

Warren County Combined Health District

# Warren County Community Health Improvement Plan 2016

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## Executive Summary

The Warren County Community Health Improvement Plan (CHIP) 2016 – 2020 represents the culmination of a year-long community health assessment conducted by the Warren County Combined Health District in collaboration with numerous Warren County individuals, organizations, and agencies. This community health assessment used the Mobilization for Action through Planning and Partnership (MAPP) framework. MAPP is a community-driven strategic planning process for improving community health. MAPP is facilitated by public health leaders, which allows communities to apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The MAPP process progresses through several phases. The first phase involved the development of a MAPP Committee which was comprised of individuals that represented organizations, communities, and agencies throughout the county. The MAPP Committee was responsible for establishing the objectives that the community health assessment would be tasked with addressing. Four subcommittees then conducted separate assessments in the next phase of the MAPP process:

- 1) **Community Themes and Strengths Assessment**, providing a deeper understanding of issues that residents of Warren County feel are important to quality of life and the assets that Warren County has to improve community health.
- 2) **Local Community Care System Assessment**, focusing on the organizations and entities in Warren County that contribute to community health, i.e, the components, activities, competencies, and capacities of the local community care system.
- 3) **Community Health Status Assessment**, identifying priority community health and quality of life issues including how healthy Warren County are residents and the health status of the community.
- 4) **Forces of Change Assessment**, focusing on forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate and identifying threats and opportunities generated by these occurrences.

The completed Community Health Assessment was provided to the overall MAPP Committee and the community for review and comment to prepare for the Community Health Improvement Plan.

The CHIP Committee formed Task Forces to develop Action Plans in the three identified Priority Areas: Prevention and Wellness, Behavioral Health, and Senior Services. Through these action plans, nine goals and thirteen measurable objectives were identified. The three Task Forces will guide the community in ensuring that the county “moves the needle” in improving health for the citizens of Warren County

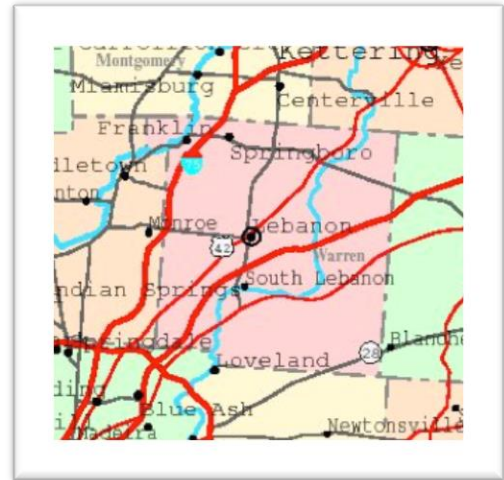
## Warren County Overview

Warren County is a suburban county in the southwest corner of Ohio, located between Montgomery County on the north and Hamilton County on the south. With a population of 215,274 in 2013 Warren County was the 12<sup>th</sup> largest county in Ohio. This is an increase of 7,484 over the 2010 population of 207,790 for an annual increase of 1.2%. This is slower growth than in the 2000 to 2010 decade when growth was 2.75% per year.

The median age in 2013 was 37.9 years; this is a slight increase from 36.8 years in 2009. The residents of Warren County are 91% White, 4.2% Asian, 3.3%

African American/Black, and 1.5% Other Races. In 2013 the annual median family income in Warren County was \$85,636, which is an increase from \$81,216 in 2009. Eleven percent of Warren County families live on incomes less than 185% of the federal poverty level. Residents of the county own 78% of houses they live in. Ninety-two percent of Warren County adults have completed high school or more education, and 38% have a bachelors or higher degree.

In 2013, 40% of households had children under the age of 18, which is an increase from 36% of families in 2009. In 2013, 67% of households with female head of households had children under 18, which is an increase from 63% in 2009. Senior households (individuals or couples 65 and older living alone) were 7.4% of households in 2013, which is an increase from 5.9% in 2009. Thirty-two percent of people 65 and older had some type of disability (hearing, vision, cognitive, ambulatory, self-care independent living difficulty).



## A Process to Prioritize Health Issues

### *MAPP Committee*

Upon completion and review of the four assessments, the MAPP Committee met on November 9, 2015 to begin developing the Community Health Improvement Plan.

A qualitative data collection process called Community Conversations was utilized to identify the planning priorities that are “Winnable Battles” and are realistically achievable for the Community Health Improvement Plan based on the Community Health Assessment. Community Conversations is a facilitated story-boarding process that uses a “sticky wall” (a sheet of parachute cloth coated with adhesive) in a group process to promote group collaboration and interaction to reach consensus on ideas.

The MAPP Committee was divided into five small teams of four people each. Teams were asked to collaborate on topics and issues that the team agreed should be an important focus for the community health assessment. The teams were given five cards each on which they were asked to write individual issues or topics they believed should be included as a health improvement priority in the CHIP. Next, a member from each team was invited, one at a time, to place one of their ideas on the sticky wall. As the cards were placed on the sticky wall the facilitator asked all members present to determine whether the cards were similar to other ideas and should be grouped together in a “category.” Individual teams were then invited to place a second topic or issue on the sticky wall, and again the large group placed new ideas into existing or new categories. New categories were started as needed. The process continued until all ideas were on the wall and grouped into categories. At the end of this step, five categories of issues and topics for the Community Health Status Assessment were on the sticky wall.

Next, the facilitator worked with the large group to reach consensus on a name for each of the five categories. After the categories were named, teams were assigned one or more categories and asked to rank the cards on the sticky wall in priority from most important to least important. Then the facilitator worked with the large group to review each category ranking. This was accomplished by discussing the topics placed onto the sticky wall to come to a consensus about the priorities for each category. The final step in the process was for each member of the large group to use five sticky dots to vote on the topics they deemed most important.

