Inyo County Community Health Improvement Plan

October 2025 - June 2028

Prepared By:
Inyo County Health and Human Services
Public Health and Prevention Division

INYO COUNTY CA
Public Health & Prevention

In Partnership With:
Community Members, Healthcare Providers, and Local Organizations

Table of Contents

Dear Inyo County Residents,

On behalf of Inyo County Health and Human Services, Public Health and Prevention Division, I am proud to share with you our Community Health Improvement Plan (CHIP). This plan reflects the voices, priorities, and shared vision of our community and serves as a roadmap for how we can work together to create a healthier future for all who live, work, and play in Inyo County.

The CHIP is the result of a two-year process of listening, learning, and collaborating. Through community surveys, focus groups, stakeholder meetings, and data analysis, we identified the most pressing health needs facing our rural communities. Together, we have set priorities around **access to care and resources**, **maternal mental health**, and **substance use disorder**. These areas were chosen because they are deeply connected to health and well-being in Inyo County, and addressing them requires the commitment of our entire community.

Living in a rural county comes with unique strengths and barriers. We know that access to services can be limited, neighbors often step in where formal systems fall short, and local solutions must be tailored to our geography and our people. The CHIP is not a government plan alone; it is a community plan, built on shared responsibility and collective action. This CHIP is a three-year roadmap, guiding community health improvement work through June 2028. Our department is committed to accountability and transparency as we move forward. We encourage the community to look for opportunities to hear updates on our progress in the coming months and years. Together, we can transform the priorities identified in this plan into meaningful change.

The Health and Human Services, Public Health and Prevention Division, extends our gratitude to the many residents, partners, and organizations who contributed their time, insight, and effort in shaping this plan and to those who will step forward to join us in the work ahead. The strength of Inyo County has always been its people. By working side by side, we can ensure a healthier, more vibrant, and enduringly resilient community for generations to come.

With gratitude and commitment,

Stephanie Tanksley

Stephanie Tanksley
HHS Deputy Director, Public Health & Prevention
Inyo County Health & Human Services

Key Contributors to the CHIP

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Gris Ortiz, Chair
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The following organizations contributed time, space, and support for data collection and work group meetings. Without their support, the Inyo County Community Health Improvement Plan would not have been possible.

Anthem
HC2 Strategies
Health Net
Inyo County CHIP Steering Committee
Inyo County Health & Human Services
Inyo County Health in Action Work Group
Inyo County Office of Education
Kern Regional Center
Northern Inyo Healthcare District
Toiyabe Indian Health Project, Inc.

How to Use the CHIP

How to Use the CHIP: For Residents

This CHIP was built **with and for Inyo County residents.** Here's how you can use it:

Learn About the Health Priorities

- Understand the top three priority areas identified through the 2024 Inyo County Community Health Assessment (CHA).

Understand the Data

- See how Inyo County goals compare to California and the rest of the country across key health issues.
- Any terms that are *italicized* are defined in Appendix A: Glossary of Acronyms & Terms.

Stay Informed

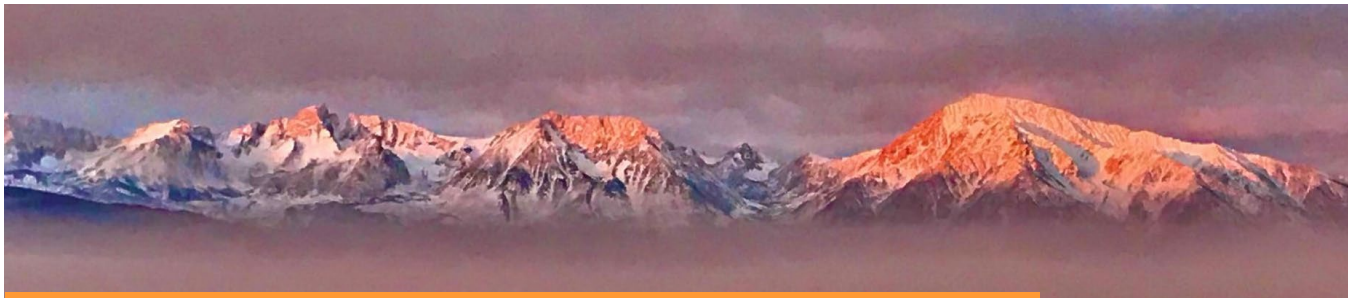
- Track CHIP progress as updates are shared with the community.
- Share your voice in surveys and at community events.

Get Involved

- Join one of the health priority area work groups - or support related community efforts.
- **To learn more or get involved, please contact: Ralph Cataldo, Public Health Coordinator, at rcataldo@inyocounty.us.**

Build a Healthier Future Together

- Collaborate with neighbors, community groups, and local leaders to address the CHIP health priorities.
- Advocate for policies, programs or funding that align with the top three health priorities.
- Provide feedback for continuous improvement.



How to Use the CHIP: For Partners

This plan is a **roadmap for collective action**. Here's how organizations, businesses, and community groups can use it:

Align Your Work

- Focus on the top three health priority areas identified through the 2024 Inyo County Community Health Assessment (CHA).

Leverage the Local Data

- Include data in grant requests and proposals to demonstrate community need.
- Use data to design targeted programs and services.
- Apply the findings to guide resource and funding decisions.

Collaborate

- Work across sectors to share resources and data.
- Strategically align organizational programs to address health priorities.

Identify Your Role

- Healthcare: Expand access to resources and strategies.
- Schools: Support youth health and parental involvement.
- Businesses: Reinforce wellness and support the community.
- Nonprofits/Faith Groups: Aid in outreach and advocacy.

