

Delaware County

Community Health Improvement Plan

2014-2018

Attachment:
Action Plans for the MAPP
Strategic Priorities

Publication date: December, 2014

This document can be accessed at:

www.gohealthydelaware.org

This document is a supplement to the 2014 – 2018 Delaware County Community Health Improvement Plan (CHIP). The CHIP provides the following information from the Action Plans for each of the five Delaware County MAPP strategic priorities: the Strategic Health Issue, Goals, Supporting Data, Outcome Objectives, and Strategies and Strategy Objectives. In addition, the CHIP also includes Appendix A, which presents the Action Plan template for the MAPP Strategic Issues, and Appendix B, which presents a table of Linkages between CHIP Action Plan Strategies and State and National Priorities.

This document provides the actual completed Action Plans for each of the five 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

In response to a suggestion proposed by the Access to Healthcare and Medications workgroup at the August 26, 2014 meeting of the Partnership for a Healthy Delaware County (the Partnership), which serves as the steering committee for the 2014 MAPP strategic planning process, the Partnership approved by consensus the following overall objective for the 2014-2018 CHIP: "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 Delaware General Health District will monitor data from future community health assessments, including the planned 2017 Behavioral Risk Factor Surveillance Survey for the next Delaware County MAPP, and will report on this overall CHIP objective.

Action Plan: Access to Healthcare and Medications

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

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

3. Investigate possible collaboration with Marion Area Transit and additional collaboration with COTA.	DATA Advisory Board Marion Shelter Program	None	August 2015	Task Force created to form a plan
4. Investigate possibility of collecting additional access/transportation information through BRFSS survey.	Health District	\$\$ for increased cost of survey or additional surveys	2017	Inclusion of question on transportation needs for healthcare access questions on BRFSS survey
5. Create Geographic Information System map with layers comparing survey data on vulnerable populations with transportation coverage data and healthcare locations.	Health District	Accurate data from pertinent agencies	2015 – 2018	Series of GIS mapping layers shared in reports to PHDC partners

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.				
Outcome Objective 1: By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get healthcare when needed from 4% to 3%.				
Strategy 2: Implement a system for a one-stop access to transportation. Evidence-base: Innovation to meet needs of community - input and consensus of local experts; a similar model has been in place in Seneca (OH) County. Policy, Systems, Environmental Change: System change Health Equity: The strategies focus on populations who lack transportation for healthcare, which addresses transportation as a social and economic condition that influences health.				
Alignment with State/National Priorities: None.				
Barriers: Cost, possible competition issues, internal systems within agencies to access transportation assistance. Assets & Resources: Interested agencies, several agencies already providing mobility coordination for their own clients, DATA has good tracking data and referral lists.				
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)				
Strategy Objective 2: By 12/31/2018, implement a pilot project for a virtual or centralized one-stop shop for mobility coordination for Delaware County.				
Performance Measure: County-wide one-stop shop for transportation assistance will be operational.				
Baseline: No one-stop source for transportation assistance exists in Delaware County in 2014.				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Investigate “mobility coordinator” positions in other communities.	DATA Advisory Board, HelpLine, Health District, COA	None	6 – 12 months	Report to PHDC on model practices being considered for Delaware County
2. Hire mobility coordinator.				Coordinator hired
3. Develop pilot project for a county-wide collaborative system for accessing transportation for healthcare.	DATA Advisory Board, HelpLine, Health District	\$\$ Funding	2016 – 2018	Initiation of pilot project
4. Evaluate pilot project results and consider implications for a county 1-stop shop for transportation.				

Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.				
Outcome Objective 2: By 12/31/2018, the 3 year average of Delaware County women who receive first trimester prenatal care will increase from 84.6% (2012) to 87%. 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%.				
Outcome Objective 4: By 12/31/2018, increase the percentage of Delaware County residents with a diagnosis of diabetes that had their HgbA1c checked within the last year from 2.5% to 10%.				
Outcome Objective 5: By 12/31/2016, increase the number of Delaware County residents accessing prescription medication services at little or no cost through two community agencies by 5%.				
Strategy 3: Implement county-wide coordinated social/traditional media messages by Partnership member agencies.				
Evidence-base: Innovation to meet needs of community - input and consensus of local experts.				
Policy, Systems, Environmental Change: Environmental change				
Health Equity: Outcome Objectives 2 and 4 focus on disparate outcomes by race and ethnicity and by income, respectively.				
Alignment with State/National Priorities: None.				
Barriers: Not all agencies are involved in social media or have public relations budget				
Assets & Resources: Coordination can be accomplished with little or no need for face to face meetings, messages do not have to be the same – just address the same overall issue (agencies will still have their own messages). People In Need (PIN) and Grace Clinic provide prescription assistance services.				
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)				
Strategy Objective 3: By 12/31/2016, implement coordinated public health messages related to prenatal care, diabetes care, and access to prescription medications among county service agencies and community partners.				
Performance Measure: Number of agencies/partners who participate in the group messaging each month.				
Baseline: There is no coordination of PR messaging among agencies/partners in Delaware County in 2014. Baseline 2013 prescription assistance data: PIN – 358 Grace Clinic – 284.				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify and assemble interested agencies.	Health District	Contact information for point persons	By 6/2015	Listserv of collaborating partners
2. Create system for development, sharing and timing of agreed-upon messages.	Assembled group	None	1/2016	Documented procedures/meeting minutes. Message map for 2016

