

2015 HURON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



Commissioned by:
Huron County Health Partners

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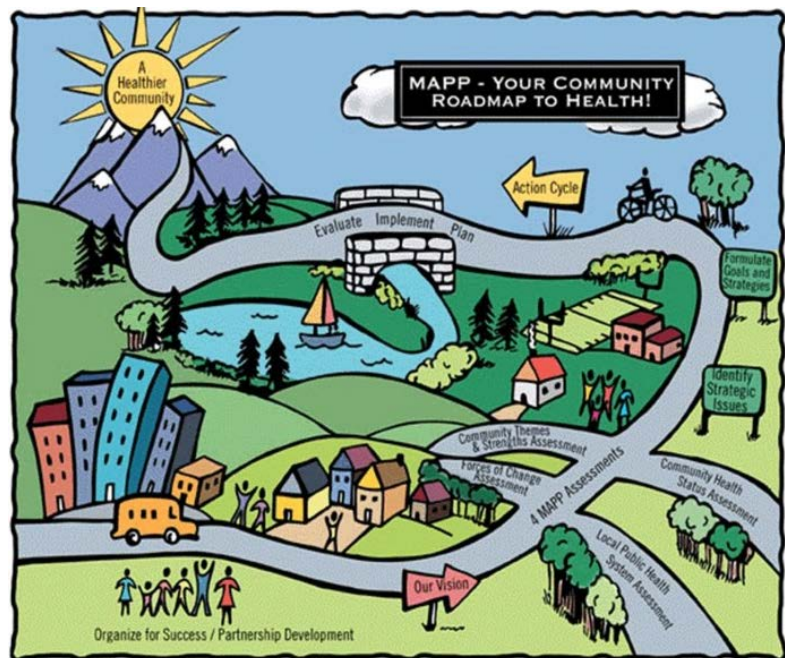
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History & Introduction

The Huron County Health Partners formed in 2007, as a group of agencies involved in the health of Huron County, to commission a community health needs assessment. The first health assessments were community health status assessments. Community health status assessments gather data to answer the question, “How healthy is Huron County?”. Community Health Status Assessments (CHSA) were conducted in 2007, 2011, and again in 2014. In 2013, the *first* Community Health Improvement Plan (CHIP) was drafted based on the findings of the 2011 Huron County Community Health Status Assessment. An implementation report and gap analysis was conducted in 2014 to assess the progress and outcomes from the 2011 CHIP strategies. The gaps found in the analysis were taken into consideration during development of this community health improvement plan.

In the spring of 2014, the Huron County Health Partners adopted a new model for proceeding through a health assessment to health improvement plan. Previously, the CDC’s MAP-IT Model was used. The model was workable, however it had little guidance and the Health Partners did not have any training on the model. Huron County Public Health sent a staff member to training on a community health improvement model, the Mobilizing for Action through Planning and Partnership (MAPP) model. The MAPP process is a nationally recognized approach. The model was shared with partners, and adopted by the group. The biggest difference between the two models is the MAPP process utilizes not only a community health status assessment, but *three* other assessments to inform the strategic issue selection.



In the previous model, the assessment only collected quantitative health data. In the MAPP model, the three other assessments provide both quantitative and qualitative data collection. These four assessments are the foundation for identification of strategic issues, and the goals and strategies that make up the action plan. The action plan is called a community health improvement plan.

The **2015 Community Health Improvement Plan (CHIP)** is the second county-wide, community based improvement plan. The CHIP is made of three continuous parts: Plan, Implement, and Evaluate. The purpose of this plan is to describe strategies and activities that target each strategic issue over the next

few years. These strategies are aligned with **Healthy People 2020** goals and objectives. Healthy People 2020 is a national initiative that provides science-based measures for communities to track and evidence-based interventions that improve health. Additionally, the CHIP aligns with the Robert Wood Johnson County Health Rankings, Ohio 2012-2014 State Health Improvement Plan, and OhioMHAS Strategic Plan.

During the next few years, the members of the Huron County Health Partners will continue to work together to find creative ways to address the strategic issues and take action. The members are broken up into Priority Workgroups. Meetings for each of the priority workgroups are set quarterly, until the end of 2017. The CHIP is a living document and will be updated and reviewed regularly to meet the needs of the community.

Improving the health of the community is a shared responsibility, not just of health care providers or health officials, but of all those who are invested in the well-being and quality of life of those who reside in Huron County. No single organization has the expertise or resources for all the strategic issues. It will take strong partnerships to leverage the needed resources to improve health outcomes in Huron County.

We want to thank the Huron County Health Partners who have put in the time to complete this process, the staff who compiled the data from the assessments and wrote the plan, as well as the community members who participated by completing surveys.

The Huron County Health Partners have cast the visio “To promote individual responsibility and community commitment to create a safe, healthy, and positive culture through education, involvement, collaboration and combined resources.

With the help of this plan, we move into the action phase of MAPP. It is our hope that as you review this plan you will ask yourself: **“How can I help?”**

Priority Workgroups

Substance Abuse/Mental Health

Bellevue City Schools
Catholic Charities Diocese of Toledo
City of Norwalk
Firelands Counseling and Recovery Services
Fisher-Titus Medical Center
Huron County Court of Common Pleas
Huron County Job & Family Services
Huron County Mental Health & Addiction Board
Huron County Public Health
Huron County Sheriff's Office
Imagine Norwalk Planning Group
Interagency Council
Kaiser Wells Pharmacy
Mercy Hospital of Willard
Ministerial Associations
NAMI of Huron County
Norwalk Catholic Schools
Norwalk City Schools
Norwalk Police Department
Oriana House, Inc.
Reach Our Youth
Ruth Ann Foltz
Teen Challenge of the Firelands
The Bellevue Hospital
United Fund of Norwalk, Wakeman & Monroeville

Access to Care

Bellevue City Schools
Certified Application Center
Dental Center of Northwest Ohio
Fisher-Titus Medical Center
Gaymont Nursing Center
Help Me Grow
Huron County Jail
Huron County Public Health
Huron County Job & Family Services
Mercy Hospital of Willard
New Beginnings Pediatrics
North Central Care Net

Services for Aging
Teaching & Mentoring Communities
The Bellevue Hospital
United Fund of Norwalk, Wakeman & Monroeville

Personal Wellness

American Heart Association
Bellevue City Parks
City of Willard Recreation Dept.
Firelands Rails to Trails, Inc.
Fisher-Titus Medical Center
Huron County OSU Extension
Huron County Public Health
Huron County Master Gardeners
Mercy Hospital of Willard
New London-Greenwich Rail Trail
Norwalk Catholic Schools
Norwalk City Administration
Norwalk City Schools
Norwalk Economic Development
Norwalk Park & Recreation
Norwalk Police Department
Safe Routes to School Committee
Salvation Army
Second Harvest Food Bank
Teaching & Mentoring Communities
The Bellevue Hospital
The Bellevue Rec Center
Willard City Schools
Willard Recreation

Public Health Infrastructure

Catholic Charities Diocese of Toledo
Fisher-Titus Medical Center
Huron County Public Health
MAPP Steering Committee
Mercy Hospital of Willard
NAMI of Huron County
The Bellevue Hospital
United Fund of Norwalk, Wakeman & Monroeville

MAPP Overview

The Mobilizing through Planning and Partnership model is used by many locations throughout the nation to assess community health and improve health outcomes. The MAPP model has 6 Phases:

1. Organize for Success/Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle

MAPP Phase 1: Organize for Success/Partnership Development

During phase one, the Huron County Health Partners learned about the MAPP model. Presentations were given on the process during the implementation meetings for the 2013 CHIP. Since there was a strong partnership built during those first health assessments and the first CHIP, Huron County was able to hit the ground running. An invitation was extended to join the partnership during the Community Engagement Meeting. After an overview of MAPP, participants were asked to choose what level of involvement they would like to have in the process, and to give contact information for follow up. The group also decided to reach out to new organizations as the process continued, the partners continue to ask “who else needs to be involved?”.

MAPP Phase 2: Visioning

The visioning process was started during the Community Engagement Meeting. The goal was to get as much feedback as possible. The Health Partners utilized the large group there to ask, “Where do we, as a community, see ourselves in three to five years?” Ideas were posted on large pieces of paper throughout the room. Those ideas were taken and narrowed down to the vision and values of Huron County. The visioning process was done as a group discussion. The vision statement and value statement were drafted, and sent out to those who were not in attendance, at that meeting for approval.

The Vision Statement is “To promote individual responsibility and community commitment to create a safe, healthy, and positive culture through education, involvement, collaboration and combined resources” and the Value Statement is “Everyone works, everyone shares, everyone benefits.” A logo was developed with the tag line, “Healthy U, Health Huron County”, to reflect the need for personal engagement.

MAPP Phase 3: Four MAPP Assessments

The four MAPP assessments are the means to a comprehensive picture of what the health of the community looks like. Each MAPP assessment provides different information and data. The four MAPP assessments are:

- 1. The Community Health Status Assessment (CHSA)** provides quantitative information on the community health conditions.
- 2. The Community Themes and Strengths Assessment (CTSA)** identifies assets in the community and issues that are important to community members.
- 3. The Local Public Health System Assessment (LPHSA)** measures how well different local public health system partners work together to deliver the Essential Public Health Services.
- 4. The Forces of Change (FoC) Assessment** Identifies forces that may affect a community and opportunities and threats associated with those forces.

The Huron County Health Partners completed the CHSA and the LPSA under a contract with Northwest Ohio Hospital Council. Both assessments required participation and collaboration from the community and the Health Partners to complete.

The CTSA was conducted using both a community survey and interviews with residents from health fairs. The community survey was distributed throughout the community and had over 300 responses. At health fairs throughout the county, people were asked to write down responses on post-it notes and stick them to a large display board.

The FoC was completed using two methods, a group discussion lead by the agency heads of the Huron County Health Partners, as well as a survey sent out by email for those who were not in attendance.

MAPP Phase 4: Identify Strategic Issues

Using the four MAPP assessments to inform the process, the Huron County Health Partners were asked to discuss, “What issues were common themes in all or most of the assessments?” and “What issues are critical to the success of our vision?”. There were five strategic issues identified. Through a nominal voting process the group ranked each of the issues in level of importance, 1 being most important and 5 being least important.

MAPP Phase 5: Formulate Goals and Strategies

During this phase, the Health Partners set goals related to each strategic issue area and identified strategies for achieving each goal. It is important to use health assessment data as a measure for each of these strategies.

MAPP Phase 6: Action Cycle

The action cycle has three parts: Planning, Implementing, and Evaluating. This sets up a cycle of continuous quality improvement (QI). The plan needs to identify objectives under each strategy. Those objectives are specific, measurable, achievable, realistic, and time sensitive (S.M.A.R.T.)

The Community Health Improvement Plan includes, in detail MAPP Phases 4, 5, & 6. Updates and revisions to the plan are part of the implementing and evaluating cycle of QI.



Source: MAPP User's Handbook

Identify Strategic Issues

During MAPP Phase 4, the Health Partners met twice to review the four assessments. The first meeting the results of the assessments were reviewed and issue areas that had themes in the assessments were identified. The group reviewed Table 1: Summary Findings from Assessments. Strategic issues are the fundamental policy choices facing an organization’s or system’s vision, mandates, values, services, clients, resources, or operations.

During the selection process the group needed to ask and answer these two questions:

1. Why is this an issue? What convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes make this an issue?
2. What are the consequences of not addressing this issue?

After a discussion-based analysis, a list of community health issues were developed, with a link to the assessment data. However, the issues were not prioritized during the meeting. The Health Partners decided to send an anonymous survey to all participants that would ask them to rank the issues. The scores were then averaged to give the final order or prioritization.

