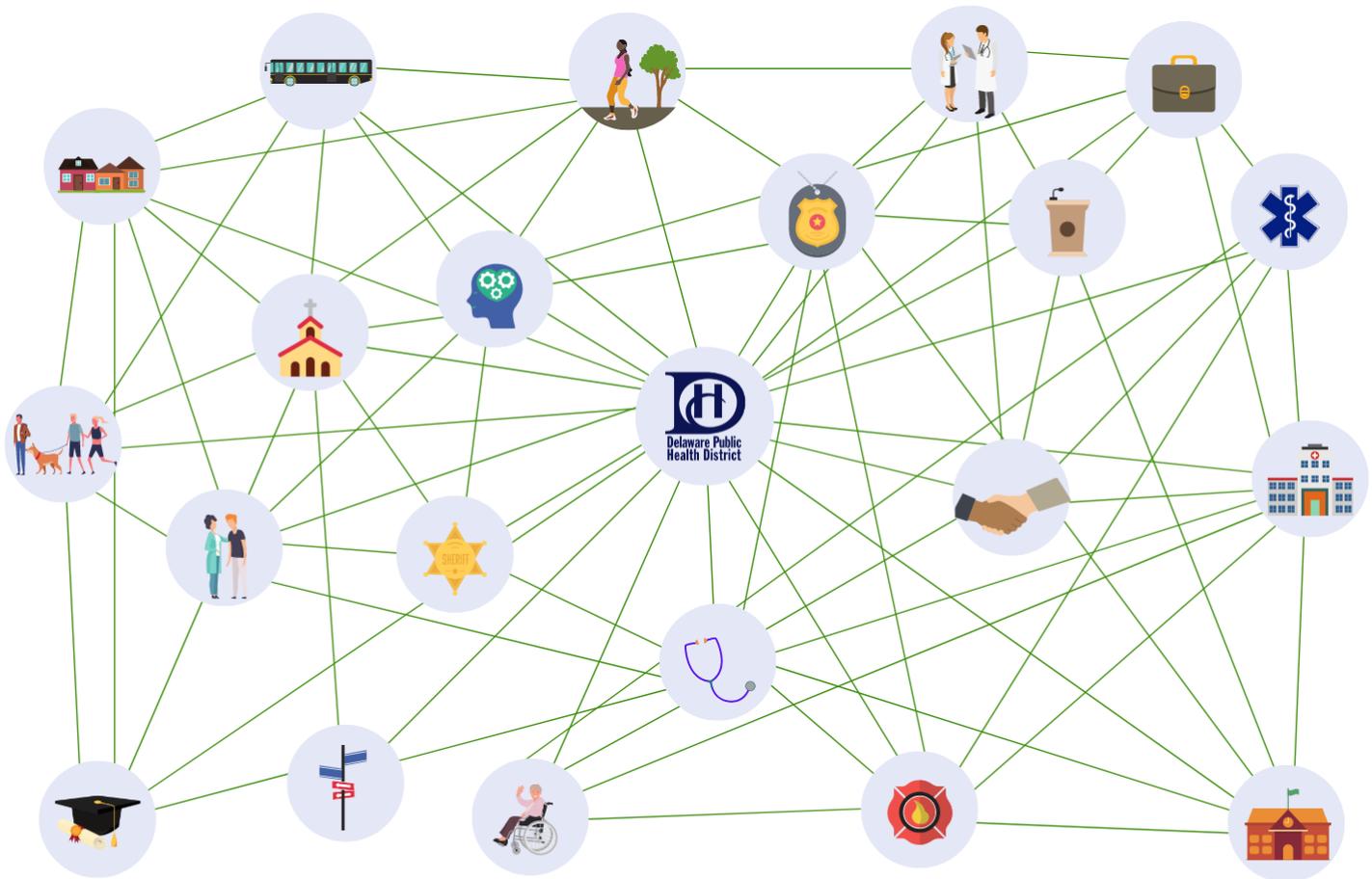




2023-2028 | DELAWARE COUNTY
**COMMUNITY HEALTH
IMPROVEMENT PLAN**



WORKING TOGETHER
TO PROVIDE OPPORTUNITIES
FOR COMPLETE HEALTH AND WELL BEING

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*Note: Throughout the report, hyperlinks will be highlighted in **bold, gold text**. If using a hard copy of this report, please see Appendix I for links to websites.*

Executive Summary

In 2007, The Partnership for a Healthy Delaware County (The Partnership) began conducting community health assessments (CHA) to measure and address health status. The most recent Delaware County Community Health Assessment, released in May 2022, was cross-sectional in nature and included a written survey of adults, youth, and children within Delaware County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for the national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH). This has allowed Delaware County to compare the data collected in the Delaware County CHA to national, state and local health trends.

The Delaware County CHA also fulfills national mandated requirements for the hospitals in Delaware County. H.R. 3590 Patient Protection and Affordable Care Act requires not-for-profit hospitals to conduct a community health needs assessment at least once every three years to maintain tax-exempt status. They also are required to adopt an implementation strategy to meet the needs identified through the assessment.

From the beginning phases of the CHA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Delaware County CHA has been utilized as a vital tool for creating the Delaware County CHIP. The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems based on the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

The Delaware Public Health District contracted with the Hospital Council of Northwest Ohio (HCNO) to facilitate the community health improvement process. Key community leaders and decision makers were invited to participate in an organized planning process to improve the health of Delaware County residents. The National Association of County and City Health Officials' (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP) was used throughout this process.

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Partnership to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

The MAPP Framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. Conducting the MAPP assessments
4. Identifying strategic issues
5. Formulating goals and strategies
6. Taking action: planning, implementing, and evaluation

Figure 1.1 The MAPP model



Community Partners

The 2023-2028 Community Health Improvement Plan was drafted by agencies, service providers, and community residents within Delaware County. From June to September 2022, The Partnership reviewed many sources of information concerning the health and social challenges that Delaware County residents may be facing. They determined priority issues which if addressed, could improve future outcomes; determined gaps in current programming and policies; and examined best practices and solutions. The committee has recommended specific action steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and body of work:

The Partnership for a Healthy Delaware County:

African American Heritage Council
Alzheimer's Association of Central Ohio
American Red Cross
Andrews House
Beautiful Savior Lutheran Church
Big Brothers Big Sisters of Central Ohio
Big Walnut Local School District
Brown Township
Buckeye Valley Local Schools
Cancer Support Community of Central Ohio
City of Delaware Parks & Natural Resources
Common Ground Free Store Ministries
Delaware City Fire Department
Delaware City Schools
Delaware County
Delaware County Board of Developmental Disabilities
Delaware County District Library
Delaware County Job & Family Services
Delaware County Regional Planning Commission
Delaware County Sheriff's Office
Delaware County Transit
Delaware Grace Church
Delaware Ohio PRIDE
Delaware Police Department
Delaware Public Health District
Delaware Rising FC
Delaware Township
Delaware YMCA
Delaware-Morrow Mental Health & Recovery Services Board
Delco Water
Delaware Board of Health
Drug-Free Delaware
Family Promise of Delaware
Grace Clinic Ministries – Delaware

The Partnership for a Healthy Delaware County, Continued:

Helpline
Delaware County – Juvenile Court
Delaware County – Juvenile Courts Safe Harbor
Maryhaven
Mount Carmel Health System
NAMI Delaware & Morrow Counties
Nationwide Children’s Hospital
Newstart Church
OhioHealth – Grady Memorial Hospital
Ohio Senate
Ohio State Wexner Medical Center
Ohio Wesleyan University
Olentangy Local School District
People in Need
Powell Police Department
Preservation Parks of Delaware County
Prevention Awareness Support Services (PASS)
Project DREAMS
Recreation Unlimited
Safe Harbor
Scioto Township
OhioHealth - Sexual Response Network
SourcePoint
Resident of Sunbury
Resident of Delaware
Resident of Lewis Center
Resident of Powell
Syntero
The Bair Foundation
The Center for Disability Empowerment
The Center for Family Safety & Healing
The Salvation Army
Turning Point
United Way of Delaware County
Unity Community Center
Willow Brook Christian Communities
Wornstaff Memorial Public Library

Delaware Public Health District (DPHD) Staff:

Josie Bonnette, Hali Burlison, Emily Lipp, Jen Keagy, Kelsey Kuhlman, Susan Sutherland, Aly Sawyer, Abbey Trimble, Taylor Jagers, Wilmaries Padilla, Katherine Fox, Cori Spring, Emily Baugher, Adam Howard

The community health improvement process was facilitated by Emily Gensler, MPH, Community Health Improvement Manager, and Jodi Franks, MPH, CHES, Community Health Improvement Coordinator, from the **Hospital Council of Northwest Ohio**.

Visions, Values, and Definition of Health

Vision and value statements provide focus, purpose, and direction to the CHIP, so participants achieve a shared vision for the future. A shared community vision provides an overarching goal for the community. Values are fundamental principles and beliefs that guide a community-driven planning process. The Partnership's vision, values, and definitions of health are listed below.

The Vision of the Partnership for a Healthy Delaware County

A community where we work together to provide opportunities for complete health and well-being.

The Values of the Partnership for a Healthy Delaware County

Excellence: We believe in setting a high standard for all services provided to everyone within our community.

Respect: We value and acknowledge everyone in our community.

Family: We believe that all policies and programs directed at health and well-being must focus on the individual and their family, however they define it.

Stewardship: We carefully and responsibly make decisions about the health and well-being of our community.

Diversity: We recognize, embrace, and appreciate our differences.

Accountability: We take responsibility for participating in The Partnership, for prioritizing identified health problems in our community, for clearly communicating our findings to the community, and for stimulating action to create a healthier Delaware County.

Holistic: We recognize that health and well-being reflect the wholeness of a person or a community. **Social Justice:** Social Justice is attained when we achieve health equity, eliminate health disparities, and create social and physical environments that promote good health for all.

Collaboration: We work jointly with other partners to attain our vision.

Accessibility: We recognize our obligation to make The Partnership accessible to the community, and we believe that information and services must be easily available to provide everyone in our community the opportunity to achieve complete health and well-being.

Integrity: We maintain high ethical principles when assessing and planning for the health and well-being of our community.

Empowerment: We work to mobilize individuals and our community to act to improve its health and well-being.

The Partnership for a Healthy Delaware County's Definition of Health

A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The Partnership for a Healthy Delaware County's Definition of a Healthy Community

One that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every three years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 6% of Delaware County residents were below the poverty line, according to the 2019 American Community Survey 1-year estimates. For this reason, data is broken down by household income (less than \$50,000 a year and greater than \$50,000 a year throughout the report to show disparities.

Alignment with State and National Standards

The 2023-2028 Delaware County Community Health Improvement Plan priorities align perfectly with state and national priorities. Delaware County will be addressing the following priority health outcome: mental health and addiction. Additionally, Delaware County will be addressing the following priority health factors: access to care, health behaviors, and community conditions.

Healthy People 2030

Delaware County's priorities also fit specific Healthy People 2030 goals. For example:

- Drug and Alcohol Use (SU) – 10: Reduce the proportion of persons ages 21 years and over engaging in binge drinking of alcoholic beverages during the past 30 days
- Nutrition and Weight Status (NWS) – 03: Reduce the proportion of adults with obesity
- Mental Health and Mental Disorder (MHMD) – 05: Increase the proportion of adults with depression who get treatment

Please visit [Healthy People 2030](#) for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

The 2020-2022 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioans achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead])
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births)

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors that impact the 3 priority health outcomes: community conditions, health behaviors and access to care. The three priority factors include the following:

1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity)
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care)

Delaware County Alignment with Ohio’s State Health Improvement Plan (SHIP)

The 2023-2028 Delaware County CHIP is required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP. As outlined in figure 1.2, the following priority outcome, priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP.

Figure 1.2: 2023-2028 Delaware County CHIP Alignment with the 2020-2022 SHIP

Priority Outcome	State Aligned Priority Indicators	Strategies to Impact State Priority Indicators	Additional Aligned Strategies*
Mental Health & Addiction	<ul style="list-style-type: none"> Reduce suicide deaths 	<ul style="list-style-type: none"> Community-based mental health education 	<ul style="list-style-type: none"> Community-based comprehensive program(s) to reduce alcohol abuse Social & emotional instruction Evidence-based behavioral health screenings (e.g., SBIRT)
Priority Factors	State Aligned Priority Indicators	Strategies to Impact State Priority Indicators	Additional Aligned Strategies*
Community Conditions	<ul style="list-style-type: none"> Increase affordable & available housing units 	<ul style="list-style-type: none"> Rental assistance Affordable & attainable housing development & preservation 	<ul style="list-style-type: none"> Not available
Access to Care	<ul style="list-style-type: none"> Increase local access to healthcare services 	<ul style="list-style-type: none"> Culturally competent workforce in underserved communities Public transportation systems Recruit behavioral health providers & staff/personnel Support & expand the role of peer support specialists 	<ul style="list-style-type: none"> Digital access to treatment services & crisis response Comparable insurance coverage for behavioral health (parity)
Health Behaviors	<ul style="list-style-type: none"> Increase adult physical activity 	<ul style="list-style-type: none"> Community fitness programs Promotion of physical activity through the adoption of built environment changes & green space 	<ul style="list-style-type: none"> Adopt healthy food initiatives

