



# Delaware County

## Community Health Improvement Plan

2014-2018

Prepared by the Delaware General Health District for  
The Partnership for a Healthy Delaware County



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This document can be accessed at:

[www.gohealthydelaware.org](http://www.gohealthydelaware.org)

NOTE:

This CHIP document provides the following information from the Action Plans for each of the five 2014 Delaware County MAPP strategic issues: the Strategic Health Issue, Goals, Supporting Data, Outcome Objectives, and Strategies and Strategy Objectives. In addition, Appendix A presents the Action Plan template for the MAPP Strategic Issues, and Appendix B shows a table of Linkages between CHIP Action Plan Strategies and State and National Priorities.

The complete Action Plans for each of the five MAPP priority health issues are provided under separate cover in the document titled *2014 – 2018 CHIP Supplement: 2014 Action Plans for the MAPP Strategic Health Issues*. This document will be re-issued annually as the Action Plans are revised and updated. Forthcoming versions will be posted at: [www.gohealthydelaware.org](http://www.gohealthydelaware.org)

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# Executive Summary

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The Partnership for a Healthy Delaware County (the Partnership) is pleased to present the Delaware County Community Health Improvement Plan (CHIP) 2014 – 2018. A community's CHIP is developed collaboratively by a partnership of community members (individuals, organizations, agencies) and the local health department. The collaborative partnership for this CHIP was made possible through the commitment and work of the Partnership, which included over 40 individuals serving as representatives of local organizations or as local residents.

This CHIP is the product of the 2012 – 2014 Delaware County community health strategic planning process that used the nationally-recognized Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a process that begins with careful planning and organizing followed by establishing a collective vision, and then proceeds with gathering information about the community's health and well-being through four broad community assessments. After the results of the assessments are reviewed and prioritized, final MAPP strategic issues are determined. These MAPP strategic issues are the strategic health issues that are addressed in the final two MAPP phases (developing goals, outcome objectives, and strategies; and developing the action plans to implement the identified strategies).

The first four phases of the Delaware County MAPP (Organizing phase through Prioritization of assessment findings phase) were conducted between September 2012 and November 2013. In November 2013, the Partnership reviewed priorities from each of the four assessments and identified the five MAPP strategic issues. Between January and December 2014, work on the last two phases of MAPP by the Partnership and other community members resulted in the Action Plans for the strategic health issues that are addressed in this CHIP:

- Access to healthcare and medications,
- Alcohol abuse and drug abuse,
- Food insecurity,
- Mental health, and
- Obesity/overweight.

As it proceeded with the community health strategic planning process, the Partnership was guided by its vision for the Delaware County community: *A community where we work together to provide opportunities for complete health and well-being.* The values that the Partnership aspired to incorporate in its approach to its work and in its vision for the community were: *Excellence, Respect, Integrity, Stewardship, Collaboration, Accountability, Diversity, Social Justice, Family, Holistic, Accessibility, and*

*Empowerment.* In reviewing the CHIP and setting direction for the implementation, monitoring, and evaluation of the CHIP's Action Plans over the next 4 years, the Partnership endorsed a holistic definition of health as adopted by the World Health Organization – a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The Partnership also endorsed a nationally recognized 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.

The CHIP belongs to the Delaware County community. The commitment of the entire community will be essential to ensure that the strategies in the CHIP are implemented and monitored. In keeping with the Partnership's vision, the Delaware General Health District stands ready to collaborate with the community to provide opportunities for complete health and well-being. Residents, organizations, and community leaders are encouraged to be part of the community-wide effort to carry out the CHIP and make Delaware County a healthy community that continuously creates and improves its physical and social environments, where its members work together to support and empower each other toward their fullest potential in physical, mental, and social well-being.

# How to Use the CHIP

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The Community Health Improvement Plan – or CHIP – was created from the work of many community members who came together to address what they prioritized as the top five health issues facing our community. The CHIP contains an Action Plan for each of the five strategic health issues that list specific activities that the community can take to make steady and continuous improvements in its health.

How can the community use the CHIP to address the strategic health issues to be part of the efforts to improve individual and community health?

- Individuals and families can:
  - Review the plan to learn about the strategic health issues in the community.
  - Focus on one or more of the issues that fit best with your own personal health goals.
  - Volunteer your time and talents to a community group that is implementing strategies to achieve the plan's strategic objectives.
  - Talk with policy-makers and community leaders about why these strategic health issues are important, and ask questions about what's being done to address them.
- Organizations in the community can:
  - Discuss the plan with your members and constituents on how the strategic health issues affect the community.
  - Identify specific action steps that your organization can work on individually or with other organizations to support implementation of the CHIP action plans.
  - Partner with organizations across sectors and with community leaders to implement the plan.
- Workplaces can:
  - Implement comprehensive health promotion and wellness programs for employees and their families that include policy and environmental change strategies from the plan.
  - Partner with other agencies to address the health issues in the community.
  - Sponsor work place activities to address the strategic health issues.
- Schools can:
  - Work with parents, administrators and staff to implement strategies through programming, policies and changes in the school environment - the place where children learn, people work and the community comes together.
  - Review the plan and implement prevention strategies that integrate healthy habits into children's lives to support their learning, increase academic performance and improve their health.
- Healthcare providers can:
  - Implement some of the identified strategies that relate to your area of practice.
  - Discuss the strategic health issues with patients and help connect them to community resources and social services that address their health needs.

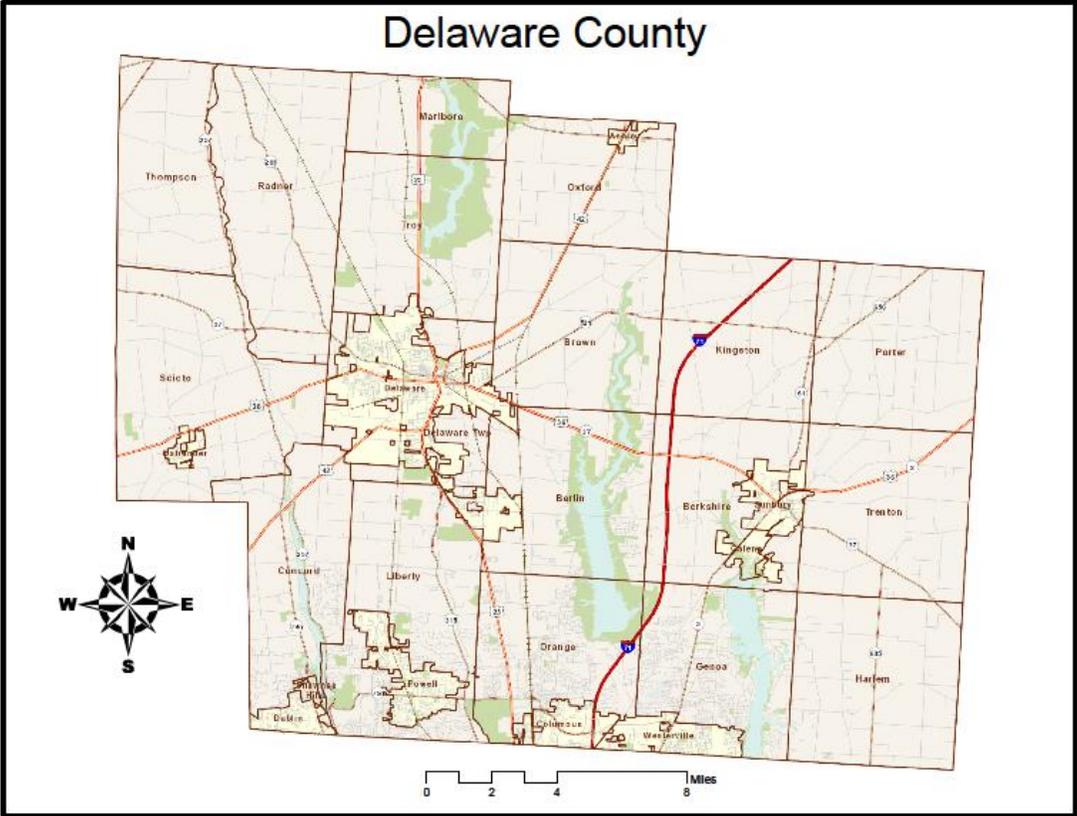
- Address barriers and maximize assets in your practice that affect these health issues.
- Partner with other providers and organizations to implement and improve the health of the community.
- Government officials can:
  - As employers, sponsor work place activities to address the strategic health issues.
  - As policy-makers, provide community-wide support and investment through policy, system and environmental changes to address the health issues.
  - Work with the Partnership for a Healthy Delaware County to attain its vision for complete health and well-being across all jurisdictions and populations in the community.
  - Actively promote the CHIP, and mobilize the community around the importance of shared ownership to implement it.

