

2014-2018 CHIP Action Plans- 4Q Report

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
1	Access to Healthcare & Medications	Goal: To improve the overall health of Delaware County residents by increasing access to quality healthcare.					
2	Increase the number of Delaware County residents utilizing alternative transportation options for health related trips by 20%.	Number of clients getting transportation assistance from Council for Older Adults (COA). Average monthly number of trips for adults using DATA fixed routes and number using demand/response or paratransit for healthcare access.	DATA Advisory Board	SourcePoint: 708 Total Fixed Route Ridership: 1440 Low Income Medical (JFS) 794, Paratransit Demand Response 45 for total of 839.	SourcePoint: 607 Total Fixed Route Ridership: 15,700 Low Income Medical (JFS) 582, DD Medical 7, Paratransit Demand Response 47 for total of 636.	SourcePoint: 607 Low Income Medical (JFS) 765 Cash Demand Response Medical 444 Paratransit Medical 140 Total Fixed Ridership: 17,723	
3	 Investigate other community's solutions to transportation issues.	Minutes of meetings showing discussion/ consideration	DATA Advisory Board	No progress to report	No progress to report	Advisory Board to begin work with Survey company to identify needs--including medical transportation needs and ways in which to address same.	Survey completed. Awaiting final reporting
4	 Increase participation on the DATA Advisory Board by healthcare and community partners.	Increase DATA Advisory Board membership by 1 person/agency	DATA Advisory Board	Completed	Completed	Completed	Completed
5	Investigate possible collaboration with Marion Area Transit and additional collaboration with COTA.	Task Force created to form a plan	DATA Advisory Board Marion Shelter Program	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
6	Investigate possibility of collecting additional access/transportation information through BRFS survey.	Inclusion of question on transportation needs for healthcare access questions on BRFS survey	Health District	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.
7	 Create Geographic Information System map with layers comparing survey data on vulnerable populations with transportation coverage data and healthcare locations.	Series of GIS mapping layers shared in reports to PHDC partners	Health District	No progress to report	DGHD does not have GIS staff at this time. No progress.	No progress to report.	Access workgroup looking at mapping layers available to meet this objective. Meeting with GIS consultant to be scheduled in January.
8	Implement a pilot project for a virtual or centralized one-stop shop for mobility coordination for Delaware County.	County-wide one-stop shop for transportation assistance will be operational.	DATA Advisory Board	DATA received grant in March to establish a web site to promote this service.	RFP published for web development.	Selection committee reviewed submissions; selection made. First mock up of web design in review.	Revisions being made to site
9	 Investigate "mobility coordinator" positions in other communities.	Report to PHDC on model practices being considered for Delaware County	DATA Advisory Board, HelpLine, Health District, COA	No progress to report	No progress to report	Delaware County Mobility Management continues to work with Mobility Coordinators/groups in other communities throughout Ohio; sharing ideas and practices amongst each other. Collecting resources to assist residents of Delaware County for their medical transportation needs.	Continuing
10	Hire mobility coordinator.	Coordinator hired		No progress to report	No progress to report	No progress to report	No progress to report
11	Develop pilot project for a county-wide collaborative system for accessing transportation for healthcare.	Initiation of pilot project	DATA Advisory Board, HelpLine, Health District	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
12	Evaluate pilot project results and consider implications for a county 1-stop shop for transportation.			No progress to report	No progress to report	No progress to report	N/A
13	Implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medications among county service agencies and community partners.	Number of agencies/partners who participate in the group messaging each month.	Health District	No progress to report	No progress to report	No progress to report	No progress to report
14	 Identify and assemble interested agencies.	Listserv of collaborating partners	Health District	Some PHDC partners have shared CHIP messaging	No progress to report	No progress to report	No progress to report
15	 Create system for development, sharing and timing of agreed-upon messages.	Documented procedures/meeting minutes. Message map for 2016	Assembled group	No progress to report	No progress to report	No progress to report	No progress to report

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16	 Implement joint messaging project.	Message map for 2016 with numbers of messages provided by agency by message/month	Assembled group	No progress to report	Ridedata.com now has links to other agencies on it's website so clients can access information on other transportation programs.	No progress to report	No progress to report
17	Implement a pilot Mobile Integrated Healthcare/Community Paramedicine program in Delaware County.	Initiation of the MIH/CP in the County.	Delaware City Fire and County EMS				
18	 Identify and assemble interested agencies.	Identified work group/meeting minutes	Delaware City Fire and County EMS	Workgroup meeting on bimonthly basis.	Workgroup meeting on bimonthly basis.	Workgroup meeting on bimonthly basis.	Workgroup meeting on bimonthly basis.
19	 Conduct needs assessment/gap analysis.	Report on results	Delaware City Fire, County EMS, DGHD	Gap analysis survey for physicians created.	Needs assessment tool completed by sub-committee and results shared with workgroup. Physician survey re-scheduled for late summer/fall.	Physician and EMT survey to be distributed shortly.	Physician and EMT survey distributed. Any responses to be shared with the work group in January.
20	 Support state workgroup efforts to obtain legal authority to conduct program (scope of practice, commissioners, other legal issues).	Legislation passed/paramedic scope of practice expanded	Local MIH/CP workgroup	Potential legislators identified to sponsor necessary legislation.	Legislation passed that took the word "emergency" out of the medical care that paramedics can provide. 6/30/15	Essentially completed with legislation from June.	Complete
21	 Create operational plan.	Written plan	Local workgroup	Not yet initiated	Not yet initiated. Looking at funding possibilities and waiting for survey results.	Not yet initiated. Looking at funding possibilities and waiting for survey results.	Draft plan presented to committee in November.
22	Implement pilot program.	Service provision data	Delaware City Fire, County EMS, DGHD	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.
23	Review program evaluation findings. Assess implications for continuing/modifying the program.	Documentation of evaluation findings and program recommendations	Delaware City Fire, County EMS, DGHD	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.
24	Alcohol Abuse and Drug Abuse	Goal: To reduce the impact of substance use, misuse and abuse.					
25	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.	Number of community/ public agencies trained, number of personnel trained, agency pre-assessment scores vs. agency post-assessment scores.	DMMHRB				
26	 Develop task force to develop a comprehensive plan to implement training on trauma-informed care.	Task force created	DMMHRB Possible partners: Courts, Job and Family Services, National Alliance on Mental Illness, veterans administration rep., law enforcement, first responders, intervention teams	Mental Health Board staff member Amy Hill to be trained as a TIC trainer of trainer at the end of April 2015.	Public service organizations & agencies identified to participate in the TIC Team.	Entities identified and asked to attend a training.	The TIC Group has created a committee to develop a TIC community action plan that will detail organizations with actions and outcomes. Six community partners are currently serving on the committee. The other committee is the training committee which is considering a speaker event.
27	 Develop the product, i.e. PowerPoint, class, usual.		All steps from here on to be decided by the Trauma-Informed Care Task Force	No update	Amy will be facilitating an overview training on trauma-informed care to the TIC Team on 7/8/15.	Amy Hill provided a TIC training with PowerPoint and materials to agencies and organizations.	Complete
28	 Target agencies.	# of agencies targeted that attend meeting		No update	A meeting was held and facilitated by Amy Hill on 5/13/15 with 14 agencies (17 individuals) in attendance.	A TIC Training was held on 7/8/15. 40 attendees were at the training representing 18 agencies.	Complete