Through this collaborative effort, the participants identified and prioritized five strategic Issues:

1. How can we educate, prevent and treat residents that abuse substances? **Substance Abuse**
2. How can we offer services to improve mental health and resiliency for residents? **Mental Health**
3. How can we link people to the services according to need? **Access to Care**
4. How can residents be empowered and educated in making healthy choices and taking personal health responsibility? **Personal Wellness**
5. How can the public health system work together to increase collaboration, information and resource sharing? **Public Health Infrastructure**

STRATEGIC ISSUE	AVERAGE RANK, BY VOTE
Substance Abuse	2.38
Mental Health	2.38
Access to Care	2.75
Personal Wellness	3.50
Public Health Infrastructure	4.00

Strategic Issues Matrix:

STRATEGIC ISSUE	RATIONAL	ESSENTIAL PUBLIC HEALTH SERVICES LINKS
<p>How can we link people to the services according to need?</p> <p>ACCESS TO CARE</p>	<p>FOC- Health Inequities have widened, community resources and funding shrinking, more people qualifying for Medicaid, loss of doctors willing to accept Medicaid, decrease in private insurance through employers</p> <p>CHSA- Dental providers to residents 3,325:1; Mental health providers to residents 2,302:1; 15% uninsured, 10.2% unemployment rate</p> <p>CTSA- Access to healthcare for residents would increase quality of life, Money and economic issues are holding Huron County back from good health</p> <p>LPHSA- Huron County low in access to care; More communication is needed between agencies to link people to services, Coordination of services could be improved</p>	<p>Public Health Essential Service- Link to/Provide Care, Domain 7</p> <p>Public Health Essential Service- Maintain a Competent Workforce, Domain 8</p> <p>Healthy People 2020, Access to Health Services Objectives AHS-1, AHS-3, AHS-4, AHS-5, AHS-6</p> <p>2012-2014 Ohio SHIP Strategy 1, Access to Care</p>

STRATEGIC ISSUE	RATIONAL	ESSENTIAL PUBLIC HEALTH SERVICES LINKS
<p>How can we educate, prevent and treat residents that abuse substances?</p> <p>SUBSTANCE ABUSE</p>	<p>FOC- High incidence of substance abuse, binge drinking, e-cigs increasing smoking rates, increased use of opiates, workforce unable to pass drug tests; Increased impact on overdose death rates, crime rates, family structure</p> <p>CHSA- 16% of adults are binge drinkers, 17% of Huron County adults and 10% of youth are current smokers, 9% of Huron County adults and 11% of youth used medication not prescribed to them or took more than prescribed</p> <p>CTSA- Alcohol and drug abuse ranked the most important health-related issue for the entire community, Drugs holding back Huron County from good health</p> <p>LPHSA- LPHS needs to provide more resources and coordination of activities for health education and promotion</p>	<p>Abuse Task Force Final Report October 2010, Adopt a statewide standardized screening & referral tool</p> <p>Public Health Essential Service-Link to/Provide Care, Domain 7</p> <p>ODH Quality Indicators- Evidence-based tobacco prevention or control intervention</p> <p>Ohio 2012-2014 State Health Improvement Plan – Chronic Disease, Strategy 2, Action Step 3</p> <p>Ohio Mental Health and Addiction Services Strategic Plan- 2013, 7.1.2, 6.2</p>

STRATEGIC ISSUE	RATIONAL	ESSENTIAL PUBLIC HEALTH SERVICES LINKS
<p>How can the public health system work together to increase collaboration, information and resource sharing?</p> <p>PUBLIC HEALTH INFRASTRUCTURE</p>	<p>FOC- Decrease in public health funding, Decrease in public services</p> <p>CHSA- n/a</p> <p>CTSA- Lack of resources in the community to offer services desired by the population</p> <p>LPHSA- More collaboration between the hospital and health department needed, HCPH applying for accreditation in November 2014, Weakest performance scores in LPHSA involved assuring a competent workforce and research/innovations, Lack of workforce assessment completion</p>	<p>Healthy People 2020, Public Health Infrastructure Objective PHI-17</p> <p>Public Health Essential Service- Maintain a Competent Workforce, Domain 8</p>

STRATEGIC ISSUE	RATIONAL	ESSENTIAL PUBLIC HEALTH SERVICES LINKS
<p>How can residents be empowered and educated in making healthy choices and taking personal health responsibility?</p> <p>PERSONAL WELLNESS</p>	<p>FOC- Decrease in personal responsibility for health, Lack of prioritization of personal health or a culture of health, Decrease in health literacy</p> <p>CHSA- 70% of Huron County residents are overweight (33%) or obese (37%), 39% of the population has high blood pressure, 11% of the population has diabetes, 19% of adults rated their physical health as not good on four or more days in the previous month</p> <p>CTSA- Money/finances listed as holding back Huron County from improving health</p> <p>LPHSA- LPHS needs to provide more resources and coordination of activities for health education and promotion</p>	<p>Healthy People 2020, Physical Activity Objectives PA-1, PA-3, PA-11; Nutrition and Weight Status Objectives NWS-5, NWS-6, NWS-15</p> <p>National Prevention Strategy Priority- Active Living, Recommendations 3,4</p> <p>Ohio State Health Improvement Plan 2012-2014, Chronic Disease Strategy 2</p>

STRATEGIC ISSUE	RATIONAL	ESSENTIAL PUBLIC HEALTH SERVICES LINKS
<p>How can we offer services to improve mental health and resiliency for residents?</p> <p>MENTAL HEALTH</p>	<p>FOC- Shifting mental health funds, Uneven distribution of mental health care providers, Increase in children with mental illness diagnosis</p> <p>CHSA- Inability to afford treatment was listed as a reason for not using a program or service to help with depression, anxiety, or emotional problems</p> <p>CTSA- Mental health ranked the second most important health-related issue for the entire community</p> <p>LPHSA- Coordination of services could be improved</p>	<p>Healthy People 2020, Leading Health Indicator Mental Health and Mental Disorders Objectives MHMD-6, MHMD-11</p> <p>Public Health Essential Service-Link to/Provide Care, Domain 7</p> <p>Ohio Mental Health and Addiction Services Strategic Plan, Strategy 6, Modernize and enhance the availability and quality of services to meet the needs of individuals with addiction and mental illness throughout the lifetime</p> <p>Ohio State Health Improvement Plan 2012-2014, Integration of Physical and Behavioral Health</p>

Table 1: Summary Findings from Assessments

Huron County's Vision

To promote individual responsibility and community commitment to create a safe, healthy, and positive culture through education, involvement, collaboration and combined resources.

Community Themes and Strengths Assessment

- Community 24-hour access to police, fire, and rescue services is a strength.
- Huron County has a walk-able, bike-able community.
- Alcohol and drug abuse is viewed as the number one issue.
- Mental health and depression was rated as second for health issues for residents.
- To increase quality of life for residents more jobs and a healthier economy would be best.
- Access to healthcare for residents would also increase quality of life.
- Obesity is seen as third most important health issue.

Local Public Health System Assessment

- The LPHS has monitored the health status of the community and has a process for continuing to do so.
- The LPHS needs to provide more resources and coordination of activities for health education & promotion.
- The LPHS needs to participate in making and recommending public health policy and laws.
- Lack of funding, time, and resources prevent the LPHS from exploring new and innovative solutions to health problems.
- The LPHS was low in access to care; more communication is needed between agencies to link people to services.
- The LPHS's greatest strength is disease investigation and health hazard planning.

Community Health Status Assessment

- 46% of Residents had some college, compared to 62% of Ohio.
- Huron County has a 10.2% unemployment rate, compared to 7.2% of Ohio.
- 70% of Huron County residents are overweight (33%) or obese (37%). 17% of youth are overweight, and 13% are obese, for a combined 30% above the normal weight range as measured using BMI.
- Heart disease is the leading cause of death as of 2008. 39% of the population had high blood pressure. Contributing risk factors are diabetes, obesity, tobacco use, sedentary lifestyle.
- Hospital diabetic screenings increased from 84% to 86%, Pre-diabetes was at 14% of the population, 11% of the population has diabetes. Pre-diabetes was trending up, and diabetes was trending down. 78% of those with diabetes were obese or overweight.

- 17% of Huron County adults were current smokers, down from 18% in 2011. Youth smokers were at 10% down from 15% in 2011. Healthy People goal is 12%.
- 16% of adults were considered binge drinkers. 9% of youth were binge drinkers, increasing to 25% of those 17 or older.
- 9% of adults, and 11% of youth had used medication not prescribed to them or took more than prescribed, increasing to 21% of those over the age of 17. Both are increasing in trends.
- Huron County's prescription analgesic doses per capita rate was 89.2 does per person in 2012. Highest rate in the Northwest region, and all touching counties.
- In 2010 3,000 Ohio young adults died from RX overdoses. This is a 250% increase from 1999.
- 10% of Huron County residents were uninsured, down from 12% in 2011. Increasing to 16% of adults with incomes less than \$25,000.
- 19% of adults rated their physical health as not good on four or more days in the previous month. Increasing to 33% of those who had an income of 25,000 or less.
- 21% of adults reported that poor mental or physical health kept them from doing usual activities such as self care, work, or recreation. 18% of high school youth had seriously considered attempting suicide in the past month.
- 10% of Huron County adults feel sad or hopeless for two or more weeks in a row, increasing to 22% of those whose income is \$25,000 or below.
- Mental health providers to Huron county residents is 2,302: 1, Ohio ratio is 1,051:1.
- Dental care providers to Huron County residents is 3,325:1, Ohio is 1,837:1.
- 24% of youth had 3 or more adverse childhood events.
- 50% of youth had texted while driving in the past month, 44% of youth had been bullied in the past year.

Forces of Change Assessment

- There is a lack of prioritizing personal health and taking responsibility for one's own health, or a "culture of health".
- Funding shifts and the affordable care act will change the access to care that Huron County residents have, as well as reimbursement rates for care providers.
- More people will qualify for Medicaid.
- Health inequities have widened due to slow economy, loss of jobs, and a decrease in workforce due to substance use.
- Funding cuts to mental health will be shifted to substance abuse funding.
- Substance abuse continues to increase and impact overdose death rates, crime rates, and family structure.
- Recent events included a Toledo HAB event, measles/mumps outbreak, and wind parks in Huron County, and an Ebola outbreak.

Formulating Goals & Strategies

To formulate goals and strategies, the Huron County Health Partners divided into four priority workgroups, Substance Abuse/Mental Health Workgroup, Access to Care Workgroup, Personal Wellness Workgroup, and Public Health Infrastructure Workgroup. The workgroups were tasked with developing goals and strategies that would work for Huron County. Each workgroup developed a goal that would address their assigned health issue. The goals are as follows:

- Reduce substance abuse through prevention, screening, and treatment.
- Improve Mental Health through prevention and by ensuring access to appropriate, quality mental health services.
- Improve access to comprehensive, quality health care services.
- Promote health and reduce chronic disease.
- Increase collaboration and resource sharing between public health organizations.

For each goal, the workgroups discussed evidence-based health interventions that would be applicable to Huron County. The goals and strategies matrix is made up of three parts: strategies, health indicators, and a target. Each strategy has a rationale for why it was chosen. The group also discussed community resources that maybe available to help implement the strategies.

Goals and Strategies Matrix

Strategic Issue 1: Substance Abuse

Goal: Reduce substance abuse through prevention, screening, treatment.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.1 Increase substance abuse prevention education and enforcement of laws, to reduce substance abuse in youth.	*Evidence-based prevention education delays age of onset, and likelihood of substance abuse as an adult. *Enforcement of underage substance use law is effective in reducing use.	% of youth misusing medications ¹	11%	2% decrease	<ul style="list-style-type: none"> • Health Class Curriculums • LifeSkills Training Curriculum • 40 Developmental Assets • Drug Test Kits • Norwalk D.A.R.E. program • Monroeville D.A.R.E program • Drug Drop Boxes/National Drug Take Back Days • Alcohol Compliancy Checks Program (ACC) • Ohio Trust Fund-Huron County Family First Council (HCFFC) • Red Ribbon/SADD programs 	Healthy People 2020, Substance Abuse-2, Tobacco Use -3
		Average age of first alcohol consumption ¹	13.5 yrs	14.5 yrs (one year increase)		
		% of youth ever trying Cigarettes ¹	27%	2% decrease		
		Number of Schools implementing an evidence-based substance abuse prevention, such as LifeSkills	1 of 9	4 of 9		

¹ 2014 Huron County Health Assessment

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.2 Educate physicians and pharmacies on opiate prescription guidelines, and utilize Narcan in first responders to reduce the amount of opiate related over dose deaths in Huron County.	Substance abuse is perceived as the number one health issue by the community. It has caused an increase in overdose death rate. Huron County has an elevated prescription rate as compared to Northwest Ohio, and North Central Ohio.	Average doses per capita of prescription analgesic per person rate per 100,000 ² % of adults who misuse medication ¹ % of overdose deaths ³	89.2 per 100,000 9% 23.8 per 100,000	80 per 100,000 7% 13.5 by 2017	<ul style="list-style-type: none"> • Observed Emergency Department Prescription Guidelines • Primary Care Providers Screening and Referral • Firelands Counseling and Recovery • Fisher-Titus Behavioral Health • Local AA groups and support groups • Teen Challenge of the Firelands • Local and Chain Pharmacies 	Healthy People 2020, Substance Abuse-12

² Ohio Mental Health and Addiction Services from the Ohio State Board of Pharmacy, doses per capita September 2013

³ ODH Office of Vital Statistics, Average, age-adjusted unintentional drug overdose death rate per 100,000, by county, Ohio residents, 2008-2013

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.3 Promote and develop a sustainable, evidence-based substance abuse, screening, brief intervention, referral to treatment (SBIRT) use in-patient settings and primary care.	Firelands Regional Medical Center received a 5-year grant to implement evidence-based program, SBIRT. During 2015, the grant expanded to cover healthcare/primary care in Huron County. IF successful, sustainability will be sought. Electronic Medical Records including SBIRT in aggregate, could be a source of data for reported heroin and opiate use.	Number of healthcare settings implementing SBIRT % of adults who binge drank in the last month ¹ Data collection for reported heroin and opiate use.	0 36% 1 method ¹ (CHA)	4 32% 2 methods	<ul style="list-style-type: none"> • Primary Care Providers Screening and Referral • Firelands Counseling and Recovery • Fisher-Titus Behavioral Health • Private Practice Counselors • Healthcare Electronic Health Records/Electronic Medical records EHR/EMR systems 	Healthy People 2020, Substance Abuse-10

