

Delaware County

Community Health Improvement Plan

2014-2018

Action Plans
2015 Revisions

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Action Plan: Access to Healthcare and Medications

Strategic Health Issue: How can we increase access to quality health care services to vulnerable Delaware County residents?

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.					2015 Revision Justification
Outcome Objective 1: By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get healthcare when needed from 4% to 3%.					
Strategy 1: Increase the availability and coordination of alternative transportation in Delaware County.					
Evidence-base: Innovation to meet needs of community - input and consensus of local experts and supported by local survey data. Policy, Systems, Environmental Change: System change Health Equity: The strategies focus on populations who lack transportation for healthcare, which addresses transportation as a social and economic condition that influences health. Alternative transportation also includes paratransit services for populations with limited mobility/special transportation issues.					
Alignment with State/National Priorities: None.					
Barriers: Fragmented services currently, funding, no localized healthcare campuses. Assets & Resources: Delaware Area Transit Authority (DATA) Advisory group already in place, COA already assists with transportation, American Cancer Society wants to increase assistance in Delaware County, local entrepreneurs/churches/other potential partners exist, existing cooperation between Central Ohio Transit Authority and DATA for paratransit programs.					
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)					
Strategy Objective 1: By 1/1/2018, increase the number of Delaware County residents utilizing alternative transportation options for health related trips by 20%.					
Performance Measure: Number of clients getting transportation assistance from Council for Older Adults (COA), a community provider of alternative option transportation assistance. Average monthly number of trips for adults using DATA fixed routes and number using demand/response or paratransit for healthcare access.					
Baseline: COA transportation assistance numbers 2013: 162 DATA average demand/response or paratransit Jan-Jun 2014: 875					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Investigate other community's solutions to transportation issues.	DATA Advisory Board	None	1/1/15	1/1/18	Minutes of meetings showing discussion/consideration
2. Increase participation on the DATA Advisory Board by healthcare and community partners.	DATA Advisory Board	None	7/31/15	8/31/15	Increase DATA Advisory Board membership by 1 person/agency
3. Investigate possible collaboration with Marion Area Transit and additional	DATA Advisory Board	None	12/30/16	12/29/17	Task Force created to form a plan

collaboration with COTA.	Marion Shelter Program					
4. Investigate possibility of collecting additional access/transportation information through BRFSS survey.	Health District	\$\$ for increased cost of survey or additional surveys	1/1/17	12/29/17	Inclusion of question on transportation needs for healthcare access questions on BRFSS survey	
5. Create Geographic Information System map with layers comparing survey data on vulnerable populations with transportation coverage data and healthcare locations.	Health District	Accurate data from pertinent agencies	1/1/15	12/31/18	Series of GIS mapping layers shared in reports to PHDC partners	

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.					2015 Revision Justification
Outcome Objective 1: By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get healthcare when needed from 4% to 3%.					
Strategy 2: Implement a system for a one-stop access to transportation.					
Evidence-base: Innovation to meet needs of community - input and consensus of local experts; a similar model has been in place in Seneca (OH) County. Policy, Systems, Environmental Change: System change Health Equity: The strategies focus on populations who lack transportation for healthcare, which addresses transportation as a social and economic condition that influences health.					
Alignment with State/National Priorities: None.					
Barriers: Cost, possible competition issues, internal systems within agencies to access transportation assistance. Assets & Resources: Interested agencies, several agencies already providing mobility coordination for their own clients, DATA has good tracking data and referral lists.					
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)					
Strategy Objective 2: By 12/31/2018, implement a pilot project for a virtual or centralized one-stop shop for mobility coordination for Delaware County.					
Performance Measure: County-wide one-stop shop for transportation assistance will be operational.					
Baseline: No one-stop source for transportation assistance exists in Delaware County in 2014.					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator	

1. Investigate "mobility coordinator" positions in other communities.	DATA Advisory Board, HelpLine, Health District, COA	None	1/1/15	12/31/15	Report to PHDC on model practices being considered for Delaware County	
2. Hire mobility coordinator.	DATA	\$\$ Funding	1/1/17	12/31/18	Coordinator hired	Responsible agency, resources, time frame were not identified in original plan
3. Develop pilot project for a county-wide collaborative system for accessing transportation for healthcare.	DATA Advisory Board, HelpLine, Health District	\$\$ Funding	1/1/16	12/31/18 12/31/17	Initiation of pilot project	Original end date was not realistic.
4. Evaluate pilot project results and consider implications for a county 1-stop shop for transportation.	DATA Advisory Board, HelpLine, Health District	None	1/1/2018	12/31/18	Report on results	Responsible agency, resources, time frame, and performance indicator were not identified in original plan

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.	2015 Revision Justification
<p>Outcome Objective 2: By 12/31/2018, the 3 year average of Delaware County women who receive first trimester prenatal care will increase from 84.6% (2012) to 87%.</p> <ul style="list-style-type: none"> a. Within the Hispanic population, increase from 75.3% to 80%. b. Within the Asian population, increase from 78.8% to 85%. c. Within the African American population, increase from 72.2% to 80%. <p>Outcome Objective 4: By 12/31/2018, increase the percentage of Delaware County residents with a diagnosis of diabetes that had their HgbA1c checked within the last year from 2.5% to 10%.</p> <p>Outcome Objective 5: By 12/31/2016, increase the number of Delaware County residents accessing prescription medication services at little or no cost through two community agencies by 5%.</p>	
Strategy 3: Implement county-wide coordinated social/traditional media messages by Partnership member agencies.	
<p>Evidence-base: Innovation to meet needs of community - input and consensus of local experts.</p> <p>Policy, Systems, Environmental Change: Environmental change</p>	

Health Equity: Outcome Objectives 2 and 4 focus on disparate outcomes by race and ethnicity and by income, respectively.						
Alignment with State/National Priorities: None.						
Barriers: Not all agencies are involved in social media or have public relations budget Assets & Resources: Coordination can be accomplished with little or no need for face to face meetings, messages do not have to be the same – just address the same overall issue (agencies will still have their own messages). People In Need (PIN) and Grace Clinic provide prescription assistance services.						
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)						
Strategy Objective 3: By 12/31/2016, implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medications among county service agencies and community partners.						
Performance Measure: Number of agencies/partners who participate in the group messaging each month.						
Baseline: There is no coordination of PR messaging among agencies/partners in Delaware County in 2014. Baseline 2013 prescription assistance data: PIN – 358 Grace Clinic – 284.						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify and assemble interested agencies.	Health District	Contact information for point persons	1/1/15	6/30/15 1/1/16	Listserv of collaborating partners	Original end date was not realistic.
2. Create system for development, sharing and timing of agreed-upon messages.	Assembled group	None	1/1/15 1/1/16	12/30/16	Documented procedures/meeting minutes. Message map for 2016	Original timeline was not realistic to complete this action step.
3. Implement joint messaging project.	Assembled group	None	1/1/15 1/1/17	12/30/16 12/30/18	Message map for 2016 2017 with numbers of messages provided by agency by message/month	Original timeline was not realistic to complete this action step.

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.	2015 Revision Justification
Outcome Objective 1: By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get health care when needed from 4% to 3%.	
Strategy 4: Implement a pilot Mobile Integrated Healthcare/Community Paramedicine program.	
Evidence-base: Innovation to meet needs of community - input and consensus of local experts. This strategy is not “evidenced based” as a result of research, but several successful programs have been implemented in the U.S. Policy, Systems, Environmental Change: Systems change- alternative provider of personal health services.	

Health Equity: Strategy focuses on service provision for populations lacking access to care.					
Alignment with State/National Priorities: None.					
Barriers: Scope of practice limitations for Paramedics at present, competition for clients among private providers, funding, and "newness" of the concept.					
Assets & Resources: Interested agencies, current collaboration to some extent					
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)					
Strategy Objective 4: By 7/31/2017, implement a pilot Mobile Integrated Healthcare/Community Paramedicine program in Delaware County.					
Performance Measure: Initiation of the MIH/CP in the County.					
Baseline: There is no MIH/CP program in Delaware County in 2014.					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Identify and assemble interested agencies.	Delaware City Fire and County EMS	None	12/1/14	1/1/15	Identified work group/meeting minutes
2. Conduct needs assessment/gap analysis.	Delaware City Fire, County EMS, DGHD	Unknown	10/1/14	2/27/15	Report on results
3. Support state workgroup efforts to obtain legal authority to conduct program (scope of practice, commissioners, and other legal issues).	Local MIH/CP workgroup	Unknown	6/1/14	12/31/15	Legislation passed/paramedic scope of practice expanded
4. Create operational plan.	Local workgroup	Time and effort	2/1/15	12/30/16	Written plan
5. Implement pilot program.	Delaware City Fire, County EMS, DGHD	Unknown amount of funding	7/1/17	7/31/18	Service provision data
6. Review program evaluation findings. Assess implications for continuing/modifying the program.	Delaware City Fire, County EMS, DGHD	funding	8/1/17	8/31/18	Documentation of evaluation findings and program recommendations

Action Plan: Alcohol Abuse and Drug Abuse

Strategic Health Issue: How as a community can we reduce substance use, misuse and abuse?

Goal 1: To reduce the impact of substance use, misuse and abuse.					2015 Revision Justification
Outcome Objective 3: By 12/31/2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000 persons, a 20% reduction.					
Outcome Objective 4: By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.					
Strategy 1: Educate and provide training on Trauma-Informed Service/Care (TIC) Systems.					
Evidence-base: National Center for Trauma-Informed Care (SAMHSA)					
Policy, Systems, Environmental Change: Systems change					
Health Equity: Uses culturally appropriate, evidenced-based assessments and treatments for traumatic stress and associated mental health systems.					
Alignment with State/National Priorities: Ohio Dept. of Mental Health & Addiction Services Strategic Plan, October 2013; National Prevention Strategy, June 2011					
Barriers: No agency incentive to implement a trauma-informed care (TIC) system; clients usually have only six sessions and treatment is over so providers and agencies may not be invested into a TIC System; the amount of time needed to put TIC into place; changing system culture; time-constraints for staff; uncertainty regarding agency buy-in; need to target the training and key messages.					
Assets & Resources: Delaware Morrow Mental Health and Drug Services Board (DMMHDSB) staff commitment, collaborative partnership with Delaware Morrow Mental Health & Recovery Services Board (DMMHRSB), possible agency resources - United Way, OhioHealth, Family Promise, Helpline, other local community resources.					
LPHSA: Model Standard 3.1 – Health Education and Promotion; Model Standard 3.2 – Health Communication (Both high priority issues)					
Strategy Objective 1: By 12/31/2018, staff of 10 community/public agencies will be trained in trauma-informed care with 50% of agencies trained completing the pre- and post-test assessment.					
Performance Measure: Number of community/ public agencies trained, number of personnel trained, agency pre-assessment scores vs. agency post-assessment scores.					
Baseline: 10 identified community agencies (such as courts, welfare agencies, schools) outside of the behavioral health system that have not been trained in trauma-informed care.					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Develop task force to develop a comprehensive plan to implement training on trauma-informed care. 1. Form a coalition of community public agencies that are committed to implementing TIC.	DMMHRSB Possible partners: Courts, Job and Family Services, National Alliance on Mental Illness,	Agency time	1/1/15	6/30/15 6/1/15	Task force created Coalition created with at least 10 participating agencies.

	veterans administration rep., law enforcement, first responders, intervention teams					This plan with more realistic timelines and detailed steps will replace the original.
2. Develop the product, i.e. PowerPoint, class, usual.	All steps from here on to be decided by the Trauma-Informed Care Task Force					The product was developed as part of the training.
3. Target agencies.			3/1/15	10/30/15		Action step re-written.
4. Obtain commitment from agencies.			11/1/15	12/31/15		Action step re-written.
5. Complete pre-assessment.			11/1/15	12/31/15		Action step re-written.
6. Implement training. Provide TIC awareness Training for coalition agency representatives.	DMMHR SB	Agency Time	6/2/15	9/1/15	Completion of Training	Action step re-written.
7. Create and administer TIC pre-assessment to coalition agencies.	DGHD DMMMHR SB	Agency Time	9/2/15	1/31/16	Pre-assessment tool created & administered.	Action step re-written.
8. Develop a TIC training plan based on coalition agency needs.	TIC Community Coalition	Agency Time	1/1/16	2/28/16	TIC Training plan completed.	
9. Complete Administer post-assessment to TIC Community Coalition agencies that completed pre-assessment.	DGHD DMMMHR SB	Agency Time	7/1/17	8/31/17	Post-assessment administered & results scored & presented to TIC Community Coalition.	
10. Review & evaluate progress of TIC Community Coalition & determine next steps.	TIC Community Coalition	Agency Time	9/1/17	12/31/17	Next steps for coalition determined.	
11. Implement follow-up over time.			12/31/18	12/31/18		

Goal 1: To reduce the impact of substance use, misuse and abuse.					2015 Revision Justification	
Outcome Objective 1: By 12/31/2018, reduce the percentage who had at least (5 for men/4 for women) drinks on one occasion in the past month from 19% to 17%.						
Outcome Objective 2: By 12/31/2018, reduce the annual number of opiate and pain reliever doses per patient in Delaware County from 523.36 doses per patient per year to 417.09 doses per patient per year, a 20% reduction.						
Outcome Objective 3: By 12/31/2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.						
Outcome Objective 4: By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.						
Strategy 2: Increase physician screens of adult patients.						
Evidence-base: <i>Crossing the Quality Chasm: A New Health System of the 21st Century</i> (Institute of Medicine), SAMHSA, National Council for Community Behavioral Healthcare						
Policy, Systems, Environmental Change: Systems change						
Health Equity: Deferred						
Alignment with State/National Priorities: Ohio Prescription Drug Abuse Task Force Final Report October 2010; National Prevention Strategy 2011						
Barriers: Time for implementation, physician buy-in, lack of identified champion						
Assets & Resources: Several vehicles to communicate information, Delaware General Health District (DGHD) Physician Newsletter						
LPHSA: Model standard 7.2 – Assuring the linkage of people to Personal Health Services (high priority)						
Strategy Objective 2: By 12/31/2018, 10% of primary care physicians practicing in Delaware County will implement the SBIRT (Screening, Brief Intervention and Referral to Treatment) screening tool. (The SBIRT is an evidenced-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs.)						
Performance Measure: Percentage of primary care physicians practicing in Delaware County that implement the screening tool.						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify a champion to oversee this strategy.	The Partnership for a Healthy Delaware County, DGHD		7/1/15	12/31/15 8/30/16	Champion(s) designated.	A meeting was held with OhioHealth on 7/16/15 in which a means to distribute a provider survey regarding screening tools was discussed. Contact from the OhioHealth

						system is interested. A timeline will be developed but due to youth health assessment action planning, staff resources were not available to proceed. Recommend realign timeline.
2. If champion is identified, commence workgroup to outline strategy.	Workgroup Champion		9/1/16	3/31/17	Strategy developed.	Dates added. Performance indicator added.
3. Advocate with medical associations for inclusion of screening tool with patients during yearly exam as component of physician protocol.	Workgroup members		4/1/17	12/31/18	System change administered.	Dates added. Performance indicator added.