Other ways to get involved are:

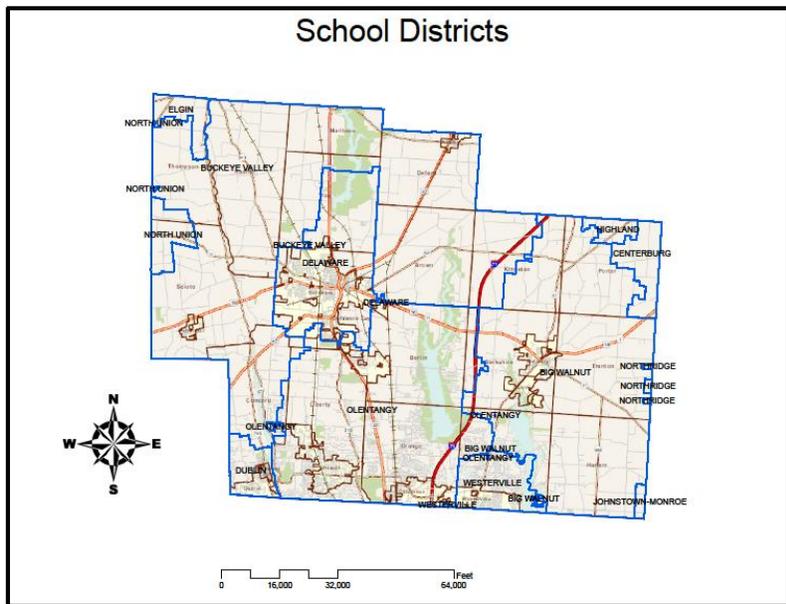
- Share your questions and comments about the CHIP. You can post your comments or questions about the CHIP on the Go Healthy! Delaware County website. Another way to share your questions and comments is to contact the Delaware General Health District at 740-368-1700 and ask to speak to someone about the CHIP.
- Follow the community's progress on putting the CHIP Action Plans into place. Updates will be posted on the Delaware General Health District's Facebook, Twitter account, and the Go Healthy! Delaware County website.

# Delaware County Overview

Delaware County, which is located in the central portion of Ohio, is one of the state's fastest growing counties. Since 2000, the county has experienced a 58% growth rate and with 174,214 residents is currently the 15th most populated of Ohio's 88 counties. The county's total area is 456 square miles; of which 442 (97%) square miles are land and 14 (3%) is water (Ohio Historical Center, n.d). The county's population density is 380.9 people per square mile, which is higher than both the state average density of 257.4 people per square mile and the national average density of 81.3 people per square mile. The southern part of the county is the fastest-growing portion; the county's northern portion remains the most rural. Compared to other counties in the state, Delaware County has a relatively high median income of approximately \$90,022 dollars (in 2010); 4.5% of the population lives in poverty (U.S. Census Bureau, 2010).



The 2010 census showed the population of Delaware County as approximately 90% White, 7% Black or African American, 3.5% Native American and Alaska Native, 0.2% Asian, 4.7% Pacific Islander, 0.5% from other races, and 1.9% from two or more races. Compared to the state population, Delaware County has a higher Asian population and fewer Black and Hispanic or Latino populations. The 2010 census also showed that the median age in Delaware County was 37.4 years, 31.2% of the population was age 18 or younger, and 7.4% of the population was under 5 years old.



As reported in the 2010 census, 20% of Delaware County's adult population had a high school diploma, 32% had a Bachelor's degree, and 17% had a graduate or professional degree. These percentages are lower than the percentage of Ohio adults that has a high school diploma (35%) but higher than the state percentage of adults that has a Bachelor's degree (15%) and the percentage that

has a graduate or professional degree (10%) (U.S. Census Bureau, 2010).

In 2010, there were 62,618 households in Delaware County; the average household size was 2.7, and the average family size was 3.1. Fewer than half of the households (42%) included children under 18 years of age. Over three-fifths (67%) of the households were married couples living together, 7.5% had a female head of household with no husband present, and 22.3% were non-families. Individuals living alone accounted for 18.2% of households, and individuals 65 years of age or older living alone represented 5.4% of households (U.S. Census Bureau, 2010).

# 2012 - 2014 Delaware County Community Health Strategic Planning Process

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The Partnership for a Healthy Delaware County (the Partnership) provided general direction for the 2012 – 2014 Delaware County Community Health Strategic Planning Process. The Delaware General Health District provided staffing and technical support for the process and contracted with a research firm – The Strategy Team – for the assessment phase of the process. Appendix C includes a list of members of the Partnership.

## Organizing

The Delaware General Health District (DGHD) convened an initial meeting of the Partnership to discuss the need to conduct a community health strategic planning process for Delaware County. The meeting, which was held on September 28, 2012 at OhioHealth/Grady Memorial Hospital, was attended by DGHD Staff and 15 Partnership members. During this initial meeting, DGHD staff reviewed the community health strategic planning process from 2008 and for the coming year. Partnership members expressed support for undertaking a new community health strategic planning process and discussed who else should be included in the group, best times to meet, and next steps for planning the process.

In January 2013, the Partnership met again and set parameters for organizing the community health strategic planning process. The Partnership organized itself as the Steering Committee and initiated the Mobilizing for Action through Planning and Partnerships (National Association of County and City Health Officials [NACCHO], 2013) framework for the 2012 – 2014 Delaware County Community Health Strategic Planning Process.

Subcommittees were formed for the Visioning and the Assessment phases of MAPP, and two members were elected as Co-Chairs of the Partnership.



## Visioning

Based on recommendations by the Visioning and Values Committee, the Partnership adopted “A community where we work together to provide opportunities for complete health and well-being” as the vision of where the Delaware County community should be in 5 years (2018) and twelve Values to guide the community health strategic planning process: Excellence, Respect, Integrity, Stewardship, Collaboration,

Accountability, Diversity, Social Justice, Family, Holistic, Accessibility, Empowerment. Consistent with the Vision and Values, the Partnership verified its definition of health as complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948). In addition, at its August 2014 meeting, the Partnership affirmed its definition of a healthy community as 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 (Centers for Disease Control and Prevention, n.d.). Appendix C includes a list of the members of the Partnership's MAPP Visioning and Values Committee.

## **The Four MAPP Assessments**

Four assessments are prescribed by the MAPP process (NACCHO, 2013). Taken together, results of the four assessments provide a comprehensive picture of the community's health and provide the foundation for identifying key health and social issues and the MAPP strategic priorities. The four MAPP assessments for the Delaware County community health strategic planning process were completed in 2013. Appendix C includes listings of the members of the MAPP Assessment committees.

The four MAPP assessments were:

1) The Community Health Status Assessment – This assessment included a telephone survey conducted over 4 months with a representative sample of 1,218 Delaware County residents.

In addition to the primary data gathered through the Behavioral Risk Factor Surveillance Survey (BRFSS), secondary data that were collected included demographics, morbidity and mortality statistics, environmental public health data, and other descriptors of health and well-being in Delaware County. The secondary data were compiled in the Objective Health Profile component of the Community Health Status Assessment (The Strategy Team, 2013a).

2) The Community Themes and Strengths Assessment – This assessment was conducted with a non-representative sample of 265 Delaware County residents using online and in-person methods (The Strategy Team, 2013b).

3) The Forces of Change Assessment – The Partnership served as the sample for this assessment, which was conducted during a special Partnership meeting (The Strategy Team, 2013c).

4) The Local Public Health System Assessment – This assessment was conducted over three days (Introduction, Data Collection, Prioritization) with the Partnership and other community representatives (Ohio State University College of Public Health [OSU CPH], Centers for Disease Control and Prevention [CDC], 2013).

## The Five MAPP Strategic Priorities

After reviewing and prioritizing the 36 priority issues from the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Forces of Change Assessment, and the 30 priorities from the Local Public Health System Assessment, the Partnership identified the five MAPP strategic issues (The Strategy Team, 2013d). The five MAPP strategic issues are:

- Access to healthcare and medications,
- Alcohol abuse and drug abuse,
- Food insecurity,
- Mental health, and
- Obesity/overweight.

