steering Committee guided the assessment and planning processes. This included ensuring the engagement of diverse stakeholders, allocating resources, setting priorities, refining ideas, and presenting options to the full stakeholder group. We acknowledge and appreciate the past* and current Steering Committee members who have given their time and resources to provide input and feedback throughout this process.

Steering Committee Members

- Aaron Figueroa, Department Associate I, El Centro Regional Medical Center*
- Bushrad Ahmad, Medical Director, Imperial County Behavioral Health Services*
- Cari Augusta, Agency Care Coordinator, Westmorland Pantry
- Carol Bojorquez, Chief Nursing Officer, Pioneers Memorial Hospital*
- Chris Wong, Community Education Supervisor II, University of California (UC) Cooperative Extension*
- Collett Ashurst, RN-BS Nursing Program Coordinator, San Diego State University (SDSU) - Imperial Valley Campus, School of Nursing
- Daniel Ortiz Jr., Associate Dean/Nursing Director, Imperial Valley College
- Frank Brabec, President, Imperial Valley Coalition for Sustainable Healthcare Facilities
- Gordon Arakawa, Chief Medical Officer & Chief Health Equity Officer, Community Health Plan of Imperial Valley
- Janette Angulo, Director, Imperial County Public Health Department (ICPHD)
- Kathleen Lang, Vice President, Medi-Cal Regional Lead, Health Net
- Kimberly Probus, Chief Nursing Officer, El Centro Regional Medical Center
- Kristi Gillespie, Chief Nursing Officer, Pioneers Memorial Hospital*
- Lauren Wren, Safety & Wellness Coordinator, Imperial County Office of Education
- Peggy Price, Administrator, Innercare
- Priscilla Lopez, Director, Imperial County Workforce & Economic Development
- Shiloh A. Williams, Assistant Professor, SDSU - Imperial Valley Campus, School of Nursing
- Suzanne Martinez, Chief Clinical Research Officer, El Centro Regional Medical Center*
- Gretchen Shanofsky, Kaiser Permanente

Workgroups

Strategic project-focused workgroups were established to support CHA efforts. These groups serve distinct yet complementary roles to ensure the assessment is comprehensive and inclusive.

The Data Workgroup is responsible for the collection, analysis, and interpretation of health-related data. This group ensures that the CHA and ongoing improvement efforts are built on a solid foundation of accurate and reliable data that provides a clear and complete picture of the community's health.

The focus of the Communications, Community Outreach, and Engagement Workgroup is to ensure that the voices of community members are heard and that their diverse concerns and needs are reflected. This workgroup also helps to disseminate findings from the CHA and report progress in ways that are accessible and meaningful.

We acknowledge and appreciate workgroup members' input and guidance throughout the process.

Data Workgroup Members

- Daniela Flores, Executive Organizer, Imperial Valley Equity and Justice Coalition
- Irais Estrada, Epidemiologist, ICPHD
- Jacqueline Kalajian, Community Engagement Program Manager III, Health Net
- Kathleen Lang, Vice President, Health Net
- Karla Lopez, Communicable Disease Control and Prevention Manager, ICPHD
- Rafael Orozco, Special Projects Coordinator, ICPHD
- Shiloh A. Williams, Assistant Professor, SDSU IV School of Nursing
- Tina Aguirre, Retired Registered Nurse, Imperial Valley Coalition for Sustainable Healthcare Facilities

Communications, Community Outreach, and Engagement Workgroup Members

- Aracely Carrillo-Torres, Special Projects Coordinator – Health Equity, ICPHD
- Collett Ashurst, RN-BS Nursing Program Coordinator, SDSU IV School of Nursing
- Joann Flores, Community Engagement & Education Specialist - Imperial County, Planned Parenthood of the Pacific Southwest
- Julie Crothers, Program Manager, SDSU IV RISE Center
- Kathleen Lang, Vice President, CH&W/Health Net
- Moisés Cardenas, Public Health Information Officer, ICPHD
- Oreda Chin, Associate Director of Development, SDSU
- Roque Barros, Executive Director, Imperial Valley Wellness Foundation
- Rosa Diaz, Founder & Chief Executive Officer, Imperial Valley LGBT Center

Stakeholders

A broad range of community stakeholders make up the Imperial County Community Health Improvement Partnership. These stakeholders represent a diverse group of Imperial County partners, bringing together perspectives from different sectors, such as healthcare, education, local government, faith-based organizations, businesses, community-based groups, as well as community members. The collective knowledge of the unique characteristics of Imperial County, including its social, cultural, and economic landscape, has helped us identify both the resources that can be leveraged and the barriers that must be addressed. The involvement of each stakeholder has been critical in shaping an inclusive and comprehensive assessment. Additionally, the diverse insights into the lived experiences of those we serve have guided the development of a plan that acknowledges local realities and builds on existing strengths. We extend our deepest thanks to every person and organization that gave their time and energy to this process. We also wish to recognize and express our gratitude to anyone who contributed to the CHA and the development of the Community Health Improvement Plan (CHIP) but may not be explicitly listed. All efforts and contributions to this process are invaluable to advancing the health and well-being of our community.

