



Community Health Improvement Plan

January 2025 – December 2027



**NEVADA
COUNTY**
CALIFORNIA

**Public
Health**

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Letter from the Public Health Director

I am proud to share with you the **Nevada County Community Health Improvement Plan (CHIP)**. The CHIP is a guiding document that underscores our collective commitment to fostering the well-being of every resident in our community. This plan embodies the spirit of Nevada County—resilient, resourceful, and united by a shared vision for a healthier, stronger future.

Nestled within the unique and picturesque geography of our rural county, we are not without challenges. Limited infrastructure and the vast distances between our communities can make accessing essential services difficult for many. Yet, these very challenges have forged a network of deep community ties and collaborations that set us apart. It is this spirit of partnership and shared purpose that has fueled the development of this CHIP, through the dedicated work of community members, local organizations, healthcare providers, and county leadership.

Through a collaborative and data-informed process, our community has identified three strategic goals to guide our public health initiatives over the next three years:

1. Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are.

Access to healthcare should not be determined by where you live. In Nevada County, we will strengthen our health system by bringing services directly to our residents—whether through mobile clinics, telehealth, or community outreach programs. This approach aims to bridge the gaps that distance and transportation obstacles create, ensuring that all residents receive the care and preventive services they need.

2. Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion.

We recognize that the health of a community begins with its youngest members. Access to early learning and care not only lays the foundation for future educational and economic success but also bolsters overall family health and resilience. We are committed to championing initiatives that promote quality, affordable ELC programs and support working families.

3. Increase vaccination rates for children.

Vaccination is a cornerstone of public health, protecting our children from preventable diseases and fostering community immunity. We will work closely with parents, schools, and healthcare providers to make vaccinations more accessible and to build trust through education and transparency. Our goal is a community where all children can thrive without the burden of preventable illness.

The CHIP is more than a document; it is a reflection of our shared commitment and a call to action. We will leverage the strengths of our close-knit community, dedication of our local partners, and wealth of social capital that defines Nevada County. Through collaboration and strategic action, we will address these key areas and create a healthier future for all residents.

As we move forward, I encourage each of you to engage in this journey—whether by participating in community programs, advocating for public health initiatives, or supporting your neighbors. Together, we will not only meet these goals but surpass them, demonstrating what is possible when a community comes together for the common good.

Thank you for your commitment, resilience, and unwavering support. Here’s to a healthier, brighter Nevada County for generations to come.

Warm regards,

Kathy Cahill, MPH

Kathy Cahill

Public Health Director

Nevada County Public Health Department



Acknowledgements

The following individuals provided project direction and oversight through their participation as primary agency representatives at Community Health Improvement Steering Committee meetings from May 2023 through September 2024.

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Introduction and Background

In April 2023, Nevada County Public Health (NCPH) started the process to collaboratively develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with key partners in the county. Together, these activities supported a Community Health Improvement (CHI) process to:

- Identify key health needs and issues through comprehensive data collection and analysis
- Build off that assessment to develop long-term goals, strategies, and activities to address public health concerns in Nevada County

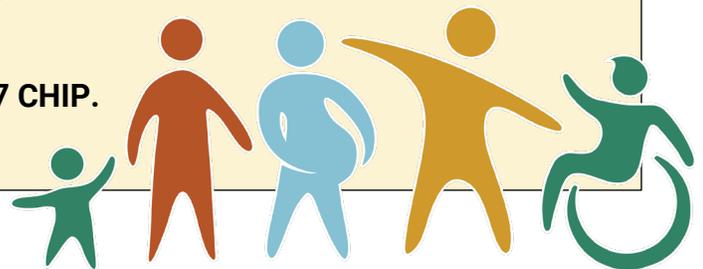
This work concluded in November 2024, leading to the creation of the 2025-2027 Nevada County CHIP. This plan will guide Nevada County's collaborative efforts to promote healthy living and advance health equity.

We Care about Equity

Equity has been called out by NCPH and the CHI Steering Committee as a foundational capability and component of all the work required to improve community health and achieve health equity in Nevada County. As defined by the CDC, "health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health."

As described in the 10 Essential Public Health Services Framework, achieving equity "requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill."

Nevada County is committed to elevating issues of equity through its implementation of the 2025-2027 CHIP.



This document summarizes the 2025-2027 CHIP, including an overview of the process utilized to develop it.

The 2024 CHA, which served as the primary mechanism by which the key health needs this plan is designed to address were identified, can be found on the Nevada County Public Health website at <https://www.nevadacountyca.gov/3757/Community-Health-Improvement-Project>.

Overview of the CHIP Process

The primary objective for developing Nevada County's CHIP was to engage key contributors, system participants, providers, health system representatives, and the broader community to develop a plan that, when executed, will help the county realize its vision for

An engaged, diverse, connected, healthy, and happy community.

The county elected to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework from the National Association of County and City Health Officials (NACCHO) to guide their Community Health Improvement work. MAPP provides a structure for communities seeking to engage in a strategic process for assessing community health needs, prioritizing them, and identifying resources to address them.¹

Nevada County selected MAPP both because it is one of the most widely used and reputable community health improvement frameworks available and because the newly released MAPP 2.0 update emphasizes achieving "health equity by identifying urgent health issues in a community and aligning community resources" to address them.² Nevada County sought to explore and highlight issues of equity throughout development of both the CHA and CHIP, making MAPP 2.0 an ideal framework to guide the process.