These five priorities were rephrased as strategic health issues that were the focus of developing plans to achieve the Partnership's vision for a healthy Delaware County community. The next two phases of MAPP were developing goals, outcome objectives, and strategies; and planning, implementation, and evaluation (the Action Cycle).

## The MAPP Planning Cycle

Workgroups were formed for each of the five MAPP strategic priorities. The workgroups consisted of members of the Partnership, community residents, and Delaware General Health District staff serving as facilitators and/or content experts. Workgroups were asked to complete their work in drafting the action plans for their assigned strategic issue in approximately 7 months, in anticipation of an August 2014 Partnership meeting. Workgroups began meeting in January 2014 and followed a systematic action planning process that was broken into two phases.



Phase 1, which was to be completed by the April 3, 2014 meeting of the Partnership, included defining these elements of the Action Plan:

- Strategic Health Issue,
- Goal(s),
- Outcome Objective(s), and
- Justification statement describing the supporting data for the identified goals and objectives.

Phase 2, which was to be completed by the August 26, 2014 meeting of the Partnership, included these activities:

- Conducting a root cause analysis with fishbone diagramming,
- Identifying strategies to address the issue,
- Identifying the evidence base for each strategy,
- Identifying whether the strategy was a policy, system, or environmental change,
- Describing how the strategy included a focus on health equity,
- Identifying areas of alignment between the strategy and state and/or national priorities,
- Identifying barriers, assets and resources to implementing each strategy,
- Identifying priorities from the MAPP Local Public Health System Assessment that related to the strategy,
- Developing strategy objectives, identifying baseline data and performance measures for the strategy objective, and
- Completing the Action Plan for the strategy (action steps, responsible agency/agencies, resources required, time frame, performance indicator).

As noted above, workgroups were directed to consider the following key areas for each strategy: support by evidence, best practices, or type of change addressed (policy, systems, or environment), addressed health equity, supported issues identified in the 2013 MAPP Local Public Health System Assessment (OSU CPH, CDC, 2013) and how the strategy aligned with current state and national health priorities.

Addressing health equity was a key component of the Action Cycle process. Achieving health equity, eliminating disparities, and improving health for all groups is one of the overarching goals of Healthy People 2020 (U.S. Department of Health and Human Services [USDHHS], 2010a). Healthy People 2020 defines health equity as attaining the highest level of health for all people and notes that achieving health equity requires continuous and focused efforts to address current and past avoidable inequalities and injustices and to eliminate health differences (disparities) among groups of people whose health is adversely affected by those social, economic, and/or environmental inequalities, injustices, and disadvantages (USDHHS, 2010b).

Some workgroups opted to develop an outcome objective addressing health equity, whereas others decided to incorporate health equity into Action Plan strategies. Data from the Community Health Status Assessment's Behavioral Risk Factor Surveillance Survey (BRFSS) (The Strategy Team, 2013a) and other data sources were used to identify specific populations in Delaware County who had disparate health outcomes. The BRFSS results were analyzed by these social determinants of health that contribute to health inequities: age, race, sex, geographic location, education, and income. Action Plans were to include policy, system, and environment changes that alleviate identified causes of health inequities.

Each workgroup presented its Phase 1 work to the Partnership at its April 3, 2014 meeting; the Partnership discussed the progress, provided recommendations, and voted to adopt all Action Plans as presented, with requested amendments.

Phase 2 progress was presented to the Partnership at its August 26, 2014 meeting. The workgroups varied in their progress in Phase 2. The Partnership discussed the action plans and voted to adopt them with the understanding that work would continue. The Partnership planned to meet in May 2015 and in November 2015 to hear updates on the implementation of the Action Plans for each priority.

A template of the Action Plan is presented in Appendix A, and Appendix B presents a table displaying the alignment between specific Action Plan strategies and state and national priorities. The completed Action Plans for the five MAPP strategic health issues are provided under separate cover in the document titled *2014 – 2018 CHIP Supplement: Action Plans for the MAPP Strategic Priorities*. This document will be re-issued annually as the Action Plans are revised and updated. Forthcoming versions will be posted at: [www.gohealthydelaware.org](http://www.gohealthydelaware.org)

### **The MAPP Action Cycle – The Next Steps**

Implementation of the Action Plans will begin in January 2015. Coincident with the beginning of the CHIP implementation, the Partnership's Communication Committee will begin the rollout of its plan for disseminating the CHIP to community residents and other organizations including schools, public and private sector agencies and businesses, the faith community, and service organizations.

The next section presents the following elements for each of the five MAPP strategic issues: Strategic Health Issue, Goal(s), Supporting Data, Outcome Objectives, and Strategies and Strategy Objectives.

# The Five MAPP Strategic Priorities

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## **MAPP Priority: Access to Healthcare and Medications**

### ***The Strategic Health Issue***

“How can we increase access to quality healthcare services to vulnerable Delaware County residents?” The workgroup opted to focus on vulnerable residents to address pervasive health equity issues that contribute to the problems with accessing quality healthcare services.

### ***The Goal***

To improve the overall health of Delaware County residents by increasing access to quality healthcare.

The workgroup for this priority decided early in the Action Cycle process to focus on access to healthcare because of the depth of work that was needed to address the root causes of this health issue. This decision was driven largely by lack of available local data on the issue of access to prescription medications. Data on access to prescription medications from the Delaware General Health District's (DGHD) 2013 Access to Care Survey (DGHD, 2013) was found to be inadequate because it was descriptive and not representative of the target population. However, data about the number of prescriptions provided to vulnerable populations by local safety net providers could be available in the future. The decision was made to consider an objective related to access to medications.

The workgroup discussed the need to balance “good” versus “easy to get” or “available” data when choosing what to measure for outcome objectives. Representatives of local agencies identified some data points that might be collected in the future, but it was decided to re-examine the need for those at a later date. A decision also was made to choose objective measurements that were population-based, quality-based, or addressed health inequities. The workgroup raised the issue of need for local data at the Partnership's August 26, 2014 meeting.

Another issue that was raised by this workgroup at the August Partnership meeting was the number of county residents who reported “Good,” “Very Good,” or “Excellent” health (i.e., good or better) to the MAPP BRFSS survey component of the 2013 MAPP Community Health Status Assessment (The Strategy Team, 2013a). Consensus was reached that a goal of good health applied not only to the strategic health issue of Access but also to the other four MAPP strategic priorities. “Increasing the number of Delaware County residents who report “good” health or “better” from 91% to 95%” (4% increase) was suggested as an overall objective for the CHIP. The Partnership was in agreement. DGHD will monitor the BRFSS data and report on this overall CHIP objective.

## Supporting Data

Sources of data that were reviewed were: the four MAPP assessments, an Access to Care Survey conducted by the Delaware General Health District (2013), Robert Wood Johnson Foundation County Health rankings, population data from the Delaware County Regional Planning Commission Population Projection Figures, and service data from local safety net providers and the local transportation system.

Using the percentage of residents reporting inability to access healthcare when needed spoke to both the issue of access and the issue of access when needed. Using data on the percentage of residents unable to access vision or dental care seemed obvious to the workgroup given the overall access directive from the Partnership. Though the percentages were relatively small – 3% and 4% – it was hoped some improvement could be gained.

Quality of healthcare services was addressed by focusing on the percentage of residents with a diagnosis of diabetes that had their HgbA1c checked, because this indicator spoke not only to access to care for this chronic illness subset but all to quality of care. Because the current percentage having their HbgA1c was low (2.5%) and showed disparate results among vulnerable subgroups, the workgroup thought that improvement could be seen without extreme effort.

## Outcome Objectives:

1. By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get healthcare when needed from 4% to 3%.
2. By 12/31/2018, the 3-year average of Delaware County women who receive first trimester prenatal care will increase from 84.6% overall (2012) to 87%.
  - a. Within the Hispanic population, increase from 75.3% to 80%.
  - b. Within the Asian population, increase from 78.8% to 85%.
  - c. Within the African American population, increase from 72.2% to 80%.
3. By 12/31/2018, decrease the percentage of Delaware County residents who could not get:
  - a. Dental care when needed by 25% from 4% to 3%.
  - b. Vision care when needed by 33% from 3% to 2%.

NOTE: This objective was not addressed by any strategies in the 2014-2015 version of the Action Plan for this strategic health issue. It will be addressed in forthcoming versions.

4. By 12/31/2018, increase the percentage of Delaware County residents with a diagnosis of diabetes that had their HgbA1c checked within the last year from 2.5% to 10%.
5. By 12/31/2016, increase the number of Delaware County residents accessing prescription medication services at little or no cost through two community agencies by 5%.