Goal 1: To reduce the impact of substance use, misuse and abuse.	2015 Revision Justification
<p>Outcome Objective 1: By 12/31/2018, reduce the percentage who had at least (5 for men/4 for women) drinks on one occasion in the past month from 19% to 17%.</p> <p>Outcome Objective 2: By 12/31/2018, reduce the annual number of opiate and pain reliever doses per patient in Delaware County from 523.36 doses per patient per year to 417.09 doses per patient per year, a 20% reduction.</p> <p>Outcome Objective 3: By 12/31/2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.</p> <p>Outcome Objective 4: By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.</p>	
Strategy 3: Implement age-appropriate education.	

<p>Evidence-base: National Prevention Strategy: America's Plan for Better Health and Wellness, June 2011</p> <p>Policy, Systems, Environmental Change: Systems change for older-adults, incarcerated adult population; to be determined for young adults aged 18-34.</p> <p>Health equity: Programming will be tailored to educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills.</p>	
<p>Alignment with State/National Priorities: Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013; Ohio Prescription Drug Abuse Task Force Final Report October 2010; National Prevention Strategy 2011</p>	
<p>Barriers:</p> <ul style="list-style-type: none"> • Older adults: possible challenges are time constraints, transportation, recruitment into the program, finding good and easily assessable information, physicians screening older adults for drug problems and problem drinking • Incarcerated Adults: high recidivism rate • Young adults age 18-34: Still designing plan to address this population. <p>Assets & Resources:</p> <ul style="list-style-type: none"> • Older adults: DATA buses, COA contract: re-vamped Bus Bucks program---program now allows for a certain number of trips vs. a dollar amount, incentives to participate in program such as snacks, HelpLine resource, grant received • Incarcerated adults: In process. • Young adults age 18-34: In process. 	
<p>LPHSA: Model Standard 3.1 – Health Education and Promotion. (High priority issue)</p>	
<p>Barriers:</p> <ul style="list-style-type: none"> • Older adults: possible challenges are time constraints, transportation, recruitment into the program, finding good and easily assessable information, physicians screening older adults for drug problems and problem drinking • Incarcerated Adults: high recidivism rate • Young adults age 18-34: Still designing plan to address this population. <p>Assets & Resources:</p> <ul style="list-style-type: none"> • Older adults: DATA buses, COA contract: re-vamped Bus Bucks program---program now allows for a certain number of trips vs. a dollar amount, incentives to participate in program such as snacks, HelpLine resource, grant received • Incarcerated adults: In process. <p>Young adults age 18-34: In process.</p>	
<p>Performance Measure: To be determined once programs are identified.</p> <ul style="list-style-type: none"> • Older Adults: results of program questionnaire pre and post implementation, facilitator observation form, # of participants, increased knowledge measurement, changes in behavior, increases in social support, # of physician's offices that participate. # of home visits where program is implemented. • Incarcerated adults: TBD once evidenced-based program identified. • Young adults aged 18-34: TBD once evidenced-based program identified. 	
<p>Baseline: <i>To be determined for each population sub-set.</i></p> <ul style="list-style-type: none"> • Older adults: Baseline data from older adults served by the Council for Older Adults, e.g., number of drinks per month, binge drinking • Incarcerated adults: Incarcerated adult s at the Delaware County Jail would receive this program. Once program is identified, numbers would be provided by the jail staff. • Young adults aged 18-34: population subset to be identified. 	

Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
Target: 1. Older Adults Activity One: Implement WISE Program.						
1. Secure funding for Wellness Initiative for Senior Education (WISE) Program.	Drug Free Delaware (DFD), Council for Older Adults (COA) SourcePoint	Staff, Volunteer time	11/1/14	11/1/14	Grant Award.	The Council for Older Adults was re-branded as SourcePoint.
2. Program staff attends WISE program training.	DFD	Funding, Staff	11/1/14	5/1/15	Staff attend and receive training	
3. Pilot the program.	DFD	Staff, materials, funding, participants	6/1/15	6/30/15	Outputs and outcomes achieved	
4. Recruit program participants.	DFD, COA SourcePoint	Staff, publicity	4/1/15	6/30/15	At least 30 older adults participate in 2 classes	
Activity Two: Provide information to older adults at home visits. (Older adults are not traditional clients; they often will not be able to seek counseling.)						
1. Identify similar model to "Healthy Ideas" program on substance abuse with liaison going out to home-based older adults – meeting them where they are. Research evidenced-based screening tool/program.	SourcePoint To be decided		10/1/15 4/1/16	12/31/15 12/31/16	Screening tool/program identified.	Due to focus on other agency priorities, this activity was postponed; dates revised for implementation. Performance indicator identified.
2. Create and deliver training for care consultants.	To be decided		4/1/16 1/1/17	12/30/16 6/30/17	Training provided for care consultants.	Dates revised & Performance indicator identified.
3. Implement Pilot program/ substance abuse tool for home-bound older adults.	COA -SourcePoint		1/1/17 7/1/17	12/31/18	# of times tool administered	Dates revised & Performance indicator identified.

4. Implement in-home prescription drug use screen/ assessments, provide educational drug resources including program catalogue, and make referrals to the WISE program for counseling through appropriate agency.	COA SourcePoint Central Ohio Mental Health Center		1/1/17	12/31/18	# of referrals, # of older adults who seek counseling OR # who attend one counseling session	Performance indicator identified.
Activity Three: Disseminate/provide older adult information in physicians' offices.						
1. Create a project team to identify resources and gaps in substance abuse materials.	Drug Free Delaware	Staff Time	6/1/16	9/1/16		After further review, determined that dispensing of alcohol and drug use materials should be comprised of a community-wide educational effort to identify current materials provided and gaps. A team will be created.
2. Identify brochures and information to disseminate.	Delaware Morrow Mental Health & Recovery Services Board (DMMHRSB), DGHD, COA SourcePoint	Staff time	10/1/15 9/1/16	12/31/15 3/1/17	Materials identified	Dates revised.
3. Identify physician to champion effort and participate in effort.	Workgroup	Staff time	9/1/16	12/31/16	Champion identified.	Action step added.
4. Identify physician offices to participate.	DGHD	Staff time, printing/copying	9/1/16	3/1/17	List of physicians identified	Dates determined.
5. Gather information and create materials.	DFD, SourcePoint	Staff time, funding, grant funding	3/1/17	6/30/17	Brochures/literature gathered	Dates determined and performance indicator

						selected.
6. Disseminate and track materials with SourcePoint packets.	DGHD, others	Staff time	7/1/17	12/31/18	# of offices participating	Dates determined and performance indicator selected.
Target: 2. Incarcerated Adults						
1. Bring additional, appropriate agencies to the table.	Delaware General Health District	Meeting space, staff time	1/1/15	6/30/15	Parties identified and collaborating	
2. Identify which evidenced-based educational program to implement.	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	Meeting space, staff time	1/1/15	6/30/15	Program selected	
3. Develop plan of implementation and gather resources needed.	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	Meeting space, staff time	7/1/15	12/31/15	Plan developed	
4. Implement educational program.	Delaware County Sheriff's Office: Jail Division	Funding, staff	1/1/16	12/31/18	Increased public safety and reduced recidivism through activities targeted to address criminal behavior impacted by substance abuse	Added responsible party and performance indicator.
Target: 3. Young Adults aged 18-34						
1. Bring additional agencies to the workgroup, such as the colleges, etc.	DGHD, RPR, Delaware County Department of	Meeting space. time	1/1/15 4/1/16	4/30/15 7/1/16	Parties identified and collaborating	Waited for the youth health assessment and

	Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State					action plan to be completed as planning coordinate with youth strategies and implement strategies together.
2. Identify population subset.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space. time	1/1/15 7/1/16	4/30/15 10/1/16	Specific populations/ targeted areas identified	Dates revised.
3. Identify evidenced-based educational program or activity to implement.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space. time	5/1/15 7/1/16	6/30/15 12/31/16	Program/educational activity identified	Dates revised.
4. Develop implementation plan.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space, time	7/1/15 1/1/17	12/31/15 3/31/17	Implementation plan developed	Dates revised.
5. Gather needed resources.	To be decided	Funding, TBD	9/30/15 4/1/17	12/31/15 6/30/17	Needed resources secured	Dates revised.

Goal 1: To reduce the impact of substance use, misuse and abuse.					2015 Revision Justification	
Outcome Objective 3: By December 31, 2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.						
Strategy 4: Educate on an overdose response mechanism, with the use of naloxone.						
Evidence-base: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention						
Policy, Systems, Environmental Change: Systems change						
Health Equity: By implementing an overdose response mechanism and providing targeted education on the mechanism, overdose death rates can be reduced in individuals with lower incomes.						
Alignment with State/National Priorities: National Drug Control Strategy, 2014						
Barriers: Naloxone shortages, rescue breathing must be completed after the medication is administered, can take two people to administer, not a one-time dose, medication must be in a climate-controlled system, if law enforcement carried medication in the car it would have to be kept in appropriate container to preserve medication, law enforcement officers cannot carry medication on their belt as too large and heavy, access to medication at pharmacies, lack of program/ distribution sites, current lack of prescriber awareness.						
Assets & Resources: not scheduled or controlled medication, fewer barriers to access, no euphoria from naloxone, no effect if opioids are not present, effective, inexpensive, easy to administer, naloxone has shown success in take-home programs, facilitated by community outreach programs in various states, risks are minimal, emergency medical technician can provide training for groups.						
LPHSA: Model standard 3.1 – Health Education and Promotion (high priority issue)						
Strategy Objective 4: By December 31, 2018, ensure that naloxone and education on its use are available to all first responder agencies and at-risk community members.						
Performance Measure: # of first responder agencies a naloxone program, # of community members provided with naloxone.						
Baseline: First responders: To be determined; At-risk community members: 0 (no naloxone program is established in Delaware County)						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Workgroup will continue to meet to create action plan.	DGHD (Delaware General Health District), EMS (Emergency Medical Services Agency), RPR (Recovery & Prevention Resources), Delaware County Sheriff, Delaware	Meeting space, commitment from agency partners	10/1/14	3/30/15	Plan completed	Workgroup continues to meet. Plan is not complete.

	City Police Department					
2. Implement Project DAWN (Deaths Avoided with Naloxone). http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx ,	To be decided	Funding, toolkits	9/1/15	12/31/18	Evaluation of the program: including number of individuals trained, number of individuals who receive the kits, number of overdose referrals	Naloxone kits were available in 2015, but Project Dawn kits have not been dispensed due to language in the law such that Narcan cannot be dispensed directly to family members.
3. Implement a promotional campaign on the naloxone program in Delaware County.	To be decided	Funding, staffing, time	9/1/15	12/31/18	To be determined once the campaign is defined	

Goal 1: To reduce the impact of substance use, misuse and abuse.	2015 Revision Justification
Outcome Objective 5: By December 31, 2018, reduce the number of Delaware County high school students who have used prescription drugs without a prescription from 14.5% to 11.6%, a 20% reduction.	New youth strategy.
Strategy 5: Collaborate with the health care community to impact illegal use of prescription drugs by both youth and adults.	
Evidence-base: According to the CDC, prescribers may contribute to opioid abuse and overdose because of a lack of education and awareness about appropriate opioid prescribing practices. Most opioid analgesics in the U.S. are prescribed by primary care physicians; most have little training in pain management or addiction. Policy, Systems, Environmental Change: Systems change Health Equity: A systems change will affect all service populations in that healthcare facility in Delaware County.	