The five overall categories of health improvement priorities are:

- Behavioral Health
- Access to community service information
- Prevention & Wellness
- Transportation
- Senior Services

After identifying the health improvement priorities the MAPP committee was asked recruit a group of stakeholder representatives that will be actively involved in improving the health of Warren County and are able to create policy and allocate the resources of their organizations to be on the CHIP Committee. The CHIP Committee will collaborate to identify goals, measurable objectives, strategies, and action steps to make measurable improvements in the identified priorities by 2020.

#### *CHIP Committee*

The CHIP Committee met on December 8, 2015 to begin developing the CHIP. The committee was asked to look at the health improvement priorities identified during the November 9, 2015 MAPP meeting and assess if there are any issues that are not truly priorities in Warren County that can be improved by 2020. The CHIP Committee decided that the health improvement priority of Transportation is currently being investigated by a “transportation committee” led by Warren County Transit to improve services to the county. It was decided that the Warren County Combined Health district would keep in contact with this committee to remain updated on their progress and the implications to public health. In addition, the access to community service information priority is also currently being addressed by other agencies in Warren County and the Health District will remain in contact with these agencies to stay updated on their progress.

The CHIP Committee Meeting resulted in three priority areas:

- Behavioral Health
- Prevention & Wellness
- Senior Services

After the identification of these three priority areas, the members of the CHIP Committee separated into three into groups that would analyze these issues using data from the Community Health Assessment to identify how collaboration can be used to improve the health of the citizens of Warren County to ensure it continues to be one of the healthiest counties in Ohio. The following Task Forces had their initial meeting on December 8, 2015 to initiate the development of a comprehensive Warren County Community Health Improvement Plan:

- Behavioral Health Task Force
- Prevention & Wellness Task Force
- Senior Services Task Force

## The Three CHIP Strategic Priorities

### **CHIP Priority: Prevention and Wellness**

#### ***Background***

Overweight and obesity are serious public health problems. Obesity is associated with many serious health conditions and diseases, including heart disease, diabetes, stroke high blood pressure, and some cancers. People with a Body Mass Index (BMI) greater than 25.0 are considered to be overweight, while those with a BMI greater than 30.0 are considered to be obese. The Healthy People 2020 objective is to increase the proportion of adults who have a healthy body weight to 33.9%.

In Warren County, 34% of adults are at a healthy body weight. While this meets and slightly exceeds the Healthy People 2020 goal, two thirds of Warren County adults are overweight or obese. The MAPP Committee believes that Warren County can do better. Community residents, in the Community Themes and Strengths assessment, advocated for more education about healthy diet and more opportunities to be physically active. Community leaders, in the Forces of Change Assessment, also expressed interest in more walkable communities and in increasing bike and walking paths.

Warren County has a five year infant mortality rate of 6.4 infant deaths per 1,000 live births. While this is lower than the rate for Ohio at 7.7, it is still higher than Delaware (5.3) or Medina Counties. The Healthy People 202 objective is to decrease the infant mortality rate to 6.0 per 1,000 live births. Infant mortality is not the only issue in child health, prenatal, and reproductive health care in Warren County. Warren County has a higher percentage of births of babies that weigh 5.5 pounds or less than the Healthy People 2020 objective. The percentage of low birth weight births needs to be reduced from 7.4% to 7.2% or less by 2020 to meet the objective. One method to decrease both infant mortality and low birth weight births is to ensure that women receive prenatal care in the first trimester. 75% of pregnant women in Warren County received prenatal care starting in their first trimester, which is higher than the state of Ohio at 71%, but still lower than the Healthy People 2020 goal of 78%.

#### ***Warren County Prevention and Wellness Priority Task Force***

The Prevention and Wellness Priority Task Force set out with the primary goal to improve the health and wellness in Warren County residents by decreasing the obesity and increasing the physical activity level of residents in Warren County. The task force has developed a set of action plans that range from creating a weight management program inventory of Warren County to increasing the opportunities for physical activity for Warren County residents. Additionally, the plan is for the Warren County Combined Health District to continue to provide child health, prenatal and reproductive health services to Warren County residents to address the women's health and infant mortality issues included in the Prevention and Wellness Priority. The Prevention and Wellness Priority Task Force will meet twice a year to discuss the strategies and implementation plans and to ensure that any necessary revisions of the

strategies and implementation plans are made. Each year a report will provide updates for the Prevention and Wellness Priority Task Force performance measures to demonstrate the progress toward the goals for inclusion in the CHIP annual report. Ultimately, the efforts of the Prevention and Wellness Priority Task Force seek to decrease the obesity rate in Warren County, increase the physical activity of Warren County residents, improve access to information and services for Child health, Prenatal and Reproductive Health Care in Warren County, thereby reducing the infant mortality rate, and improve access to Women’s Breast Health.