### **Strategies and Strategy Objectives:**

1. Increase the availability and coordination of alternative transportation in Delaware County.

Strategy objective: By 1/1/2018, increase the number of Delaware County residents utilizing alternative transportation options for health related trips by 20%.

2. Implement a system for a one-stop access to transportation.

Strategy objective: By 12/31/2018, implement a pilot project for a virtual or centralized one-stop shop for mobility coordination for Delaware County.

3. Implement county-wide coordinated social/traditional media messages by the Partnership member agencies.

Strategy objective: By 12/31/2016, implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medications among county service agencies and community partners.

4. Implement a pilot Mobile Integrated Healthcare/Community Paramedicine program.

Strategy objective: By 7/31/2017, implement a pilot Mobile Integrated Healthcare/Community Paramedicine program in Delaware County.

## **MAPP Priority: Alcohol Abuse and Drug Abuse**

### **The Strategic Health Issue**

“How as a community can we reduce substance use, misuse, and abuse?”

### **The Goal**

To reduce the impact of substance use, misuse, and abuse.

Both alcohol abuse and drug abuse were prioritized as top priorities in the 2013 Community Themes and Strengths Assessment and the 2013 Forces of Change Assessment, whereas alcohol abuse was ranked as a priority in the Behavioral Risk Factor Surveillance System Survey (BRFSS) in the 2013 Community Health Status Assessment. (There were no drug use questions administered on the BRFSS to gauge the

scope of other drug use.)

### **Supporting Data**

At its November 2013 priority-setting meeting, the Partnership decided to focus on alcohol abuse and drug abuse. In the area of alcohol abuse, the work group chose to focus on binge drinking. The county average of 19% of Delaware County residents reporting having had at least 5 drinks for men/4 drinks for women on one occasion in the past month was greater than the 2012 State of Ohio average of 18%. Cross tab analysis of the data revealed that there were significant differences in binge drinking rates among adult residents by school district. The data also indicated that 18-34 year olds were more likely to binge drink than those aged 50 and older, and those aged 35-49 were more likely to drink than those aged 65 and older (The Strategy Team, 2013a).

Because opiate use and pain reliever use were indicated as problems in the MAPP assessments, the workgroup chose to focus on this issue. The Delaware-Morrow Mental Health and Recovery Services Board shared data from the Ohio Board of Pharmacy through the Ohio Automated RX Reporting System which indicated that 523.4 doses per patient per year were prescribed in Delaware County in 2013. Although fewer doses per patient were prescribed in Quarter 4 of 2013 in Delaware County (127.99) than per patient in the State of Ohio (154.02), the workgroup deemed the Delaware County numbers as high. Likewise, the group deemed the Delaware County quarterly doses dispensed per capita as high (10.8 doses per capita in Quarter 4 of 2013.) In comparison, 16.7 doses per capita were dispensed in the state of Ohio over the same quarter.

According to Delaware County Department of Job and Family Services (DCDJFS), from June 1, 2013 to June 1, 2014, 19 out of 32 open cases (59%) were due to some type of alcohol or drug-related use (Delaware County Job and Family Services, personal communication, 8/4/2014). Placement outside the home included either foster care and/or placement with relatives. The workgroup decided to implement evidence-based strategies that in the long-run would reduce drug use, leading to a reduction in the number of Delaware County families/children who are assigned to out-of-home placement due to substance use.

Furthermore, in 2013, there were 15 total Delaware County deaths from overdose either by intoxication by prescription medications, intoxication by heroin/cocaine, and/or combined intoxication by heroin and prescription medications (Delaware County Coroner's Office 2013 Annual Report). The workgroup decided to focus on reducing the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000 persons, a 20% reduction.

### **Outcome Objectives**

1. By 12/31/2018, reduce the percent who had at least (5 for men/4 for women) drinks on one occasion in the past month from 19% to 17%.

2. By 12/31/2018, reduce the annual number of opiate and pain reliever doses per patient in Delaware County from 523.36 doses per patient per year to 417.09 doses per patient per year, a 20% reduction.
3. By 12/31/2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.
4. By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.

### **Strategies and Strategy Objectives**

1. Educate and provide training on Trauma-Informed Service/Care (TIC) Systems

Strategy objective: By 12/31/2018, staff of 10 community/public agencies will be trained in trauma-informed care with 50% of agencies trained completing the pre- and post-test assessment.

2. Increase physician screens of adult patients.

Strategy objective: By 12/31/2018, 10% of primary care physicians practicing in Delaware County will implement the SBIRT (Screening, Brief Intervention and Referral to Treatment) screening tool.

3. Implement age-appropriate education.

Strategy objective: By 12/31/2018, provide age-appropriate alcohol and other drug education to three populations not currently receiving education through structured and evidence-based programs: older adults, incarcerated adults, and young adults aged 18-34.

4. Educate on an overdose response mechanism, with the use of naloxone.

Strategy objective: By 12/31/2018, ensure that naloxone and education on its use are available to all first responder agencies and at-risk community members.

## **MAPP Priority: Food Insecurity**

### **The Strategic Health Issue**

“How can we reduce food insecurity by ensuring access to essential nutrition in Delaware County?”

### **The Goal**

All Delaware County residents will have increased access to nutritious food regardless of economic status.

This workgroup was formed largely from the steering committee of the Delaware

County ACHIEVE grant, which was beginning to focus on food insecurity as an issue related to physical activity and nutrition. The ACHIEVE workgroup voted to collaborate with the Partnership to address this MAPP priority. Several members of the ACHIEVE workgroup also were members of the Partnership. Other members of the Partnership also participated in this workgroup.

### **Supporting Data**

Sources of data were the MAPP BRFSS survey, unpublished data from the Delaware County Hunger Alliance, unpublished Food Access Survey data collected from 30 residents in each of four Delaware County local jurisdictions by the Delaware County ACHIEVE Coalition in 2012, and data from Feeding America, Kids Count Data Center (2014).

- Percentage worried or stressed at least sometime in the past year about affording nutritious food – 19%, worse in 18-34 year olds, those over age 65, females and those with lower incomes.
- Those who reported higher BMI also reported higher levels of stress about affording nutritious food.
- Those who reported eating more than one serving of fruits or vegetables a day had healthier BMI to those eating less.
- In Delaware County, 25.7% of children are food insecure (compared to 34.7% in Ohio).
- In 2012, 7.1% of the Delaware County population received food assistance.
- In 2010, 17,890 of Delaware's population were estimated to be food insecure.

### **Outcome Objectives**

1. By 12/31/2018, there will be a 25% increase in access to fresh fruit, vegetables, lean protein and whole grains by persons who are food insecure in Delaware County.
2. By 12/31/2018, 10% of persons who are food insecure in Delaware County will increase their knowledge about nutritional food options.
3. By 12/31/ 2018, there will be a 25% increase in consumption of fresh fruit, vegetables, lean protein, and whole grains by persons who are food insecure in Delaware County.
4. By 12/31/2018, food insecurity in Delaware County will decrease by 2%.

### **Strategies and Strategy Objectives**

1. Increase the supply of nutritious food (fruits, vegetables, lean protein, whole grains) provided through the following venues: food pantries, produce drops, farmers' market vouchers, community/container gardens, community meals, shelf-stable commodities boxes, summer school lunch program, and home delivered meals (Meals on Wheels).

Strategy objective: By 12/31/2018, increase by 50% the supply of nutritious food (fruits, vegetables, lean protein, whole grains) to food insecure Delaware County residents.

2. Increase knowledge of nutritional food options through the Cooking Matters Program.

Strategy objective: By 12/31/2018, 80% of participants will increase their knowledge of nutritional food options after successfully completing the Cooking Matters program.

3. Promote the Hunger Alliance as a way to improve the food environment at local and state levels.

Strategy objective: By 12/31/2018, increase by 25% the number of stakeholders involved in the Delaware County Hunger Alliance.

## **MAPP Priority: Mental Health**

### ***The Strategic Health Issue***

"How could the mental health of Delaware County residents be improved?"

### ***The Goals***

1. Educate the community on the importance of mental health and mental health services.
2. Improve access to and utilization of mental health services.

The Mental Health workgroup chose to focus on two major goals – education, and improving access to and utilization of services. Workgroup members believed that these areas were related; if education about the importance of mental health services is readily available to the community, this in turn could improve access and utilization of services needed to improve mental health status. The workgroup also heavily discussed the stigma that still surrounds the topic of mental health – and how that influences resident action, or lack thereof, in seeking services. The workgroup believed that increasing education will impact awareness and improve mental health status in a positive way, along with reducing the negative stigma associated with mental illness.