3. Implement joint messaging project.	Assembled group	None	1/2016	Message map for 2016 with numbers of messages provided by agency by message/month
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Goal 1: To improve the overall health of Delaware County residents by increasing access to quality health care.				
Outcome Objective 1: By 12/31/2018, decrease the percentage of Delaware County residents who report not being able to get health care when needed from 4% to 3%.				
Strategy 4: Implement a pilot Mobile Integrated Healthcare/Community Paramedicine program.				
Evidence-base: Innovation to meet needs of community - input and consensus of local experts. This strategy is not "evidenced based" as a result of research, but several successful programs have been implemented in the U.S.				
Policy, Systems, Environmental Change: Systems change- alternative provider of personal health services.				
Health Equity: Strategy focuses on service provision for populations lacking access to care.				
Alignment with State/National Priorities: None.				
Barriers: Scope of practice limitations for Paramedics at present, competition for clients among private providers, funding, and "newness" of the concept.				
Assets & Resources: Interested agencies, current collaboration to some extent				
LPHSA: Model Standard 7.2 – Assuring linkage of people to personal health services (High priority issue)				
Strategy Objective 4: By 7/31/2017, implement a pilot Mobile Integrated Healthcare/Community Paramedicine program in Delaware County.				
Performance Measure: Initiation of the MIH/CP in the County.				
Baseline: There is no MIH/CP program in Delaware County in 2014.				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify and assemble interested agencies.	Delaware City Fire and County EMS	None	Initiated 12/2013	Identified work group/meeting minutes
2. Conduct needs assessment/gap analysis.	Delaware City Fire, County EMS, DGHD	Unknown	10/2014 – 2/2015	Report on results
3. Support state workgroup efforts to obtain legal authority to conduct program (scope of practice, commissioners, other legal issues).	Local MIH/CP workgroup	Unknown	Initiated 6/2014 – 12/2015	Legislation passed/paramedic scope of practice expanded
4. Create operational plan.	Local workgroup	Time and effort	2/2015 – 12/2016	Written plan
5. Implement pilot program.	Delaware City Fire, County EMS, DGHD	Unknown amount of funding	7/2017	Service provision data
6. Review program evaluation findings. Assess implications for continuing/modifying the program.	Delaware City Fire, County EMS, DGHD	funding	8/2018	Documentation of evaluation findings and program recommendations

Action Plan: Alcohol Abuse and Drug Abuse

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

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

	on Mental Illness, veterans administration rep., law enforcement, first responders, intervention teams			
2. Develop the product, i.e. PowerPoint, class, usual.	All steps from here on to be decided by the Trauma-Informed Care Task Force			
3. Target agencies.				
4. Obtain commitment from agencies.				
5. Complete pre-assessment.				
6. Implement training.				
7. Complete post-assessment.				
8. Implement follow-up over time.				

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

<p>Goal 1: To reduce the impact of substance use, misuse and abuse.</p>
<p>Outcome Objective 1: By 12/31/2018, reduce the percentage who had at least (5 for men/4 for women) drinks on one occasion in the past month from 19% to 17%.</p> <p>Outcome Objective 2: By 12/31/2018, reduce the annual number of opiate and pain reliever doses per patient in Delaware County from 523.36 doses per patient per year to 417.09 doses per patient per year, a 20% reduction.</p> <p>Outcome Objective 3: By 12/31/2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.</p> <p>Outcome Objective 4: By 12/31/2018, reduce the number of families/children who are assigned to out-of-home placement due to substance use in Delaware County from 59% to 47.2%, a 20% reduction.</p>
<p>Strategy 3: Implement age-appropriate education.</p> <p>Evidence-base: National Prevention Strategy: America's Plan for Better Health and Wellness, June 2011</p> <p>Policy, Systems, Environmental Change: Systems change for older-adults, incarcerated adult population; to be determined for young adults aged 18-34.</p> <p>Health equity: Programming will be tailored to educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills.</p>
<p>Alignment with State/National Priorities: Ohio Dept. of Mental Health & Addiction Services Strategic Plan October 2013; Ohio Prescription Drug Abuse Task Force Final Report October 2010; National Prevention Strategy 2011</p>
<p>Barriers:</p> <ul style="list-style-type: none"> • Older adults: possible challenges are time constraints, transportation, recruitment into the program, finding good and easily assessable information, physicians screening older adults for drug problems and problem drinking • Incarcerated Adults: high recidivism rate • Young adults age 18-34: Still designing plan to address this population. <p>Assets & Resources:</p> <ul style="list-style-type: none"> • Older adults: DATA buses, COA contract: re-vamped Bus Bucks program---program now allows for a certain number of trips vs. a dollar amount, incentives to participate in program such as snacks, HelpLine resource, grant received • Incarcerated adults: In process. • Young adults age 18-34: In process.
<p>LPHSA: Model Standard 3.1 – Health Education and Promotion. (High priority issue)</p>
<p>Strategy Objective 3: 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: 1. Older adults, 2. Incarcerated adults, and 3. Young adults aged 18-34.</p> <p>Possible programs include: Older Adults – Wellness Initiative for Senior Education (WISE) Program: National Registry of Evidenced-based Programs and Practices; Incarcerated adults – to be determined; and young adults aged 18-34-specific subsets of this target audience --- low-income, clients thru Job and Family Services, parents of young children, high risk young adults – To be determined.</p>
<p>Performance Measure: To be determined once programs are identified.</p> <ul style="list-style-type: none"> • Older Adults: results of program questionnaire pre and post implementation, facilitator observation form, # of participants, increased

<p>knowledge measurement, changes in behavior, increases in social support, # of physician's offices that participate. # of home visits where program is implemented.</p> <ul style="list-style-type: none"> • Incarcerated adults: TBD once evidenced-based program identified. • Young adults aged 18-34: TBD once evidenced-based program identified. 				
<p>Baseline: <i>To be determined for each population sub-set.</i></p> <ul style="list-style-type: none"> • Older adults: Baseline data from older adults served by the Council for Older Adults, e.g., number of drinks per month, binge drinking • Incarcerated adults: Incarcerated adults at the Delaware County Jail would receive this program. Once program is identified, numbers would be provided by the jail staff. • Young adults aged 18-34: population subset to be identified. 				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
<p>Target: 1. Older Adults Activity One: Implement WISE Program.</p>				
1. Secure funding for Wellness Initiative for Senior Education (WISE) Program.	Drug Free Delaware (DFD), Council for Older Adults (COA)	Staff, Volunteer time	By 11/2014	Grant Award.
2. Program staff attends WISE program training.	DFD	Funding, Staff	By 5/2014	Staff attend and receive training
3. Pilot the program.	DFD	Staff, materials, funding, participants	Begin classes 6/2014	Outputs and outcomes achieved
4. Recruit program participants.	DFD,COA	Staff, publicity	6/2014	At least 30 older adults participate in 2 classes
<p>Activity Two: Provide information to older adults at home visits. (Older adults are not traditional clients; they often will not be able to seek counseling.)</p>				
1. Identify similar model to "Healthy Ideas" program on substance abuse with liaison going out to home-based older adults – meeting them where they are.	To be decided			
2. Create training for care consultants.	To be decided			
3. Implement program for home-bound older adults.	COA			
4. Implement in-home prescription drug use screen/ assessments, provide educational	COA			

drug resources, and make referrals to the WISE program.				
Activity Three: Disseminate/provide older adult information in physicians' offices.				
1. Identify brochures and information to disseminate.	Delaware Morrow Mental Health & Recovery Services Board (DMMHR SB), COA			Materials identified
2. Identify physician offices to participate.	DGHD	Staff time, printing/copying		List of physicians identified
3. Gather information.		Staff time		
4. Disseminate and track materials.	DGHD, others	Staff time		
Target: 2. Incarcerated Adults				
1. Bring additional, appropriate agencies to the table.	Delaware General Health District	Meeting space, staff time	1/1/15 – 6/30/15	Parties identified and collaborating
2. Identify which evidenced-based educational program to implement.	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	Meeting space, staff time	1/1/15 – 6/30/15	Program selected
3. Develop plan of implementation and gather resources needed.	DGHD; RPR; Maryhaven; Delaware County Adult Court Services; Delaware County Sheriff's Office, Jail Division; DMMHSB	Meeting space, staff time	7/1/15 – 12/31/15	Plan developed
4. Implement educational program.	TBD	Funding, staff	1/1/16 – 12/31/18	TBD