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29	● Obtain commitment from agencies.	? # of pre-assessments compiled		No update	No update	A follow-up meeting was held on 8/26/15 with 13 attendees. Agency representatives agreed to return to their leadership bodies to develop a plan of implementation. Action Steps: Participants to assemble respective workgroup within his agency. Agency should have members identified and hold one meeting before the next quarter and next TIC meeting to be held on 11/20/15.	A meeting was held on 12/2/15. Participants shared what's happening in their agencies, the Franklin County "Building Better Lives Initiative" was discussed and discussion was held on developing a TIC action plan along with sponsoring a community training with Bruce Perry. Maryhaven, Helpline, the courts, Delaware P.D. and ODJFS shared TIC implementation progress.
30	● Complete pre-assessment.	Pre-assessments completed and compiled.		No update	No update	No update	L Kannally developed a TIC Agency Pre-Assessment to capture baseline data.
31	Implement training.	# of individual agencies that receive training, # of personnel trained		No update	No update	No update	No update.
32	Complete post-assessment.	Post-assessments compiled		No update	No update	No update	No update.
33	Implement follow-up over time.			No update	No update	No update	No update.
34	10% of primary care physicians practicing in Delaware County will implement the SBIRT (Screening, Brief Intervention and Referral to Treatment) screening tool.	Percentage of primary care physicians practicing in Delaware County that implement the screening tool.					
35	● Identify a champion to oversee this strategy.	Champion(s) designated.	The Partnership for a Healthy Delaware County, DGHD	No update	No update	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.
36	If champion is identified, commence workgroup to outline strategy.		Workgroup Champion	No update	No update	No update	No update
37	Advocate with medical associations for inclusion of screening tool with patients during yearly exam as component of physician protocol.		Workgroup members	No update	No update	No update	No update
38	Provide age-appropriate alcohol and other drug education to three populations not currently receiving education through structured and evidence-based programs: 1. Older adults, 2. Incarcerated adults, and 3. Young adults aged 18-34.	To be determined once programs are identified.					
39	Target: 1. Older Adults Activity One: Implement WISE Program.						
40	● Secure funding for Wellness Initiative for Senior Education (WISE) Program.	Grant Award.	Drug Free Delaware (DFD), SourcePoint	Completed	Completed	Completed.	Completed
41	● Program staff attends WISE program training.	Staff attend and receive training	DFD	Three prevention educators were trained since training was held in Zanesville (not out of state).	Completed	Completed.	Completed
42	● Pilot the program.	Outputs and outcomes achieved	DFD	First set of classes will begin in Summer, 2015.	The program is being piloted.	Will be meeting with DFD coordinator to discuss staff changes.	Met with Drug-Free Delaware Coordinator on 10/29/15.

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43	Recruit program participants.	At least 30 older adults participate in 2 classes	DFD, SourcePoint	RPR is recruiting participants for the first cohort currently.	No update	As of 8/7/15, the WISE program has served 21 people over 4 classes. The classes have been held at SourcePoint and Sunbury Arms Retirement Community. In Q3, DFD completed a third session at Willowbrook with 15 participants served. *SourcePoint would like to add action step to this a activity - "Receive referrals from Activity Two" (below).	RPR completed its last group during this quarter. One group with 15 participants met four times at the Willowbrook facility.
44	Target: 1. Older Adults Activity Two: Provide information to older adults at home visits.						
45	Identify similar model to "Healthy Ideas" program on substance abuse with liaison going out to home-based older adults – meeting them where they are.		SourcePoint	No update	An update meeting is scheduled for 8/4/15 at SourcePoint.	DGHD and SourcePoint met and have decided to slightly alter this activity. SourcePoint will add AA/DA questions to current depression screening administered to home-based adults. An activity plan will be developed if overuse or misuse is identified. Goals and budget for this addition will be established in Fall of 2015 and incorporated into SourcePoint's 2016 goals.	No update
46	Create training for care consultants.		DFD?	Action step to begin in 2016.	Action step to begin in 2016.	SourcePoint Care Consultants (approx. 11) will be educated on the WISE program.	No update
47	Implement program for home-bound older adults.		SourcePoint	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.	No update
48	Implement in-home prescription drug use screen/assessments, provide educational drug resources, and make referrals to the WISE program.		SourcePoint	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2017.	No update
49	Target: 1. Older Adults Activity Three: Disseminate/provide older adult information in physicians' offices.						
50	Identify brochures and information to disseminate.	Materials identified	Delaware Morrow Mental Health & Recovery Services Board (DMMHRSB), SourcePoint	No update	An update meeting is scheduled for 8/4/15 at SourcePoint.	SourcePoint will create a sub-committee consisting of representatives from DFD, DGHD, SourcePoint, and DMMHRS Board in Fall 2015 to determine next steps.	Meeting is scheduled for January 2016 to discuss.
51	Identify physician offices to participate.	List of physicians identified	DGHD	No update	No update	N/A	N/A
52	Gather information.			No update	No update	N/A	N/A
53	Disseminate and track materials.		DGHD, others	No update	No update	N/A	N/A
54	Target: 2. Incarcerated Adults						
55	Bring additional, appropriate agencies to the table.	Parties identified and collaborating	Delaware General Health District/ Delaware County Sheriff's Office	Completed	Completed	Completed	Completed

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56	 Identify which evidenced-based educational program to implement.	Program selected	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	Completed	Completed	Therapeutic interventions to address substance use disorders to female inmates started on 9/11/15. The group content consist of a combination of education on the disease model of addiction and recovery delivered using Motivational Interviewing and Cognitive Behavioral Therapy techniques. Group sessions are 2 hours long, two sessions per week.	Completed
57	 Develop plan of implementation and gather resources needed.	Plan developed	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	A Plan was developed. Program Structure incorporates the fundamental principles of evidence-based practices developed by corrections and behavioral health experts. APCI stands for: Program Structure incorporates the fundamental principles of evidence-based practices developed by corrections and behavioral health experts. APCI stands for: Assess the individual's clinical and social needs, and public safety risks; Plan for the treatment and services required to address the individual's needs (while in custody and upon reentry); Identify required community and correctional programs responsible for post-release services;and Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.	Completed. The Jail Recovery & Reentry Program expects to serve 150 participants by 12/31/18.	Completed.	Completed