Get Involved

- Join one of the health priority area work groups - or support related community efforts.
- **To learn more or get involved, please contact: Ralph Cataldo, Public Health Coordinator, at rcataldo@inyocounty.us**

Build a Healthier Future Together

- Advocate for policies, programs, or funding that align with the top three health priorities.
- Provide feedback for continuous improvement.

Executive Summary

A **Community Health Improvement Plan (CHIP)** is a collaborative, multi-year framework to address community health issues with evidence-based strategies. In partnership with community members, local healthcare, government, education, and human service agencies will use the CHIP to set health priorities and coordinate resources. The Inyo County CHIP outlines a collective, community-driven effort to improve health and well-being for all residents of Inyo County.

Based on the findings of the 2023 Inyo County Community Health Survey and the 2024 Community Health Assessment (CHA) - which combined local health data, community feedback, and partner input - the Inyo County CHIP identified three health priority areas and developed measurable objectives to be achieved between October 15, 2025 and June 30, 2028.

This is the first CHIP developed by Inyo County. The primary goal is to engage key partners and the community in a comprehensive planning process to help realize the vision of:

> *A vibrant Inyo County where the strength of our communities, rural culture, and environment creates the foundation for health and well-being for all.*

In addition to establishing shared goals, the CHIP builds a roadmap for collaboration, accountability, and progress tracking. The CHIP is a living document that will evolve as community needs, resources, and public health conditions change over time. By fostering partnerships and aligning local efforts, the CHIP will strengthen the county's capacity to promote equitable, sustainable improvements in community health.

The table on the next page summarizes the health priority areas, goals, and objectives developed by the Inyo County CHIP Steering Committee, and informed by community feedback.

Summary of the Inyo County 2025 - 2028 CHIP

Access to Care & Resources

Goal: Empower our community by maximizing awareness and access to resources.

Objective 1: By June 2028, enhance the current 211 platform by increasing the amount of validated local resources by 50% from baseline.

Objective 2: By June 2028, train at least one resource navigator partner on utilization of the 211 platform in each of the five key sectors — Public/Government, Private/Business, Non-Profit/Charity, Education, and Healthcare.

Maternal Mental Health

Goal: Enhance maternal mental health and overall well-being of mothers, infants, and families in Inyo County.

Objective 1: By June 2028, expand the existing childbirth class at Northern Inyo Healthcare District to include a dedicated Maternal Mental Health module, and deliver at least one class.

Objective 2: By June 2028, increase Northern Inyo Healthcare District childbirth class participation by 10% from baseline.

Objective 3: By June 2028, at least one Inyo County Health and Human Services staff member will be trained on maternal mental health and conduct one countywide training for healthcare providers and family support professionals.

Substance Use Disorder

Goal: Lay the foundation for healthier individuals, families, and future generations by strengthening support systems for youth and adults experiencing substance use.

Objective 1: By June 2028, partner with at least three local organizations to implement a minimum of three strategies on substance use prevention for youth and adults with one focused on youth nicotine use.

Objective 2: By June 2028, establish a resource-sharing agreement with a minimum of three local partners to lay the groundwork for coordinated and comprehensive measurement of substance use trends in Inyo County.

Objective 3: By June 2028, ensure that at least one-third of young adults (age 18 - 25) experiencing substance use issues referred to Inyo County Behavioral Health complete an intake assessment and are connected to treatment services.

Background

Using data from the 2023 Community Health Survey and 2024 Community Health Assessment (CHA) combined with professional and lived experience, the Inyo County CHIP Steering Committee considered the county's strengths and challenges to determine three focused health priority areas. These strengths are opportunities to be leveraged, while the challenges are barriers that must be addressed to successfully achieve each CHIP objective.

The Background section provides:

- A summary of the Inyo County 2025 - 2028 CHIP process
- Notable data gathered on Inyo County's unique strengths and challenges:
    - The **Community Context** page provides an overview of population data.
    - The **Understanding Health in Inyo County** pages highlight data from the CHA relevant to each health priority area.

Summary of the CHIP Process

The Inyo County CHIP is a roadmap for collective action to improve health and well-being across the county. The CHIP is the first developed by the county, following the county's first Community Health Assessment (CHA) in 2024.

The CHA engaged community members, healthcare providers, public health professionals, and local partners to identify key health needs. For thoroughness, the CHA relied on both primary and secondary data:

Primary Data: A Community Health Survey (CHS) conducted by Inyo Health and Human Services (HHS) between August 18 and October 31, 2023, collected responses from 281 residents.

Secondary Data: Drawn from trusted sources such as the U.S. Census Bureau, CDC, EPA, FBI, Feeding America, National Cancer Institute, KidsData, County Health Rankings, and the State of California.

Building on the findings from the CHA, the CHIP was developed by the Inyo County CHIP Steering Committee, a series of facilitated work groups where attendees collaboratively defined health priorities, goals, and measurable objectives. Using relevant aspects of the National Association of County & City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework, the process emphasized community voices, data-driven decision-making, and alignment with state and national goals.