The following value statements were developed early in the CHI process, and, together with MAPP 2.0 and the vision statement above, guided activities and decision-making:

Equity. Institutional disparities and barriers to optimal health are addressed by providing equitable access to knowledge, education, services, and supports.

Inclusion. All people are safe and welcomed.

Acceptance and Compassion. People are accepted at all life stages. Community-wide strategies are person-centered, compassionate, and respectful.

Respect. We share responsibility in cultivating a respectful environment that honors the knowledge, expertise, and voice of the community.

Collaboration. We foster a sense of belonging and work together for long-term, sustained results.

Trusted Relationships. Connections strengthen each person's social, emotional, and physical well-being.

Alignment. Community members and leaders align strategically to promote proactive decision making.

Accountability. Individually and collectively, we strive for transparency and continuous improvement.

Shared Environment. Publicly accessible natural and built spaces are valued, protected, and utilized to renew health and wellness.

¹ Mobilizing for Action Through Planning and Partnerships: Map 2.0 User's Handbook. National Association of County & City Health Officials.

² Ibid. Page 8

We Care about Collaboration

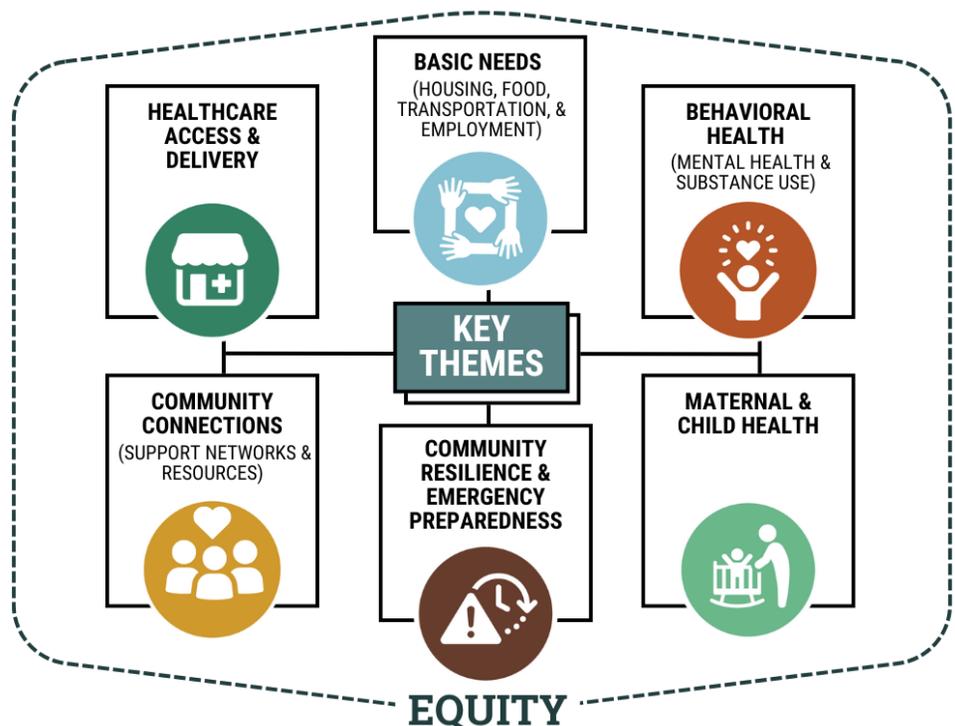
The Community Health Improvement process was led by the NCPH Core Group and CHI Steering Committee. Throughout development of both the CHA and CHIP, the Core Group and Steering Committee prioritized inclusion of and collaboration with key partners within the county, including people working at the system- and policy-levels, direct healthcare providers, and service system participants. The breadth of this engagement, including the membership of the Core Group and Steering Committee, is demonstrated within this document on pages 4-5. Additional information on how CHA activities sought to engage the broader community is available in the 2024 CHA.



An overview of the activities utilized to develop Nevada County’s CHIP are summarized below.

Step One: Identifying Key Health Needs and Issues Through the Community Health Assessment

The development of the CHIP was grounded in key findings from the 2024 CHA.³ To support the identification and prioritization of issues to be addressed through the CHIP, the Steering Committee team reviewed the three assessments that comprised the CHA to determine shared themes that, if addressed, could improve health for county residents. These themes are listed in this graphic, which also highlights the cross-cutting theme of “equity”.



³ The full 2024 Community Health Assessment, including the activities conducted and data that led to the selection of these themes, can be found on the Nevada County Public Health website at <https://www.nevadacountyca.gov/3757/Community-Health-Improvement-Project>.

Step Two: Selecting CHIP Health Priority Areas

Following identification of these shared themes in spring 2024, the Steering Committee convened in May to determine which of the six themes should become priority areas for the CHIP, with the understanding that equity would be included in the implementation of all objectives and strategies. To guide decision-making, the Steering Committee utilized the results of a community-wide poll (described in the call-out box below), to select **Basic Needs** and **Healthcare Access & Delivery** as the health priority areas for the CHIP.