### **Planning Process**

The Task Force utilized an action plan template in Appendix B and the facilitator guides in Appendices C-F in order to initiate the planning process with the group and to maintain all the stakeholders on the same page in the group as to how the planning process was to occur. The *Warren County Community Health Assessment* was used as a starting point to analyze the Prevention and Wellness priorities. The following “winnable battles” and data sources were considered during the planning process:

<p style="text-align: center;"><b>Lack of access to information on healthy lifestyles</b> <b>Youth health awareness/Educational promotion</b></p> <ul style="list-style-type: none"><li>● PW.1&amp;2 CT&amp;SA – Resident are interested in a variety of wellness topics (p. 15).</li><li>● PW.1&amp;2 FoCA – Leader interest in biking and walking trails (p. 29).</li><li>● PW.1&amp;2 FoCA – Leader interest in walkable communities (p. 29).</li><li>● PW.3 CT&amp;SA – Resident suggestions for wellness topics – nutrition, exercise (walking, biking, parks) (p.15).</li><li>● PW.3 Obesity rates (p. 92 ).</li></ul> <p style="text-align: center;"><b>Infant and Women’s Health</b></p> <ul style="list-style-type: none"><li>● PW.4 Ever had a Pap test (p. 83 )</li><li>● PW.4 Ever had mammogram (p. 81)</li><li>● PW. 5 Breast Cancer Incidence; Premature deaths due to breast cancer (pp. 105, 145)</li><li>● PW.5 Infant mortality rates, prenatal care, low birth weight, neonatal deaths (pp. 111-118)</li></ul>
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### **Social Determinants of Health**

The Task Force identified that there are many factors that can influence health that must be considered during the planning process. Access to healthy food can be impeded by living in an area with a built environment that does not have grocery stores that provide fresh produce and other healthy foods. The ability of low-income individuals to access fitness facilities can be stifled due to the costs associated with being a member of such a facility. Hispanic populations may have difficulty communicating and navigating the public health system due to language



barriers. Low-income pregnant women have babies with worse health outcomes due to a lack of access to prenatal care and not accessing prenatal care in the first trimester. Women that are in need of a mammogram services may not be able to have one due to the associated costs.

### ***Community Assets and Resources***

The Prevention and Wellness Task Force discussed assets and resources in Warren County that can be utilized during the CHIP process to improve the health of Warren County. Warren County has many Faith-based groups that could be partners in improving the health of their membership. The county has three large healthcare networks that have freestanding emergency rooms, one hospital, and many other services that connect Warren County to surrounding counties and cities. YMCAs and municipal community centers enable citizens to improve their health in a communal environment and may be partners that will collaborate to improve health in the county. By interfacing with school districts, interventions and education can be aimed at the youth to ensure healthy behaviors are adopted early in life. Centerpoint Health in Franklin may be a valuable asset as one of the Federally-Qualified Health Centers in Warren County that works to improve the health of its clients.

### ***Changing Policies to Improve Health***

Building the relationship and attaining mutual understanding between the YMCAs, Centerpoint Health , and the Warren County Combined Health District will be necessary in order to develop a referral process for access to physical activity facilities for low-income individuals. Reducing infant mortality will require the development and initiation of Safe Sleep Education Policies and a policy that can govern the way that clients are allotted Safe Sleep materials and equipment.

### ***Improving Prevention and Wellness in Warren County***

An Action Plan outlining the goals, measurable objectives, strategies, and action steps was developed through the planning process The overall Action Plan developed by the Prevention and Wellness Task Force is available in Appendix G. The goals and measurable objectives developed by the Prevention and Wellness Priority Task Force are:

**Priority Area: Prevention and Wellness**

**Goal 1: Increase the number of people in Warren County who are at a healthy weight.**

**Measurable Objective 1:** By December 31, 2020, reduce the proportion of Warren County residents who are obese from 35.3% to 32.3% to make progress towards the Healthy People 2020 goal of 30.5%.

**Goal 2: Increase the amount of physical activity that residents of Warren County perform in one year.**

**Measurable Objective 1:** By January, 2020, decrease the percent of adults who report no leisure time physical activity in Warren County from 20.2% to 19.0%, as measured by the BRFSS data from the county rankings, to continue exceeding the goal of Healthy People 2020 target of 32.6%.

**Goal 3: Improve Access to Child Health, Prenatal, and Reproductive Health care**

**Measurable Objective 1:** By January 2020, reduce the infant mortality rate from 6.4% to the Healthy People 2020 objective of 6.0% or lower.

**Goal 4: Improve Access to Women's Breast Health**

**Measurable Objective 1:** By January 2020, reduce the breast cancer mortality rate in Warren County from 23.0 per 100,000 (Ohio rate is 22.6 per 100,000) to the Healthy People 2020 objective of 20.7per 100,000.

***Sustaining the Prevention and Wellness Task Force after the CHIP: A Strategic Plan***

The Prevention and Wellness Task Force will meet at least twice a year to review the status of the Action Plan to ensure that items are on track. Reports for each measurable objective will be provided to the Task Force to ensure progress is on target. Strategies and action steps will be revised as necessary to ensure continued improvement in the health status of Warren County. The Task Force will contribute its achievements for the annual *Community Health Improvement Report*. The Prevention and Wellness Task Force Strategic Plan is available in Appendix J.

## **CHIP Priority: Behavioral Health**

### ***Background***

The MAPP Committee determined that mental health access and awareness and a decrease in substance abuse would contribute to making Warren County healthier. Behavioral health encompasses mental health and substance abuse, in addition to having a focus on prevention as well as treatment.

Depressive disorders, including major depression, dysthymia, and minor depression, can result in a loss of productivity, affect relationships and social functioning, and impair an individual's ability to engage in health promoting behaviors. In 2011-2013, 18% of Warren County adults reported that they had been told by a health professional they had a depressive disorder.

Suicide is the fourth leading cause of years of potential life lost in Warren County. The Healthy People 2020 objectives target reducing the suicide rate, and reducing suicide attempts by adolescents to decrease the number of potential years of life lost due to suicide.

Behaviors such as use and abuse of tobacco, alcohol, and other drugs such as opiates have an impact on the health of individuals and the community. Tobacco use is the single most preventable cause of death and disease in the United States, and for every person who dies as a result of tobacco use, 20 more suffer from a tobacco-related illness. In Warren County, 16.6% of adults are current smokers. The Healthy People 2020 objective for cigarette smoking by adults is to reduce the rate to 12%. Overall, while about 9% of youth in grades 7 through 12 reported smoking cigarettes in the last 30 days, 21% of high school seniors reported cigarette use in the past month. Even more troubling, 22% of 12<sup>th</sup> graders reported marijuana use in the past 30 days. E-cigarette and vaporizer use are emerging issues with the youth and adult population. Long term health and safety effects are not currently known due to the products being new to the tobacco market. The desire for more smoking cessation classes also emerged from the Community Themes and Strengths Assessment.