Target: 3. Young Adults aged 18-34				
1. Bring additional agencies to the workgroup, such as the colleges, etc.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space. time	1/1/15 – 4/30/15	Parties identified and collaborating
2. Identify population subset.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space. time		Specific populations/ targeted areas identified
3. Identify evidenced-based educational program or activity to implement.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space. time	5/1/15 – 6/30/15	Program/educational activity identified
4. Develop implementation plan.	DGHD, RPR, Delaware County Department of Job & Family Services, Maryhaven, Ohio Wesleyan University, Columbus State	Meeting space, time	7/1/15 – 12/31/15	Implementation plan developed
5. Gather needed resources.	To be decided	Funding, TBD	9/30/15 – 12/31/15	Needed resources secured

Goal 1: To reduce the impact of substance use, misuse and abuse.				
Outcome Objective 3: By December 31, 2018, reduce the number of Delaware County deaths due to overdose from 8.1 deaths per 100,000 persons to 6.5 deaths per 100,000, a 20% reduction.				
Strategy 4: Educate on an overdose response mechanism, with the use of naloxone.				
Evidence-base: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention				
Policy, Systems, Environmental Change: Systems change				
Health Equity: By implementing an overdose response mechanism and providing targeted education on the mechanism, overdose death rates can be reduced in individuals with lower incomes.				
Alignment with State/National Priorities: National Drug Control Strategy, 2014				
Barriers: Naloxone shortages, rescue breathing must be completed after the medication is administered, can take two people to administer, not a one-time dose, medication must be in a climate-controlled system, if law enforcement carried medication in the car it would have to be kept in appropriate container to preserve medication, law enforcement officers cannot carry medication on their belt as too large and heavy, access to medication at pharmacies, lack of program/ distribution sites, current lack of prescriber awareness.				
Assets & Resources: not scheduled or controlled medication, fewer barriers to access, no euphoria from naloxone, no effect if opioids are not present, effective, inexpensive, easy to administer, naloxone has shown success in take-home programs, facilitated by community outreach programs in various states, risks are minimal, emergency medical technician can provide training for groups.				
LPHSA: Model standard 3.1 – Health Education and Promotion (high priority issue)				
Strategy Objective 4: By December 31, 2018, ensure that naloxone and education on its use are available to all first responder agencies and at-risk community members.				
Performance Measure: # of first responder agencies a naloxone program, # of community members provided with naloxone.				
Baseline: First responders: To be determined; At-risk community members: 0 (no naloxone program is established in Delaware County)				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Workgroup will continue to meet to create action plan.	DGHD (Delaware General Health District), EMA (Emergency Management Agency), RPR (Recovery & Prevention Resources), Delaware County Sheriff, Delaware City Police Department	Meeting space, commitment from agency partners	10/1/14 – 3/30/15	Plan completed
2. Implement Project DAWN (Deaths Avoided with Naloxone).	To be decided	Funding, toolkits	9/1/15 – 12/31/18	Evaluation of the program: including

http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx,				number of individuals trained, number of individuals who receive the kits, number of overdose referrals
3. Implement a promotional campaign on the naloxone program in Delaware County.	To be decided	Funding, staffing, time	9/1/15 – 12/31/18	To be determined once the campaign is defined

Action Plan: Food Insecurity

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

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

- Number of summer lunches distributed
- Number of home-delivered meals distributed

Baseline: To be determined in Action Step 1.

Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Determine baseline measurements for all the performance indicators (use start date of 2013 when Hunger Alliance was formed).	DGHD Epidemiologist, United Way	Survey Monkey	2/2015	Baseline measurements for all performance indicators
2. Expand days/hours that pantries operate.	Agencies that operate food pantries	Food, volunteers	1/2015 – 12/2015	Increase in days/hours
3. Expand the number of community meals that are served.	Agencies that serve community meals	Food, volunteers	1/2015 – 12/2015	Increase in number of community meals
4. Expand the number of community gardens/container gardens.	DGHD	Garden supplies, volunteers	1/2015 – 12/2015	Increase in number of community gardens/container gardens
5. Expand the number of shelf-stable commodities boxes that are distributed.	Council for Older Adults	Food, volunteers	1/2015 – 12/2015	Increase in number of shelf-stable commodities boxes
6. Identify gaps in days/times that food pantries operate and community meals are served.	Hunger Alliance	List of all days/times	2/2014	Gaps identified and addressed with Hunger Alliance; fill in gaps
7. Develop GIS mapping for locations of food pantries and community meals.	DGHD GIS Specialist	GIS mapping software, addresses of pantries/meals	2/2014	Completed map; published to Hunger Alliance website and Facebook page
8. Develop a cookbook of recipes that uses pantry food, community gardens/container gardens food, and shelf-stable commodities.	DGHD Dietician, People in Need, OSU Extension, OWU	Recipes	1/2015 – 12/2015	Completed cookbook of recipes
9. Survey participants to evaluate whether they used and consumed the food items they were given.	DGHD, Hunger Alliance	Survey Monkey, paper surveys	1/2015 – 12/2015	Completed surveys; increase in consumption of food

