

Building Resilient Communities

Where We Are At:

The Sutter County Community Health Improvement Plan (CHIP) health priority workgroup aimed at building a resilient Sutter County convened Tuesday, February 21, 2023. During this meeting community partners finalized the overarching vision and objectives for each health priority focus areas: Adverse Childhood Experiences, Behavioral Health, and Nutrition and Food Access.

ACEs:

Overarching vision statement:

Reduce the impact of Adverse Childhood Experiences (ACEs) for Sutter County children and families:

Objectives:

- By January 30, 2026, increase by 50% the Sutter County Public Health home visiting program capacity from its 2022 baseline capacity.
- By January 30, 2026, Sutter County will implement the Handle with Care program in two additional Sutter County schools.
- By January 30, 2026, Sutter County will leverage the children and youth behavioral health initiative (CYBHI) to increase the resources by **[measure]** provided to parents/guardians regarding resiliency.

Evidence Based Strategies to prevent and reduce ACEs:

County Health Rankings & Roadmaps:

<u>Early childhood home visiting programs</u>	Early childhood home visiting programs may help prevent child maltreatment and injury and improve children's cognitive and socio-economic development.
<u>Group based parenting programs</u>	Teach parenting skills in a group setting.
<u>School based trauma counseling</u>	Helps students process trauma exposure and learn to cope with feelings that result from their experiences

Healthy People 2023:

<u>Early childhood Home Visitation Programs</u>	Prevent child maltreatment and prevent/reduce ACEs
<u>Psychological therapies for children exposed to trauma</u>	Connect children exposed to trauma with psychological therapies to address PTSD

Centers for Disease Control and Prevention: Six strategies to prevent ACEs:

Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality childcare • Preschool enrichment with family engagement
Teach Skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders

Behavioral Health

Overarching vision statement: Community members will view behavioral health conditions as being equivalent to other medical conditions, thereby destigmatizing, educating, and creating more behavioral health access:

Objectives: By January 2027, increase adult and youth mental health and substance use awareness by 50%. *(with pre-post survey as metric).

Strategies Identified during last workgroup meeting held February 21, 2023:

- Hold two quarterly community forums regarding **adult mental health** to increase awareness.
- Hold two quarterly community health forums around **substance use** to increase awareness.
- Hold two quarterly community health forums around **children's health** to increase awareness.

Alignment with statewide and national strategies:

- Draft CA State health Equity Plan (SHEP): Utilize health promotion activities to improve access and awareness to mental health/behavioral health care and resources.



- [County Health Rankings & Roadmaps: Provide Mental Health First Aid](#) training to increase mental health knowledge and reduce stigma.
 - Sutter Yuba Behavioral Health currently conducts Mental Health First Aid trainings throughout the Sutter County community.
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Guide to SAMHSA's Strategic Prevention Framework: Targeting the community by implementing a social marketing campaign to promote positive social norms.](#)

Nutrition and Food Access:

Overarching vision statement: Increase access to healthy foods regardless of location and socio-economic status.

- By January 30, 2026, **implement one additional program** that delivers food to vulnerable priority populations experiencing food insecurity in Sutter County.
- By May 2026, establish at least **one additional farmer's market**.
- By Dec 2025, establish and implement a "**food as medicine**" campaign and toolkit in collaboration with community stakeholders to increase the availability of healthy foods, strengthen knowledge of healthy foods, and to encourage healthy food choices.

National Evidence-Based Strategies:

- **National Prevention Strategy:** use grants, zoning regulations, and other incentives to attract farmers markets in underserved neighborhoods
- **County Health Rankings & Roadmaps:**
 - [Healthy Food Initiatives in Food Pantries](#)- combine hunger relief efforts with nutrition information and healthy eating opportunities for individuals and families with low incomes
 - Electronic Benefit Transfer payment at farmers Markets
- **National Academy of Science, Engineering, and Medicine:**
 - Food as Medicine and Provider Toolkit: Primary care providers are primary channel for screening & referrals to address food insecurity.
 - Improve food access through collaboration between health care sector and food network.
 - Provide patients with healthy fresh foods and provide nutrition and health education at food access and distribution sites.