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.4 Standardize substance abuse work place wellness plans and policies.	With insurance plans changing to health indicator outcome pricing, workplaces will want to contribute to their employee's ability to get and stay healthy. Work place wellness plans have been shown to have a moderate impact on various health indicators, substance abuse indicators included.	% of employers who complete a workplace wellness assessment	0%	30%	<ul style="list-style-type: none"> • Healthy Ohio Business Council(HOBC) • Council of Smaller Enterprises(COSE) • Norwalk Economic Development • Huron County Economic Development • Huron County Employers and HR Departments. • Ohio Department of Health 	Ohio 2012-2014 State Health Improvement Plan- Chronic Disease, Strategy 2, Action Step 3.
		A tool developed for small businesses/local corporations	0	1		
		% of adults who are current smokers ¹	17%	16%		

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.5 Promote abstinence from alcohol, nicotine, illicit drug use and decrease prescription abuse among pregnant women by using drug screening tools, educational intervention, and referral to treatment during prenatal visits.	The use of alcohol, illicit drugs or prescription misuse puts both mother and child at risk for a variety of health problems. The data available for this population is limited, and needs to be collected and evaluated for a strategic plan to be developed. Utilizing a screening tool would give two results, getting treatment to those who need it and collect data to determine need.	Number of healthcare settings implementing SBIRT or drug screening at initial care	<1%	25%	<ul style="list-style-type: none"> • OB/GYN Offices • Hospitals/Industrial Health • Firelands Counseling and Recovery • SBIRT programming • Huron County of Job and Family Services • Pediatricians • Primary Care Physicians 	Health People 202 MICH-11.1,11.2,11.3.11.4
		establish a mechanism for data collection of pregnant women using drugs, nicotine, and alcohol during pregnancy	0	1		
		rate of babies born experiencing neonatal abstinence syndrome in Huron County ⁴	34.1 per 1,000	30 per 1,000		

⁴ EHR Records from Hospital Birthing Center, 2014, Number of babies born experiencing NAS rate per 1,000.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 1.6 Promote and expand the number of treatment options for substance abuse, such as Vivitrol with behavioral treatment.	State funding on medical assisted therapy (MAT) will need to be implemented in each county by 2016. Vivitrol is the only MAT therapy that is non-euphoric, and doesn't have street value. It blocks the effects of opiates(heroin) . It will be paired with behavioral treatment. Detoxification must take place before Vivitrol treatment can begin. By having more options available, those who need the service will have it available in county.	Locations offering Vivitrol	0	1	<ul style="list-style-type: none"> • Hospitals • Teen Challenge of the Firelands • Firelands Counseling and Recovery • Physicians 	Ohio Mental Health and Addiction Services Strategic Plan-2013, 7.1.2, 6.2
		Locations for detoxification	0	1		
		Locations for in-patient or residential treatment	1	3		

Strategic Issue 2: Mental Health

Goal: Improve Mental Health through prevention and by ensuring access to appropriate, quality mental health services.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 2.1 Develop sustainable programs that provide mental health treatment, or screening, brief intervention, and referral to treatment (SBIRT) in primary care facilities and inpatient settings.	Firelands regional Medical Center received a 5-year grant to implement evidence-based program, SBIRT. During 2015, the grant expanded to cover healthcare/ primary care in Huron County. IF successful, sustainability will be sought. Electronic Medical Records including SBIRT in aggregate, could be a source of data for reported mental issues	% of facilities participating in SBIRT	<1%	25%	<ul style="list-style-type: none"> • Hospitals • Firelands Counseling and Recovery • SBIRT- MHAS grant at HCPH • Primary Care Physicians 	Healthy People 2020, Mental Health and Mental Disorders-11 Ohio State Health Improvement Plan 2012-2014, Integration of Physical and Behavioral Health

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 2.2 Promote and develop coping and resiliency skills through evidence-based programs in schools, support groups, social supports, and family function.	<p>Group programs have been shown to reduce loneliness, protect against social isolation, and improve quality of life. We will seek to educate families and friends to reduce stigma, and help develop ways to cope and deal with everyday challenges, especially those that have low incomes. Social support and secure nurturing relationships can work to prevent feelings of sadness or hopelessness.</p>	<p>% of youth and adults reporting feelings of sadness or hopelessness¹</p>	<p>26% of youth, and 10% of adults reported feeling sad or hopeless for two or more weeks in a row</p>	<p>24% 8%</p>	<ul style="list-style-type: none"> • NAMI Huron County • Suicide Survivors Support Group • QPR, Suicide Prevention Training • Reach Our Youth Mentoring Group • AA /NA Support Groups • 40 Developmental Assets/LifeSkills Training • Parenting Classes or group-based parenting programs • Divorce Classes for youth (court) • Faith-based groups • Library Groups • The Hope Center • Intergenerational Mentoring Group • Safe Sitter Training • Services for Aging- events • Wilderness/wellness classes-Rec Center • Help Me Grow 	<p>OhioMHAS Strategic Plan, 2013- 6.1</p>

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment	
Strategy 2.3 Increase the amount of adults and children with mental health disorders who receive treatment.	Due to the expansion of Medicaid, and increase in services available in Huron County (and continued expansion), barriers to mental health care have been removed. The CHA indicated that the population has a higher rate of mental health needs than those reporting seeking or getting mental health treatment. Studies indicate that mental health is an under reported area.	% of those looking for treatment and finding programs ¹	82% Depression or Anxiety 74% Alcohol or Drug Abuse	90%	<ul style="list-style-type: none"> • NAMI Huron County • Firelands Counseling and Recovery • MHAS Board • Insurance Enrollment Services • Fisher-Titus Behavioral Health • Willard Mercy Hospital 	Healthy People 2020 Leading Health Indicator, Mental Health and Mental Disorders-6	
		% looking for treatment(to match those reporting sad or hopeless feelings, and stats from screenings for need) ¹	14% Depression or anxiety (26% of youth, and 10% of adults reported feeling sad or hopeless for two or more weeks in a row)	78%			16%
			3% Alcohol or Drug Abuse (9% misused medication in the past 6 months)	5%			

Strategic Issue 3: Access to Care

Goal: Improve access to comprehensive, quality health care services.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.1 Increase the proportion of persons with medical insurance	Uninsured persons often do not seek care when needed, due to payment or may seek care only in an emergency, this leads to poor health for those individuals. The group will seek to increase the number of agencies where enrollment help is available, and referral to those services.	% of uninsured persons ¹	13% of Huron County Residents are uninsured	12%-8%	<ul style="list-style-type: none"> • OSHIP Regional Contact • OSHIP Trained Staff • Job & Family Services • Certified Application Counselors • Healthcare offices • Patient Navigators • Hospitals • Physician Offices 	Healthy People 2020- Access to Health Services (AHS-1.1)

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.2 Increase the number of persons who regularly (yearly to bi-yearly) see a primary care provider through screenings, referrals, and convenient care.	Huron County worked to increase screenings and close the gap for screenings to be set to physicians in the last CHIP, however, the process has not been standardize. By standardizing and using the same patient education, and referral process residents will experience a level of care that will be consistent and expected.	% of adults visiting a primary care provider in the last year ¹	56%	57%-61%	<ul style="list-style-type: none"> • Fisher-Titus • Willard Mercy Hospital • The Bellevue Hospital 	Healthy People 2020- Access to Health Services (AHS-5.3,5.4)

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.3 Promote and increase the number agencies that use a community resource referral tool.	The community 2-1-1 is a new resource that is fully funded and operational as of 2014. Huron County will seek to expand the services listed in the database, and utilized the reports to make strategic plans	% of increased services listed ⁵	Needed	10% increase	<ul style="list-style-type: none"> • Agencies that have direct client services • United Fund of Norwalk, Wakeman, and Monroeville • Huron County Job & Family Services 	

⁵ Data Reports exported from 2-1-1 system

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.4 Promote, screen and refer to dental/oral care, based on insurance coverage.	Huron county will seek to promote the use of a dental home, at an early age. Many Dentists in Huron County do not accept Medicaid. However, the Dental Van does, and visits once a week to Huron County. By increasing screenings and referrals, the underserved population has access to oral care.	% of adults seeing a dentist yearly ¹ % of children seeing a dentist yearly ¹ Ration of dentist to residents ⁶	60% 69% 3,293:1	61-65% 70-74% 3,622:1	<ul style="list-style-type: none"> • Dentists, Dental Associations • Dental Center of NWO • Help Me Grow • Primary Care Physicians • Hospitals 	Healthy People 2020- Access to Health Services (AHS-6.3)

⁶ Robert Wood Johnson County Health Rankings, Huron County, 2015

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.5 Increase the number of mental health professionals, especially those that accept Medicaid and Medicare.	Huron County has a ratio of 2,280:1 for population to providers. By providing more services and extended hours, Huron county will seek to remove barriers to mental health services.	Ration of population to mental health providers ⁶	2,280:1	2,052:1	<ul style="list-style-type: none"> • Firelands Counseling and Recovery • MHAS Board • Insurance Enrollment Services • Fisher-Titus Behavioral Health • Willard Mercy Hospital 	2012-2014 Ohio State Health Improvement Plan- Integration of Physical and Behavioral Health

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 3.6 Increase the number of healthcare providers accepting healthcare insurances from the marketplace, or explore a community clinic type setting for adults, and children.	The past few years have brought big changes to the insurance plans, employee insurance, Medicaid expansion, and ACA marketplace insurance plans. Huron County healthcare providers will need to either accept these insurances and find a way to stay fiscally stable or seek an alternative solution to provide healthcare to those with all types of insurance.	% reporting doctor would not take their insurance as a reason they might not seek a doctor when sick, injured, or needing some kind of health care ¹	13%	10%	<ul style="list-style-type: none"> • Insurance Enrollment Services • Fisher-Titus Behavioral Health • Willard Mercy Hospital • Physician's Offices • Practice Managers • Billers/Credentialing 	Healthy People 2020- Oral Health OH-11

Strategic Issue 4: Personal Wellness

Goal: Promote health and reduce chronic disease.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 4.1 Promote physical activity opportunities through built environment, education and programming to increase physical activity.	Through expanding green space, parks, walking/biking trails, recreation fields, walkable/bike-able sidewalks and streets, etc. Huron County will seek to increase the opportunities for physical activity, especially in youth	% of youth were physically active for at least 60 minutes on 3 or more days in the past week ¹ % of the population living within a reasonable distance to a park or recreational facility ⁶	72% 71%	77% 76%	<ul style="list-style-type: none"> • Norwalk Park & Rec • Bellevue Rec Center • Willard Park & Rec • New London Greenwich Rail Trail, Inc. • Firelands Rails to Trails, inc. • Safe Routes to School Grant • Schools • Physician’s Offices • Practice Managers • Fisher-Titus • Willard Mercy • The Bellevue Hospital 	Healthy People 2020-Physical Activity, PA-3.1

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 4.2 Develop a workplace wellness template and promote to local businesses.	The 2014 Huron County Health Assessment showed 44% of residents are insured through their employer. As insurance plans are moving toward health outcome based rates for coverage, Huron County will seek to assist employers with health plans and policies that will help health outcomes.	% of Huron County Adults who rate their health status as excellent or very good ¹	52%	55%	<ul style="list-style-type: none"> • Businesses with insurance plans. • COSI-Small business • National guidelines for wellness plans • Healthy Ohio Business Council (HOBC) • Economic Development Councils 	2012-2014 Ohio State Health Improvement Plan- Chronic Disease, Strategy 2:Action Step 3

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 4.3 Standardize healthcare practice of regular measurement of BMI and provide motivational interviewing, education on or referral for nutrition and healthy weight programs.	BMI is a standardized point of data collection for physicians. Huron County will seek to set up training for physicians/staff to become trained in motivational interviewing or a referral to a nutrition and healthy weight program. The healthy weight and nutrition programs will be expanded.	% of overweight adults ¹ % of obese adults ¹	33% 37%	31% 34%	<ul style="list-style-type: none"> • Huron County Public Health-5A's program • Willard Mercy Hospital- CHIP program • Dieticians • Physicians/Nursing staff 	Ohio State Health Improvement Plan 2012-2014, Chronic Disease, Strategy 2 Ohio Chronic Disease Plan, Health System Interventions, Objective 2.6

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 4.4 Increase access and consumption of vegetables through evaluation of food deserts, farmers markets, and promotion of plant based diet.	To reduce chronic disease, the diets of Huron County residents need be more nutritious and more available. Huron County will seek to increase access to healthy vegetables.	% population eating 5 or more servings of vegetables per day ¹	8%	10%	<ul style="list-style-type: none"> • Second Harvest Food Banks • Local Food Pantries • Community Gardens • The Bellevue Hospital-community Garden • Farmers Markets • Local farmers • OSU-SNAP education 	Healthy People 2020 Nutrition and Weight Status -5 &6

Strategic Issue 5: Public Health Infrastructure

Goal: Increase collaboration and resource sharing between public health organizations.