Goal 1: All Delaware County residents will have increased access to nutritious food regardless of economic status.				
Outcome Objective 2: By 12/31/2018, 10% of persons who are food insecure in Delaware County will increase their knowledge about nutritional food options.				
Strategy 2: Increase knowledge of nutritional food options through the Cooking Matters Program.				
Evidence Base: Cooking Matters				
Policy, Systems, or Environmental Change: Environmental change				
Healthy equity: Goal focuses on access to nutritious food regardless of economic status.				
Alignment with State/National Priorities: None.				
Barriers:				
<ul style="list-style-type: none"> ▪ Uncertainty regarding participation from the community ▪ No established space to hold classes ▪ Lack of funding for food and other class supplies ▪ Uncertainty regarding OWU student participation ▪ Child care must be provided ▪ Transportation is potential barrier 				
Assets:				
<ul style="list-style-type: none"> ▪ Community partners: Delaware County Hunger Alliance members, Ohio Wesleyan University (OWU) 				
LPHSA: Model Standard 3.1 – Health Education and Promotion (High priority issue)				
Strategy Objective 2: By 12/31/2018, 80% of participants will increase their knowledge of nutritional food options after successfully completing the Cooking Matters program.				
Performance Measures:				
<ul style="list-style-type: none"> ▪ Number of participants who begin the program ▪ Number of participants who successfully complete the program ▪ Change in knowledge, skills, and behavior 				
Baseline: The baseline is 0; this is a new program.				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify Health Promotion students to oversee, teach, and organize the program.	Ohio Wesleyan University (OWU)	OWU faculty and program advisor	06/2014 – 08/2014; ongoing	List of Health Promotion students identified.
2. Train the Health Promotion students to implement the program (moving forward – current students would train upcoming students).	Local Matters, OWU faculty	Training materials	08/2014	Number of students trained
3. Recruit participants for the program (should self-identify as low income).	OWU, Hunger Alliance	Recruitment materials (flyers,	09/2014; ongoing	List of participants recruited

		posters)		
4. Conduct 6 sessions, once per week, for two hours per session (16 participants per class; 1 st year – 2 classes; 2 nd year – 4 classes).	OWU students	Location, food, class supplies	10/2014; Tuesday nights; ongoing	Number of sessions conducted; participant attendance
5. Seek funding for food to be used at each session (OWU will fund the program for the first few sessions).	OWU, Hunger Alliance	Funders (money, food, supplies)	1/2015 – 12/2015	Additional funding acquired
6. Evaluate the program.	OWU students	Surveys, other measurement instruments	10/2014 – 12/2015	Post-survey completed

Goal: All Delaware County residents will have increased access to nutritious food regardless of economic status.				
Outcome Objective 4: By 12/31/2018, food insecurity in Delaware County will decrease by 2%.				
Strategy 3: Promote the Hunger Alliance as a way to improve the food environment at the local and state levels.				
Evidence Base: CDC Guide to Strategies to Increase Consumption of Fruits and Vegetables				
Policy, Systems, or Environmental Change: Systems change				
Health equity: Goal focuses on access to nutritious food regardless of economic status.				
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018				
Barriers:				
<ul style="list-style-type: none"> ▪ Lack of awareness of the Hunger Alliance ▪ Lack of time to attend meetings ▪ Territorial issues with non-profit agencies ▪ Limited staff in volunteer-run organizations ▪ Possible inconvenience of time of meetings (during the day) 				
Assets:				
<ul style="list-style-type: none"> ▪ Community partners: Delaware County Hunger Alliance members, Volunteers, other partners identified ▪ Interest of community members (clients) who use the services (food pantries, Cooking Matters program, etc.) 				
LPHSA: Model Standard 4.2 – Community Partnerships; Model Standard 5.2 – Public Health Policy Development (Both low priority issues)				
Strategy Objective 3: By 12/31/2018, increase by 25% the number of stakeholders involved in the Delaware County Hunger Alliance.				
Performance Measure:				
<ul style="list-style-type: none"> • Number of new stakeholders recruited. • Number of new stakeholders who consistently attend meetings and participate. 				
Baseline: 16 agencies represented on the Delaware County Hunger Alliance (as of 8/2014)				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Review current list of stakeholders and identify gaps (e.g., business partners) that would be an asset to the Hunger Alliance.	Hunger Alliance	Membership roster; promotional materials	1/2015 – 12/2015	List of current stakeholders; list of stakeholders for outreach
2. Invite missing stakeholders to a Hunger Alliance meeting.	Hunger Alliance	List of stakeholders; promotional materials	1/2015 – 12/2015	Number of new stakeholders that attend meetings
3. Sponsor a community forum to provide information and awareness about hunger in the community (e.g., poverty simulation,	Hunger Alliance	Agenda, date, location, speakers	1/2015 – 12/2015	Number of attendees; forum evaluation

	"Place at the Table" video).				
4.	Educate all elected officials about hunger in their community.	Hunger Alliance	List of elected officials; venues to present	Annually	Number of elected officials educated
5.	Engage all elected officials about hunger in their community.	Hunger Alliance	List of elected officials; venues to present	Annually	Number of elected officials joining Hunger Alliance, number of officials participating in Hunger Alliance
6.	Represent Delaware County on a statewide food policy council.	Hunger Alliance	Available statewide food policy council	1/2015 – 12/2015	Participation and representation from Delaware County

Action Plan: Mental Health

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

Goal 1: Educate the community on the importance of mental health and mental health services.				
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment in the public sector for major depressive episodes (MDE) by 5% each year from 700 to 895.				
Outcome Objective 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.				
Strategy 1: Implement Mental Health First Aid (MHFA) trainings				
Evidence Base: SAMHSA, National Registry for Evidence-Based Practices				
Policy, Systems, Environmental Change: Systems change				
Health equity: Disabling mental health status is associated with health disparities.				
Alignment with State/National Priorities: Ohio Department of Mental Health & Addiction Services Strategic Plan October 2013, National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> • Many adults receive treatment for MDEs from their Primary Care Provider (PCP), and at this point in time we have no data to show prevalence of diagnosis from any PCP/hospital system. • Need more people to be trained in facilitation of the program • Need to establish baseline program effectiveness and increase public awareness 				
Assets & Resources:				
<ul style="list-style-type: none"> • Central Ohio Mental Health Center (COMHC) is the largest public provider for mental health services in Delaware County and has capability to track clients with this diagnosis. • Delaware/Morrow Mental Health Recovery Services Board (DMMHR SB) has a staff member trained in this program 				
LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)				
Strategy Objective 1: By 12/31/2018, implement at least 10 Mental Health First Aid trainings to the community.				
Performance Measure: Number of trainings conducted				
Baseline: Zero; no trainings have been given in community				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify community group to be trained, e.g., faith community groups, law enforcement, educators, public service workers, worksites, healthcare workers.	DMMHR SB	N/A	By 12/31/14	List of suggested groups/organizations to approach for training
2. Train additional program facilitators.	DMMHR SB	Staff time,	By 12/31/18	Facilitators trained

		training materials		
3. Implement MHFA trainings.	DMMHR SB	Facilitator time	By 12/31/18	Number of trainings implemented
4. Evaluate MHFA trainings.	DMMHR SB	Facilitator time	By 12/31/18	Completed evaluations