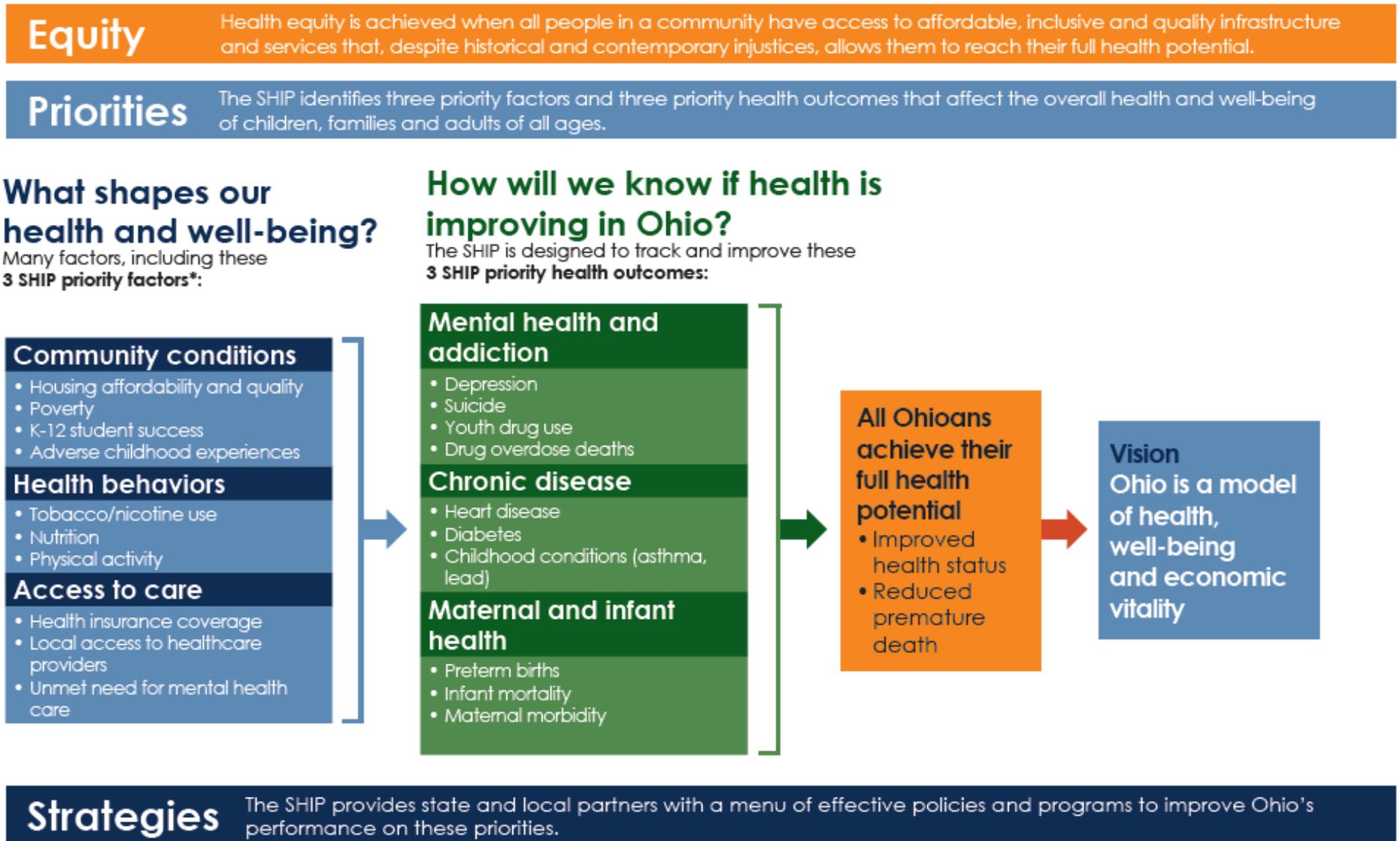
*Strategies are supported by the 2020-2022 SHIP, but Delaware County priority indicators do not directly align with state identified indicators.

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP.

Note: This symbol  will be used throughout the report when a strategy has been rated by **What Works for Health** as “likely to decrease disparities” and/or recommended by the Community Guide as effective strategies for achieving health equity. These sources consider potential impact on disparities and inequities by racial/ethnic, socio-economic, geographic, or other characteristics.

Alignment with National and State Standards, continued

Figure 1.3: 2020-2022 State Implementation Plan (SHIP) Overview



Community Health Improvement Planning Process

Beginning in June 2022, The Partnership met four (4) times and completed the following planning steps:

1. Initial Meeting
 - Review the process and timeline
 - Finalize planning participants
 - Create or review vision
2. Choose Priorities
 - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
 - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
 - Open-ended questions for participants on community themes and strengths
5. Forces of Change Assessment
 - Open-ended questions for participants on forces of change
6. Local Public Health Assessment
 - Review the Local Public Health System Assessment with participants
7. Gap Analysis
 - Determine discrepancies between community needs and viable community resources to address local priorities
 - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
 - Review results of the Quality of Life Survey with participants
9. Strategic Action Identification
 - Identification of evidence-based strategies to address health priorities
10. Best Practices
 - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
 - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
 - Review of all steps taken
 - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Assessment

Phase 3 of the MAPP process, the 2022 Delaware County Community Health Assessment, or CHA, is a 200+ page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at delawarehealth.org. Below is a summary of county primary data and the respective state and national benchmarks. Please see the full report for a further breakdown of trend summary tables based on individuals who live in the boundaries of each Delaware County school district.

Adult Trend Summary

Adult Variables	Delaware County 2007	Delaware County 2013	Delaware County 2017	Delaware County 2021	Ohio 2020	U.S. 2020
Health Status						
Rated health as good, very good, or excellent	91%	91%	93%	81%	85%	86%
Rated general health as fair or poor 	9%	9%	7%	19%	16%	13%
Asthma & Diabetes						
Had been diagnosed with diabetes 	7%	11%	7%	8%	12%	11%
Had been diagnosed with asthma*	13%	13%	10%	12%	14%	14%
Cardiovascular Health						
Had angina or coronary heart disease 	3%	3%	2%	3%	5%	4%
Had a heart attack 	2%	3%	3%	4%	5%	4%
Had a stroke	1%	3%	2%	2%	4%	3%
Had been diagnosed with high blood pressure 	22%	28%	29%	29%	35% ^{††}	33% [†]
Had been diagnosed with high blood cholesterol	28%	29%	35%	34%	33% ^{††}	33% ^{††}
Weight Status & Physical Activity						
Overweight	35%	36%	36%	37%	34%	35%
Obese 	22%	25%	29%	34%	36%	32%
Did not participate in any type of physical activity or exercise in the past week (for at least 30 minutes)	13%	N/A	8%	10%	N/A	N/A
Alcohol Consumption						
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	15%	19%	22%	33%	16%	16%
Tobacco Use						
Current smoker (currently smoke some or all days)	16%	15%	10%	6%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	N/A	N/A	22%	19%	24%	25%
Mental Health						
Seriously considered attempting suicide (in the past year)	N/A	N/A	3%	3%	N/A	N/A
Attempted suicide (in the past year)	N/A	N/A	<1%	1%	N/A	N/A
Felt sad or hopeless almost every day for two or more weeks in a row that this stopped them from doing usual activities (in the past year)	N/A	N/A	8%	8%	N/A	N/A

N/A - Not available

[†] 2019 BRFSS WEAT (Web Enabled Analysis Tool) ^{††} 2019 BRFSS Data

*Previous Delaware County asthma question was asked slightly different (i.e., have you ever been told by a doctor, nurse, or other health professional that you had asthma). Ohio, U.S., and 2021 Delaware County data refers to adults who have asthma.

 Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Middle School (6 th – 8 th)		Total Sample (6 th –12 th)	High School (9 th –12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Weight Status						
Obese 	N/A	9%	9%	9%	9%	15%
Overweight	N/A	10%	9%	10%	9%	16%
Described themselves as slightly or very overweight	20%	23%	25%	26%	26%	32%
Trying to lose weight	32%	35%	37%	41%	39%	47%
Went without eating for 24 hours or more	2%	3%	4%	4%	4%	13%*
Took diet pills, powders, or liquids without a doctor's advice	<1%	<1%	1%	2%	1%	5%*
Vomited or took laxatives	1%	1%	1%	2%	2%	4%*
Ate breakfast every day during the past week	55%	51%	45%	40%	39%	35%
Drank pop or soda one or more times per day during the past 7 days	16%	16%	17%	22%	19%	N/A
Physical Activity						
Physically active at least 60 minutes per day on every day in past week	31%	33%	31%	23%	29%	26%
Physically active at least 60 minutes per day on five or more days in past week	59%	61%	59%	48%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	7%	7%	10%	8%	15%
Watched television three or more hours per day (on an average school day)	11%	9%	12%	14%	14%	21%
Violence-Related Behaviors						
Carried a weapon in the past month (such as a gun, knife, or club during the month)	6%	4%	4%	7%	3%	16%
Been in a physical fight (in past year)	24%	20%	15%	15%	11%	24%
Were threatened or injured with a weapon in the past year (such as a gun, knife, or club)	7%	6%	6%	6%	6%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	4%	4%	4%	3%	3%	7%
Electronically bullied (in past year)	12%	9%	10%	13%	10%	15%
Bullied on school property (in past year)	30%	22%	21%	22%	21%	19%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year)	N/A	<1%	5%	6%	6%	8%
Experienced sexual violence by anyone (counting things such as kissing, touching, or being physically forced to have sexual activity) †	N/A	3%	5%	8%	7%	10%

N/A-Not Available

*Comparative YRBS data for U.S. is 2013

†Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Middle School (6 th – 8 th)		Total Sample (6 th –12 th)	High School (9 th –12 th)		
	Delaware County 2016/17 (6 th –8 th) n=4,846	Delaware County 2019/20 (6 th –8 th) n=6,799	Delaware County 2019/20 (6 th –12 th) n=13,907	Delaware County 2016/17 (9 th –12 th) n=5,886	Delaware County 2019/20 (9 th –12 th) n=6,994	U.S. 2017 (9 th –12 th)
Mental Health						
Seriously considered attempting suicide (in the past year)	8%	9%	11%	13%	13%	17%
Attempted suicide (in the past year)	4%	4%	4%	5%	4%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past year)	N/A	1%	1%	1%	1%	2%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	16%	19%	23%	24%	27%	32%
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	10%	9%	21%	39%	31%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	3%	2%	8%	24%	14%	30%
Binge drinker (drank 5 or more drinks within a couple of hours [for males] or 4 or more drinks [for females] on at least 1 day during the past month)	N/A	1%	5%	12%	8%	14%
Drank for the first time before age 13 (of all youth)	8%	6%	7%	7%	6%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	20%	23%	35%	44%	38%	44%
Drove a car after drinking alcohol (of youth drivers in the past month)	N/A	N/A	N/A	5%	1%	6%
Nicotine Use						
Current smoker (smoked on at least one day during the past month) 	1%	1%	1%	5%	2%	9%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month) 	2%	2%	7%	15%	11%	13%
Currently frequently used electronic vapor products (on 20 or more days during the past month)	1%	<1%	2%	2%	3%	3%
Currently used electronic vapor products daily (on all 30 days during the past month)	<1%	<1%	1%	2%	2%	2%
Usually got their own electronic vapor products by buying them in a store (in the past month)	6%	1%	11%	12%	12%	14%

N/A- Not Available

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Middle School (6 th – 8 th)		Total Sample (6 th –12 th)	High School (9 th –12 th)		
	Delaware County 2016/17 (6 th -8 th) n=4,846	Delaware County 2019/20 (6 th -8 th) n=6,799	Delaware County 2019/20 (6 th -12 th) n=13,907	Delaware County 2016/17 (9 th -12 th) n=5,886	Delaware County 2019/20 (9 th -12 th) n=6,994	U.S. 2017 (9 th -12 th)
Marijuana and Other Drug Use						
Ever used marijuana (in their lifetime)	1%	2%	9%	17%	15%	36%
Currently used marijuana (in the past month)	1%	1%	4%	9%	7%	20%
Tried marijuana before age 13 years (for the first time of all youth)	1%	1%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	N/A	<1%	1%	1%	1%	3%
Ever used cocaine (in their lifetime)	<1%	<1%	1%	2%	1%	5%
Ever used heroin (in their lifetime)	<1%	0%	<1%	<1%	<1%	2%
Ever took steroids without a doctor's prescription (in their lifetime) †	1%	1%	1%	1%	1%	3%
Ever used inhalants (in their lifetime)	4%	1%	2%	4%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	<1%	1%	2%	1%	4%
Used prescription drugs not prescribed (in the past month)	1%	2%	3%	4%	3%	N/A
Ever injected any illegal drug (in their lifetime)	N/A	<1%	1%	<1%	1%	2%
Sexual Behavior						
Ever had sexual intercourse	N/A	N/A	N/A	20%	18%	40%
Used birth control pills (during last sexual intercourse)	N/A	N/A	N/A	24%	43%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	N/A	4%	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	N/A	N/A	2%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	N/A	N/A	N/A	8%	11%	14%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	N/A	N/A	4%	2%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	N/A	N/A	3%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	N/A	N/A	N/A	15%	13%	19%
Youth Safety						
Rarely or never wore a seat belt (when riding in a car driven by someone else)	3%	3%	N/A	3%	N/A	6%
Youth Social Conditions						
Did not have eight or more hours of sleep (on an average school night)	39%	42%	61%	77%	78%	75%

N/A-Not Available

†Delaware County YRBS questionnaire worded slightly different than U.S. YRBS

Child Trend Summary

Child Variables	Delaware County 2017 Ages 0-5	Delaware County 2021 Ages 0-5	Ohio 2019 Ages 0-5	U.S. 2019 Ages 0-5	Delaware County 2017 Ages 6-11	Delaware County 2021 Ages 6-11	Ohio 2019 Ages 6-11	U.S. 2019 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	99%	98%	94%	94%	96%	98%	87%	90%
Diagnosed with asthma 	3%	5%	5%	5%	10%	8%	11%	12%
Diagnosed with ADHD/ADD	2%	1%	1%**	3%**	15%	10%	12%	9%
Diagnosed with a head injury, brain injury, or concussion	2%	1%	N/A	1%	2%	2%	N/A	2%
Health Care Access								
Had public insurance	5%	2%	30%	36%	4%	5%	37%	35%
Had a personal doctor or nurse	87%	89%	75%	74%	90%	90%	81%	72%
Child received treatment or counseling from a mental health professional in the past year	3%	4%	1%**	3%**	14%	12%	15%	10%
Dental care visit in past year	63%	58%	54%*	64%*	97%	96%	93%	90%
Early Childhood (Ages 0-5)								
Family read to child every day in past week	66%	61%	36%	35%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Did not engage in any physical activity during the past week	N/A	N/A	N/A	N/A	2%	2%	7%	6%
Had a social media account or other virtual network account	N/A	N/A	N/A	N/A	24%	39%	N/A	N/A
Bullied in the past year	N/A	N/A	N/A	N/A	43%	34%	N/A	N/A
Family and Community Characteristics								
Family ate a meal together every day of the week	45%	57%	46%	52%	31%	37%	41%	45%
Child experienced two or more adverse childhood experiences (ACEs) 	3%	1%	6%	9%	4%	3%	25%	20%

* Ages 1-5

** Ages 3-5

N/A – Not available

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

 Indicates alignment with the Ohio State Health Assessment

Key Issues

The Partnership reviewed the 2022 Delaware County Community Health Assessment and identified top key issues and concerns. Detailed primary data for each key issue can be found in the full 2022 Delaware County Community Health Assessment. Organizations completed an "Identifying Key Issues and Concerns" survey via an online platform (SurveyMonkey). The following tables were the group results.