Stakeholder Organizations

- Adalem Consulting
- Adjoin Veteran Services
- Alzheimer's Association - San Diego/Imperial Chapter
- American Legion
- Board of Supervisors
- Bonita Family Resource Center
- California Health & Wellness/Health Net
- Cancer Resource Center of the Desert
- Catalyst of San Diego & Imperial Counties
- Catholic Charities
- Central Union High School District
- City of El Centro
- Comité Cívico del Valle, Inc.
- Community Health Plan of Imperial Valley
- California Department of Corrections and Rehabilitation, Calipatria
- Desert Pharmacy
- El Centro Regional Medical Center
- First 5 Imperial County
- Heber Elementary School District
- Imperial County Air Pollution Control District
- Imperial County Behavioral Health Services
- Imperial County Department of Social Services
- Imperial County Office of Education
- Imperial County Public Administrator's Office

- Imperial County Public Health Department
- Imperial County Veterans Office
- Imperial County Workforce and Economic Development
- Imperial Irrigation District
- Imperial Valley Coalition for Sustainable Healthcare Facilities
- Imperial Valley College
- Imperial Valley Equity and Justice Coalition
- Imperial Valley Housing Authority
- Imperial Valley LGBT Resource Center
- Imperial Valley Regional Occupational Program
- Imperial Valley Wellness Foundation
- Innercare
- Imperial Valley Regional Chamber of Commerce
- Kaiser Permanente
- Molina Health Care
- Office of Assemblymember Eduardo Garcia
- Office of Congressman Raul Ruiz
- Office of Senator Steve Padilla
- Pioneers Memorial Hospital
- San Diego State University
- Southern California Association of Governments
- University of California Cooperative Extension
- University of California San Diego
- Westmorland Community Food Pantry

Shared Vision, Values, Guiding Principles and Slogan

Early in the planning process, the steering committee, with input from the large stakeholder group worked to establish a shared vision, values, and guiding principles. These elements were developed to provide a framework, context, and visualization of Imperial County's unique challenges and opportunities. Later in the process and as new partners joined and a better understanding of community strengths and challenges emerged, stakeholders had the opportunity to review, reaffirm, and, where necessary, revise each of these components. During the stakeholder meeting held in February 2024, the group worked together to develop a mission statement, adopt a slogan, and revise the vision statement that was developed in 2022.

Mission Statement

Our mission is to uplift the well-being of our diverse community through collective efforts centered in integrity, transparency, and strategic action to realize health equity and the empowerment of every individual.

Vision Statement

The vision statement outlines the long-term aspirations for community health assessment and improvement efforts. The vision statements developed in 2022 and 2024 are as follows:

2022 Original Vision Statement: *"A community that supports and empowers all people to thrive and be healthy."*

2024 Revised Vision Statement: *"To build upon a community that is rich in connections, culture, and resiliency to realize a healthy, empowered, and thriving Imperial County."*

Values

Shared values serve to ensure that actions taken by the group are rooted in shared beliefs about what is important when working together to improve the health of our community. Selected values from 2022 were as follows:

- Equity
- Whole Person Care
- Transparency
- Inclusiveness
- Commitment

Similarly to the mission and vision statements, stakeholders looked to refresh and update the shared values list to ensure that the collective voice was being heard. During a February 2024 stakeholder meeting, those in attendance were led through a visual activity to identify values that rose to the top. The cloud map below highlights those values.



2024 COMMUNITY HEALTH ASSESSMENT OVERVIEW

photo source: Imperial County Agricultural Commissioner



Community Health Assessment Overview

The CHA process includes three assessments, the Community Context Assessment, Community Status Assessment, and Community Partner Assessment. These assessments collected data through the following methods:

- A countywide Community Themes and Strengths Assessment (CTSA) survey
- Community Partner Assessment (CPA) survey
- Stakeholder meetings
- Focus groups
- Community share-back meetings
- Secondary data collection, review, and analysis

The CHA enhances understanding of the health needs and experiences of the people and communities in Imperial County through systematic, comprehensive data collection, analysis, and reporting. It answers the following questions:

- What are the most critical health issues in the community?
- What are the unhealthiest behaviors in the community?
- What are the most essential factors for community and personal health?