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 5.1 Achieve National Accreditation through Public Health Accreditation Board for the Local Huron County Public Health.	By 2018 all Ohio local public health boards will need to be accredited. By seeking accreditation Huron County Public Health will meet PHAB standards, with will provide the community with a better public health infrastructure.	# of PHAB Accredited Health Departments in Huron County	0	1	<ul style="list-style-type: none"> • Huron County Health Partners • All Health Hazards Committee • Huron County Public Health 	Healthy People 2020 Public Health Infrastructure- PHI 17.3

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 5.2 Increase Participation and Implementation of the Community Health Improvement Plan.	Though a coordinated effort, Huron County can make a responsible commitment to the quality improvement process for health outcomes.	% of community sectors represented at the CHIP workgroup meetings or working to implement the action plan	30%	50%	<ul style="list-style-type: none"> Huron County Health Partners 	Healthy People 2020 Public Health Infrastructure- PHI 15.3

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 5.3 Conduct a workplace assessment for Tier 2 and 3 in all agencies that provide essential public health services, to coordinate health workforce training and increase competency.	During the Local Public Health System Assessment, it was shown that Huron County has not conducted a workforce assessment, other than HCPH. Huron County will seek to coordinate health care workforce development plans based on the findings.	% of identified health professionals taking the assessment	Needed	50%	<ul style="list-style-type: none"> Huron County Health Partners 	Ohio State Health Improvement Plan 2012-2014, Workforce Development, Strategy 2

Strategy	Why?	Measure	Baseline	Target	Available Community Resources	Federal, State Alignment
Strategy 5.4 Utilize technology to create tools for collecting data, EHR, evaluating community health status and sharing results with partners and public.	As technology advances the availability to access aggregate data for monitoring health becomes key to informed decision making.	# of health indicators collected in aggregate form	Needed	10% increase	<ul style="list-style-type: none"> • Huron County Health Partners • Hospital and Health care EHR's • New software systems • Huron County Public Health Statistics 	

Action Cycle

The action cycle involves three activities: Planning, Implementing, and Evaluating. The action cycle asks:

1. What will be done to realize the community’s visions?
2. Who will do it?
3. How will it be done?
4. How will we know we have made improvements?
5. How can we continually improve?

The workgroups discussed and drafted a matrix for each strategy. Each strategy has one or more objectives. Each objective has critical action steps, partners who are involved, and a due date. The RACI improvement model is used to identify who will be working on completing the action steps. **R-** Is who is responsible for completing the steps, **A-** is who is accountable for those carrying out the steps, **C-** is who should be consulted to complete the action steps, and **I-** is who should stay informed of action steps. The matrix will be updated using the status indicator as the plan is implemented. The status will utilize a “traffic light” model (red, yellow, green) to measure progress.

R	Responsible — Person working on activity
A	Accountable — Person with decision authority
C	Consult — Key stakeholder who should be included in decision or work activity
I	Inform — Needs to know of decision or action

Red	- Not on Target
Yellow	- Falling Behind
Green	- On Target



Strategy 1.1 Increase substance abuse prevention education and enforcement of laws, to reduce substance abuse in youth.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) By 2017, decrease the percent of youth ever having tried cigarettes by 2%, from 27% to 25%.	<ul style="list-style-type: none"> a. Seek and apply for tobacco prevention funds. b. Enforce underage tobacco laws. c. Implement evidence-based prevention education in schools or after-school programs and throughout the community. d. Map tobacco product resale and tobacco use in youth. e. Monitor and engage with the community about policies and strategies regarding vaporizers or smokeless tobacco. 	<p>R- HCPH, Huron County NAMI, School systems, Ruth Ann Foltz (Trainer of Trainers in LifeSkills®) Law Enforcement</p> <p>A- Schools, Board of Health, NAMI Board, Huron County FCFC</p> <p>C- Ohio Department of Health, Ohio Mental Health and Addiction Services, LifeSkills®</p> <p>I- Parents, Teachers, Community Members, Funders</p>	<ul style="list-style-type: none"> a. Tobacco prevention funding would increase implementation in the community. b. A systematic review of studies showed, interventions with retailers can lead to large decreases in the number of outlets selling tobacco to youths¹. c. The LifeSkills® program is an evidence-based prevention method for tobacco use (87% reduction)². d. Establish more data. e. Engage the community. 	<ul style="list-style-type: none"> a. Amount of funds raised for prevention education. b. Tobacco Underage Checks Program survey c. Schools/after school programs Implementing LifeSkills, LifeSkills program evaluations d. Completed report (with mapping) on tobacco/alcohol sales and use for Huron County e. Hold and participate in town hall meetings, city councils, zoning, and land use meetings. 			x		

¹ Stead, L., & Lancaster, T. (2000, June 9). A systematic review of interventions for preventing tobacco sales to minors

² Botvin, G., & Griffin, K. (2002). Life skills training as a primary prevention approach for adolescent drug abuse and other problem behaviors

Strategy 1.1 Increase substance abuse prevention education and enforcement of laws, to reduce substance abuse in youth									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
2) By 2017, delay the average age of first alcohol consumption from 13.5 to 14.5.	a. Enforce underage alcohol laws. b. Educate vendors utilizing the Alcohol Server Knowledge Training. c. Implement evidence-based prevention education in schools or afterschool programs and throughout the community.	R- HCPH, Huron County Sheriff's Office, City and Village Law Enforcement, Schools A- Board of Health, County Commissioners, City Councils and Administrators, Court system, Boards of Education C- Ohio Investigative Unit, Ohio Sheriff's Association, LifeSkills® I- Vendors, Parents, Community Members	a. According to the University of Minnesota's Alcohol Epidemiology Program: Alcohol Compliance Checks Manual, Bi-annual compliance checks show the best outcomes for underage alcohol buy rate ³ . b. The training provides education for vendors on the laws and penalties of selling to a minor. b. The LifeSkills® program is an evidence-based prevention method for alcohol use (60% reduction) ¹ .	a. Alcohol Compliance Report (<i>Number of Checks, % sell rate</i>). b. Alcohol Compliance Checks Report (<i>number of participants</i>). c. Number of Schools/afterschool programs implementing LifeSkills® and LifeSkills® program evaluations.	x	x	x	x	
					x	x	x	x	
					x	x	x	x	

³ Alcohol Epidemiology Program. Alcohol compliance checks: A procedures manual for enforcing alcohol age-of-sale laws. Minneapolis: University of Minnesota, 2000

Strategy 1.1 Increase substance abuse prevention education and enforcement of laws, to reduce substance abuse in youth									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
3) By 2017, decrease the percent of youth reporting misuse of medication in the last 30 days by 2%, from 11% to 9%.	<p>a. Provide physicians with access to trainings on prescription misuse in adolescence.</p> <p>b. Provide an “at cost” or free drug test kit to parents, along with education and promotion of parental disapproval.</p> <p>c. Implement evidence-based prevention education in schools or afterschool programs and throughout the community.</p> <p>d. Hold and promote drug take-back days, and drug drop boxes.</p> <p>e. Increase county agency attendance to the Annual Forensic Conference</p>	<p>R- HCPH, Hospitals and Physicians, Fisher-Titus and Willard Mercy Emergency Departments, Law Enforcement, Huron County Mental Health and Addiction Services Board</p> <p>A- Board of Health, Hospital Boards, Physician Practice Management, Boards of Education, County Commissioners</p> <p>C- National Institute on Drug Abuse, Ohio Mental Health and Addiction Services, Ohio Medical Association</p> <p>I- Schools, Parents, Community Members</p>	<p>a. Studies show that physicians should target prescription drug misuses in their patients. Prevention training should start during medical training and continue throughout their careers⁴.</p> <p>b. According to a study in the journal of adolescences: parents are often the ones that talk with kids about substance abuse, and as perceived sanctions against drug use go up, drug involvement goes down⁵</p> <p>c. The LifeSkills[®] program is an evidence-based prevention for alcohol use (60% reduction)¹.</p> <p>d. Leftover prescription opioids from previous prescriptions represent a major source of nonmedical use of prescription opioids among high school seniors⁶. The drug take-back/drop box aims to decrease access to “leftover” prescription opioids.</p> <p>e. Education on addiction and substance abuse for law enforcement, medical, social services, and behavioral health professionals.</p>	<p>a. Physician CEU, Pre/Post Surveys.</p> <p>b. Drug Test Kit Report (number of kits, test results, and parental actions).</p> <p>c. Number of schools/ afterschool programs Implementing LifeSkills[®] and LifeSkills[®] program evaluations.</p> <p>d. Pounds of drugs collected, reported annually.</p> <p>e. Huron County agencies represented at conference.</p>	x	x	x	x	

⁴ Merlo, L., Singhakant, S., Cummings, S., & Cottler, L. (2013). Reasons for Misuse of Prescription Medication Among Physicians Undergoing Monitoring by a Physician Health Program. *Journal of Addiction Medicine*

⁵ Kelly, K., Comello, M., & Hunn, L. (2002). Parent-Child Communication, perceived sanctions against drug use, and youth involvement

⁶ McCabe, S., West, B., & Boyd, C. (2013). Leftover Prescription Opioids and Nonmedical Use Among High School Seniors: A Multi-Cohort National Study. *Journal of Adolescent Health*

Strategy 1.1 Increase substance abuse prevention education and enforcement of laws, to reduce substance abuse in youth										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
4) By 2017, increase the number of schools systems implementing the evidence-base substance abuse prevention, LifeSkills® Training or as an after school program, from 1 to 4.	<ul style="list-style-type: none"> a. Seek and apply for tobacco prevention funds. b. Present LifeSkills® to superintendents to gain insights for implementation. c. Hold a Train the Trainer on LifeSkills for teachers, school counselors, and volunteers. d. Schedule LifeSkills® sessions, and promote to students. e. Conduct program report and evaluation. f. Share report with stakeholders, partners, and community. 	<p>R- HCPH, Huron County NAMI, Schools, Ruth Ann Foltz (Trainer of Trainers in LifeSkills®), Law Enforcement</p> <p>A- Schools, Board of Health, NAMI Board, Huron County FCFC</p> <p>C- Ohio Department of Health, Ohio Mental Health and Addiction Services, LifeSkills®</p> <p>I- Parents, Teachers, Community Members, Funders</p>	<ul style="list-style-type: none"> a. Tobacco grants can fund prevention education. b. The LifeSkills® training is a program with 30 years of peer reviewed scientific research. It is the top research-based substance abuse prevention program in the country. Studies show, 87% reduction for tobacco, 60% reduction in alcohol, 75% reduction in marijuana, 66% reduction of polydrug, 68% reduction in methamphetamine. The duration of effects is up to 12 years. c. Target Grades 3-6, 6-9, 9 or 10. http://www.lifeskillstraining.com/resource_facts.php 	<ul style="list-style-type: none"> a. Amount of funds raised for prevention education. b. Number of schools that receive a LifeSkills® presentation. c. Number of Participants/ LifeSkills Trained Persons. d. Number of students, unduplicated counts. e. LifeSkills® Program Report Document. f. Number of partners receiving the program report (<i>dissemination list</i>). 	x		x			

Strategy 1.2 Educate physicians and pharmacies on opiate prescription guidelines, and utilize Narcan in first responders to reduce the amount of opiate related over dose deaths in Huron County.

Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2017, reduce the prescription analgesic rate per 100,000 from 89.2 to 80.</p> <p>2) By 2017, reduce the percent of adults who misuse medication from 9% to 7%.</p> <p>3) By 2017, reduce the unintentional drug overdose death rate from 23.8 per 100,00 in 2014 to 13.5.</p>	<p>a. Provide physicians and pharmacists with access to data and trainings on prescription misuse in adults.</p> <p>b. Utilize best practices to implement Narcan (Naloxone) Program throughout the county, and educate on objections to its use, as well as, develop a program evaluation to measure success.</p>	<p>R- First Responders, HCPH, Law Enforcement, Hospitals, Pharmacists, Physicians and Practice Managers.</p> <p>A- Board of Health, Hospital Boards, Practice Managers, County Commissioners, City/Village Administration</p> <p>C- Ohio Department of Health, Ohio Mental Health and Addiction Services</p> <p>I- Community members</p>	<p>a. Studies show that physicians should target prescription drug misuses in their patients. Prevention training should start during medical training and continue throughout their careers⁴.</p> <p>b. Ohio has implemented Narcan programs throughout the counties. Narcan is a drug that can reverse the effects of an opiate overdose. It is evidence-based harm-reduction intervention⁷. Best practices are still being studied for implementation. Huron County will seek to start with healthcare professionals and first responders for administration.</p>	<p>a. Physician CEU, Pre/Post Surveys.</p> <p>b. Narcan Program Report, # of prevented deaths.</p>			x		

⁷ Bailey, A., & Wermeling, D. (2014). Naloxone for Opioid Overdose Prevention: Pharmacists' Role in Community-Based Practice Settings. *Annals of Pharmacotherapy*,

Strategy 1.3 Promote and develop a sustainable, evidence-based substance abuse, screening, brief intervention, referral to treatment(SBIRT) use in-patient settings and primary care.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2017, increase the number of ER's and/or primary care settings in Huron Co. that implement evidence based SBIRT from 0 to 4.</p> <p>2) By 2017, reduce the percent of adults who binge drank in the last month from 36% to 32%.</p> <p>3) By 2017, develop a data collection mechanism for measuring reported heroin and opiate use.</p>	<p>a. Provide healthcare settings with an SBIRT team to implement the program.</p> <p>b. Recruit other healthcare settings, especially ER's to implement SBIRT</p> <p>c. Provide SBIRT training for interested counselors to be able to implement SBIRT at their affiliated healthcare setting.</p> <p>d. Program Evaluation for effectiveness.</p> <p>e. Aggregate data on substances reported as used by participants, especially, heroin and opiate use.</p>	<p>R- HCPH, Firelands Counseling and Recovery-Norwalk, Fisher-Titus Medical Care Behavior Health, Clinical Counselors, SBIRT Trainers, Hospitals, Physicians and Practice Managers.</p> <p>A- Board of Health, Fisher-Titus Hospital Board, Physicians, Practice Managers, Firelands Regional Medical Center</p> <p>C- Substance Abuse and Mental Health Services Administration</p> <p>I- Community members</p>	<p>a. Studies show that SBIRT is both more cost effective than regular treatment option, generated more quality-adjusted life years, and resulted in 13.8% more patients drinking below threshold level⁸.</p>	<p>a. Counselor CEU, Pre/Post Surveys.</p> <p>b. SBIRT Program Report, % of participant successful reduction in medication misuse and alcohol abuse below threshold levels.</p>			X		