What are the most significant health issues or concerns identified in the 2022 Delaware County Community Health Assessment?

Examples of how to interpret the information include: 34% of Delaware County adults were obese including 46% of those under the age of 30 and 34% of males.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult weight status (12 votes)			
Obesity	34%	Age: <30 (46%) Income: <\$50k (59%)	Male (34%)
Overweight	37%	Age: 65+ (44%) Income: >\$100K (41%)	Male (48%)
Adult mental health - depression (9 votes)			
Felt sad or hopeless almost every day for two weeks or more in a row in the past year	8%	Age: <30 (16%) Income: <\$50K (15%)	Female (10%)
Reported a decline in their or their families mental health due to the COVID-19 pandemic	33%	Age: <30 (48%) Income: \$50K-\$99,999 (47%)	Female (36%)
Social isolation and exclusion <i>(Source: Family Promise of Delaware County, local data 2022, best practices in community development)</i>	N/A	N/A	N/A
Adult alcohol consumption - binge drinking (8 votes)			
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	33%	Age: 30-64 years (37%) Income: >\$100K (39%) School district: Big Walnut (43%)	Male (41%)
Adult diabetes/prediabetes (7 votes)			
Diagnosed with diabetes	8%	Age: 65+ (18%) Income: <\$50K (13%)	Male (9%)
Diagnosed with prediabetes	12%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult mental health – health care access and utilization (5 votes)			
Did not use a program to help themselves or a loved one with depression, anxiety, or other emotional problems due to cost	17%	N/A	N/A
Did not use a program to help with depression, anxiety, or other emotional problems due to being embarrassed or ashamed (i.e., stigma)	26%	N/A	N/A
Did not use a program to help with depression, anxiety, or other emotional problems due to inability to get to office/clinic	7%	N/A	N/A
Did not use a program to help with depression, anxiety, or other emotional problems due to cost of transportation	7%	N/A	N/A
Did not use a program to help with depression, anxiety, or other emotional problems due to availability of transportation	7%	N/A	N/A
Access to mental health services <i>(Source: Safe Harbor)</i>	100%	Age: 18-65 Income: Low income	N/A
Housing (4 votes)			
Households with at least 1-of-4 housing problems (ex: overcrowding, high housing costs, etc.) <i>(Source: County Health Rankings, 2022)</i>	9%	N/A	N/A
Reported 30-50% of their household income goes to their housing	29%	N/A	N/A
Reported 50% or higher of their household income goes to their housing	8%	N/A	N/A
Housing <i>(Source: Turning Point)</i>	20%	Age: 18-65 Income: Low income	N/A
Severe housing problems <i>(Source: Turning Point)</i>	80%	All	All
Housing instability (homelessness to housing access and lack of long-term housing stability) <i>(Source: Family Promise of Delaware County Family Promise of Delaware County local data 2021, - US interagency Council on Homelessness Goals to End Homelessness)</i>	N/A	Age: All ages, local spikes in 55+ and transition age youth 18-24 Income: 100-200% below poverty	N/A
Adult adverse childhood experiences (ACEs)/trauma (4 votes)			
Experienced four or more ACEs	14%	Age: <30 (29%) Income: <\$50K (23%)	Female (18%)
Adult drug use - recreational marijuana (4 votes)			
Recreational marijuana use in the past month	9%	Age: Under 30 (24%) Income: \$50k-\$99,999 (15%)	Male (10%)

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Food insecurity (4 votes)			
Adults who experienced more than one food insecurity issue in the past year	6%	N/A	N/A
Parents who had at least one food insecurity issue in the past year	3%	N/A	N/A
Child mental health – health care access and utilization (4 votes)			
Parents reported their child received mental health treatment or counseling in the past year	9%	N/A	N/A
Parents reported their child did not get all of the mental/behavioral health they needed in the past year due to too long of a wait for an appointment	9%	N/A	N/A
Parents reported their child did not get all of the mental/behavioral health they needed in the past year due to transportation problems	2%	N/A	N/A
Parents reported their child did not get all of the mental/behavioral health they needed in the past year due to cost	7%	N/A	N/A
Parents reporting mental health as a challenge regarding the day-to-day demands of parenthood/raising children	11%	N/A	N/A
Youth bullying (3 votes)			
Bullied in the past year	36%	Age: <13 (38%) School district: Big Walnut and Delaware City	Females (40%)
Bullied on school property in the past year	21%	N/A	N/A
Electronically bullied in the past year	10%	N/A	N/A
Youth mental health - depression (3 votes)			
Felt sad or hopeless almost every day for two weeks or more in a row in the past year	23%	Grade: 9-12 th (27%)	Females (29%)
Youth alcohol consumption (3 votes)			
Had at least one drink of alcohol in their life	21%	Age: 17+ (48%)	Female (22%)
Adult mental health – treatment or diagnosis (3 votes)			
Diagnosed or treated for a mental health condition	19%	Age: <30 (32%) Income: <\$50K (29%)	Female (24%)

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Transportation (3 votes)			
Means of transportation to work <i>(Source: U.S. Census Bureau, 2019 1 year estimates)</i>	<1% public transportation, 1% no vehicle	N/A	N/A
Transportation <i>(Source: Safe Harbor)</i>	50%	Age: 18-65 Income: Low income	N/A
Transportation access <i>(Source: Family Promise of Delaware County local data paired with USICH et. Al)</i>	100%	N/A	N/A
Adult whole fruit/vegetable consumption (3 votes)			
Ate five or more servings of whole fruits/vegetables every day in the past week	11%	Age: <30 (4%) Income: \$50K-\$99,999 (8%)	Female (11%)
Adult cardiovascular health (3 votes)			
Diagnosed with high blood pressure	29%	Age: 65+ (53%) Income: <\$50K (40%)	Male (37%)
Diagnosed with high blood cholesterol	34%	Age: 65+ (55%) Income: <\$50K (36%)	Male (37%)
Youth intimate partner violence (2 votes)			
Experienced physical dating violence in the past year	5%	N/A	N/A
Forced to do sexual things that they did not want to in the past year	5%	N/A	Females (7%)
Teenagers who experience sexual dating violence <i>(Source: CDC)</i>	1 in 12	Age: 18-24	Females
Adult quality of life (2 votes)			
Adults who experienced difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition	14%	Age: <30 (27%) Income: <\$50K (29%)	Female (16%)
Youth mental health - suicide (2 votes)			
Had no one to talk to when they had feelings of depression or self-harm	27%	N/A	N/A
Unintentional drug overdose deaths (2 votes)			
Delaware County unintentional drug overdose death rate <i>(Source: Ohio Department of Health, 2015-2020)</i>	11.9 per 100,000 population	N/A	N/A
Delaware County accidental drug overdose deaths <i>(Source: Ohio Department of Health, compiled by Delaware Public Health District, 2020)</i>	30 deaths	Average age: 39 years old	Male (63% of deaths)

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth marijuana and other drug use (2 votes)			
Used prescription drugs not prescribed to them in the past month	3%	N/A	N/A
Current marijuana users	4%	Age: 17+ (12%)	N/A
Cancer (2 votes)			
Cancer <i>(Source: Ohio Department of Health)</i>	6%	N/A	Male
Cases of thyroid cancer in Delaware County <i>(Source: Ohio Department of Health, 2014-2018)</i>	169 cases	N/A	N/A
Social and community context (2 votes)			
Adults who felt emotionally upset as a result of how they were treated based on their sexual orientation	4%	N/A	N/A
Adults who felt emotionally upset as a result of how they were treated based on their gender identity	4%	N/A	N/A
Adults who were emotionally upset as a result of how they were treated based on skin color	11%	N/A	N/A
Economic stability (2 votes)			
Adults who needed help meeting general daily needs such as food, clothing, shelter, or paying utility bills in the past month	6%	Age: <30 (17%) Income: <\$50K (16%)	Female (6%)
Income access and development <i>(Source: Family Promise of Delaware County, local data 2022)</i>	N/A	N/A	N/A
Chronic disease support (2 votes)			
Chronic disease support <i>(Source: Scioto Township and Nationwide Children's Hospital)</i>	N/A	N/A	N/A
Adult falls (1 vote)			
Fallen in the past year	19%	Age: 65+ (31%)	N/A
Adult smoking (1 vote)			
Current smokers	6%	Age: <30 (8%) Income: <\$50K (11%)	Female (6%)
Adult prescription drug misuse (1 vote)			
Used prescription medication not prescribed for them in the past month	1%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult relationship/intimate partner violence (1 vote)			
Adults who were abused by a spouse or partner	8%	N/A	N/A
U.S. adults who experienced sexual violence, physical violence, or stalking by an intimate partner in their lifetime <i>(Source: CDC)</i>	Female: 1 in 4 Male: 1 in 10	N/A	N/A
Adults who were forced or coerced to have sexual activity when they did not want to	3%	Age: <30 (8%) Income: <\$50K (8%)	N/A
African American health outcomes (1 vote)			
African American (AA) premature death (YPLL/100,000) in comparison to white (W)	7,315 YPLL (AA) 4,290 (W)	N/A	N/A
African American (AA) life expectancy in comparison to white (W)	79.3 years (AA) 81.5 (W)	N/A	N/A
Percentage of low birthweight African American (AA) babies in comparison to white (W)	10.9% (AA) 5.7 (W)	N/A	N/A
Youth weight status (1 vote)			
Obesity	9%	Age: 17+ (11%)	Male: (11%)
Youth physical activity (1 vote)			
Participated in physical activity on five or more days in the past week	59%	N/A	N/A
Youth sexual behavior (1 vote)			
Had sexual intercourse (9-12 th grade)	18%	Age: 17+ (33%)	Females (18%)
Participated in sexting in their lifetime	10%	Age: 17+ (25%)	N/A
Youth sexual coercion (1 vote)			
Engaged in sexual activity in exchange for something of value	2%	N/A	N/A
Sexually bullied in the past year	2%	N/A	N/A
Child mental health – depression (1 vote)			
Doctor, health professional, or health educator told Delaware County parents their 0-11 year old had depression	1%	N/A	N/A
Child family and community characteristics (1 vote)			
Parents who reported they contacted their child's school for problems they had with their child	13%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth adverse childhood experiences (ACEs)			
Experienced three or more ACEs in their lifetime	14%	Age: 17+ (19%)	Females (16%)
Lack of childcare (1 vote)			
Delaware County adults who reported they or their family were impacted by the COVID-19 pandemic due to lack of childcare	13%	N/A	N/A
Firearms (1 vote)			
Firearms used in Delaware County suicide deaths <i>(Source: Ohio Department of Health, 2015-2019)</i>	46%	Age: 25-54 (60%)	Male (75%)
Health care access (1 vote)			
Full continuum of rapid health access (including behavioral, recovery, and rapid social security) <i>(Source: Family Promise of Delaware County, local data 2022 with U.S. Interagency National Goals to end homelessness addressed)</i>	N/A	N/A	N/A

N/A- Not Available

Additional feedback with no specific data/indicators reported:

1 vote:

- Services for elderly
- Help for moms with new babies (low income)
- Low cost activities for teenagers (age: 12-18 and low income)
- Corrupt federal health organizations, medical industry, and big pharma

Priorities Chosen

Based on the 2022 Delaware County Community Health Assessment, key issues were identified for adults, youth, and children. Overall, there were 41 key issues identified by The Partnership. The Partnership members then completed a ranking exercise for the top 10 identified key issues via an online platform (SurveyMonkey). The Partnership members gave a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Partnership members' rankings were then combined to give an average score for the issue.

The results were compiled and shared with The Partnership. The Partnership analyzed the results, discussed options, and came to a consensus on the priority areas.

Key Issues	Votes
1. Adult mental health - depression	23.0
2. Child mental health - health care access and utilization	21.8
3. Adult mental health - health care access and utilization	21.5
4. Housing	20.9
5. Adult weight status	19.5
6. Adult adverse childhood experiences (ACEs)	19.2
7. Food insecurity	18.8
8. Adult diabetes/pre-diabetes	16.8
9. Adult alcohol consumption - binge drinking	16.7
10. Adult drug use - recreational marijuana	10.3

Delaware County will focus on the following priority health outcome over the next six years:

1. **Mental health and addiction** (focus: adult depression, adult binge drinking) 🇺🇸

Delaware County will focus on the following priority factors over the next six years:

2. **Community conditions** (focus: housing) 🇺🇸
3. **Access to care** (focus: adult/child mental health care access) 🇺🇸
4. **Health behaviors** (focus: adult weight status) 🇺🇸

Community Themes and Strengths Assessment (CTSA): Open-ended Questions to The Partnership

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to The Partnership and the Quality of Life Survey. Votes are displayed in parentheses if more than one organization identified the same or similar response to the below questions. Below are the results:

1) What do you believe are the 2-3 most important characteristics of a healthy community?

- Access to health care (9)
- Sense of belonging/inclusion (7)
- Community engagement and resources (5)
- Access to healthy foods (4)
- Housing affordability (3)
- Strong schools (2)
- Quality education (2)
- Culture of fitness/activity (2)
- Safety – physically, emotionally, spiritually (2)
- Cleanliness
- Volunteerism
- Shared sense of pride
- Celebration of diversity
- Abundance of green space
- Employment opportunities
- Data-driven decision making
- Social and economic stability
- Investment in health and wellness of others
- Competent public health and health care workforce

2) What makes you most proud of our community?

