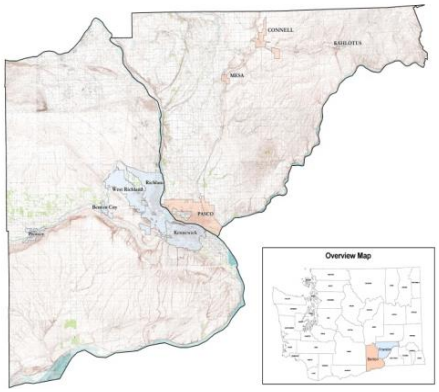
Public Health Performance Management Centers for Excellence

COMMUNITY HEALTH IMPROVEMENT PLAN

LOCAL HEALTH DEPARTMENT NAME:	Benton-Franklin Health District
ADDRESS:	7102 West Okanogan Place, Kennewick (& Pasco)
PHONE NUMBER:	509.460.4200
SIZE:	88 Staff
POPULATION SERVED:	262,500 (2012 U.S. Census Estimate)
PROJECT TITLE:	Community Health Improvement Plan

ASSESS/PLAN
Identify an opportunity and Plan for Improvement

1. Get Started
Defining "Who we are" occurred during the Community Health Needs Assessment (CHNA). The last comprehensive CHNA/CHA was done in 1995 and resulted in the formation of the Benton-Franklin Community Health Alliance.

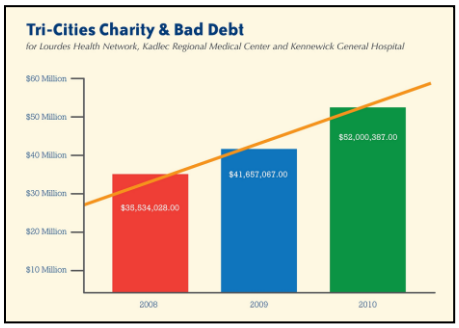


2. Assemble the Team
Identifying key partners was a critical step. We never stopped asking "who is missing" throughout the CHNA and Community Health Improvement Plan (CHIP) processes. A formal Memorandum Of Understanding (MOU) was signed by all four local hospitals, the Community Health Alliance, and the Health District. Using National Association of City and County Health Official's (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model, partners were re-examined before beginning the CHIP. Enthusiastic Subject Matter Experts in the areas of our two strategic issues were invited to join the effort. Training and technical assistance were provided to the two volunteer-led sub-committees who created the CHIP to ensure inclusion of SMART objectives and evidence-based strategies.

3. Examine the Current Approach
This is the first CHIP for Benton and Franklin Counties.

Select Priorities:

Uncompensated Medical Care (source: hospitals)



"Kennewick-Pasco-Richland (KPR) was the 9th most obese Metropolitan Statistical Area (MSA) in the U.S. in 2012."
-Gallup Healthways Index

4. Identify Strategic Issues & Goals

1. Increase Healthcare Access
Goal 1: Resources will be identified to reduce the barriers and costs of health care
Goal 2: The community will experience coordinated health care
Goal 3: The health system will have the capacity to meet the needs of the community

2. Promote Healthy Weight & Reduce Obesity
Goal 1: Community members will be more physically active
Goal 2: Adults will make healthier food choices
Goal 3: Promote breastfeeding and improve child nutrition

5. CHIP Structure & Terminology

DO
Bring it all Together

6. Once the CHIP was drafted, the core team added other key elements including community background information, population demographics, reference links to the CHNA, alignment between local, state and national strategies, and the list of key partners who contributed to the process. Lead and supporting agencies were identified and confirmed commitment to implement this work over the next three years.

ACT
Implement the CHIP

7. SMART objectives with baselines and data sources are included. Where baseline measures were unavailable, tactics were added to establish them.

Plans for the future include re-assessment and review/revision of the CHIP every three years.

The Health Alliance has written this process into its by-laws as a continuous functional cycle for sustainability.

EVALUATE/COMMUNICATE

8. Each of the 28 lead agencies are responsible for tracking new data as it becomes available and reporting back to the BFCHA regarding efforts to support the six goals.

Approximately 50 new community partners became engaged since the beginning of the process.
These include but are not limited to; local media outlets, civic organizations, medical professionals, scientific researchers, churches, educational representatives, and local government leaders.

A **communication** plan to share with the community will occur simultaneously with implementation of the CHIP.