



MODOC COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2025

Adopted on 04/14/2025

TABLE OF CONTENTS

ACKNOWLEDGMENTS	3
MESSAGE FROM PUBLIC HEALTH DIRECTOR.....	4
EXECUTIVE SUMMARY	5
BACKGROUND.....	7
WHY A COMMUNITY HEALTH IMPROVEMENT PLAN?.....	9
SOCIAL DETERMINANTS OF HEALTH	10
TIMELINE.....	11
METHODOLOGY.....	12
Phase 1. Organizing and Engaging Partners.....	13
Phase 2. Visioning.....	14
Phase 3. Collecting and analyzing data	15
Community Health Needs Assessment (CHNA).....	15
Local Public Health System Assessment.....	16
Phase 4. Identifying and Prioritizing Strategic Issues.....	17
Phase 5. Developing Goals, Strategies, and an Action Plan.....	17
PLAN PRIORITIES.....	18
CONCLUSION.....	32
Phase 6. Taking and Sustaining Action.....	32
ACRONYMS	34
REFERENCES.....	35

ACKNOWLEDGMENTS

The Community Health Improvement Plan (CHIP) has been developed by Modoc County Public Health, with the valuable participation of community members and essential partners within the community.

This plan would not have been possible without the participation of the organizations and agencies within our county. In the name of all the staff members who work in the department and the population that we have the privilege of serving; we extend our heartfelt gratitude.

The following organizations and partners have made a crucial contribution to this plan:

Advancing Modoc	Modoc County Road Department
California Highway Patrol	Modoc Joint Unified School District
District Attorney's Office	Modoc Medical Center
Early Head Start	Partnership Health Plan
First 5 Modoc	Pit River Health Services
Modoc County Behavioral Health	Resources for Indian Student Education
Modoc County Board of Supervisors	City Council
Modoc County Department of Social Services	Sunrays of Hope
Modoc County Office of Education	T.E.A.C.H. Inc.
Modoc County Public Health	

ANCESTRAL LAND ACKNOWLEDGMENT

For thousands of years, this land, now known as Modoc County, has been home to the people of the Northern Paiute, Modoc and Pit River Nations. We respectfully recognize their committed stewardship, which has endured over many centuries and would like to express our deepest gratitude that, today, we are able to live together on this beautiful land.

MESSAGE FROM PUBLIC HEALTH DIRECTOR

The Department of Public Health in Modoc County is responsible for safeguarding and improving the health of individuals and communities through evidence-based actions. To accomplish this, the department implements strategies through various programs that align with national and state guidelines. Conducting a health situational assessment of the community is a crucial element of the department's strategic plan as it allows comprehension of the specific health issues facing the community.

[The Community Health Needs Assessment \(CHNA\)](#), published by the department in March 2024, identified several health challenges facing Modoc County. However, simply identifying those challenges is insufficient and effective interventions must be implemented to address these issues. To succeed, it is essential for all members of the community to collaborate in a coordinated manner.

The Community Health Improvement Plan (CHIP) integrates selected initiatives to address the most pressing issues. This document serves as the culmination of months of planning and analysis. It is the work of many multidisciplinary teams, subject matter experts, leaders of different organizations, and most importantly, members of our community, who continue to work tirelessly to improve the health of Modoc County's residents. To all of you, thank you.

EXECUTIVE SUMMARY

Modoc County's Public Health aims to enhance community health through evidence-based actions. [The Community Health Needs Assessment \(CHNA\)](#), published in March 2024, identified various health challenges. In response, the Community Health Improvement Plan (CHIP) was developed, incorporating selected initiatives and involving multidisciplinary teams, experts, and community members. The CHIP directs interventions to address identified priorities, fostering coordinated efforts among organizations and community members. The present document describes the process followed to develop the plan and its main findings.

The CHIP implements the Mobilizing for Action through Planning and Partnership (MAPP) framework, emphasizing community engagement and evidence-based strategies that adhere to national standards. This process involved organizing partners and aligning collaboration under the same vision to serve the population. It comprised four distinct assessments, enabling the planning team to integrate not only health data but also the community's concerns and perceptions related to health, along with the most effective interventions and their greatest strengths and opportunities.

The development of this plan facilitated key community partnerships, with stakeholders agreeing to address urgent issues and establish ongoing health improvement foundations. Modoc County Public Health recognizes the shared responsibility and need for a collaborative body that ensures the achievement of defined objectives and strategies while simultaneously laying the groundwork for future evaluations and improvement plans. This collaborative will include community representatives supported by the public health department and healthcare decision-makers. Its primary goal is to establish a permanent forum for community engagement in implementing strategies for each priority area and its secondary goal is to create a repository of best practices for continuous improvement.

The first priority, as it emerged throughout the community meetings, interviews, and focus groups, identified the need to improve adolescent mental health. Issues identified include tobacco, drug, and alcohol misuse and screen time and social media's impact on youth mental health. The proposed strategies emphasize integrating community support networks and increasing the knowledge and accessibility of tools for parents and adolescents.

The second priority aims to foster healthier environments by revitalizing areas for prosocial activities and developing programs that promote inclusivity and integration within the community to positively impact the community's social capital and mental health.

The third and final priority aims to mobilize the community by increasing and diversifying public transportation options and promoting environments that encourage walking and biking to support wellbeing.

This plan emphasizes the importance of ongoing collaboration and adaptability in addressing community health issues. Regularly reviewing and modifying strategies based on evaluations and changing population needs will enable the planning team to ensure the effectiveness and relevance of interventions over time. This approach will allow continuous improvement and incorporation of new evidence-based practices as they emerge.

BACKGROUND

Modoc County is a rural, frontier county in northeastern California, bordering Oregon to the north and Nevada to the east. Modoc possesses abundant natural resources, diverse scenic beauty, clean and open spaces, which, while offering unparalleled landscapes and experiences, also present unique challenges for its inhabitants.

Modoc County has experienced a decline in population over the past ten years, as indicated by the data released by the Census Bureau. Between 2010 and 2022, the population decreased by 10%, with an estimated 8,651 inhabitants residing in the area. As the sole incorporated city, Alturas is home to a third of the county's population. Of the five census county subdivisions, 70% of the population resides in Alturas, 9% in Surprise Valley, 9% in Newell, and 9% in Adin-Lookout (Figure 1).¹



Figure . Modoc County's Population Distribution by County Subdivisions. 2021 ACS 5-Year Estimates

Considering Modoc County's demographic profile (Figure 2), the [Community Health Needs Assessment \(CHNA\)](#) revealed that under 21% of the population was below 19 years of age, while the majority of county residents (42%) belonged to the 20 to 59 age group. Notably, 36% of the total population were 60 years or older (compared to 20% of the state's population). With respect to race distribution, 75% of Modoc County residents identified as White, 16% as Hispanic or Latino, 3% as American Indian, and 6% as Asian, Pacific Islander, Black, African American or other races.²

The [CHNA](#) also emphasized significant findings regarding educational attainment. According to the report, 86% of adults aged 25 or older in the area completed high school, which is comparable to the percentage statewide. However, the county's percentage of adults with a bachelor's degree or higher was lower than the state's, at just 20% (compared to 35% in the state).²

According to the 2021 American Community Survey (ACS), 19% of the economically active population in the region was employed in the education, health and social assistance service sectors, while 18% was employed in agricultural, forestry, hunting or fishing, and 10%

in public administration. The median household income was \$ 51,090 (ACS), which was 40% lower than the state's median income. The analysis revealed disparities associated with sex and race. Compared to the county's median income, female-headed households' income was 32% lower, and for American Indian households, the disparity was even greater at 43%.²

Greater details about these and many other indicators can be found in the full [CHNA](#) report.