- Community collaboration/partnerships (13)
- Kindness and generosity of community members (5)
- Entrepreneurship (2)
- #1 in county health rankings (2)
- Resources available for families (2)
- Leadership
- Cleanliness
- Willingness to invest in wellness
- Parks and recreation opportunities
- Expansion of social service programming addressing needs
- Visibility that Delaware Ohio Pride brings to Delaware County
- Providing resources/ideas for community improvement for surrounding counties

3) What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- The Partnership for a Healthy Delaware County (7)
- Delaware County Hunger Alliance (5)
- Family and Children First Council (3)
- First Fridays (2)
- Pathways to Hope (2)
- Strengthening Families (2)
- Delaware County Housing Alliance (2)
- Community Health Improvement Plan – CHIP (2)
- The Kindness Project
- Unity in Community
- Delaware Rising
- Public Health District
- Chamber of Commerce
- Falls Prevention Coalition
- Family Promise
- Stepping Up
- Turning Point
- Kiwanis
- Beyond Promise with JusticeMobile
- Porch Picnic
- PEACE
- Suicide prevention
- Drug Free Delaware
- MACIT
- Delaware Ohio Pride
- Age-Friendly program
- United Way
- SourcePoint grant programs
- Delaware County Human Trafficking Coalition
- Delaware County Re-entry Coalition
- St. John Neumann Church
- Noah Ark Learning Center
- Mental health and addiction network of providers
- Big Walnut School PTO
- Delaware County Stepping Up
- Delaware County Jail
- Lives in Need of Connection – LINC
- Community Health Assessment
- Delaware County African American Heritage Council
- Local parks
- Local libraries
- Local hospitals
- Local rotary
- Free clinics

4) What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

- Affordable housing (10)
- Access/affordability to mental health treatment (9)
- Increased access to food – more grocery stores in lower income neighborhoods (5)
- Access to health care - physical and economic (3)
- Managing chronic diseases - obesity (2)
- Equity within marginalized populations (2)
- Physical fitness
- Stable workforce
- ACEs prevention
- Affordable childcare
- Economic disparities
- Healthy food in local schools
- Affordable office space for NFP
- Health education and prevention screenings

5) What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

- Limited workforce (5)
- Political climate (4)
- Limited affordable housing (4)
- Controlled funding streams (3)
- Lack of collaboration/communication (2)
- Lack of awareness of existing programs and services (2)
- Time
- Transportation
- Governmental policies
- Limited affordable service space for NFP
- Issues facing vulnerable and minority populations
- Fear of anticipating in unfamiliar or unknown programs
- Focus on wealthier communities instead of breadth of socio-economic statuses
- Organizations offering quality programs that sometimes efforts are duplicated - streamline efforts to maximize positive outcomes

6) What actions, policy, or funding priorities would you support to build a healthier community?

- Affordable housing (7)
- More funding for programs - grants (4)
- Prevention education (2)
- Policies around food insecurity (2)
- Health levy
- Cultural humility
- Youth programming
- Mobile health care access
- Expanding public transportation
- Policies for transgender individuals
- Increased sporting leagues for adults

What actions, policy, or funding priorities would you support to build a healthier community? (continued)

- Mental health and recovery treatment
- Walking/biking trail connecting county
- Policies around job training/education
- Inpatient unit for substance use disorders
- Increased inclusion of vulnerable populations
- Funding and policy that supports increased wages
- Work with existing community groups – Unity Community
- Eligibility and reimbursement rates to demonstrate parity for the full continuum of behavioral health care
- Review of policies to see what can be changed on local level that does not conflict with state or federal statutes

7) What would excite you enough to become involved (or more involved) in improving our community?

- Inclusion from minority populations (3)
- Multi-agency
- Networking
- Making an impact
- Improve traffic and parking
- Working with passionate people
- Plan to address the housing issues
- Reinvestment in areas with lower incomes
- Funding streams to support large scale projects
- Organized planning and positive messaging/advertising
- Effectively using all resources that are available in county
- Funding opportunities for behavioral health infrastructure
- Biking/walking trail connecting main town across Delaware County
- Interdisciplinary action committee to provide affordable housing that also creates green spaces, access to public transportation, and address food scarcity

Community Themes and Strengths Assessment (CTSA): Quality of Life Survey

The Partnership urged community members to fill out a short quality of life survey via an online platform (SurveyMonkey) from May to July 2022. This tool will assist The Partnership in understanding the overall quality of life in Delaware County. There were 547 respondents who completed the survey. Ninety-seven percent (97%) of survey respondents currently lived in Delaware County. The table below shows the Likert scale average response for Delaware County compared to the 2019-2022 Delaware County CHIP quality of life results.

The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Responses (1 to 5, with 5 being most positive)	
	2019 (n=1,036)	2022 (n=547)
<i>How satisfied or dissatisfied are you with the following statements?</i>		
1. The quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	4.53	4.34
2. The health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.97	3.97
3. This community is a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.46	4.18
<i>How much do you agree or disagree with the following statements?</i>		
4. This community is a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.96	3.82
5. There is economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.78	3.64
6. The community is a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.29	4.15
7. There are networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.95	3.84
8. All Individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.92	3.62

Quality of Life Questions	Likert Scale Responses (1 to 5, with 5 being most positive)	
	2019 (n=1,036)	2022 (n=547)
<i>How much do you agree or disagree with the following statements?</i>		
9. All residents perceive that they, individually and collectively, can make the community a better place to live?	3.66	3.40
10. Community assets are broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.74	3.57
11. Levels of mutual trust and respect increase among community partners as they participate in collaborative activities to achieve shared community goals?	3.95	3.82
12. There is an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.70	3.50

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Partnership was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Delaware County in the future.

The table below summarizes the forces of change agent and its potential impacts. HCNO categorized forces of change based on common themes. Votes are displayed in parentheses if more than one organization identified the same or similar force of change or threat and or opportunity created by the specific force of change.

Force of Change	Threats Posed	Opportunities Created
Political Forces		
1. Political climate (3)	<ul style="list-style-type: none"> Lack of minority representation on local boards Ultra-conservative & fundamentalist religious beliefs/thinking Poor local political leadership Lack of opportunities for involvement from organizations, dissuades individuals from getting active in community 	<ul style="list-style-type: none"> Increase advocacy/support for vulnerable & minority populations Increase awareness & education of public issues to elected officials Organizations becoming more self-reliant
2. Changing school climate (2)	<ul style="list-style-type: none"> Public opposition to school-based behavioral health care & prevention programming/parent's distrust of schools & curriculum (participation in sex education, suicide prevention, dating violence prevention, & alcohol/drug prevention programming) (2) Reduction in number of youth receiving programming or accessing community behavioral health providers 	<ul style="list-style-type: none"> Schools implementing their own behavioral health programs Change school culture by embedding programs in the schools County-wide awareness campaigns (billboards, presentations in faith-based community)

Force of Change	Threats Posed	Opportunities Created
Development Forces		
<p>3. Affordable housing (6)</p>	<ul style="list-style-type: none"> • Rising/prohibitive housing market costs (4) • Increasing homelessness (3) • Reduction/instability of funding & federal aid • Landlords drastically increasing rent • Wave of evictions • Increase of Child Protective Service cases due to housing instability • Increasing crimes of survival • Higher housing costs deterring money for basic necessities • Lower-income residents priced out of opportunities to own • Poor housing conditions • Poverty • Growth & development in county creating fewer options for affordable housing • Limited affordable apartment options in housing developments for low-income households • Housing developments farther from city/village centers for necessities, creating issues for those without reliable transportation • Real estate tax burden for schools, behavioral health, & infrastructure • Lack of affordable inventory 	<ul style="list-style-type: none"> • Housing attainability/affordability options (2) • Emergency housing • Community awareness • Work of Housing Alliance • Pathways to Hope rent assistance • Homeownership wealth • City & county economic development teams focus on improving housing/neighborhoods in lower-income areas of the county- build parks/greenspaces, community gardens, grocery stores • Develop more middle-income housing stock • Updates to school funding formulas & parity reimbursement for behavioral health care
<p>4. Drinking water supply</p>	<ul style="list-style-type: none"> • Shortage due to natural disaster, depleting supply, or aging systems • Relying on contaminated water, creating potential for mass illness 	<ul style="list-style-type: none"> • Investment in new & improved water systems

Force of Change	Threats Posed	Opportunities Created
Development Forces (continued)		
5. Transportation	<ul style="list-style-type: none"> • Increasing population creating more demand for transportation • Increased traffic • Decreased walkability • Pollution • Green spaces taken over by roads • Noise pollution 	<ul style="list-style-type: none"> • Increase public transportation options • Reconsider biking/walking as mode of transportation – support infrastructure • Increase mixed-use land development
Demographic Forces		
6. Increasing aging population (4)	<ul style="list-style-type: none"> • Poverty/financial instability (2) • Affordable housing (2) • Medicare not covering dental/vision • Attracting residents who plan to age in place • Increased health care & accessibility needs • Food insecurity • Increasing demand for aging/declining mobility support • Smallest workforce (centennials) supporting the largest generation (baby boomers) – not enough care providers • Lack of transportation • Risk of social isolation • Increased risk for disability 	<ul style="list-style-type: none"> • Work/volunteer opportunities for older adults (2) • Offer dental/vision services for older population • Facilities to support older adults • Reduced movement of younger family away from area • Create affordable accessible housing • Improve transportation options • Wellness programming
7. Population growth in the county (2)	<ul style="list-style-type: none"> • Lack of affordable housing (2) • Unable to provide services to growing population/disadvantaged get overlooked (2) • Affordable health care • Food insecurity • Child care accessibility 	<ul style="list-style-type: none"> • Affordable housing • Increased diversity • Additional health care options • More programs • More community involvement • Local business support

Force of Change	Threats Posed	Opportunities Created
Demographic Forces (continued)		
8. Increasing undocumented Hispanic population (2)	<ul style="list-style-type: none"> • Limited language proficiency/language barrier (2) • Lack of health insurance (2) • Access to health care (2) • Lack of affordable housing (2) • Food insecurity (2) • Increase of alcohol-related crimes • Distrust of law enforcement/government agencies • Not represented in census data 	<ul style="list-style-type: none"> • Provide affordable housing options (2) • Increase health care accessibility/expand health clinic services in county (2) • Ensure medical interpretation services • Increase awareness of pre & postnatal care • Increase awareness of agency services without fear of deportation • Provide preventive health screenings
9. Inflation (3)	<ul style="list-style-type: none"> • Poverty/financial instability (2) • Rising costs for essential items/ Residents having to choose between essentials (2) • Income stretches less • Increasing gas prices • Food insecurity • Lack of transportation • Rising housing costs • Risk of decline in donations to support nonprofits & government agencies 	<ul style="list-style-type: none"> • Transportation/Increase access to Delaware Area Transit (2) • Affordable housing • Programs for middle class • Partner with grocery stores to distribute perishable items that must be removed from the shelves to P.I.N. & other food banks • Increase awareness of community resources • Advocacy opportunities regarding importance of programming
Economic Forces		
10. Poverty/socioeconomic status disparities (2)	<ul style="list-style-type: none"> • Lack of housing (2) • Food availability (2) • Youth programming • Medical availability • Transportation 	<ul style="list-style-type: none"> • Affordable housing – low & middle income (2) • Clinics • Food banks • Wellness opportunities • Strategic locations of farmers markets • Low-cost/free food delivery • Expand geographic location for public transit/increase fleet

Force of Change	Threats Posed	Opportunities Created
Economic Forces (continued)		
11. Funding (2)	<ul style="list-style-type: none"> • Restricted funding forces dollars to be used for non-community priorities • Unable to spend all funding with constraints • Reduction in pandemic federal dollars to communities • Housing issues • Food insecurity • Child care 	<ul style="list-style-type: none"> • Increase levy • Advocate for increase in per capita funding for public health • Continued to advocate for block grant funding to allow focus on community needs • Leverage local funding support • Workforce opportunities • Increase services
12. Income tax being removed in Ohio	<ul style="list-style-type: none"> • Quick population growth • Lack of housing • Overwhelmed support systems 	<ul style="list-style-type: none"> • Diversification of population • New ideas
13. Supply chain issues	<ul style="list-style-type: none"> • Rising costs • Scarcity of items • Food insecurity 	<ul style="list-style-type: none"> • Community services need to adapt & provide additional care to those in need
Technology Forces		
14. Social media	<ul style="list-style-type: none"> • Misinformation • Screen time • Sedentary lifestyle • Declining literacy • Poor self-image 	<ul style="list-style-type: none"> • Increased access to information • Social media support groups

Force of Change	Threats Posed	Opportunities Created
Mental/Behavioral Health Forces		
15. Adult mental health (4)	<ul style="list-style-type: none"> • Increasing demand for mental health services (3) • Shortage of mental health workforce (2) • Stigma • Perception of affordability • Capacity issues/waitlist limitations • Lack of diverse & culturally representative mental health professionals • Transportation • Lack of funding • Insurance coverage • Less productivity (personal, employability, community) • Increase in health care costs • Increased injury & death • Increasing suicide ideation • Increasing substance use/misuse • Lack of healthy coping skills 	<ul style="list-style-type: none"> • Raise awareness of available services & resources (2) • Support wellness/self-care for clinicians to improve retention • Strengthen partnerships & peer support programming to increase competency of providers • Offer mental health programs to all in the lifespan • Offer opportunities to unplug & engage face-to-face • Push for fitness opportunities • Offer variety of support groups • Intervention methods • Continuity in services • Parity in all services on all levels for mental health similar to physical health

Force of Change	Threats Posed	Opportunities Created
Mental/Behavioral Health Forces (continued)		
16. Behavioral health (4)	<ul style="list-style-type: none"> • Increasing demand for behavioral health services (2) • Increased burden on other systems (schools, Children’s Services, jail, etc.) (2) • Diminished health status of residents (2) • Increasing overdose rates (2) • Breakdown in family unit • Increase in treatment costs • Legal problems • Increasing suicide rates • Increasing drug use • Accessibility • Increased wait times • Turnover of behavioral health staff • Shorter life expectancy for working/productive population • Stigma 	<ul style="list-style-type: none"> • Restructure behavioral health services (2) • Youth prevention programming/strengthen school health education (2) • In-patient treatment/recovery housing (2) • Alternative adult activities to replace alcohol-based recreation (e.g., sober bars) • Reduce stigma • Virtual health care • Expand programming with non-traditional workforce (peers, service coordination) • Implement harm reduction strategies

Force of Change	Threats Posed	Opportunities Created
Mental/Behavioral Health Forces (continued)		
17. Youth mental health (2)	<ul style="list-style-type: none"> • Increasing demand for mental health services (2) • Labor shortage of mental health professionals – diversity (2) • School board limiting social emotional learning & program access • Proposed legislation • Social environmental climate • Stigma • Transportation • Consequences of untreated/unrecognized depression • Increasing suicide ideation • Increasing substance use/misuse • Increase in vulnerability based on developmental stage • Youth reliant on adults & lack autonomy in making health care decisions • Impact on social-connectedness • Ageism 	<ul style="list-style-type: none"> • Raise awareness of available services & resources (2) • Support wellness/self-care for clinicians to increase retention • Strengthen partnerships & peer support programming to increase competency of providers • Support & promote for range of adult supports • Ensuring services are well trained in reaching diverse youth populations • Prevention screening • Appropriate/timely intervention methods • Continuity in services • Parity in all services on all levels for mental health similar to physical health
18. Child mental health	<ul style="list-style-type: none"> • Lack of funding • Lack of providers • Insurance coverage 	<ul style="list-style-type: none"> • Offer mental health programs to all in the lifespan
19. Preventive health (2)	<ul style="list-style-type: none"> • Adults not following through with preventive health activities • Risk-related behaviors – obesity, binge drinking, drug use • Increase in chronic disease • Increase in mental health problems 	<ul style="list-style-type: none"> • None noted