Alignment with State/National Priorities: Aligns with Ohio's multi-pronged approach to tackling the oversupply of prescription opioids which include: expanding Ohio's opioid prescribing guidelines, preventing prescription drug abuse before it starts, treating those who fall prey to prescription drug addiction, and utilizing naloxone to reverse drug overdoses and save lives (Governor's Cabinet Opiate Action Team).						
Barriers: Access to physicians, time Assets & Resources: Delaware Fire Department (drug drop box, works with Ohio Automated Rx Reporting System – OARRS, provides community education), Opiate Task Force (currently informational in nature, not a working group), existing CHIP contains implementation strategy of the SBIRT, Sheriff's Office is creating a substance abuse coordinator position to implement a multi-system approach, Ohio Health is selecting current CHIP strategies in its Implementation Strategy (IS), three hospital systems are partnering with the Partnership						
LPHSA: Model Standard 3.1 – Health Education and Promotion. (High priority issue)						
Strategy Objective 4: By December 31, 2018, one health care system operating in Delaware County will adopt a system change to reduce prescription drugs dispensed.						
Performance Measure: System change adopted.						
Baseline: To be determined from physician focus group(s).						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify physician champion.	DMMHRSD, FCFC, DGHD	Staff time	4/1/16	6/30/16	Physician champion confirmed.	Potential physician has been identified.
2. Complete focus group with doctors to assess current practices.	To be decided.	Staff time	7/1/16	3/30/17	Focus group completed.	Focus group to find out what physicians are currently doing, determine prescribing practices, determine if they educate on the dangers of opiate use, do

						they review other therapies?
3. Convene community taskforce to determine plan.	To be decided	Staff time, commitment from agency partners	4/1/17	6/30/17	# of taskforce meetings, plan developed	
4. Implement plan with steps to be developed.	To be decided	Staff time, funding	7/1/17	12/31/18		

Goal 1: To reduce the impact of substance use, misuse and abuse.	2015 Revision Justification
Outcome Objective 5: By December 31, 2018, reduce the number of Delaware County high school students who have used prescription drugs without a prescription from 14.5% to 11.6%, a 20% reduction. Outcome Objective 6: By December 31, 2018, reduce the number of Delaware County high school students who have used heroin from 3.4% to 2.7%, a 20% reduction.	New youth strategy.
Strategy 6: Implement a multi-faceted educational campaign on the dangers of prescription drug abuse and heroin use.	
Evidence-base: Engage and work with Federal agencies and stakeholders to develop and implement a national public education campaign on prescription drug abuse and safe and proper medication disposal within 24 months (<u>Epidemic: Responding to America's Prescription Drug Abuse Crisis</u> . 2011. Executive Office of the President of the United States). Efforts should also be expanded to provide increased information and training to educators about the epidemic, its harms and prevention strategies. <u>Reducing Teen Substance Misuse: What Really Works 2015</u> . p. 53 Trust for America's Health. www.healthyamericans.org Policy, Systems, Environmental Change: None Health Equity: ?	
Alignment with State/National Priorities: National Drug Control Strategy Five Year Goal for Prescription Drug Abuse.	
Barriers: Funding, Assets & Resources: Delaware Police Department (provided "Tylers Light" presentation to Olentangy, Delaware Schools), past school parent forums, school resource officer parent program to detect heroin use, "Parents Who Host Lose the Most"	

Campaign (by Delaware Fire Department), prevention programs in schools (funded by DMMHRB), Red Ribbon Week (coordinated by RPR and DFD)					
LPHSA: Model Standard 3.1 – Health Education and Promotion. (High priority issue)					
Strategy Objective 4: By December 31, 2018, a family-focused, multi-faceted educational campaign on the dangers of prescription drug abuse and heroin use will be implemented					
Performance Measure: Completed educational campaign.					
Baseline: ?					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Create strategy team to assess what all systems are currently providing.	Lead: ? DMMHRSD, DGHD, DFD, United Way, RPR, School District Representatives, County Substance Abuse Coordinator	Staff time	4/1/16	6/30/16	Team created.
2. Assess what prevention efforts are effective.	Strategy Team, County Substance Abuse Coordinator, school resource officers.	Staff time commitment from agency partners	7/1/16	9/30/16	
3. Create a multi-faceted plan targeting schools, parents, and youth, including an evidenced-based program piloted in 1-2 school districts, and include school resource officer (SRO) training.	Strategy team	Staff time,	9/30/16	3/30/17	
4. Implement plan with steps to be developed.	To be decided		4/1/17	12/31/18	

Goal 1: To reduce the impact of substance use, misuse and abuse.					2015 Revision Justification
Outcome Objective 7: By December 31, 2018, reduce the number of Delaware County high school students who have ever used marijuana from 28.7% to 23%, a 20% reduction, and the number who currently use from 17.7% to 14.2%, a 20% reduction.					New youth strategy.
Strategy 7: Use mass media along with school-based reinforcement to increase public concern about marijuana use and change normative perceptions.					
Evidence-base: Perceived risk and individual disapproval of marijuana is a leading indicator of marijuana use among teens in the U.S .Increased media attention can increase community concern about harms (as cited in Klrmayer, Fisher, Holder, and Yacoubian, 2008). Media campaigns around marijuana use should not be used in isolation, but combined with other strategies (particularly school-based reinforcement of message (Slater et a., 2006), SAMHSA's Strategies/Interventions for Reducing Marijuana Use					
Policy, Systems, Environmental Change: Systems/ Environmental change					
Health Equity: Marijuana use is linked to a higher likelihood of dropping out of school (McCaffrey, 2010).					
Alignment with State/National Priorities: Healthy People 2020: SA-3.4 Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice; SA-4.2 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse—Smoking marijuana once per month					
Barriers: Funding for programs, time for programming in the schools					
Assets & Resources: Sheriff's Office provides literature, Delaware Fire Dept. shared information of the ballot issue, prevention programs in the schools (i.e. Too Good for Drugs), STAND UP Leadership Team coordinated by HelpLine and the DGHD, SAFE Delaware (implementing Teen DUID), PEACE Collaborative (Share marijuana info), Drug free clubs (i.e. Teenage Institute) at Buckeye Valley High School and Olentangy Liberty High School.					
LPHSA: Model Standard 3.1 – Health Education and Promotion. (High priority issue)					
Strategy Objective 4: By December 31, 2018, implement one comprehensive educational program on marijuana use to change normative perceptions.					
Performance Measure: Perception of risk or harm of smoking marijuana, parental disapproval of marijuana use (Youth risk behavior survey 2018)					
Baseline: 43% of high school students think there is no to slight risk of harming themselves physically or in other ways if they smoke marijuana once or twice a week. 18.2% of Delaware County high school students perceive that their parents feel it would <u>not</u> be or only be <u>a little bit wrong</u> for them to smoke marijuana.(2014-2015 Delaware County Youth Risk Behavior Survey)					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Seek/convene taskforce to determine comprehensive plan.	DGHD, Prevention Education in All Classroom Environments (PEACE) Collaborative, DMMHRB	Staff time	4/1/16	6/30/16	Identified taskforce confirmed or Taskforce created, plan created

2. Assess each school district's drug education programming (what is being taught, # of students taking classes, number of days marijuana education included).	PEACE Collaborative	Staff time	7/1/16	9/30/16	Assessment completed and report compiled.	
3. Educate Key stakeholders on current research.	To be decided.	Staff time, funding	7/1/16	3/30/17	Stakeholder training completed.	
4. Develop media (social, radio, print) messages on marijuana risks/harm. Include counter arguments.	PEACE Collaborative, DGHD	Staff time, funding	1/1/17	6/30/17	Coordinated media messages developed.	
5. Encourage schools to include evidenced-based/best practice drug education programs in health class curriculums.	PEACE Collaborative	School commitment, evidenced-based programs, funding	7/1/17	12/31/18	# of programs implemented, # of schools which implement programs	

Action Plan: Food Insecurity

Strategic Health Issue: How can we reduce food insecurity by ensuring access to essential nutrition in Delaware County?

Goal: All Delaware County residents will have increased access to nutritious food regardless of economic status.	2015 Revision Justification
<p>Outcome Objective 1: By 12/31/2018, there will be a 25% increase in access to fresh fruit, vegetables, lean protein and whole grains by people who are food insecure in Delaware County.</p> <p>Outcome Objective 3: By 12/31/2018, there will be a 25% increase in consumption of fresh fruit, vegetables, lean protein and whole grains by persons who are food insecure in Delaware County.</p>	
<p>Strategy 1: Increase the supply of nutritious food (fruits, vegetables, lean protein, whole grains) provided through the following venues:</p> <ul style="list-style-type: none"> ▪ food pantries ▪ produce drops ▪ farmer's market vouchers ▪ community/container gardens ▪ community meals ▪ shelf-stable commodities boxes ▪ summer school lunch program ▪ home delivered meals (Meals on Wheels) 	
<p>Evidence Base: CDC Guide to Strategies to Increase Consumption of Fruits and Vegetables, <i>What Works for Health</i></p> <p>Policy, systems or environmental change: Environmental change</p> <p>Healthy equity: Goal focuses on access to nutritious food regardless of economic status.</p>	
<p>Alignment with State/National Priorities: Healthy People 2020, National Prevention Strategy 2011</p>	
<p>Barriers:</p> <ul style="list-style-type: none"> ▪ Lack of funding ▪ Definition of healthy vs. non-healthy food ▪ State subsidies are unstable ▪ Pockets of county (Ostrander, Ashley) without adequate food supply ▪ Resistance to accept and consume healthy food ▪ Difference in cultural norms <p>Assets:</p> <ul style="list-style-type: none"> ▪ Pantry Track software ▪ Delaware County Hunger Alliance members 	
<p>LPHSA: Model Standard 7.2 – Assuring the linkage of people to personal health services (High priority issue)</p>	
<p>Strategy Objective 1: By December 31, 2018, increase by 50% the supply of nutritious food (fruits, vegetables, lean protein, whole grains) to food insecure Delaware County residents.</p>	
<p>Performance Measures:</p> <ul style="list-style-type: none"> ▪ Pounds of food distributed at pantries (pantries, commodity boxes) ▪ Pounds of food per person ▪ Number of Farmer's Market vouchers redeemed ▪ Number of days/hours that pantries operate ▪ Number of community meals served ▪ Number of community gardens/container gardens ▪ Number of shelf-stable commodities boxes distributed ▪ Number of summer lunches distributed ▪ Number of home-delivered meals distributed 	<p>Performance measures revised to better reflect the data that can be collected.</p>

<ul style="list-style-type: none"> Number of weekend backpacks distributed 						
Baseline: To be determined in Action Step 1.						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Determine baseline measurements for all the performance indicators (use start date of 2013 when Hunger Alliance was formed).	DGHD Epidemiologist, United Way	Survey Monkey	1/1/15	2/27/15	Baseline measurements for all performance indicators	Lack of complete data collected before 2014. Baseline year is 2014.
2. Expand days/hours that pantries operate.	Agencies that operate food pantries	Food, volunteers	1/1/15	12/31/15	Increase in days/hours	
3. Expand the number of community meals that are served.	Agencies that serve community meals	Food, volunteers	1/1/15	12/31/15	Increase in number of community meals	
4. Expand the number of community gardens/container gardens.	DGHD	Garden supplies, volunteers	1/1/15	12/31/15	Increase in number of community gardens/container gardens	Container gardens will not be offered in 2016.
5. Expand the number of shelf-stable commodities boxes that are distributed.	Council for Older Adults SourcePoint	Food, volunteers	1/1/15	12/31/15	Increase in number of shelf-stable commodities boxes	Agency name change.
6. Identify gaps in days/times that food pantries operate and community meals are served.	Hunger Alliance	List of all days/times	2/1/15	2/27/15	Gaps identified and addressed with Hunger Alliance; fill in gaps	
7. Develop GIS mapping for locations of food pantries and community meals. Update maps as new sites are added or changed.	DGHD GIS Specialist	GIS mapping software, addresses of pantries/meals	2/1/15	2/27/15 12/31/18	Completed map; published to Hunger Alliance website and Facebook page	Ongoing action step each year; end date revised.
8. Develop a cookbook of recipes that uses pantry food, community gardens/container gardens food, and shelf-stable commodities.	DGHD Dietician, People in Need, OSU Extension, OWU	Recipes	1/1/15	12/31/15	Completed cookbook of recipes	
9. Monitor food distribution through Pantry Track (pantries, commodity boxes), community meals, farmer's market vouchers, and weekend backpacks.	Hunger Alliance partner agencies	Food, volunteers, Pantry Track	1/1/16	12/31/18	Quarterly reports	Expansion for all of these areas took place in 2014; further expansion will

						occur as needs are identified. Action step added to monitor food distribution on an ongoing basis.
10. Survey participants to evaluate whether they used and consumed the food items they were given.	DGHD, Hunger Alliance	Survey Monkey, paper surveys	1/1/15 1/1/16	12/31/15 12/31/18	Completed surveys; increase in consumption of food	Original timeline was not realistic to complete this action step.