### ***Supporting Data***

The topic of mental health received the highest number of votes when the Partnership prioritized issues on Nov. 21, 2013. However, when the group commenced their work, members did not believe that the BRFSS questions in the Community Health Status Assessment (The Strategy Team, 2013a) painted an accurate picture of mental health status throughout the community. In particular, the workgroup noted that many of the questions showed improvement over the last community assessment (number of days in

the past month mental health was not good) or scored lower than the state percentage (ever diagnosed with depression).

Several sources of data were evaluated when determining this workgroup's priority area, strategic issue, and goals. Community partners were asked to bring data they tracked in relation to mental health for discussion to help determine what local health data was available to track. The Delaware City Police Department, Ohio Wesleyan University, Central Ohio Mental Health Center, HelpLine, Delaware-Morrow Mental Health Recovery Services Board, and the Delaware County Suicide Prevention Coalition all shared different forms of data.

Furthermore, the workgroup members believed strongly that the questions used in the Community Health Status Assessment were not the best indicators of the true status of mental health among community residents. Therefore, the workgroup modeled the objectives after the Healthy People 2020 objectives. After a thorough review of the Healthy People 2020 objectives, workgroup participants chose these objectives as outcome objectives due to the availability of local data from Central Ohio Mental Health Center as well as the Delaware County Suicide Prevention Coalition. The workgroup particularly focused their discussion on the following Healthy People 2020 objectives:

- MHMD-1 Reduce the suicide rate.
- MHMD-4 Reduce the proportion of persons who experience major depressive episodes (MDEs).
- MHMD-4.2 Reduce the proportion of adults aged 18 years+ who experience MDEs.
- MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.
- MHMD-8 Increase the proportion of persons with serious mental illness who are employed.
- MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment.
- MHMD-11 Increase depression screening by primary care providers.
- MHMD-12 Increase the proportion of homeless adults with mental health problems who receive mental health services.

After narrowing in on the availability of local data, the workgroup used an online survey in March and April to prioritize the above objectives with increasing treatment for major depressive episodes and decreasing the suicide attempt rate as the highest ranked objectives under Goal 1 (education). Under Goal 2, participants chose to focus on increasing depression screenings with primary care physicians and engaging with community residents who are suicidal to assist them in getting treatment.

## **Outcome Objectives**

1. By 12/31/2018, increase the number of adults getting treatment in the public sector for major depressive episodes by 5% each year from 700 to 895.
2. By 12/31/2018, decrease the rate of reported adult suicide attempts from 144 per 100,000 people to 108 per 100,000 people, a reduction of 25% or 36 attempts over 5 years.
3. By 12/31/2018, increase annually by 5% the number of new suicidal clients who receive referral services for mental health services.
4. By 12/31/2018, increase annually by 5% the number of referred suicidal clients who enter into public mental health treatment who were contacted through Crisis Outreach Follow Up.
5. By 12/31/2018, increase annually by 5% the number of Delaware County healthcare providers who receive trainings on how/why to implement adult depression screenings.

## **Strategies and Strategy Objectives:**

1. Implement Mental Health First Aid trainings.

Strategy objective: By 12/31/2018, implement at least 10 Mental Health First Aid trainings to the community.

2. Implement training to prevent adult suicide attempts.

Strategy objective: By 12/31/2018, increase by two the number of Signs of Distress trainings offered to the community each year.

3. Develop and implement a community-wide campaign to educate people about depression.

Strategy objective: By 12/31/2018, implement a community-wide campaign to promote positive mental health.

4. Implement a tool for screening for depression.

Strategy objective 4a: By 12/31/2018, increase the number of PCP offices that screen for depression.

Strategy objective 4b: By 12/31/2018, implement depression screening trainings with at least three county agencies and/or partners who employ professionals able to identify depression in vulnerable populations.

5. Implement crisis intervention follow-up.

Strategy objective 5a: By 12/31/2018, refer a minimum of 50% of clients annually

who receive screenings for suicidal ideation at local hospital emergency rooms.

Strategy objective 5b: By 12/31/2018, increase annually the number (to be determined) of referred suicidal clients who enter into public behavioral health treatment services.

## **MAPP Priority: Obesity/Overweight**

### ***The Strategic Health Issue:***

“How as a community can we prevent and reduce obesity?”

### ***The Goal:***

Increase the proportion of Delaware County adults who are at a healthy weight.

As noted below, the MAPP BRFSS data in the Community Health Status Assessment (CHSA) indicated that subgroups of Delaware County adult residents have less favorable health status or are at increased risk for inequitable health outcomes due to unhealthy behaviors (The Strategy Team, 2013a). Various social determinants of health can impact behaviors that can increase risk for inequitable health outcomes such as obesity and overweight. The health equity outcome objective for the obesity/overweight priority is to evaluate whether at-risk groups show the same progress in meeting the goal as the reference group (i.e., the subgroup that was found to have the best response in the BRFSS data for any particular health status or health behavior question).

### ***Supporting Data:***

Data discussed were taken from the 2013 MAPP results from the CHSA BRFSS and the objective health profile (The Strategy Team, 2013a), the Community Themes and Strengths Assessment (CTSA) (The Strategy Team, 2013b), and the Forces of Change Assessment (FOCA) (The Strategy Team, 2013c). BRFSS data indicated that the percentage of adults in Delaware County who are overweight increased from 35% in 2007 to 36% in 2013, which exceeds the 2012 state rate of 35%; and the percentage of adults in Delaware County who are obese increased from 22% in 2007 to 25% in 2013 (The Strategy Team, 2013a).

CTSA data that justify the goal are the following issues that were identified as being among the most important problems facing Delaware County: obesity/overweight, poor eating habits, lack of exercise, and lack of access to affordable, healthy food (The Strategy Team, 2013b). The goal is also based on the FOCA (The Strategy Team, 2013c) data that identified the following as threats to health and well-being in Delaware County: less walking as a commuter community, increase in chronic conditions, and food insecurity driving obesity.

## **Outcome Objectives:**

1. By 12/31/2018, increase the average servings of fruit and vegetables consumed by Delaware County adults (Fruits from 2.0 per day to 2.5 per day, Vegetables from 2.1 per day to 2.5 per day).
2. By 12/31/2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.
3. By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.
4. By 12/31/2018, increase the percentage of adults who use lunch or work breaks to do physical activity or exercise at least 10 minutes at a time from 25% to 30%.

## **Strategies and Strategy Objectives:**

1. Implement a method to accept SNAP benefits at farmers' markets.

Strategy objective: By 12/31/2018, increase the number of Delaware County farmers' markets that accept SNAP benefits from 0 to 5.

2. Implement a community-wide campaign to promote healthy eating.

Strategy objective: By 12/31/2018, implement one campaign to educate churches and service groups on increasing fruit and vegetable intake.

3. Ensure access to fruits and vegetables in the workplace.

Strategy objective: By 12/31/2018, implement policy and/or environmental changes in three Delaware County worksites to increase access to fruits and vegetables.

4. Continue a menu labeling program.

Strategy objective: By 12/31/2018, increase the number of restaurants participating in DGHD on the Menu from 8 to 13.

5. Implement a community-wide campaign to increase public awareness of caloric information on restaurant menus.

Strategy objective: By 12/31/2018, implement one community-wide campaign to increase awareness of caloric information available to the public.

6. Implement community-wide screen time reduction campaign.

Strategy objective: By 12/31/2018, implement annual "Turn Off the Screen" challenge.

7. Establish shared use agreements to increase areas for the public to be physically active.

Strategy objective: By 12/31/2018, four local school systems will implement shared use agreements to allow use of school property and equipment for all residents of Delaware County.

8. Implement an evidence-based behavior weight management program for employees at local businesses.

Strategy objective: By 12/31/2018, implement an evidence-based behavior weight management program for employees at four Delaware County businesses.

# Conclusion

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In September 2012, the Partnership for a Healthy Delaware County (the Partnership) came together to begin the community health strategic planning process that identified five adult health strategic issues: Access to healthcare and medications, Alcohol abuse and drug abuse, Food insecurity, Mental health, and Obesity/overweight. The CHIP presents the Action Plans for each of the five priority health issues.