Force of Change	Threats Posed	Opportunities Created
General Health Forces		
20. COVID-19 pandemic (2)	<ul style="list-style-type: none"> • Public health authority vs individual rights • Workforce shortage/retention – stress, burnout • Inflation • Anti-vax efforts • Housing instability 	<ul style="list-style-type: none"> • Increase knowledge of public health’s purpose • Use of telehealth services • Increased awareness of the need for improved state/national public health technology • Invest in stabilization of most vulnerable populations
21. Cancer	<ul style="list-style-type: none"> • Access to health care • Awareness of resources • Transportation • Financial support • Family history/genetics • Lifestyle • Age 	<ul style="list-style-type: none"> • Early diagnosis & treatment • Clinical study opportunities • Decrease anxiety surrounding health care • Screening & exam education • Mobile mammogram program • Community education focus on health care resources & screenings for at-risk population
22. Obesity	<ul style="list-style-type: none"> • Health-related illnesses • Premature death 	<ul style="list-style-type: none"> • Wellness programs • Access to healthy foods & programs for all
23. Disabilities	<ul style="list-style-type: none"> • Wellness opportunities & sports programming 	<ul style="list-style-type: none"> • Increase in wellness & youth programming
24. Adverse Childhood Experiences/Trauma (2)	<ul style="list-style-type: none"> • Impact on health outcomes (2) • Impact of ongoing external & internal traumatic events (e.g., school shootings, exclusive legislation, toxic masculinity, institutionalized racism, economic disparities) (2) • Unknown COVID-19 or pandemic-related consequences • Increased behavioral health & substance use rates • Incarceration rates • Workforce reductions 	<ul style="list-style-type: none"> • Screening for ACEs at earlier ages to link connections for comprehensive community holistic approaches • Addressing & reframing misinformation • Provide cultural humility programming & life skills training for youth • Increasing community awareness • Reducing stigma

Force of Change	Threats Posed	Opportunities Created
Health Care Access Forces		
25. Child vaccination rates	<ul style="list-style-type: none"> • Growing trend of parents not getting children vaccinated • Recurrence of eradicated diseases 	<ul style="list-style-type: none"> • Educational programming opportunities • Access to sites/locations that provide education & treatment opportunities
26. Services for young adults	<ul style="list-style-type: none"> • Increasing young adult population • Lack of affordable housing • Lack of services for young adults • Lack of focus on low-income populations 	<ul style="list-style-type: none"> • Opportunity to develop programs for young adults • Structure community engagement for all ages
27. Health care for transgender people	<ul style="list-style-type: none"> • Substandard or denial of care by health care providers (EMTs, hospitals, Medicare) – influenced by religion/beliefs • Increased mental duress/suicide attempts • Loss of capital from families 	<ul style="list-style-type: none"> • LGBTQIA+ led telehealth & clinics opening • Grassroots political change to legislation
Local Public Health System Forces		
28. Workforce shortages (4)	<ul style="list-style-type: none"> • Limits on program offerings & capacity (2) • Health care & mental health care staffing shortages • High competition to fill employment • Staff retention • Low quality staff • Less taxes/income for the county • Workforce trending to IT fields rather than social service fields 	<ul style="list-style-type: none"> • High school awareness campaign • Recruitment & training opportunities/paraprofessional training • Grants to support programs • Bridging IT & provider networks to provide new ways to provide services
29. Laws limiting public health authority & control	<ul style="list-style-type: none"> • Outbreak/increasing spread of communicable & infectious diseases 	<ul style="list-style-type: none"> • Public educational program opportunities • Legislative advocacy efforts
30. Work from home culture	<ul style="list-style-type: none"> • Changes in how programs work • Access to internet • Cost of office supplies required for work needed in the home 	<ul style="list-style-type: none"> • Culture change • Quality of internet • Access to internet for all • Address digital/technology needs

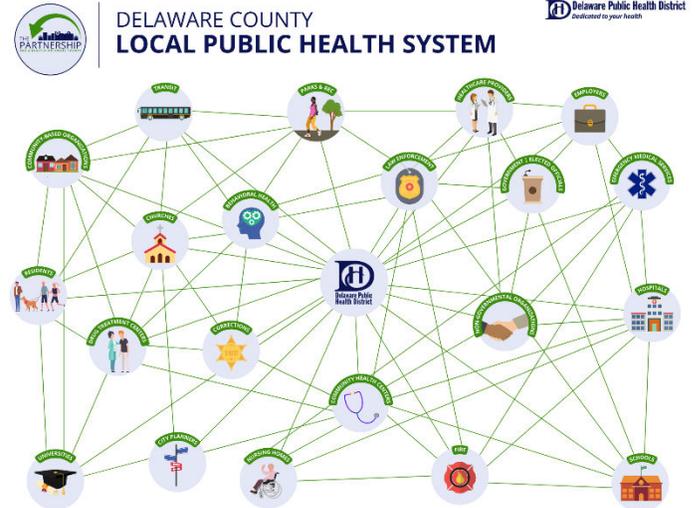
Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

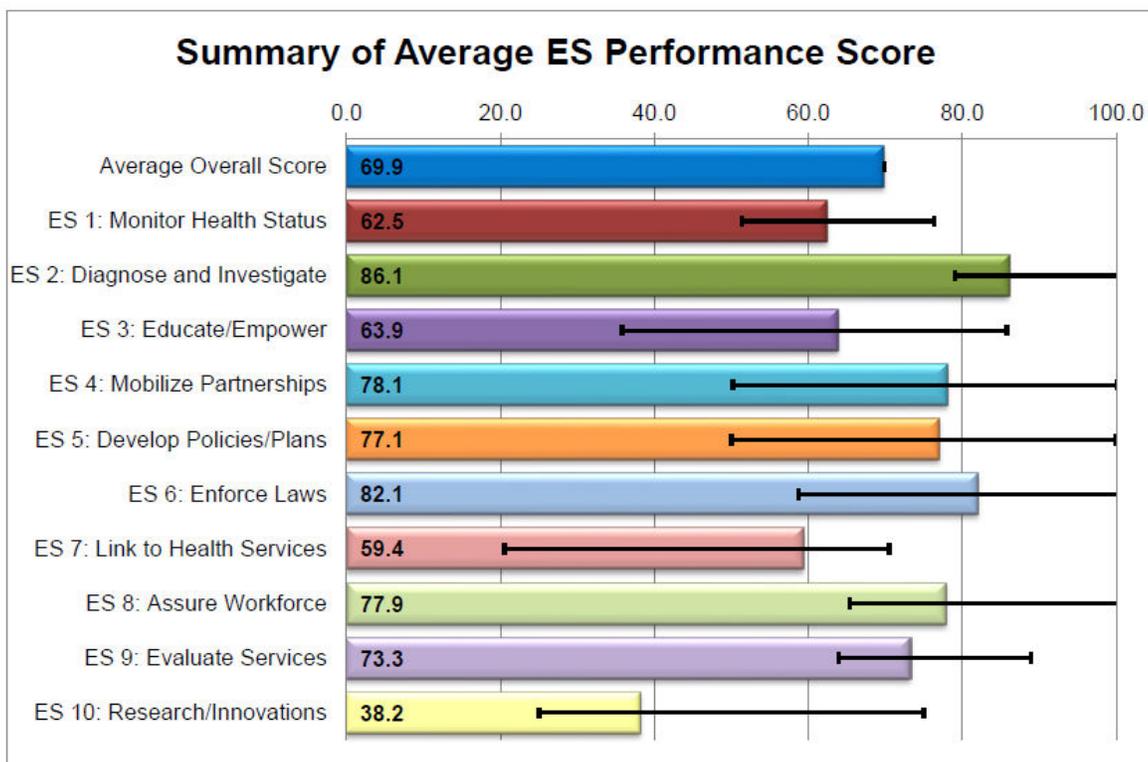
The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" This assessment involves the use of a nationally recognized tool called the National Public Health Performance Standards Local Instrument.

Members of the Delaware Public Health District completed the performance measures instrument via an online platform, SurveyMonkey. The LPHSA results were then presented to The Partnership for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

The Partnership identified 7 indicators that had a status of "minimal" and 0 indicators that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years. For questions regarding the LPHSA, please contact the Delaware Public Health District, Community Health Division, at (740) 368-1700.

Delaware County Local Public Health System Assessment 2022 Summary:



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The Partnership was asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, The Partnership was asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, participants determined strategies that best suited the needs of the community. The Partnership referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies.

Evidence-Based Practices

As part of the gap analysis and strategy selection, The Partnership considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, The Partnership was asked to identify resources for each strategy. The resource inventory allowed the participants to identify existing community resources, such as programs, policies, services, and more. Each resource inventory can be found with its corresponding strategy.

Recommended Strategies

To work toward improving **mental health and addiction** outcomes, the following strategies are recommended:

1. Community-based mental health education 
2. Expand evidence-based behavioral health screenings (e.g., SBIRT) 
3. Community-based comprehensive program(s) to reduce alcohol abuse 
4. Social and emotional instruction 

To work toward improving **access to care** outcomes, the following strategies are recommended:

1. Digital access to treatment services and crisis response 
2. Culturally competent workforce in underserved communities 
3. Public transportation systems 
4. Recruit behavioral health providers and staff/personnel 
5. Comparable insurance coverage for behavioral health (parity) 
6. Support and expand the role of peer support specialists 

To work toward improving **health behaviors** outcomes, the following strategies are recommended:

1. Adopt healthy food initiatives 
2. Promote healthy lifestyle practices through education and skill building
3. Community fitness programs 
4. Promotion of physical activity through the adoption of built environment changes and green space 

To work toward improving **community conditions** outcomes, the following strategies are recommended:

1. Rental assistance 
2. Affordable and attainable housing development and preservation 

Priority Outcome #1: Mental Health and Addiction

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority Outcome #1: Mental Health and Addiction				
Strategy 1: Community-based mental health education https://health.gov/healthypeople/objectives-and-data/browse-objectives				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Obtain baseline of the number of adult and youth community based mental health trainings which have been administered within the county (e.g., trauma informed care, Question, Persuade, and Refer [QPR], Parental SOS, MHFA, NAMI etc.).</p> <p>Market the trainings to identified target populations such as public serving entities, youth serving organizations, home school entities.</p> <p>Identify gaps in existing programs and determine additional program needs (e.g., the need for additional trainers, digital training/online platform opportunities).</p> <p>Research social marketing programs that can accompany community-based trainings (specifically addressing removing mental health stigma, successes of treatment among diverse populations, and dispelling misinformation).</p> <p>Identify opportunities to increase participation (e.g., free or reduced cost or incentives). Track audience and participant reach of programming.</p> <p>Determine how trainings can connect attendees to social marketing campaigns/local resources to help increase awareness of local mental health resources.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, females, <30 years old, household incomes <\$50,000)</p> <p>Youth</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce adult and youth depression 2. Reduce adult and youth suicide deaths <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. A) Percentage of adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year; B) Percentage of youth who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year 2. Number of deaths due to suicide for adults, ages 18 and older; and youth, ages 8-17, per 100,000 population (Source: Ohio Department of Health Public Health Data Warehouse) 	<p>Delaware-Morrow Mental Health and Recovery Services Board – Kristan Warren</p>

Assets/resources to address strategy: HelpLine (QPR), PASS (Mental Health First Aid for Adults and Youth), NAMI (Ending the Silence, In Our Own Voice), Family-to-Family Class, Peer-to-Peer Class), Syntero (Counseling, School Programming), Delaware Public Health District (Grief Recovery Method Training), Safe Harbor RE-Entry Grant, DMMHR SB (funding)

Priority Outcome #1: Mental Health and Addiction

Strategy 2: Evidence-based behavioral health screenings (e.g., SBIRT*)

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Make contact with national trainer who trained Delaware County clinical staff on SBIRT in the past.</p> <p>Review the local referral process and adjust if needed.</p> <p>Re-engage originally trained clinical staff at SourePoint, DPHD, and Mt. Carmel Physicians to gauge interest in re-training old staff and recruit new trainees.</p> <p>Focus on training non-traditional settings such as chiropractor, pain management clinics, Veterans programs/court, etc.</p> <p>Determine OhioHealth's & Mt. Carmel's ability to pull data on the number of MH & SUD screenings and referrals via EMRs.</p> <p>Work with both public and private providers to ensure that clinicians have appropriate and up to date community resources for mental health and addiction referrals.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults</p> <p>Depression: (specifically, females, under <30 years old, household incomes <\$50,000)</p> <p>Binge drinking: (specifically, males, 30-64 years old, household incomes >\$100,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce adult depression 2. Reduce adult binge drinking <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percentage of adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year. 2. Percent of adults who had at least (5 for men/4 for women) drinks on occasion in the past month 	<p>Delaware-Morrow Mental Health and Recovery Services Board – Rhianna Mattix</p> <p>Drug-Free Delaware County Coalition</p> <p>Delaware Public Health District</p>

Assets/resources to address strategy: DMMHR SB, OhioHealth, Ohio Hospital Association, Delaware Veteran's Docket, Mt. Carmel Physicians Offices already trained in SBIRT, Drug-Free Delaware Coalition, three major health systems (OH, OSU, Mt. Carmel) already have the same EMR systems to request hospital systems data pull on screenings and referrals

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Priority Outcome #1: Mental Health and Addiction

Strategy 3: Community-based comprehensive program(s) to reduce alcohol abuse

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Research community-based alcohol prevention programs to address binge drinking. Focus on strategies (e.g., harm reduction) that specifically target high use populations (males, higher incomes).</p> <p>Gather data through surveys or focus groups from the business community and merchants (e.g., Main Street Delaware, Chamber of Commerce, Veterans groups, bars) on ways to reach patrons. Determine cost-benefit for participation.</p> <p>Research community awareness campaigns to increase education and awareness surrounding binge drinking (e.g., educate on alcohol %, types of glasses/quantity, identify signs of a problem, alcohol effects on prescription medication for older adults).</p> <p>Identify additional data needs to identify underlying factors that contribute to binge drinking (e.g., drinking bourbon, craft beer is related to status).</p> <p>Partner with Drug-Free Delaware and determine best ways to educate priority populations.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, males, 30-64 years old, household incomes >\$100,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce adult binge drinking <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults who had at least (5 for men/4 for women) drinks on occasion in the past month 	<p>Drug-Free Delaware – Lisa Dooley, Coalition Coordinator</p> <p>Delaware Public Health District</p>
<p>Assets/resources to address strategy: Drug-Free Delaware & Delaware Public Health District has established program focus, Relationships with Main Street Delaware, Chamber of Commerce organizations, Veterans Groups, SourcePoint, Bars, Police Departments (Delaware, Powell, Genoa Township, Sunbury, Sheriff)</p>				