Goal 1: All Delaware County residents will have increased access to nutritious food regardless of economic status.	2015 Revision Justification
Outcome Objective 2: By 12/31/2018, 10% of persons who are food insecure in Delaware County will increase their knowledge about nutritional food options.	
Strategy 2: Increase knowledge of nutritional food options through the Cooking Matters Program.	
Evidence Base: Cooking Matters Policy, Systems, or Environmental Change: Environmental change Healthy equity: Goal focuses on access to nutritious food regardless of economic status.	
Alignment with State/National Priorities: None.	
Barriers: <ul style="list-style-type: none"> ▪ Uncertainty regarding participation from the community ▪ No established space to hold classes ▪ Lack of funding for food and other class supplies ▪ Uncertainty regarding OWU student participation ▪ Child care must be provided ▪ Transportation is potential barrier Assets: <ul style="list-style-type: none"> ▪ Community partners: Delaware County Hunger Alliance members, Ohio Wesleyan University (OWU) 	
LPHSA: Model Standard 3.1 – Health Education and Promotion (High priority issue)	
Strategy Objective 2: By 12/31/2018, 80% of participants will increase their knowledge of nutritional food options after successfully completing the Cooking Matters program.	
Performance Measures: <ul style="list-style-type: none"> ▪ Number of participants who begin the program ▪ Number of participants who successfully complete the program 	

<ul style="list-style-type: none"> Change in knowledge, skills, and behavior 						
Baseline: The baseline is 0; this is a new program.						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify Health Promotion students to oversee, teach, and organize the program.	Ohio Wesleyan University (OWU)	OWU faculty and program advisor	6/1/14	8/1/14; Ongoing 12/31/18; ongoing	List of Health Promotion students identified	Ongoing action step each year; end date revised.
2. Train the Health Promotion students to implement the program (moving forward – current students would train upcoming students).	Local Matters, OWU faculty	Training materials	8/1/14	8/29/14; 12/31/18; ongoing	Number of students trained	Ongoing action step each year; end date revised.
3. Recruit participants for the program (should self-identify as low income).	OWU, Hunger Alliance	Recruitment materials (flyers, posters)	9/1/14	9/30/14 12/31/18; ongoing	List of participants recruited	Ongoing action step each year; end date revised.
4. Conduct 6 sessions, once per week, for two hours per session (+6 participants per class; 1st year – 2 classes; 2nd year – 4 classes).	OWU students	Location, food, class supplies	10/1/14	11/28/14 12/31/18; Tuesday nights; ongoing	Number of sessions conducted; participant attendance	Ongoing action step each year; end date revised.
5. Seek funding for food to be used at each session (OWU will fund the program for the first few sessions).	OWU, Hunger Alliance	Funders (money, food, supplies)	1/1/15	12/31/15 12/31/18; ongoing	Additional funding acquired	Ongoing action step each year; end date revised.
6. Evaluate the program.	OWU students	Surveys, other measurement instruments	10/1/14 1/1/15	12/31/15 12/31/18; ongoing	Post-survey completed	Ongoing action step each year; end date revised.

Goal: All Delaware County residents will have increased access to nutritious food regardless of economic status.	2015 Revision Justification
Outcome Objective 4: By 12/31/2018, food insecurity in Delaware County will decrease by 2%.	
Strategy 3: Promote the Hunger Alliance as a way to improve the food environment at the local and state levels.	
Evidence Base: CDC Guide to Strategies to Increase Consumption of Fruits and Vegetables Policy, Systems, or Environmental Change: Systems change	

Delaware County Health Improvement Plan 2014 – 2018

ACTION PLAN: Food Insecurity

Health equity: Goal focuses on access to nutritious food regardless of economic status.						
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018						
Barriers: <ul style="list-style-type: none"> ▪ Lack of awareness of the Hunger Alliance ▪ Lack of time to attend meetings ▪ Territorial issues with non-profit agencies ▪ Limited staff in volunteer-run organizations ▪ Possible inconvenience of time of meetings (during the day) Assets: <ul style="list-style-type: none"> ▪ Community partners: Delaware County Hunger Alliance members, Volunteers, other partners identified ▪ Interest of community members (clients) who use the services (food pantries, Cooking Matters program, etc.) 						
LPHSA: Model Standard 4.2 – Community Partnerships; Model Standard 5.2 – Public Health Policy Development (Both low priority issues)						
Strategy Objective 3: By 12/31/2018, increase by 25% the number of stakeholders involved in the Delaware County Hunger Alliance.						
Performance Measure: <ul style="list-style-type: none"> • Number of new stakeholders recruited. • Number of new stakeholders who consistently attend meetings and participate. 						
Baseline: 16 agencies represented on the Delaware County Hunger Alliance (as of 8/2014)						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Review current list of stakeholders and identify gaps (e.g., business partners) that would be an asset to the Hunger Alliance.	Hunger Alliance	Membership roster; promotional materials	1/1/15	12/31/15	List of current stakeholders; list of stakeholders for outreach	
2. Invite missing stakeholders to a Hunger Alliance meeting.	Hunger Alliance	List of stakeholders; promotional materials	1/1/15	12/31/15	Number of new stakeholders that attend meetings	
3. Sponsor a community forum to provide information and awareness about hunger in the community (e.g., poverty simulation, "Place at the Table" video).	Hunger Alliance	Agenda, date, location, speakers	1/1/15 1/1/16	12/31/15 12/31/16	Number of attendees; forum evaluation	Original timeline was not realistic to complete this action step.
4. Educate all elected officials about hunger in their community.	Hunger Alliance	List of elected officials; venues to present	1/1/15	12/31/15 12/31/17	Number of elected officials educated	Original timeline was not realistic to complete this action step.

5. Engage all elected officials about hunger in their community.	Hunger Alliance	List of elected officials; venues to present	1/1/15	12/31/15 12/31/17	Number of elected officials joining Hunger Alliance, number of officials participating in Hunger Alliance	Original timeline was not realistic to complete this action step.
6. Represent Delaware County on a statewide food policy council.	Hunger Alliance	Available statewide food policy council	1/1/15	12/31/15 12/31/18	Participation and representation from Delaware County	Revised end date due to ODH's delay in starting a statewide food policy council.

Goal: All Delaware County residents will have increased access to nutritious food regardless of economic status.					2015 Revision Justification
Outcome Objective 1: By 12/31/2018, there will be a 25% increase in access to fresh fruit, vegetables, lean protein and whole grains by people who are food insecure in Delaware County.					
Strategy 4: Implement the Produce Prescription program					
Evidence Base: CDC Guide to Strategies to Increase Consumption of Fruits and Vegetables, What Works for Health Policy, systems or environmental change: Environmental change Healthy equity: Goal focuses on access to nutritious food regardless of economic status.					New strategy
Alignment with State/National Priorities: Healthy People 2020, National Prevention Strategy 2011					
Barriers: ▪ Client follow up Assets: ▪ Pantry Track software ▪ Delaware County Hunger Alliance members					
LPHSA: Model Standard 7.2 – Assuring the linkage of people to personal health services (High priority issue)					
Strategy Objective 4: By December 31, 2018, at least 25% of those clients referred to the Produce Prescription program will follow through and receive food assistance from the pantry.					New strategy objective
Performance Measures: ▪ Number of referrals ▪ Number of referred clients who pick up produce					
Baseline: 0; this is a new program					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator	

1. Determine pilot clinic site and pantries that will participate.	United Way	Clinic site	2/1/16	3/31/16	Identified clinic site and pantries	New action step
2. Determine food insecurity trigger questions to be added to clinic visit.	United Way, Grace Clinic	Clinic intake form	2/1/16	3/31/16	Trigger questions added to clinic intake form	New action step
3. Provide referral for food assistance.	Grace Clinic, Helpline, LSS, PIN, Salvation Army	Available food	3/1/16	8/31/16	Number of referrals	New action step
4. Track completed referrals.	Grace Clinic, Helpline, LSS, PIN, Salvation Army	Pantry Track	3/1/16	8/31/16	Number of referred clients who pick up produce	New action step
5. Determine feasibility to recruit additional clinic sites to participate.	United Way	New sites	9/1/16	12/31/16	Number of new sites added	New action step

Action Plan: Mental Health

Strategic Health Issue: How could the mental health of Delaware County residents be improved?

Goal 1: Educate the community on the importance of mental health and mental health services.					2015 Revision Justification
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment in the public sector for major depressive episodes (MDE) by 5% each year from 700 to 895.					Outcome Objective 6 is for the YHA
Outcome Objective 2: By 12/31/2018, decrease the rate of reported adult suicide attempts from 144 per 100,000 people to 108 per 100,000 people, a reduction of 25% or 36 attempts over 5 years.					
Outcome Objective 6: By 12/31/2018, decrease the percentage of high school students reporting they feel sad and/or hopeless by 5%.					
Strategy 1: Implement Mental Health First Aid (MHFA) trainings					
Evidence Base: SAMHSA, National Registry for Evidence-Based Practices					
Policy, Systems, Environmental Change: Systems change					
Health equity: Disabling mental health status is associated with health disparities.					
Alignment with State/National Priorities: Ohio Department of Mental Health & Addiction Services Strategic Plan October 2013, National Prevention Strategy 2011					
Barriers:					
<ul style="list-style-type: none"> Many adults receive treatment for MDEs from their Primary Care Provider (PCP), and at this point in time we have no data to show prevalence of diagnosis from any PCP/hospital system. Need more people to be trained in facilitation of the program Need to establish baseline program effectiveness and increase public awareness 					
Assets & Resources:					
<ul style="list-style-type: none"> Central Ohio Mental Health Center (COMHC) is the largest public provider for mental health services in Delaware County and has capability to track clients with this diagnosis. Delaware/Morrow Mental Health Recovery Services Board (DMMHR SB) has a staff member trained in this program 					
LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)					
Strategy Objective 1: By 12/31/2018, implement at least 10 Mental Health First Aid trainings to the community.					
Performance Measure: Number of trainings conducted					
Baseline: Zero; no trainings have been given in community					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Identify community group to be trained, e.g., faith community groups, law enforcement, educators, public service workers, worksites, healthcare workers.	DMMHR SB	N/A	1/1/15	12/31/18	List of suggested groups/organizations to approach for

					training	
2. Train additional program facilitators.	DMMHR SB	Staff time, training materials	1/1/15	12/31/18	Facilitators trained	
3. Implement MHFA trainings.	DMMHR SB	Facilitator time	1/1/15	12/31/18	Number of trainings implemented	
4. Evaluate MHFA trainings.	DMMHR SB	Facilitator time	1/1/15	12/31/18	Completed evaluations	

Goal 1: Educate the community on the importance of mental health and mental health services.	2015 Revision Justification
Outcome Objective 2: By 12/31/2018, decrease the rate of reported adult suicide attempts from 144 per 100,000 people to 108 per 100,000 people, a reduction of 25% or 36 attempts over 5 years. Outcome Objective 6: By 12/31/2018, decrease the percentage of high school students reporting they feel sad and/or hopeless by 5%.	Outcome Objective 6 is for the YHA.
Strategy 2: Implement training to prevent adult suicide attempts. Implement community & school based trainings to prevent suicide attempts.	
Evidence Base: Suicide Prevention Resource Center Policy, Systems, Environmental Change: Systems change Health equity: Disabling mental health status is associated with health disparities.	To incorporate youth into the strategy.
Alignment with State/National Priorities: National Prevention Strategy 2011	
Barriers: • Need to market trainings to community groups in a way that reduces stigma related to topic Assets & Resources: • Helpline has 3 dedicated staff to implement trainings across the county • Training is free to the community • Flexible training schedule • Curriculum is adaptable to many settings	
LPHSA: Model Standard 3.1 – Health Education & Promotion; Model Standard 7.2 – Assuring the linkage of people to personal health services (Both high priority issues)	
Strategy Objective 2a: By 12/31/2018, increase by two the number of Signs of Distress trainings offered to the community each year. Strategy Objective 2b: By 12/31/2018, maintain the number of school buildings receiving Signs of Suicide training.	Strategy objective 2b added for the youth SOS trainings.

Performance Measure: Number of trainings conducted in community. Number of schools implementing Signs of Suicide curriculum						Added youth measure.
Baseline: Helpline – 10 trainings from 7/1/2013-6/30/2014 for Signs of Distress Helpline – 17 schools in the 2015/2016 school year for Signs of Suicide						Added youth SOS baseline data.
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify community groups/lay people to target for Signs of Distress trainings, e.g., civic associations, fraternities, faith based groups, PTOs, etc.	Helpline DGHD NAMI	Time	1/1/15	12/31/18	List of suggested groups/lay people to approach for training	
2. Promote Signs of Distress trainings.	Helpline	Time	1/1/15	12/31/18	Number of contacts with community	
3. Implement Signs of Distress trainings.	Helpline	Time	1/1/15	12/31/18	Trainings implemented	
4. Evaluate Signs of Distress trainings.	Helpline	Time	1/1/15	12/31/18	Completed evaluations	
5. Implement the Signs of Suicide curriculum in all middle and high schools in Delaware County	Helpline	Time	1/1/16	12/31/18	# of schools program is implemented in	Action step added from the YHA.
6. Evaluate the Signs of Suicide curriculum implementation	Helpline	Time	1/1/16	12/31/18	# of schools program is implemented in # of students completed # of referrals for additional services	Action step added from the YHA.