Goal 1: Educate the community on the importance of mental health and mental health services.				
Outcome Objective 2: By 12/31/2018, decrease the rate of reported adult suicide attempts from 144 per 100,000 people to 108 per 100,000 people, a reduction of 25% or 36 attempts over 5 years.				
Strategy 2: Implement training to prevent adult suicide attempts.				
Evidence Base: Suicide Prevention Resource Center				
Policy, Systems, Environmental Change: Systems change				
Health equity: Disabling mental health status is associated with health disparities.				
Alignment with State/National Priorities: National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> • Need to market trainings to community groups in a way that reduces stigma related to topic 				
Assets & Resources:				
<ul style="list-style-type: none"> • Helpline has 3 dedicated staff to implement trainings across the county • Training is free to the community • Flexible training schedule • Curriculum is adaptable to many settings 				
LPHSA: Model Standard 3.1 – Health Education & Promotion; Model Standard 7.2 – Assuring the linkage of people to personal health services (Both high priority issues)				
Strategy Objective 2: By 12/31/2018, increase by two the number of Signs of Distress trainings offered to the community each year.				
Performance Measure: Number of trainings conducted in community.				
Baseline: Helpline – 10 trainings from 7/1/2013-6/30/2014				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify community groups/lay people to target for Signs of Distress trainings, e.g., civic associations, fraternities, faith based groups, PTOs, etc.	Helpline DGHD NAMI	Time	Ongoing - 12/31/2018	List of suggested groups/lay people to approach for training
2. Promote Signs of Distress trainings.	Helpline	Time	Ongoing - 12/31/2018	Number of contacts with community
3. Implement Signs of Distress trainings.			Ongoing - 12/31/2018	Trainings implemented
4. Evaluate Signs of Distress trainings.	Helpline		Ongoing - 12/31/2018	Completed evaluations

Goal 1: Educate the community on the importance of mental health and mental health services.				
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment for major depressive episodes (MDE) by 5% each year in the public sector from 700 to 895.				
Strategy 3: Develop and implement a community-wide campaign to educate people about depression				
Evidence Base: The Guide to Community Preventive Services				
Policy, Systems, Environmental: Environmental change				
Health equity: Disabling mental health status is associated with health disparities.				
Alignment with State/National Priorities: Ohio Suicide Prevention Foundation Strategic Plan 2013 – 2016, National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> • Not currently aware of what evidence based practices are available for topic; • Unsure if adequate mental health (MH) services available to handle potential increase in demand 				
Assets & Resources:				
<ul style="list-style-type: none"> • Delaware/Morrow Mental Health Recovery Services Board (DMMHR SB) has a “recent” levy passed, and may be able to allocate funds toward strategy • Health District has history with several community wide campaigns to change behavior , e.g., increasing consumption of fruits & vegetables 				
LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)				
Strategy Objective 3: By 12/31/2018, Implement community-wide campaign to promote positive mental health.				
Performance Measure: Number of messages provided to the community.				
Baseline: None				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Research MH social marketing programs.	DMMHR SB HelpLine OWU-Active Minds NAMI	Staff time	By 6/30/15	List of examples of social marketing campaigns with a mental health focus
2. Develop plan for campaign specific to Delaware County.	DMMHR SB DGHD	Staff time	By 12/31/15	Suggested campaign created complete with messages & budget
3. Implement/launch campaign.	DMMHR SB DGHD	Funding	By 1/1/16	Number of messages disseminated
4. Evaluate campaign effectiveness.	DMMHR SB funded agencies	Staff time	By 12/31/18	Service/provider caseload increase

Goal 1: Educate the community on the importance of mental health and mental health services.				
Outcome Objective 1: By 12/31/2018, increase the number of adults getting treatment for major depressive episodes (MDE) by 5% each year in the public sector from 700 to 895.				
Strategy 4: Implement a tool for screening for depression				
Evidence Base: U.S. Preventive Services Task Force, The Guide to Community Preventive Services				
Policy, Systems, Environmental Change: Systems				
Health equity: Disabling mental health status is associated with health disparities.				
Alignment with State/National Priorities: Healthy People 2020, National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> Limited/no reimbursement to primary care providers (PCPs) for get paid for the screenings from 3rd party payers; unsure if tool be used by provider or staff or both Unsure if Responsible Agencies have strong enough relationship with private providers to implement depression screening 				
Assets & Resources:				
<ul style="list-style-type: none"> Public MH professionals work well together 				
LPHSA: 3.1 – Health Education & Promotion (High priority issue)				
Strategy Objective 4a: By 12/31/2018, increase the number of PCP offices that screen for depression (from baseline to be determined).				
Performance Measure: Number of PCP offices trained; Number of staff trained within each office.				
Baseline: To be determined				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Meet with major hospital systems – OSU, Ohio Health & Mt. Carmel about possible partnership – gather baseline measurement.	DMMHR SB Mental Health Workgroup sub-committee members, DGHD, COMHC, HelpLine,	Time	By 12/2015	Meetings scheduled with major hospital systems and/or practices to discuss current procedures
2. Work group members and hospital systems meet with 3 rd party payers to ensure reimbursement system.	DMMHR SB DGHD	Time	By 12/2015	3 rd party payers reimburse for depression screening
3. Research depression screening tools appropriate for PCP setting.	DMMHR SB, COMHC	Time	By 12/2015	Screening tools identified
4. Implement trainings with PCPs.	DMMHR SB			Trainings implemented
5. Evaluate trainings with PCPs.				Trainings evaluated