The Forces of Change Assessment indicates that community leaders foresee an increased need for mental health services. Like many areas in Ohio and the nation, Warren County has experienced an increase in morbidity and mortality related to opiate use, and leaders were also concerned about the need for services to meet this challenge. Warren County residents also requested more efforts toward drug prevention and intervention.

### ***Warren County Behavioral Health Task Force***

The Warren County Behavioral Health Task Force had its initial meeting at the first CHIP meeting on December 8, 2015 with representatives from the Warren County Combined Health District (WCCHD), Mental Health Recovery Services of Warren & Clinton Counties (MHRSWCC), and Solutions Community Counseling and Recovery Centers (Solutions). The group began to identify goals, measurable objectives, strategies, and action steps at this initial meeting and over subsequent meetings on December 18, 2015 and January 25, 2016. Through these meetings multiple county coalitions were identified, such as the Warren County Substance Abuse Prevention Coalition, The Violence Free Coalition of Warren County, Suicide Prevention

Coalition of Warren and Clinton Counties, and the Warren County Safe Communities Coalition. The Task Force also identified that the Warren County Educational Service Center (WCESC) has the Project AWARE grant that aims to increase awareness of mental health and substance abuse issues among school-age youth. The Task Force was able to recruit a representative of WCESC through the planning process.

### **Planning Process**

The Task Force utilized an action plan template in Appendix B and the facilitator guides in Appendices C-F in order to initiate the planning process with the group and to keep all the stakeholders on the same page with the group, in regard to how the planning process was to occur. The *Warren County Community Health Assessment* was used as a starting point to analyze the Behavioral Health Priorities. The following “winnable battles” and data sources were considered during the planning process:

#### **Tobacco use**

- BH.1 Adult smoking rates (p. 87).
- BH.1 Adolescent smoking rates (p. 91).
- BH.1 Community Themes and Strengths Assessment (CT&SA) – Residents would like to see more smoking cessation classes (p. 16).

#### **Mental health [Access and awareness]**

- BH.2 Depression rates (p. 98).
- BH.2 Youth who think about suicide often or a lot (p. 55).
- BH.2 Suicide premature death rates (p. 133).

#### **Behavioral health is health – opiate addictions**

- BH.3 Forces of Change Assessment (FofCA) – Leaders are interest in population issues as a result of changing demographics (pp. 19, 20, 22).
- BH.3 FoCA - Leaders see an increased demand for mental health services (p.18).
- BH.3 FoCA - Leaders are concerned about the need for services to deal with the heroine epidemic (p.22)
- BH.3 FofCA – Leaders suggest collaborative initiatives with legal system – drug courts (p. 22).
- BH.3 FofCA – Leaders suggest having behavioral health screenings in jails (p.22).
- BH.3 CT&SA – Residents want more efforts toward drug prevention and intervention (p. 15).

### ***Social Determinants of Health***

Throughout the planning process, considerations were given to the social determinants of health that can impact behavioral health in Warren County. The Task Force identified that smoking cessation classes may be difficult to afford for low-income individuals and decided Warren County would be best served by low-cost or free classes. Prevention of behavioral health issues in youth populations was also a concern. The Improvement Plan reflects that WCESC Project AWARE will conduct Youth Mental Health First Aid training across the county. Finally, the Task Force identified that it would support MHRSWCC in providing education in Warren County on Trauma-Informed Care to ensure that county agencies have the opportunity to provide services to clients who have suffered trauma without causing negative outcomes.

### ***Community Assets and Resources***

The Behavioral Health Task Force discussed the community assets and resources available in the county. Warren County has two agencies that provide behavioral health services, the Mental Health and Recovery Board of Warren & Clinton Counties and Solutions Community Counseling Centers. Both of these agencies were represented on the Task Force. The Warren County Education Service Center is the recipients of the Project AWARE grant which aims to identify and educate youth on behavioral health. There are coalitions in Warren County that focus on behavioral health issues. Other partners may be Talbert House and the Lindner Center for Hope.

### ***Changing Policies to Improve Health***

The Behavioral Health Task Force discussed some of the policy changes that would be necessary to accomplish the goals it identified. One of the policies that would facilitate reaching these goals would be to prohibit tobacco-use on the property of Warren County facilities. Also related to tobacco, having a policy that would enable free or low cost tobacco cessation programs would help address the goal of reducing tobacco use in the county. The overarching policy modification that would need to be made is to continue to improve collaboration between county organizations and other stakeholders to ensure behavioral health services in Warren County are understood by stakeholders and the community at large.

### ***Improving Behavioral Health in Warren County***

An Action Plan outlining the goals, measurable objectives, strategies, and action steps was developed through the planning process. The overall Action Plan is available in Appendix H. The goals and measurable objectives developed by the Prevention and Wellness Priority Task Force are:

**Priority Area: Behavioral Health**

**Goal 1: Collaborate with community stakeholders to prevent the abuse of alcohol, tobacco, and other drugs**

**Measurable Objective 1:** Reduce the percentage of adult smokers in Warren County from 16.6 percent (CDC BRFSS, 2013) to 15.8 percent by 2020 to approach the Healthy People 2020 (TU-1.1) objective 12.0 percent.