Imperial County approached these questions by investigating the needs of community members using a framework derived from the Mobilizing for Action through Planning and Partnerships (MAPP) process, version 2.0. Multiple data sources were considered in the analysis before arriving at findings. The CHA used a numbers-based (quantitative) and narrative-based (qualitative) approach. Both approaches are discussed in length in the 2024 CHA document.

Community Status Assessment (CSA)

The CSA is a quantitative data assessment of the unique insights, expertise, and perspectives of individuals and communities directly affected by social systems to improve how those supports function. An important component of the CSA is the Community Themes and Strengths Survey (CTSA). Results of the CTSA provide valuable insights into perspectives and priorities of community members regarding their individual health needs and those of the community. In the following paragraph, the community perspective and priorities related to health, socioeconomic, environmental, and quality of life indicators are highlighted by way of the CTSA results.

Community Themes and Strengths Assessment Survey

According to the MAPP framework, telling the community story "emphasizes the need for a complete, accurate, and timely understanding of community health across all subpopulations within the community." Telling the story happens by gathering input from community members with a range of views to understand the variances in health outcomes and identify the root causes of those disparities.

The Community Themes and Strengths Assessment (CTSA) survey represents the core of the community's input and its members' perspectives on the health problems and needs of the population. Marketing materials, a survey link, and paper surveys (English and Spanish) were distributed via several means, including mail communications, social media platforms, press releases, and posters.

Respondent Privacy and Compensation

A total of 578 individuals responded to the CTSA survey. Among the 401 survey respondents who answered the question identifying how they learned about the survey, 19 percent said they became aware of the survey through social media, 36 percent at their workplace, and 40 percent via email.

Community Engagement

Community members play an integral role in shaping the health and well-being of their communities. They catalyze change and mobilize individuals and organizations to address common challenges and work toward shared goals. The Steering Committee, Data Workgroup, and the Communications, Community Outreach, and Engagement Workgroup were actively engaged in the CHA process to aid in identifying and addressing community needs. Additionally, in-person focus groups and a virtual community share-back meeting where the community health data were presented.

Professional Research Consultants Community Health Survey

In addition to the CSTA survey, this CHA reports findings from the Professional Research Consultants (PRC) community survey conducted to inform the ICPHD 2022 CHNA. The PRC survey instrument used for the 2022 CHA was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions that address gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Imperial Valley CHA/CHIP Partnership, now known as the Imperial County Health Improvement Partnership and PRC.⁸

Community Partner Survey

The exploration of each partner's capacities, skills, and strengths to improve community health, health equity, and advance health improvement goals is understanding the resources that organizations have that can contribute to the process. Top resources identified to support and enhance the local community health improvement initiative included staff time to participate in meetings (n=10), followed by staff time to support community engagement and involvement (n=8), and lastly, time to implement action plans for the identified priorities (n=8).

The exploration of Imperial County's community strengths and assets with community members uncovered that county residents have a deep sense of community awareness and compassion. When asked about the quality of life in Imperial County, more than half (55%) of the respondents agreed that they were satisfied with the quality of life in their neighborhood even

though many forces of change have either exacerbated existing challenges or created new ones, including the COVID-19 pandemic and environmental events, such as wildfires and extreme heat since the last CHA in 2017. To access additional details about all the assessments as well as a summary of findings, visit the Imperial County Public Health Department website.

Focus Groups and Themes

Focus groups are a valuable means of collecting qualitative data. They provide a way to gain in-depth insight into people's thoughts, feelings, and experiences. Focus groups allow people to interact as the facilitator guides the conversation to glean more nuanced insights that cannot be derived from surveys or questionnaires. Focus groups also provide an opportunity to understand people's motivations and decision-making processes and explore the factors influencing their behavior.

The populations represented in the focus groups were representative of the regions within Imperial County. Leveraging community partners in the recruitment of community members resulted in five focus groups that engaged 32 participants. Each focus group was intended to convene for 60 minutes. The agenda was structured to maximize discussion regarding the community health data presented to the group. HMA developed a facilitators' guide and organized and led the focus groups.

Many different themes arose from the focus group process. Focus group participants raised several key issues, including challenges related to behavioral health, access to healthcare services, and the county's built environment. They emphasized the need for improved communication and outreach at the grassroots level, with a particular focus on children, youth, and families with children. They also stressed the importance of partnerships to advance access to health and well-being for community members, especially partnerships with schools (early identification and intervention, as well as health literacy) and local agencies with responsibility for behavioral health (to address growing mental health and substance use disorder issues) and parks and recreation (promotion of healthy lifestyles and access to positive youth development options).

Focus group participants suggested specific actions to improve communication, including comprehensive community-based education and outreach prior to service delivery. They also advised that messaging about services should be clearer, and providers should explain a service's purpose up front. They highlighted the challenges of scheduling appointments and explaining health benefits in culturally responsive ways. Many participants indicated a desire for more targeted public awareness and social messaging to highlight a few key public health issues across multiple fronts and platforms, including physical marketing (billboards and bus stops) and electronic outreach (messaging and some social media).