Modoc County's Population by Age Group

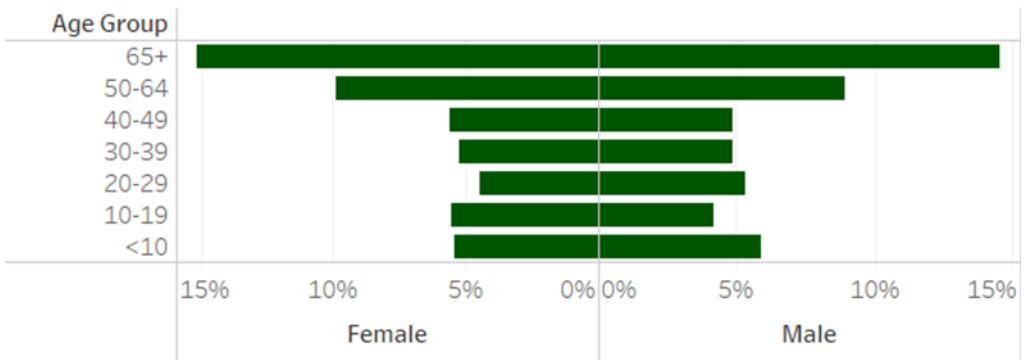


Figure 2. 2022 ACS 5-Year Estimates, Census Bureau. Modoc County Profile.

WHY A COMMUNITY HEALTH IMPROVEMENT PLAN?

This document builds upon the situational diagnosis initiated with the completion of Modoc County's [CHNA](#) published in March 2024. The Community Health Improvement Plan (CHIP) outlined herein will guide interventions aimed at addressing the priorities identified by community members and health decision-makers. It is only through such coordination that complex issues, such as those related to public health, can be effectively tackled.³

The Community Health Improvement Plan (CHIP) outlines strategies that foster coordinated action among various organizations and community members who share Modoc's community health vision. This plan outlines the process used to identify these priorities, the participating organizations and community representatives, as well as the actions and indicators that will be employed to ensure adherence and improvement on the County's objectives.

The effectiveness of this plan is contingent upon the active engagement of the community. Through the different analyses conducted, it was possible to comprehensively assess strengths and opportunities, allowing the development of inclusive strategies that leverage intrinsic characteristics of Modoc County to drive transformative changes.

SOCIAL DETERMINANTS OF HEALTH

To comprehend the fundamental principles of Modoc County's CHIP program, it is crucial to recognize the significance of social determinants of health in the community. These factors – sometimes referred to as social drivers of health or social contributors to health – encompass the circumstances that exist in the environment in which an individual is born, resides, and develops, and which ultimately influence their health, functional capacity, and quality of life. They have been categorized into five main domains (Figure 3).

Examples of drivers that contribute to healthy outcomes include safe and affordable housing, reliable transportation, access to safe neighborhoods, healthy food, physical activity, clean air and water, strong language and literacy skills, as well as access to educational and employment opportunities and higher income. Furthermore, racism, discrimination, and violence can have detrimental effects on physical and mental health. The importance of these drivers stems from their undeniable impact on the well-being of every individual in the community and the imperative involvement that is necessary at all levels of action to attain long-lasting solutions.³

Striving for the optimal use of resources, Modoc County's

Public Health department has capitalized on the application of evidence-based methods to identify strategies with sound backing evidence. In concordance, the present document finds much of its basis in Healthy People 2030 (HP2030). HP2030 was launched in August 2020 by the United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. This initiative seeks to guide the national strategy for disease prevention and health promotion. It brings together community representatives and specialists in the area who identify science-based objectives that monitor and promote improvement and action in health.



Figure . Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved August 2024, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

TIMELINE

In July of 2022, the Modoc County Public Health initiated the planning process for the [CHNA](#)/CHIP. During the preliminary planning sessions, theoretical models were identified through the utilization of evidence-based practices. The following timeline delineates the crucial components of the [CHNA](#) and CHIP for the county.

Activity	2022	2023		2024		2025
	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Jun	Jul-Dec	Jan-Dec
CHNA/CHIP planning						
Evidence based framework selection						
Identify and reach for community partners						
Conduct community meetings and data collection						
Data analysis						
CHA analysis, Identify high priority-equity assessment						
Develop collaborative strategies						
Disseminate CHIP results and strategies						

METHODOLOGY

Upon examining the relevant scientific information of the various methodological approaches, the planning team opted to utilize the Mobilizing for Action through Planning and Partnership (MAPP) framework. Figure 4 presents the main components of the model. The central portion of the figure illustrates the phases of the framework, and the arrows indicate the four assessments that serve as the foundation of the process.

The following section provides a comprehensive overview of each phase of this framework, along with a description of how Modoc County Public Health (MCPH) completed them.

One of the key benefits of this framework is its integration of the four components of evaluation. The county places a strong emphasis on gathering information from the community, as well as from local leaders who possess a thorough knowledge of both the challenges facing the community and their potential solutions. This framework not only incorporates crucial data on health indicators and measurements, but also effectively integrates the valuable insights obtained from the community.⁴⁻⁸

Another significant consideration was the incorporation of updates to the model and the provision of resources that adhere to evidence-based strategies and meet national requirements. The 2023 version of the model also aligns with the previously introduced Healthy People 2030 initiative. This alignment guarantees that the plan serves as a robust foundation for the continuous improvement of the health of our community.⁹

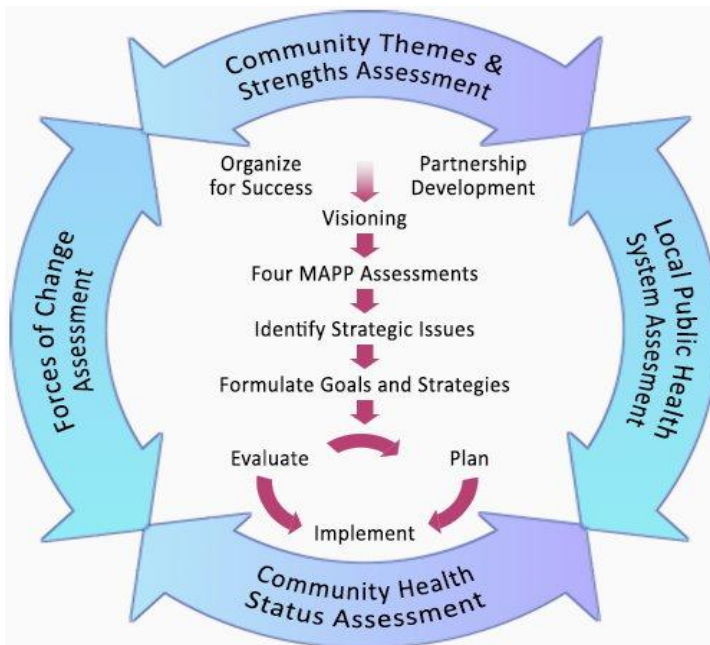


Figure . Mobilizing for Action through Planning and Partnership (MAPP) framework. www.naccho.org

Phase 1. Organizing and Engaging Partners

The initial planning meetings occurred in June 2022 and were attended by representatives of the Health Services organizations. On a monthly basis, meetings were held to establish the parameters of community involvement, the instruments to be used and dissemination mechanisms for information and data collection instruments.

The [CHNA](#) development process incorporated both quantitative and qualitative elements. The qualitative aspect included insights gathered from diverse focus groups and interviews with Modoc County residents, capturing their perceptions about the main health issues, risk factors, and quality of life affecting the community. In March 2024, the [CHNA](#) was officially released.

Following this, the planning team initiated the next stage of the process, integration of [CHNA](#) findings into the Community Health Improvement Plan (CHIP). Modoc County engaged Behavioral Health Data Project (BHDP) to provide technical support for this process.