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58	Implement educational program.	Increased public safety and reduced recidivism through activities targeted to address criminal behavior impacted by substance abuse	Delaware County Sheriff's Office:Jail Division	The program began implementation 2/2/15. Suggested performance measures include; percent decrease in recidivism rates and percent increase in the number of inmates assessed as needing substance abuse health services who participated in those services. This will be measured by the number of participants who successfully complete the jail program and the number of participants who unsuccessfully completed the jail program. Successful completion includes: signing a contract, actively working towards their goals, and actively participating in services upon release.	Waiting on report from the Sheriff's Office. Kassie Otten presented to the Partnership at the 6/3/15 meeting on the program's progress. She also presented to the Delaware Rotary on the program's success. Update: 19 participants admitted to programming (10 in 1st quarter & 9 in 2nd quarter), 10 participants successfully completed (2 in 1st quarter & 8 in 2nd quarter), 4 participants were unsuccessful (2 in 1st quarter & 1 in 2nd quarter).	10 new participants were admitted to programming, 6 participants successfully completed, 2 unsuccessfully completed due to lack of engagement.	The Recovery & Re-entry program performance measures for the forth quarter in 2015 include; 20 new participants admitted to programming, 17 participants successfully completed the program, 4 participants unsuccessfully completed. The Father Factor (FF) program was implemented in the jail on 12/2/15, provided by Action For Children. 12 participants successfully completed. The FF program provides incarcerated men a chance to improve their attitudes and parenting skills needed for responsible Fatherhood through a comprehensive classroom curriculum. The FF curriculum provides education in parenting skills/techniques, community resources, communication, successful keys to co-parenting and navigating institutional barriers such as Child Support. Seeking Safety program was implemented in the jail on 11/4/2015, provided by the Salvation Army's Anti-Human Trafficking Department. Seeking Safety provides a present-focused trauma and substance abuse group to incarcerated female trafficking survivors, 2 hours per week. Moving Forward After Abortion program was implemented in the jail on 12/7/2015, provided by Delaware County Pregnancy Resources. Moving Forward After Abortion provides post abortion programming to female inmates impacted by abortion, 1 hour per week.
59	Target: 3. Young Adults aged 18-34						
60	Bring additional agencies to the workgroup, such as the colleges, etc.	Parties identified and collaborating	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	No update	No update	Action step has not begun.	Once the youth health assessment and action plan are complete, hoping to add to youth strategies and implement strategies together.
61	Identify population subset.	Specific populations/ targeted areas identified	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	No update	No update.	Action step has not begun.	To be determined.
62	Identify evidenced-based educational program or activity to implement.	Program/educational activity identified	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Action step has not begun yet.	No update.	Action step has not begun.	Action step has not begun.
63	Develop implementation plan.	Implementation plan developed	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Action step has not begun yet.	Action step has not begun.	Action step has not begun.	Action step has not begun.

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64	Gather needed resources.	Needed resources secured	To be decided	Action step has not begun yet.	Action step has not begun.	Action step has not begun.	Action step has not begun.
65	Ensure that naloxone and education on its use are available to all first responder agencies and at-risk community members.	# of first responder agencies a naloxone program, # of community members provided with naloxone.					
66	Workgroup will continue to meet to create action plan.	Plan completed	DGHD (Delaware General Health District), EMA (Emergency Management Agency), RPR (Recovery & Prevention Resources), Delaware County Sheriff, Delaware City Police Department	Ohio HB4 was introduced to the General Assembly by Rep. Sprague and Rep. Rezabek and passed the House unanimously in Feb. 2015. Bill authorizes a pharmacist to establish a protocol with a physician to issue naloxone without a physician encounter and allows for a trained individual to personally furnish naloxone. Results of law will affect plan in Delaware County. DGHD Staff Lori Kannally attended a workshop on Project DAWN (Deaths Avoided With Naloxone), and met with Richard Steele of Maryhaven discussing the Naloxone program instituted in a neighboring county.	Monitoring proposed legislation and proposed distribution of Naloxone kits to all local health departments.	Monitoring proposed legislation. Grant award announced that Delaware County will receive funding thru OhioMHAS.	A strategy team meeting was held on 10/15/15 with 5 attendees. Delaware County will receive \$6,834 from Ohio MHAS to enhance access to naloxone. Funds will be used to purchase complete Project Dawn kits to dispense to local law enforcement, emergency personnel, and first responders.
67	Implement Project DAWN (Deaths Avoided with Naloxone).	Evaluation of the program: including number of individuals trained, number of individuals who receive the kits, number of overdose referrals	To be decided	Action step has not begun yet.	Action step has not begun.	Action step has not begun.	Action step has not begun.
68	Implement a promotional campaign on the naloxone program in Delaware County.	To be determined once the campaign is defined	To be decided	Action step has not begun yet.	Action step has not begun.	Action step has not begun.	Action step has not begun.
69	Food Insecurity	Goal: All Delaware County residents will have increased access to nutritious food regardless of economic status.					
70	Increase by 50% the supply of nutritious food (fruits, vegetables, lean protein, whole grains) to food insecure Delaware County residents.	lbs of food distributed at pantries / lbs of food per person / # of Farmer's Market vouchers redeemed / # of days/hours that pantries operate / # of community meals served / # of community gardens/container gardens / # of shelf-stable commodities boxes distributed / # of summer lunches distributed / # of home-delivered meals distributed					
71	Determine baseline measurements for all the performance indicators (use start date of 2013 when Hunger Alliance was formed).	Baseline measurements for all performance indicators	DGHD, United Way	Data is currently being collected from 1Q 2014 back to 2013.	All 2014 data has been collected; 2013 data will be collected by the end of 3Q.	2013 data will be collected by the end of 4Q.	2014 data will be used as the baseline.
72	Expand days/hours that pantries operate.	Increase in days/hours	FEED, LSS, PIN, Salvation Army	Comparing 1Q-2014 to 1Q-2015, FEED increased by 243%; LSS increased by 1,218%; PIN increased by 1%; Andrews House decreased by 39%; Salvation Army increased by 49%.	Comparing 2Q-2014 to 2Q-2015, FEED increased by 303%; LSS increased by 1,085%; PIN decreased by 15%; Andrews House decreased by 32%; Salvation Army decreased by 6%.	Comparing 3Q-2014 to 3Q-2015, FEED increased by 325%; LSS increased by 100%; PIN decreased by 25%; Andrews House decreased by 32%; Salvation Army increased by 32%.	Comparing 4Q-2014 to 4Q-2015, FEED (226%); LSS increased by 14%; PIN increased by 17%; Andrews House decreased by 9%; Salvation Army decreased by 19%.
73	Expand the number of community meals that are served.	Increase in number of community meals	William St, SourcePoint, FEED	Comparing 1Q-2014 to 1Q-2015, William St. decreased by 30%; SourcePoint Congregate decreased by 2%; SourcePoint Home-Delivered increased by 6%; FEED increased by 104%, Andrews House decreased by 26%.	Comparing 2Q-2014 to 2Q-2015, William St. decreased by 20%; SourcePoint Congregate increased by 2%; SourcePoint Home-Delivered increased by 7%; FEED increased by 52%; Andrews House increased by 8%; Woodward Summer Lunch increased by 11%.	Comparing 3Q-2014 to 3Q-2015, William St. increased by 107%; SourcePoint Congregate decreased by 4%; SourcePoint Home-Delivered increased by 2%; FEED increased by 132%, Andrews House increased by 34%.	Comparing 4Q-2014 to 4Q-2015, William St. decreased by 1%; SourcePoint Congregate increased by 15%; SourcePoint Home-Delivered increased by 1%; FEED increased by 85%, Andrews House increased by 25%.
74	Expand the number of produce drops that are held.	Increase in number of produce drops	PIN	Comparing 1Q-2014 to 1Q-2015, PIN increased by 30%.	Comparing 2Q-2014 to 2Q-2015, PIN increased by 100%.	Comparing 3Q-2014 to 3Q-2015, PIN increased by 31%.	Comparing 4Q-2014 to 4Q-2015, PIN increased by 15%.