Basic Needs relates to improving social determinants of health, and its selection as a priority area recognizes that this work is critical to addressing the health access and outcomes inequities demonstrated in the CHA. Healthcare Access & Delivery was selected as the second priority area, with the Committee noting that it was broad enough to encompass several of the other potential priority areas such as Behavioral Health and Maternal & Child Health. It was specifically acknowledged by Committee members that Behavioral Health had been ranked as the second most important theme by community members; however, it was ultimately determined that activities related to Behavioral Health could be woven into activities planned within the Healthcare Access & Delivery area, specifically within the mobile health delivery objective described in more detail on page 11.

We Care about Community Input

The Steering Committee sought community input on which of the six themes were most important through an electronic poll offered in English and Spanish. The poll provided respondents with background on the CHA and CHIP, and asked them to help “make sure we focus on the right things in our plan” noting that although we could not tackle every health issue at once, we wanted to know which ones the community thinks are most important so we can decide which issues to focus on first.

Respondents were asked to rank the six themes from most to least important, with the guidance to consider “which of these areas do you think we should work on improving first? Which ones would make the biggest difference for you, your family, and your community if we made them better?”

Approximately 200 responses were received, with community members ranking the themes as follows (from most to least important): 1. Basic Needs, 2. Behavioral Health, 3. Healthcare Access & Delivery, 4. Community Resilience & Emergency Preparedness, 5. Community Connections, and 6. Maternal & Child Health.



Step 3. Developing Goals, Objectives, and Strategies

Following selection of the two health priority areas, the Steering Committee elected to utilize smaller workgroups to develop CHIP goals, objectives, and strategies. These workgroups were comprised both of a subset of Steering Committee members as well as other providers and community members with interest or relevant subject matter expertise. A list of non-Steering Committee members who participated in workgroup meetings is included on page 5. An iterative approach was used to develop and approve these CHIP components, with the workgroups empowered to develop the goals, objectives, and strategies before they were presented to the Committee for refinement and approval.

Specific meetings and activities within this step took place between June and October 2024. The selection of goals and objectives was informed by data included in the CHA as well other sources, and through a review of other, similar initiatives taking place in Nevada County. Data and information that led to the selection of CHIP goals and objectives, as well as alignment with the selected priority areas, is highlighted on the following page. Strategies, including timing, milestones, and leads, are described in [Appendix A](#). Of note is the purposeful synergy between the selected goals and objectives, which will support effective and efficient deployment of resources. For example, the mobile health clinics may be utilized to offer immunizations for children, or to spread awareness of the positive impact of high-quality learning and care and offer information on available child care resources. Alternatively, improving immunization rates for children may support increased access to opportunities in early learning and care programs that require vaccinations as a precursor to enrollment.

We Care about Strategic Alignment

Aligning strategic initiatives is crucial in small counties, as it enhances operational effectiveness, fosters collaboration, and optimizes the use of limited resources for the benefit of the entire community. This alignment leads to greater impact, as coordinated efforts tend to produce more meaningful outcomes. The cohesion and transparency that come with aligned initiatives also support adaptability. In rapidly changing environments, these initiatives enable local government and community partners to respond more swiftly to new challenges and opportunities, ensuring they remain relevant and effective. Additionally, aligned initiatives can improve stakeholder engagement by creating a shared vision, encouraging community involvement, and building trust in local governance. This sense of ownership can further empower residents and local organizations, fostering a proactive approach to problem-solving and community development.