After completion of the [CHNA](#), MCPH identified stakeholders who would provide their perspective on the data obtained from the assessment. These stakeholder sessions were conducted between June and August 2024, during which participants and community representatives reviewed the outcomes of each evaluation, identifying priorities, areas for improvement, and strengths within the community. Additionally, MCPH and BHDP made deliberate efforts to include representatives of groups who have been historically disadvantaged or marginalized. BHDP conducted additional virtual interviews with representatives who could not attend the initial stakeholder meetings to gather their insights and contributions. The community partners involved in this CHIP are listed below:

Advancing Modoc	Modoc County Public Health
California Highway Patrol	Modoc County Road Department
District Attorney’s Office	Modoc Joint Unified School District
Early Head Start	Modoc Medical Center
First 5 Modoc	Partnership Health Plan
Modoc County Behavioral Health	Pit River Health Services
Modoc County Board of Supervisors	Resources for Indian Student Education
Modoc County Department of Social Services	City Council
Modoc County Office of Education	Sunrays of Hope
	T.E.A.C.H. Inc.

Phase 2. Visioning

MCPH used their existing vision, mission, and values to guide this process. The process of defining these concepts involved collaboration and input from the department's staff, who submitted various proposals that were repeatedly reviewed and refined until consensus was reached. Recognizing the importance of a clear vision in guiding an organization's long-term efforts, while maintaining its relevance, representatives of the coordination committee carefully reviewed these elements to ensure their continued relevance and alignment with the needs of the population. Figure 5 presents the final vision and mission statements, along with the identified values.

VISION

Healthy, Happy, Thriving Communities

MISSION

Cultivating a Healthy & Resilient Modoc County

VALUES

1. Acceptance – We will provide the community with our very best services, in an environment of equity, compassion and cultural humility.
2. Collaboration – We foster partnerships with other agencies and the community in order to address the health concerns that impact our population.
3. Communication – We strive to provide accurate, timely, and culturally relevant information to the community.
4. Integrity – We value the trust of the individuals and communities we serve and earn that trust through a culture of ethical conduct and transparency.
5. Prevention – We empower the community to make healthy choices.

Figure 5. Modoc County's Public Health vision, mission and values. <https://publichealth.co.modoc.ca.us/>

Phase 3. Collecting and analyzing data

The theoretical foundation of MAPP is built on four central assessments, as previously discussed. These evaluations include the [CHNA](#), the Community Themes and Strengths

Assessment, the Local Public Health System Assessment, and the Forces of Change. These elements are of utmost importance for the creation of a comprehensive plan. The assessments were conducted between July 2022 and August 2024.

[Community Health Needs Assessment \(CHNA\)](#)

The first evaluation component involved an analysis of data from 2016 to 2023. During the initial planning sessions, the County also decided to conduct a community survey. After presenting various suggested formats to the team and making necessary adjustments, the survey was approved and launched in August 2022 at the Modoc County District Fair. The survey was made available in both English and Spanish and remained open until the end of November 2022.

The survey was conducted through the MCPH website and in person during the Modoc County District Fair. Additionally, the survey was strategically distributed throughout the county via county offices, medical and dental offices, and community-based organizations. The survey instrument gathered information on the most crucial health concerns, behaviors affecting health, environmental factors, and perceived quality of life.

Some of the key findings of this document have been presented in the preceding sections. The [CHNA](#), its methodology, and the comprehensive report of the findings can be consulted on the [Modoc County PHD data page](#).

Community Themes and Strengths

The Community Themes and Strengths component of the assessment seeks to identify which are the most important health concerns in the community, the perception of Quality of Life and the main strengths identified.

Between November 2022 and November 2023, there were five focus groups conducted with around 50 members of the community. Special groups were conducted for teenagers, seniors, and the Latin community. Additional key informant interviews were conducted between February and March 2023 and between June and August 2024.

The meetings were conducted by a facilitator, who presented information obtained from the [CHNA](#), prompting the analysis of how those issues reflected in the community and specific elements they identified as valuable to generate solutions. A member of the facilitation team was designated to take notes during both the interviews and focus groups. After all the interviews and focus groups had been conducted, a thematic analysis was performed to identify the consistent themes and strengths that emerged.

Local Public Health System Assessment

The Local Public Health System Assessment concentrates on the fundamental services that local public health systems offer. These services are not affiliated with any particular organization but instead reflect the collaboration between various entities that are

dedicated to enhancing the health of Modoc County's residents. This includes all public, private, and voluntary organizations.¹⁰

The assessment entails both capacity and performance indicators. In connection with the capacity assessment for healthcare services in the region, it is crucial to recognize the unique challenges that affect healthcare access in the area. Modoc County has been identified as a Health Professional Shortage Area (HPSA) for primary care, dental care, and mental health care. As a result, residents must travel further to receive care.

The Health Resources and Services Administration (HRSA) publishes these designations to highlight regions that face more significant challenges in providing specific services due to a lack of healthcare professionals. Given its HPSA score, Modoc County falls within the tier with the most significant shortage of healthcare providers (Figure 7).¹¹

As part of implementing this CHIP, Modoc County can consider whether to implement this assessment on a regular basis in the County to track improvements in performance.

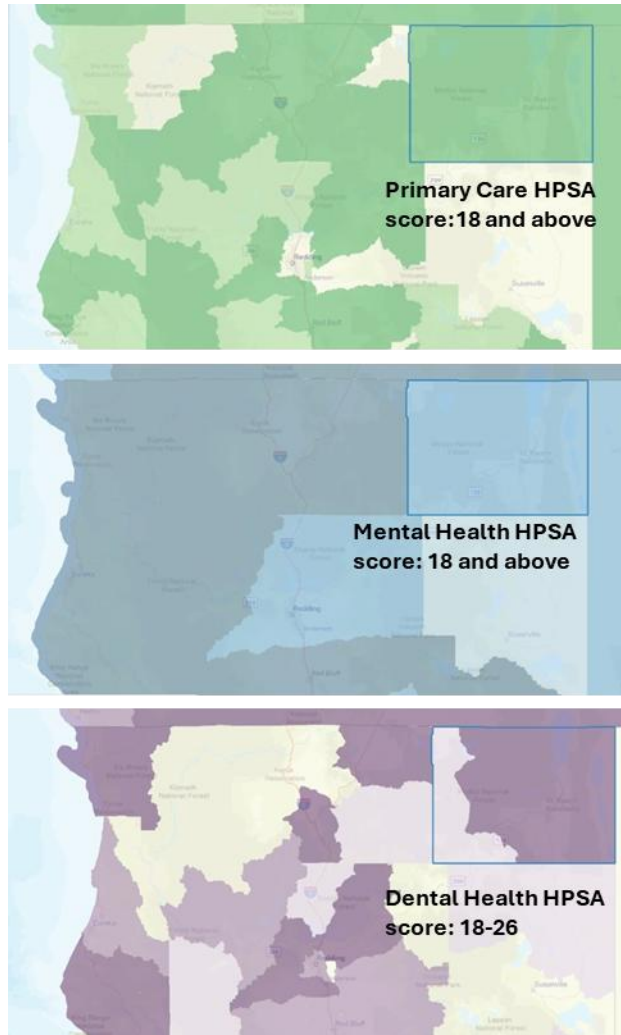


Figure . Health Professional Shortage Areas for Primary Care, Mental Health and Dental Care

Phase 4. Identifying and Prioritizing Strategic Issues

To identify and prioritize issues to be addressed through the CHIP, BHDP and Modoc County reviewed the information collected from all the different assessments, which included the health issues, risk factors and environmental aspects identified, along with the strengths identified by community members.

There were a total of three stakeholder meetings and three key informant interviews, resulting in the participation of twenty distinct organizations, agencies, and community groups. During these sessions, the attendees deliberated upon each of the problems and their consequences, in addition to strategies that may be effective in the short, medium, and long term. While all the issues were deemed significant, participants also considered the feasibility of proposed solutions when selecting areas of focus.