**Measurable Objective 2:** Increase the proportion of adults who do not report participating in binge drinking in the past 30 days from 81.6% (based on the 2011-2013 BRFSS data in the WCCHD CHA) to 82.5% by 2020 to approach the Top U.S. Performers on County Health Rankings of 90%

**Measurable Objective 3:** Increase the percentage of adolescents in grades 7 to 12 who report not using marijuana in the last 30 days from 90.5% (based on the WCCHD CHA) to 91.5% by 2020 to approach the Healthy People 2020 Objective (SA-2.2) target of 96.3% of adolescents who refrained from using marijuana for the first time.

**Goal 2: Increase awareness of behavioral health issues in Warren County through community collaboration**

**Measurable Objective 1:** Increase the number of mentally healthy days per person per month in Warren County from 26.6 to 27 by 2020 to approach the Top US Performers on the County Health Rankings of 27.7 mentally healthy days per person per month.

**Goal 3: Improve the awareness of behavioral and physical health referral and services in Warren County**

**Measurable Objective 1:** Establish a means to refer citizens to the appropriate agencies to obtain the services they need related to mental and physical health in Warren County by December 31, 2016.

***Sustaining the Behavioral Health Task Force after the CHIP: A Strategic Plan***

The Behavioral Health Task Force will meet every other month to review the status of the Action Plan to ensure that items are on track. Reports for each measurable objective will be provided to the Task Force to ensure progress is on target. Strategies and action steps will be revised as necessary to ensure continued improvement in the behavioral health status of Warren County. The Task Force will contribute its achievements for the annual *Community Health Improvement Report*. The Behavioral Health Task Force Strategic Plan is available in Appendix K.

## **CHIP Priority: Services to Maintain Senior Independence**

### ***Background***

Helping seniors remain in their homes with a good quality of life and providing services to seniors to increase independence was seen by the MAPP Committee as a priority in community health improvement. The population of Warren County is aging, as evidenced by an increasing median from 36.8 in 2009 to 37.9 in 2013 years of age according to the *Warren County Community Health Assessment Report 2016*. Thirty-two percent of Warren County seniors over the age of 65 report some form of disability (hearing, vision, cognitive function, self-care, mobility, and/or independent living difficulty). Making it easier for older people that do not need extensive nursing care to stay in their homes and maintain their independence improves their physical and mental health and is less costly than nursing home care.

Warren County residents, through the Community Themes and Strengths Assessment, requested more services for the elderly and also called for more information about services currently available. The Local Community Care System Assessment noted that at least ten organizations in Warren County offer senior services.

### ***Senior Services Task Force***

The Senior Services Task Force set out to improve the quality of life of senior citizens in Warren County by attempting to increase the ability for seniors to remain in their homes with a good quality of life and also promote the development, implementation, and availability of services to seniors that increase their level of independence. The first meeting of the task force occurred on December 8, 2015 with representatives from the Warren County Combined Health District (WCCHD), Warren County Juvenile and Probate Court, Warren County Family and Children First (FCFC), Warren County Transit (WC Transit) and the Ohio State University Extension Services. At this meeting the group began to identify the goals, objectives, and action steps needed to improve services to seniors throughout Warren County. Additional meetings were held on December 18<sup>th</sup>, January 15<sup>th</sup> and February 17<sup>th</sup> and two members of Warren County Community Services joined the task force during this time.

### ***Planning Process***

The Task Force utilized an action plan template in Appendix B and the facilitator guides in Appendices C-F in order to initiate the planning process with the group and to maintain all the stakeholders on the same page with the group in regard to how the planning process was to occur. The *Warren County Community Health Assessment* was used as a starting point to analyze the Senior Services Priorities. The following “winnable battles” and data sources were considered during the planning process:

#### **Access to community service information**

- ACS.1 CT&SA – Resident suggest more information and referral services – 37 responses (p. 16).
- ACS.1 FoCA – Leaders would like to see more collaboration for health and education (p. )
- ACS.1 FoCA – Leaders see a need for an effective referral process (p. 29)

#### **Access is a major concern – transportation**

- TR.1 Community Care System Assessment (CCSA) – transportation services offered by 10 responding organization (p. 20 )

#### **Services to seniors to increase independence**

- TR.2 CT&SA Infrastructure / Facilities and Services / Access to Needed Services. (pp. 12, 13)
- TR.2 CT&SA – Residents provide 30 comments related specifically to improving services for the elderly (p. 16).

#### **Help seniors remain in their homes**

##### **Greater services to seniors to increase independence**

- SR.1&2 CT&S – 30 comments related specifically to improving services for the elderly (p. 16)
- SR.1&2 CCSA – Senior services are offered by 10 responding organizations (p. 20)
- SR.1&2 CCSA - Elderly Home Repair is offered by Warren County nonprofit agency (p. 20)

### ***Social Determinants of Health***

Throughout this process the social determinants of health were given consideration when determining potential action steps for improving senior services within Warren County. The Senior Services Task Force noted that the implementation of advertisements and the promotion of typically available hours for Warren County Transit could assist many senior citizens without the capacity to travel on their own with an effective means to accomplish their day to day activities. Additionally, consideration was given to the development of a fall prevention program and how to best address this concern with not only individuals 65 and older, but also individuals who will enter this age range in the upcoming years. This was done to plan for the aging of the population and emphasis was placed on not only educating the individual but also attempting to inform their families and support networks of considerations that should be made to help maintain independence in the future.



### ***Community Assets and Strengths***

Warren County has a comprehensive Elderly Services Program that is co-lead by the Council on Aging on Southwestern Ohio, Warren County Community Services, Inc. (WCCS), and the Warren County Commissioners. WCCS administers the Meals on Wheels program, provides dining centers for senior residents at five sites throughout the county, and manages ten senior housing sites. WCCS and Warren County Transit provide transportation services to seniors in Warren County. The 741 Center provides activities for adults 55 and over.