⁸ Barbosa, C., Cowell, A., Bray, J., & Aldridge, A. (2015). The Cost-effectiveness of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Emergency and Outpatient Medical Settings. *Journal of Substance Abuse Treatment*

Strategy 1.4 Standardize substance abuse work place wellness plans and policies.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2016, conduct a workplace wellness plan assessment with 30% of employers in Huron Co.</p> <p>2) By 2017, develop an evidence-based “recommendations tool” for standard workplace wellness policies and enforcement.</p> <p>3) By 2017, reduce the percent of adults who are current smokers from 17% to 16%.</p>	<p>a. Develop a survey to assess Huron County workplace health policies and wellness plans.</p> <p>b. Through the use of HR groups and economic development, disseminate the survey.</p> <p>c. Develop templates and hold HR wellness meetings for resource sharing and development of tools.</p> <p>d. Standardize workplace smoking policies for cessation.</p>	<p>R- HCPH, Norwalk Economic development, Huron County Economic Development, Small businesses, local corporations A- Local Company Administration, Board of Health, County Commissioners, City Administration and Council I- Employees, Community</p>	<p>Workplace health policies and wellness plans have been found to be modestly effective for overall workplace population health⁹ improvement, especially tobacco cessation compared to self-help interventions¹⁰.</p>	<p>a. Collaborative Survey Development b. Dissemination List/Number of businesses participating c. Number of resources/templates/tools created d. Number of total policies adopted.</p>			X		

⁹ Anderson, L., Quinn, T., Glanz, K., Ramirez, G., Kahwati, L., Johnson, D., . . . Katz, D. (2009). The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity. *American Journal of Preventive Medicine*

¹⁰ Cahill, K., & Lancaster, T. (2014). Workplace interventions for smoking cessation. *Cochrane Database System Rev.*

Strategy 1.5 Promote abstinence from alcohol, nicotine, illicit drug use and decrease prescription abuse among pregnant women by using drug screening tools, educational intervention, and referral to treatment during prenatal visits.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2017, establish a mechanism for data collection of pregnant women using drugs, nicotine, and alcohol during pregnancy.</p> <p>2) By 2017, assess the number of OB/GYN care offices that implement drug abuse screening tools, and referral to treatment.</p> <p>3) By 2017, reduce the number of babies born experiencing neonatal abstinence syndrome from 34.1 per 1000 births in Huron Co. to 30.</p>	<p>a. Reach out to OB/GYN offices in Huron County.</p> <p>b. Assess prenatal substance abuse screening tools.</p> <p>c. Assess data available on substance abuse in pregnant women.</p> <p>d. Present tools, SBIRT options to practitioners.</p> <p>e. Develop evaluation for effectiveness.</p>	<p>R- Fisher-Titus Medical Care Behavior Health, Practice Managers, Willard Mercy, The Bellevue Hospital, OB/GYN Practitioners, HCPH, Firelands Counseling and Recovery, Huron County Job and Family Services</p> <p>A- Hospital Administration, Practitioners, Practice Managers</p> <p>C- Firelands Regional Medical Center, Substance Abuse and Mental Health Services Administration</p> <p>I- Pregnant Women</p>	<p>a. Pregnancy provides an opportunity for willingness to change behaviors that negatively impact the fetus, SBIRT would work to cease the opportunity by screening, and getting women into treatment. Studies show SBIRT works to decrease alcohol consumption¹¹, and could potentially work for other substances as well.</p>	<p>a. Meeting with OB/GYN's or practice managers to assess current substance abuse screening tools, and data available.</p> <p>b. Number of Practices implementing SBIRT/% of participant successful reduction in medication misuse and alcohol abuse below threshold levels.</p>			x		

¹¹ O'Brien, P. (2014). Performance Measurement: A Proposal to Increase Use of SBIRT and Decrease Alcohol Consumption During Pregnancy. *Maternal and Child Health Journal Matern Child Health J*

Strategy 1.6 Promote and expand the number of treatment options for substance abuse, such as Vivitrol with behavioral treatment.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
1) By 2017, offer the medication assisted treatment Vivitrol (naltrexone), paired with behavioral counseling within the county in at least one location.	<ul style="list-style-type: none"> a. Hospitals, Physicians, and Behavioral Health develop administration policies and program evaluation. b. Promote use of program for agency referral. c. Educate public on Medical Assisted Therapy, and Vivitrol and addiction. d. Explore possible use with courts system, and jails at release. b. Offer a MHAS board paid, one time-per rolling year, detoxification within the county. 	<ul style="list-style-type: none"> R- Willard Mercy, Physicians, Firelands Counseling and Recovery, Fisher-Titus Medical Care Behavior Health, Oriana House, Inc A- Hospital Boards and Administration, Huron County MHAS Board C- Vivitrol Drug Representative, Physicians I- Community, Sheriff, Courts 	A study conducted and published in the Addiction journal showed that “Extended-release naltrexone is associated with significantly lower rates of opioid relapse among men in the United States following release from jail when compared with a no medication treatment-as-usual condition ¹² .” Vivitrol is a non-euphoric prescription that may assist some addicts toward recovery.	<ul style="list-style-type: none"> a. Number of Physicians/ Hospitals implementing. b. Number of patients utilizing the program. c. Number of educational pieces published/ seminars offered. d. Number of partners involved. e. Number of qualified persons utilizing the detoxification services. 		x				

¹² Lee, J., McDonald, R., Grossman, E., Mcneely, J., Laska, E., Rotrosen, J., & Gourevitch, M. (2015). Opioid treatment at release from jail using extended-release naltrexone: A pilot proof-of-concept randomized effectiveness trial. *Addiction*

Strategy 1.6 Promote and expand the number of treatment options for substance abuse, such as Vivitrol with behavioral treatment.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
2) By 2018, expand treatment for substance abuse patients, such as detoxification centers, in-patient, and/or residential treatment homes.	<ul style="list-style-type: none"> a. Recruit private agencies, and/ or expand current agencies substance treatment options. b. Hospitals, Physicians, and Behavioral Health professionals develop administration policies. c. Promote use of program for agency referral. d. Educate public on treatment options e. Explore possible use with courts system, and jails at release. f. Program evaluation for outcomes 	<p>R- Hospitals, Physicians, Firelands Counseling and Recovery, Fisher-Titus Medical Care Behavior Health, Oriana House, Inc, Teen Challenge of the Firelands</p> <p>A- Hospital Boards and Administration</p> <p>C- Out of County Agencies with facilities in Ohio</p> <p>I- Community, Sheriff, Courts, HCPH</p>	<p>A study asked patients that had initiated opioid detoxification, what kind of treatment would work best for them at discharge “43% of participants selected medication-assisted treatment (MAT), 29% preferred residential, 12% selected drug-free counseling, 12% NA/AA meetings only, and 4% preferred no additional treatment¹³. If Huron County is to offer MAT (Vivitrol), a detoxification will need to be completed, either by oneself or in a short-term in-patient settings.</p>	<ul style="list-style-type: none"> a. Number of expanded treatment options b. Number of expanded treatment options c. Number of clients utilizing treatment options d. Number of education pieces e. Number of court cases utilizing expanded treatment options. f. Disposition at Discharge and Retention in Treatment will be used in program evaluation. 					<ul style="list-style-type: none"> x x x x x x 	

¹³ Stein, M., Anderson, B., & Bailey, G. (2015). Preferences for Aftercare Among Persons Seeking Short-term Opioid Detoxification. *Journal of Substance Abuse Treatment*

Strategy 2.1 Develop sustainable programs that provide mental health treatment, or screening, brief intervention, and referral to treatment (SBIRT) in primary care facilities and inpatient settings.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
1) By 2017, increase the number of ER's and/or primary care settings in Huron Co. that implement evidence-based SBIRT from 0 to 4.	<p>a. Provide healthcare settings with a SBIRT team to implement the program.</p> <p>b. Recruit other healthcare settings, especially ER's and primary care to implement SBIRT.</p> <p>c. Provide SBIRT training for interested counselors to be able to implement SBIRT at their affiliated healthcare setting.</p> <p>d. Evaluate programs for effectiveness.</p>	<p>R- HCPH, Firelands Counseling and Recovery Services of Huron County, Fisher-Titus Medical Center - Behavioral Health, Clinical Counselors, SBIRT Trainers, Hospitals, Physicians and Practice Managers.</p> <p>A- Board of Health, Fisher-Titus Hospital Board, Physicians, Practice Managers, Firelands Counseling and Recovery Services of Huron County</p> <p>C- Substance Abuse and Mental Health Services Administration, Medscape</p> <p>I- Community members</p>	<p>a. Studies show that when SBIRT is implemented in a community health center, diagnosis rates increase as well as referrals of patients, however kept appointment rates stayed the same¹. There is strong evidence that integrating behavioral health into primary care practice improves mental health (ICER-Tice 2015, Cochrane-Bower 2011), especially depression symptoms (ICER-Tice 2015, CG-Mental health, Butler 2011, Gilbody 2006a). Integrating care also increases patients' adherence to treatment, improves their quality of life (Thota 2012), and increases satisfaction (ICER-Tice 2015) and engagement with health care providers (Wissow 2013).</p>	<p>a. SBIRT Program Report, number of positive prescreens, % receiving intervention, therapy or referral to treatment.</p> <p>b. Number of locations implementing SBIRT.</p> <p>c. Counselor CEU, Pre/Post Surveys.</p> <p>d. SBIRT Program report for all sites in aggregate form.</p>	x					

¹ Dwinells, R. (2015). SBIRT as a Vital Sign for Behavioral Health Identification, Diagnosis, and Referral in Community Health Care. *The Annals of Family Medicine*, 13(3), 261-263. doi:doi: 10.1370/afm.1776

Strategy 2.2 Promote and develop coping and resiliency skills through evidence-based programs in schools, support groups, social supports, and family function.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
<p>1) By 2017, offer community based trainings on coping and resiliency skills for adults, parents, and volunteers once every quarter.</p> <p>2) By 2017, offer one LifeSkills® train the trainer program.</p>	<p>a. Select evidence-based trainings to provide for community.</p> <p>b. Look for funding and resources to support.</p> <p>c. Hold community events that promote coping and resiliency skills, and sense of community.</p> <p>d. Set up training on LifeSkills® for others to become trainers at their respective agencies.</p> <p>e. Offer Mental Health First Aid Trainings for agencies and community members.</p> <p>f. Promote mental health support groups/education.</p>	<p>R- HCPH, United Fund of Norwalk, Wakeman, and Monroeville, Huron County NAMI, Imagine Norwalk Planning Group, Hospitals, Interagency Council, Ministerial Associations, Catholic Charities Diocese of Toledo</p> <p>A- Board of Health, United Fund Board, NAMI Board, Norwalk City Economic Development, Church Leadership, Huron County Mental Health and Addiction Services Board</p> <p>C- LifeSkills® , Other counties implementing interventions, Ruth Ann Foltz</p> <p>I- Community, Schools, Agencies</p>	<p>a. LifeSkills® is an evidence-based program and can be utilized in adult settings for parents, workplaces, volunteers to increase goal-setting, problem solving, stress/anger management, effective communication and conflict resolution.</p> <p>b. Bridges out of poverty is a program that seeks to allow participants to develop a mental model of poverty, middle class and wealth. The course helps to facilitate a new perspective on community and how they can fit in and contribute.</p> <p>c. Support groups, such as Faces of Hope offer evidence-based NAMI education course.</p>	<p>a. Number of selected programs and vetting for implementation.</p> <p>b. Presentation to funders and agencies for implementation.</p> <p>c. Number of courses offered, participants, Pre- and Post-Evaluations.</p> <p>d. Number of LifeSkills® trained staff.</p> <p>e. Number of trainings offered, number of participants.</p> <p>f. Number of promotional items and distribution lists.</p>		x				

Action Cycle Matrix

Strategy 2.3 Increase the amount of adults and children with mental health disorders who receive treatment.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2017, decrease the percent of those that looked, but did not find, a program for depression or anxiety, from 18% to 16%.</p> <p>2) By 2017, increase the percent of youth who would seek treatment (<i>if needed</i>) for mental health issues, from 43% to 50%.</p>	<p>a. Seek to recruit and expand mental health services to children, adults, and youth.</p> <p>b. Increase awareness of SBIRT programs targeted at depression, anxiety, and substance abuse and implementation at healthcare settings especially in youth.</p> <p>c. Education pieces on health literacy.</p> <p>d. Increase education/promotion of MHAS Board policy to cover an out-of-pocket cost for assessment, and coverage of 10% of cost associated with continuing treatment.</p> <p>e. Increase same day appointments/and afterhours access to mental health services.</p>	<p>R- HCPH, Firelands Counseling and Recovery Services of Huron County, Fisher-Titus Medical Center- Behavior Health, Clinical Counselors, SBIRT Trainers, Hospitals, Physicians and Practice Managers.</p> <p>A- Board of Health, Fisher-Titus Hospital Board, Physicians, Practice Managers, Firelands Counseling and Recovery Services of Huron County, Huron County Mental Health and Addiction Services Board</p> <p>C- Substance Abuse and Mental Health Services Administration, Medscape</p> <p>I- Community members</p>	<p>a. Increasing providers of mental health services allows clients additional choices for those who are seeking services.</p> <p>b. By implementing a SBIRT model at primary care, and other healthcare locations, clients will be exposed to screening and referral to services who may not otherwise find services.</p> <p>c. Increased health literacy, how and when to find help, will facilitate more co-operative doctor-patient relationships.</p>	<p>a/b. Number of locations implementing SBIRT.</p> <p>c. Number of educational pieces.</p>	x	x			