Priority Outcome #1: Mental Health and Addiction

Strategy 4: Social and emotional instruction

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Collect baseline data on current mental health programming offered within public Delaware County schools.</p> <p>Follow up with records request to ODE for '21/'22 school year reports from public school districts regarding implemented prevention programming.</p> <p>Continue to advocate for data collection of youth mental health and other health topics by encouraging school districts to participate in the YRBS survey.</p> <p>Collaborate with interested partners (e.g., mental health board, school leaders, school board, parents, local government, etc.) to promote expansion of mental health programming (e.g., school-based social and emotional instruction* or school-based cognitive behavioral therapy).</p> <p>Create an educational campaign targeting school boards, parents, and students regarding need for mental health programming in schools.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Youth and children</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce youth depression 2. Reduce child unmet need for mental health care <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percentage of youth who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year 2. Percent of children who did not get all of the mental/behavioral health they needed in the past year due to cost <p>Strategy Baseline Measurements:</p> <ol style="list-style-type: none"> 1. ODE Report from '21/'22 school year listing SEL programming in public schools 	<p>Prevention Education in All Classroom Environments (PEACE) Collaborative</p> <p>Delaware-Morrow Mental Health & Recovery Services Board Kristan Warren</p>

Assets/resources to address strategy: Project DREAMS (youth community participatory research pilot program) @ Hayes HS pilot program, DMMHRBSB funding to support agency program implementation, PEACE Collaborative with active membership from public districts, multiple best practice models related to SEL from state & federal agencies, Syntero is already in all public middle school buildings, NAMI Ending the Silence Program Education and Parent Program

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Priority Factor #2: Access to Care

Strategic Plan of Action

To work toward improving access to care outcomes, the following strategies are recommended:

Priority Outcome #1: Access to Care				
Strategy 1: Digital access to treatment services and crisis response				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Roll out two new pilot DMMHRBSB funded programs during FY'23 (ending June 30, 2023) focusing on immediate crisis response.</p> <ol style="list-style-type: none"> Maryhaven Walk-In Clinic Southeast Counseling <p>Utilize data to evaluate virtual vs. in person visits.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, females, under <30 years old, household incomes <\$50,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> Reduce adult depression Reduce suicide deaths <p>Priority Indicators:</p> <ol style="list-style-type: none"> A) Percentage of adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year B) Percentage of adults who reported fair or poor health Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (Source: Ohio Department of Health Public Health Data Warehouse) 	<p>Delaware-Morrow Mental Health and Recovery Services Board – Kristan Warren</p>
<p>Assets/resources to address strategy: DMMHRBSB funding & providers, DMMHRBSB consultant and staff to focus on Crisis Planning Continuum, many public providers already have digital systems already set up, Delaware County MACIT (Multi-Agency Crisis Intervention Team) already created and working on this and wants to expand delivery service models</p>				

Priority Factor #2: Access to Care

Strategy 2: Culturally competent workforce in underserved communities

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Collect baseline data on what cultural competency measures organizations have implemented.</p> <p>Identify tools to assess cultural competency of providers (Delaware African American Heritage Council assessment tools).</p> <p>Identify and implement existing programs that promote cultural competency (OSU).</p> <p>Identify appropriate evaluation measures.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults</p>	<p>Priority Outcomes:</p> <p>1. Increase local access to health care services</p> <p>Priority Indicators:</p> <p>1. Percent of adults living in a mental health professional shortage area (Source: HRSA, as compiled by KFF†) <i>Similar county level data (ratio of population to mental health providers) – County Health Rankings</i></p> <p><i>In the past 12 months, do you feel you have experienced worse medical care due to your race or ethnicity? - CHA</i></p> <p><i>In the past 30 days have you felt emotionally upset (angry, sad, or frustrated) as a result of how you were treated based on any of the following: ethnicity, skin color, sexual orientation, gender identity, culture, disability, religion, language spoken, none of the above.- CHA</i></p>	<p>Delaware Public Health District – Hali Burleson</p>

Assets/resources to address strategy: DMMHR SB Grant to address Health Equity & Cultural Competency, OSU, Delaware African American Heritage Council, Delaware Pride.

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

† HRSA – Health Resources and Services Administration

† KFF – Kaiser Family Foundation

Priority Factor #2: Access to Care

Strategy 3: Public transportation systems

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Develop a plan for implementing focus groups to determine specific transportation barriers related to access to care (access to private transportation, access to public transportation, cost of transportation, distance to provider, travel distance and time needed to get to/from appointments to provider).</p> <p>Connect with key stakeholders to help recruit focus group participants who are vulnerable to transportation needs (seniors, at risk populations, low income, adults with disabilities).</p> <p>Create questionnaire for focus groups and determine locations of focus groups to reach participants from a variety of Delaware County geographic areas. Determine ways to overcome participants transportation barriers to attend focus groups (Lyft or Uber rides, public transportation, door to door questionnaires, virtual meetings).</p> <p>Collect data from Delaware County Transit to determine transportation utilization (pickup and drop-off locations, utilization of public transportation for medical appointments).</p> <p>Collect data from hospital systems (OhioHealth, OSU, Mount Carmel) and Grace Clinic to determine Delaware County residents reporting transportation as a barrier.</p> <p>Review focus group results and transportation data with members of The Partnership Access to Care subcommittee and determine further action steps to address findings.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults and children</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce adult unmet need for mental health care 2. Reduce child unmet need for mental health care 3. Increase local access to health care services <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults who reported they did not use a program to help themselves or a loved one with depression, anxiety, or other emotional problems due to cost of transportation, and availability of transportation 2. Percent of children who did not get all of the mental/behavioral health they needed in the past year due to transportation problems 3. Percent of adults living in a mental health professional shortage area (Source: HRSA, as compiled by KFF+) <i>Similar county level data (ratio of population to mental health providers) – County Health Rankings</i> 	<p>Delaware County Transit (DCT)</p> <p>Delaware Public Health District</p>

Assets/resources to address strategy: DCT’s possible future funding through Mobility Management grant. DPHD’s Epidemiologist on staff to lead qualitative discussions, access to data from hospital systems, OhioHealth & Grace Clinic already offer free transportation options to clients, DCT’s Flex Program

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results. † HRSA – Health Resources and Services Administration † KFF – Kaiser Family Foundation

Priority Factor #2: Access to Care

Strategy 4: Recruit behavioral health providers and staff/personnel

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Determine baseline data on current behavioral health staffing across all DMMHRSB funded agencies.</p> <p>Identify which agencies and positions have the greatest impact to improve resident access to behavioral healthcare.</p> <p>Examine DMMHRSB agency outcome data to determine wait time by agency, population, and service.</p> <p>Determine appropriate staffing levels needed for each agency and what credentials are necessary to reduce wait time for the most critical behavioral health services.</p> <p>Strengthen internship programs by connecting more students with mental health related internship opportunities in Delaware County.</p> <p>Continuously examine network of public providers to ensure that gaps in services and/or vulnerable populations are being addressed by recruiting new providers to the area.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults and children</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> Increase local access to health care services Reduce child unmet need for mental health care <p>Priority Indicators:</p> <ol style="list-style-type: none"> Percent of adults living in a mental health professional shortage area (Source: HRSA, as compiled by KFF) <i>Similar county level data (ratio of population to mental health providers) – County Health Rankings</i> Percent of children who did not get all of the mental/behavioral health they needed in the past year due to too long of a wait for an appointment <p>Strategy Baseline Measurements:</p> <ol style="list-style-type: none"> Total number of DMMHRSB employees from funded BH agencies Percentage of employee turnover Board provider applications 	<p>Delaware-Morrow Mental Health & Recovery Services Board – Kristan Warren</p> <p>Delaware Public Health District – Hali Burleson</p>

Assets/resources to address strategy: OhioHealth has a “new” mobile health clinic pilot with medical residents to help increase access to behavioral health OMHAS is allocating resources from the state to help address issues, DMMHRSB is meeting with new potential partners to fill gaps in services, OWU career services.

† HRSA – Health Resources and Services Administration
 † KFF – Kaiser Family Foundation

Priority Factor #2: Access to Care

Strategy 5: Comparable insurance coverage for behavioral health (parity)

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Continuously monitor state and federal laws (SB 828) that address discriminatory practices in health insurance by creating requirements around mental health parity.</p> <p>Develop a campaign surrounding mental health parity to educate residents about their insurance benefits regarding mental health care, using already created resources (NAMI Mid-Ohio, Dept. of Insurance).</p> <p>Develop material to share with county leadership regarding mental health parity.</p> <p>Seek opportunities to advocate for state expansion of mental health parity and benefits legislation* to include reimbursement rates (OSU and OhioHealth Government Relations).</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults and children</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Reduce adult depression 2. Reduce suicide deaths 3. Reduce adult unmet need for mental health care 4. Reduce child unmet need for mental health care <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percentage of adults who reported feeling sad or hopeless almost every day for 2 or more weeks in a row in the past year 2. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (Source: Ohio Department of Health Public Health Data Warehouse) 3. Percent of adults who reported they did not use a program to help themselves or a loved one with depression, anxiety, or other emotional problems due to cost 4. Percent of children who did not get all of the mental/behavioral health they needed in the past year due to cost <p>Strategy Baseline Measurement:</p> <ol style="list-style-type: none"> 1. Medicaid reimbursement rates 2. Medicare billing eligibility 3. Provider eligibility 	<p>Delaware-Morrow Mental Health & Recovery Services Board – Deanna Brant</p>

Assets/resources to address strategy:
 DMMHRSB fully staffed to support strategy development, high insurance coverage rates across the county - making the underinsured/non-insured a manageable population to target, sliding fee scales exist with public providers, ready-made educational resources at the state's DOI.

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Priority Factor #2: Access to Care

Strategy 6: Support and expand the role of peer support specialists

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Research existing peer support programs (LOSS, NAMI Mid-Ohio, Survivorship Group, etc.).</p> <p>Recruit volunteers for peer support groups (promoting on social media, working with local churches, etc.).</p> <p>Identify and promote peer support programs within the county.</p> <p>Determine if there is a need to expand current peer support programs (growing NAMI's Young Adult Advocacy Group, increasing number of instructors/volunteers, certifying additional peer recovery supporters, The Grief Recovery Method). Determine a need for new peer support programs that could be implemented (overdose loss groups, parenting support groups).</p> <p>Determine how to strengthen existing peer support groups (Grief Share) with evidence-based practices and strategies.</p> <p>Meet with group facilitators to discuss evidence-based practices and strategies that could be implemented to improve programs' effectiveness.</p> <p>Strengthen referral process from providers to peer support groups (e.g., providing CEU's to providers).</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> Increase local access to health care services Reduce adult unmet need for mental health care <p>Priority Indicators:</p> <ol style="list-style-type: none"> Percent of adults living in a mental health professional shortage area (Source: HRSA, as compiled by KFF+) <i>Similar county level data (ratio of population to mental health providers) – County Health Rankings</i> Percent of adults who reported they did not use a program to help themselves or a loved one with depression, anxiety, or other emotional problems (e.g., due to cost, being embarrassed or ashamed) 	<p>Delaware-Morrow Mental Health & Recovery Services Board- Rhianna Mattix</p> <p>NAMI Mid-Ohio</p>

Pilot two new peer support groups within year one.				
Assets/resources to address strategy: DMMHR SB funded multiple peer model programs already in place – Safe Harbor, NAMI Mid-Ohio, Cornerstone of Hope, Grief Recovery Method, Helpline; Access Ohio				

† HRSA – Health Resources and Services Administration

† KFF – Kaiser Family Foundation

Priority Factor #3: Health Behaviors

Strategic Plan of Action

To work toward improving health behaviors outcomes, the following strategies are recommended:

Priority Factor #3: Health Behaviors 				
Strategy 1: Adopt healthy food initiatives  				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Collect baseline data on types of food offered at local food pantries and client eligibility criteria. Identify healthy food initiatives in food pantries* to increase access to healthy foods. Ensure that pantries have the capacity and infrastructure to offer healthy options.</p> <p>Promote a healthy food environment, and skill building by providing nutrition education at food pantries and other community locations, such as recipe demonstrations, point-of-purchase prompts, healthy vending machine policies, adoption of food service guidelines, and tailored messaging promoting healthier choices in food and beverages at worksites and other public locations. Partner with local farms and community gardens to provide donations to pantries.</p> <p>Expand healthy food initiatives to farmers' markets and farm markets throughout county. Identify opportunities to expand clientele and acceptance of market payment programs such as SNAP, Produce Perks and other payment/voucher programs.</p>	December 31, 2023 to December 31, 2028	Adults (specifically, <30 years old, males, household incomes <\$50,000)	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Decrease adult obesity 2. Increase adult fruit/vegetable consumption <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults that report body mass index (BMI) greater than or equal to 30 2. Percent of adults who reported eating five or more servings of whole fruits/vegetables every day in the past week <p>Strategy Baseline Measurements & Outcomes:</p> <ol style="list-style-type: none"> 1. Number of Food Service Guidelines/ Healthy Food & Beverage policies adopted 2. Number of participants reached through nutrition education programs 3. Number of Environmental Changes that support healthy food & beverage choices implemented 	<p>UW Hunger Alliance</p> <p>People In Need (PIN)</p> <p>Delaware Public Health District</p> <p>Ohio Wesleyan University</p>

Identify additional avenues to expand healthy food initiatives, and marketing available programs.				
Assets/resources to address strategy: DPHD CHC/HEAL Program, People in Need (PIN) piloting implementation of SWAP in 2022-2023, Hunger Alliance/United Way Collective Impact Grant Program & Countywide Hunger Alliance, Ohio Wesleyan University (OWU) Cooking Matters Program, Cancer Support Communities Cooking Program, OSU Extension SNAP-Ed, Delaware County WIC Farmers' Market Program, SourcePoint Senior Farmers' Market Voucher, Andrew's House SNAP/Produce Perks at Main Street Delaware Farmers' Market, Registered Dietitians on staff at DPHD, Grace Clinic, etc.				

*Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Priority Factor #3: Health Behaviors

Strategy 2: Promote healthy lifestyle practices through education and skill building

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Collect baseline data on the number of healthy lifestyle education and skill building programs currently being offered. Establish common evaluation questions that can be used among all healthy lifestyles education programs to track progress over time.</p> <p>DPHD staff will collaborate to determine timeline to expand Wellness Wednesday pilot program reach to other entities.</p> <p>Determine target population for program delivery, and frequency of implementation</p> <p>Engage other partners (Sourcepoint, Grace Clinic, OWU, DFD) to share programmatic delivery on various topics (diabetes, physical activity, healthy eating) related to the prevention of chronic disease & safety</p> <p>Reach out to past community sites to determine feasibility of implementing quarterly wellness screenings & educational offerings.</p> <p>Develop a draft plan for program expansion</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, <30 years old, males, household incomes <\$50,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Decrease adult obesity 2. Increase adult fruit/vegetable consumption <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults that report body mass index (BMI) greater than or equal to 30 2. Percent of adults who reported eating five or more servings of whole fruits/vegetables every day in the past week <p>Strategy Baseline Measurements & Outcomes:</p> <ol style="list-style-type: none"> 1. Number of healthy lifestyle education programs offered 2. Number of community sites hosting quarterly wellness screenings and educational offerings 3. Number of participants reached through healthy lifestyle & skill building education programs 4. Development of common evaluation questions that can be used after implementing education programs 	<p>Delaware Public Health District</p>

Assets/resources to address strategy: Dedicated community partners have experience working together, community interest from organized populations, nursing staff already has established reputation in the community with past In Your Neighborhood programs

Priority Factor #3: Health Behaviors

Strategy 3: Community fitness programs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Obtain baseline data on community fitness programs and activities currently being offered in the county. Establish common evaluation questions that can be used among all community fitness programs to track progress over time.</p> <p>Research community fitness programs* for adults, youth and children. When selecting programs, consider the interests of specific populations, such as seniors, college students, youth, and working families (e.g., Silver Sneakers, Tai Chi, Walk with a Doc, Bike to School/Work Day, etc.) and young males (e.g., recreational team sports).</p> <p>Work with the Health Behaviors Workgroup to implement and cross promote programs. Identify ways to ensure program accessibility for all residents. Explore opportunities to host events at parks or community centers and providing fee/low-cost activities. Explore opportunities for growing membership of the Partnership to include for-profit/private sector involvement in participation, marketing, and promotion of these programs.</p> <p>Develop a plan to market the programs to the public. Explore the feasibility of a multi-day outdoor expo to spread awareness of programs and provide learning opportunities for identified activities (e.g., kayaking, rock wall climbing, team sports, community 5ks or</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, <30 years old, males, household incomes <\$50,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Decrease adult obesity 2. Increase adult physical activity <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults that report body mass index (BMI) greater than or equal to 30 2. Percent of adults reporting no leisure time physical activity <p>Strategy Baseline Measurements & Outcomes:</p> <ol style="list-style-type: none"> 1. Number of Community Fitness Programs and other events/activities being offered in the County 2. Number of participants reached through implemented programs and activities 3. Development of common evaluation questions that can be used after implementing education programs. 	<p>Preservation Parks of Delaware County</p> <p>The Partnership of a Healthy Delaware County- Health Behaviors Workgroup</p>

<p>fun runs, etc.). Recruit adults to participate in programming.</p> <p>Maintain an inventory of up-to-date activities that are available to the public (noting available resources for free/reduced cost opportunities).</p>				
<p>Assets/resources to address strategy: Success and interest from 2018-2022 CHIP, Preservation Parks system of parks and programs, Municipal-owned Parks and Rec Programs, SourcePoint fitness programs & "Point in the Park" programming</p>				

*Strategy is noted to be scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Priority Factor #3: Health Behaviors

Strategy 4: Promotion of physical activity through the adoption of built environment changes and green space

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Work with Health Behaviors workgroup members to conduct community participatory environmental scans of walkability, safety, and connectedness of current streetscape, parks, and trails. Explore the feasibility of gathering non-motorized traffic counts using volunteers or a data collection program.</p> <p>Identify gaps that may prevent residents from utilizing paths, parks, and trails for active transportation or recreation. Consider implementing the following built environment changes:</p> <ol style="list-style-type: none"> 1. Advocate for the adoption of Complete Streets policies & streetscape design initiatives that improve safety of sidewalks and paths. For example, adding street crossing safety features, adding bicycle lanes, connecting sidewalks, reduced speed limits, and street side greenery. 2. Make multi-use paths and sidewalks more accessible by adding benches along routes. Increase usefulness of trail systems by designing them to include 'everyday destinations' & increasing knowledge of existing trail systems by providing maps with information regarding availability of public restrooms and other related destinations and information. 3. Creating or renovating park and green spaces in under-used recreation areas to increase physical activity. 	<p>December 31, 2023 to December 31, 2028</p>	<p>Adults (specifically, <30 years old, males, household incomes <\$50,000)</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Decrease adult obesity 2. Increase adult physical activity <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Percent of adults that report body mass index (BMI) greater than or equal to 30 2. Percent of adults reporting no leisure time physical activity <p>Strategy Baseline Measurements & Outcomes:</p> <ol style="list-style-type: none"> 1. Number of Policies Adopted that promote an active lifestyle such as complete streets resolutions or active transportation plans 2. Number of Environmental Changes implemented that support participation in physical activity and an active lifestyle 	<p>Delaware Public Health District</p> <p>The Partnership of a Healthy Delaware County- Health Behaviors Workgroup</p>

4. Implementation of countywide active-transportation plans or updating land-use planning documents to include health, food access & physical activity.				
Assets/resources to address strategy: DPHD CHC (Creating Healthy Communities) and HEAL grant (Healthy Eating Active Living) programs, Delaware County Regional Planning Commission (Maintains Delaware County Master Trail Plan & assists many communities with zoning and comprehensive land use planning), Preservation Parks, City of Delaware Department of Parks & Recreation, OPAL Trail Committee, Technical Assistance available from ODH, ODOT, & MORPC				

Priority Factor #4: Community Conditions

Strategic Plan of Action

To work toward improving community conditions outcomes, the following strategies are recommended:

Priority Factor #4: Community Conditions				
Strategy 1: Rental assistance				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Listed community partners will continue to provide rental assistance throughout 2023.</p> <p>Add additional new program providers by end of 2023.</p> <p>Additional changes to rental assistance will be determined by the Housing Alliance's assessment prioritization.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adult, youth, child</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Improve housing affordability and quality 2. Reduce severe housing problems 3. Reduce high housing costs <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Number of affordable and available units per 100 renters with incomes below 50% of Area Median Income (very low income) (Source: NLIHC analysis of ACS†) 2. Percentage of households with at least 1 of 4 housing problems (overcrowding, high housing costs, etc.) (Source: County Health Rankings) 3. Percentage of households with monthly housing costs exceeding 50% of monthly income 	<p>Delaware County Housing Alliance</p> <p>United Way-Pathways to Hope</p> <p>Bridges Community Action Partnership</p> <p>People in Need</p>
<p>Assets/resources to address strategy: Family Promise in process of applying for grant to support rental assistance, they currently have a diversion program. Pathways to Hope, Bridges Community Action Partnership and People in Need currently provide rental assistance.</p>				

† NLIHC – National Low-Income Housing Coalition

† ACS – American Community Survey (U.S. Census Bureau)

Priority Factor #4: Community Conditions

Strategy 2: Affordable and attainable housing development and preservation

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Assure representation from The Partnership on the Housing Alliance.</p> <p>Once Housing Alliance assessments are complete, utilize to identify policy or legislative changes that can impact affordable and attainable housing development in Delaware County.</p> <p>Housing Alliance will share draft plan in 2023 with stakeholders where prioritization of action steps will occur.</p>	<p>December 31, 2023 to December 31, 2028</p>	<p>Adult, youth, child</p>	<p>Priority Outcomes:</p> <ol style="list-style-type: none"> 1. Improve housing affordability and quality 2. Reduce severe housing problems 3. Reduce high housing costs <p>Priority Indicators:</p> <ol style="list-style-type: none"> 1. Number of affordable and available units per 100 renters with incomes below 50% of Area Median Income (very low income) (Source: NLIHC analysis of ACS†) 2. Percentage of households with at least 1 of 4 housing problems (overcrowding, high housing costs, etc.) (Source: County Health Rankings) 3. Percentage of households with monthly housing costs exceeding 50% of monthly income 	<p>Delaware County Housing Alliance-Lead</p> <p>Family Promise-advocacy</p> <p>SourcePoint</p> <p>Delaware County Transit</p> <p>Help Line-transportation concerns</p> <p>Large Delaware county employers</p>
<p>Assets/resources to address strategy:</p>				

† NLIHC – National Low-Income Housing Coalition

† ACS – American Community Survey (U.S. Census Bureau)

Progress and Measuring Outcomes

The progress on outcomes and indicators identified for each strategy under each priority will be monitored. Most indicators align directly with the SHIP. The organizations and individuals that are working on action steps will meet on an as needed basis. The full Partnership will meet quarterly to report out the progress. The Partnership will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible agencies, and timelines will be reviewed at the end of each year by The Partnership. Edits and revisions will be made accordingly.

Delaware County will continue facilitating full Community Health Assessments every six years to collect and track data. However, the Youth Risk Behavior Survey for middle and high-school aged youth will be conducted every three years. Primary data will be collected for adults, youth, and children using national sets of questions to not only compare trends in Delaware County, but also be able to compare to the state, the nation, and Healthy People 2030. This data will serve as measurable outcomes for each of the priority areas. Indicators that will be tracked by the state have already been defined throughout this report and are identified with the  icon.

In addition to outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that The Partnership will monitor will include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all action steps will be incorporated into a progress report template that can be shared at all future Partnership for a Healthy Delaware County meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Delaware Public Health District

Community Health Division
1-3 W. Winter St.
Delaware, OH 43015
(740) 368-1700

Appendix I: Gaps and Strategies

The following tables indicate priority related gaps and potential strategies that were identified by The Partnership. The Partnership identified gaps and potential strategies via an online platform (SurveyMonkey). The results were compiled and presented to The Partnership. Additional gaps and potential strategies were identified and incorporated. Following the presentation of the gap analysis and potential strategies results, breakout rooms were created based on priority area. The Partnership members joined a breakout room of their choosing to further discuss gaps and potential strategies based on the previous 2019-2022 Delaware County CHIP. Note: parentheses indicate the number of organizations who reported the same or similar gaps/potential strategies.

Priority Factor #1: Community Conditions

Priority Factor #1: Community Conditions (focus: housing)	
Gaps	Potential Strategies
1. Lack of affordable housing (including affordable ownership and rental opportunities) (8)	<ul style="list-style-type: none"> Rental assistance (certain types of rental programs could help lower income rental options be created and offered) (2)  ✓ Affordable housing development and preservation (2)  ✓ (there are a number of houses and building around the county that end up being abandoned. Certain programs could be implemented to inspire people to use those for affordable housing options) Engagement of local landlords/apartments (e.g., focus groups, work with local apartments/landlords to set aside a certain number of housing units based on income) (2) Advocate for local inclusionary zoning and housing policies to expand areas where affordable housing can be built  ✓ (2) (educate community regarding needs and debunking NIMBYISM (“not in my backyard”)) Partner with the Mid-Ohio Regional Planning Commission and other local organizations to identify opportunities to develop affordable housing leveraging state/federal funding *  ✓ Offer incentives to developers for building affordable housing units  ✓ Work with local private businesses to build some kind of trust fund to help offset housing costs
2. Lack of affordable housing among specific populations (seniors, fixed income, working poor, entry level personnel/young professionals) (4)	<ul style="list-style-type: none"> Support Housing Alliance Assessment and implementation of strategies, review options and opportunities after housing assessment is completed (2) * Affordable housing development and incentives  ✓, initiatives that incentivize “workforce” housing Join with a developer to build affordable housing – will need grant funding, county and city funding

 = Ohio SHIP supported strategy

✓ = likely to reduce disparities

* Aligned with previous Delaware County CHIP

Priority Factor #1: Community Conditions, continued (focus: housing)	
Gaps	Potential Strategies
3. Lack of diverse housing options (for example, low and moderate income housing, downsizing, single story) (4)	<ul style="list-style-type: none"> Assist in finding grant opportunities, tax-cuts, abatements, etc. 🗳️ ✓ Levels of housing that meet a continuum, some low/moderate, that fills the gap between low/regular Create more housing options for single family incomes, work force, low income, seniors
4. Lack of accessible and available emergency housing and/or shelter options (e.g., post prison, mental health issues, recent eviction, single parents, young adults, disabled populations) (2)	<ul style="list-style-type: none"> Increase rental assistance 🗳️ ✓ Explore home share opportunities United Way is developing a youth housing program. We need to expand existing shelters or build more units. We continue to see individuals living on the land with nowhere to place them Need accessibility (ramps, bars, widening doorways) for both the elderly and disabled populations
5. Lack of wrap around services/resources near affordable housing (2)	<ul style="list-style-type: none"> Partner with local health entities who can provide medical and social services closer to where people live or provide transportation so community members can get to medical care appointments Create walkable and/or or mobile resources
6. Lack of affordable housing developer incentives and landlords who accept housing subsidies (2)	<ul style="list-style-type: none"> Affordable housing development 🗳️ ✓ Adjust subsidy rates to reflect local fair market rent rates Incentivize local ownership of rental properties
7. Limited federal funding (and advocacy) for rental assistance programs; restrictive eligibility requirements	<ul style="list-style-type: none"> Rental assistance 🗳️ ✓
8. Neighborhood improvements	<ul style="list-style-type: none"> Affordable housing development and preservation 🗳️ ✓
9. Lack of REAL (race, ethnicity, and language) data about who is experiencing limited options	<ul style="list-style-type: none"> Survey local employers to identify if their employees live nearby to identify potential partners with shared interested in creating more housing opportunities
10. Communities and residents with water quality/water supply concerns	<ul style="list-style-type: none"> Work with local individuals and elected leaders on an as-needed basis to determine if there are potential opportunities for us to assist. Could be as lending expertise or as big as extending water lines. No one size fits all approach depending on the issue
11. Consumers who are unable to pay their water bill	<ul style="list-style-type: none"> We previously had a fund to set up to help customers who were struggling during the pandemic. I believe we still work with a community group to help address this challenge faced by customers
12. Transportation	<ul style="list-style-type: none"> None noted
13. Internet services	<ul style="list-style-type: none"> None noted
14. Understanding urgency for those displaced from their homes/the need for immediate action	<ul style="list-style-type: none"> Rental assistance and affordable housing development and preservation 🗳️ ✓