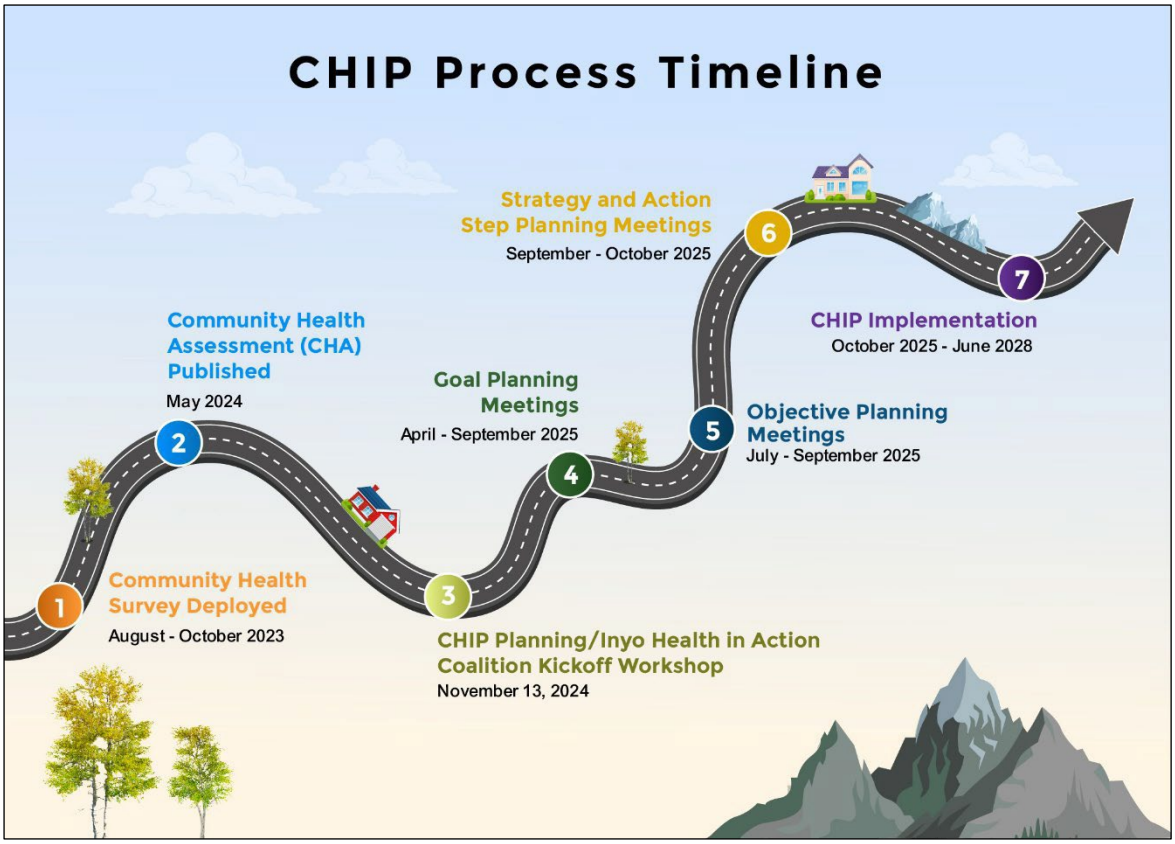
This process, illustrated in Figure 1, included:

Community Engagement: Residents participated in surveys, focus groups, and community meetings to identify key concerns.

Partner Collaboration: Local healthcare providers, schools, tribal representatives, behavioral health organizations, and community-based partners helped define feasible, evidence-based strategies.

Data & Experience: State and local health data were combined with community input to ensure priorities reflect both real needs and measurable health outcomes.

Figure 1: CHIP Process Timeline



During the CHA process, several concerning **red flags** emerged, including higher than average rates of:

• Drug-induced mortality	• Youth nicotine use
• Excessive drinking	• Chronic absenteeism
• Uninsured residents	• Limited grocery access
• Adolescent pregnancy	• Missed medical screenings

Additional indicators underscore the significant health challenges Inyo County faces:

• Difficulty accessing care and health-promoting resources, exacerbated by geographic isolation, awareness of services, and financial or transportation barriers.
• Limited mental health and support services for perinatal and postpartum women.
• Need for substance use prevention and support programs.

While all red-flag indicators informed the CHIP development process, not all were directly addressed in the health priority areas. Some indicators, such as limited grocery access, reflect broader *structural determinants* that require long-term, multi-sector policy solutions. While these issues cannot be fully resolved within this CHIP's three-year cycle, the strategies and partnerships established through this CHIP—and future CHA and CHIP cycles—will lay the foundation for addressing them over time. Similarly, indicators like drug-induced mortality and suicide rates are influenced by multiple *upstream factors*, making direct, measurable intervention more complex. The CHIP's initiatives provide a starting point for coordinated, long-term efforts to address these negative health impacts.

Several factors influenced health priority area election, including:

- Feasibility and impact of local intervention.
- Alignment with data and community and partner input.
- Measurability of outcomes within the 2025–2028 timeframe.

CHIP development focused on three interrelated health priority areas — **Access to Care & Resources**, **Maternal Mental Health**, and **Substance Use Disorder**.

The majority of red-flag indicators are addressed indirectly within these priorities:

Access to Care & Resources: Addresses limited access to providers and geographic barriers through two focused objectives: strengthening a centralized online resource platform and training community partners to connect residents with services. The number of objectives reflects both the complexity of each objective and local resource constraints.

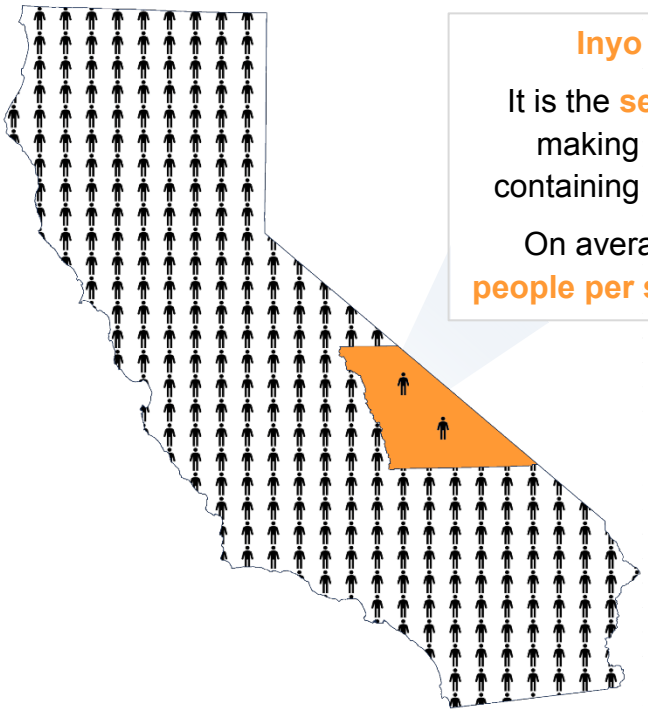
Maternal Mental Health: Targets gaps in behavioral health services for perinatal and postpartum women by expanding local childbirth education, increasing participation in classes, and beginning the process of developing perinatal provider mental health training to improve early identification and connection to resources.