### ***Changing Policies to Improve Health***

The Senior Services Task Force discussed some of the policy changes that would be necessary to accomplish the goals that would be needed to accomplish the goals it identified. The methods that Warren County Transit uses to transport Warren County citizens would need to be modified to ensure that Transit will be able to transport senior citizens to senior centers and medical appointments. The Senior Services Task Force will need to be sure that fall education programs are integrated into the training curriculum that community organizations use when assisting seniors.

### ***Improving Senior Services in Warren County***

An Action Plan outlining the goals, measurable objectives, strategies, and action steps was developed through the planning Process. The goals and measurable objectives developed by the Senior Services Priority Task Force were:

#### **Priority Area: Senior Services**

##### **Goal 1: Helping to Keep Seniors in their Homes**

**Measurable Objective 1:** By October 31, 2016, assess the county and area agencies, organizations, and groups to identify which entities provide services that are specifically geared toward senior citizens.

##### **Goal 2: Greater Services to Senior Citizens to Increase Independence**

**Measurable Objective 1:** By January 31, 2017, perform a survey of seniors both at senior centers and elsewhere that illustrates 5 services that would be most beneficial to have in order to retain independence.

**Measurable Objective 2:** By January 2018 increase by 10% the number of seniors (65 and older) issued cards from Warren County Transit for day-to-day transportation needs.

**Measurable Objective 3:** Reduce the fall fatality rate among seniors aged 65 and older from 70.7 per 100,000 by 5% by 2020, which aligns with the Ohio State Health Improvement Plan Priority 4 objective.

### ***Sustaining the Senior Services Task Force after the CHIP: A Strategic Plan***

The Senior Services Task Force will meet every other month to ensure that the activities that are planned are achieved and that progress is tracked. Additionally, task force members will be provided with a monthly e-mail update regarding the current status of the task force's efforts and also to remind members of upcoming deadlines and deliverables. Each year a report will be generated depicting the progress of the Senior Services Task Force for inclusion in the CHIP annual report. Ultimately, the efforts of the Senior Services Task Force seek to provide seniors with an array of information sources to improve their ability to locate desired services, increase the ability of seniors to utilize Warren County Transit, and to reduce the fall fatality rate of individuals 65 and older which currently has Warren County ranked in the second highest quartile in the state of Ohio. The Strategic Plan for the Senior Services Task Force is in Appendix L.

APPENDIX A

<b>Community Health Improvement Plan Priorities</b>				
Developed in November 9 MAPP Committee Meeting				
<b>Behavioral Health (BH) (17)</b>	<b>Prevention &amp; wellness (PW) (11)</b>	<b>Transportation (TR) (8)</b>	<b>Senior services (SR) (7)</b>	<b>Access to community service information (ACS) (12)</b>
BH.1 Tobacco use (4)	PW. 1 Lack of access to information on healthy lifestyles	TR.1 Access is a major concern – transportation (3)	SR.1 Help seniors remain in their homes (4)	ACS.1 Re-establish information & referral (7)
<i>Smoking</i>	PW.2 Youth health awareness/Educational promotion (2)	<i>Transportation</i>	SR.2 Greater services to seniors to increase independence (3)	<i>Central, go-to 211 service (1)</i>
<i>Sponsor community smoking cessation classes</i>	PW.3 Obesity (6)	<i>Lack of transportation availability (3).</i>		
BH.2 Mental health [access to, awareness] (4)	PW.4 Women’s Health (1)	<i>Transportation for aging population (1),</i>		
BH.3 Behavioral health is health – opiate addictions (5)	<i>Breast cancer – increased access, awareness, affordability of mammograms (1)</i>	<i>Food deserts elimination (1)</i>		
<i>Solve, reduce drug problem</i>	PW.5 Infant mortality – importance of prenatal & postnatal care (1)	TR.2 Services to seniors to increase independence (3)		
<i>Behavioral health (drug use, mental health)</i>				
<i>Education, stop source, cessation (4),</i>				
<i>Reduce drug related deaths;</i>				
BH.4 Mental illness, awareness to & identification				
<b>NOTE:</b> All over arching categories are in <b>bold</b> with an abbreviation for the category in parentheses, all “winnable battles” start with the abbreviation of the category, and all of the items in <i>italics</i> are part of the above “winnable battle”				

APPENDIX B

<b>Warren County Community Health Improvement Plan Action Plan TEMPLATE</b>				
<b>Priority Area:</b> {Insert Priority Area}				
<b>Goal {Insert Goal Number}:</b> {Insert Goal}				
<b>Measurable Objective {Insert Objective Number}:</b> {Insert SMART Objective, with connection to National and State goals if appropriate}				
<b>Strategy</b>	<b>Action Step (Activities)</b>	<b>Responsible Agencies</b>	<b>Timeline</b>	<b>Performance Indicator</b>
{Insert Strategy}	{Insert Action Step}	{Insert all responsible agencies}	{Insert timeframe from 1/1/16-12/31/20}	{Insert proof that action step is completed}
	{Insert Action Step}	{Insert all responsible agencies}	{Insert timeframe from 1/1/16-12/31/20}	{Insert proof that action step is completed}
	{Insert Action Step}	{Insert all responsible agencies}	{Insert timeframe from 1/1/16-12/31/20}	{Insert proof that action step is completed}

## Warren County Community Health Improvement Plan (CHIP) Developing Goals and Objectives

### FACILITATOR'S GUIDE FOR TABLE TOP DISCUSSIONS

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The purpose of the table top exercises is to stimulate and guide conversation and capture ideas for goals and objectives for the identified priority health areas. Results of these conversations will be compiled and synthesized, and used to guide the next workgroup meeting.