🗳️ = Ohio SHIP supported strategy

✓ = likely to reduce disparities

* Aligned with previous Delaware County CHIP

Priority Factor #2: Health Behaviors

Priority Factor #2: Health Behaviors (focus: adult weight status)	
Gaps	Potential Strategies
1. Lack of physical activity (including lack of free or low cost activities for adults, children, and families) (8)	<ul style="list-style-type: none"> • Offer community access and opportunities to engage in activities that promote fitness (e.g., community challenges, free programs in local parks, cross-promotion of activities throughout the year, hosting activities in community for adults to play soccer) (3) *  • Connect with worksites to promote community z opportunities with an already existing workplace wellness program • If there are resources, push to educate the community regarding available scholarships, sponsorships, sliding fee scaled to the vulnerable populations • Order increase in scholarship to YMCA • Transportation and land use policies, allowing people to get to parks and take part in active programs is vital
2. Lack of access to healthy and affordable foods (e.g., low income populations) (4)	<ul style="list-style-type: none"> • Work with local partners to create community food gardens. Then provide education on how to prepare healthy foods  • Healthy eating decision-making supports and incentives * • Increase neighborhood markets, farmers markets, increase local supply of healthy foods – promote farm to table supply chains • Advocacy to receive and maintain food services, WIC and SNAP
3. Education regarding nutrition (e.g., younger age groups have less access to healthy cooking opportunities) (3)	<ul style="list-style-type: none"> • Awareness and educational campaigns (e.g., social media reels) – nutritional content, healthy food ingredients (2) * • Working with Hunger Alliance for education and access to nutritious foods *
4. Uninsured/under-insured populations (3)	<ul style="list-style-type: none"> • Education to community on free or best covered services • Have dietitians and nutritionists partner with local agencies to focus on providing advice and counseling • Access to health care, food security, etc.
5. Lack of easy accessibility (e.g., lack of access to walkable and accessible green/recreation spaces, inclusive of sidewalks, transportation, expense, etc.) (2)	<ul style="list-style-type: none"> • Advocating for increased equitable development in neighborhoods for sidewalks, and recreation spaces that are accessible (including walking distance from neighborhoods as well as disability accessibility) • Relocation of Community Fitness Program in high needs areas and/or accessible transportation, time of programing for working public

 = Ohio SHIP supported strategy

√ = likely to reduce disparities

* Aligned with previous Delaware County CHIP

Priority Factor #2: Health Behaviors, continued (focus: adult weight status)	
Gaps	Potential Strategies
6. Community education/lack of education regarding resources that currently exist (2)	<ul style="list-style-type: none"> • Better educate community on food resources that currently are available through social media * • Community Center provide free nutrition and fitness classes – partner with local healthcare organizations to educate on services available
7. Unhealthy nutrition habits (cheap, easy, quick) (2)	<ul style="list-style-type: none"> • Fruit and vegetable incentive programs, such as Ohio Produce Perks 🗳️ ✓ • Healthy meals served at school 🗳️ ✓ • Healthy foods in food banks 🗳️ ✓
8. Understanding poverty culture (for example, lack of access to healthy food options, lack of time to exercise, constant levels of stress)	<ul style="list-style-type: none"> • Socioeconomic trainings - ask people in poverty what they need
9. Disconnect between knowledge of best practice and execution - make good choices the easy choice	<ul style="list-style-type: none"> • Delaware Public Health District Heal Grant, Community Fitness Program (PP rollover)
10. Providers that focus on weight loss - this is a specialty	<ul style="list-style-type: none"> • OH engagement
11. Lack of community awareness that obesity is a chronic condition and that it should not be stigmatized	<ul style="list-style-type: none"> • Initiate walking clubs and other body positive programming to encourage movement for all residents

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Priority Factor #3: Access to Care

Priority Factor #3: Access to Care (focus: adult and child mental health care access)	
Gaps	Potential Strategies
1. Increasing demand for behavioral health providers (including diverse and public/subsidized providers e.g., LGBTQ+) (9)	<ul style="list-style-type: none"> • Community effort to create tuition reimbursement/pay off foundation 🇺🇸 ✓ • Culturally competent workforce in underserved communities * 🇺🇸 ✓ • Score private insurers on parity - equitable reimbursement for mental health care access, increase reimbursement rates for all mental health services to fair and appropriate levels, develop infrastructure plan for affordable service space 🇺🇸 ✓ • Develop peer support group and group therapy opportunities in the community • Working with state and national organizations regarding strategies to recruiting the desired and needed diverse providers • Developing sustainability and retention within the mental health service provider community • Work with Mental Health and Recovery Services Board to identify alternative resources/access points to service • WFD/Payroll improvement by decreasing funding needed for facilities for providers • Recruitment campaign - needs funding. Potential joint ventures with major healthcare providers and mental health (such as ADAM)
2. School mental health - including support among parents and schools (4)	<ul style="list-style-type: none"> • Increased community based social and emotional programming and supports for youth implemented in school settings * 🇺🇸 • School board and local government collaboration to review data and need • Transparency and education about mental health care through media outlets, school communication, informational opportunity programs offered to parents • School board targeted education and advocacy campaigns
3. Lack of health benefits legislation/unaffordable out of pocket cost of care for uninsured residents and families (3)	<ul style="list-style-type: none"> • Mental health parity within insurance coverage, increased availability, and offerings of low cost mental health services 🇺🇸 ✓ • Universal healthcare, adjust the Federal Poverty guideline to be aligned with the reality of healthcare costs, HSAs with more flexible utilization and rollover policies • Increase in insurance coverage for behavioral health services (youth specific)
4. Providers who accept managed Medicaid insurance plans, Medicare, Medicaid. Insurance discrepancies for providers to be certified (2)	<ul style="list-style-type: none"> • Work with legislature to change rules/laws to allow for billing • Create a comprehensive list of providers to share with community members of who has openings for new patients and what kind of insurance is accepted. This could apply to medical, dental, optical and mental health services

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Priority Factor #3: Access to Care, continued (focus: adult and child mental health care access)

Gaps	Potential Strategies
5. Transportation (2)	<ul style="list-style-type: none"> • Potentially partnering with local agencies to secure grant dollars to hire Community Health Workers who then can help support and transport patients to the medical care appointments 🗳️ ✓ • Community transportation system 🗳️ ✓
6. Wait period is too long	<ul style="list-style-type: none"> • Collaborate with other entities
7. Disconnect between adult and child mental health care	<ul style="list-style-type: none"> • Create and/or expand family based interventions and services
8. Increased rates of depression among youth	<ul style="list-style-type: none"> • Connecting resources and programming to schools and other organizations (We'd love to offer resources and programming for our players at Delaware Rising)
9. Lack of education, services, and programs to address increasing rates of adults who experienced feeling worried, tense, and anxious	<ul style="list-style-type: none"> • More involvement in community activities to establish healthy relationship with peers (Adult soccer programming for players of all stages would be a great way to do this in Delaware)
10. Increased advocacy for funding of community based prevention services for provision of evidenced programming	<ul style="list-style-type: none"> • Increased community based social and emotional programming and supports for youth implemented in school settings * 🗳️ • Potential expansion of social and emotion instruction to include adult/senior populations
11. Not enough mental health providers/support for our youth which leads to adult mental health issues (2)	<ul style="list-style-type: none"> • Have mental health provider partner with our local school districts to offer screenings and other educational opportunities * • Need more support groups among adolescents
12. Lack of primary care offices that integrate mental health services into care delivery	<ul style="list-style-type: none"> • Screening all patients in primary care for depression at least annually * 🗳️
13. Lack of clinics offering Medication Assisted Treatment programs	<ul style="list-style-type: none"> • None noted

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Priority Outcome #1: Mental Health and Addiction

Priority Outcome #1: Mental Health & Addiction (focus: adult binge drinking, adult depression)	
Gaps	Potential Strategies
1. Stigma surrounding receiving services/seeking help (5)	<ul style="list-style-type: none"> • Awareness campaigns and education (e.g., long term community movement that creates acceptable language about depression and success of treatment) (3) * • Partnership to educate within schools - leveraging organization like NAMI and the alcohol, drug, and mental health board * • Promote Peer Recovery Support system 🗳
2. Recognition of depression/lack of knowledge of red flags for family/community members (3)	<ul style="list-style-type: none"> • Recognizing signs of depression in older adults (e.g., primary care providers and local medical providers screening and recognizing adult depression like we do for kids and make referrals for treatment) (2) * • Public information to decrease stigma and assist practitioners with knowledge of next steps for failed screenings
3. Unmet needs for adult mental health (increase in suicide rate, depression, anxiety, etc.) (3)	<ul style="list-style-type: none"> • Remove the stigma around seeking help and therapy and to show diverse communities seeking help • Telehealth for mental health - educating the population on how to take advantage of these options * 🗳 ✓ • Increase in depression screenings * 🗳 • Mental health benefits legislation, along with monitoring for implementation and compliance • Having mental health elements included with insurance
4. Increase in binge drinking and identifying underlying factors that contribute (e.g., environmental factors including ongoing pandemic and social norms) (3)	<ul style="list-style-type: none"> • Expand screening, brief intervention and referral to treatment model (SBIRT) protocol across county health services (2) * 🗳 • Identifying underlying factors contributing to binge drinking • Awareness initiatives
5. Lack of education and awareness around binge drinking (including consequences) (2)	<ul style="list-style-type: none"> • Responsible beverage service training and support to comply with it * 🗳 • "Rebranding" of alcohol use and abuse as not socially necessary or harmless, awareness campaigns for the connection between alcohol use as self-medication and trauma experiences, increased family education and screening opportunities post pandemic

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Priority Outcome #1: Mental Health & Addiction, continued (focus: adult binge drinking, adult depression)	
Gaps	Potential Strategies
6. Patient education	<ul style="list-style-type: none"> • Collaboration with local health care/clergy • Advertising programs in place
7. Employees and their families with mental health and addiction challenges	<ul style="list-style-type: none"> • We provide an Employee Assistance Program (EAP) free of charge to our employees and their families. We also share educational information when we think it may be helpful
8. Time to obtain assistance	<ul style="list-style-type: none"> • Engage community mental health agencies in understanding need
9. There are no residential addiction treatment facilities in Delaware County	<ul style="list-style-type: none"> • Create a crisis center with levels of care options to include residential treatment
10. There is no single male or single female homeless shelter in Delaware County. For those struggling with addiction and are homeless, the likelihood that a homeless person will be successful in outpatient treatment services is very low.	<ul style="list-style-type: none"> • Create a single male and single female homeless shelter (noted that Family Promise serves single males/females for the past 2 years)
11. Environmental factors (e.g., lack of clinicians, waitlist for care); lack of funding (e.g., for coordinated services, salary/workforce retention strategies)	<ul style="list-style-type: none"> • Collaborative care for depression 🗳️ ✓
12. Lack of innovative early intervention and educational programs for those experiencing depression	<ul style="list-style-type: none"> • Promote early intervention with innovative programs - technology and/or virtual platforms - creative service delivery without workforce, increase opportunities for social connectedness and awareness of universal stressor currently
13. Lack of data to inform appropriate planning/locations of brewery/winery/DORA and identify any correlations	<ul style="list-style-type: none"> • Re-engage SBIRT trainings for providers * 🗳️ • Identify data points needed and DPHD epi analysis
14. Access to addiction services	<ul style="list-style-type: none"> • Increase in telehealth services * 🗳️ ✓ • Increase in addiction recovery services for adults and youth (e.g., peer recovery support) 🗳️ ✓

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Appendix II: Links to Websites

Title of Link	Website URL
Benefits legislation	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-benefits-legislation
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Community fitness programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
Complete streets and streetscape design initiatives	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/complete-streets-streetscape-design-initiatives#footnote_32
Enhance fitness	https://projectenhance.org/enhancefitness/
Healthy food initiatives in food pantries	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/healthy-food-initiatives-in-food-pantries
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data/browse-objectives
Hospital Council of Northwest Ohio	https://www.hcno.org/
Inventory map	https://public-morpc.hub.arcgis.com/
Mental health parity	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet#:~:text=The%20Paul%20Wellstone%20and%20Pete.favorable%20benefit%20limitations%20on%20those
Non-motorized traffic counts	https://www.walkfriendly.org/communities/columbus-oh/
Point-of-purchase prompts for healthy foods	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/point-of-purchase-prompts-for-healthy-foods
Silver Sneakers	https://tools.silversneakers.com/
Social and emotional instruction	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-and-emotional-instruction
What Works for Health	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
Worksite cafeterias and vending machines	https://odh.ohio.gov/wps/wcm/connect/gov/be54626a-8bc5-4234-b6dd-f163401d3d7a/Main+Toolkit.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-be54626a-8bc5-4234-b6dd-f163401d3d7a-mC2nKoK

Appendix III: Secondary Data Sources – Strategies

Priority Indicator(s)	Secondary Data Source(s)	Secondary Data Source URL(s)	Applicable Strategy
Priority Outcome #1: Mental Health and Addiction			
Number of deaths due to suicide for adults, ages 18 and older; and youth, ages 8-17, per 100,000 population	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 1: Community-based mental health education (page 45)
Priority Factor #2: Access to Care			
Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 1: Digital access to treatment services and crisis response (page 49) Strategy 5: Comparable insurance coverage for behavioral health (parity) (page 53)
Percent of adults living in a mental health professional shortage area	Health Resources and Services Administration (HRSA), as compiled by Kaiser Family Foundation <i>Similar county level data (ratio of population to mental health providers) – County Health Rankings</i>	https://www.countyhealthrankings.org/explore-health-rankings/ohio/delaware?year=2022	Strategy 2: Culturally competent workforce in underserved communities (page 50) Strategy 3: Public transportation systems (page 51) Strategy 4: Recruit behavioral health providers and staff/personnel (page 52) Strategy 6: Support and expand the role of peer support specialists (page 54)
Priority Factor #4: Community Conditions			
<ol style="list-style-type: none"> Number of affordable and available units per 100 renters with incomes below 50% of Area Median Income (very low income) Percentage of households with at least 1 of 4 housing problems (overcrowding, high housing costs, etc.) 	<ol style="list-style-type: none"> National Low-Income Housing Coalition (NLIHC) analysis of American Community Survey (ACS) (U.S. Census Bureau) County Health Rankings 	<ol style="list-style-type: none"> https://ohiohome.org/research/rentercosts.aspx https://www.countyhealthrankings.org/explore-health-rankings/ohio/delaware?year=2022 	Strategy 1: Rental assistance (page 63) Strategy 2: Affordable and attainable housing development and preservation (page 64)