

**Priority: Mental Health & Addiction** (adult and youth depression, adult and youth suicide, youth and child bullying, adult and youth alcohol consumption, adult and youth tobacco, adult and youth opiate use)

Previous CHIP Strategies	Gaps	Potential Strategies
<p>1. 10% of primary care physicians practicing in Delaware County will implement SBIRT screening tool</p>	<ul style="list-style-type: none"> <li>• Not many providers left in area- many are larger systems in which it is more difficult to implement change</li> <li>• Inability to bill screening tool</li> <li>• No universal screening tool currently being used</li> <li>• Providers do not have time – may take up to 30 minutes to complete</li> </ul>	<ul style="list-style-type: none"> <li>• Expand screening within county - Prenatal &amp; Newborn Home Visiting Program at DGHD will be implementing the SBIRT tool</li> <li>• Coordination with Mount Carmel to pilot SBIRT tool at Lewis Center location</li> <li>• Increase trainings (through DGHD ODH grant) to providers to include a “train the trainer” piece</li> </ul>
<p>2. 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, young adults)</p>	<ul style="list-style-type: none"> <li>• The health assessment identified a concern regarding young adults and binge drinking. Binge drinking in Delaware County are above state and national averages</li> <li>• Difficult to identify a point person to implement program with incoming Ohio Wesleyan freshmen &amp; their parents - there has been a consistent staff turnover over the past 4 years</li> <li>• Current strategy targeting young adults has been limited to one college</li> </ul>	<ul style="list-style-type: none"> <li>• Modify strategy to specifically focus on binge drinking targeting adults aged 18-34</li> <li>• Drug Free Delaware currently focuses mostly on youth, but they are considering an expansion</li> <li>• Increasing number of graduates attending Columbus State Community College - identify point person from other colleges</li> <li>• Reach out to young professional groups - although these groups may often be meeting where alcohol is served</li> <li>• Create a parental component to educate on parental beliefs (expand the “Parents Who Host” campaign)</li> <li>• Potentially reach parents during high school orientations and educate on drinking rates within the county. Potentially target the southern part of the county</li> </ul>
<p>3. A family-focused, multi-faceted educational campaign on the dangers of prescription drug abuse and heroin use will be implemented</p>	<ul style="list-style-type: none"> <li>• Olentangy School District is not currently providing the same comprehensive prevention program across all schools</li> <li>• Not one consistent prevention program being used in different school districts throughout county</li> <li>• Campaign only targets heroin and prescription drug abuse. Leads to time constraints with being able to get into the schools</li> </ul>	<ul style="list-style-type: none"> <li>• Create multi-faceted age appropriate prevention plan targeting schools, parents, and youth to use consistent messaging about alcohol, and other drug use</li> </ul>
<p>4. Implement one comprehensive educational program on marijuana use to change normative perceptions</p>	<ul style="list-style-type: none"> <li>• Progress halted due to legalization of medical marijuana in Ohio</li> </ul>	<ul style="list-style-type: none"> <li>• Continue strategy but focus on medical marijuana as the other strategies will address recreational use in the schools</li> <li>• Cover all age ranges and normative perceptions and misconceptions held by older adults</li> <li>• Cover impact on driving under the influence and the effects medical marijuana may have for employers and employees</li> </ul>

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5. Increase by two the number of Signs of Distress trainings offered to the community and maintain the number of school buildings receiving Signs of Suicide training	<ul style="list-style-type: none"> <li>Lack of interest in training facilitators for Mental Health First Aid course</li> <li>Course is time consuming (8 hours) and poses time restrictions for training teachers and other first line employees</li> </ul>	<ul style="list-style-type: none"> <li>Combine strategy with signs of distress strategy</li> <li>Identify other programs similar to mental health first aid courses</li> <li>Better identify gaps in existing services and determine who all is providing similar trainings</li> </ul>
6. Implement community-wide campaign to promote positive mental health	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Continue strategy but modify to a program that specifically addresses mental health stigma</li> </ul>
7. Increase the number of PCP offices that screen for depression	<ul style="list-style-type: none"> <li>Lack of integration into electronic health records</li> <li>Limiting adherence to one screening tool has been difficult</li> </ul>	<ul style="list-style-type: none"> <li>Continue strategy but do not limit to PCP offices. Include all health care offices and schools</li> <li>Promote health care offices to offer a modified depression screening tool</li> <li>Research PHQ-9 so providers can bill</li> <li>Combine with current strategies to broadly cover screenings</li> </ul>
8. Evaluate the feasibility of implementing age-appropriate mental health screenings with the local school districts for preschool and elementary age students	<ul style="list-style-type: none"> <li>Syntero is currently within all Delaware County schools, but nothing is universally implemented</li> </ul>	<ul style="list-style-type: none"> <li>Olentangy schools are looking into an RTI (Response to Intervention) type strategy to create a universal mental health screening</li> <li>Research appropriate screening tools</li> <li>Combine strategies to address mental health screening in general and make screening in preschools and elementary schools an action step</li> </ul>
9. Refer a minimum of 50% of clients annually who receive screenings for suicidal ideation at local hospital emergency rooms  &  Increase annually the number of referred suicidal clients who enter into public health treatment services	<ul style="list-style-type: none"> <li>Changes in referral process among major hospital providers</li> </ul>	<ul style="list-style-type: none"> <li>Expand the process of screening and then referral</li> <li>Evaluate the current referral systems in place and identify gaps and areas for improvement with the changes that have taken place</li> <li>Create messaging specifically targeting most at risk (i.e.: adult white middle-aged men at risk of obtaining lethal means)</li> <li>Increase the use of helpline and referrals to treatment - track clients who actually enroll in the referred treatment</li> <li>Highlight and improve process for Helpline being first line of defense instead of Emergency Departments</li> </ul>