Implementation for some of the Action Plans began in 2014 with full implementation of all five Action Plans to begin in January 2015. The Partnership will continue its leadership role by monitoring the progress of implementing the Action Plans and by the efforts of its Communication Committee, which is developing a plan for presenting information about the CHIP and how to get involved to all sectors of the community, including residents, healthcare professionals, schools, organizations, work sites, and government.

Through its leadership, the Partnership is a key resource for implementing the plan. However, the CHIP is a community plan, and therefore its success in improving the health status of the Delaware County community depends largely on the entire community. People are the leading resource of our community, and it will require collective efforts of people across all sectors of the community to implement the CHIP and ultimately improve the community's health status.

The CHIP is a document, and it will evolve over time as additional data are gathered about the health issues and about the outcomes from the implementation of the Action Plans. What will not change is the need for the community's commitment to collaborate across sectors to make Delaware County a healthy community in which to live, work and play. The Delaware General Health District stands ready to support efforts to address the health issues and to make Delaware County a healthier community for everyone.

# Appendices

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- A. Action Plan Template for the MAPP Strategic Health Issues
- B. Linkages between CHIP Action Plan Strategies and State and National Priorities
- C. Partnership for a Healthy Delaware County (the Partnership) members, MAPP Partnership committee members, and CHIP workgroup members
- D. MAPP timeline
- E. Glossary of Terms
- F. References

# Appendix A

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## Action Plan Template for the MAPP Strategic Health Issues

<b>Goal:</b>				
<b>Outcome Objective:</b>				
<b>Strategy:</b> <b>Evidence-base:</b> <b>Policy, Systems, Environmental Change:</b> <b>Healthy Equity:</b>				
<b>Alignment with State/National Priorities:</b>				
<b>Barriers:</b> <b>Assets &amp; Resources:</b>				
<b>LPHSA:</b>				
<b>Strategy Objective:</b>				
<b>Performance Measure:</b>				
<b>Baseline:</b>				
<b>Action Steps</b>	<b>Responsible Agency(s)</b>	<b>Resources Required</b>	<b>Time Frame</b>	<b>Performance Indicator</b>

# Appendix B

## Linkages between CHIP Action Plan Strategies and State and National Priorities

### State Priorities

Health Issue	Strategy	Ohio's Plan to Prevent and Reduce Chronic Disease 2014 - 2018	Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013	Ohio Prescription Drug Abuse Task Force Final Report October 2010	Ohio Suicide Prevention Foundation Strategic Plan 2013 - 2016
<b>Access to Care</b>	<ol style="list-style-type: none"> <li>1. Increase the availability &amp; coordination of alternative transportation in Delaware County.</li> <li>2. Implement a mobility coordinator position/system for a one-stop access to transportation.</li> <li>3. Implement county-wide coordinated social/traditional media messages by PHDC member agencies.</li> <li>4. Investigate/implement a pilot Mobile Integrated Healthcare/Community Paramedicine program by 2018.</li> </ol>				
<b>Alcohol Abuse &amp; Drug Abuse</b>	<ol style="list-style-type: none"> <li>1. Educate &amp; provide training on Trauma-Informed Service/Care (TIC) systems.</li> <li>2. Increase physician screens of adult patients.</li> </ol>		Implement strategies for a TIC environment by utilizing the National Center for Trauma-Informed Care as a resource. (Strategy 1.4)		Adopt a statewide standardized screening & referral tool. (Treatment rec.)

Health Issue	Strategy	Ohio's Plan to Prevent and Reduce Chronic Disease 2014 - 2018	Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013	Ohio Prescription Drug Abuse Task Force Final Report October 2010	Ohio Suicide Prevention Foundation Strategic Plan 2013 - 2016
<b>Alcohol Abuse &amp; Drug Abuse (cont.)</b>	3. Implement age-appropriate education (older adults, incarcerated adult population, younger adults age 18-34).		Implement community innovation projects to improve continuity of care & outcomes in mentally ill or addicted offenders. (Strategy 5.4.1)	Provide education to increase awareness, knowledge & resources related to the risks of prescription pain reliever misuse, abuse, & overdose. (Public Health rec.)	Develop, at least, three target communication strategies.
	4. Educate on an overdose response mechanism, with the use of Narcan.				
<b>Food Insecurity</b>	1. Increase the supply of nutritious foods provided through the following venues: food pantries, produce drops, farmer's market vouchers, community/container gardens, community meals, shelf-stable commodities boxes, summer school lunch program, home delivered meals.				
	2. Increase knowledge of nutritional food options through the Cooking Matters Program.				
	3. Promote the Hunger Alliance as a way to improve the food environment at the local & state level.	Establish a statewide food council network to help create a supportive Ohio food system. (Obj. 1.15)			
<b>Mental Health</b>	1. Implement Mental Health First Aid trainings.		Implement public health campaign with stakeholders educating young adults on how to reach out to provide assistance to someone in crisis. (Strategy 5.1.1)		

Health Issue	Strategy	Ohio's Plan to Prevent and Reduce Chronic Disease 2014 - 2018	Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013	Ohio Prescription Drug Abuse Task Force Final Report October 2010	Ohio Suicide Prevention Foundation Strategic Plan 2013 - 2016
<b>Mental Health (cont.)</b>	2. Implement Signs of Distress trainings.		Implement public health campaign with stakeholders educating young adults on how to reach out to provide assistance to someone in crisis. (Strategy 5.1.1)		
	3. Implement educational community-wide campaign.				Develop, at least, three target communication strategies.
	4. Increase use of depression screenings.				
	5. Implement crisis intervention follow-up.				
	<b>Obesity/ Overweight</b>	1. Implement method to accept Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets.	Increase % of farmers' markets that accept nutrition assistance benefits, including electronic benefit transfers or vouchers for SNAP & WIC Farmers' Market Nutrition Program. (Obj. 1.11)		
2. Implement community-wide campaign to promote healthy eating.					
3. Ensure access to fruits & vegetables in the workplace.		Increase the # of public & private worksites in Ohio that meet Healthy Ohio Business Council worksite wellness criteria. (Obj. 1.8)			

Health Issue	Strategy	Ohio's Plan to Prevent and Reduce Chronic Disease 2014 - 2018	Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013	Ohio Prescription Drug Abuse Task Force Final Report October 2010	Ohio Suicide Prevention Foundation Strategic Plan 2013 - 2016
<b>Obesity/ Overweight (cont.)</b>	4. Continue DGHD on the Menu program.				
	5. Implement a community-wide campaign to increase public awareness of caloric information on restaurant menus.				
	6. Implement Turn Off the TV challenge.				
	7. Establish shared use agreements to increase areas for the public to be physically active.	Increase the # of Shared-Use Policies & Agreements between schools, communities, parks & recreation & other groups to increase physical activity opportunities in the community. (Obj. 1.7)			
	8. Implement an evidence-based behavior weight management program for employees at local businesses.	Increase the # of public & private worksites in Ohio that meet Healthy Ohio Business Council worksite wellness criteria. (Obj. 1.8)			

## National Priorities

Health Issue	Strategy	Healthy People 2020	National Prevention Strategy 2014 Annual Status Report	CDC Winnable Battles Report 2010 - 2015	National Drug Control Strategy 2014
<b>Access to Care</b>	<ol style="list-style-type: none"> <li>1. Increase the availability &amp; coordination of alternative transportation in Delaware County.</li> <li>2. Implement a mobility coordinator position/system for a one-stop access to transportation.</li> <li>3. Implement county-wide coordinated social/traditional media messages by PHDC member agencies.</li> <li>4. Investigate/implement a pilot Mobile Integrated Healthcare/Community Paramedicine program by 2018.</li> </ol>				
<b>Alcohol Abuse &amp; Drug Abuse</b>	<ol style="list-style-type: none"> <li>1. Educate &amp; provide training on Trauma-Informed Service/Care (TIC) systems.</li> <li>2. Increase physician screens of adult patients.</li> <li>3. Implement age-appropriate education (older adults, incarcerated adult population, younger adults age 18-34).</li> </ol>		<p>Provide individuals &amp; families with the support necessary to maintain positive mental well-being. (Mental &amp; Emotional Well-Being Rec. 3)</p> <p>Identify alcohol &amp; other drug abuse disorders early &amp; provide brief interventions, referral &amp; treatment. (Preventing Drug Abuse &amp; Excessive Alcohol Use Rec. 3)</p> <p>Reduce inappropriate access to &amp; use of prescription drugs (Preventing Drug Abuse &amp; Excessive Alcohol Use Rec. 4)</p>		