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75	● Expand the number of weekend backpacks that are distributed.	Increase in number of weekend backpacks	BV East, Woodward, LCC	Comparing 1Q-2014 to 1Q-2015, Woodward (William St.) increased by 100%.	Comparing 2Q-2014 to 2Q-2015, Woodward (William St.) increased by 100%.	Comparing 3Q-2014 to 3Q-2015, Woodward (William St.) increased by 57%; Woodward Summer Program decreased by 12%; Buckeye Valley East Elementary School increased by 100%; Arrowhead Elementary School (Olentangy) increased by 100%; Glen Oak Elementary School (Olentangy) increased by 100%; Oak Creek Elementary School (Olentangy) increased by 100%.	Comparing 4Q-2014 to 4Q-2015, Woodward (William St.) increased by 53%; Buckeye Valley East Elementary School increased by 100%; Arrowhead Elementary School (Olentangy) increased by 100%; Glen Oak Elementary School (Olentangy) increased by 100%; Oak Creek Elementary School (Olentangy) increased by 100%.
76	● Expand the number of shelf-stable commodities boxes that are distributed.	Increase in number of shelf-stable commodities boxes	SourcePoint	Comparing 1Q-2014 to 1Q-2015, SourcePoint increased by 2%.	Comparing 2Q-2014 to 2Q-2015, SourcePoint increased by 3%.	Comparing 3Q-2014 to 3Q-2015, SourcePoint increased by 4%.	Comparing 4Q-2014 to 4Q-2015, SourcePoint increased by 0.4%.
77	● Expand the number of Farmer's Market vouchers that are distributed.	Increase in number of Farmer's Market vouchers	SourcePoint	Farmer's market not in operation during this quarter.	Comparing 2Q-2014 to 2Q-2015, SourcePoint decreased by 13%.	Comparing 3Q-2014 to 3Q-2015, SourcePoint increased by 14%.	Farmer's market not in operation during this quarter.
78	● Expand the number of community gardens/container gardens.	Increase in number of community gardens/container gardens	DGHD	Data is currently being collected from 1Q 2014 back to 2013.	There were 200 container gardens distributed to residents in Oxford and Harlem Townships.	Action step completed.	Action step completed.
79	● Identify gaps in days/times that food pantries operate and community meals are served.	Gaps identified and addressed with Hunger Alliance; fill in gaps	Hunger Alliance	Gaps will be identified in 2Q	This action step has not been completed yet. Gaps will be identified in Q3.	Based off the GIS maps, there are 5 townships with no food pantry, community meal, or grocery store - Thompson, Radnor, Troy, Kingston, and Porter.	Action step completed.
80	● Develop GIS mapping for locations of food pantries and community meals.	Completed map; published to Hunger Alliance website and Facebook page	DGHD GIS Specialist	Map will be completed in 2Q	DGHD GIS Specialist resigned. Map will be completed by 4Q.	Maps of food pantries, community meals, and grocery stores have been developed and will be posted to the Hunger Alliance website.	The GIS maps were posted to the DCHA webpage on the United Way website. The GIS maps will be updated quarterly.
81	● Develop a cookbook of recipes that uses pantry food, community gardens/container gardens food, and shelf-stable commodities.	Completed cookbook of recipes	DGHD Dietician, People in Need, OSU Extension, OWU	No update	4 healthy recipes utilizing the container gardens produce were given to participants.	Action step completed.	Clients will be surveyed at the pantries to determine their cookbook recipe interests.
82	● Survey participants to evaluate whether they used and consumed the food items they were given.	Completed surveys; increase in consumption of food	DGHD, Hunger Alliance	No update	Container garden follow-up survey has been developed and will be conducted in 3Q.	The survey was distributed in September; 12 completed surveys were received (14% response rate). 89% reported they ate more fruits and veggies as a result of container gardening and 75% would container garden in the future; barriers included too much rain and difficulty growing the potatoes.	Mid-Ohio Foodbank sent a survey questionnaire to use to survey clients this spring at 5 pantries with the assistance of OWU interns.
83	80% of participants will increase their knowledge of nutritional food options after successfully completing the Cooking Matters program.	# of participants who begin the program / # of participants who successfully complete the program / Change in knowledge, skills, and behavior.					
84	● Identify Health Promotion students to oversee, teach, and organize the program.	List of Health Promotion students identified.	Ohio Wesleyan University (OWU)	Health Promotion students were recruited to participate.	No class conducted this quarter. Next class scheduled for 4Q.	No class conducted this quarter. Next class scheduled for 4Q.	Health Promotion students were recruited to teach the Cooking Matters class this quarter.
85	● Train the Health Promotion students to implement the program (moving forward – current students would train upcoming students).	Number of students trained	Local Matters, OWU faculty	Health Promotion students were trained.	No class conducted this quarter. Next class scheduled for 4Q.	No class conducted this quarter. Next class scheduled for 4Q.	Health Promotion students were trained this quarter.
86	● Recruit participants for the program (should self-identify as low income).	List of participants recruited	OWU, Hunger Alliance	Class #2 recruited 10 participants	No class conducted this quarter. Next class scheduled for 4Q.	No class conducted this quarter. Next class scheduled for 4Q.	Class #3 recruited 15 participants.
87	● Conduct 6 sessions, once per week, for two hours per session (16 participants per class; 1st year – 2 classes; 2nd year – 4 classes).	Number of sessions conducted; participant attendance	OWU students	Class #2 - 9 of the 10 participants attended each session and completed the course.	No class conducted this quarter. Next class scheduled for 4Q.	No class conducted this quarter. Next class scheduled for 4Q.	Class #3--8 of the 15 participants attended and completed the course.

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88	 Seek funding for food to be used at each session (OWU will fund the program for the first few sessions).	Additional funding acquired	OWU, Hunger Alliance	Requested funding from the United Way	Cooking Matters received \$12,000 from the United Way.	No update	No update
89	 Evaluate the program.	Post-survey completed	OWU students	Evaluation results are pending	No class conducted this quarter. Next class scheduled for 4Q.	No class conducted this quarter. Next class scheduled for 4Q.	Evaluation results are pending
90	 Increase by 25% the number of stakeholders involved in the Delaware County Hunger Alliance.	# of new stakeholders recruited / # of new stakeholders who consistently attend meetings and participate.					
91	 Review current list of stakeholders and identify gaps (e.g., business partners) that would be an asset to the Hunger Alliance.	List of current stakeholders; list of stakeholders for outreach	Hunger Alliance	The group brainstormed a list of potential stakeholders that need to be recruited.	Action step completed.	Action step completed.	Action step completed.
92	 Invite missing stakeholders to a Hunger Alliance meeting.	Number of new stakeholders that attend meetings	Hunger Alliance	Nothing to report	Recruited stakeholders were contacted and invited to the June Hunger Alliance meeting; 1 new member attended.	Stakeholders continue to be invited to attend monthly Hunger Alliance meetings.	Big Walnut Friends who Share pantry was invited to attend this quarter.
93	 Sponsor a community forum to provide information and awareness about hunger in the community (e.g., poverty simulation, "Place at the Table" video).	Number of attendees; forum evaluation	Hunger Alliance	No update	No update	No update	The planning has begun to hold a community forum this spring at the Strand. A committee has been formed, and plans are to have this community forum lead priorities that are identified during the discussions.
94	 Educate all elected officials about hunger in their community.	Number of elected officials educated	Hunger Alliance	No update	A press event was held on 6/12/15 to celebrate Hunger Alliance partners receiving over \$350,000 from United Way to collectively fight hunger; elected officials were invited.	No update	A meeting will be held with Brandon Feller to engage elected officials in DCHA.
95	 Engage all elected officials about hunger in their community.	Number of elected officials joining Hunger Alliance, number of officials participating in Hunger Alliance	Hunger Alliance	No update	No update	No update	A plan to engage elected officials was discussed. A meeting with United Way will be held to develop the plan.
96	 Represent Delaware County on a statewide food policy council.	Participation and representation from Delaware County	Hunger Alliance	No update	No update	At this time, a statewide food policy council does not exist. DGHD is a member of the Ohio Chronic Disease Collaborative; one of their long-term strategies is to establish a statewide food council network.	ODH is in process of putting together a food council network.
97		Goal 1: Educate the community on the importance of mental health and mental health services. Goal 2: Improve access to and utilization of mental health services.					
98	 Implement at least 10 Mental Health First Aid trainings to the community.	Number of trainings conducted	DMMHR SB				
99	 Identify community group to be trained, e.g., faith community groups, law enforcement, educators, public service workers, worksites, healthcare workers.	List of suggested groups/organizations to approach for training	DMMHR SB	Nothing to report	DMMHR SB is targeting school staff for the next training on 7/24/2015, and targeting public agency workers for 8/27/2015.	DMMHR SB scheduled a training for school personnel, but did not get enough people to sign up to have the training.	DMMHR SB trained Delaware County Juvenile Court staff
100	 Train additional program facilitators.	Facilitators trained	DMMHR SB	Amy Hill and Max Lencl are going to become Mental Health First Aid Youth trainers during the next quarter.	Max Lencl was trained on this program during this quarter, but Max will be leaving Helping by the end of August, 2015. DMMHR SB will have to find someone to facilitate this training with Amy Hill. Amy Hill is now trained to provide Adult & Youth MHFA, as well as the Public Safety Supplement for law enforcement.	Currently, only Amy is able to facilitate this training, since Max left Helpline. DMMHR SB is looking for someone else to be trained.	No change since last quarter. DMMHR SB is still looking for someone else to be trained.

	Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
101		Implement MHFA trainings.	Number of trainings implemented	DMMHRBSB	One Mental Health First Aid Adult training was completed this quarter.	No Mental Health First Aid Adult trainings were completed this quarter.	No Mental Health First Aid Adult trainings were completed this quarter.	One Mental Health First Aid training was completed in Delaware County this quarter.
102		Evaluate MHFA trainings.	Completed evaluations	DMMHRBSB	All trainings are evaluated & submitted as required by MHFA. DMMHRBSB has these evaluations	Nothing to report	Nothing to report	Evaluations are completed with each training and sent to the national website.
103		Increase by two the number of Signs of Distress trainings offered to the community each year.	Number of trainings conducted in community.	Helpline				
104		Identify community groups/lay people to target for Signs of Distress trainings, e.g., civic associations, fraternities, faith based groups, PTOs, etc.	List of suggested groups/lay people to approach for training	Helpline, DGHD, NAMI	Ideas of how to identify groups to target has been discussed with the Suicide Prevention Coalition, Infrastructure Committee.	Nothing more has happened in identifying groups to target. With Max leaving, this discussion may need to happen with Helpline staff that take on this program.	Michelle Price has been hired and will be doing these trainings in the future.	This may be discussed at the Suicide Prevention Coalition again for help with brainstorming a list of groups to approach for training.
105		Promote Signs of Distress trainings.	Number of contacts with community	Helpline	A new flyer is being developed in collaboration with DGHD social media staff.	The new flyer will need to be changed to put the person that will be taking on this program contact information on it.	The flyer will need to be updated with Michelle's information.	The flyer has been updated and sent to Michelle Price.
106		Implement Signs of Distress trainings.	Trainings implemented	Helpline	4 Signs of Distress trainings were presented during this quarter.	No Signs of Distress trainings were completed this quarter. Max Lencl will be leaving Helpline by the end of August, 2015.	No trainings completed this quarter.	5 Signs of Distress trainings were presented during this quarter by Michelle Price.
107		Evaluate Signs of Distress trainings.	Completed evaluations	Helpline	Helpline has these evaluations.	Helpline has these evaluations.	Nothing to report	Helpline has these evaluations.
108		Implement community-wide campaign to promote positive mental health.	Number of messages provided to the community.	DMMHRBSB, DGHD, Helpline				
109		Research MH social marketing programs.	List of examples of social marketing campaigns with a mental health focus	DMMHRBSB, Helpline, OWU-Active Minds, NAMI	Helpline implemented a community-wide campaign about suicide and have asked that their partners upload this message to social media outlets.	Helpline staff are working with local teens to continue the social media campaign regarding positive mental health. The teens are suggesting a web series on the issue of suicide and depression.	Action step completed.	Helpline staff will meet with DGHD staff to brainstorm ideas of how to create this social media campaign in the beginning of 2016.
110		Develop plan for campaign specific to Delaware County.	Suggested campaign created complete with messages & budget	DMMHRBSB, DGHD	Nothing to report	Nothing to report	Nothing to report	Nothing to report
111		Implement/launch campaign.	Number of messages disseminated	DMMHRBSB, DGHD	Nothing to report	Nothing to report	Nothing to report	Nothing to report
112		Evaluate campaign effectiveness.	Service/provider caseload increase	DMMHRBSB funded agencies	Nothing to report	Nothing to report	Nothing to report	Nothing to report
113		Increase the number of PCP offices that screen for depression (from baseline to be determined).	Number of PCP offices trained; Number of staff trained within each office.	DMMHRBSB				
114		Meet with major hospital systems – OSU, Ohio Health & Mt. Carmel about possible partnership – gather baseline measurement.	Meetings scheduled with major hospital systems and/or practices to discuss current procedures	DMMHRBSB Mental Health Workgroup sub-committee members, DGHD, COMHC, HelpLine	Shelia Hiddleston and Steve Hedge have met with OhioHealth and Mt. Carmel administrators	Steve Hedge and Amy Hill met with the administration of Nationwide Children's Hospital to encourage bringing behavioral health care to their Delaware County sites.	Action step completed.	Action step completed.
115		Work group members and hospital systems meet with 3rd party payers to ensure reimbursement system.	3rd party payers reimburse for depression screening	DMMHRBSB, DGHD	Nothing to report	Nothing to report	Nothing to report	Nothing to report
116		Research depression screening tools appropriate for PCP setting.	Screening tools identified	DMMHRBSB, COMHC	Nothing to report	Nothing to report	Nothing to report	Nothing to report
117		Implement trainings with PCPs.	Trainings implemented	DMMHRBSB	Nothing to report	Nothing to report	Nothing to report	Nothing to report
118		Evaluate trainings with PCPs.	Trainings evaluated		Nothing to report	Nothing to report	Nothing to report	Nothing to report
119		Implement depression screening trainings with at least three county agencies and/or partners who employ professionals able to identify depression in vulnerable populations.	Number of agencies/partners receiving training in depression screenings; # of professionals trained					