Concerns regarding the lack of access to safe physical activity were expressed across the region. Focus group participants suggested that stakeholders interested in improving community health and well-being should look for opportunities to partner with local parks and recreation

departments to expand access to welcoming recreational spaces, facilities, and programs that support healthy, active lifestyles. In addition, participants suggested that partnerships with the Imperial County Behavioral Health Services Department should focus on efforts centered on the youth mental health crisis and substance use disorder (SUD) epidemic. Overall, participants agreed that stigma continues to be a leading factor in residents' unwillingness to engage in behavioral health services.

Community Status

As defined in the MAPP framework, community status is informed by a community-driven quantitative data assessment or the numbers approach. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.

Questions relevant to community status included the following:

- What does the status of your community look like, including key health, socioeconomic, environmental, and quality of life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality of life outcomes?
- How do systems influence outcomes?

2024-27 Community Health Improvement Plan Health Priorities

photo source: Imperial County Public Health Department



Health Priorities

To select the priority areas, it is important to understand community strengths and assets alongside community perspectives and health outcome data. Identifying a community's strengths, like strong social networks or cultural practices promoting healthy living, helps to design interventions that leverage these assets and create a more sustainable and culturally relevant approach to improving health. In addition, highlighting community strengths empowers the people living in the community to have sense of ownership over their health and encourages greater participation in health initiatives.

Prioritization Process

A two-part process was deployed to identify the health improvement priorities. First, the data workgroup and data analysts asked the following four questions about the CHA data:

- Was there a significant change in the indicator(trends)?
- Was there a significant disparity experienced by one or more demographic groups? (Note: not all data provides an opportunity to identify disparities.)
- How does the indicator compare to the state (benchmarking)?
- Did community members identify the issue as a priority through a survey, focus group, or stakeholder meeting?

The second part of prioritization leaned heavily on community involvement, which was crucial to the process. During the May 9, 2024, stakeholder meeting, the identified priorities and supporting data were presented. Then, attendees rotated through breakout groups, where they were asked to review the identified priorities and provide feedback. This feedback was used to solidify the priority areas and develop goal statements for each area.

The Selected Health Priorities

The 2024 CHA offered evidence that suggests Imperial County should continue to focus on the priorities identified in the 2017-2021 CHIP, along with one new priority area. The 2024–2027 priority areas selected are as follows:

- **Priority Area #1: Access to High-Quality Healthcare.** Three topics emerged within this priority area: Improve access to primary care and specialty care providers, improve access to mental health providers and substance use disorder treatment, and improve the number of residents who engage in the core set of preventive healthcare services.
- **Priority Area #2: Healthy and Safe Living** Three topics emerged within this priority area: Improve access to healthy and nutritious foods, improve access to affordable and safe housing, and improve environmental and economic factors that contribute to poor health outcomes.

- **Priority Area #3: Behavioral Health** Three topics emerged within this priority area: Reduce the prevalence of substance misuse and abuse, improve access to mental health services, and improve the mental health status of young people.

Accelerating Health Equity

In addition to identifying priority areas for the 2024-2027 CHIP, the CHA process identified areas of priority areas for the 2024-2027 CHIP, the CHA process identified areas of inequities where health improvement efforts should focus to accelerate equitable health outcomes and improved well-being for people living in Imperial County.

Priority Area #1, Access to High Quality Healthcare

- Improve engagement in the core set of preventative healthcare services for:
 - Residents in the far northern region, as they were likely to experience three or more chronic conditions.
 - Residents in the southern region, as they face higher rates of heart disease, stroke, and kidney disease.
 - Residents in the central region, as they experience higher rates of cancer.
 - Black residents, as they disproportionately face cancer deaths.
 - Hispanic residents, who disproportionately experience diabetes-related deaths.
- Increase routine checkup rates for adults and children in the northern region of the county.
- Engage individuals ages 15 to 29 in sexually transmitted infection (STI) screenings to lower the chlamydia incidence rate, which was significantly higher in 2023.
- Lower the rate of hepatitis C in El Centro and Brawley.

Priority Area #2, Healthy and Safe Living

- Reduce crime rates and housing insecurity for young adults, the LGBTQIA+ population, and people living in the far northern region.
- Improve employment opportunities for women and smaller communities such as Ocotillo, Westmorland, and Winterhaven.
- Reduce the number of people living in food deserts in Palo Verde, Bombay Beach, and Calipatria.
- Lower the prevalence of obesity among Hispanic adults ages 40–64 in the far northern and northern regions.
- Increase the percentage of youth with a healthy weight in the southern region.