Health Issue	Strategy	Healthy People 2020	National Prevention Strategy 2014 Annual Status Report	CDC Winnable Battles Report 2010 - 2015	National Drug Control Strategy 2014
<b>Alcohol Abuse &amp; Drug Abuse (cont.)</b>	4. Educate on an overdose response mechanism, with the use of Narcan.				Prevent overdoses and make antidotes available (Policy Focus: Preventing & Addressing Prescription Drug Abuse)
<b>Food Insecurity</b>	1. Increase the supply of nutritious foods provided through the following venues: food pantries, produce drops, farmer's market vouchers, community/container gardens, community meals, shelf-stable commodities boxes, summer school lunch program, home delivered meals.	Reduce household food insecurity & in so doing reduce hunger. (NWS Obj. 13)	Increase access to healthy & affordable foods in communities. (Healthy Eating Rec. 1)		
	2. Increase knowledge of nutritional food options through the Cooking Matters Program.	Reduce household food insecurity & in so doing reduce hunger. (NWS Obj. 13)	Increase access to healthy & affordable foods in communities. (Healthy Eating Rec. 1)		
	3. Promote the Hunger Alliance as a way to improve the food environment at the local & state level.				
<b>Mental Health</b>	1. Implement Mental Health First Aid trainings.		Promote early identification of mental health needs & access to quality services. (Mental & Emotional Well-being Rec. 4)		
	2. Implement Signs of Distress trainings.		Promote early identification of mental health needs & access to quality services. (Mental & Emotional Well-being Rec. 4)		
	3. Implement educational community-wide campaign.		Promote early identification of mental health needs & access to quality services. (Mental & Emotional Well-being Rec. 4)		

Health Issue	Strategy	Healthy People 2020	National Prevention Strategy 2014 Annual Status Report	CDC Winnable Battles Report 2010 - 2015	National Drug Control Strategy 2014
<b>Mental Health (cont.)</b>	4. Increase use of depression screenings.	Increase depression screening by primary care providers. (MHMD Obj. 11)	Promote early identification of mental health needs & access to quality services. (Mental & Emotional Well-being Rec. 4)		
	5. Implement crisis intervention follow-up.		Promote early identification of mental health needs & access to quality services. (Mental & Emotional Well-being Rec. 4)		
<b>Obesity/ Overweight</b>	1. Implement method to accept Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets.	Increase proportion of Americans who have access to food retail outlet that sells a variety of foods that are encouraged by the <i>Dietary Guidelines for Americans</i> . (NWS Obj. 4)	Increase access to healthy & affordable foods in communities. (Healthy Eating Rec. 1)	Improve the food environments of child care centers, schools, hospitals, workplaces & food retail outlets. (Nutrition, Physical Activity & Obesity Key Action)	
	2. Implement community-wide campaign to promote healthy eating.		Help people recognize & make healthy food & beverage choices. (Healthy Eating Rec. 4)		
	3. Ensure access to fruits & vegetables in the workplace.	Increase contribution of fruits (Obj. NWSE-14) & vegetables (Obj. NWS-15) to the diets of the population aged 2 & older.	Implement organizational & programmatic nutrition standards & policies. (Healthy Eating Rec. 2)	Improve the food environments of child care centers, schools, hospitals, workplaces & food retail outlets. (Nutrition, Physical Activity, & Obesity Key Action)	
	4. Continue DGHD on the Menu program.		Help people recognize & make healthy food & beverage choices. (Healthy Eating Rec. 4)		

Health Issue	Strategy	Healthy People 2020	National Prevention Strategy 2014 Annual Status Report	CDC Winnable Battles Report 2010 - 2015	National Drug Control Strategy 2014	
<b>Obesity/ Overweight (cont.)</b>	5. Implement a community-wide campaign to increase public awareness of caloric information on restaurant menus.		Help people recognize & make healthy food & beverage choices. (Healthy Eating Rec. 4)			
	6. Implement Turn Off the TV challenge.	Reduce the proportion of adults who engage in no leisure time physical activity. (PA Obj. 1)		Improve the environments/policies of child care centers, schools, workplaces & communities to support increased physical activity. (Nutrition, Physical Activity, & Obesity Key Action)		
	7. Establish shared use agreements to increase areas for the public to be physically active.			Facilitate access to safe, accessible & affordable places for physical activity. (Active Living Rec. 3)	Improve the environments/policies of child care centers, schools, workplaces & communities to support increased physical activity. (Nutrition, Physical Activity, & Obesity Key Action)	
	8. Implement an evidence-based behavior weight management program for employees at local businesses.	Increase the proportion of worksites that offer nutrition or weight management classes or counseling. (NWS Obj. 7)		Support workplace policies & programs that increase physical activity. (Active Living Rec. 4)		

# Appendix C

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## Partnership for a Healthy Delaware County (the Partnership)

(\* indicates a member is no longer serving in his/her capacity)

**Rita Au\***, Preservation Parks  
**Pat Blayney**, Delaware General Health District  
**Toby Boyce**, Realtor/Community Resident  
**Barbara Brahm**, OSU Cooperative Extension  
**Charlene Browning**, Senior Citizen's Inc.  
**Chuck Bulick**, Heart of Ohio Homeless Shelter  
**Bobbie Burnworth**, League of Women Voters  
**Larry Cline**, Community Resident  
**Mel Corroto**, Andrews House  
**Kevin James Crowley**, People in Need  
**Temi Daramola**, Second Ward Community Initiative  
**Ruth Downing**, Forensic Healthcare Consulting  
**Shoreh Elhami\***, Delaware County Auditor's Office  
**Brandon Feller**, United Way  
**Christopher Fink (co-chair)**, Ohio Wesleyan University  
**Sheila Fox**, Sustainable Delaware  
**Dr. Alice Frazier**, Community Resident  
**Rand Guebert**, Community Resident  
**Lois Hall**, Community Resident  
**Michelle Hannan**, Salvation Army of Central Ohio  
**Sue Hanson (co-chair)**, Helpline of Delaware County, Inc.  
**Shirley Hart**, Community Resident  
**Trustee Jim Hatten**, Oxford Township  
**Steve Hedge**, Delaware-Morrow County Mental Health & Recovery Services Board  
**Shelia Hiddleston**, Delaware General Health District  
**Paul Huttlin**, Recreation Unlimited, Inc.  
**Shancie Jenkins**, Delaware County Department of Job & Family Services  
**Trustee Karen Koch**, Concord Township  
**Jan Lanier**, Community Resident  
**Deborah Lipscomb**, Community Resident  
**Barb Lyon**, United Way  
**Sheriff Russ Martin**, Delaware County Sheriff's Office  
**Joe Mazzola**, Community Resident  
**Rita Mendel**, Delaware Police Department  
**Franklin Moore**, Common Ground Free Store  
**Robin Moore**, Delaware City Schools Family Resource Center  
**Chief Matt Noble**, Orange Township Fire Department  
**Commissioner Ken O'Brien**, Delaware County Board of Commissioners  
**Kassie Offen**, Delaware County Sheriff's Office  
**Kellie Parrish**, Pathways 2 Prevention

**Colleen Pavarini**, Grace Clinic  
**Carol Pfeiffer**, The Alternative  
**Holly Quaine**, Delaware County Chamber of Commerce  
**Barbara Revard**, Columbus Zoo  
**Jan Ritter**, Community Resident  
**Scott Sanders**, Delaware County Regional Planning  
**Stephanie Saunders**, Second Ward Community Initiative/Community Resident  
**Denny Schooley**, Delaware Area Transit Authority  
**Trustee Bill Shively**, Kingston Township  
**Michele Shough**, Ohio Department of Health/Community Resident  
**Ruth Shrock**, Community Resident  
**Bob Singer**, Harlem Township  
**Carolyn Slone**, Community Resident  
**Richard Steele**, Maryhaven  
**Chief Tom Stewart\***, Orange Township Fire Department  
**Trustee Sandra Stults**, Scioto Township  
**Tracey Sumner**, Community Resident  
**Marsha Tilden**, Ohio Wesleyan University  
**Mark Travis**, Central Ohio Mental Health Center  
**Rochelle Twining**, Community Action Organization of Delaware, Madison & Union Counties, Inc.  
**Trustee Roger VanSickle**, Delaware Township  
**Bill Verhoff**, OhioHealth/Grady Memorial Hospital  
**Fran Veverka**, Community Resident  
**Cindy Violet**, The CORE Center  
**Marie Ward\***, Educational Service Center of Central Ohio  
**Fara Waugh**, Council for Older Adults  
**Jim Wilson**, DelMor Dwellings  
**Tracey Wilson\***, American Red Cross