	Basic Needs	Healthcare Access & Delivery	
Goals	Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion	Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are	Increase vaccination rates for children
Objectives	<p><i>Advocate for and promote ELC experiences for 0-3 year children in the county</i></p> <p><i>Advocate for and promote high-quality care and experiences for 3-5 year old children through a mixed delivery universal prekindergarten (UPK) system to support increased transitional kindergarten (TK) enrollment of eligible four-year-olds from 43% to 53%</i></p>	<p><i>Establish a Mobile Health Clinic(s) (MHC) that provides regular visits to underserved or geographically remote areas of the county</i></p>	<p><i>Increase the percentage of children who receive their third DTaP (Diphtheria, Tetanus, Pertussis) shot between 6-12 months from 52% to 67%</i></p>
Supporting Data	<p>Access to quality early learning and care is a crucial social determinant of health, with increased utilization linked to benefits at the individual, family, and societal levels. Research shows that investing in early learning and care can help to address health disparities and promote equitable opportunities for all children and their families. The importance of high-quality care is recognized nationally, as evidenced by the Healthy People 2030 objective to "increase the proportion of children who participate in high-quality early childhood education programs." However, local data reveals that, in 2021, licensed child care spaces in Nevada County could accommodate only 27% of children ages 0-12 with working parents. Additionally, affordable, high-quality child care and early learning and care programs in the county are geographically limited and/or mis-matched with the schedule of care families need, especially for families with low incomes that face transportation barriers and/or who work jobs with inconsistent or atypical hours. Additional data collection that took place as part of CHIP workgroups found that only an estimated 43% of four-year-olds were enrolled in TK. These gaps, combined with recognition of the work the county is already undertaking to action California mandated UPK and TK policies, led to the inclusion this CHIP goal.</p> <p>Support for these statements comes from the following sources:</p> <ul style="list-style-type: none"> • Heckman: the economics of human potential. Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. More information available at https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/ • U.S. Department of Health and Human Services: Healthy People 2030. More information available at https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-who-participate-high-quality-early-childhood-education-programs-emc-d03 • Nevada County 2024 Community Health Assessment. More information available at https://www.nevadacountyca.gov/3757/Community-Health-Improvement-Project 	<p>Local data collected through the CHA highlighted a lack of providers overall in the county. An estimated 16.9% of county residents (or ~17,000 people) do not have a usual place to go to when they are sick or need health advice. Additionally, the CHA found that current healthcare delivery systems are siloed, and coordination and better understanding of the gaps in the service network is needed to improve healthcare services for all populations in the county. At particular risk are geographically isolated populations, which account for up to 67% of residents who live in the unincorporated areas of the county. These populations may have difficulty accessing services due to their distance from providers, exacerbated by a lack of public transportation in the county.</p> <p>Development and utilization of MHCs within the county will support direct healthcare access to residents who have been marginalized by the current system. By also including a broad range of providers in the development and staffing of the clinics, such as those who offer services that address social determinants of health, MHCs will support the county in directly addressing disparities that lead to health inequities and help to break down existing silos. Finally, services will be offered with a focus on inclusivity and culturally and linguistically responsive care, supporting the application of an equity lens throughout implementation of this goal.</p> <p>Support for these statements comes from the following sources:</p> <ul style="list-style-type: none"> • Nevada County 2024 Community Health Assessment. More information available at https://www.nevadacountyca.gov/3757/Community-Health-Improvement-Project 	<p>Local data indicates that only 82.4% of kindergarten students in Nevada County are fully up to date with required vaccines for school entry, substantially lower than the average across California. Additional data collection that took place as part of CHIP workgroups found that this rate is even lower for younger children, with only an estimated 52% of children receiving their third DTAP vaccination on schedule. The importance of early immunizations is underscored in Healthy People 2030, which includes three objectives focused on vaccines for two-year-olds.</p> <p>Regular and timely vaccinations help children avoid preventable and serious diseases, such as measles, and ensure they stay on schedule for future immunizations required for educational and other opportunities.</p> <p>Support for these statements comes from the following sources:</p> <ul style="list-style-type: none"> • Nevada County 2024 Community Health Assessment. More information available at https://www.nevadacountyca.gov/3757/Community-Health-Improvement-Project • U.S. Department of Health and Human Services: Healthy People 2030. More information available at https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/children • California Immunization Registry. More information available at https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-updates.aspx

Step 4. Action Planning

The CHIP workgroups that supported development of goals, objectives, and strategies also utilized their meetings to draft the action steps anticipated to be necessary for successful strategy implementation. Those detailed action plans are not included in this CHIP as they are living documents that are expected to evolve in response to changing external conditions and lessons learned. However, in instances where action steps support policy work, those are noted in [Appendix A](#) to highlight the importance of those activities.

Step 5. CHIP Progress Tracking

As demonstrated in [Appendix A](#), each CHIP goal will be actioned and overseen by a coalition specifically assigned to address the goal. These groups will be empowered to adjust the strategies and action steps necessary to achieve the stated objectives.

Additionally, a CHIP Implementation Committee will be formed in January 2025. This group will meet regularly (anticipated to be quarterly) throughout the CHIP period. All members of the CHIP Steering Committee will be given the opportunity to participate in the Implementation Committee, and it is expected that additional individuals will also be recruited. At least one representative from each goal-specific coalition will participate in the Committee to support knowledge sharing and communication between the groups.

The charge of the Committee will be to review the CHIP matrix included in [Appendix A](#), discuss progress made, and identify additional supports or partnerships needed to achieve the stated objectives. The Committee may also review relevant health behavior or outcome data to support an understanding of objective achievement as appropriate; note that while all objectives are measurable, not all are tied directly to behavior or outcome data, and review of such data will not be applicable for all objectives.

At least annually, the Committee will review the performance indicators and milestones for each strategy to benchmark progress on stated goals and objectives. They may also, with input from the coalitions, revise goals or objectives or include new objectives, throughout the three-year period covered by this CHIP. They will also be responsible for sharing any major updates to the CHIP with the community, and in year three, will begin to utilize knowledge gained during the first two years of CHIP implementation to plan for the next Community Health Improvement cycle.



Appendix A. Nevada County 2025-2027 CHIP Matrix

This appendix includes the goals, objectives, and strategies that comprise Nevada County’s 2025-2027 Community Health Improvement Plan. More detailed action steps to support each strategy have also been developed but are not included in this matrix, except in cases where these action steps support policy recommendations.