Priority Area #3, Behavioral Health

- Increase the number of mental health providers in Brawley and Calipatria.
- Improve access to mental health services in the far northern region, as its residents reported experiencing depression at higher rates and were more likely to report experiencing the negative effects of substance misuse/abuse.
- Expand access to mental health services for women across the county as they were more likely to report experiencing mental health problems and/or difficulty accessing mental health services.

2024-27 COMMUNITY HEALTH IMPROVEMENT PLAN: MOVING FORWARD

photo source: Imperial County Agricultural Commissioner

Community Health Improvement Plan: Moving Forward

The Imperial County 2024-2027 Community Health Improvement Plan provides the Imperial County Community Health Improvement Partnership and its stakeholders with a three-year roadmap for Imperial County's most pressing health priorities identified in the CHA. This roadmap provides direction for developing action plans, the use of resources, and the advancement of policies and programs. This plan builds upon the work, progress, and lessons learned from previous plans while reflecting on and considering how community health has changed over the last five years

Foundational Principles

The foundational principles underlying the CHIP goals, objectives, and strategies focus on a comprehensive and inclusive approach to health and wellness. These principles are designed to ensure that all residents have access to integrated systems of care that address physical, behavioral, oral, and social health needs, and are as follows:

- Ensure that health and wellness services are accessible and relevant for individuals at all stages of life, from early childhood to older adulthood. This includes pediatric care, adolescent health services, adult health care, and geriatric services.
- Implement health and wellness approaches that support multiple generations within families, recognizing the interconnected nature of health within family units.
- Ensure that healthcare services are available and accessible across all areas of Imperial County's urban, suburban, and rural regions. This may involve addressing transportation barriers, telehealth services, and mobile services to reach underserved areas.
- Recognize and address the healthcare needs of residents from various income levels.
- Strive to eliminate health disparities and ensure that all residents have equitable access to services regardless of their race, ethnicity, gender, sexual orientation, socioeconomic status, educational attainment, or geographic location.

Goals, Key Themes and Supporting Data

The Imperial County Community Health Improvement Partnership led a robust community process to develop the CHIP's goals, objectives, and strategies. The process began with a two-hour stakeholder meeting on May 9th, 2024. During this meeting stakeholders were presented with the findings from the CHA. Then, stakeholders moved through a series of breakout groups to refine the goals identified through the CHA. Following that meeting, the information gathered was used to refine the goals for the priority areas, which were then presented to the Steering Committee members who were invited to refine the goals.

The next phase of the CHIP development happened at an all-day stakeholder meeting on June 20, 2024, at the Imperial Valley College (IVC). The day began with a brief presentation of the CHA results, followed by a presentation of the priority areas and finalized goal statements. Then through a round of breakout sessions, participants worked to identify existing efforts and new ideas that led to the creation of strategies to support each of the priority area goals. The efforts from the day-long event were used to finalize the drafted strategies and potential activities for the implementation phase.

These strategies, along with updated versions of priority area goals, were then used to identify objectives, and key results. The results of these efforts are reflected in each of the priority area workgroup action plans.

The goals, objectives, and strategies were organized into three health improvement priorities: access to High-Quality Healthcare, Healthy and Safe Living, and Behavioral Health.

Priority Area 1: Access to High-Quality Healthcare

The Access to High-Quality Healthcare priority has two tracks: Workforce and Preventative Health Services. Therefore, two breakout groups were held for this priority area.

Access to High-Quality Healthcare: Workforce

GOAL Increase the size and capacity of the healthcare workforce so County residents have greater access to high-quality, culturally responsive primary and specialty care across the healthcare continuum (physical, behavioral, maternal, oral, and vision healthcare services)

- **Supporting Data**
- The CHA uncovered key data that supports prioritizing building the health sector workforce in Imperial County, including:
 - In 2020, there was only one doctor for every 1,550 people, compared to the state average of one doctor per 1,060 people. This means longer wait times and less availability.¹
 - The CTSA survey asked whether people experience barriers when accessing healthcare services and, if so, what barriers they experience in getting services to support their health and wellness. **Slightly more than one-third (38%) of survey respondents reported that high out-of-pocket costs are the biggest barrier**, followed by a lack of available appointments or appointments that were unavailable in a reasonable amount of time (31%). A lack of evening and weekend hours and needed services in their area (29% and 28%, respectively) were the next most cited barriers.
 - Young adults, ages 18–39, had the highest rate of uninsurance in Imperial County at 10.97%.²
 - Non-Hispanic Black, Native American/Alaska Native, and Asian residents had higher uninsurance rates than non-Hispanic White, Hispanic/Latine residents.²
- **Key Themes**
- The access to high-quality health sector breakout groups focuses on increasing the number of health sector workers and improving healthcare access for people in Imperial County. The main goal of the group was to create a framework that would effectively and sustainably increase the capacity of the healthcare workforce.
- Consideration of different strategies and ways to expand the health sector workforce and get students more involved in healthcare. The group discussed focusing on giving students hands-on experience and exposure to the health sector and developing mentorship programs and student pipelines to create more opportunities for students to join the community health sector.