Goal 2: Improve access to and utilization of mental health services.				
Outcome Objective 5: By 12/31/2018, increase the number of Delaware County healthcare providers who receive training on how/why to implement adult depression screenings annually by 5%.				
Strategy 4: Implement a tool for screening for depression				
Evidence Base: U.S. Preventive Services Task Force, The Guide to Community Preventive Services				
Policy, Systems, Environmental Change: Systems change				
Health equity: Disabling mental health status is associated with health disparities				
Alignment with State/National Priorities: Ohio Suicide Prevention Foundation Strategic Plan 2013 – 2016, National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> • Non-uniform depression screening tool used by primary care providers (PCPs) and mental health (MH) providers • Limited/no 3rd party reimbursement system for depression screening • Unsure if workforce is able to handle possible increase in demand from positive screenings 				
Assets & Resources:				
<ul style="list-style-type: none"> • Public MH partners can affirm the need for depression screenings based on high # of clients with diagnosis • Partnerships are strong among county partners 				
LPHSA: Model Standard 3.1 – Health Education & Promotion (High priority issue)				
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.				
Performance Measure: Number of agencies/partners receiving training in depression screenings; # of professionals trained				
Baseline: To be determined in first year				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify existing depression screening tools/trainings.	DMMHR SB, COMHC, Helpline, DGHD	Time	12/31/2014	List of screening tools to utilize for professionals
2. Adapt findings for Delaware County.	DMMHR SB, COMHC, Helpline, DGHD		3/31/2015	Revisions made
3. Contact audiences for implementation – PCPs, Jail, DCJFS, COA.	DMMHR SB, COMHC, Helpline, DGHD	Time	Ongoing - 12/31/2018	Audiences contacted
4. Implement trainings with county partners.	DMMHR SB, COMHC, Helpline, DGHD		Ongoing - 12/31/2018	Trainings implemented
5. Implement & evaluate trainings with county partners.	DMMHR SB, COMHC, Helpline, DGHD		Ongoing - 12/31/2018	Evaluation results

Goal 2: Improve access to and utilization of mental health services.				
Outcome Objective 3: By 12/31/2018, increase annually by 5% the number of new suicidal clients who receive referral services for mental health services.				
Strategy 5: Implement crisis intervention follow-up Evidence Base: National Strategy for Suicide Prevention, 2012 Policy, Systems, Environmental Change: Systems; Environmental change Health equity: Disabling mental health status is associated with health disparities				
Alignment with State/National Priorities: National Prevention Strategy 2011				
Barriers: • Non-renewable SAMHSA federal grant ends 6/30/16				
Assets & Resources: • Helpline & COMHC already have protocols in place to refer clients, and both agencies are willing to share data to track progress				
LPHSA: Model Standard 3.2 – Health Communication; Model Standard 7.2 – Assuring the linkage of people to personal health services				
Strategy Objective 5a: By 12/31/2018, refer a minimum of 50% of clients annually who receive screenings for suicidal ideation at local hospital emergency rooms.				
Performance Measure: Referrals, defined as number of suicidal clients who actually speak with Helpline who actually receive referral services.				
Baseline: Helpline, Delaware County Suicide Hotline January-March, 2014 56% clients (35/62) received referrals; April-June, 2014 77% clients (49/64) received referrals <i>Baseline will continue to be collected for the remainder of 2014 since HelpLine just started tracking this data for Delaware residents only.</i>				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Review grant effectiveness at end of 3 year period.	Helpline COMHC	Time	6/30/2016	Number of clients referred
2. Create proposal for funders (hospital boards, DMMHR SB etc.) seeking additional funding for sustainability.	Helpline COMHC	Time	12/31/2016	Final report showing effectiveness
3. Seek additional CIT trainings for county law enforcement & correction officers.	DMMHR SB Sheriff Local Police Depts.	Money, training materials	12/31/2018	Number of additional law enforcement agencies trained on CIT

Goal 2: Improve access to and utilization of mental health services.				
Outcome Objective 4: By 12/31/2018, increase annually by 5% the number of referred suicidal clients who enter into public mental health treatment who were contacted through Crisis Outreach Follow-Up.				
Strategy 5: Implement crisis intervention follow-up				
Evidence Base: National Strategy for Suicide Prevention, 2012				
Policy, Systems, Environmental Change: Systems change				
Health equity: Disabling mental health status is associated with health disparities				
Alignment with State/National Priorities: National Prevention Strategy 2011				
Barriers:				
<ul style="list-style-type: none"> SAMHSA federal grant will end 6/30/16 and is non-renewable 				
Assets & Resources:				
<ul style="list-style-type: none"> Helpline & COMHC already have protocols in place to refer clients, and both agencies are willing to share data to track progress 				
LPHSA: Model Standard 3.2 – Health Communication; Model Standard 7.2 – Assuring the linkage of people to personal health services				
Strategy Objective 5b: By 12/31/2018, increase annually the number (to be determined) of referred suicidal clients who enter into public behavioral health treatment services.				
Performance Measure: Enter treatment, defined as the number of referred suicidal clients (from objective 1.1) who actually enroll in follow-up treatment with COMHC and/or other public providers.				
Baseline: Helpline & COMHC				
Jan-Mar, 2014 44% (27/62) clients entered into treatment; Apr-Jun, 2014 44% (28/64) clients entered into treatment				
<i>Baseline will continue to be collected for the remainder of 2014 since Helpline just started tracking this data for Delaware residents only.</i>				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Ascertain additional baseline data from other public service providers – RPR, Maryhaven.	RPR Maryhaven Helpline	Time	By 1/1/2016	Number of clients who are cross referenced with Helpline's referral list
2. Review grant effectiveness at end of 3 year period.	Helpline COMHC	Time	6/30/2016	Number of clients referred
3. Create proposal for funders (hospital boards, DMMHRB etc.) seeking additional funding for sustainability.	Helpline COMHC	Time	12/31/2016	Final report showing effectiveness

Action Plan: Obesity/Overweight

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

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed by Delaware County adults (Fruits from 2.0 per day to 2.5 per day, Vegetables from 2.1 per day to 2.5 per day).				
Strategy 1: Implement a method to accept Supplemental Nutrition Assistance Program (SNAP) benefits at farmers' markets Evidence Base: SNAP at Farmers Markets: A How To Guide (USDA) Policy, Systems, Environmental Change: Policy change Health equity: This program specifically targets economically disadvantaged people but predominantly impacts those who receive SNAP benefits				
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018, Healthy People 2020, National Prevention Strategy 2014 Annual Status Report				
Barriers: Willingness of farmers' market vendors to participate Assets & Resources: Guide to implementation from the United States Department of Agriculture				
LPHSA: None.				
Strategy Objective 1: By 12/31/2018, increase the number of Delaware County farmers' markets that accept SNAP benefits from 0 to 5.				
Performance Measure: Number of farmer's markets accepting SNAP benefits				
Baseline: 0 farmers' markets accept SNAP				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Secure partnership with Delaware County Department of Job and Family Services.	DGHD CHC Coordinator	Meeting, staff from JFS	By 7/2015	Contact made; partnership initiated
2. Talk to farmers' markets in surrounding counties that have implemented this program to assess challenges/successes.	DGHD CHC Coordinator	Phone calls	By 7/2015	Contacts made
3. Recruit farmers' markets.	DGHD CHC Coordinator, partner with United Way and the Delaware County Hunger Alliance to recruit vendors	Representatives from farmers markets, information on program to distribute	7/2015 – 9/2015	Recruit 5 farmers markets