Strategy 3.1 Develop insurance enrollment assistance, referral, and coordination through the development of community tools and trainings									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) By 2017, decrease the percentage from 13% uninsured persons by 1-5%.</p> <p>2) Expand enrollment assistance sites from 4 to 6, by 2018.</p>	<p>a. Develop a tool outlining insurance options, qualifying items, and important dates to make available at each agency</p> <p>b. Insurance options training for agencies that have direct clients</p> <p>c. Identify agencies/employees for insurance training</p> <p>d. Add certified application counselors (CAC) and participate in tracking tool CAC client survey (follow-up)</p> <p>e. Health Insurance, prescription help resource tool using the 211 database</p> <p>f. Work with county jail medical contract to enroll inmates in an insurance plan upon release</p> <p>g. Increase number of OSHIP trained staff</p> <p>h. Increase referrals, ER, CAC, Catholic Charities, MAP, Screenings</p> <p>i. Monitor enrollment data through Job & Family Services</p>	<p>R- Certified Application Center (HCPH, Fisher-Titus, Services for Aging, HCJF&S), new partners for CACs</p> <p>A- HCJF&S, BOH-HCPH, Fisher-Titus, Services for Aging Department Heads</p> <p>C- Certified Medicaid</p> <p>I- Physician office staff, 2-1-1, Health Fairs, Workplaces, Hospitals, HC Sheriff's Office, MAP program.</p>	<p>a-i. With the changes in Medicaid Expansion, and the ACA, Health Marketplace insurance enrollment, finding healthcare coverage can be overwhelming. By taking a "all hands on deck" approach, and evaluating the efforts made we will be able to see if our uninsured rate decreases.</p>	<p>a. Tool development and distribution to agencies</p> <p>b. Trainings offered</p> <p>c. Locations and number of CAC's and client tracking</p> <p>d. 2-1-1 database report</p> <p>e. CAC enrollments referred from jail¹</p> <p>f. Number of OSHIPP trained staff</p>			X		

¹ Policy Change Recommendation: Insurance Coverage to start at the time of release from incarceration, not 24 hours after release.

Strategy 3.2 Increase the number of persons who regularly(yearly to bi-yearly) see a primary care provider through screenings, referrals, and convenient care

Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) Increase percent of adults visiting a primary care provider in the last year by 1-5%, by 2017.</p> <p>2) Implement the standardized screening, referral process conducted by all providers, by end of 2016</p>	<p>a. Expanding the use of a screening tool that presents health indicators as traffic light color codes as decision aids for patients, and closing the screening-to- physician gap.</p> <p>b. Adoption of tool by all screenings conducted in the county.</p> <p>c. Adoption of standardized referral process for an appointment on poor health indicators that are in the “red”.</p> <p>d. Expand primary care hours and available times for urgent, but not emergency room, health care needs.</p>	<p>R- Fisher-Titus, Mercy Willard Hospital, The Bellevue Hospital, Physicians, Practice Managers</p> <p>A- Hospital Boards & Administration, Physician Offices</p> <p>C- HCPH</p> <p>I- Community, Physician Offices, Screening Team, Patients</p>	<p>a. The traffic light of green, yellow, red, will serve as a decision aid, to increase understanding about treatment and making difficult decisions about their health. The simple tool will indicate levels of health, green/ good, yellow/warning, and red/ seek a physicians care. There is strong evidence that patient shared decisions making (SDM) using decision aids improves knowledge and increase involvement².</p>	<p>a. Screening tool standards operating procedures drafted</p> <p>b. Number of screening agencies adoption of tool</p> <p>c. Number of screening agencies making physician appointment referral</p> <p>d. Number of offices offering available/extended hours for urgent care</p>		x			

² Stacey D, Légaré F, Col NF, et al. Decision aids for people facing health treatment or screening decisions

Action Cycle Matrix

Strategy 3.3 Promote and increase the number agencies that use a community resource referral tool.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Increase the number of phone calls to the local 211 resource tool by 10% quarterly through 2016 2) Increase the number of agencies that update programs and services, quarterly.	a. Promote and report to agencies in Huron County the use of the 2-1-1 system. b. Adoption of quarterly updates to the 2-1-1 system as an agency. c. Create a point of contact (POC) for each agency for 2-1-1 system maintenance. d. Training on 2-1-1 system updates and reporting	R- United Fund of Norwalk, Wakeman, and Monroeville, Huron County Department of Job and Family Services A- United Fund of Norwalk, Wakeman, and Monroeville, Huron County Department of Job and Family Services C- Other Counties with 2-1-1 systems I- All agencies that serve the community, Community members	a-d. By utilizing a tool that is already funded and launched, we will be able to pull reports and number of referrals made. This will help establish a baseline for the need, as well as client satisfaction.	a. 2-1-1 Database promotional items send, reports distributed b. Agencies listed in directory, date of last update. c. Point of Contact list, date of last reminder d. Trainings offered to POC's	x				

Strategy 3.4 Promote, screen and refer to dental/oral care, based on insurance coverage.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
<p>1) Increase the % of adults and children seeing a dentist yearly 1-5% increase, 2017.</p> <p>2) Increase the number of residents utilizing the dental van 5%, 2016.</p> <p>3) Increase the ratio of dentists to residents by 10%, by 2017.</p>	<p>a. Promote and present information to utilized informal dental screenings “look and see” or “lift the lip” and referrals to appropriate dental care, during kindergarten screenings, Help Me Grow visits, Pediatric visits, and primary care.</p> <p>b. Utilize referrals to the dental van; expand services if appointments are filled.</p> <p>c. Seek grant funding for dental services</p> <p>d. Expand dental services by exploring allied dental professionals by collaborating with Dental Access Now! initiatives</p>	<p>R- Dental Center of Northwest Ohio, HCPH, Willard Mercy Hospital, Help Me Grow, Physicians, Dentists, Pediatricians,</p> <p>A- Board of Health, Dental Center of Northwest Ohio, Dentist offices, Dental Associations</p> <p>C- Dental center of Northwest Ohio Rep, Dental Access Now, Ohio Department of Health</p> <p>I- Community, Agencies, patients</p>	<p>a. Educate partners on the dental needs of the county, implementing a “give kids a smile” day of dental screenings, as well as training for parents to perform checks for warning signs of decay on children’s teeth.</p> <p>b. The dental van is a mobile full service dental clinic that utilizes a sliding fee scale, and bills to Medicaid, currently it is grant funded. It comes to Huron County one time/week.</p> <p>c. Seek grant funding for evidence-based interventions, such as FQHC dental clinics, and school based dental programs</p> <p>d. There is some evidence that expanding the roles of allied dental professionals increases access to oral health care (Bailit 2012, Galloway 2002)</p>	<p>a. Number of agencies implementing screening efforts</p> <p>b. Number of appointments for Huron County</p> <p>c. Amount of grant funds</p> <p>d. Legislation granting allied dental health professionals granted, number of dental health offices expanding</p>			x		

Action Cycle Matrix

Strategy 3.5 Increase the number of mental health professionals, especially those that accept Medicaid and Medicare.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Increase the ratio of mental healthcare providers to residents by 10%, by 2017	<p>a. Meet with existing behavioral health practitioners, MHAS board, to discuss adding practitioners, extended hours, and other barriers to access.</p> <p>b. Discuss the possibility of FQHC, or other community clinic.</p>	<p>R- Dental Center of Northwest Ohio, HCPH, Willard Mercy Hospital, Help Me Grow, Physicians, Dentists, Pediatricians,</p> <p>A- Board of Health, Dental Center of Northwest Ohio, Dentist offices, Dental Associations</p> <p>C- Dental center of Northwest Ohio Rep, Dental Access Now, Ohio Department of Health</p> <p>I- Community, Agencies, patients</p>	<p>There is strong evidence that federally qualified health centers (FQHCs) increase access to primary care (Shi 2013, Lo Sasso 2010, Siegel 2004, Gresenz 2006, Bodenheimer 2010, Hicks 2006, O'Malley 2005, Cunningham 2004, Shi 2007, Shi 2007a) and improve health outcomes for their patients (Ross 2012, Goldman 2012, Bodenheimer 2010, Hicks 2006).</p>	<p>a. Meeting Minutes</p> <p>b. Number of expanded services, or mental health professionals</p>		x	x		

Action Cycle Matrix

Strategy 3.6 Increase the number of healthcare providers accepting healthcare insurances from the marketplace, or explore a community clinic type setting for adults, and children.									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Decrease % of population unable to access care due to lack of insurance accepted by 1-5% by 2017.	<p>a. Hold meetings with local health care providers, hospital administration, and health department to consider expanding healthcare insurance acceptance for services or the option for application for a Federally Qualified Health Center for Huron County.</p> <p>b. Solicit Public Comment on potential community clinics such as, FQHC.</p> <p>c. Meeting with billers to share best practices for reimbursement.</p>	<p>R- HCPH, Hospitals, Physicians, and Practice Managers</p> <p>A-Board of Health, Hospital Boards</p> <p>C- Other Counties FQHC</p> <p>I- Community, Media, Other healthcare agencies</p>	<p>a. There is strong evidence that federally qualified health centers (FQHCs) increase access to primary care (Shi 2013, Lo Sasso 2010, Siegel 2004, Gresenz 2006, Bodenheimer 2010, Hicks 2006, O’Malley 2005, Cunningham 2004, Shi 2007, Shi 2007a) and improve health outcomes for their patients (Ross 2012, Goldman 2012, Bodenheimer 2010, Hicks 2006).</p>	<p>a. Meeting Minutes</p> <p>b. Number of participants in public comments</p> <p>c. Meeting Minutes</p>		x		x	

Strategy 4.1 Promote physical activity opportunities through built environment, education and programming to increase physical activity									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Increase the % of youth participating in physical activity, by 2017	<ul style="list-style-type: none"> a. Game On Program Expansion b. Friday Night Fun Nights c. Apply for SRTS continuation grant d. Advocate for gym and recess policies in schools e. Develop “Pillars of Health” for Health Partners to advocate 	<p>R- Fisher-Titus, Mercy Willard Hospital, The Bellevue Hospital, Norwalk Park & Rec, Huron County Public Health, SRTS Committee</p> <p>A- School Boards, Norwalk City Council, Hospital Community Benefit Admin</p> <p>C- ODOT, Game On Action for Healthy Kids-Ohio</p> <p>I- Parents, Community members, Partners</p>	<ul style="list-style-type: none"> a. Game-On is an evidence-based program through action for Healthy Kids.org, that introduces the idea of physical activity to kindergarteners, and trying new ways to be active. b. Friday night fun is a program to promote activity at the Rec center 4th, 5th, and 6th graders. c. SRTS uses “active transportation” to school & is evidence-based d. Enhancing/expanding PE classes as part of a multi-component school-based obesity prevention intervention has also been shown to increase physical activity and improve health¹ e. Adopt evidence-based pillars to promote throughout the community 	<ul style="list-style-type: none"> a. Pre and Post surveys b. Number of students participating, develop tool to measure continued activity c. SRTS Report, Travel Tallies, Parent Surveys d. Number of Board of Education meetings attended. e. “Pillars of Health” document 	x	x	x	x	

¹ Community Preventive Services Task Force Members, The Guide to Community Prevention Services, www.thecommunityguide.org, September, 9, 2015

Strategy 4.1 Promote physical activity opportunities through built environment, education and programming to increase physical activity										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
2) Increase the percent of the population living within a reasonable distance to a park or recreational facility from 71% of the population to 76%, 2017	<ul style="list-style-type: none"> a. Firelands Rails to Trails expansion, Norwalk and Bellevue b. Greenwich to New London Trail creation c. Bellevue City added central park and baseball fields d. School Shared Use: Regan All Sports Complex (Norwalk City Schools) Willard Community walking track and workout facility (Willard City Schools), Monroeville e. Promotion and education on available parks f. Zoning Regulations: promote land use policies 	<p>R- Firelands Rails to Trails, Inc., New London Greenwich Rail Trail, Inc., Bellevue City Parks, Norwalk Park & Rec, Willard City Schools, Huron County Public Health,</p> <p>A- School Boards, Norwalk City Council, Hospital Community Benefit Admin</p> <p>C- ODOT, Game On Action for Healthy Kids-Ohio</p> <p>I- Parents, Community members, Partners</p>	<ul style="list-style-type: none"> a-c. There is strong evidence that improving access to places for physical activity increases physical activity and improves physical fitness². d. There is strong evidence that design and land use policies, including mixed-use development, increase physical activity¹. e. Education on available resources to raise awareness f. There is strong evidence that land use policies and zoning regulations support physical activity and increase walking and bicycling¹ 	<ul style="list-style-type: none"> a. Completed sections of trail through City of Norwalk and Bellevue. b. Completed trail c. Completed central park and baseball field projects d. Open Facilities for Mixed/ shared-use. e. Number of promotional/ educational pieces f. Number of meetings attended for zoning regulations for health policy. 	x					