The final identified focus areas were:

Priority Area 1	Improving Youth Mental Health
Priority Area 2	Coordinated Action To Increase Healthy Environments
Priority Area 3	Mobilizing our community

Phase 5. Developing Goals, Strategies, and an Action Plan

The data collected through each of the assessments was categorized into the main priorities. The information including the themes and strengths, and the forces of change assessment allowed the planning team to identify the strategies that were most likely to be effective.

In addition to this information, BHDP incorporated best practices for each goal based on evidence from research and other communities. BHDP reviewed literature to select evidence for each priority. Special emphasis was placed on integrating evidence of effectiveness in rural settings. Additional partners were also identified for each priority.

Final indicators were recommended based on their relevance and feasibility after a review of the research and assessment information. A source and current value were defined when available. When they were not a mechanism to determine the baseline was integrated as part of the plan.

Each priority includes a recommended evaluation approach to track improvement and achievement of plan goals.

PLAN PRIORITIES

This section delineates the action plan for Modoc County over the following 2 years. The plan comprises a table for each priority, which summarizes the selected strategies and indicators, as well as the initial partner organizations. Additionally, the plan includes a "Next Steps" section, which details the main actions for the first year of implementation and specific indicators for each phase.

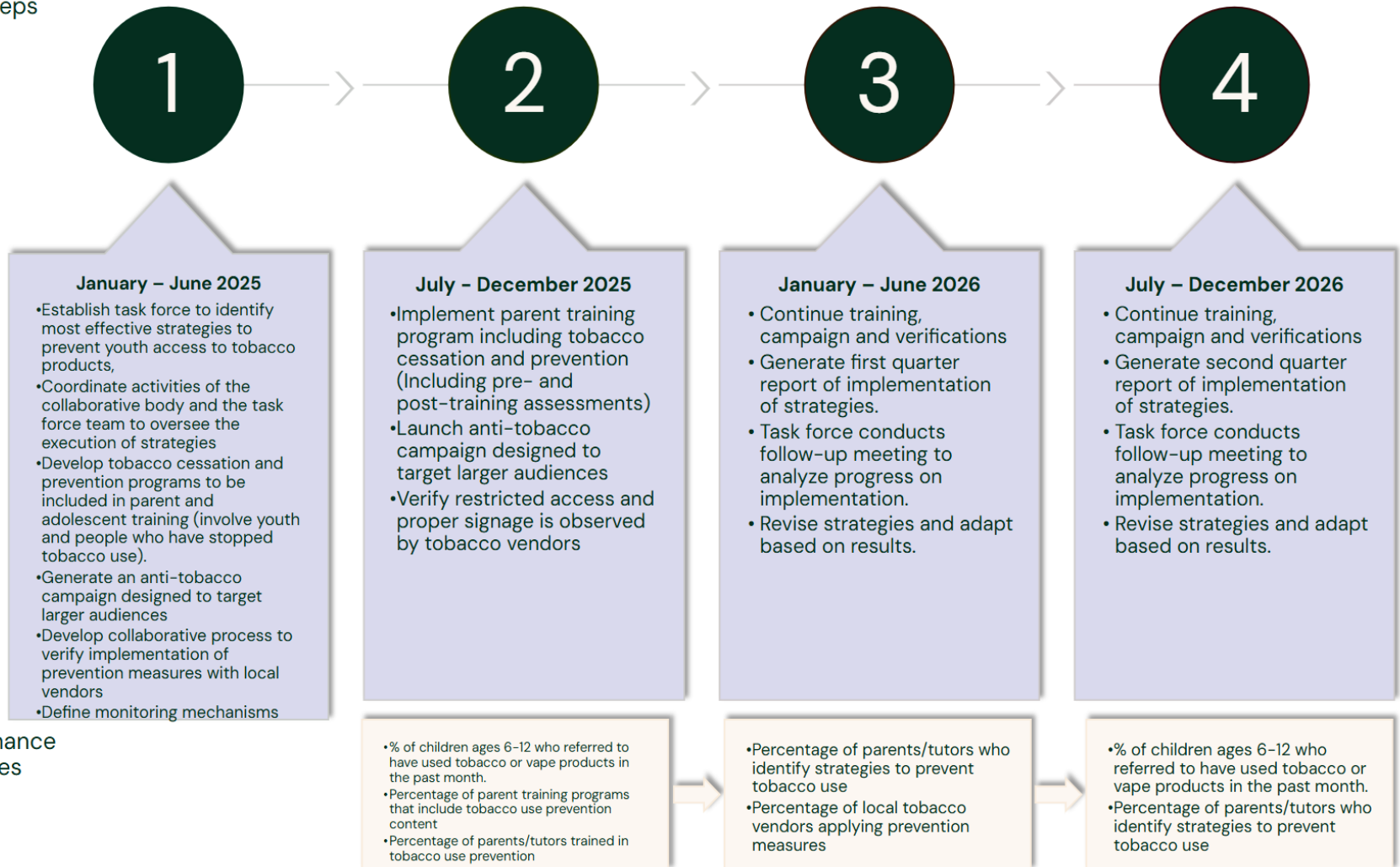
PRIORITY 1: Improving Youth Mental Health		
Goal: Improve Modoc County's Youth Mental Health		
Objective 1.1: By 2027 reduce tobacco use in adolescents¹²		
Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> Establish task force to identify most effective strategies to prevent youth access to tobacco products, from the family-focused approach Coordinate activities of the collaborative body and the task force team to oversee the execution of strategies Integrate tobacco cessation and use prevention content in parent training programs, involve youth and people who have stopped tobacco use Generate an anti-tobacco campaign designed to target larger audiences 	<ul style="list-style-type: none"> % of children ages 6-12 who used tobacco or vape products in the past month Number of parent training programs that include tobacco use prevention content Percentage of parents/tutors trained in tobacco use prevention 	<ul style="list-style-type: none"> School program coordinators TAY Center Tobacco-Use Prevention Education (TUPE) program First 5 Modoc College Center Athletic Coaches Law Enforcement Officers Business Leaders/Vendors Promotors County DA's office Modoc County Behavioral Health

<ul style="list-style-type: none">• Verify restricted access and proper signage is observed by tobacco vendors		
--	--	--

Objective 1.2: By 2027 improve mental health interventions targeting the use of screen time (e.g. online gaming platforms, social media, YouTube, etc. ^{13,14})		
Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> Identify and create panels of experts on screen time/social media use and mental health Develop educational campaigns aimed at increasing awareness of the impact of screen time/social media use on mental health Undertake periodic evaluations of screen time/social media usage and mental health encompassing both parents' and students' perceptions 	<ul style="list-style-type: none"> Number of educational programs targeting screen time/social media use and impact on mental health Percentage of parents that report they know how to and do talk to their children about social media Percentage of teenagers who reported frequent screen time/social media use Proportion of teenagers receiving treatment for mental health conditions (anxiety, depression) 	<ul style="list-style-type: none"> T.E.A.C.H. Inc. School program coordinators TAY Center First 5 Modoc College Center Promotoras Modoc County Behavioral Health