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
120	Identify existing depression screening tools/trainings.	List of screening tools to utilize for professionals	DMMHR SB, COMHC, Helpline, DGHD	Nothing to report	This objective will not start until 2016.	This objective will not start until 2016.	This objective will not start until 2016.
121	Adapt findings for Delaware County.	Revisions made	DMMHR SB, COMHC, Helpline, DGHD	Nothing to report	This objective will not start until 2016.	This objective will not start until 2016.	This objective will not start until 2016.
122	Contact audiences for implementation – PCPs, Jail, DCJFS, COA.	Audiences contacted	DMMHR SB, COMHC, Helpline, DGHD	Nothing to report	This objective will not start until 2016.	This objective will not start until 2016.	This objective will not start until 2016.
123	Implement trainings with county partners.	Trainings implemented	DMMHR SB, COMHC, Helpline, DGHD	Nothing to report	This objective will not start until 2016.	This objective will not start until 2016.	This objective will not start until 2016.
124	Implement & evaluate trainings with county partners.	Evaluation results	DMMHR SB, COMHC, Helpline, DGHD	Nothing to report	This objective will not start until 2016.	This objective will not start until 2016.	This objective will not start until 2016.
125	Refer a minimum of 50% of clients annually who receive screenings for suicidal ideation at local hospital emergency rooms.	Referrals, defined as number of suicidal clients (18+ years of age) who actually speak with Helpline who actually receive referral services.	Helpline				
126	 Review grant effectiveness at end of 3 year period.	Number of clients referred	Helpline, COMHC	56 suicidal persons were screened at the ER, released from psychiatric hospitalization following suicide ideation or attempt, screened at the jail, or called the hotline. Attempts were made to follow up with all of them. There were a total of 173 contacts made using telephone outreach and letters. Helpline was able to actually speak to 42 of the 56 suicidal individuals (75%). Helpline follow up specialists spoke on the phone with these individuals a total of 3,332 minutes. Follow up letters and voicemails were provided to those 14 individuals (25%) who were never reached by phone.	70 suicidal persons were screened at the ER, released from psychiatric hospitalization following suicide ideation or attempt, screened at the jail, or called on the hotline. Attempts were made to follow up with all of them. There were a total of 309 contacts made using telephone outreach and letters. Helpline was able to actually speak to 46 of the 70 suicidal individuals (66%). Helpline follow up specialists spoke on the phone with these individuals a total of 2,525 minutes. Follow up letters and voicemails were provided to those 24 individuals (34%) who were never reached by phone.	57 suicidal persons were screened at the ER, released from psychiatric hospitalization following suicide ideation or attempt, screened at the jail, or called on the hotline. Attempts were made to follow up with all of them. There were a total of 187 contacts made using telephone outreach and letters. Helpline was able to actually speak to 35 of the 57 suicidal individuals (61%). Helpline follow up specialists spoke on the phone with these individuals a total of 2,241 minutes. Follow up letters and voicemails were provided to those 15 individuals (26%) who were never reached by phone.	57 suicidal persons were screened at the ER, released from psychiatric hospitalization following suicide ideation or attempt, screened at the jail, or called on the hotline. Attempts were made to follow up with all of them. There were a total of 179 contacts made using telephone outreach and letters. Helpline was able to actually speak to 35 of the 57 suicidal individuals (61%). Helpline follow up specialists spoke on the phone with these individuals a total of 1,193 minutes. Follow up letters and voicemails were provided to those 22 individuals (39%) who were never reached by phone.
127	 Create proposal for funders (hospital boards, DMMHR SB etc.) seeking additional funding for sustainability.	Final report showing effectiveness	Helpline, COMHC	No activity to report	No activity to report	No activity to report	No activity to report
128	 Seek additional CIT trainings for county law enforcement & correction officers.	Number of additional law enforcement agencies trained on CIT	DMMHR SB, Sheriff, Local Police Depts.	No activity to report	No activity to report	No activity to report	No activity to report
129	Increase annually the number (to be determined) of referred suicidal clients who enter into public behavioral health treatment services.	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.	Helpline, COMHC				
130	 Ascertain additional baseline data from other public service providers – RPR, Maryhaven.	Number of clients who are cross referenced with Helpline's referral list	RPR, Maryhaven, Helpline	COMHC checked their records and of the 50 individuals who were referred to them this quarter, 4 (13%) clients were newly referred and 10 (20%) are already existing clients. There is no way to track some of the anonymous hotline callers or individuals who may have followed up with private counselors.	COMHC checked their records and of the 12 individuals who were referred to them this quarter, 1 (8%) client was newly referred and 11 (92%) are already existing clients. There is no way to track some of the anonymous hotline callers or individuals who may have followed up with private counselors.	COMHC checked their records and of the 6 individuals who were referred to them this quarter, 4 (67%) clients were newly referred and 2 (33%) are already existing clients. There is no way to track some of the anonymous hotline callers or individuals who may have followed up with private counselors.	COMHC checked their records and of the 31 individuals who were referred to them this quarter, 11 (36%) clients were newly referred and 20 (65%) are already existing clients. 4 of those who were newly referred (36%) actually attended their intake counseling appointments. There is no way to track some of the anonymous hotline callers or individuals who may have followed up with private counselors.
131	 Review grant effectiveness at end of 3 year period.	Number of clients referred	Helpline, COMHC	No activity to report	No activity to report	No activity to report	SAMSHA grant will end 6/30/16
132	 Create proposal for funders (hospital boards, DMMHR SB etc.) seeking additional funding for sustainability.	Final report showing effectiveness	Helpline, COMHC	No activity to report	No activity to report	No activity to report	No activity to report
133	Obesity / Overweight	Goal: Increase the proportion of Delaware County adults who are at a healthy weight.					

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
134	Increase the number of Delaware County farmers' markets that accept SNAP benefits from 0 to 5.	Number of farmer's markets accepting SNAP benefits	DGHD				
135	 Secure partnership with Delaware County Department of Job and Family Services.	Contact made; partnership initiated	DGHD CHC Coordinator	No activity yet.	No activity yet.	No activity yet.	No activity yet.
136	 Talk to farmers' markets in surrounding counties that have implemented this program to assess challenges/successes.	Contacts made	DGHD CHC Coordinator	2 contacts were made with other CHC grant-funded counties implementing SNAP benefits at Farmer's markets.	A DGHD intern is working on this. She has contacted markets in Cincinnati and gathered information on how the process works. DGHD will use this information to garner support from the market managers.	Action step completed.	Action step completed.
137	 Recruit farmers' markets.	Recruit 5 farmers markets	DGHD CHC Coordinator, Partner with United Way and the Delaware County Hunger Alliance to recruit vendors	Initiated phone contact with several farmers' markets.	Three markets have been contacted for participation in the program. Several meetings have occurred between DGHD staff, a CHC coalition member, and the market manager from the Main Street Delaware Market.	This is in progress. We are working with the Sunbury Chamber of Commerce and Main Street Delaware. There are some logistical issues with the staffing of the Downtown Delaware Market that we are working on. We will have two markets implementing EBT infrastructure for the 2016 market season.	3 markets have been identified as locations for the SNAP program: Downtown Delaware, Sunbury, and the Delaware Community Market. Several volunteer pools are being considered for staffing the market to facilitate the program, including the local senior citizen center, the local college, and a potential partnership with the local JFS office.
138	Apply for licenses from United States Department of Agriculture Food Nutrition Service Program.	License application submitted	Farmer's Market managers	Action step has not begun yet.	Action step has not begun yet.	Action step has not begun yet.	Action step has not begun yet.
139	Choose redemption strategy.	Redemption strategy selected	DGHD CHC Coordinator, Farmer's Market managers	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
140	Distribute funding to each market.	Funding distributed	DGHD CHC Coordinator	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
141	Train market staff on equipment.	Training completed	DGHD CHC Coordinator	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
142	Promote SNAP acceptance at markets.	Documentation of promotion efforts	DGHD Communication Team	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
143	Implement one campaign to educate churches and service groups on increasing fruit and vegetable intake.	Implement one campaign.	DGHD				
144	Identify Delaware County faith community/service groups who will be the audience for the campaign.	Group identified	DGHD PH Dietitian; CHIP Obesity Advisory Group; DGHD Communications Team	The CHIP Advisory Group ranked this strategy 6 out of 8.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to be broadened and updated as campaign is further developed in 2016. Campaign will be broadened to healthier eating and active living using the 5-3-2-1-Almost None adaptation of evidence-based AAP 5-2-1-0 campaign; to be rolled out with multiple community partners across multiple years in multiple sectors of Delaware County - where residents live, learn, work, play & pray.
145	Assess community for best messaging method – e.g., conducting focus groups, surveys, or key informant interviews.	Assessment completed	DGHD PH Dietitian; CommunicationsTeam	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.
146	Develop messaging materials.	Messages, promotional items developed	DGHD PH Dietitian; Communications Team	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2016.	Development of 5-3-2-1-AN messaging materials started. New 5-3-2-1-AN message billboard installed at Central Ave. location in Delaware City on 12/30/15.
147	Disseminate messaging materials.	Messaged, promotional items disseminated	DGHD PH Dietitian; Communications Team	Action step to begin in 2017.	Action step to begin in 2017.	Action step to begin in 2016.	Action step to begin in 4/2016.
148	Evaluate campaign.	Program evaluated	DGHD Dietitian; Communications Team	Action step to begin in 2018.	Action step to begin in 2018.	Action step to begin in 2018.	Action step to begin in 2018.