Goal 1: Educate the community on the importance of mental health and mental health services.	2015 Revision Justification
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment for major depressive episodes (MDE) by 5% each year in the public sector from 700 to 895. Outcome Objective 6: By 12/31/2018, decrease the percentage of high school students reporting they feel sad and/or hopeless	Outcome Objective 6 is for the YHA

by 5%.						
Strategy 3: Develop and implement a community-wide campaign to educate people about depression mental health						
Evidence Base: The Guide to Community Preventive Services Policy, Systems, Environmental: Environmental change Health equity: Disabling mental health status is associated with health disparities.						To correct terminology to be consistent.
Alignment with State/National Priorities: Ohio Suicide Prevention Foundation Strategic Plan 2013 – 2016, National Prevention Strategy 2011						
Barriers: <ul style="list-style-type: none"> Not currently aware of what evidence based practices are available for topic; Unsure if adequate mental health (MH) services available to handle potential increase in demand Assets & Resources: <ul style="list-style-type: none"> Delaware/Morrow Mental Health Recovery Services Board (DMMHR SB) has a “recent” levy passed, and may be able to allocate funds toward strategy Health District has history with several community wide campaigns to change behavior , e.g., increasing consumption of fruits & vegetables 						
LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)						
Strategy Objective 3: By 12/31/2018, Implement community-wide campaign to promote positive mental health.						
Performance Measure: Number of messages provided to the community.						
Baseline: None						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Research MH social marketing programs.	DMMHR SB HelpLine OWU-Active Minds NAMI	Staff time	1/1/15	6/30/15 6/30/16	List of examples of social marketing campaigns with a mental health focus	Revised timeframes for all action steps to be more realistic with partner's workload and change of staff.
2. Develop plan for campaign specific to Delaware County and for specific age groups.	DMMHR SB DGHD	Staff time	1/1/15 7/1/16	12/31/15 12/31/16	Suggested campaign created complete with messages & budget	To incorporate the youth.
3. Implement/launch campaign.	DMMHR SB DGHD	Funding	1/1/15 1/1/17	1/1/16 12/31/17	Number of messages disseminated	

4. Evaluate campaign effectiveness.	DMMHRSB funded agencies	Staff time	1/1/15 7/1/16	12/31/18	Service/ provider caseload increase	
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Goal 1: Educate the community on the importance of mental health and mental health services.						2015 Revision Justification
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment for major depressive episodes (MDE) by 5% each year in the public sector from 700 to 895.						
Strategy 4: Implement a tool for screening for depression						
Evidence Base: U.S. Preventive Services Task Force, The Guide to Community Preventive Services Policy, Systems, Environmental Change: Systems Health equity: Disabling mental health status is associated with health disparities.						
Alignment with State/National Priorities: Healthy People 2020, National Prevention Strategy 2011						
Barriers:						
<ul style="list-style-type: none"> Limited/no reimbursement to primary care providers (PCPs) for get paid for the screenings from 3rd party payers; unsure if tool be used by provider or staff or both Unsure if Responsible Agencies have strong enough relationship with private providers to implement depression screening 						
Assets & Resources:						
<ul style="list-style-type: none"> Public MH professionals work well together 						
LPHSA: 3.1 – Health Education & Promotion (High priority issue)						
Strategy Objective 4a: By 12/31/2018, increase the number of PCP offices that screen for depression (from baseline to be determined).						
Performance Measure: Number of PCP offices trained; Number of staff trained within each office.						
Baseline: To be determined						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Meet with major hospital systems – OSU, Ohio Health & Mt. Carmel about possible partnership – gather baseline measurement.	DMMHRSB Mental Health Workgroup sub-committee members, DGHD, COMHC, HelpLine,	Time	1/1/15	12/31/ 15 16	Meetings scheduled with major hospital systems and/or practices to discuss current procedures	Original timeline was not realistic to complete this action step.
2. Work group members and hospital	DMMHRSB	Time	1/1/15	12/31/ 15	3 rd party payers	Original timeline

systems meet with 3 rd party payers to ensure reimbursement system.	DGHD			17	reimburse for depression screening	was not realistic to complete this action step.
3. Research depression screening tools appropriate for PCP setting.	DMMHR SB, COMHC	Time	1/1/15	12/31/ 15 17	Screening tools identified	Original timeline was not realistic to complete this action step.
4. Implement trainings with PCPs.	DMMHR SB	Time	1/1/18	12/31/18	Trainings implemented	Original timeline was not realistic to complete this action step.
5. Evaluate trainings with PCPs.	DMMHR SB	Time	1/1/18	12/31/18	Trainings evaluated	Original timeline was not realistic to complete this action step.

Goal 2: Improve access to and utilization of mental health services.	2015 Revision Justification
Outcome Objective 5: By 12/31/2018, increase the number of Delaware County healthcare providers who receive training on how/why to implement adult depression screenings annually by 5%. Outcome Objective 6: By 12/31/2018, decrease the percentage of high school students reporting they feel sad and/or hopeless by 5%.	Outcome Objective 6 is for the YHA.
Strategy 4: Implement a tool for screening for depression for age appropriate mental health screenings	
Evidence Base: U.S. Preventive Services Task Force, The Guide to Community Preventive Services Policy, Systems, Environmental Change: Systems change Health equity: Disabling mental health status is associated with health disparities	To incorporate youth into the strategy.
Alignment with State/National Priorities: Ohio Suicide Prevention Foundation Strategic Plan 2013 – 2016, National Prevention Strategy 2011	
Barriers: <ul style="list-style-type: none"> Non-uniform depression screening tool used by primary care providers (PCPs) and mental health (MH) providers Limited/no 3rd party reimbursement system for depression screening Unsure if workforce is able to handle possible increase in demand from positive screenings School systems do not currently implement mental health screenings by developmental level Assets & Resources: <ul style="list-style-type: none"> Public MH partners can affirm the need for depression screenings based on high # of clients with diagnosis Partnerships are strong among county partners DMMHR SB funds Mental Health Liaisons for school districts 	To incorporate youth into the strategy.

LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)						
Strategy Objective 4a: By 12/31/2018, implement depression screening trainings with at least three county agencies and/or partners who employ professionals able to identify depression in vulnerable populations. Strategy Objective 4b: By 12/31/2018, evaluate the feasibility of implementing age appropriate mental health screenings within the local school districts for preschool and elementary age students.						Strategy objective 4b added for the youth mental health screenings.
Performance Measure: Number of agencies/partners receiving training in depression screenings; # of professionals trained Creation of a work group to evaluate and assess the early intervention mental health needs of each school district						Added youth measure.
Baseline: To be determined in first year Identify current practices in implementing mental health screenings within the school districts						Added youth baseline data.
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify existing depression mental health screening tools/trainings for various age ranges.	DMMHR SB, COMHC, Helpline, DGHD	Time	12/1/14 6/1/16	12/31/14 12/31/18	List of screening tools to utilize for professionals	This action step has not started yet. Changed wording of action step to incorporate the YHA
2. Adapt findings for Delaware County.	DMMHR SB, COMHC, Helpline, DGHD		1/1/15 6/1/16	3/31/15 12/31/18	Revisions made	Original timeline was not realistic to complete this action step.
3. Contact audiences for implementation – PCPs, Jail, DCJFS, COA.	DMMHR SB, COMHC, Helpline, DGHD	Time	1/1/15 6/1/16	12/31/18	Audiences contacted	Original timeline was not realistic to complete this action step.
4. Implement trainings with county partners.	DMMHR SB, COMHC, Helpline, DGHD		1/1/15 6/1/16	12/31/18	Trainings implemented	Original timeline was not realistic to complete this action step.
5. Implement & evaluate trainings with county partners.	DMMHR SB, COMHC, Helpline, DGHD		1/1/15 6/1/16	12/31/18	Evaluation results	Original timeline was not realistic to complete this action step.
6. Create an early intervention mental health workgroup	DMMHR SB DGHD School Districts	Time	1/1/16	12/31/16	Group created	Action step added from the YHA.
7. Research mental health screening	DMMHR SB	Time	1/1/17	12/31/17	Screening tools	Action step

tools for students by developmental age	DGHD School Districts				identified	added from the YHA.
8. Share findings with each school district's administration to determine feasibility.	DMMHR SB DGHD School Districts	Time	1/1/18	12/31/18	Report of findings	Action step added from the YHA.

Goal 2: Improve access to and utilization of mental health services.						2015 Revision Justification
Outcome Objective 3: By 12/31/2018, increase annually by 5% the number of new suicidal clients who receive referral services for mental health services.						
Strategy 5: Implement crisis intervention follow-up						
Evidence Base: National Strategy for Suicide Prevention, 2012 Policy, Systems, Environmental Change: Systems; Environmental change Health equity: Disabling mental health status is associated with health disparities						
Alignment with State/National Priorities: National Prevention Strategy 2011						
Barriers: • Non-renewable SAMHSA federal grant ends 6/30/16 Assets & Resources: • Helpline & COMHC already have protocols in place to refer clients, and both agencies are willing to share data to track progress						
LPHSA: Model Standard 3.2 – Health Communication; Model Standard 7.2 – Assuring the linkage of people to personal health services						
Strategy Objective 5a: By 12/31/2018, refer a minimum of 50% of clients annually who receive screenings for suicidal ideation at local hospital emergency rooms.						
Performance Measure: Referrals, defined as number of suicidal clients who actually speak with Helpline who actually receive referral services.						
Baseline: Helpline, Delaware County Suicide Hotline January-March, 2014 56% clients (35/62) received referrals; April-June, 2014 77% clients (49/64) received referrals <i>Baseline will continue to be collected for the remainder of 2014 since Helpline just started tracking this data for Delaware residents only.</i>						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Review grant effectiveness at end of 3 year period.	Helpline COMHC	Time	1/1/15	6/30/16	Number of clients referred	
2. Create proposal for funders (hospital	Helpline	Time	1/1/15	12/30/18	Final report	

boards, DMMHR SB etc.) seeking additional funding for sustainability.	COMHC				showing effectiveness	
3. Seek additional CIT trainings for county law enforcement & correction officers.	DMMHR SB Sheriff Local Police Depts.	Money, training materials	1/1/15	12/31/18	Number of additional law enforcement agencies trained on CIT	

Goal 2: Improve access to and utilization of mental health services.					2015 Revision Justification
Outcome Objective 4: By 12/31/2018, increase annually by 5% the number of referred suicidal clients who enter into public mental health treatment who were contacted through Crisis Outreach Follow-Up.					
Strategy 5: Implement crisis intervention follow-up					
Evidence Base: National Strategy for Suicide Prevention, 2012 Policy, Systems, Environmental Change: Systems change Health equity: Disabling mental health status is associated with health disparities					
Alignment with State/National Priorities: National Prevention Strategy 2011					
Barriers: • SAMHSA federal grant will end 6/30/16 and is non-renewable					
Assets & Resources: • Helpline & COMHC already have protocols in place to refer clients, and both agencies are willing to share data to track progress					
LPHSA: Model Standard 3.2 – Health Communication; Model Standard 7.2 – Assuring the linkage of people to personal health services					
Strategy Objective 5b: By 12/31/2018, increase annually the number (to be determined) of referred suicidal clients who enter into public behavioral health treatment services.					
Performance Measure: Enter treatment, defined as the number of referred suicidal clients (from objective 1.1) who actually enroll in follow-up treatment with COMHC and/or other public providers.					
Baseline: Helpline & COMHC Jan-Mar, 2014 44% (27/62) clients entered into treatment; Apr-Jun, 2014 44% (28/64) clients entered into treatment <i>Baseline will continue to be collected for the remainder of 2014 since HelpLine just started tracking this data for Delaware residents only.</i>					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator	

1. Ascertain additional baseline data from other public service providers – RPR, Maryhaven.	RPR Maryhaven Helpline	Time	1/1/15	1/1/16	Number of clients who are cross referenced with Helpline's referral list	
2. Review grant effectiveness at end of 3 year period.	Helpline COMHC	Time	1/1/15	6/30/16	Number of clients referred	
3. Create proposal for funders (hospital boards, DMMHRSB etc.) seeking additional funding for sustainability.	Helpline COMHC	Time	1/1/15	12/30/18	Final report showing effectiveness	

Goal 1: Educate the community on the importance of mental health and mental health services.	2015 Revision Justification
Outcome Objective 7: By 12/31/2018, decrease the percentage of high school and/or middle school students who self-report being bullied on school property by 5%.	New youth strategy.
Strategy 6: Implement evidenced-based anti-bullying prevention programming at all grade levels. <ul style="list-style-type: none"> Elementary school: Too Good For Violence, Boys & Girls Empowerment Groups Middle school: TGIF High school: TGIF & other youth led prevention groups 	
Evidence-base: The Guide to Community Preventive Services	
Policy, System, Environmental Change:	
Health Equity:	
Align with State/National Priorities:	
Barriers:	
Assets & Resources:	
LPHSA:	
Strategy Objective 6: By 12/31/2018, maintain the number of school buildings implementing anti-bullying curriculums	
Performance Measures: Number of school buildings implementing anti-bullying programs	
Baseline: Number of school buildings currently implementing the anti-bullying curriculum: <ul style="list-style-type: none"> Too Good For Violence – Boys & Girls Empowerment – 14 groups at 10 buildings TGIF/GAL – 9 groups at 6 buildings Youth Led Prevention Groups – 	

Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Determine baseline of current programming reach.	Helpline RPR	None	1/1/16	12/31/18	Number of school buildings with current programming
2. Research and secure funding options.	Helpline RPR	Funding, staff	1/1/16	12/31/18	Number of school buildings with programming
3. Expand or at least maintain programming availability to all districts and/or age groups.	Helpline RPR	DGHD media database	1/1/16	12/31/18	Number of school buildings maintaining programming

Goal 1: Educate the community on the importance of mental health and mental health services.					2015 Revision Justification
Outcome Objective 7: By 12/31/2018, decrease the percentage of high school and/or middle school students who self-report being bullied on school property by 5%.					New youth strategy.
Strategy 7: Implement a community-wide anti-bullying social media campaign					
Evidence-base: The Guide to Community Preventive Services					
Policy, System, Environmental Change:					
Health Equity:					
Align with State/National Priorities:					
Barriers:					
Assets & Resources:					
LPHSA:					
Strategy Objective 7: By 12/31/2018, maintain the number of school buildings implementing anti-bullying curriculums					
Performance Measures: Number of messages provided to the community, including the schools.					
Baseline: None					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Research effective youth-led	Helpline/PEACE	Time	9/1/16	6/30/17	Number of

messaging.					school buildings with current programming	
2. Develop a social media campaign plan.	Helpline/PEACE	Time	1/1/17	6/30/17	Number of school buildings with programming	
3. Implement/launch campaign.	Helpline/PEACE	Funding	7/1/17	12/31/18	Number of school buildings maintaining programming	
4. Evaluate campaign effectiveness.	Helpline/PEACE	Time and funding	7/1/17	12/31/18	Number of messages	

Action Plan: Obesity/Overweight

Strategic Health Issue: How as a community can we prevent and reduce obesity?