Goal 1: Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are

Objective: Establish a Mobile Health Clinic(s) (MHC) that provides regular visits to underserved or geographically remote areas of the county

Performance Indicator: This objective will be measured through successful implementation of coalition-led MHC services in Nevada County by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy A. Develop a mobile health coalition to lead the work	<p><u>Coordinator</u> Nevada County Public Health</p> <p><u>Co-Chairs</u> TBD</p>	<p>Charter to be developed by January 1, 2025</p> <p>Coalition to meet for first time by March 1, 2025</p> <p>Thereafter, coalition regularly meets per charter over the course of the CHIP period</p>	<p>Finalized coalition charter outlining goals, objectives, roles, meeting periodicity, active members, and expectations for membership. <i>Charter will be used to support coalition recruitment.</i></p> <p>Formation of the Nevada County Mobile Health Coalition: Formal recruitment of 10-15 core members representing key stakeholders with Eastern & Western representation.</p>

Goal 1: Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are

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Performance Indicator: This objective will be measured through successful implementation of coalition-led MHC services in Nevada County by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy B: Utilize the coalition and other providers to identify services that would be provided by each provider group (e.g., Public Health, Hospital, Federally Qualified Health Centers, etc.)	Nevada County Mobile Health Coalition	Service mapping meetings to take place by April 30, 2025 Service matrix to be developed by June 15, 2025 Service matrix to be distributed to coalition members by July 1, 2025	Service mapping meetings: Conduct 5-7 meetings with all key provider groups. Creation of a comprehensive service matrix or service agreement that clearly outlines the roles and responsibilities of each participating provider. Creation of a service matrix: Completion and distribution of the finalized service matrix to all coalition members.
Strategy C. Assess healthcare usage and needs of underserved people and geographically remote areas of the county	Nevada County Mobile Health Coalition	Assessment to be completed by June 1, 2025	Completion of a healthcare needs assessment: To include focus group data from CHA, health services usage data analysis (frequency of visits, types of services used), provider interviews, and stakeholder engagement.

Goal 1: Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are

Objective: Establish a Mobile Health Clinic(s) (MHC) that provides regular visits to underserved or geographically remote areas of the county

Performance Indicator: This objective will be measured through successful implementation of coalition-led MHC services in Nevada County by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy D. Based on assessment, confirm the area for the pilot and services to be offered	Nevada County Mobile Health Coalition	<p>Finalized operational plan for pilot completed by July 1, 2025, with some services to be offered by August 1, 2025.</p> <p>Refinement of services to be offered will take place during entirety of the CHIP.</p>	Final selection and operational plan for the pilot MHC.

Goal 1: Increase access to comprehensive healthcare, prevention, and social services by meeting people where they are

Objective: Establish a Mobile Health Clinic(s) (MHC) that provides regular visits to underserved or geographically remote areas of the county

Performance Indicator: This objective will be measured through successful implementation of coalition-led MHC services in Nevada County by December 2027

Strategy	Lead Partners	Timeline	Milestones
<p>Strategy E. Implement mobile health services in other areas based on lessons learned during the pilot program</p> <p><i>Specific to this strategy is the following policy-related action step: Develop a Public Health Department policy that mandates consideration of non-traditional health delivery models in the development of all new programming, with a focus on how such models will address causes of health inequities in the county.</i></p>	<p>Nevada County Mobile Health Coalition</p>	<p>To begin by January 1, 2026, and continue through entire CHIP period</p>	<p>Scaled rollout and refinement of mobile health services across additional areas in Nevada County.</p>

Goal 2: Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion

Objective: Advocate for and promote ELC experiences for 0-3 year old children in the county

Performance Indicator: This objective will be measured through completion of the advocacy and promotional activities detailed in the matrix, specifically implementation of the awareness campaign, by July 2025.

Strategy	Lead Partners	Timeline	Milestones
Strategy A. Foster a broad support network and expand stakeholders to increase early learning and care services in the county	<p><u>Coordinator</u></p> <p>Local Child Care Planning Council Rosnina Dort, Director</p> <p><u>Co-Chairs</u></p> <p>TBD, but ideally individuals with responsibility and/or influence</p>	<p>Charter developed by January 1, 2025</p> <p>Coalition to meet by February 1, 2025</p> <p>Thereafter, coalition regularly meets per charter over the course of the CHIP period</p>	<p>Finalized ELC coalition charter outlining goals, objectives, roles, meeting periodicity, active members, and expectations for membership. <i>Charter will be used to support coalition recruitment.</i></p> <p>Formation of the Nevada County ELC Coalition: Formal recruitment of 10-15 core members representing key stakeholders with Eastern & Western representation.</p>

Goal 2: Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion

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Performance Indicator: This objective will be measured through completion of the advocacy and promotional activities detailed in the matrix, specifically implementation of the awareness campaign, by July 2025.