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
149	Implement policy and/or environmental changes in three Delaware County worksites to increase access to fruits and vegetables.	Implementation of workplace policies and/or environmental changes to increase access to fruits and vegetables.	DGHD				
150	Review ACHIEVE and Worksite Wellness Network (WWN) data to establish a baseline.	Established baseline	DGHD - C. Codispoti assisting w/K. Bragg (Achieve) & K. Kuhlman (WWN)	The CHIP Advisory Group ranked this strategy 1 out of 8. Baseline for Achieve worksites = 0; WWN in progress.	Overall baseline established. Baseline = 0.	Action step completed.	Action step completed.
151	Recruit new worksites to participate.	3 worksites recruited	DGHD, CHC Coalition	1 worksite recruited to participate - Genoa Twshp Fire Dept. Additional progress in identifying participating worksites in the Ashley, Delaware City & Harlem Township areas, including Ashley Village, Delaware City & Harlem Twshp Fire Depts.	7 worksites recruited to participate - Delaware City Fire Dept, YMCA, Harlem Twshp Fire Dept, Noah's Ark Daycare, Elm Valley Fire District, Wornstaff Library	Action step completed.	Action step completed.
152	Assess current food practices and policies using the Community Health Assessment and Group Evaluation (CHANGE) tool.	3 worksites assessed using the CHANGE tool	DGHD, CHC Coalition	1 worksite assessed using the CHANGE Tool - Genoa Twshp Fire Dept.	7 worksites assessed using the CHANGE Tool - Delaware City Fire Dept, YMCA, Harlem Twshp Fire Dept, Noah's Ark Daycare, Elm Valley Fire District, Wornstaff Library	Action step completed.	Action step completed.
153	Implement environmental food practice changes and policies.	Food practice policies implemented	DGHD, CHC Coalition	No activity yet.	3 Delaware City Fire Department crews trained on-site (23) and remotely (15) on 5-3-2-1-Almost None obesity prevention messaging & strategies. 91% reported intentions of preparing healthier worksite meals including more vegetables/fruits; 70% reported intentions for new personal action steps - 69% of those reported specific behaviors slated for change with 64% intending to increase their personal consumption of vegetables & fruits.	Met with Delaware Fire Department on 9/9/15. Discussed the following: 1) possible fire department recommendations for healthier foods like fruits & vegetables served at meetings. Information shared that foods are not regularly provided at meetings. 2) firefighters serving as "Health Heroes" at station events to help DGHD promote a 5-3-2-1-AlmostNone family obesity prevention campaign. EMS annual open house events in May were identified, and possible firefighter volunteers for 5-3-2-1-AN campaign billboard and public promotion venues were discussed.	Community assessment utilizing the CHANGE process, as well as informal assessment 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.
154	Evaluate worksites utilizing CHANGE tool.	Evaluation results	DGHD, CHC Coalition	Action step has not begun.	Action step has not begun.	Action step has not begun.	Action step has not begun.
155	Increase the number of restaurants participating in DGHD on the Menu from 8 to 13.	5 new restaurants participating	DGHD on the Menu Team				
156	Recruit 1 new restaurant a year.	Restaurants recruited	DGHD on the Menu Team	The CHIP Obesity Advisory Group ranked this strategy 3 out of 8. One (1) restaurant recruited; the Columbus Zoo has agreed to participate in 2015, increasing participating restaurants from 8 to 9.	Completed for 2015.	Completed for 2015.	Completed for 2015.
157	Analyze menu.	Menus analyzed	DGHD on the Menu Team	No activity yet.	15 menu items available in 4 food venues located on Zoo grounds were evaluated; 12 met DGHD-on-the- Menu criteria.	Completed in Q2.	Completed in Q2.

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
158	 Choose DGHD eligible menu items to promote (700 calories or less).	Items chosen & promoted.	DGHD on the Menu Team	No activity yet.	Zoo food service manager agreed to consult Zoo administration/media executives on how the DGHD-on-the-Menu eligible food items would be marketed to the over 1 million annual visitors. Follow-up required.	Follow-up was completed, identifying a change in Zoo food service staffing. The new food service manager has been contacted. Additional meetings will need to be scheduled to plan any promotion of the 12 eligible food items.	Follow-up with currently participating restaurants reminding them of the service yielded calls from Amatos and 12 West to analyze some new menu items.
159	 Explore new ways to market DGHD on the Menu.	Marketing reviewed	DHGD on the Menu Team	No new activity yet.	No new activity yet.	Staff met on expanding DGHD on the Menu services. Decisions were made to include: 1) adding the "I Choose a Fast 500" as an ongoing service. This service will provide the public with 500 calorie or less fast food combinations analyzed by DGHD for easy healthier lower calorie fast food choices. Analysis of 500 calorie or less fast food combinations progressed in Q3. 2) continuation of the interactive DGHD map of 1/2 & smaller portions restaurant locations with more agency public promotion. The interactive map was updated in Q3; 3) the addition of school menu analysis & improvement for private/religious schools.	Completed Q3 - 2015
160	 Promote DGHD on the Menu participants.	Program promoted	DGHD on the Menu & Communications Team	Ongoing through DGHD Communications Team.	Ongoing through DGHD Communications Team.	Ongoing through DGHD Communications Team.	DGHD on the Menu window clings were distributed to participating restaurants on 10/1/15.
161	 Implement one community-wide campaign to increase awareness of restaurant nutrition information available to the public.	1 campaign implemented	DGHD				
162	 Gather additional data on fast food and sugar sweetened beverage purchase in Delaware County.	Purchase/consumption data compiled.	DGHD PH Dietitian; ODH Consultants for Nielsen Data	The CHIP Obesity Advisory Group ranked this strategy 7 out of 8. At DGHD training with ODH Nielsen consultants on 1/22/15, consultants confirmed the work begun in 2014 is considered an ongoing project and can proceed at any time.	No new activity yet.	No additional activity, will complete in Q4.	Met with Eric Greene, ODH Nielsen data rep. on 12/21/15. Once new Nielsen platform in place & ODH training on platform is complete, ODH will begin compiling Delaware County block-level fast food and sugar sweetened beverages purchasing data.
163	DGHD identifies best method to disseminate information.	Methods determined.	DGHD PH Dietitian; CHIP Obesity Advisory Group; DGHD Communications Team	Action step to begin in 2016.	Action step to begin in 2016.	With the change to an ongoing service of the DGHD on the Menu Program instead of a one-time campaign, a faster implementation schedule may be possible and will be evaluated.	Implementation will be incorporated into the 5-3-2-1-AN campaign schedule under section "3" -- 3 healthy meals, less fast food.
164	 Evaluate fast food menus for choices.	Menus evaluated	DGHD PH Dietitians	Additional progress by PH RD Mani Sayr.	Additional progress by PH RD Mani Sayr. 500 calorie choices monitored for Arby's, Burger King, McDonald's, Tim Horton's & Wendy's.	Analyzing 500 calorie or less fast food combinations continues. With the change to an ongoing DGHD on the Menu service vs a one-time campaign, analysis work will become ongoing.	No new activity.