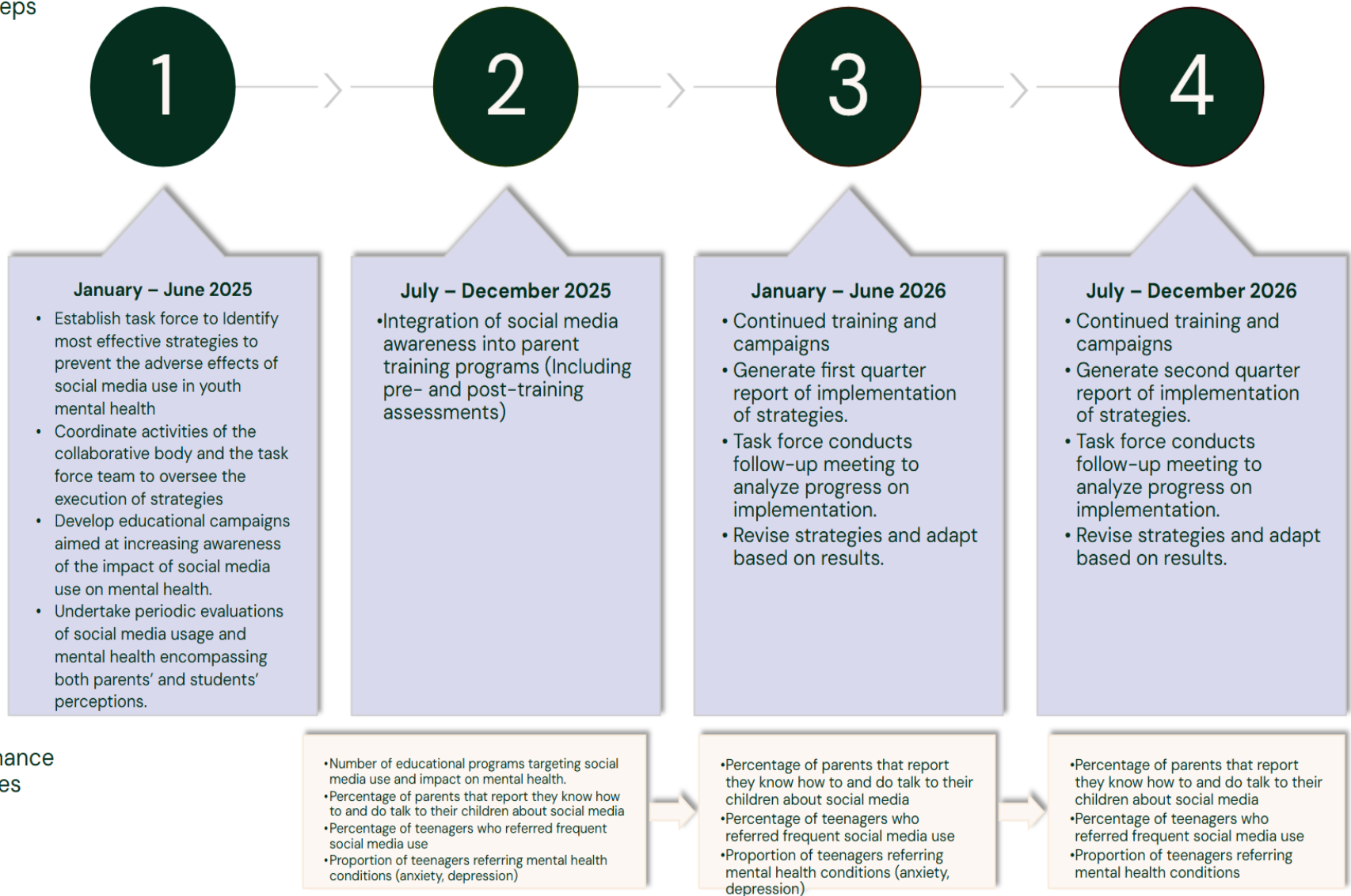
Priority 1. Objective 1.1: By 2027 reduce tobacco use in adolescents

Next Steps



Priority 1. Objective 1.2: By 2027 improve mental health interventions targeting the use of screen time & social media

Next Steps



PRIORITY 2: Coordinated Action to Improve Healthy Environments		
Goal: Improve community’s mental health and social capital through building, strengthening and maintaining social networks. ^{15–17}		
Objective 2.1: By 2027 institute community center serving Modoc County.		
Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> Identify target groups to achieve community representation Develop a recruitment strategy that promotes diversity to ensure community involvement Establish meeting protocols, including the frequency of meetings, documentation procedures, and mechanisms for community engagement to enable community members to voice their concerns to decision-makers Identify data sources and methods to evaluate the implementation of CHIP and local public health system assessment (LPHSA) Determine the frequency and methods for communicating progress on CHIP implementation to the community Implement a foundational training program for collaborative members (encompassing strategic planning, community engagement resources, and updated annually) Create a system for documenting successful interventions and steps taken to achieve them <p>Establish a task force to identify the most effective strategies to promote social cohesion and increase social capital.</p>	<ul style="list-style-type: none"> Number of coordinated bodies operating in Modoc County % of target groups represented in the coordination team Number of meetings conducted following defined protocols Number of CHIP implementation reports generated % of CHIP Objectives that reflect progress on implementation compared to the baseline % of members that have completed basic training course Number of proposals to revitalize buildings to create community center Number of community centers operating in the community 	<p>All willing participant partners and community members</p> <p>The collaborative body should include a mix of Modoc County Health Services staff and other community decision-makers, doers, and visionaries, financially minded people, influential community members, and representatives for any group being targeted for intervention, such as youth.</p> <p>The County should consider funding an external facilitator to lead this group.</p>

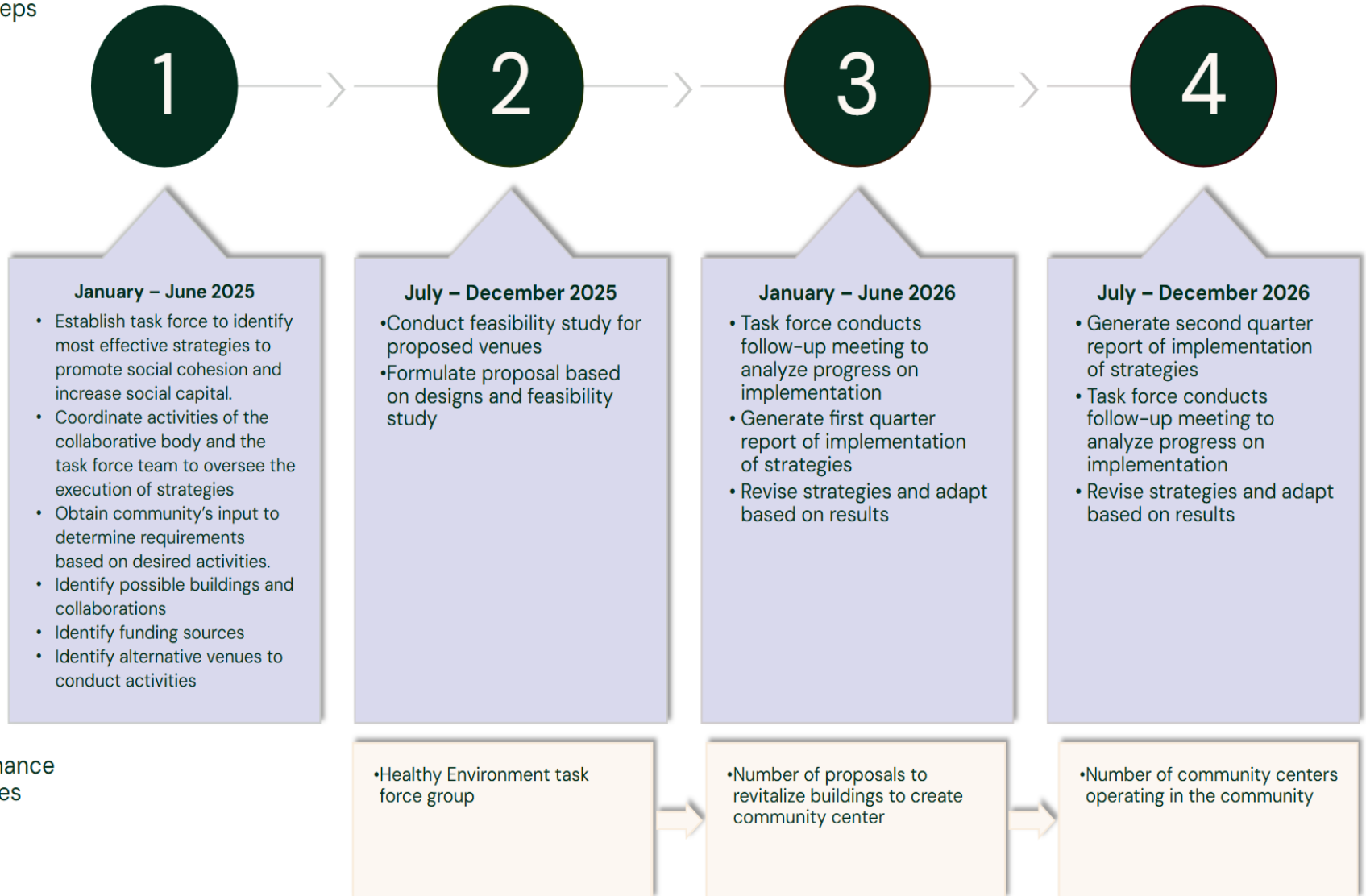
<ul style="list-style-type: none">• Coordinate activities of the collaborative body and the task force team to oversee the execution of strategies• Formulate proposals to revitalize buildings to create a community center that can hold multiple events simultaneously		
--	--	--