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<p>10. Maintain the number of school buildings implementing anti-bullying curriculums</p> <p>&amp;</p> <p>Implement community-wide anti-bullying curriculums</p> <p>&amp;</p> <p>Implement community wide anti-bullying social media campaign</p>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Combine strategies into one to address bullying overall and emphasize cyber bullying and social media</li> <li>Expand the Too-Good Programs into high school or another age appropriate program</li> <li>Use the PEACE prevention matrix to identify current programs being used in schools and any gaps in these programs</li> <li>Focus on healthy and appropriate use of social media across all age groups (including adults/parents as well as youth) and highlight with positive messaging more than negative outcomes</li> <li>Evaluate if there are any programs that focus on the relationship between social media and mental health</li> </ul>

**Priority: Chronic Disease** (Adult heart disease, adult diabetes, adult chronic pain, adult, youth, and child obesity)

Previous CHIP Strategies	Gaps	Potential Strategies
1. Implement a complete streets policy to enhance physical activity	<ul style="list-style-type: none"> <li>Powell and Sunbury Township currently lack complete street policies</li> </ul>	<ul style="list-style-type: none"> <li>Expand complete streets policy to Powell and/or Sunbury Township</li> <li>Work with cities first as they may be more interested</li> <li>Incorporate healthy living strategies into new planning or development</li> </ul>
2. Implement one campaign to educate Delaware County residents on healthier eating and physical activity	<ul style="list-style-type: none"> <li>Difficult to measure outcomes</li> <li>Need to emphasize active living</li> </ul>	<ul style="list-style-type: none"> <li>Continue 5321 Almost None campaign</li> <li>Continue a Fast 500 campaign</li> </ul>
3. Implement 2 evidence-based behavior weight management programs for Delaware County families	<ul style="list-style-type: none"> <li>Difficult to get enrollees for youth program</li> <li>Only available at YMCAs</li> <li>Availability of individual level interventions</li> </ul>	<ul style="list-style-type: none"> <li>Engage school nurses to identify at risk youth and connect to program</li> <li>Involve PTOs to connect with sharing campaign information</li> <li>Worksite wellness programs to further individual level interventions</li> <li>Peer-run community wellness curriculum</li> <li>Develop partnership based healthy life-style programming</li> </ul>

**Priority: Chronic Disease** (Adult heart disease, adult diabetes, adult chronic pain, adult, youth, and child obesity)

Gaps	Potential Strategies
1. More room to involve parks to promote physical activity and wellness	<ul style="list-style-type: none"> <li>• Involve parks into physical activity campaign</li> <li>• Master trail plan to focus on educational awareness and public awareness around connectivity</li> <li>• Support parks through a coordinated campaign- possibly survey those using parks to get better information of what they would like to see/use at parks</li> <li>• Look into funding opportunities from trail committee</li> <li>• Explore feasibility of "park prescriptions" used by medical offices</li> <li>• Use local park imagery in doctor's offices and waiting rooms</li> <li>• Use community branding to promote the many health resources in Delaware County</li> </ul>
2. Lack of understanding surrounding chronic pain needs	<ul style="list-style-type: none"> <li>• Research chronic pain management strategies</li> <li>• Understand individual experiences with chronic pain and how to better navigate resources and choices. Potentially share with doctor's offices</li> <li>• Research feasibility and accessibility of online self-management programs</li> <li>• Explore SourcePoint resources</li> </ul>
3. Primary care offices not open late	<ul style="list-style-type: none"> <li>• Look into possibility of offices prolonging hours</li> <li>• "Walk with a Doc" expansion</li> </ul>
4. Lack of physical activity and knowledge of physical activity opportunities	<ul style="list-style-type: none"> <li>• Create a community calendar of physical activity events/resources across the community (Campaign App [community hub], Eventbrite, Facebook, etc.)</li> </ul>
5. Difficult to connect individuals with other organizations once programming ends	<ul style="list-style-type: none"> <li>• Cancer Support Group would like to expand partnerships with local organizations</li> <li>• Offer more classes and connect individuals with additional resources after programs end – facilitate connections within organizations</li> <li>• Reach additional people by partnering events/programs with multiple organizations</li> </ul>