Substance Use Disorder: Focuses on substance misuse intervention utilizing evidence-based prevention and assessment strategies in response to community concerns and data on drug-induced and suicide mortality, excessive drinking, and tobacco use.

Community Context

Understanding Inyo County's geography and people helped guide the selection of CHIP priorities, goals, and objectives.

INYO COUNTY AT-A-GLANCE



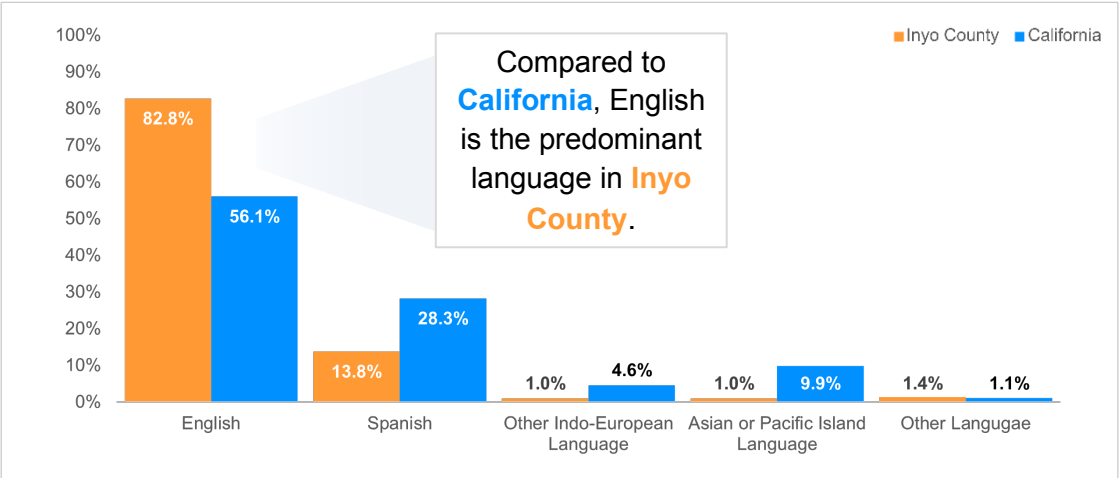
Inyo County is sparsely populated.

It is the **second-largest** county in **California**, making up **6.5%** of the state's area, while containing only **0.05%** of the state's population.

On average, **Inyo County has less than 2 people per square mile**, and **California has 253**.

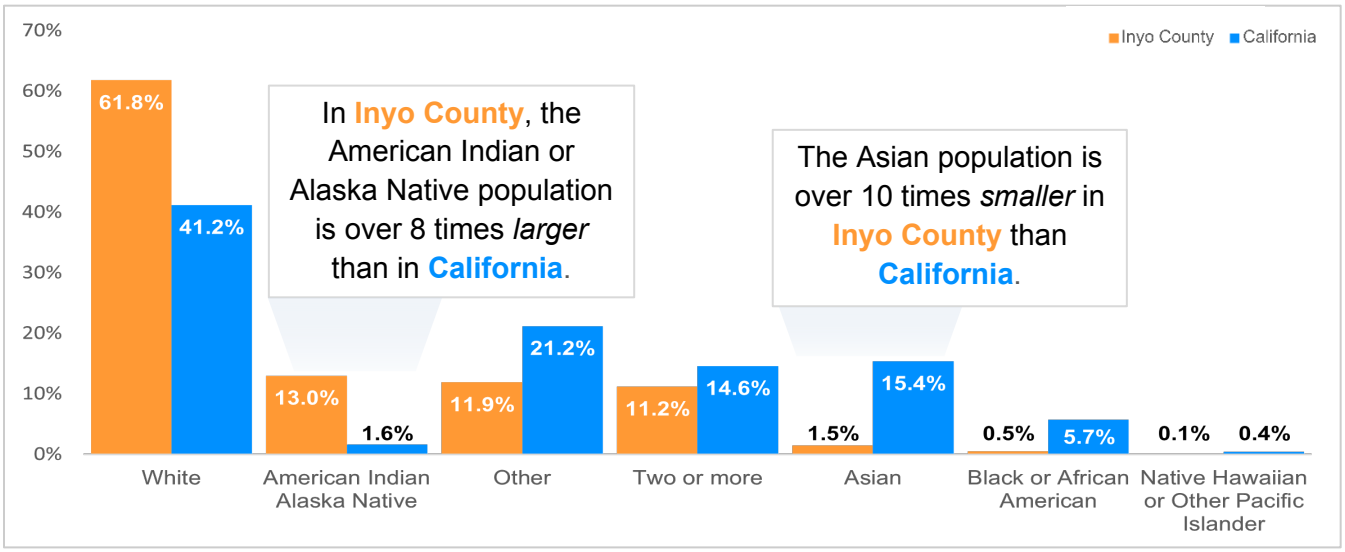
Both **Inyo County** and **California** have roughly an even 50/50 split, male and female.