4. Apply for licenses from United States Department of Agriculture Food Nutrition Service Program.	Farmers Market managers	Application for license, 1 per market	11/2015	License application submitted
5. Choose redemption strategy.	DGHD CHC Coordinator, farmer's market managers	Information on the different types of redemption strategies	1/2016 – 2/2016	Redemption strategy selected
6. Distribute funding to each market.	DGHD CHC Coordinator (to allocate funds)	Funding, information on cost of chosen redemption strategy	2/2016	Funding distributed
7. Train market staff on equipment.	DGHD CHC Coordinator	Training materials	3/2016	Training completed
8. Promote SNAP acceptance at markets.	DGHD Communications team	Advertisements, public messaging	Ongoing once redemption strategy is in place	Documentation of promotion efforts

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day)				
Strategy 2: Implement a community-wide campaign to promote healthy eating.				
Evidence Base: Guide to Community Preventive Services				
Policy, Systems, Environmental Change: None				
Health equity: Will monitor outcomes by disparate social determinants of health status.				
Alignment with State/National Priorities: National Prevention Strategy 2011				
Barriers: Many food pantry locations cannot accommodate large amounts of donated fresh, and any frozen fruits and vegetables				
Assets & Resources: Lutheran Social Services has recently secured space in Delaware to eventually handle more fresh and frozen fruit and vegetable donations				
LPHSA: Model Standard 3.1.2 – Health Education and Promotion (High priority issue)				
Strategy Objective 2: By 12/31/2018, implement one campaign to educate churches and service groups on increasing fruit and vegetable intake.				
Performance Measure: Implement one campaign.				
Baseline: No campaigns implemented in Delaware County				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Identify Delaware County faith community/service groups who will be the audience for the campaign.	DGHD	Potential faith community/service groups	By 1/2016	Group identified
2. Assess community for best messaging method – e.g., conducting focus groups, surveys, or key informant interviews.	DGHD (Dietitian, Communications team)	Potential messaging	1/2016 – 12/2016	Assessment completed
3. Develop messaging materials.	DGHD Communications team	Messaging materials	1/2017 – 7/2017	Messages, promotional items developed
4. Disseminate messaging materials.	DGHD (Dietitian, communications team)	Messages and materials	8/2017 – 8/2018	Messaged, promotional items disseminated
5. Evaluate campaign.	DGHD Dietitian	Survey for community group on implementation of campaign	Fall 2018	Program evaluated

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day).				
Strategy 3: Ensure access to fruits and vegetables in the workplace.				
Evidence Base: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables, 2011				
Policy, Systems, Environmental Change: Environmental change				
Health equity: Will monitor outcomes by disparate social determinants of health status.				
Alignment with State/National Priorities: Ohio's Plan to Prevent and Reduce Chronic Disease 2014 – 2018, Healthy People 2020, National Prevention Strategy 2014 Annual Status Report, CDC Winnable Battles Report 2010-2015†				
Barriers:				
<ul style="list-style-type: none"> • Creating and implementing policies to improve menu options or food choices can take a significant amount of effort and will require the involvement of many stakeholders. • For worksites that have contracts with large food suppliers to provide food in their facility, need to provide guidance to employers on how to negotiate new contracts for healthier food choices before the current contract ends. 				
Assets & Resources:				
<ul style="list-style-type: none"> • Delaware County ACHIEVE project currently has initiatives to promote healthier work environments. 				
LPHSA: Model Standard 3.1 – Health education and promotion (High priority issue)				
Strategy Objective 3: By 12/31/2018, implement policy and/or environmental changes in three Delaware County worksites to increase access to fruits and vegetables.				
Performance Measure: Implementation of workplace policies to increase access to fruits and vegetables.				
Baseline: None.				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Review ACHIEVE and Worksite Wellness Network data to establish a baseline.	DGHD	Previous CHANGE assessments of worksites	By 9/2015	Established baseline
2. Recruit new worksites to participate.	DGHD CHC Coalition	Interested business names	Annually, from 9/2015 – 9/2017	3 worksites recruited
3. Assess current food practices and policies using the Community Health Assessment and Group Evaluation (CHANGE) tool.	DGHD CHC Coalition	CHANGE assessment trained people	Annually, from 9/2016 – 9/2018	3 worksites assessed using the CHANGE tool
4. Implement environmental food practice changes and policies.	DGHD CHC Coalition	Educational materials,	Ongoing following initial	Food practice policies implemented

		sample policies, etc.	assessment	
5. Evaluate worksites utilizing CHANGE tool.	DGHD CHC Coalition	CHANGE tool	Ongoing following completion of policy and environmental changes	Evaluation results

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 2: By 2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.				
Strategy 4: Continue a menu labeling program				
Evidence Base: Robert Wood Johnson Foundation <i>Healthy Dining Finder</i>				
Policy, Systems, Environmental Change: Environmental change				
Health equity: Will monitor outcomes by disparate social determinants of health status.				
Alignment with State/National Priorities: National Prevention Strategy 2011				
Barriers: Possible difficulty recruiting more restaurants				
Assets & Resources: Already occurring program				
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication (Both high priority issues)				
Strategy Objective 4: By 12/31/2018, increase the number of restaurants participating in DGHD on the Menu from 8 to 13.				
Performance Measure: 5 new restaurants participating				
Baseline: 8 restaurants				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Recruit 1 new restaurant a year.	DGHD on the Menu team	Restaurants, recruitment materials	Annually	Restaurants recruited
2. Analyze menu.	DGHD on the Menu team	Menu analysis information	Annually	Menus analyzed
3. Choose one dish or menu item a year to promote as being less than 700 calories.	DGHD on the Menu team	Menu, representative from restaurant	Annually	Dish chosen
4. Explore new ways to market DGHD on the Menu.	DHGD/PHDC Communications team	Messaging and advertisements	Annually	Marketing reviewed
5. Promote DGHD on the Menu participants.	DGHD on the Menu team	Messaging and advertisements	Annually	Program promoted