Goal: Increase the proportion of Delaware County adults residents who are at a healthy weight.					2015 Revision Justification	
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed by Delaware County adults (Fruits from 2.0 per day to 2.5 per day, Vegetables from 2.1 per day to 2.5 per day).						
Strategy 1: Implement a method to accept Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets						
Evidence Base: SNAP at Farmers Markets: A How To Guide (USDA) Policy, Systems, Environmental Change: Policy change Health equity: This program specifically targets economically disadvantaged people but predominantly impacts those who receive SNAP benefits						
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018, Healthy People 2020, National Prevention Strategy 2014 Annual Status Report						
Barriers: Willingness of farmers' market vendors to participate Assets & Resources: Guide to implementation from the United States Department of Agriculture						
LPHSA: None.						
Strategy Objective 1: By 12/31/2018, increase the number of Delaware County farmers' markets that accept SNAP benefits from 0 to 5.						
Performance Measure: Number of farmer's markets accepting SNAP benefits						
Baseline: 0 farmers' markets accept SNAP						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Secure partnership with Delaware County Department of Job and Family Services.	DGHD-CHC Coordinator	Meeting, staff from JFS	1/1/15	7/1/15	Contact made; partnership initiated	Revised to match the CHC action plan.
2. Talk to farmers' markets in surrounding counties that have implemented this program to assess challenges/successes.	DGHD-CHC Coordinator	Phone calls	1/1/15	7/1/15	Contacts made	Revised to match the CHC action plan.
3. Identify and recruit farmers' markets for participation in SNAP acceptance program.	DGHD CHC Coordinator, partner with United Way and	Representatives from farmers markets,	7/1/15 1/1/15	6/29/18 8/31/17	Record of meetings; Recruit 5	Revised to match the CHC action plan.

Delaware County Health Improvement Plan 2014 – 2018

ACTION PLAN: Obesity/Overweight

	the Delaware County Hunger Alliance to recruit vendors, Market Managers	information on program to distribute			farmers markets recruited	
4. Apply for licenses from United States Department of Agriculture Food Nutrition Service Program. Assist markets in acquiring Electronic Benefit transfer equipment.	Farmers Market managers DGHD CHC Coordinator	Application for license, 1 per market	11/1/15 9/1/15	11/30/15 3/31/18	License application submitted Markets have licenses and machines	Revised to match the CHC action plan.
5. Choose redemption strategy.	DGHD CHC Coordinator, farmer's market managers	Information on the different types of redemption strategies	1/1/16	2/1/16	Redemption strategy selected	Revised to match the CHC action plan.
6. Distribute funding to each market.	DGHD CHC Coordinator (to allocate funds)	Funding, information on cost of chosen redemption strategy	2/1/16	2/29/16	Funding distributed	Revised to match the CHC action plan.
7. Train market staff on equipment.	DGHD CHC Coordinator	Training materials	3/1/16	3/31/16	Training completed	Revised to match the CHC action plan.
8. Promote Implement SNAP acceptance at markets.	DGHD CHC Coordinator and Communications team, Market Managers	Advertisements, public messaging	4/1/16	12/31/18 10/31/18	Documentation of promotion efforts Educational and promotional materials	Revised to match the CHC action plan.
9. Evaluate SNAP usage at markets.	DGHD CHC Coordinator	Usage data	4/1/16	12/31/18	Survey, survey results	Revised to match the CHC action plan.

Goal: Increase the proportion of Delaware County adults residents who are at a healthy weight.	2015 Revision Justification
<p>Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day)</p> <p>Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.</p> <p>Outcome Objective 4: By 12/31/2018, increase the percentage of adults who use lunch or work breaks to do physical activity or exercise at least 10 minutes at a time from 25% to 30%.</p> <p>Outcome Objective 5: By 12/31/2018, increase the percentage of students who during the past 7 days were physically active for a total of 60 minutes for 4 or more days by 3 percentage points; middle school students from 77.1% to 80.1%; high school students from 65.8% to 68.8%.</p> <p>Outcome Objective 6: By 12/31/2018, decrease the percentage of students who play video or computer games 3 hours or more by 5 percentage points; middle school students from 40.7% to 35.7%; high school students from 28.4% to 23.4%.</p> <p>Outcome Objective 7: By 12/31/2018, increase the percentage of high school students who during the past 7 days did not drink a can, bottle or glass of soda or pop (such as Coke, Pepsi or Sprite) from 30.0% to 35.0%.</p>	<p>Outcome Objectives 3, 4 were added to reflect broadened strategy. Outcome Objectives 5, 6, 7 reflect results from YHA.</p>
<p>Strategy 2: Implement a community-wide campaign to promote healthy eating.</p>	<p>Updated to reflect broadened strategy.</p>
<p>Evidence Base: Guide to Community Preventive Services Policy, Systems, Environmental Change: None Policy and Environmental change Health equity: Will monitor outcomes by disparate social determinants of health status.</p>	
<p>Alignment with State/National Priorities: National Prevention Strategy 2011 2014</p>	<p>Updated with latest national priority.</p>
<p>Barriers: Many food pantry locations cannot accommodate large amounts of donated fresh, and any frozen fruits and vegetables Large county geographically, with multiple sectors to reach and no designated TV or radio stations or newsprint media with large following.</p> <p>Assets & Resources: Lutheran Social Services has recently secured space in Delaware to eventually handle more fresh and frozen fruit and vegetable donations Multiple community partners that impact families, many with communications staff expertise in messaging – school districts, child care centers; county and city governments – parks and rec; worksite wellness teams; Liberty Township/Powell and Delaware City YMCAs; OSU Extension; existing Delaware County health & safety coalitions; existing child obesity prevention grants.</p>	<p>Updated to reflect broadened strategy.</p>

LPHSA: Model Standard 3.1.2 – Health Education and Promotion (High priority issue) Model Standard 3.1 – Health Education and Promotion; Model Standard 3.2 – Health Communication (High Priority Issues)					Updated with two applicable standards.	
Strategy Objective 2: By 12/31/2018, implement one campaign to educate churches and service groups on increasing fruit and vegetable intake. By 12/31/2018, implement one campaign to educate Delaware County residents on healthier eating and physical activity.					Objective was broadened to 1) include all Delaware County residents & families, and 2) address overall healthier eating including less fast food and sugar sweetened beverages, plus physical activity.	
Performance Measures: Implement one campaign.						
Baseline: No campaigns implemented in Delaware County.						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Identify Delaware County faith community/service groups who will be the audience for the campaign. 1. Develop messaging for <i>5321 Almost None Campaign</i> , including use of focus groups as necessary.	DGHD - lead Partners: schools; child care; worksites; YMCAs; OSU Extension; county/city governments – parks & rec; healthcare organizations; community coalitions	Potential faith community/service groups Messaging, Partners	1/1/16 8/1/15	1/29/16 12/31/17	Group identified Completed messaging	Updated to reflect broadened strategy.
2. Assess community for best messaging method – e.g., conducting focus groups, surveys, or key informant interviews. 2. Create, implement, and evaluate <i>5321 Almost None Campaign</i> .	DGHD (Dietitian, Communications team) DGHD, Partners	Potential messaging Messaging, Partners, ODH (Nielsen research data)	1/1/16 8/1/15	12/30/16 12/31/18	Assessment completed Implementation and evaluation of one completed	Updated to reflect broadened strategy.

		on fast food and sugar sweetened beverage purchases)			campaign	
3. Develop messaging materials. 3. Recruit elementary schools for Indoor Recess Projects.	DGHD Communications team Elementary Schools	Messaging materials Elementary schools, Funds for physical activity supplies	1/1/17 3/1/16	7/31/17 7/1/16	Messages, promotional items developed Elementary school partners recruited	Updated to include additional evidence-based interventions for PES change.
4. Disseminate messaging materials. 4. Purchase physical activity supplies, implement and evaluate program.	DGHD (Dietitian, communications team) Elementary Schools	Messages and materials Funds for physical activity supplies	8/1/17 7/1/16	8/1/18 12/31/18	Message, promotional items disseminated Physical activity supplies purchased and completed projects evaluated	Updated to include additional evidence-based interventions for PES change.
5. Evaluate campaign. 5. Plan, implement, and evaluate Ready, Set, Grow Garden Event.	DGHD-Dietitian OSU Master Gardeners Delaware Area Career Center	Survey for community group on implementation of campaign Funds, volunteers, marketing, public	8/1/18 1/1/16	11/1/18 12/31/18	Program evaluated One event completed and evaluated for continued annual implementation .	Updated to reflect broadened strategy.

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.					2015 Revision Justification	
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day).						
Strategy 3: Ensure access to fruits and vegetables in the workplace.						
Evidence Base: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables, 2011 Policy, Systems, Environmental Change: Environmental change Health equity: Will monitor outcomes by disparate social determinants of health status.						
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018, Healthy People 2020, National Prevention Strategy 2014 Annual Status Report, CDC Winnable Battles Report 2010-2015						
Barriers: <ul style="list-style-type: none"> • Creating and implementing policies to improve menu options or food choices can take a significant amount of effort and will require the involvement of many stakeholders. • For worksites that have contracts with large food suppliers to provide food in their facility, need to provide guidance to employers on how to negotiate new contracts for healthier food choices before the current contract ends. Assets & Resources: <ul style="list-style-type: none"> • Delaware County ACHIEVE project currently has initiatives to promote healthier work environments. 						
LPHSA: Model Standard 3.1 – Health education and promotion (High priority issue)						
Strategy Objective 3: By 12/31/2018, implement policy and/or environmental changes in three Delaware County worksites to increase access to fruits and vegetables.					This strategy was completed in 2015 and will not continue.	
Performance Measure: Implementation of workplace policies to increase access to fruits and vegetables.						
Baseline: None.						
Action Steps		Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Review ACHIEVE and Worksite Wellness Network data to establish a baseline.		DGHD	Previous CHANGE assessments of worksites	1/1/15	9/1/15	Established baseline
2. Recruit new worksites to participate.		DGHD CHC Coalition	Interested business names	9/1/15	9/1/17	3 worksites recruited

3. Assess current food practices and policies using the Community Health Assessment and Group Evaluation (CHANGE) tool.	DGHD CHC Coalition	CHANGE assessment trained people	9/1/15	8/30/17	3 worksites assessed using the CHANGE tool	
4. Implement environmental food practice changes and policies.	DGHD CHC Coalition	Educational materials, sample policies, etc.	1/1/15	12/31/18	Food practice policies implemented	The CHANGE assessments showed that there are not many workplaces within the county that have cafeterias. Most employers are small and do not have food service available for their employees. This strategy will not continue past 2015.
5. Evaluate worksites utilizing CHANGE tool.	DGHD CHC Coalition	CHANGE tool	1/1/15	12/31/18	Evaluation results	

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.	2015 Revision Justification
Outcome Objective 2: By 2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.	
Strategy 4: Continue a menu labeling program	
Evidence Base: Robert Wood Johnson Foundation <i>Healthy Dining Finder</i> Policy, Systems, Environmental Change: Environmental change Health equity: Will monitor outcomes by disparate social determinants of health status.	

Alignment with State/National Priorities: National Prevention Strategy 2011 2014					Updated with latest national priority.	
Barriers: Possible difficulty recruiting more restaurants food service operations. Assets & Resources: Already occurring program					This strategy was expanded to include all food service operators who are licensed by the Health District, including restaurants, religious/private schools, etc.	
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication (Both high priority issues)						
Strategy Objective 4: By 12/31/2018, increase the number of restaurants food service operations participating in DGHD on the Menu from 8 to 13.					This strategy was expanded to include all food service operators.	
Performance Measure: 5 new restaurants food service operations participating					This strategy was expanded to include all food service operators.	
Baseline: 8 restaurants						
Action Steps		Resources Required	Time Frame		Performance Indicator	
1. Recruit 1 new restaurant food service operation (restaurant, religious/private school, etc.) a year.	This strategy was expanded to include all food service operators. Ongoing action step.	Restaurants, Food service operations recruitment materials	1/1/15	12/31/18	Restaurants Food service operations recruited	This strategy was expanded to include all food service operators. Ongoing action step.