Strategy	Lead Partners	Timeline	Milestones
Strategy B: Promote the positive impact of high-quality ELC on individuals, families, communities, and society	Nevada County ELC Coalition	<p>Vendor contract to be executed by December 1, 2024</p> <p>Plan for awareness campaign to be developed by March 30, 2025, with implementation to begin by June 1, 2025</p> <p>Materials to be developed by June 30, 2025</p> <p>Review and revision to plan and materials to be agendaized at least annually at coalition meetings</p>	<p>Contract with vendor to support development of awareness and promotional materials.</p> <p>Development and implementation of a county-wide ELC awareness campaign: Including identification of key audiences, development and distribution of standardized communication materials, participation at public awareness events, media outreach, and updated website.</p>

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Objective: Advocate for and promote ELC experiences for 0-3 year old children in the county

Performance Indicator: This objective will be measured through completion of the advocacy and promotional activities detailed in the matrix, specifically implementation of the awareness campaign, by July 2025.

Strategy	Lead Partners	Timeline	Milestones
Strategy C: Educate and engage families on how to identify and access high-quality early care and education	Nevada County ELC Coalition	<p>Vendor contract to be executed by December 1, 2024</p> <p>Plan for awareness campaign to be developed by March 30, 2025, with implementation to begin by June 1, 2025</p> <p>Materials to be developed by June 30, 2025</p> <p>Review and revision to plan and materials to be agendaized at least annually at coalition meetings</p>	<p>Contract with vendor to support development of awareness and promotional materials.</p> <p>Development and implementation of a county-wide ELC awareness campaign: Including identification of key audiences, development and distribution of standardized communication materials, participation at public awareness events, media outreach, and updated website.</p>

Goal 2: Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion

Objective: Advocate for and promote high-quality care and experiences for 3-5 year old children through a mixed delivery universal pre-kindergarten (UPK) system to support increased transitional kindergarten (TK) enrollment of eligible four-year-olds from 43% to 53%

Performance Indicator: This objective will be measured through annual increases in the percent of eligible four-year-olds enrollment in TK programming, with the target of 53% being achieved by September 2026

Strategy	Lead Partners	Timeline	Milestones
Strategy A. Foster a broad support network and expand stakeholders to increase early learning and care services in the county	<p><u>Coordinator</u></p> Local Child Care Planning Council (LPC) Rosnina Dort, Director	Charter developed by January 1, 2025 Coalition to meet by February 1, 2025 Thereafter, coalition regularly meets per charter over the course of the CHIP period	<p>Finalized ELC coalition charter outlining goals, objectives, roles, meeting periodicity, active members, and expectations for membership. <i>Charter will be used to support coalition recruitment.</i></p> <p>Formation of the Nevada County ELC Coalition: Formal recruitment of 10-15 core members representing key stakeholders with Eastern & Western representation.</p>

Goal 2: Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion

Objective: Advocate for and promote high-quality care and experiences for 3-5 year old children through a mixed delivery universal pre-kindergarten (UPK) system to support increased transitional kindergarten (TK) enrollment of eligible four-year-olds from 43% to 53%

Performance Indicator: This objective will be measured through annual increases in the percent of eligible four-year-olds enrollment in TK programming, with the target of 53% being achieved by September 2026

Strategy	Lead Partners	Timeline	Milestones
Strategy B: Advocate for school districts in the county to adopt and action policies that support developmentally appropriate transitional kindergarten (TK) programming that meets the needs of families with eligible four-year-old children	Nevada County ELC Coalition	<p>Summary of services, space, and personnel needed, with aligned resources, to be developed by March 1, 2025</p> <p>Plan for implementation and tracking of advocacy activities to be developed by April 1, 2025, with implementation to begin by May 1, 2025</p> <p>Review and revision of plan and materials to be agendized at least annually at coalition meetings</p>	<p>Summary of developmentally appropriate services, space, and personnel needed to serve anticipated children in TK by district, and available resources. To include results of parent/caregiver focus groups conducted by the LPC in fall 2024.</p> <p>Plan to share summary with school districts and other key partners, including development of any educational and outreach materials.</p> <p>Record of advocacy efforts and activities using space and personnel estimations.</p>

Goal 2: Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion

Objective: Advocate for and promote high-quality care and experiences for 3-5 year old children through a mixed delivery universal pre-kindergarten (UPK) system to support increased transitional kindergarten (TK) enrollment of eligible four-year-olds from 43% to 53%

Performance Indicator: This objective will be measured through annual increases in the percent of eligible four-year-olds enrollment in TK programming, with the target of 53% being achieved by September 2026

Strategy	Lead Partners	Timeline	Milestones
Strategy C: Promote the positive impact of universal pre-school (UPK) and enrollment options	Nevada County ELC Coalition	<p>Vendor contract to be executed by December 1, 2024</p> <p>Plan for awareness campaign to be developed by March 30, 2025, with implementation to begin by June 1, 2025</p> <p>Materials to be developed by June 30, 2025</p> <p>Review and revision to plan and materials to be agendized at least annually at coalition meetings</p>	<p>Contract with vendor to support development of awareness and promotional materials.</p> <p>Development and implementation of a county-wide ELC awareness campaign: Including identification of key audiences, development and distribution of standardized communication materials, participation at public awareness events, media outreach, and updated website.</p>

Goal 3: Increase vaccination rates for children

Objective: Increase the percentage of children who receive their third DTaP (Diphtheria, Tetanus, Pertussis) shot between 6-12 months from 52% to 67%