Objective 2.2: By 2027, increase participation in positive social activities across different age groups and demographics living in Modoc County.

Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> Integrate a program of activities that engage individuals across different age groups and demographics within the community. Foster intergenerational interactions and facilitate the involvement of seniors and children between the ages of six and twelve. Such integration could potentially offer beneficial mentorship and guidance to younger individuals. Define mechanisms to obtain community's input to integrate program of activities that promote equity and inclusivity Conduct assessment of impact in social capital and mental health of the community 	<ul style="list-style-type: none"> Number of programmed social activities for each group (age/race representativeness) Number of community members participating in prosocial activities (by age/race group) Perception of social capital in the community -Example Short Adapted Social Capital Assessment Tool (SASCAT) by age/group. Levels of isolation in elderly population 	<ul style="list-style-type: none"> T.E.A.C.H. Inc. School program coordinators TAY Center Promotoras Senior Center

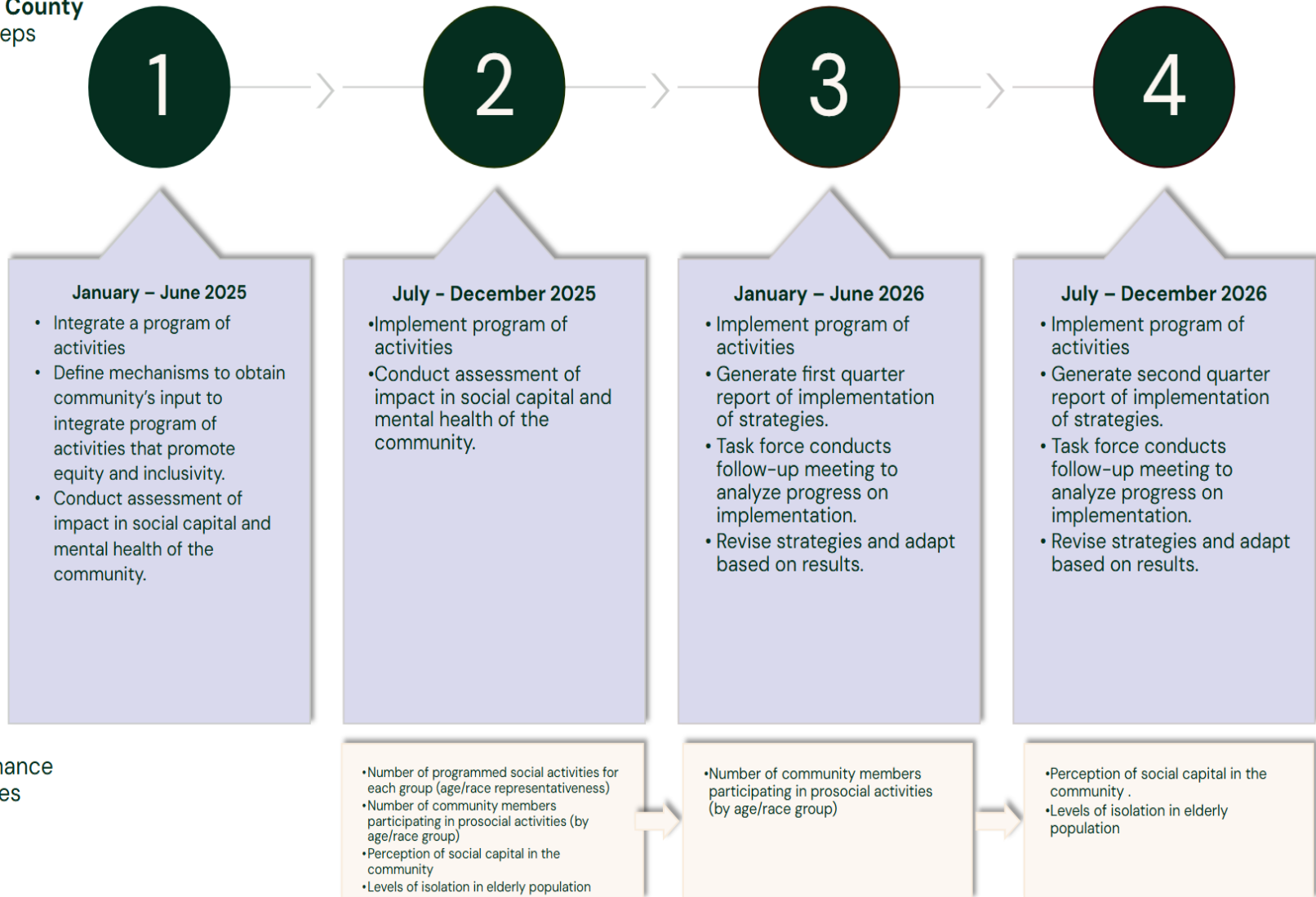
Priority 2. Objective 2.1: By 2027 institute community center serving Modoc County.

Next Steps



Performance Measures

Priority 2. Objective 2.2: By 2027 increase participation in positive social activities across different age groups and demographics living in Modoc County
Next Steps