**Cross-Cutting Strategies:** (Access to care, social determinants of health, food access, trauma)

Previous CHIP Strategies	Gaps	Potential Strategies
1. Increase grades 6-8 students engaged in structured after-school activities	<ul style="list-style-type: none"> <li>Lack of programming for elementary aged students</li> </ul>	<ul style="list-style-type: none"> <li>Increase grades 1–5 students engaged in structured after-school enrichment activities</li> </ul>
2. Provide a program designed to build knowledge, skills, and capacity among families	<ul style="list-style-type: none"> <li>Lack of programming outside of Delaware City</li> </ul>	<ul style="list-style-type: none"> <li>Assist families in crisis at Strengthening Families Willis Center (Common Ground, food pantry, Syntero)</li> <li>Appoint liaison to the Housing Coalition (run by Salvation Army local and regional group)</li> </ul>
3. Establish readily-available resources to address mental health issues and make referrals to the appropriate supportive agencies	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening Families Health Committee – Grace Clinic Mini Clinic, dental, speech &amp; hearing</li> </ul>
4. Increase the number of Delaware County residents using alternative transportation options for health-related trips by 20%	<ul style="list-style-type: none"> <li>Lack of funding</li> <li>Schedule of bus routes</li> <li>Access to rural areas</li> </ul>	<ul style="list-style-type: none"> <li>Explore options for alternate transportation (Uber, Lyft, rideshare, bikes)</li> <li>Appoint representative to Transportation Advisory Committee</li> </ul>
5. Implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medication among county service agencies and community partners	<ul style="list-style-type: none"> <li>Residents lack of awareness of available transportation options</li> </ul>	<ul style="list-style-type: none"> <li>Implement awareness/education campaign related to available transportation options in the county</li> </ul>
6. Implement a pilot mobile Integrated health care/community paramedicine program in Delaware County	<ul style="list-style-type: none"> <li>Many agencies could be involved with one client but not necessarily know which services are being provided – possible duplication of services</li> <li>Communication barriers – inability to speak, foreign languages</li> </ul>	<ul style="list-style-type: none"> <li>Continue paramedicine program (EMS/social workers)</li> <li>Develop system for service coordination for referrals and follow-up (ex. patient navigator)</li> <li>Utilize FCFC – Interagency Youth Council</li> </ul>
7. Staff of 10 community/public agencies will be trained in trauma-informed care with 50% percent of agencies trained completing the pre-and post-test assessment.	<ul style="list-style-type: none"> <li>Social service agencies have been the majority of providers who have been training in trauma informed care</li> </ul>	<ul style="list-style-type: none"> <li>Continue trauma informed care training – focus on big employers, not just social service agencies</li> <li>Address ACES in daycares – Early Intervention Workgroup at Strengthening Families</li> </ul>
8. Increase by 50% the supply of nutritious foods to food insecure Delaware County residents	<ul style="list-style-type: none"> <li>Lewis Center (Dooley's Orchard), Worthington Arms</li> <li>Growth in the county = new residents not aware of services</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of unique individuals accessing food pantries</li> <li>Awareness campaign to promote pantry services &amp; decrease stigma to accessing these services</li> </ul>

**Cross-Cutting Strategies:** (Access to care, social determinants of health, food access, trauma)

Previous CHIP Strategies	Gaps	Potential Strategies
9. 80% of participants will increase their knowledge of nutritional food after successfully completing the Cooking Matters Program	<ul style="list-style-type: none"> <li>• Get outside the city to offer courses</li> <li>• Staffing for classes – Ohio Wesleyan University limited on how many students can participate</li> <li>• Difficulty to prepare food/access food for people with mobility issues (age &lt;55, specifically 21-55-year-old group)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue Cooking Matters classes – both the 6-week and demos at pantries</li> <li>• Cancer Support Community cooking classes</li> </ul>
10. Increase by 25% the number of stakeholders involved in the Delaware County Hunger Alliance	<ul style="list-style-type: none"> <li>• Funded agencies are the only members of the Hunger Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit businesses and other employers to be involved in Hunger Alliance</li> </ul>