¹ Centers for Medicare & Medicaid Services (CMS), National Provider Identifier Files (NPI).

² American Community Survey, Five-year estimates 2018-2022, Tables B27001/C27001.

- Offering incentives, mentorship programs, and getting the most out of the existing health sector workforce, including reimbursing community health sector workers as a valuable tool.
- Creating programs for people who work in the administrative fields related to the health sector that build their knowledge of the system overall.
- Using telehealth to expand the health sector workforce and make sure internet access is affordable or free.
- Developing an advocacy apparatus to speak out against budget cuts to protect the current health sector workforce.

Access to High-Quality Healthcare: Preventative Health Services

GOAL Increase the proportion of County residents accessing the entire range of preventative health services (e.g., immunizations, vaccinations, wellness and self-care) through focused and reimagined community-based outreach, communication, and supportive services

Supporting Data

The CHA uncovered key data that supports prioritizing preventative health services, including:

- The top three causes of death for residents of Imperial County and California were COVID-19, heart disease, and Alzheimer's disease.³
- Lung cancer was the leading cause of cancer-related death from 2020-2022.³
- In Imperial County and California, Black residents have been more likely to die from cancer than other groups.³
- Alzheimer's Disease- and Dementia-related deaths increased in Imperial County between 2000 and 2022, and female residents and Hispanic residents were more likely to die from Alzheimer's disease than other groups.⁵
- In 2020-2022, Hispanic Imperial County residents were more likely to die from Alzheimer's disease and other dementias compared to White Imperial County residents.³
- Many people in the county have asthma, especially kids. In 2022, a total of 14.9% of surveyed respondents suffered from asthma, compared to only 9% of California residents.⁴
- In 2022, among Imperial County children under 18, 16.4% currently had asthma -- more than two times the U.S. rate (7.8%).⁴
- In the Far North region: 46.9% of residents who answered the survey reported having three or more chronic conditions.⁴
- The South region had the most surveyed adults with heart disease (7.4%), a stroke (5.25%), and kidney disease (9.2%).⁴
- One major concern is that 72.3% of diabetes deaths in Imperial County from 2020-2022 were Hispanic.³

³ CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

⁴ 2022 PRC Community Health Survey, PRC, Inc.

Key Themes

The Preventative Health Services breakout group began their discussion by reviewing sample strategies and brainstorming topics of interest and potential areas of focus. These included topics such as increasing cancer screenings and preventative screenings, identifying community navigators, lowering rates of asthma, improving social services, increasing health literacy, and making Medi-Cal more accessible from a comprehension and reading standpoint.

- Funding issues were consistently identified as a difficulty in improving care and services, with a lack of reimbursement, creating difficulties for those working with Medi-Cal and Medicare. The group focused significantly on improving education efforts to increase health literacy and building education over time to increase content retention. Improving education was seen as a key takeaway to preventing disease and encouraging positive health behaviors.
- Workplace interventions such as lunch and learns and employee physicals and screenings were seen as another way of improving health outcomes and increasing preventative health measures. Workplace efforts could also assist in mitigating existing issues related to a lack of transportation options and improve employee knowledge of their medical benefits.
- Using both written and verbal efforts to increase health literacy was seen as important, with effective language access and translation services for patients being integral. Education about obesity, Medi-Cal, Medicare, and care coordination were discussed as important facets.
- The breakout group identified the 211 program as an important tool that can assist in increasing education. Additionally, the breakout group discussed the need for improved healthcare navigation. While services may exist, a lack of knowledge about those services or where to go to access them can impede their effectiveness and use. Improving the accessibility of these services, as well as community knowledge of the services and where they can be accessed, was an important topic identified by the group.

Priority Area 2: Healthy and Safe Living

The Healthy and Safe Living breakout group discussed topics such as increasing access to healthy and affordable food options, opportunities to tie local economic growth with increased access to healthy food options, increasing physical activity, as well as climate concerns affecting living conditions.