PRIMARY LANGUAGES SPOKEN IN INYO COUNTY



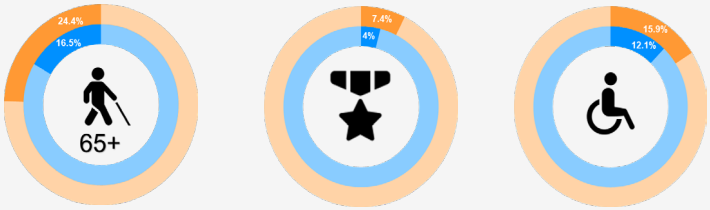
Source: US Census Bureau "2020 Decennial Census"

INYO COUNTY POPULATION BY RACE



Source: US Census Bureau "2020 Decennial Census"

POPULATION CHARACTERISTICS



Older Adults
Inyo County, 24.4%
California, 16.5%

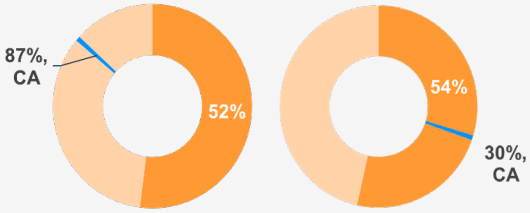
Veterans
Inyo County, 7.4%
California, 4%

Disabled
Inyo County, 15.9%
California, 12.1%

Compared to **California**, **Inyo County** has an older population and a higher proportion of veterans and residents with disabilities.

Source: US Census Bureau "2020 Decennial Census"

EDUCATION FACTORS



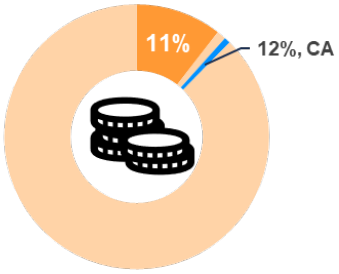
Graduation Rate

Absenteeism

Compared to **California**, **Inyo County** has lower high school graduation rates (**52%** vs. **87%**) and higher levels of absenteeism (**54%** vs. **30%**).

Source: American Community Survey 2023, 5-Year Estimates, US DHHS

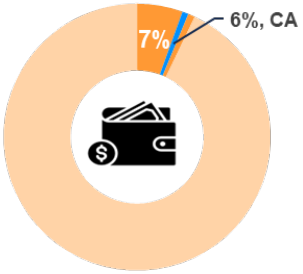
POVERTY AND HEALTH INSURANCE



Poverty Rate

The poverty and uninsured rates (**11%** and **7%**) in **Inyo County** are comparable to **California** state averages (**12%** and **6%**).

Source: American Community Survey 2023 5-Year Estimates, US DHHS

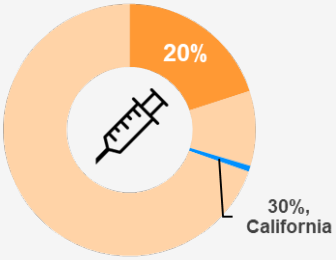


Uninsured Rate

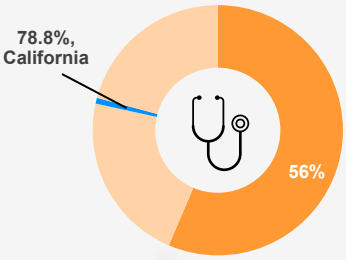
ACCESS TO CARE & RESOURCES

PREVENTION DATA

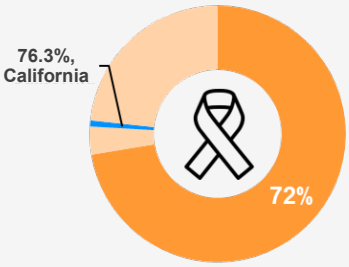
HPV Vaccine
Inyo County, 20%;
California, 30%



Colorectal Screening
Inyo County, 56%;
California, 78.8%

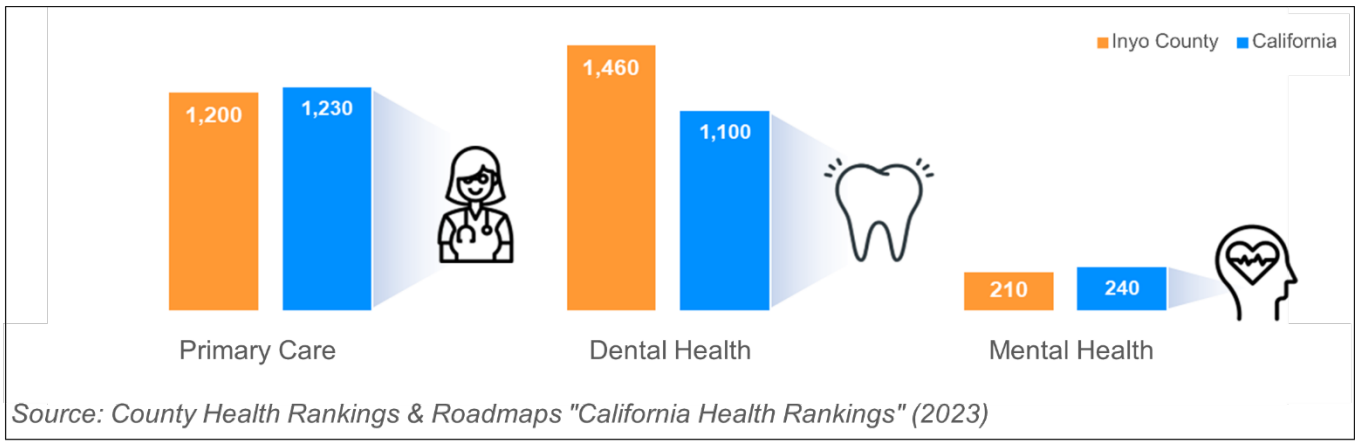


Mammogram
Inyo County, 72%;
California, 76.3%



Source: National Cancer Institute (2023)

NUMBER OF RESIDENTS PER HEALTHCARE PROVIDER



Source: County Health Rankings & Roadmaps "California Health Rankings" (2023)

Inyo County is designated as a
Health Professional Shortage Area (HPSA)
for primary care, dental health, and mental health.