2. Analyze menu.		Menu analysis information	1/1/15	12/31/18	Menus analyzed	
3. Choose one dish or menu item a year to promote as being less than 700 calories.	This strategy was expanded to include all food service operators. Ongoing action step	Menu, representative from restaurant food service operation	1/1/15	12/31/18	Dish chosen	This strategy was expanded to include all food service operators. Ongoing action step
4. Explore new ways to market DGHD on the Menu.		Messaging and advertisements	1/1/15	12/31/18	Marketing reviewed	
5. Promote DGHD on the Menu participants.		Messaging and advertisements	1/1/15	12/31/18	Program promoted	
6. Evaluate restaurant menus for 1) 500 calories and under combinations and 2) permanent ½ portion items.	Action step added from Strategy 5 which was condensed into this strategy.	Restaurant nutrition and portion size information.	1/1/15	12/31/18	Menus evaluated	Action step added from Strategy 5 which was condensed into this strategy.
7. Develop and implement marketing plan for I Choose a Fast 500 service and ½ portion GIS map service.	Action step added from Strategy 5 which was condensed into this strategy.	DGHD Communications Team DGHD Dietitians	9/1/16	12/31/18	Marketing plan developed and implemented	Action step added from Strategy 5 which was condensed into this strategy.

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.	2015 Revision Justification
Outcome Objective 2: By 2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.	
Strategy 5: Implement a community wide campaign to increase public awareness of caloric information on restaurant menus.	Strategy 5 is ongoing marketing of an existing public service that can

	influence residents' choices more effectively than a one-time educational campaign. These services have been added to and will be marketed through the DGHD on the Menu restaurant program which is in Strategy 4. Therefore, this strategy will be removed and action steps are incorporated into Strategy 4.
Evidence Base: CDC Guide to Community Preventive Services	
Policy, Systems, Environmental Change: None	
Health equity: Will monitor outcomes by disparate social determinants of health status.	
Alignment with State/National Priorities: None.	
Barriers: None	
Assets & Resources: With the Affordable Care Act, chain restaurants are required to label their menus and these initiatives are more prevalent	
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication (Both high priority issues)	
Strategy Objective 5: By 12/31/2018, implement one community-wide campaign to help increase awareness of caloric information on restaurant menus available to the public.	
Performance Measure: Implementation and marketing of I Choose A Fast 500 and restaurant ½ portion GIS maps as ongoing DGHD services.	
Baseline: 0	

Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. DGHD Communications team identifies best method to disseminate information.	DGHD	Potential messaging	1/1/16	12/30/16	Venues identified	
2. Gather additional data on fast food nutrition intake and sugar sweetened beverage intake.	DGHD	Nelson fast food purchase data	1/1/15	12/31/15	Intake researched	
3. Evaluate fast food menus for choices.	DGHD	Nutritional information from fast food restaurants	1/1/16			
2. Develop messages, materials on: a. portion sizes b. using caloric information c. appropriate caloric intake	DGHD	Messages	1/1/16	12/31/16	Messages developed	
3. Implement campaign	DGHD	Messages	1/1/17	12/28/18	Campaign implemented	

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.	2015 Revision Justification
Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.	
Strategy 6: Implement community-wide screen time reduction campaign	Strategy 6 will not be implemented. Further research determined that successful evidence-based interventions for reducing screen time are not

					feasible to implement in the community and not far reaching enough (population-based) in effect. Reducing sedentary screen time and increasing physical activity will be addressed under Strategy 2 through different activities in the 5321 Almost None Campaign action step.
Evidence Base: CDC Guide to Community Preventive Services					
Policy, Systems, Environmental Change: None					
Health equity: Will monitor outcomes by disparate social determinants of health status.					
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015					
Barriers: Challenge would involve not only education on turning off TV/computer screens, but also identifying or sponsoring community events during the summer for places for people to go once they've turned the screen off. Gaining township approval to hold annual kick-off events could be challenging					
Assets & Resources: Delaware already hosts "First and Final Friday" we may be able to piggy back on those					
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication. (Both high priority issues)					
Strategy Objective 6: From 1/1/2015 – 12/31/2018, implement annual "Turn off the Screen" challenge					
Performance Measure: Implementation of challenge					
Baseline: 0 challenges exist					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator	

1. Recruit Delaware County townships, cities, village and neighborhood associations to participate in challenge.	DGHD	Challenge information	1/1/16	12/31/18	Number of municipalities recruited	
2. Form partnerships for collaboration on challenge (OSU Extension, Preservation Parks, etc.)	DGHD	Challenge information	1/1/16	12/31/18	Partners identified	
3. Create schedule of possible events	DGHD & participating communities	Potential schedule events	1/1/16	12/31/18	Schedule established	
4. Meet with DGHD communications team on messaging for "Turn off the Screen" promotions	DGHD	Billboards, messaging venues, etc.	1/1/16	12/31/18	Message developed	
5. Decide best methods for message delivery throughout the county	DGHD	Potential messaging venues	2/1/16	2/1/16	Message dissemination plan developed	
6. Implement challenge – host kick-off event	Various communities	Locations	6/1/16	12/31/18	Message distributed kick-off event held	

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.	2015 Revision Justification
Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.	
Strategy 7: Establish shared use agreements to increase areas for the public to be physically active.	Strategy 7 is completed. All Delaware County public school districts were found to have existing shared use agreements in place.

Evidence Base: National Network of Public Health Institutes						
Policy, Systems, Environmental Change: Policy and Environmental Change						
Health equity: Will allow people of less means to have access to areas to be physically active						
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015						
Barriers: Fear of liability risks, staffing issues						
Assets: Fairly easy to implement						
LPHSA: Model Standard 3.1 – Health education and promotion; Model Standard 3.2 – Health communication (Both high priority issues)						
Strategy Objective 7: By 12/18/2018, four local school systems will implement shared use agreements to allow use of school property and equipment by all residents of Delaware County.						
Performance Measure: 4 shared use agreements implemented						
Baseline: 0						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Research details of shared use agreements and progress of current legislation.	DGHD	Data and research on shared use agreements	1/1/15	12/31/15	Research completed	
2. Survey residents of identified communities to establish community need for opportunities for physical activity.	DGHD/CHC Coordinator	Survey	1/1/15	12/31/15	Needs assessments	
3. Educate school boards and public on benefits of shared use.	DGHD	Information on Shared Use Agreements (SUA)	1/1/15	12/31/15	Shared use agreement	
4. Meet with each school board for vote.	DGHD	Information on SUA	1/1/15	12/29/17	Shared use agreement	
5. Implement shared use agreements.	School systems	Agreements	1/1/15	12/31/18	Shared use agreement	

Goal: Increase the proportion of Delaware County adults residents who are at a healthy weight.	2015 Revision
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Delaware County Health Improvement Plan 2014 – 2018

ACTION PLAN: Obesity/Overweight

	Justification
<p>Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day).</p> <p>Outcome Objective 2: By 12/31/2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.</p> <p>Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.</p> <p>Outcome Objective 4: By 12/31/2018, increase the percentage of adults who use lunch or work breaks to do physical activity or exercise at least 10 minutes at a time from 25% to 30%.</p> <p>Outcome Objective 5: By 12/31/2018, increase the percentage of students who during the past 7 days were physically active for a total of 60 minutes for 4 or more days by 3 percentage points; middle school students from 77.1% to 80.1%; high school students from 65.8% to 68.8%.</p> <p>Outcome Objective 6: By 12/31/2018, decrease the percentage of students who play video or computer games 3 hours or more by 5 percentage points; middle school students from 40.7% to 35.7%; high school students from 28.4% to 23.4%.</p> <p>Outcome Objective 7: By 12/31/2018, increase the percentage of high school students who during the past 7 days did not drink a can, bottle or glass of soda or pop (such as Coke, Pepsi or Sprite) from 30.0% to 35.0%.</p>	<p>Outcome Objectives 5, 6, 7 reflect results from YHA.</p>
<p>Strategy 8: Implement an evidence-based behavior weight management loss programs. for employees at local businesses.</p>	<p>Difficulty locating a current and accessible evidence-based behavior weight management program, and the availability of two existing YMCA partner programs resulted in revisions to Strategy 8 that focus on the YMCA partners' behavior weight management programming for</p>

					obese youth and worksites.	
Evidence Base: Eat Smart Move More Weigh Less North Carolina County Health Rankings and Roadmaps (CHR&R) What Works for Health 2013; Institutes of Medicine (IOM) Accelerating Progress in Obesity Prevention 2012; The Guide to Community Preventive Services – Diabetes Prevention & Control: Combined Diet & Physical Activity Promotion Programs Policy, Systems, or Environmental Change: System None Health equity: Will monitor by disparate social determinants of health status						
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015, National Prevention Strategy 2014					Updated to reflect strategy objective and action step changes.	
Barriers: Recruitment More intensive intervention reaching smaller numbers of residents. Assets: Relatively simple to do, can be conducted in house if a train-the-trainer model is chosen Multiple potential partners with staff capable of conducting programming—DGHD; Liberty Township & Delaware City YMCAs; select university faculty, students & interns; health care facilities; physicians' practices; school nurses; select worksite wellness professionals/teams; OSU Extension.					Updated to reflect strategy objective and action step changes.	
LPHSA: Model Standard 3.1 – Health education and promotion; Model Standard 3.2 – Health communication (Both high priority issues)						
Strategy Objective 8: By 12/18/2018, implement an two evidence-based behavior weight management programs for Delaware County families. employees at four Delaware County businesses.					Updated to reflect strategy changes.	
Performance Indicator/Measure: Implementation of two programs.					Updated to reflect strategy objective changes.	
Baseline: 0						
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator	
1. Choose evidence-based program that incorporates increasing physical activity, increasing fruit and vegetable consumption, and using nutrition information in restaurants.	DGHD Caroline Rankin, Central Ohio YMCA Amy Mosser, Delaware City YMCA	Potential programs, business representative to give feedback on	1/1/15 7/1/16	12/31/18	Program completed. chosen	Updated to reflect strategy objective change.

1. Implement one evidence-based behavior weight management worksite program: YMCA Diabetes Prevention Program	Andrea Norris, Liberty Township/Powell YMCA	which program would work best Program supplies, Participants				
2. Recruit businesses for program. 2. Implement one evidence-based behavior weight management youth program: YMCA pilot program - <i>Healthy Weight and Your Child</i>	DGHD Caroline Rankin, Central Ohio YMCA Amy Mosser, Delaware City YMCA Andrea Norris, Liberty Township/Powell YMCA	Recruitment materials Program supplies, Participants	1/1/15 9/1/15	12/31/18	Businesses recruited Pilot program completed; outcome data analyzed for program success and continued implementation.	Updated to reflect strategy objective change.
3. Utilize DGHD GIS program to map one mile routes surrounding participating businesses.	DGHD-GIS	GIS mapping software	1/1/15	12/31/18	Maps created	
4. Implement program, one per year.	DGHD	Curriculum and materials needed	1/1/15	12/31/18	Classes conducted	

Action Plan: Environmental Health

***New Youth Priority**

Strategic Health Issue: How as a community can we improve the environment we live in to be pollution-free?