Performance Indicator: This objective will be measured through an increase in the percent of children who receive their third DTaP shot between 6-12 months, with the target of 67% being achieved by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy A. Develop an ongoing county-wide Immunization Coalition that works to ensure all children in the county have on-time access to vaccination	<p><u>Coordinator</u></p> <p>Nevada County Public Health Laura Ziemann, Immunization Program Coordinator</p> <p><u>Co-Chairs</u></p> <p>Western County TBD</p> <p>Eastern County Tahoe Forest Health District Lizzy Henasey</p>	<p>Charter developed by January 1, 2025</p> <p>Coalition to meet by February 1, 2025</p> <p>Thereafter, coalition regularly meets per charter over the course of the CHIP period</p> <p>At least annually this group will explore changes in rate data</p>	<p>Finalized coalition charter outlining goals, objectives, roles, meeting periodicity, active members, and expectations for membership. <i>Charter will be used to support coalition recruitment.</i></p> <p>Formation of the Nevada County Immunization Coalition: Formal recruitment of 10-15 core members representing key stakeholders with Eastern & Western representation.</p>
Strategy B: Identify and analyze the root causes of low vaccination rates	Nevada County Immunization Coalition	<p>April 1, 2025</p> <p>To be a topic at least annually at coalition meetings</p>	<p>Detailed report on root causes: A documented analysis outlining the specific barriers contributing to low vaccination rates (e.g., access issues, misinformation, cultural factors, healthcare provider availability).</p>

Goal 3: Increase vaccination rates for children

Objective: Increase the percentage of children who receive their third DTaP (Diphtheria, Tetanus, Pertussis) shot between 6-12 months from 52% to 67%

Performance Indicator: This objective will be measured through an increase in the percent of children who receive their third DTaP shot between 6-12 months, with the target of 67% being achieved by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy C. Develop an action plan for how to address issues that are limiting immunization rates	Nevada County Immunization Coalition	June 1, 2025 Progress made on intervention plan to be reported at each coalition meeting Refinement of the intervention plan to be a topic at least annually at coalition meetings following updated root cause analysis	Targeted intervention plan: A documented plan including root cause analysis, stakeholder engagement and feedback, tailored outreach strategies, and monitoring and evaluation framework.

Goal 3: Increase vaccination rates for children

Objective: Increase the percentage of children who receive their third DTaP (Diphtheria, Tetanus, Pertussis) shot between 6-12 months from 52% to 67%

Performance Indicator: This objective will be measured through an increase in the percent of children who receive their third DTaP shot between 6-12 months, with the target of 67% being achieved by December 2027

Strategy	Lead Partners	Timeline	Milestones
Strategy D. Support consistent messaging and promote the importance of immunizations to county residents <i>This is anticipated to also be included in the action plan described in Strategy C.</i>	Nevada County Immunization Coalition Partnership Health Plan	Campaign to be developed by August 1, 2025 Implementation of campaign to start by August 30, 2025, and continue through entire CHIP period	Implementation of a county-wide immunization awareness campaign: Development and distribution of standardized communication materials, public awareness events (town halls, lunch & learns, health fairs), media outreach, monitoring public engagement, and development of "Vax Facts" website.
Strategy E. Utilize incentive programs to support immunizations <i>This is anticipated to also be included in the action plan described in Strategy C.</i>	Nevada County Immunization Coalition Partnership Health Plan	Plan for integration to be developed by September 1, 2025 Implementation of plan to start by September 30, 2025, and continue through entire CHIP period	Successful integration of insurance-based incentives into county vaccination efforts.

Appendix B. Assets and Resources

Throughout the development of the 2024 Community Health Assessment (CHA), partner organizations and community members highlighted the profound strengths, resources, and assets that can be leveraged to improve health and well-being in the region. **This appendix provides a high-level overview of the resources and assets that are most likely to be leveraged during CHIP activities to address all three selected goal areas.**

Community Partners

Successful implementation of the CHIP will require the participation of a broad group of people, including providers, partners, and service recipients. The following list describes the organizations most likely to be engaged in CHIP strategy implementation, and is not representative of all providers who work continuously throughout the county to improve our community.

Health and Human Services Agency (HHSA): Nevada County HHSA provides a wide range of social and health services, making it an essential partner. Their programs promote community well-being, including services for families, adult and children’s mental health, substance abuse prevention, food and Medi-Cal insurance benefits, and communicable disease control. Collaborating with HHSA will ensure the mobile clinic aligns with ongoing public health initiatives and benefits from their network of providers.

Partnership HealthPlan of California (PHC): This organization administers Medi-Cal benefits through local providers, aiming to offer comprehensive, cost-effective care. As PHC contracts with local healthcare entities, partnering with them can provide access to established networks of care providers, especially for low-income and underserved populations.

211 Connecting Point: This local resource offers comprehensive assistance connecting residents to health, housing, and food resources. Incorporating 211 into the mobile clinic's outreach could streamline services and enhance access for rural residents who need health, housing, or social service support.

Faith-Based and Nonprofit Organizations: Nevada County has a number of faith-based organizations and local nonprofits that support various aspects of health and social services. Engaging these groups could help the mobile clinic connect with hard-to-reach populations, leveraging their trusted community presence for outreach and follow-up care.