Workgroup members have been assigned to this priority area. They will remain at this table for the rest of the working session but will have an opportunity to comment on the work of other tables through structured, interactive exercises.

#### *Exercise 1: Goal Setting (about 20 minutes)*

1. You have about 30 minutes to engage in setting a goal statement for the priority health issue assigned to your workgroup.
2. Remind workgroup members that the task is to develop a DRAFT goal statement for the identified priority area. Assure them that they will have opportunity to comment on and provide input to other tables' work through structured feedback exercises to follow.
3. To begin, remind workgroup members about the definition of a goal and the example provided (see written example and information below):

#### **A GOAL IS...**

- A projected state of affairs that a person or a system plans or intends to achieve.
  - Identifies in broad terms how your initiative is going to change things in order to solve the problem you have identified.
  - A result that one is attempting to achieve.
4. Please remind participants that there are resources at the table to help guide and inform goal and objective-setting. When possible, the table should strive to align its language and intent with the language of **Healthy People 2020 and/or state plans**.
  5. INDIVIDUAL WRITE and THEN GROUP DIALOGUE: You might ask participants to think about the priority area, write down some words/ideas, and then invite participants to share ideas around the table. Capture key themes and then structure the themes into a goal statement.
  6. Probe:
    - a. What is the desired state or outcome for this priority area?
    - b. What are we trying to achieve for our region?
    - c. What do we need to do in this priority area to significantly change the current state and move toward a desired state?

## APPENDIX C

7. **This first round is to gather ideas and not come up with final language. The goal statement does not have to be perfect!** Other groups will have a chance to add, modify, and enhance what your workgroup develops. The goal statement should be CLEAR and EASY TO READ on the flipchart page. Please capture your draft goal statement on the flipchart template provided.

### *Exercise 2: World Cafe (about 20 minutes)*

During this portion of the goal-setting exercise, you as a facilitator will rotate to the other workgroups for 5 minutes each to gather feedback and comments on the goal statement. For each round working with the room:

1. Read the goal statement.
2. Ask:
  - a. What do you like?
  - b. What needs to be added?
  - c. What needs to be clarified or changed?

Capture these ideas on the flipchart page provided. For each successive round, share the suggestions/ideas/comments and star (\*) or check the ideas/comments that groups cite in common.

### *Exercise 3: Finalizing Goal Statements (about 20 minutes)*

Goal statements will be finalized ~~once you are back~~ at your “home” table. Use the feedback to guide conversation, and capture your FINAL GOAL STATEMENT on the flipchart template provided.

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## Warren County Community Health Improvement Plan (CHIP) Developing Objectives

### FACILITATOR'S GUIDE FOR TABLE TOP DISCUSSIONS

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The purpose of the table top exercises is to stimulate and guide conversation and capture ideas for the objectives for the identified priority health areas. Results of these conversations will be compiled and synthesized, and used to guide the next workgroup meeting.

Workgroup members have been chosen to this priority area. They will remain in this room for the rest of the working session.

#### *Exercise 1: Developing Objectives (about 45 minutes)*

Your task for this exercise is to help the group develop 3-4 DRAFT objectives for your identified priority area/goal.

1. Use the flipchart page template provided with PRIORITY AREA: xxx, GOAL: XXX, and OBJECTIVES: 1, 2, 3, 4.
2. Reread the final goal statement to the group.
3. Share the definition/example of an objective (see written example and information below):

#### OBJECTIVES...

- Describe the steps that will take place in order to achieve the change(s) described by your goal.
  - Break down goal statement into manageable parts -- typically 2-4 action-oriented phrases to further break down/specify what you are trying to achieve in each goal.
  - Are SMART: Specific, measurable, achievable, realistic, time-bound.
  - GOALS and OBJECTIVES describe the "WHAT" of your plan. GOALS are broad and OBJECTIVES lend specificity and precision to the goal.
4. Objectives should be written using the following format:
    - a. By (date), xx% of middle and high schools will not offer sugar sugar-sweetened beverages or less healthy competitive foods.
    - b. By (date), increase to ## the number of primary care providers who screen adolescents (12-18 years of age) for depression.
    - c. By (date), increase the number of schools participating in a comprehensive Farm to School Program from # to #.
  5. INDIVIDUAL WRITE, PAIRS DISCUSSION, TABLE TOP: You can start by asking workgroup members to write objectives individually, then share/compare with a partner, then share/compare as a large group. As you note ideas, ask: Who else has something similar?
  6. Probes:

## APPENDIX D

- a. What do we mean by this objective? How would we break it down into its three most important parts? Or what are the three biggest ideas that feed into this goal statement?
  - b. Sometimes it helps to literally break the goal statement out into clauses and ask: What do we mean by this clause? What are we trying to achieve here?
7. As you near the end of 45 minutes, reread objectives and ask for agreement/consensus on major ideas. **THE OBJECTIVES DO NOT HAVE TO BE PERFECT!**
  8. Capture DRAFT objectives on your prepared flipchart. These should be written in NEAT, LARGE, CLEAR letters as other groups will be reading your chart and offering comments! Please post your flipchart page where directed on the wall/easel.
  9. Facilitator will bring flip chart with final goal statement and draft objectives to the other meeting rooms to share with other workgroups.

### *Exercise 2: World Café (about 20 minutes)*

*During this portion of the objective-setting exercise, you as a facilitator will rotate to four other tables for **5 minutes** each to gather feedback and comments on the goal statement. For each round:*

1. Read the goal statement.
2. Ask:
  - a. What do you like?
  - b. What needs to be added?
  - c. What needs to be clarified or changed?