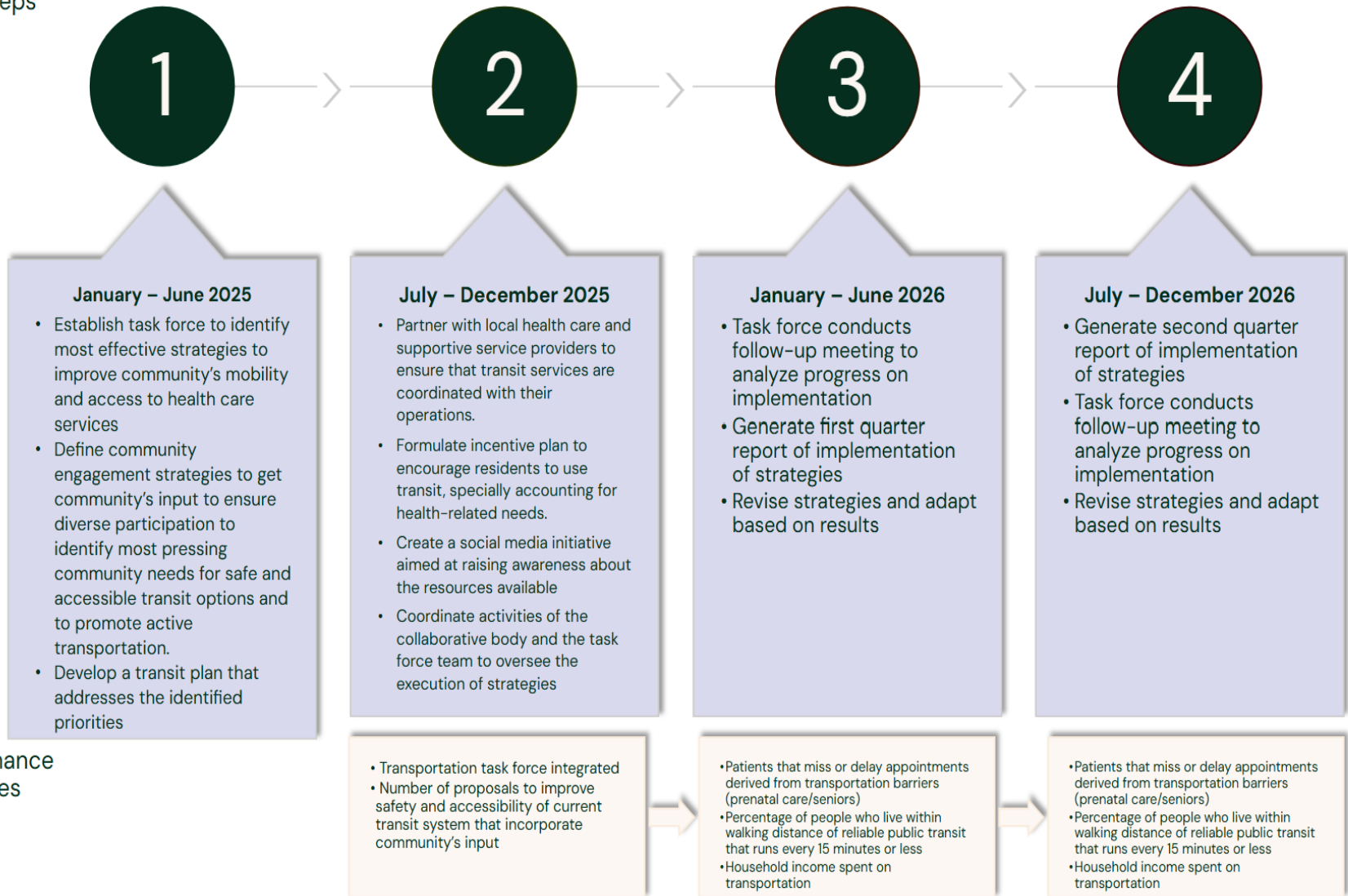
Performance Measures



PRIORITY 3: Mobilizing our community		
Goal: Improve community health by increasing and diversifying public transportation options ¹⁸⁻²⁰		
Objective 3.1: By 2027, improve safe and accessible transit options that connect our residents to health care and supportive services and improve safe activity opportunities		
Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> • Establish task force to identify the most effective strategies to improve community mobility and access to health care services • Define community engagement strategies to get community input to ensure diverse participation (racial/ethnic, age groups, Alturas and unincorporated communities' representation) to identify the most pressing community needs for safe and accessible transit options and to promote active transportation. • Develop a transit plan that addresses the identified priorities to increase equity and accessibility • Partner with local health care and supportive service providers to ensure that transit services are coordinated with their operations. This could include providing transportation for medical appointments or ancillary services. • Formulate incentive plan to encourage residents to use transit (discounts or free passes), especially accounting for health-related needs. • Create a social media initiative aimed at raising awareness about the resources available for enhancing community mobility. • Coordinate activities of the collaborative body and the task force team to oversee the execution of strategies. 	<ul style="list-style-type: none"> • Number of proposals to improve safety and accessibility of current transit system that incorporate community's input • Patients that miss or delay appointments derived from transportation barriers (prenatal care/seniors) • Percentage of people who live within walking distance of reliable public transit that runs every 15 minutes or less • Household income spent on transportation 	<ul style="list-style-type: none"> • Modoc County Road Department • Partnership HealthPlan of California (PHC) • Transit Agency • CalTrans, county transportation and housing staff • School Districts • Tribal governments • Chambers of Commerce • Senior centers representatives

Priority 3. Objective 3.1: By 2027, improve safe and accessible transit options that connect our residents to health care and supportive services and improve safe activity opportunities