## MAPP Partnership Committee Members

**Vision & Values Committee:** Chris Fink, Alice Frazier, Colleen Pavarini, Denny Schooley, Michele Shough, Tracey Sumner, Rosemary Chaudry (DGHD facilitator)

**Communications Committee:** Alice Frazier, Scott Sanders, Michele Shough, Brandon Feller, Toby Boyce, Chuck Bulick, Lori Kannally (DGHD facilitator), Traci Whittaker (DGHD facilitator), Kelsey Sommers (DGHD Content Expert)

**Community Health Status Assessment Committee:** Chuck Bulick, Alice Frazier, Lois Hall, Michelle Hannan, Sue Hanson, Shelia Hiddleson, Shancie Jenkins, Barb Lyon, Rita Mendel, Michele Shough, Ruth Shrock, Tracey Sumner, Fran Veverka, Rosemary Chaudry (DGHD Facilitator)

**Local Public Health Systems Assessment Committee:** Ruth Downing, Alice Frazier, Shelia Hiddleson, Tracey Sumner, Marsha Tilden, Rochelle Twining

**Forces of Change Assessment Committee:** no committee for this assessment

**Community Themes and Strengths Assessment Committee:** Rita Au, Michele Shough, Tracey Sumner, Marie Ward, Susan Sutherland (DGHD Facilitator)

## CHIP Workgroup Members

### Access to Health Care

**Partnership Members:** Chuck Bulick, Ruth Downing, Sue Hanson, Colleen Pavarini, Tracey Sumner

**Community Representatives:** Randy Bournique (People in Need), Scott Estep (Ohio Health Grady/Dublin Methodist Hospitals), Kathy Laughlin (Delaware Area Transit Authority), Chief Mike Schuling (Delaware County Emergency Medical Services), Amelia Tucciarone (Council for Older Adults)

**DGHD Staff:** Joan Bowe, Rosemary Chaudry, Shelia Hiddleston

### Alcohol Abuse and Drug Abuse

**Partnership Members:** Chuck Bulick, Kassie Otten, Richard Steele, Mark Travis, Fara Waugh

**Community Representatives:** Kenton Beachy (Recovery & Prevention Resources of Delaware and Morrow Counties, Inc.), Dr. Judy Held (Community Resident), Amy Hill (Delaware-Morrow Mental Health & Recovery Services Board), Chief Bruce Pijanowski (Delaware Police Department), Kaitlin Ruddy (Delaware County Department of Job and Family Services), Chief Mike Schuling (Delaware County Emergency Medical Services), Kimberly Strain (Outreach Christian Center), Laurie Winbigler (Delaware County Adult Court Services), Chief Deputy Patrick Yankie (Delaware County Sheriff's Office)

**DGHD Staff:** Matt Brooker, Linda Diamond, Shelia Hiddleston, Lori Kannally

### Food Insecurity

**Partnership Members:** Chris Fink, Brandon Feller, Barb Lyon, Robin Moore, Ruth Shrock

**Community Representatives:** J. R. Ailes (Delaware City Vineyard), Carnith Boring (Salvation Army), Krystal Boring (Salvation Army), Randy Bournique (People In Need), John Cardi (Safelite Solutions/Mid-Ohio Food Bank), May Damico (Helpline), Toni Dodge (Council for Older Adults), Brad Draper (Lutheran Social Services), Jason Fullen (The Ohio State University), Brooke Holcomb (The Ohio State University), Casey McElroy (Delaware City Vineyard), Diana Moorer (Salvation Army), Jon Peterson (Pastor of Zion United Church of Christ), Amanda Porter (Lutheran Social Services), Krista Ross (Salvation Army), Brande Urban (United Way), Harley Votaw (Salvation Army)

**DGHD Staff:** Nancy Shapiro, Jen Keagy, Kelsey Sommers, Susan Sutherland

### Mental Health

**Partnership Members:** Steve Hedge, Shancie Jenkins, Deborah Lipscomb, Rita Mendel, Richard Steele, Marsha Tilden, Mark Travis, Jim Wilson

**Community Representatives:** Becky Becker (National Alliance on Mental Illness, Delaware Co. Chapter), Jennifer Coy (Delaware County Sheriff's Office), Max Lencl (HelpLine of Delaware & Morrow Counties, Inc.), Jim Rundle (HelpLine of Delaware & Morrow Counties, Inc.)

**DGHD Staff:** Kelsey Kuhlman, Laurie Thuman

### Obesity/Overweight

**Partnership Members:** Barbara Brahm, Dr. Alice Frazier, Barb Lyon, Kelli Parrish, Jan Ritter, Scott Sanders, Michele Shough, Ruth Shrock, Fran Veverka

**Community Representatives:** Larry Walters (American Cancer Society)

**DGHD Staff:** Kelly Bragg, Rosemary Chaudry, Connie Codispoti

# Appendix D

## MAPP Timeline

Date	Event
9/28/12	First PHDC organizing meeting
1/25/13	Second PHDC organizing meeting
2/4/13	Vision & Values Committee work began
3/10/13	Vision & Values Committee finalizes recommended vision and values
4/18/13	PHDC approves Vision and Values
<b>Community Health Status Assessment (CHSA)</b>	
1/25/13	CHSA objective health profile development began
2/19/13	CHSA subcommittee approved survey questions
4/10/13	CHSA survey data collection began
8/15/13	CHSA survey data collection ended
10/7/13	CHSA subcommittee identified CHSA priorities
10/16/13	PHDC approved CHSA priorities
12/19/13	CHSA objective profile completed
<b>Local Public Health System Assessment (LPHSA)</b>	
5/14/13	PHDC oriented to LPHSA
5/28/13	LPHSA conducted
6/4/13	LPHSA Subcommittee identified priorities
6/11/13	PHDC approved LPHSA priorities
7/16/13	<b>Forces of Change Assessment (FOCA)</b>
<b>Community Themes and Strengths Assessment (CTSA)</b>	
7/30/13	CTSA subcommittee approved survey questions
8/15/13	CTSA data collection began
9/30/13	CTSA data collection ended
10/15/13	CTSA subcommittee identified CTSA priorities
10/16/13	PHDC approved CTSA priorities
11/21/13	<b>PHDC prioritized and approved MAPP priorities</b>
<b>CHIP Development</b>	
1/1/14	CHIP workgroups began meeting
4/3/14	PHDC approved mid-point CHIP workplans
8/26/14	PHDC approved final draft workplans
10/15/14	PHDC Communication Subcommittee finalized CHIP dissemination plan
12/1/14	CHIP posted for PHDC and community input
12/31/14	Final version of CHIP completed
1/5/15	Final version of CHIP posted to the Go Healthy and DGHD websites
1/15	PHDC Communications Subcommittee begin implementation of CHIP dissemination plan
6/15	First meeting of PHDC to evaluate CHIP progress
11/15	Second meeting of PHDC to evaluate CHIP progress

# Appendix E

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## Glossary of Terms

<b>ACHIEVE</b>	Action Communities for Health, Innovation, and EnVironmental ChangE
<b>BMI</b>	Body Mass Index
<b>BRFSS</b>	Behavioral Risk Factor Surveillance Survey
<b>CHIP</b>	Community Health Improvement Plan
<b>CHSA</b>	Community Health Status Assessment
<b>COA</b>	Council for Older Adults
<b>COTA</b>	Central Ohio Transit Authority
<b>CTSA</b>	Community Themes and Strengths Assessment
<b>DATA</b>	Delaware Area Transit Agency
<b>DCDJFS</b>	Delaware County Department of Job and Family Services
<b>DGHD</b>	Delaware General Health District
<b>DMMHRB</b>	Delaware-Morrow Mental Health and Recover Services Board
<b>FOCA</b>	Forces of Change Assessment
<b>GIS</b>	Geographic Information System
<b>HgbA1c</b>	Hemoglobin A1c
<b>LPHSA</b>	Local Public Health System Assessment
<b>MAPP</b>	Mobilizing for Action through Planning and Partnerships
<b>MIH/CP</b>	Mobile Integrated Healthcare/Community Paramedicine
<b>PCP</b>	Primary Care Provider
<b>PHDC</b>	Partnership for a Healthy Delaware County (the Partnership)
<b>PIN</b>	People in Need
<b>RPR</b>	Recovery and Prevention Resources
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>TIC</b>	Trauma Informed Care

# Appendix F

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