ACCESS TO CARE & RESOURCES

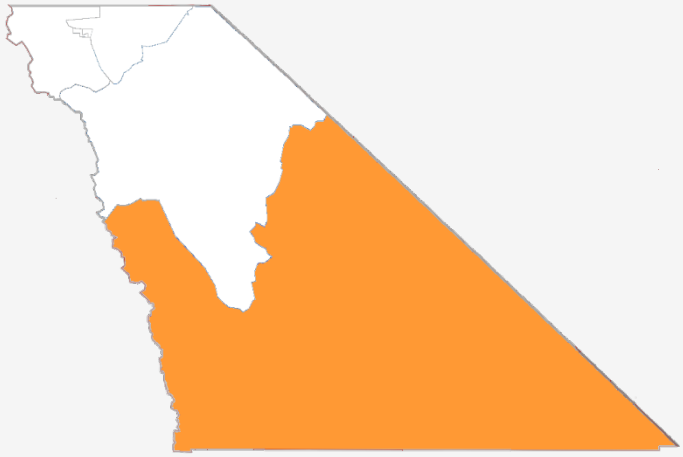
TRANSPORTATION BARRIERS

1 out of every 4 **Inyo County** residents says that distance is a barrier to accessing medical care or medicine.

Source: Inyo County Community Health Survey (2023)

ACCESS TO HEALTHY FOODS

Roughly 1/6th (or 17%), of **Inyo County**'s population lives in a **food desert.**



Source: USDA Food Access Research Atlas (2019)

COMMUNITY VOICES

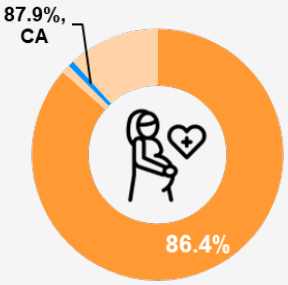
Source: Inyo County Community Health Survey (2023)

MATERNAL MENTAL HEALTH

MATERNAL HEALTH DATA

Prenatal Care

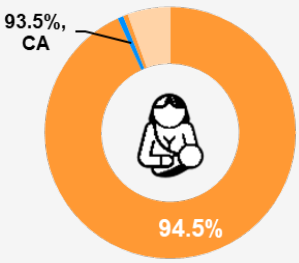
In **Inyo County, 86.4%** of pregnant women begin prenatal care in the first trimester, only slightly below the **California** rate of **87.9%**.



Source: County Health Rankings & Roadmaps "California Health Rankings" (2023)

Breastfeeding

In **Inyo County, 94.5%** of new mothers initiate breastfeeding in the early postpartum period, slightly higher than the **California** average rate of **93.5%**.



Source: CDPH "County Health Status Profiles (2023)

TEEN PREGNANCY

In **Inyo County** there are **2.5** teen births for every 100 women, more than double the average **California** rate of **1** per 100 women.

Source: CDPH "County Health Status Profiles" (2023)

COMMUNITY VOICES

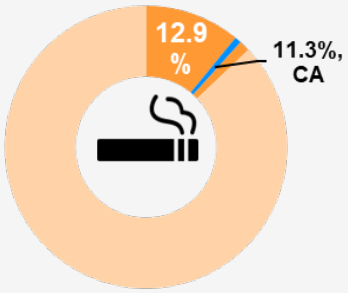
Source: Inyo County Community Health Survey (2023)

SUBSTANCE USE DISORDER

SUBSTANCE USE DATA

Smoking

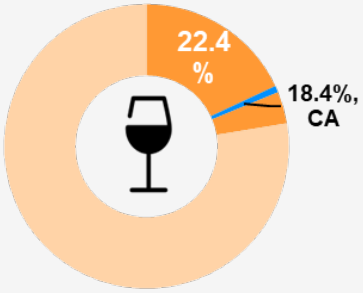
In **Inyo County, 12.9%** of residents report smoking slightly higher than the rate in **California of 11.3%**.



Source: SparkMap (2020)

Excessive Drinking

In **Inyo County, 22.4%** of residents report excessive drinking compared to **18.4% in California**.



Source: SparkMap (2020)

DRUG OVERDOSE DEATHS

Inyo County experiences roughly **12** drug overdose deaths per 20,000 residents.