- **Sierra Community House:** This is a non-profit dedicated to enhancing the well-being of individuals and families in the North Tahoe/Truckee region. They offer a comprehensive range of services including programs to address food insecurity, victim support and legal assistance, system navigation, and violence prevention education.
- **Interfaith Food Ministry:** IFM is a collaborative organization of multiple faith communities in Nevada County that provides food assistance to families and individuals in need.

- **Nevada City United Methodist Church:** This inclusive church is committed to the pursuit of justice and stands in solidarity with all who are marginalized and oppressed, welcoming and affirming all people.
- **Hospitality House:** Hospitality House is a nonprofit that operates as a homeless shelter and offers comprehensive services to support individuals experiencing homelessness, including medical and mental health services.
- **Bright Futures for Youth:** This nonprofit focuses on supporting youth in Nevada County through mentorship, education, and health programs.

Arts & Cultural Resources: Arts and cultural resources in Nevada County can play a pivotal role in improving community health by integrating mobile health clinics with local arts programs and recreational spaces. Parks, galleries, theaters, and community arts centers serve as accessible and familiar gathering points, especially in remote areas. The **Nevada County Arts Council's** focus on creative expression for mental and emotional well-being offers opportunities for cross-sector partnerships, where mobile clinics can provide health services during cultural events, fostering a holistic approach to community wellness. **Nevada County Public Libraries** can provide health education resources, host wellness workshops, and offer digital access to telehealth services, especially for residents without reliable internet. Libraries can also serve as community hubs for health-related programming, such as mental health support groups and nutrition workshops.

Family Resource Centers (FRCs): In Nevada County, Family Resource Centers (FRCs) serve as vital community hubs that offer a variety of support services. They provide access to parenting classes, early childhood education, health services, and connection to social resources. FRCs often collaborate with schools, local organizations, and public health agencies to ensure that families, especially those in rural and underserved areas, receive comprehensive support. These centers play a significant role in addressing social determinants of health, including food insecurity, housing assistance, and mental health support. They also act as key partners in promoting health literacy and early intervention programs for children and families, which can directly benefit the mobile health clinic's outreach efforts. **Locations are in Grass Valley, Nevada City, North San Juan, and Truckee.**

Federally Qualified Health Centers (FQHCs), hospitals, clinics, and other Medi-Cal Providers: Nevada County is home to many Medi-Cal providers, including community-based health centers that provide primary care, dental, and mental health services to underserved populations. Some are non-profit and some receive federal funding to offer services on a sliding fee scale based on income. FQHCs and community clinics are especially important in rural areas where access to healthcare is limited, and they often serve as safety nets for uninsured or underinsured residents. By partnering with providers, the mobile health clinic could extend its reach and ensure continuity of care, particularly for residents who need follow-up services after a visit to the mobile clinic.

- **Western Sierra Medical Clinic** with locations in Grass Valley, Penn Valley, Auburn, and Downieville
- **Chapa-De Indian Health** with locations in Grass Valley and Auburn
- **Sierra Nevada Memorial Hospital**

- **Tahoe Forest Hospital**
- **Nevada County Public Health - Truckee Reproductive Health Clinic**
- **Sierra Family Medical Clinic**
- **Citizens for Choice**

Underlying Assets that Support Community Health

Underlying assets refer to qualities of our community that cannot be easily measured or quantified but nevertheless play a crucial role in the effectiveness and resilience of our community. The following findings from the CHA underscore our collective capacity to foster public health initiatives that are both sustainable and inclusive.

1. **Commitment to Collaboration:** This is the shared mindset among community partners to work together toward common goals. It is not just about having coalitions but having a deep-rooted willingness to collaborate and share resources, ideas, and support.
2. **Cultural Awareness and Inclusivity:** The attunement of organizations to the diverse cultural, linguistic, and experiential backgrounds of community members builds trust and inclusivity. This awareness creates an environment where people feel seen and supported, which can be more powerful than any specific program alone.
3. **Community Trust and Leadership:** The presence of leaders from within the community, especially from historically underrepresented groups like Black, Indigenous, and Latino communities, represents an intangible asset. It fosters trust, ensures that programs are culturally aligned, and empowers these communities to be part of the decision-making process.
4. **Social Fabric and Support Networks:** The sense of kindness, friendships, and strong community connections among residents is invaluable. This social cohesion supports mental and emotional well-being and provides a foundation for informal care networks and mutual support that enhance formal health efforts.
5. **Commitment to Equity:** The shared values and ongoing conversations about addressing structural inequalities represent a powerful intangible resource. This commitment drives actions that prioritize fairness and inclusion, ensuring that public health strategies reach those who need them most.
6. **Adaptability and Creativity:** The willingness of organizations to think strategically, adapt, and engage with lived experiences showcases a culture of innovation. This approach allows for the creation of solutions that are responsive to real-time needs and challenges.

These underlying assets form the unseen backbone of public health efforts in Nevada County. They shape how resources are used, how services are delivered, and how the community responds to challenges, ensuring that efforts are sustainable, relevant, and deeply connected to the people they serve.