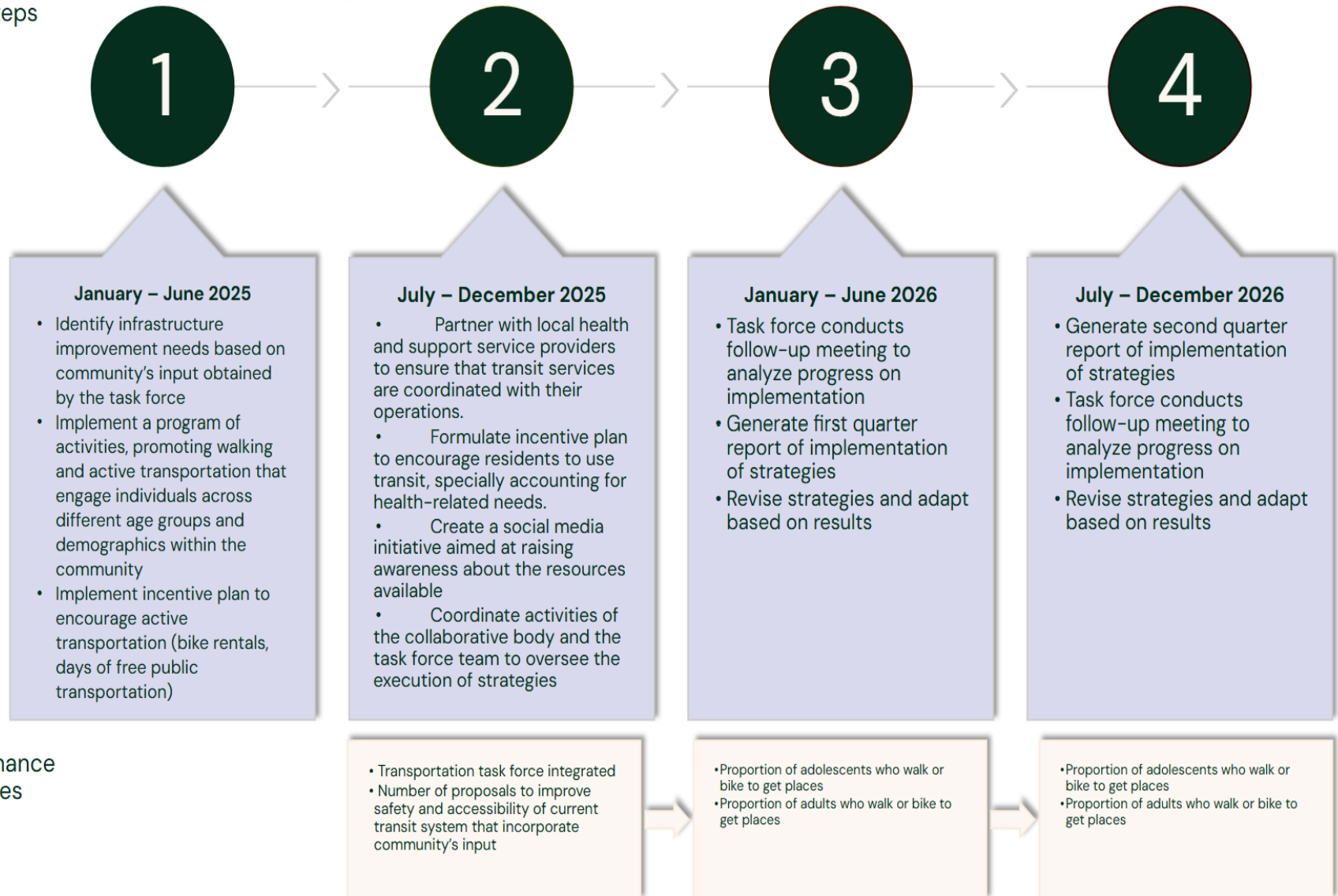
Next Steps



Objective 3.2: By 2027, increase active transportation by promoting environments that encourage walking and biking to support wellbeing		
Strategies	Indicators	Potential Partners
<ul style="list-style-type: none"> • Identify infrastructure improvement needs based on community’s input obtained by the task force (for example: building sidewalks, bike lanes, bike parking, and other infrastructure that supports walking and biking) • Implement a program of activities, promoting walking and active transportation that engage individuals across different age groups and demographics within the community (bike rides, walking tours, local bike clubs, etc.). • Implement incentive plan to encourage active transportation (bike rentals, days of free public transportation) 	<ul style="list-style-type: none"> • Proportion of adolescents who walk or bike to get places • Proportion of adults who walk or bike to get places 	<ul style="list-style-type: none"> • Modoc County Road Department • Partnership HealthPlan of California (PHC) • Transit Agency • CalTrans, county transportation and housing staff • School Districts • Tribal governments • Chambers of Commerce • Senior centers representatives

Priority 3. Objective 3.2: By 2027 increase active transportation by promoting environments that encourage walking and biking to support wellbeing

Next Steps



CONCLUSION

Phase 6. Taking and Sustaining Action

The creation of this CHIP enabled the identification of essential partnerships within the community. Following the community assessments, stakeholders reached a consensus on addressing the most pressing issues faced by the community while simultaneously laying the groundwork for ongoing community health improvement.

The community recognizes the importance of public health as a shared responsibility and has identified the need for a collaborative and monitoring group to ensure the success of the proposed strategies. By establishing this group, not only will the objectives outlined in this plan be achieved, but the foundation will also be set for future evaluations and community improvement plans.

This collaborative will involve representatives from the community, who will be supported by the public health department and key decision makers in healthcare. The primary objective of this coalition is to establish a permanent forum for community engagement and active participation in the implementation of the strategies outlined in each priority area. The secondary objective is to create a repository of best practices that serve as a foundation for continuous improvement.

The community's interest in developing strategies aimed at improving the mental health of adolescents was evident through the community meetings, interviews, and focus groups. It constitutes the first priority of this plan. Some of the main problems identified were tobacco use and the impact of screen time and social media on youth mental health. The proposed strategies emphasize the importance of integrating support networks within the community and increasing knowledge and availability of accessible tools for both parents and adolescents.

The third priority focuses on healthier environments by revitalizing spaces for prosocial activities and promoting active transportation. These strategies, from planning to implementation, aim to engage all community groups, fostering inclusivity and integration. By creating areas that encourage interaction and physical activity, they address social isolation and sedentary lifestyles. Additionally, emphasizing active transportation enhances environmental sustainability and public health outcomes, thereby mitigating barriers to healthcare access.

This plan establishes the foundation for ongoing improvements, while simultaneously providing a framework for adapting to changing circumstances. This requires regular review and modification based on evaluations, available evidence, and the evolving needs of the population. The annual meetings and reports will permit members of the collaborative to assess the progress of this plan and make necessary adjustments to the initiatives, considering the data, resources, and health issues prevalent in the community.

ACRONYMS

ACS: American Community Survey

CH[N]A: Community Health [Needs] Assessment

CHIP: Community Health Improvement Plan

HP2030: Healthy People 2030

HPSA: Health Professional Shortage Areas

LPHSA: Local Public Health System Assessment

MAPP: Mobilizing for Action through Planning and Partnerships

MCPH: Modoc County Public Health

NACCHO: National Association of County and City Health Officials

PHC: Partnership HealthPlan of California

SDOH: Social Determinants (Drivers) of Health

TUPE: Tobacco–Use Prevention Education

REFERENCES

1. Census Bureau. Modoc County Profile Data. 2022. Accessed July 31, 2024. <https://data.census.gov>
2. Modoc County Public Health. *Modoc County Community Health Needs Assessment*; 2024. Accessed July 31, 2024. <https://webgen1files.revize.com/modochealth/Modoc%20County%20Community%20Health%20Needs%20Assessment%20Final%2001-31-24.pdf>
3. Office of Disease Prevention and Health Promotion. *Healthy People 2030*. Accessed July 31, 2024. <https://health.gov/healthypeople>
4. Flood J, Minkler M, Hennessey Lavery S, Estrada J, Falbe J. The Collective Impact Model and Its Potential for Health Promotion: Overview and Case Study of a Healthy Retail Initiative in San Francisco. *Health Education and Behavior*. 2015;42(5):654-668. doi:10.1177/1090198115577372
5. Green LW, Kreuter MW. CDC's planned approach to community health as an application of PRECEED and an inspiration for PROCEED. *J Health Educ*. 1992;23(3):140-147. doi:10.1080/10556699.1992.10616277
6. Kreuter MW. PATCH: Its origin, basic concepts, and links to contemporary public health policy. *J Health Educ*. 1992;23(3):135-139. doi:10.1080/10556699.1992.10616276
7. Salem Erica, Hooberman Jessica, Ramirez Dinah. *MAPP in Chicago: A Model for Public Health Systems Development and Community Building*; 2005. doi:10.1097/00124784-200509000-00004
8. Lenihan Patrick. *MAPP and the Evolution of Planning in Public Health Practice*; 2005. doi:10.1097/00124784-200509000-00002
9. NACCHO. *MAPP Evolution Blueprint Executive Summary Executive Summary*; 2020. <https://www.naccho.org/uploads/downloadable-resources/MAPP-Evolution-Blueprint-Executive-Summary-V3-FINAL.pdf>
10. NACCHO. *Local Public Health System Assessment*. Accessed July 31, 2024. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/local-assessment-and-governance-tools>
11. Health Resources and Services Administration. Health Professional Shortage Areas. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.
12. Healthy People 2030. Reduce Current Tobacco Use in Adolescents, Evidence Based Resources. <https://health.gov/healthypeople/objectives-and-data/browse->

objectives/tobacco-use/reduce-current-tobacco-use-adolescents-tu-04/evidence-based-resources.

13. Harness J, Domoff SE, Rollings H. Social Media Use and Youth Mental Health: Intervention-Focused Future Directions. *Curr Psychiatry Rep.* 2023;25(12):865–871. doi:10.1007/s11920-023-01476-y
14. US Surgeon General’s Advisory. *Social Media and Youth Mental Health*; 2023.
15. De Silva MJ, McKenzie K, Harpham T, Huttly SRA. Social Capital and Mental Illness: A Systematic Review. *J Epidemiol Community Health (1978)*. 2005;59(8):619–627. doi:10.1136/jech.2004.029678
16. Harpham Trudy, Emma Grant, Elizabeth Thomas. Measuring Social Capital Within Health Surveys: Key Issues. *Health Policy Plan*. Published online 2002.
17. Healthy People 2030. Social Cohesion, Evidence Based Resources. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/social-cohesion>.
18. Healthy People 2030. Physical Activity. 2024. Accessed September 30, 2024. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity>
19. US Department of Transportation. Transportation and Health. 2024. Accessed September 30, 2024. <https://www.transportation.gov/transportation-health-tool>
20. California Department of Transportation. 2024–2025 Sustainable Transportation Planning Grant. <https://dot.ca.gov/programs/transportation-planning/division-of-transportation-planning/regional-and-community-planning/sustainable-transportation-planning-grants/2024-2025-sustainable-transportation-planning-grant-winners>