State-wide strategies

- California Food is Medicine Coalition: <https://www.calfimc.org/mtm-programs>
Issue Brief – August 2021 – [Rising Food Insecurity and Health inequities Highlight the Urgent Need for Medically Tailored Meal Support](#)

Figure 2: The Poverty, food insecurity and disease cycle

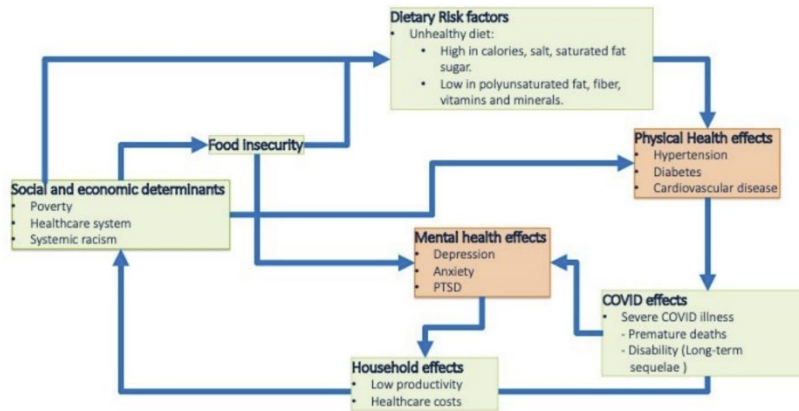


Figure 3: Medically tailored meal programs within “Food Is Medicine”



Source: Food Is Medicine Coalition, and Center for Health Law and Policy Innovation at Harvard Law School

Medically-tailored meal (MTM) programs consist of meals designed by a Registered Dietitian Nutritionist (RDN) reflecting **appropriate dietary therapy** based on evidence-based practice guidelines. Tailored to individual conditions, MTM services are more than home-delivered meals; they generally include **nutrition counseling and education**, supporting self-management and **social connection**

What's Next?

During our next meeting we will identify the strategies and actions that will be implemented to achieve each objective above. We will also determine who will be leading the associated activities and the timeline in which they will be implemented. Defining these steps and actions will help ensure that they CHIP is not only an achievable and actionable plan, but that we are accountable for performing this critical work.

Strategies:

- A general approach or collection of actions to achieve a desired goal or overarching vision.
- Provides a clear roadmap: smaller steps along the way to achieving an objective
 - The objective is WHAT you are going to do, and the strategy is HOW you will do it.

Actions:

- Specific programmatic, policy or other action that implements or "operationalizes" the strategy.

PRIORITY AREA: Healthy Beginnings				
OVERARCHING VISION: Reduce the incidence of pediatric asthma attacks in Sutter County children and youth				
STAKEHOLDERS: Sutter County Public Health, Sutter County Superintendent of Schools and various Sutter County school districts, Adventist Health and Rideout (AHRO), Ampla Health, Harmony Health, Peach Tree Health, Sutter North				
OBJECTIVES: Reduce hospital emergency department visits for asthma attacks by 20% within three years. Reduce visits to the school nurse for asthma attacks by 30% within 2 years.				
ACTION PLAN				
Strategies	Actions	Target Date	Anticipated Product or Result	Lead Organization(s)
1. Ensure adequate data collection of asthma attacks coming to AHRO ED	Identify mechanism for AHRO to share asthma attacks data with key stakeholders	12/31/2024	Sharing of monthly asthma attacks data with public health. Then on a quarterly basis, public health shares via public facing dashboard on SCPH website	Sutter County Public Health; AHRO
2. Ensure adequate data collection of school nurse visits for asthma attacks	Identify mechanism for school districts to share school nurse visits related to asthma with public health	12/31/2024	Sharing of monthly school nurse visits for asthma data with public health. Then on a quarterly basis, public health shares via public facing dashboard on SCPH website	Sutter County Superintendent of Schools; Sutter County Public Health
3. Asthma action plan available to school nurses	Educate parents/caregivers to work with their child's medical provider on the asthma action plan Parents/caregivers provide the asthma action plan to schools at the beginning of each school year	12/31/2025	Percentage of students with known asthma with an asthma treatment plan on file at their school	Sutter County School District, FQHCs
4. Educate parents on how to use the asthma action plan to monitor their child's asthma, ensuring appropriate treatment management and avoidance of triggers	Secure grant funding and partners to implement "asthma triggers" assessment and education in >= 80% of homes of children with asthma.	11/30/2026	Percentage of homes reached by "asthma triggers" assessment.	FQHCs, Sutter County Home-Visiting Program/Sutter County Public Health

What You Can Do:

Before the next workgroup meeting please consider the following questions and come prepared to share your insights:

- What key strategies can be implemented to achieve each identified objective, what assets and resources exist in our community that can be leveraged for our work, and what work is already being conducted that we can build upon?
- What are the actions necessary to operationalize our strategies?
- Who will lead our identified CHIP activities and what is our timeline for implementing our strategies and actions?