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 2: By 2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.				
Strategy 5: Implement a community-wide campaign to increase public awareness of caloric information on restaurant menus. Evidence Base: CDC Guide to Community Preventive Services Policy, Systems, Environmental Change: None Health equity: Will monitor outcomes by disparate social determinants of health status.				
Alignment with State/National Priorities: None.				
Barriers: None Assets & Resources: With the Affordable Care Act, chain restaurants are required to label their menus and these initiatives are more prevalent				
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication (Both high priority issues)				
Strategy Objective 5: By 12/31/2018, implement one community-wide campaign to increase awareness of caloric information available to the public.				
Performance Measure: 1 campaign implemented				
Baseline: 0				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. DGHD Communications team identifies best method to disseminate information.	DGHD	Potential messaging	By 9/2015	Venues identified
2. Gather additional data on fast food nutrition intake and sugar sweetened beverage intake.	DGHD	Nelson fast food purchase data	Annually, from 9/2015 – 9/2017	Intake researched
3. Evaluate fast food menus for choices.	DGHD	Nutritional information from fast food restaurants	January 2015 – December 2015	Menus evaluated
4. Develop messages, materials on: a. Portion sizes, b. Using caloric information, c. Appropriate caloric intake.	DGHD	Messages	January 2016 – December 2016	Messages developed
5. Implement campaign.	DGHD	Messages	January 2017- December 2018	Campaign implemented

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.				
Strategy 6: Implement community-wide screen time reduction campaign				
Evidence Base: CDC Guide to Community Preventive Services				
Policy, Systems, Environmental Change: None				
Health equity: Will monitor outcomes by disparate social determinants of health status.				
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015				
Barriers: Challenge would involve not only education on turning off TV/computer screens, but also identifying or sponsoring community events during the summer for places for people to go once they've turned the screen off. Gaining township approval to hold annual kick off events could be challenging				
Assets & Resources: Delaware already hosts "First and Final Friday" we may be able to piggy back on those				
LPHSA: Model Standard 3.1 – Health education and promotion, Model Standard 3.2 Health communication. (Both high priority issues)				
Strategy Objective 6: From 1/1/2015 – 12/31/2018, implement annual "Turn off the Screen" challenge				
Performance Measure: Implementation of challenge				
Baseline: 0 challenges exist				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Recruit Delaware County townships, cities, village and neighborhood associations to participate in challenge.	DGHD	Challenge information	1/2016	Number of municipalities recruited
2. Form partnerships for collaboration on challenge (OSU Extension, Preservation Parks, etc.)	DGHD	Challenge information	1/2016	Partners identified
3. Create schedule of possible events	DGHD & participating communities	Potential schedule events	1/2016	Schedule established
4. Meet with DGHD communications team on messaging for "Turn off the Screen" promotions	DGHD	Billboards, messaging venues, etc.	1/2016	Message developed
5. Decide best methods for message delivery throughout the county	DGHD	Potential messaging venues	2/2016	Message dissemination plan developed
6. Implement challenge – host kick-off event	Various communities	Locations	Annually in June	Message distributed kick-off event held

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.				
Strategy 7: Establish shared use agreements to increase areas for the public to be physically active.				
Evidence Base: National Network of Public Health Institutes				
Policy, Systems, Environmental Change: Policy and Environmental Change				
Health equity: Will allow people of less means to have access to areas to be physically active				
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015				
Barriers: Fear of liability risks, staffing issues				
Assets: Fairly easy to implement				
LPHSA: Model Standard 3.1 – Health education and promotion; Model Standard 3.2 – Health communication (Both high priority issues)				
Strategy Objective 7: By 12/18/2018, four local school systems will implement shared use agreements to allow use of school property and equipment by all residents of Delaware County.				
Performance Measure: 4 shared use agreements implemented				
Baseline: 0				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Research details of shared use agreements and progress of current legislation.	DGHD	Data and research on shared use agreements	12/2015	Research completed
2. Survey residents of identified communities to establish community need for opportunities for physical activity.	DGHD/CHC Coordinator	Survey	12/2015	Needs assessments
3. Educate school boards and public on benefits of shared use.	DGHD	Information on Shared Use Agreements (SUA)	12/2015	Shared use agreement
4. Meet with each school board for vote.	DGHD	Information on SUA	12/2017	Shared use agreement
5. Implement shared use agreements.	School systems	Agreements	12/2018	Shared use agreement

Goal: Increase the proportion of Delaware County adults who are at a healthy weight.				
Outcome Objective 1: By 12/31/2018, increase the average servings of fruit and vegetables consumed per day by Delaware County adults (Fruits - from 2.0 per day to 2.5 per day, Vegetables - from 2.1 per day to 2.5 per day).				
Outcome Objective 2: By 12/31/2018, increase the percentage of adults who use caloric information on restaurant menus at least half the time from 42% to 45%.				
Outcome Objective 3: By 12/31/2018, increase the number of days that adults do any physical activity for at least 30 minutes from 4.2 days per week to 4.5 days per week.				
Outcome Objective 4: By 12/31/2018, increase the percentage of adults who use lunch or work breaks to do physical activity or exercise at least 10 minutes at a time from 25% to 30%.				
Strategy 8: Implement an evidence-based weight loss program for employees at local businesses.				
Evidence Base: Eat Smart Move More Weigh Less North Carolina				
Policy, Systems, or Environmental Change: System				
Health equity: Will monitor by disparate social determinants of health status				
Alignment with State/National Priorities: Healthy People 2020, CDC Winnable Battles Report 2010-2015				
Barriers: Recruitment				
Assets: Relatively simple to do, can be conducted in house if a train-the-trainer model is chosen				
LPHSA: Model Standard 3.1 – Health education and promotion; Model Standard 3.2 – Health communication (Both high priority issues)				
Strategy Objective 8: By 12/18/2018, implement an evidence-based behavior weight management program for employees at four Delaware County businesses.				
Performance Indicator/Measure: Implementation of program				
Baseline: 0				
Action Steps	Responsible Agency(s)	Resources Required	Time Frame	Performance Indicator
1. Choose evidence-based program that incorporates increasing physical activity, increasing fruit and vegetable consumption, and using nutrition information in restaurants.	DGHD	Potential programs, business representative to give feedback on which program would work best	Annually	Program chosen
2. Recruit businesses for program.	DGHD	Recruitment materials	One per year beginning in 2015	Businesses recruited
3. Utilize DGHD GIS program to map one mile	DGHD GIS	GIS mapping	Annually	Maps created

routes surrounding participating businesses.		software	following business recruitment	
4. Implement program, one per year.	DGHD	Curriculum and materials needed	Annually beginning in 2015	Classes conducted