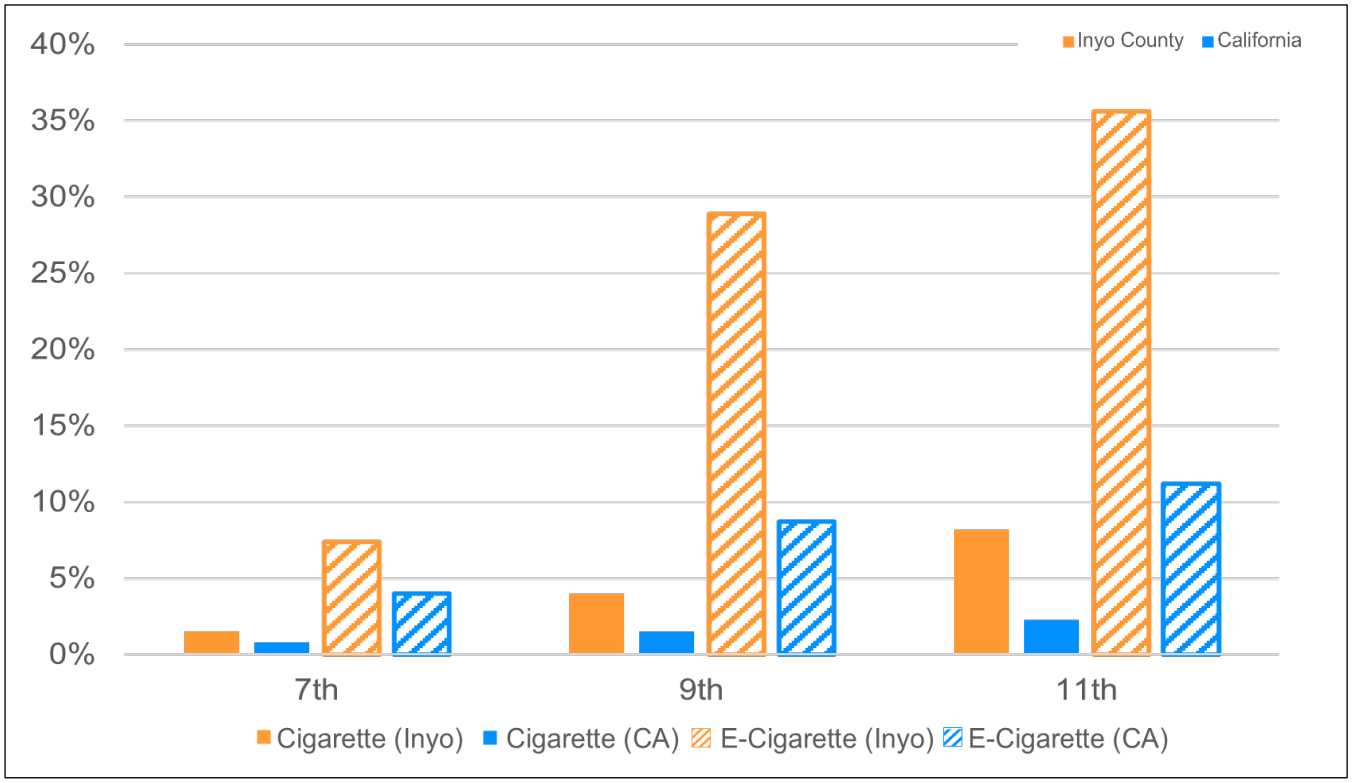
Source: CDPH "County Health Status Profiles" (2023)

In **California**, there are approximately **4** drug overdose deaths for every 20,000 residents.

Source: CDPH "County Health Status Profiles" (2023)

SUBSTANCE USE DISORDER

CIGARETTE USE AMONG ADOLESCENTS



Source: KidsData (2017 - 2019)

COMMUNITY VOICES

Source: Inyo County Community Health Survey (2023)

Inyo County 2025 – 2028 CHIP

Vision, Mission, and Guiding Principles

VISION

A vibrant Inyo County where the strength of our communities, rural culture, and environment creates the foundation for health and well-being for all.

MISSION

The Community Health Improvement Plan unites residents, partners, and community voices to promote health through prevention, education, and partnership. Rooted in accountability, we work to expand access, foster innovation, and honor the strengths that make Inyo County's rural communities unique.

GUIDING PRINCIPLES

Community Voice

We listen to and involve residents in shaping solutions that reflect local needs.

Collaboration

We partner across organizations, sectors, and communities to achieve more together.

Accountability

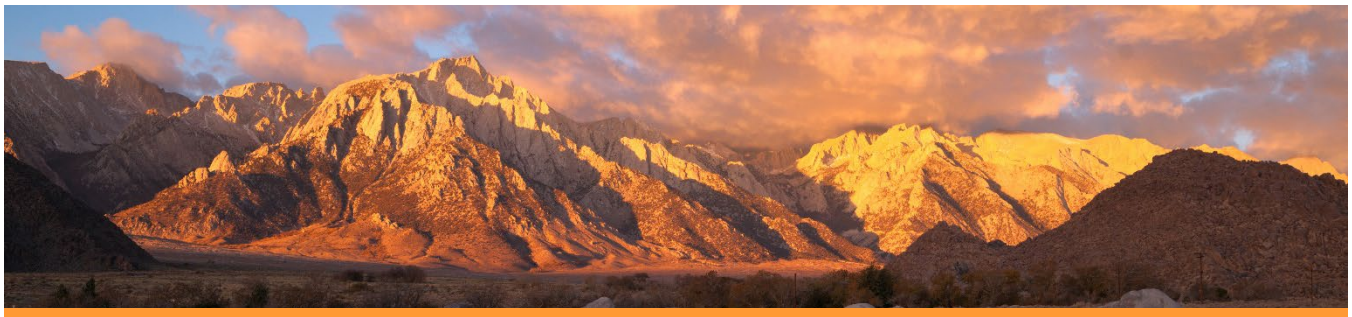
We set goals, track progress, and share results openly with the community.

Prevention First

We focus on addressing health challenges early to reduce long-term impacts.

Innovation and Adaptability

We embrace creative, practical solutions that strengthen Inyo County's rural communities.



Health Priority Areas, Goals, and SMART Objectives

The 2025 – 2028 CHIP identifies three health priority areas that reflect the greatest needs and opportunities for impact: **Access to Care & Resources**, **Maternal Mental Health**, and **Substance Use Disorder**. Under each priority area, the work groups designated a broad goal and specific, measurable objectives to guide progress. In the next phases of the CHIP, the work groups will create strategies and action steps to achieve each objective.