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
165	 Develop messages, materials to be patterned after evidence-based I Choose 600 campaign, adapted for I Choose a Fast 500 campaign.	Messages/materials developed	DGHD PH Dietitian; CHIP Obesity Advisory Group; DGHD Communication Team	Action step to begin in 2017	List of 500-calorie menu choices begun.	Listing of 500-calorie fast food combinations continues. With the change to an ongoing DGHD on the Menu service vs a one-time campaign, analysis work will become ongoing.	No new activity
166	Implement campaign.	Campaign implemented	DGHD PH Dietitian & Communications Team	Action step to begin in 2017	Action step to begin in 2017	With the change to an ongoing service of the DGHD on the Menu Program instead of a one-time campaign, a faster implementation schedule may be possible and will be evaluated.	Implementation will be incorporated into the 5-3-2-1-AN campaign schedule under section "3" -- 3 healthy meals, less fast food.
167	Implement annual "Turn off the Screen" challenge	Implementation of challenge	DGHD Lead; Community partners TBD				
168	Recruit Delaware County townships, cities, village and neighborhood associations to participate in challenge.	Number of municipalities recruited	DGHD; community partners TBD	The CHIP Obesity Advisory Group ranked this strategy 8 out of 8.	Action step to begin in 2016.	Action step to begin in 2016.	Revised action steps related to this strategy objective will be incorporated and tracked under the 5-3-2-1-Almost None community campaign listed above.
169	Form partnerships for collaboration on challenge (OSU Extension, Preservation Parks, etc.)	Partners identified	DGHD; community partners TBD	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	N/A
170	Create schedule of possible events	Schedule established	DGHD; community partners TBD; participating communities TBD	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	N/A
171	Meet with DGHD communications team on messaging for "Turn off the Screen" promotions	Message developed	DGHD; community partners TBD; DGHD Communications Team	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	N/A
172	Decide best methods for message delivery throughout the county	Message dissemination plan developed	DGHD; community partners TBD; DGHD Communications Team	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	N/A
173	Implement challenge – host kick-off event	Message distributed; kick-off event held	DGHD; participating communities TBD; community partners TBD	Action step to begin in 2016.	Action step to begin in 2016.	Action step to begin in 2016.	N/A
174	Four local school systems will implement shared use agreements to allow use of school property and equipment by all residents of Delaware County.	4 shared use agreements implemented	DGHD/CHC Grant				
175	 Research details of shared use agreements and progress of current legislation.	Research completed	DGHD/CHC Grant	The CHIP Obesity Advisory Group ranked this strategy 2 out of 8.	Completed	Three of the local school systems already have shared use agreements in place. We are currently checking on Olen tangy.	Because further work on SUA agreements is not needed at this point, the objective was incomplete. The policies exist in the 3 priority communities that CHC addresses in Delaware County, but they were in effect prior to the grant cycle beginning.
176	 Survey residents of identified communities to establish community need for opportunities for physical activity.	Needs assessments	DGHD/CHC Coordinator	Use of the CHANGE Tool assessment at Hyl en Souders ES in Harlem Tw nshp & Big Walnut School System identified that Hyl en Souders has an existing shared use agreement in place.	Outdoor fitness equipment was purchased for Hyl en Souders ES through the CHC grant; the community will be able to access this new equipment.	Three of the local school systems already have shared use agreements in place. We are currently checking on Olen tangy.	Completed
177	 Educate school boards and public on benefits of shared use.	Shared use agreement	DGHD/CHC Grant	No activity yet.	No activity yet.	Three of the local school systems already have shared use agreements in place. We are currently checking on Olen tangy.	Completed

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
178	Meet with each school board for vote.	Shared use agreement	DGHD/CHC Grant	No activity yet.	No activity yet.	Three of the local school systems already have shared use agreements in place. We are currently checking on Olentangy.	Completed
179	Implement shared use agreements.	Shared use agreement	School systems	No activity yet.	No activity yet.	Three of the local school systems already have shared use agreements in place. We are currently checking on Olentangy.	Completed
180	Implement an evidence-based behavior weight management program for employees at four Delaware County businesses.	Implementation of program	DGHD PH Dietitians				
181	Choose evidence-based program and incorporate increasing work-site physical activity, increasing fruit and vegetable consumption, and using nutrition information in restaurants.	Program chosen	DGHD PH Dietitians	The CHIP Obesity Advisory Group ranked this strategy 4 out of 8.	No activity yet.	PH Dietitian completed additional research on evidence-based programming: 1) Changes in the North Carolina ESMMWL curriculum to an online proprietary program makes it unavailable to use. Remains a viable program to bridge employers to like Weight Watchers at Work and Jenny Craig (Gudzane, et al 2015). 2) Both Delaware Co.YMCAs are now part of a nationwide YMCA pilot intervention program called Healthy Weight and Your Child; a 12 month program aimed at 7-13 year old children with a BMI measured at the 95%ile or above and their parents.	Strategy objective will be revised and broadened to implement two behavior weight management programs for Delaware County families. Two local YMCA evidence-based programs have been chosen: In Q3 (9/2015) the Delaware City and Liberty Township/Powell YMCAs implemented their Healthy Weight and Your Child pilot behavior weight management program for 7-13 year old youth diagnosed with obesity. This program continued in Q4 2015. The Delaware City and Liberty Township/Powell YMCAs agreed to pursue offering their Diabetes Prevention Program and/or employee wellness programming to Delaware County worksites; both include individual behavior weight management programming.
182	Recruit businesses for program.	Businesses recruited	DGHD PH Dietitian; CHIP Obesity Advisory Group	No activity yet.	Began outreach re possible pilot recruits. 1) Eileen Duffy, Delaware City School nurse indicated if offered through Delaware City Schools, on-site as a lunch program might improve attendance. 2) Surveyed interest with Delaware City Fire Department crews - 74% reported access to such a program as helpful and would plan to attend.	No further activity.	The YMCA worksite behavior weight management programming is scheduled to begin 7/2016.
183	Utilize DGHD GIS program to map one mile routes surrounding participating businesses.	Maps created	DGHD GIS	No activity yet.	No activity yet.	No activity yet.	No longer applicable.
184	Implement program, one per year.	Classes conducted	DGHD PH Dietitians	No activity yet.	No activity yet.	No activity yet.	YMCA Healthy Weight and Your Child pilot program began 9/15. YMCA worksite behavior weight management programming scheduled to begin 7/2015.
185	Dashboard Status Indicators						
186	No dot	Not scheduled to start at this time					

Status	Strategy Objective & Action Steps	Measure	Assigned To	Q1-2015	Q2-2015	Q3-2015	Q4-2015
187	 Scheduled to start, but no progress has been made						
188	 Behind schedule, but in progress						
189	 On schedule						
190	 Completed						