GOAL Ensure that all County residents have access to expanded healthy food choices where they live, work, learn, and play

- **Supporting Data**
- The CHA uncovered key data that supports prioritizing healthy and safe living in Imperial County, including:
- Based on the heights and weights reported by surveyed parents, 46.5% of Imperial County children aged 5 to 17 are overweight or obese (≥85th percentile), which was much higher than the United States at 32.3%.⁴

- Imperial County had a significantly higher teen birth rate compared to California. In 2019-2021 there were nearly twice as many births per 1,000 people aged 18-21 in Imperial County compared to California.¹
- Imperial County residents accessed prenatal care at a lower rate than California. The percentage of births with no prenatal care significantly increased between 2010-2012 (4%) and 2020-2022 (6%).⁵
- Fewer kindergarteners received immunization vaccines in 2021-2022 compared to 2019-2020.⁶
- As of December 2023, 9.1% of people in Imperial County are up to date on their COVID-19 vaccination.⁷

Key Themes

The breakout group included extensive discussion surrounding farmer's markets and utilizing existing indoor spaces to host them so that healthy food options are more available to communities.

- There were concerns voiced about the distance and a need for transportation options impeding access to healthy foods.
- Food banks were discussed and identified as an existing resource, as well as Project Food Box, which delivers healthy food options to qualifying individuals. The group also discussed policy efforts to encourage local participation and economic development in making healthy food options accessible. These included ideas to lower vendor licensing costs for local groups, tax disincentives to dissuade new fast-food restaurants from opening, and encouraging existing businesses to promote and provide healthy food options.
- Another issue that was identified was the need to improve food education. Increasing knowledge of healthy foods, including how to incorporate them into recipes and diets, was an important point of focus. Cooking classes and food demonstrations were a couple of the recommended solutions. In addition to access to healthy food, there was also discussion about how to promote physical activity. Participants discussed improving the general mentality of the community to increase support for physical activity and being outside. While this is difficult in the summer months, creating exercise classes and using local facilities through use agreements were some popular ideas beyond improving outdoor spaces. The group also identified that there is an existing climate resiliency plan, but more information about the plan could be spread as the community is vulnerable to heat waves and associated climate issues.

⁵ CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.

⁶ CDPH, 2021-22 Kindergarten Summary Report.

⁷ CDPH. Division of Communicable Disease Control. Statewide Vaccination Data. Updated as of 4/1/2024.

Priority Area 3: Access to High-Quality Behavioral Health Services

The Access to High-Quality Behavioral Health Services breakout group discussed existing efforts, barriers being faced, and community needs.

GOAL Provide a continuum of culturally sensitive supports – available in primary care practices, schools, and other community-based settings – to meet the social, emotional, behavioral, and mental health needs of children and youth.

Supporting Data

The CHA uncovered key data that supports prioritizing behavioral health in Imperial County, including:

- In Imperial County from 2020 to 2022, drug overdose was the leading cause of death for adults ages 25 to 34 and the second leading cause of death for adults ages 35 to 54.³
- For youth ages 1 to 24, the leading causes of death are injury accidents and neonatal conditions.³
- For adults ages 25 to 34 in Imperial County, the leading causes of death were all types of drug overdose and road injury.³
- For adults 45 to 54, the second and third leading causes of death were drug overdose and alcohol-related deaths.³
- In 2022, a total of 23.8% of surveyed adults were classified as excessive drinkers (heavy and/or binge drinkers), which is higher than in California at 18.0%.⁸
- According to the California Student Health Survey results, students in Imperial County had higher rates of depression than other California students.⁹
- In Imperial County in 2021, the prevalence of students claiming to have felt sad or hopeless almost every day for two weeks or more in a row increased to more than half of the grade eleven students (56%), compared with 41% of the grade seven students.¹⁰
- Between 2015 and 2021, the prevalence of depression increased in both Imperial County and wider California, with the greatest increase occurring among grade eleven students in Imperial County.¹⁰
- One in four (24.3%) surveyed Imperial County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder such as depression, major depression, dysthymia, or minor depression.⁴ The rate was higher than California (18.3%)¹¹

⁸ 2020 PRC National Health Survey, PRC, Inc.

⁹ Depression is defined as students who reported ever feeling so sad or hopeless for almost every day for two or more consecutive weeks in the past year that they stopped doing some usual activities.

¹⁰ California Healthy Kids Survey via Cal-SCHLS

¹¹ Behavioral Risk Factors Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 California data.

Key Themes

The group discussed substance use disorder and sample strategies developed by HMA.

- Some existing outreach programs exist, and communication on programmatic interventions, specifically Naloxone, was identified as important.
- Some barriers to awareness and outreach efforts exist, including a need for more awareness of events being held and the importance of confidentiality. Another main topic was the need for destigmatizing behavioral health services and ensuring cultural sensitivity and inclusion in service delivery. The group also discussed the importance of general education on the two components of behavioral health, mental health, and substance use disorder.
- Mobile units were seen as one way of improving outreach to the community and providing behavioral health services.
- There was also consideration and support for improved education for first responders, teachers, and law enforcement to recognize risk and support engagement with behavioral health services. The group identified improving existing educational opportunities for the professionals mentioned above by convening a coalition comprised of youth and law enforcement to examine the existing educational materials and make recommendations for improvements.
- Family-centered treatment was also a topic of focus, with a goal to improve education across cultural and generational barriers. The breakout group discussed the importance of education and training designed for parents to increase social connectedness and promote education being passed forward generationally. The breakout group also identified the need for ongoing and increased funding for prevention efforts, shifting resources accordingly.