Goal 1: To reduce littering and graffiti in Delaware County.						
Outcome Objective 1: By December 31, 2018, increase by 25% the number of areas in Delaware County with a litter and graffiti index score of 2 or less (slightly littered; 1-2 small graffiti tags).						
Strategy 1: Develop and implement social media messaging for anti-littering and anti-graffiti.						
Evidence-base: Keep America Beautiful (KAB)						
Policy, System, Environmental Change: None						
Health Equity: Littering and/or graffiti associated with high crime						
Align with State/National Priorities: Ohio Environmental Protection Agency State Plan						
Barriers: Enough volunteers to conduct litter and graffiti indexes Funding to conduct audits Media outlets that reach identified populations						
Assets & Resources: Keep Delaware County Beautiful Coalition KAB Delaware, Knox, Morrow and Marion (DKMM) Solid Waste District						
LPHSA: 3.1 Health Education and Promotion						
Strategy Objective 1: By December 31, 2018, implement one social media campaign to increase awareness of littering and graffiti laws.						
Performance Measures: Litter and graffiti index scores; Number of social media outlets; number of hits						
Baseline: Litter and graffiti indices determined in 2016; Campaign not previously implemented						
Action Steps		Responsible Agency(s)	Resources Required		Time Frame	Performance Indicator
1. Conduct KAB litter and graffiti index to determine littering and graffiti baseline scores (3 or 4) in Delaware County.		KDCB Coalition and community volunteers	Volunteers and vehicles, Database		1/1/16 6/30/16	Litter index scores in database
2. Plot litter and graffiti index scores on GIS map.		Shoreh Elhami	Software		7/1/16 7/31/16	GIS map
3. Develop social media messaging.		KDCB Coordinator,	Social media messaging		8/1/16 12/31/16	Messages created

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ACTION PLAN: Environmental Health

	DGHD Communications Team				
4. Disseminate social media messaging in areas that received a 3 or 4 litter and/or graffiti index score.	KDCB Coordinator, DGHD Communications Team	DGHD media database	1/1/17	12/31/17	Number of messages disseminated; number of hits
5. Conduct KAB litter and graffiti index to determine impact of campaign.	KDCB Coalition and community volunteers	Volunteers and vehicles, Database	1/1/17	6/30/18	Litter index scores in database compared to baseline
6. Research the possibility of a litter hotline	DGHD	Funding, dedicated phone line	7/1/18	12/31/18	Phone line

Goal 1: To reduce littering and graffiti in Delaware County.
Outcome Objective 1: By December 31, 2018, increase by 25% the number of areas in Delaware County with a litter and graffiti index score of 2 or less (slightly littered; 1-2 small graffiti tags).
Strategy 2: Conduct Ohio Litter Law Enforcement Workshop.
Evidence-base: Ohio Environmental Protection Agency Policy, Systems, Environmental Change: Policy Change Health Equity: None
Align with State/National Priorities: None
Barriers: Time for participants to attend Other law enforcement priorities in the community Assets & Resources: Keep Ohio Beautiful KDCB Coalition
LPHSA: 6.1 Review and evaluation of laws, regulations, and ordinances.
Strategy Objective 2: By December 31, 2018, 50% of the law enforcement agencies will be trained on Ohio Litter Laws and exhibit a 75% increase in knowledge.
Performance Measure: Number of law enforcement agencies; post-test scores

Baseline: 11 law enforcement agencies; pre-test scores					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Schedule workshop with Keep Ohio Beautiful.	DGHD Public Health Planner	Contact information	1/1/16	12/31/16	Contract
2. Select location to hold workshop.	DGHD Public Health Planner	Sites	1/1/16	12/31/16	Contract
3. Send out program agenda and registration.	DGHD Public Health Planner	Police Department database	1/1/17	12/31/17	Database
4. Conduct workshop.	Keep Ohio Beautiful	Workshop materials.	1/1/17	12/31/17	Attendance records
5. Conduct pre- and post-test	Keep Ohio Beautiful	Workshop materials.	1/1/17	12/31/17	Scores
6. Conduct Litter Law enforcement workshop evaluation	Keep Ohio Beautiful	Evaluation materials	1/1/17	12/31/17	Evaluation document

Goal 1: To reduce littering and graffiti in Delaware County.
Outcome Objective 2: By December 31, 2018, increase by 25% the storm sewers in Delaware City that are labeled.
Strategy 3: Implement storm sewer labeling program in Delaware City.
Evidence-base: Ohio Environmental Protection Agency Policy, Systems, Environmental Change: Environmental Change Health Equity:
Align with State/National Priorities: National Pollutant Discharge Elimination System (NPDES); Healthy People 2020
Barriers: Time to implement Lack of volunteers Assets & Resources: Delaware City Delaware City High School students KDCB Coalition
LPHSA: 10.1 Fostering innovation.

Strategy Objective 3: By December 31, 2018, implement three volunteer storm sewer labeling programs in Delaware City.					
Performance Measure: Number of storm sewers labeled; number of volunteers					
Baseline: To be determined in first year					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Determine storm sewers that need to be labeled.	Delaware City Watershed Coordinator	Database software			Database created
2. Recruit volunteers.	Delaware City Watershed Coordinator	Volunteer database			List of volunteers
3. Order storm sewer labels.	Delaware City Watershed Coordinator	Funding to purchase labels			Invoice
4. Train volunteers.	Delaware City Watershed Coordinator	Instructor			Attendance record
5. Schedule dates to label storm sewers	Delaware City Watershed Coordinator	Database			Sign-in sheet
6. Label storm sewers	Delaware City Watershed Coordinator, KDCB Coordinator, KDCB Coalition	Volunteers, labels			Database

Goal 2: Increase safety at traffic congested railroad crossings in Delaware County.
Outcome Objective 3: By December 31, 2018, increase by 20% the number of traffic congested railroad crossings that have safety features installed to prevent motorists from stopping or queuing on the tracks during rush hours.
Strategy 4: Revise grade crossing safety plan to include improvement plan for each congested traffic site.

Evidence-base: Federal Railroad Administration					
Policy, Systems, Environmental Change: Environmental change					
Health Equity: None					
Alignment with State/National Priorities: Federal Highway Administration, Railroad-Highway Grade Crossing handbook					
Barriers: Funding to make improvements Volunteers to conduct assessments Other community safety priorities					
Assets & Resources: Delaware County Railroad Task Force, Law Enforcement agencies Delaware County Engineers Office SAFE Delaware Coalition					
LPHSA: 4.2 Community partnerships					
Strategy Objective 4: By December 31, 2018, 100% of traffic congested railroad crossings will have safety improvement plans.					
Performance Measure: Number of railroad crossings assessed, number of safety features installed					
Baseline: To determine number of traffic congested railroad tracks in Delaware County in 2016					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Plot on GIS map the site location of all traffic congested railroad crossings	Delaware County Railroad Task Force, Shoreh Elhami	GIS software	1/1/16	6/20/16	GIS Map
2. Conduct railroad crossing design assessments.	Delaware County Railroad Task Force	Volunteers	1/1/16	12/31/18	Assessment results
3. Develop a safety improvement plan for each traffic congested site.	Delaware County Railroad Task Force	Plan information	1/1/16	12/31/18	Needs assessment
4. Disseminate safety improvement plan to township, or city officials and CXT.	Delaware County Railroad Task Force	Printing costs	1/1/16	12/31/18	Documented report
5. Research funding opportunities to implement safety improvement plan.	Delaware County Railroad Task	Funding sources	1/1/16	12/31/18	Funding sources database

	Force				
6. Implement railroad crossing safety improvement plan as funding permits.	Township and/or City	Funding	1/1/16	12/31/18	Database of improvements made

Goal 2: Increase safety at traffic congested railroad crossings in Delaware County.					
Outcome Objective 3: By December 31, 2018, increase by 20% the number of traffic congested railroad crossings that have safety features installed to prevent motorists from stopping or queuing on the tracks during rush hours.					
Strategy 5: Implement railroad safety social media messaging campaign.					
Evidence-base: Federal Railroad Administration					
Policy, Systems, Environmental Change: None					
Healthy Equity:					
Align with State/National Priorities: Federal Highway Administration, Railroad-Highway Grade Crossing handbook					
Barriers: Funding Getting the attention of people about this issue Getting people to understand the danger of this issue					
Assets & Resources: Delaware County Railroad Task Force Delaware County Safe Communities Coalition Law enforcement agencies					
LPHSA: 3.1 Health Education and Promotion					
Strategy Objective 5: By December 31, 2018, implement one social media campaign to increase safety at traffic congested railroad crossings.					
Performance measure: Number of social media messaging, number of hits, number of citations					
Baseline: No previous campaign implemented, number of citations					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Safe Communities Coalition identifies best social media messaging.	SAFE Delaware Coalition	Social media messaging	1/1/16	12/31/16	Messages identified
2. Safe Communities Coalition develops social media messaging	SAFE Delaware Coalition	Federal Railroad Administration database	1/1/16	1/1/17	Messages created
3. Safe Communities Coalition works with	SAFE Delaware	DGHD Media database	1/1/16	2/1/17	Communications

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ACTION PLAN: Environmental Health

DGHD Communication Team to disseminate social media messaging in traffic congested railroad crossing areas.	Coalition				database
4. Social media messaging are disseminated.	SAFE Delaware Coalition	Social Media outlets	1/1/16	2/1/17	Number of hits

Goal 3: Improve air quality in Delaware County.					
Outcome Objective 4: By December 31, 2018, 100% of the Delaware City Elementary Schools will be trained in the American Lung Association's (ALA) Asthma 1-2-3 program.					
Strategy 6: Implement the American Lung Association's (ALA) Asthma 1-2-3 program					
Evidence-base: American Lung Association					
Policy, Systems, Environmental Change: System Change: System Change					
Health Equity: Burden of asthma on high risk populations-children, immunocompromised, elderly					
Alignment with State/National Priorities: Healthy People 2020					
Barriers: Number of volunteers to implement the program Schools' lack of time					
Assets & Resources: Parent Teacher Organizations American Lung Association					
LPHSA: 3.2 Health communication					
Strategy Objective 6: By December 31, 2018, the number of Asthma 1-2-3 programs in Delaware City Elementary Schools will increase from 1 to 5.					
Performance Measure: Number of volunteers trained, number of workshops held, number of schools trained					
Baseline: 1					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
1. Contact Superintendent, Principals to gain support of program.	DGHD	Contact database	1/1/16	12/31/16	Letter of support
2. Recruit volunteers to receive training in	DGHD	Volunteer database	1/1/16	12/31/16	Volunteer database

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ACTION PLAN: Environmental Health

the program.					
3. ALA provides train-the-trainer program.	ALA	Site location, workshop materials	1/1/16	1/17/17	Attendance records
4. Schedule Asthma 1-2-3 program in the schools	Volunteers	Contact database	1/1/17	6/30/17	Database of dates
5. Complete Asthma 1-2-3, programs in 5 Delaware City elementary schools.	Volunteers	Workshop materials	1/1/17	12/31/18	Certificate of completion
6. Conduct Asthma 1-2-3 program evaluation	Volunteers	Evaluation materials, volunteers	1/1/17	12/31/18	Evaluation report

Goal 3: Improve air quality in Delaware County.
Outcome Objective 5: By December 31, 2018, 20% of Delaware County Organizations will receive an American Lung Association presentation on improving air quality through energy efficiency and the use of alternative energy.
Strategy 7: Implement an American Lung Association's air quality community presentations.
Evidence-base: American Lung Association Policy, Systems, Environmental Change: None Health Equity: Burden of asthma on high risk populations-children, immunocompromised, elderly
Alignment with State/National Priorities: Healthy People 2020
Barriers: Ability to get on the organization's agenda Interest in the program Assets & Resources: American Lung Association Delaware County Organizations
LPHSA: 3.1 Health education and promotion
Strategy Objective 7: By December 31, 2018, 50% of the participants will have increased knowledge on energy efficiency and alternative energy.
Performance Measure: Number of organizations reached, number of presentations given, number of people reached.
Baseline: To be determined

Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
Contact Delaware County organizations	DGHD, Public Health Planner	Contact database	1/1/16	12/31/18	Contact database
Schedule presentations	DGHD, Public Health Planner	Database	1/1/16	12/31/18	Schedule database
Conduct presentations	ALA	Presentation materials	1/1/16	12/31/18	Attendance records
Conduct pre- and post-test	ALA	Testing materials	1/1/16	12/31/18	Scores
Conduct presentation evaluation	ALA	Survey software	1/1/16	12/31/18	Evaluation document

Action Plan: Family Support

*New Youth Priority

Strategic Health Issue: How as a community can we support the overall health of families?

Goal #1: Build and strengthen family and community partnerships.					
Outcome Objective #1: By 2018, children are safe in their homes, developmentally on track and prepared to enter school					
Outcome Objective #2: By 2018, parents maintain a healthy lifestyle for themselves and their children and feel competent in their knowledge and skills to be a parent.					
Strategy #1: Coordinate network of early childhood providers to identify gaps in services for strengthening families.					
Evidence-base: The Guide to Community Preventive Services					
Policy, System, Environmental Change: System change					
Health Equity: Focuses on at-risk youth and families					
Align with State/National Priorities: Healthy People 2020					
Barriers: Time for community partners to attend meetings Getting decision-makers at the table					
Assets & Resources: 40+ partner agencies					
LPHSA: Model Standard 4.2: Community Partnerships					
Strategy Objective #1: By 12/31/18, develop a formalized structure for an active early childhood provider network.					
Performance Measures: Formalized structure					
Baseline: No current formalized structure					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance Indicator
Reconvene the Early Childhood Subcommittee.	FCFC	Partner agencies	4/1/16	12/31/16	Meeting minutes
Develop meeting structure/schedule.	FCFC	Partner agencies	4/1/16	12/31/16	Meeting schedule
Identify gaps and needs.	FCFC	Partner agencies	4/1/16	12/31/18	Analysis of gaps and needs

Goal #1: Build and strengthen family and community partnerships.					
Outcome Objective #3: By 2018, youth participating in after-school programs will show positive outcomes in academic, behavioral, and self-esteem measures.					
Strategy #2: Provide additional after-school sites for youth to access.					
Evidence-base: The Guide to Community Preventive Services					
Policy, Systems, Environmental Change: Environmental change					
Health Equity: Focuses on at-risk youth					
Align with State/National Priorities: Healthy People 2020					
Barriers: Funding Transportation					
Assets & Resources: Partner agencies Location: Willis School					
LPHSA: Model Standard 4.2: Community Partnerships					
Strategy Objective #2: By 12/31/18, develop infrastructure for a central community center that will provide programming for youth and families.					
Performance Measure: Grand opening of center					
Baseline: No current central community center					
Action Steps	Responsible Agency(s)	Resources Required	Time Frame		Performance measure
Secure location and funding for center.	United Way	Location, funding	1/1/16	12/31/18	Location and dedicated funding
Identify programming.	United Way	Partner agencies	1/1/16	12/31/18	List of committed partners and programs to be offered
Other action steps TBD					