² Khan, L., Sobush, K., Keener, D., Goodman, K., Lowry, A., Kakietek, J., & Zaro, S. (2009). Recommended community strategies and measurements to prevent obesity in the United States

Strategy 4.1 Promote physical activity opportunities through built environment, education and programming to increase physical activity										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
3) Increase the grant funds for complete streets or safe routes to school for Huron County, by 2016	<ul style="list-style-type: none"> a. Re-apply for a non-infrastructure/infrast ructure grant for Norwalk City b. Expand grant items to include the 5 E’s of SRTS, and include a walking schools bus model. c. Promote SRTS Report and grant application throughout county 	<p>R- SRTS Committee; HCPH, Norwalk City Administration, Norwalk City Police, Norwalk City Schools, Norwalk Catholic Schools, Other Schools, Parent/ Volunteer Groups</p> <p>A- Board of Health, Norwalk City Council, Norwalk City School Board, Norwalk Catholic Board</p> <p>C- SRTS-ODOT</p> <p>I- Parents, Schools, Students, Community</p>	<ul style="list-style-type: none"> a. Studies found that “those students who used active transportation to and from school accumulated more steps and were more likely to achieve the recommended 13, 500 steps/day compared to those not using active transportation to and from school”³ (Larouche, 2011). b. There is strong evidence that walking school buses increase instances of walking to school for participating students ⁴ c. Sent SRTS grant information to other school districts. 	<ul style="list-style-type: none"> a. Number fund awarded for SRTS programming b. 2016 SRTS Grant Application, and Final Report c. Number of new schools applying for SRTS grant. 		x				

³ [Larouche R](#), [Lloyd M](#), [Knight E](#), and [Tremblay MS](#).(2011) *Relationship between active school transport and body mass index in grades 4-to-6 children*.

⁴ Chillón, P., Evenson, K., Vaughn, A., & Ward, D. (2011). A systematic review of interventions for promoting active transportation to school

Strategy 4.1 Promote physical activity opportunities through built environment, education and programming to increase physical activity										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
4) Increase the amount of participation in free community fitness events, by 2017	<ul style="list-style-type: none"> a. Couch 2 5K or other free community workouts b. Promote walking paths through a flyer c. Walk with the Doc-promotion and evaluation d. Expand community walking programs 	<p>R- HCPH, Fisher-Titus, Willard Mercy Hospital, The Bellevue Hospital, Norwalk Park & Rec, Willard Recreation, The Bellevue Rec Center,</p> <p>A- Board of Health, Hospital Boards and Administration, City Councils</p> <p>C- Walk with Doc National Program, Couch to 5K Online program and App</p> <p>I- Community, Huron County Health Partners, Media</p>	<ul style="list-style-type: none"> a. Couch to 5K pilot program showed that 80% of participants increased their activity level and increased in positive thinking towards exercise. b. Educational materials to increase awareness c/d. There is strong evidence that fitness and exercise programs offered in community settings increase physical activity levels and improve physical fitness for participating adults and older adults (Holland 2005, Cruz-Ferreira 2011), particularly when these activities are offered with social support interventions (CG-Physical activity¹). 	<ul style="list-style-type: none"> a. Pre/Post Surveys b. Flyer creation c. Create a survey for Walk with Doc program. d. Number of events, locations 	x	x				

Strategy 4.2 Develop a workplace wellness template and promote to local businesses									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Develop a workplace wellness recommendations, resource sharing or best practices for local businesses by, 2018	<ul style="list-style-type: none"> a. Development of workplace wellness recommendations and approval from personal wellness group b. Resource document of workplace wellness resources /tracking tools for wellness c. Attend business meetings to promote the use of the template. d. Explore an “education series of health topics” for businesses in the county to increase health literacy e. Promote membership to Healthy Ohio Business Council (HOBC) 	<p>R- HCPH, Norwalk Economic Development Council, Huron County Economic Development, Businesses and HR Departments, Fisher-Titus, Willard Mercy Hospital, The Bellevue Hospital</p> <p>A- Board of Health, City Council, Hospital Boards and Administration</p> <p>C- COSI, Ohio Health Business</p> <p>I- Employers & Employees</p>	<ul style="list-style-type: none"> a. Workplace policies that support wellness have been shown to improve health, depending on the interventions (environmental) used and what lifestyle⁵. b/c. Making resources available to workplaces in Huron County will help to standardize and utilize best practices for workplaces, especially small businesses. d. Interventions that use enhanced written and print-based materials have been shown to increase health-related knowledge among children and adults (DeWalt 2009, APHCRI-Bush 2010, Pignone 2005) e. Membership to HOBC, makes tools and resources available to the employer 	<ul style="list-style-type: none"> a. Wellness Plan Recommendations Document b. Number of resources made available c. Number of meetings to present resource tool/tracking tool d. Number of employers adopting health education for employees e. Number of members of HOBC 		x			

⁵ Groeneveld, I., Proper, K., Beek, A., Hildebrandt, V., & Mechelen, W. (2010). Lifestyle-focused interventions at the workplace to reduce the risk of cardiovascular disease – a systematic review.

Action Cycle Matrix

Strategy 4.3 Standardize healthcare practice of regular measurement of BMI and provide motivational interviewing, education on or referral for nutrition and healthy weight programs.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
<p>1) Provide a local training on motivational interviewing for healthcare providers, by 2017.</p> <p>2) Offer one healthy living education program in the county, by 2017.</p>	<p>a. Coordinate a local training on the 5 A's or a similar model for chronic disease intervention (CEU's if available)</p> <p>b. Invite and have healthcare professionals attend.</p> <p>c. Develop a follow-up tool for implementation evaluation</p> <p>d. Expansion of Healthy Lifestyle Programs with funding or billing capability, such as Complete Health Improvement Program (CHIP)</p>	<p>R- HCPH, Physicians, Practice Managers, Fisher-Titus, Willard Mercy Hospital, The Bellevue Hospital</p> <p>A- Board of Health, City Council, Hospital Boards and Administration</p> <p>C- 5 A's Training Consultant, CHIP Training Consultant</p> <p>Other locations of implementation (Willard Mercy)</p> <p>I- Health Care Practices, Community, Media</p>	<p>a-c. The 5 A's motivational interviewing model has been shown to be effective for diet improvement, increased motivation and confidence to change diet and lose weight⁶.</p> <p>d. The CHIP intervention has been used in clinical, corporate, and community settings, and the short-term and long-term clinical benefits of the intervention, as well as its cost-effectiveness, have been documented in more than 25 peer-reviewed publications⁷.</p>	<p>a. Number of trainings offered, number of participants, pre/post evaluations</p> <p>b. List of invitees</p> <p>c. Evaluation development, completed</p> <p>d. Evaluations completed</p> <p>e. Number of new locations for CHIP course, program evaluations</p>						

⁶ Vallis, M., Piccinini-Vallis, H., Sharma, A., & Freedhoff, Y. (2013). Minimal intervention for obesity counseling in primary care.

⁷ Morton, D., Rankin, P., Kent, L., & Dysinger, W. (2014). The Complete Health Improvement Program (CHIP): History, Evaluation, and Outcomes.

Strategy 4.4 Increase access and consumption of vegetables through evaluation of food deserts, farmers markets, and promotion of plant based diet.										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
1) Increase the total population eating 5 or more servings of vegetables per day from 8% to 10%, by 2017.	<ul style="list-style-type: none"> a. Map Food Deserts and farmers markets throughout the county b. Meet with food banks and food sources regarding vegetable consumption c. Advocate for healthy food options in food deserts d. Increase education on vegetable consumption 	<p>R- HCPH, Master Gardeners, Second Harvest of Northwest Ohio, Local Food banks, Salvation Army, Fisher-Titus, The Bellevue Hospital, Willard Mercy Hospital, Farmers Markets, Farmers and CSA's.</p> <p>A- Board of Health, Hospital Boards and Administration, Ohio Association of Food Banks</p> <p>C- Ohio Association of Food Banks, OSU Extension, Famer's</p> <p>I- Emergency Food Patrons, Residents in food deserts, Media</p>	<ul style="list-style-type: none"> a. Mapping out the food deserts and food availability will help to make informed decisions about where the needs of the county are. b. There is some evidence that food banks and food pantries that use healthy food initiatives increase fruit and vegetable consumption, improve diet quality, and increase food security for clients more than traditional food banks and pantries (Martin 2012b, Flynn 2013) c. Establishing farmers' markets or stands is a suggested strategy to increase fresh produce in food deserts (CDC-Food deserts, UW IRP-McCracken 2012) and to increase fresh fruit and vegetable consumption (CDC-Fruits and vegetables 2011, CDC DNPAO-Farm) d. Education on how to prepare vegetables will reduce barriers to consumption 	<ul style="list-style-type: none"> a. Pull data and disseminate to partners. b. Aggregate Food bank evaluation data c. Number of new food options in food deserts d. Number of educational presentations 	x		x			

Action Cycle Matrix

Strategy 5.1 Achieve National Accreditation through Public Health Accreditation Board for the Local Huron County Public Health									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) By 2017, achieve accreditation through PHAB for Huron County Public Health	<ul style="list-style-type: none"> a. Domain Team Meetings b. Monday Morning Staff Meetings c. Accreditation Site visit, Community Partner Interview d. Review Site visitors report, make any factual correction before being submitted to the PHAB board e. If Action Plan is needed, establish a team to work on needed changes, especially for CHA/CHIP edits. f. Submit new documents to PHAB 	<ul style="list-style-type: none"> R- Huron County Health Department A- Board of Health, Huron County Health Partners C- PHAB I- Entire Community 	According to the Ohio HB 59, Huron County Public Health (Local Public Health) will need to be accredited by 2018	a. PHAB Report, Domain Standards		x			

Action Cycle Matrix

Strategy 5.2 Increase Participation and Implementation of the Community Health Improvement Plan									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Conduct quarterly workgroup meetings, scheduled out to 2017.	<ul style="list-style-type: none"> a. Create a repeating schedule of quarterly workgroup meetings for each priority area for the CHIP through 2017. b. Send out list of dates as well as calendar invites to track acceptance c. Use Sign-ins, Agendas, and Meeting Minutes. d. Utilize established meeting throughout the community to present the actions of the workgroups. 	R- MAPP Steering Committee A- Agency Department Heads and Boards C- Elaine Barman, HCPH I- All workgroup members	MAPP Process, a community – wide strategic planning process for improving public health ¹ . The workgroups are part of the action cycle.	a. Conduct three out of four quarterly meetings.			x		

¹ Mobilizing for Action through Planning and Partnerships(MAPP) User’s Handbook(September 2013); National Association of County & City Health Officials

Action Cycle Matrix

Strategy 5.2 Increase Participation and Implementation of the Community Health Improvement Plan									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
2) Invite Community Sectors, identified by MAPP process to the workgroup quarterly meetings, using a list of community sectors to invite, by 2016	<ul style="list-style-type: none"> a. Look at sign-ins and identify gaps in attendance by community sector. b. Send out a survey asking for feedback on workgroup participation c. Divide up list and assign people to reach out, educate and invite agencies that are not in attendance 	R- Public Health Infrastructure workgroup A- Agency Heads and Boards C- Elaine Barman, HCPH I- All workgroups	MAPP Process-Jellybean Diagram (community sectors). The more agencies that are involved and taking an active role in implementation, the community-wide the impact will be.	<ul style="list-style-type: none"> a. 2016- 50% of Community Sector Representation at meetings b. 2017-75% of Community sector representation at meetings 		x			

Action Cycle Matrix

Strategy 5.2 Increase Participation and Implementation of the Community Health Improvement Plan									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
3) All participants are identified in one or more implementation plans, identified by the RACI model, by 2016	<ul style="list-style-type: none"> a. Distribute CHIP matrix to each workgroup, to identify areas of participation, using the RACI model. b. MAPP Steering Committee review document for any gaps in responsibility. c. If no responsibility is taken, MAPP Steering Committee will reassess. 	R- MAPP Steering Committee A- Workgroups C- HC of NWO I- All workgroups, agencies	Previous CHIP Implementation Timeline, and Gap Analysis showed that a group identification or role and responsibility lead to objectives not being met. This CHIP will identify Roles and responsibility among the Huron County Health Partners	<ul style="list-style-type: none"> a. 50% of all participants are identified (using the RACI model) as an implementation partner in the CHIP b. Increasing to 75% by 2017. 		x			