Implementation Framework

The ICCHIP will continue utilizing a collective impact approach and the MAPP 2.0 framework. Collective impact is based on the understanding that no single policy, government entity, or organization can tackle or solve deeply entrenched social problems alone. Moving beyond a partnership or collaboration, collective impact calls for a longstanding commitment between multiple sectors and organizations all working towards a common goal.

The Five Core Components of Collective Impact

Common Agenda: A common agenda is a shared vision for change that is shared across all participants in the initiative and a shared approach to problem-solving.

Backbone Support: Successful initiatives require the support of an organization to serve as a backbone for the work. This includes funded staff and infrastructure dedicated to the initiative. A backbone organization guides the initiative's vision and strategy, promotes mutually

reinforcing activities, supports the establishment and tracking of shared measures, builds public will, advances policy, and mobilizes resources.

Mutually Reinforcing Activities: One of the distinguishing features of a collective impact approach is that partners intentionally align existing resources and efforts in their part of the system towards achieving a common agenda and shared measures. Partners identify a collective action plan that lays out strategies and actions and hold each other accountable for the achievement of these activities. The focus of this component is to align activities with other organizations, reduce duplication, and leverage resources.

Shared Measurement: All partners in the initiative agree on the ways in which success will be measured and reported. Partners have a shared understanding and agreement about the collection, storing, analysis, and reporting of data. The data is used not only to show what has been successful but also to inform continuous performance improvement across the initiative.

Continuous Communication: With collective impact, all partners engage in frequent and structured open communication to build and maintain trust. This component requires that structures and processes are in place to inform, engage and seek feedback from internal partners about the mutually reinforcing activities and to inform and mobilize the community to implement the CHIP.

Monitoring Progress

A crucial aspect of monitoring and updating the Community Health Improvement Plan (CHIP) is the continuous evaluation of progress made by participating agencies, community organizations, and other partners in achieving the plan's goals. Therefore, the CHIP monitoring and revision process is a collective effort. Steering committee members, health priority area workgroups, and stakeholders will participate in monitoring the progress and recommending revisions to the objectives and strategies. Engaging the CHIP partnership in this ongoing process helps support collective impact and foster accountability, leading to a more effective and responsive CHIP.

The Imperial County Public Health Department (ICPHD) will serve as the backbone organization for maintaining the CHIP Performance Tracking System. Additionally, annual progress reports will be shared with the community and the CHA-CHIP partnership to highlight achievements, challenges, and future goals.

Collecting data to monitor results may necessitate new or revised processes for gathering new data elements as well as tracking existing population health data. Throughout the 3-year CHIP, the ICCHIP will be responsible for ongoing monitoring and evaluation. Revisions to objectives, improvement strategies, planned activities, timelines, targets, or assigned responsibilities in the plan may occur as needed. Adjustments to strategies or activities may be required due to the

completion of objectives, emerging health issues, changes in responsible parties, or shifts in resources and assets. A formal review and necessary updates will be conducted annually.

Conclusion

This CHIP was developed with ongoing and robust involvement from the community and represents a community-wide plan for enhancing and improving the health of communities in Imperial County. To successfully implement this CHIP, ongoing community involvement is critical.

There are many ways for community-based organizations, governmental agencies, foundations, and residents to engage in helping to realize the goals and objectives outlined in this plan. We invite any person or organization that is interested to get involved to the degree in which they can contribute to the implementation of the 2024-2027 CHIP. If you want to find out how you can support the CHIP, please visit the 2024-2027 CHA/CHIP section of the Imperial County Public Health Department website.

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References

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- ² CDPH. *California Community Burden of Disease Engine*. Retrieved in April 2024.
- ³ Centers for Medicare & Medicaid Services (CMS), National Provider Identifier Files (NPI).
- ⁴ American Community Survey, Five-year estimates 2018-2022, Tables B27001/C27001.
- ⁵ CDPH. *California Community Burden of Disease Engine*. Retrieved in April 2024.
- ⁶ 2022 PRC Community Health Survey, PRC, Inc.
- ⁷ CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000 –2017 and Comprehensive Master Birth File, 2018–2022.
- ⁸ CDPH, 2021-22 Kindergarten Summary Report.
- ⁹ CDPH. Division of Communicable Disease Control. Statewide Vaccination Data. Updated as of 4/1/2024.
- ¹⁰ 2020 PRC National Health Survey, PRC, Inc.
- ¹¹ Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 California data.