The CHIP Hierarchy: Definitions

Health Priority Area:	An overarching health-related issue or concern in the community.
Goal:	A broadly stated, aspirational change in health status related to the priority issue (can be non-measurable).
SMART Objective:	A Specific, Measurable, Achievable, Relevant, and Time-Bound change in health status or behavior that supports achievement of the goal.
Strategy:	The method, approach, or process used to achieve change.
Action Plan:	An overview of what activities and/or changes will take place, who will perform each activity, by when and for how long each activity will take place.

ACCESS TO CARE & RESOURCES

Goal

Empower our community by maximizing awareness and access to resources.

Objective 1

By June 2028, enhance the current 211 platform by increasing the amount of validated local resources by 50% from baseline.

Objective 2

By June 2028, train at least one resource navigator partner on utilization of the 211 platform in each of the five key sectors — Public/Government, Private/Business, Non-Profit/Charity, Education, and Healthcare.

MATERNAL MENTAL HEALTH

Goal

Enhance maternal mental health and overall wellbeing of mothers, infants, and families in Inyo County.

Objective 1

By June 2028, expand the existing childbirth class at Northern Inyo Healthcare District to include a dedicated Maternal Mental Health module, and deliver at least one class.

Objective 2

By June 2028, increase Northern Inyo Healthcare District childbirth class participation by 10% from baseline.

Objective 3

By June 2028, at least one Inyo County Health and Human Services staff member will be trained on maternal mental health and conduct one countywide training for healthcare providers and family support professionals.

SUBSTANCE USE DISORDER

Goal

Lay the foundation for healthier individuals, families and future generations by strengthening support systems for youth and adults experiencing substance use.

Objective 1

By June 2028, partner with at least three local organizations to implement a minimum of three strategies on substance use prevention for youth and adults, with one focused on youth nicotine use.

Objective 2

By June 2028, establish a resource-sharing agreement with a minimum of three local partners to lay the groundwork for coordinated and comprehensive measurement of substance use trends in Inyo County.

Objective 3

By June 2028, ensure that at least one-third of young adults (age 18 - 25) experiencing substance use issues referred to Inyo County Behavioral Health complete an intake assessment and are connected to treatment services.

Next Steps: Implementing and Tracking CHIP Progress

With the goals and SMART objectives established, each health priority area work group will be responsible for developing implementation strategies and step-by-step action plans to achieve each objective within the CHIP implementation period.

CHIP Implementation Period: October 15, 2025 to June 30, 2028

STRATEGY DEVELOPMENT

Core Question: How will this objective be achieved?

Identify evidence-based and locally feasible strategies that build on existing programs and partnerships.

Ensure strategies are aligned with community input, produce measurable outcomes, and address cultural, linguistic and geographic needs.

Prioritize actions achievable within the 2025 – 2028 CHIP cycle while also laying the foundation for long-term impact.

ACTION STEP PLANNING

Core Question: Who will do what and when?

- Clearly define roles and responsibilities for each agency, partner, or individual.
- Establish timelines with specific milestones.
- Identify staffing, funding, and technical resources needed for implementation.

To support long-term success, continuity, and viability of the objectives, each work group will also develop clear frameworks for monitoring progress, evaluating outcomes, and sustaining efforts beyond the initial implementation period.

EVALUATION/MONITORING PLAN

Core Question: How will we know we are making progress?

- Ensure implementation remains aligned with and responsive to community needs and priorities.
- Track progress by highlighting successes and continuously identifying barriers, adjusting action steps as needed.
- Provide measurable evidence of success and define next steps for long-term sustainability.
- Collect community feedback via surveys, focus groups, and public meetings.
- Prepare progress reports summarizing achievements, challenges and lessons learned and share updates widely with residents and community partners.

SUSTAINABILITY PLAN FORMATION

Core Question: How will this work continue beyond the CHIP cycle?

- Identify which agency or organization is best positioned to carry the work forward long-term.
- Determine what policies, funding, or partnerships are needed to support efforts beyond 2028.
- Evaluate opportunities to evolve or integrate this work into future initiatives.

Continuous Quality Improvement

An ongoing commitment by Inyo County to use data, feedback, and collaboration to make public services work better for the community. Rather than a one-time effort, this practice ensures that we continually learn, adapt, and make measurable progress toward improved health and well-being.

Appendices

Appendix A: Glossary of Acronyms & Terms

Acronyms:

CDPH	California Department of Public Health
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
US DHHS	United States Department of Health & Human Services
HHS	Health and Human Services
HPSA	Health Professional Shortage Area
MAPP	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of County and City Health Officials
SMART Objective	Specific, Measurable, Achievable, Relevant, and Time-Bound objective
SUD	Substance Use Disorder
USDA	United States Department of Agriculture

Terms:

Rates represent the number of disease incidents, injuries, deaths, or other health outcomes divided by the total population. Rates are typically expressed per 1,000, 10,000, or 100,000. As an example, 300 cases of a disease would be expressed as a rate of:

300 (cases) / 19,016 (total Inyo County population) = 0.015776

or

0.015776 * 100,000 = 1,577.6 per 100,000

Structural determinants	are 1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules. (Source: Heller JC, Givens ML, Johnson SP, Kindig DA. Keeping It Political and Powerful: Defining the Structural Determinants of Health. *Milbank Q*. 2024;102(2):0227.)
Systematically	in a focused, consistent, and methodical way. (Source: Dictionary.com)
Upstream factors	are social structures/systems, cultural factors, and public policy—are primary forces that drive downstream patterns and inequities in health that are observed across race and locations. (Source: Ray, R., Lantz, P. M., & Williams, D. (2023). Upstream Policy Changes to Improve Population Health and Health Equity: A Priority Agenda. The Milbank quarterly, 101(S1), 20–35. https://doi.org/10.1111/1468-0009.12640)

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