Action Cycle Matrix

Strategy 5.2 Increase Participation and Implementation of the Community Health Improvement Plan										
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G	
					2015	2016	2017	2018		
3) All participants are identified in one or more implementation plans, identified by the RACI model, by 2016	<ul style="list-style-type: none"> a. Distribute CHIP matrix to each workgroup, to identify areas of participation, using the RACI model. b. MAPP Steering Committee review document for any gaps in responsibility. c. If no responsibility is taken, MAPP Steering Committee will reassess. 	R- MAPP Steering Committee A- Workgroups C- HC of NWO I- All workgroups, agencies	Previous CHIP Implementation Timeline, and Gap Analysis showed that a group identification or role and responsibility lead to objectives not being met. This CHIP will identify Roles and responsibility among the Huron County Health Partners	<ul style="list-style-type: none"> a. 50% of all participants are identified (using the RACI model) as an implementation partner in the CHIP b. Increasing to 75% by 2017. 		x				

Action Cycle Matrix

Strategy 5.3 Conduct a workplace assessment for Tier 2 and 3 in all agencies that provide essential public health services, to coordinate health workforce training and increase competency									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Develop an implementation plan to conduct a public health workforce assessment, by public health system agencies by, 2018	<ul style="list-style-type: none"> a. Develop a list of public health agencies (community sectors) b. Develop a letter to introduce the Public Health Workforce Assessment Tool c. Develop a presentation for groups to review d. Send out survey to appropriate POC 	<ul style="list-style-type: none"> R- Public Health Workgroup A- Agency leadership C- Ohio State Public Health I- Agencies and Survey Participants 	10 Essential Public Health Services- Core Council on Public Health Linkages is a workforce assessment tool for Public Health. It helps to identify the percent of professionals that have public health roles, their competency level, and training needs. Huron County has never conducted a county-wide assessment as indicated in the Local Public Health Assessment.	<ul style="list-style-type: none"> a. 50% of Community Sectors who were given the survey complete it 				x	

Action Cycle Matrix

Strategy 5.4 Utilize technology to create tools for collecting data, EHR, evaluating community health status and sharing results with partners and public									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
1) Develop a list of monitored health indicators by the public health system, by 2017.	<ul style="list-style-type: none"> a. CHA Committee meets to set health indicator measures on CHA. b. Send a basic list of health indicators that are measured on the CHA, as well as a list of publicly available data (in aggregate form). c. Reach out to local agencies for those additional data sets 	R- Public Health Infrastructure Workgroup A- Agencies that collect health indicator data C- Hospital Council of NWO I- Entire Community	The Huron County Health Partners would like to build upon the CHA data, and create a database for other health indicators as well.	<ul style="list-style-type: none"> a. Develop the health indicators list, approved by the MAPP Steering Committee b. 90% of health indicators reports every three years 			x		

Strategy 5.4 Utilize technology to create tools for collecting data, EHR, evaluating community health status and sharing results with partners and public									
Objectives (S.M.A.R.T.)	Critical Actions	Partners (RACI)	Evidence	Evaluation Measures	Year Due Date				Status R/Y/G
					2015	2016	2017	2018	
2) Develop mechanism and frequency for sharing data in priority areas, by 2017	<ul style="list-style-type: none"> a. Evaluate current data sharing mechanisms b. Promote the use of data during educational presentations/programs and community events c. Select data software 	R- MAPP Steering Committee, HCPH A- All Workgroups, Agencies C- Hospital Council of NWO, Ohio Dept. Health I- Entire Community	Having a centralized area for health data and program data in the priorities will help with gaining community support and evidence-based decision making.	<ul style="list-style-type: none"> a. Number of formats data is made available b. 50% of community sectors represented at the release event c. Selection of a database software 	x		x		

Next Steps: Call to Action

The Huron County Health Partners would like to invite you to become involved in the process to improve the health of our community. The priority workgroup meetings have been scheduled through the end of 2017. The meetings will consist of working on the strategies outlined in this plan and continuing to implement, evaluate, and change the plan, if needed. Together we can achieve more.

Access to Care Workgroup Meetings (3rd Tuesday of the Month)

2015 Dates

Tuesday, December 15, 2015 at 10:30 am

2016 Dates

Tuesday, March 15, 2016, at 10:30 am

Tuesday, June 21, 2016 at 10:30 am

Tuesday, September 20, 2016 at 10:30 am

Tuesday December 20, 2016 at 10:30 am

2016 Dates

Tuesday, March 21, 2017 at 10:30 am

Tuesday, June 20, 2017 at 10:30 am

Tuesday, September 19, 2017 at 10:30 am

Tuesday, December 19, 2017 at 10:30

Substance Abuse & Mental Health Workgroup Meetings (2nd Wednesday of the Month)

2015 Dates

Wednesday, December 9, 2015 at 10:30 am

2016 Dates

Wednesday, March 9, 2016 at 10:30 am

Wednesday, June 8, 2016 at 10:30 am

Wednesday, September 14, 2016 at 10:30 am

Wednesday, December 14, 2016 at 10:30 am

2017 Dates

Wednesday, March 8, 2017 at 10:30 am

Wednesday, June 14, 217 at 10:30 am

Wednesday, September 13, 2015 at 10:30 am

Wednesday, December 13, 2017 at 10:30am

Personal Wellness (4th Tuesday of the Month)

2015 Dates

Tuesday, December 22, 2015 at 9:00 am

2016 Dates

Tuesday, March 22, 2016 at 9:00 am

Tuesday, June 28, 2016 at 9:00 am

Tuesday, September 27, 2016 at 9:00 am

Tuesday, December 27, 2016 at 9:00 am

2017 Dates

Tuesday, March 28, 2017 at 9:00 am

Tuesday, June 27, 2017 at 9:00 am

Tuesday, September 26, 2017 at 9:00 am

Tuesday, December 26, 2017 at 9:00 am

Public Infrastructure (2nd Tuesday of the Month)

2015 Dates

Tuesday, December 8, 2015 at 10:30 am

2016 Dates

Tuesday, March 8, 2016 at 10:30 am

Tuesday, June 14, 2016 at 10:30 am

Tuesday, September 13, 2016 at 10:30 am

Tuesday, December 13, 2016 at 10:30 am

2017 Dates

Tuesday, March 14, 2017 at 10:30 am

Tuesday, June 13, 2017 at 10:30 am

Tuesday, September 12, 2017 at 10:30 am

Tuesday, December 12, 2017 at 10:30 am

References

1. Botvin, G., & Griffin, K. (2002). Life skills training as a primary prevention approach for adolescent drug abuse and other problem behaviors. Retrieved September 1, 2015, from <http://www.ncbi.nlm.nih.gov/pubmed/12014292>
2. Stead, L., & Lancaster, T. (2000, June 9). A systematic review of interventions for preventing tobacco sales to minors. Retrieved September 1, 2015, from <http://www.ncbi.nlm.nih.gov/pubmed/10841853>
3. Alcohol Epidemiology Program. Alcohol compliance checks: A procedures manual for enforcing alcohol age-of-sale laws. Minneapolis: University of Minnesota, 2000.
4. Merlo, L., Singhakant, S., Cummings, S., & Cottler, L. (2013). Reasons for Misuse of Prescription Medication Among Physicians Undergoing Monitoring by a Physician Health Program. *Journal of Addiction Medicine*, 7(5), 349-353. doi:10.1097/ADM.0b013e31829da074
5. Kelly, K., Comello, M., & Hunn, L. (2002). Parent-Child Communication, perceived sanctions against drug use, and youth involvement. Retrieved August 13, 2015, from <http://www.ncbi.nlm.nih.gov/pubmed/12564828>
6. McCabe, S., West, B., & Boyd, C. (2013). Leftover Prescription Opioids and Nonmedical Use Among High School Seniors: A Multi-Cohort National Study. *Journal of Adolescent Health*, 52(4), 480-485. doi:10.1016
7. Bailey, A., & Wermeling, D. (2014). Naloxone for Opioid Overdose Prevention: Pharmacists' Role in Community-Based Practice Settings. *Annals of Pharmacotherapy*, 48(5), 601-606. doi:10.1177/1060028014523730
8. Barbosa, C., Cowell, A., Bray, J., & Aldridge, A. (2015). The Cost-effectiveness of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Emergency and Outpatient Medical Settings. *Journal of Substance Abuse Treatment*, 53(1-8), 1-8. doi:10.1016/j.jsat.2015.01.003
9. Anderson, L., Quinn, T., Glanz, K., Ramirez, G., Kahwati, L., Johnson, D., . . . Katz, D. (2009). The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity. *American Journal of Preventive Medicine*, 37(4), 340-357. doi:10.1016/j.amepre.2009.07.003
10. Cahill, K., & Lancaster, T. (2014). Workplace interventions for smoking cessation. *Cochrane Database System Rev.*, 26(2). doi:10.1002/14651858.CD003440.pub4
11. O'Brien, P. (2014). Performance Measurement: A Proposal to Increase Use of SBIRT and Decrease Alcohol Consumption During Pregnancy. *Maternal and Child Health Journal Matern Child Health J*, 18(1), 1-9. doi:10.1007/s10995-013-1257-2
12. Lee, J., McDonald, R., Grossman, E., Mcneely, J., Laska, E., Rotrosen, J., & Gourevitch, M. (2015). Opioid treatment at release from jail using extended-release naltrexone: A pilot proof-of-concept randomized effectiveness trial. *Addiction*, 110(6), 1008-1014. doi:10.1111/add.12894
13. Stein, M., Anderson, B., & Bailey, G. (2015). Preferences for Aftercare Among Persons Seeking Short-term Opioid Detoxification. *Journal of Substance Abuse Treatment*, (15), 172-175. doi:10.1016/j.jsat.2015.07.002
14. Dwinnells, R. (2015). SBIRT as a Vital Sign for Behavioral Health Identification, Diagnosis, and Referral in Community Health Care. *The Annals of Family Medicine*, 13(3), 261-263. doi:doi: 10.1370/afm.1776

15. Butler M, Kane RL, McAlpine D, et al. Does integrated care improve treatment for depression: A systematic review. *The Journal of Ambulatory Care Management*. 2011;34(2):11-25.
16. Gilbody S, Bower P, Fletcher J, Richards D, Sutton AJ. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. *Archives of Internal Medicine*. 2006;166(21):2314-21
17. Thota AB, Sipe TA, Byard GJ, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. *American Journal of Preventive Medicine*. 2012;42(5):525-38.
18. Tice, Jeffery A., Ollendorrf, Daniel A., Reed, Sarah Jane, et al. (2015). *Integrating Behavioral Health*. Institute for Clinical and Economical Review. Retrieved September 10, 2015, from http://ctaf.org/sites/default/files/assessments/BHI_Final_Report_060215.pdf
19. Khan, L., Sobush, K., Keener, D., Goodman, K., Lowry, A., Kakietek, J., & Zaro, S. (2009). Recommended community strategies and measurements to prevent obesity in the United States. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports/Centers for Disease Control.*, 58(RR-7), 1-26.
20. Chillón, P., Evenson, K., Vaughn, A., & Ward, D. (2011). A systematic review of interventions for promoting active transportation to school. *Int J Behav Nutr Phys Act International Journal of Behavioral Nutrition and Physical Activity*, 1-17.
21. Pabayo R, Maximova K, Spence JC, Vander Ploeg K, Wu B, and Veugelers PJ. (2012) *The importance of Active Transportation to and from school for daily physical activity among children* *Prev Med*. Sep;55(3):196-200. doi: 10.1016/j.ypmed.2012.06.008. Epub 2012 Jun 18
22. Larouche R, Lloyd M, Knight E, and Tremblay MS.(2011) *Relationship between active school transport and body mass index in grades 4-to-6 children.* *Pediatr Exerc Sci*. Aug;23(3):322-30
23. Groeneveld, I., Proper, K., Beek, A., Hildebrandt, V., & Mechelen, W. (2010). Lifestyle-focused interventions at the workplace to reduce the risk of cardiovascular disease – a systematic review. *Scandinavian Journal of Work, Environment & Health Scand J Work Environ Health*, 36(3), 202-215.
24. Engbers, L., Poppel, M., Paw, M., & Mechelen, W. (2005). Worksite Health Promotion Programs with Environmental Changes. *American Journal of Preventive Medicine*, 29(1), 61-70.
25. Nixon, C., Moore, H., Douthwaite, W., Gibson, E., Vogeles, C., Kreichauf, S., . . . Summerbell, C. (2012). Identifying effective behavioural models and behaviour change strategies underpinning preschool- and school-based obesity prevention interventions aimed at 4-6-year-olds: A systematic review. *Obesity Reviews*, 13(1), 106-117. doi:10.1111/j.1467-789X.2011.00962.x
26. Vallis, M., Piccinini-Vallis, H., Sharma, A., & Freedhoff, Y. (2013). Minimal intervention for obesity counseling in primary care. *Canadian Family Physician*, 59(1), 27-31. Retrieved September 9, 2015, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3555649/>
27. Morton, D., Rankin, P., Kent, L., & Dysinger, W. (2014). The Complete Health Improvement Program (CHIP): History, Evaluation, and Outcomes. *American Journal of Lifestyle Medicine*. doi:10.1177/1559827614531391
28. Stacey D, Légaré F, Col NF, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews*. 2014;(1):CD001431.
29. Bailit HL, Beazoglou TJ, DeVitto J, McGowan T, Myne-Joslin V. Impact of dental therapists on productivity and finances: I. Literature review. *Journal of Dental Education*. 2012;76(8):1061-7.
30. Galloway J, Gorham J, Lambert M, et al. The professionals complementary to dentistry: Systematic review and synthesis. London: University College London, Eastman Dental Hospital, Dental Team Studies Unit; 2002