*Capture these ideas on a flipchart page. For each successive round, share the suggestions/ideas/comments and star (\*) or check the ideas/comments that tables cite in common.*

### *Exercise 3: Developing Final Objectives (about 45 minutes)*

1. Review the feedback received through the Like, Change, Add activity
2. Incorporate feedback as appropriate and write each objective in final form.

**Make sure that final objectives are written using the following format:**

By (date), xx% of middle and high schools will not offer sugar sugar-sweetened beverages or less healthy competitive foods.

OR

By (date), increase the number of schools participating in a comprehensive Farm to School Program from # to #.

By (date), increase to ## the number of primary care providers who screen adolescents (12-18 years of age) for depression.



## Warren County Community Health Improvement Plan Finalizing Short and Long Term Indicators and Developing Activities

### FACILITATOR’S GUIDE FOR TABLE TOP DISCUSSIONS

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The purpose of the table top exercises is to guide conversation to briefly review the short and long term indicators for the identified priority health areas and develop activities for each strategy. Results of these conversations will be compiled and synthesized, and used to develop the draft of the CHIP.

**Exercise 1: Finalizing Performance Measures (about 30 minutes)**

Your task for this exercise is to help the group develop short term (1 year) and long term (2-3 year) indicators for the goal OR for each Objective. Explain that short and long term indicators help answer the following questions:

- How will you know if you are making progress?
- Remember to refer to the Community Health Assessment (CHA) to ensure that data is available
- Post your short and long term indicators on the wall and label them as FINAL.
- SAMPLE short term and long term indicators:

*Short term*

% of students who ate fruits and vegetables less than five times per day during the seven days before the survey (YRBS)

*Long term*

% of high school students that are obese (≥ 95th percentile for BMI by age and sex) (YRBS)

**Exercise 2: Develop Activities (about 30 minutes)**

Your task in this exercise is to help the group develop the Action Plan. Explain that the Action Plan is an outline of the steps you will take to achieve each strategy. Similar to the strategies, the activities further define the “how” portion of the 1 YEAR action plan. The activities provide further specification to the STRATEGIES and are followed by the following:

<b>Activity:</b>	Outline the steps you will take to achieve each objective. The strategies and activities are the “how” portion of the action plan. Arrange activities chronologically by start dates.
<b>Timeline:</b>	State the projected start and end date for each activity.
<b>Resources Required:</b>	Include all resources needed for this action step. (Examples: funding, staff time, space needs, supplies, technology, equipment, and key partners.)
<b>Lead Agency(s)/ Person:</b>	Identify by name the key person who will initiate the activity, provide direction for the work, and monitor progress.
<b>Anticipated Result:</b>	Describe the direct, tangible and measurable results of the activity (ex: a product or document, an agreement or policy, number of participants)
<b>Progress Notes:</b>	Track progress of completion of activities. Also note any unexpected outcomes, both positive and negative. <b>(Not applicable at this time)</b>

**Exercise 3: Final Workgroup Session Wrap Up (about 30 minutes)**

Instruct your workgroup to return to large room for wrap up in 30 minutes.

More detail for this process is provided in 4. *Facilitators-Guide-Strategies-and-Indicators*

**Warren County Community Health Improvement Plan (CHIP)  
Finalizing Strategies and Developing Short Term and Long Term Indicators**

**FACILITATOR'S GUIDE FOR TABLE TOP DISCUSSIONS**

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The purpose of the table top exercises is to guide conversation to briefly review the strategies for the identified priority health areas. Results of these conversations will be compiled and synthesized, and used to guide the next workgroup meeting.

Workgroup members have chosen this priority area. They will remain in this room for the rest of the working session but will have an opportunity to comment on the work of other workgroups through structured, interactive exercises.

***Exercise 1: Finalizing Strategies that have a strong foundation in the evidence (about 30 minutes)***

Your task for this exercise is to help the group develop FINAL strategies for each of your objectives. You have one hour for this exercise.

1. Use the prepared flipchart pages with PRIORITY AREA: xxx, GOAL: XXX, OBJECTIVE: XXX, and STRATEGIES. You have been provided with as many template pages as you have objectives. You will use these template pages at the end of your planning period (*last 10-15 minutes*) to make sure you have captured your final strategies for each objective.
2. Reread the goal statement and first objective to the group.
3. Remind the group of the definition/example of a strategy:

**STRATEGIES/ACTIVITIES...**

- Outline the steps that you will take to achieve each objective
- Action-oriented phrases that describe the manner in which the objective will be approached.
- Whereas the objective is WHAT you are going to do, the strategy is HOW you will achieve this objective

**Sample STRATEGIES:**

Implement a **policy** that requires all school districts to serve at least one serving of **fresh fruits and vegetables** at every meal served in the school cafeteria.

Increase the number of **farmers' markets** in the target area

Work with schools and local city and county partners to implement **joint use agreements** that allow the use of athletic facilities and outdoor recreational facilities by the public on a regular basis (school gyms, parks, outdoor sports fields, public pools, and playgrounds)

Identify **workforce development** and **financial resources** necessary to increase mental health care providers in target area

Invest in mental health care providers through increase in resources for training, new incentives for physicians providing mental health care to patients, and support for caregivers who choose to enter mental health care in underserved areas.

## APPENDIX F

**Train** primary care providers so that they consistently screen patients for depression

4. Ask a member of the group to read the strategies for each objective

Probes:

- a. Does it answer what we need to do to achieve this goal and objective?
  - b. Will these strategies, when combined, fulfill our objective and goal?
5. In last 10-15 minutes of this session review strategies to clarify and come to consensus on FINAL strategies. **Reread strategies and ask for agreement/consensus.**
6. Capture final strategies on your prepared flipchart templates. These should be written in NEAT, LARGE, CLEAR LETTERS. Please post your flipchart pages where directed on the wall/easel. Reminder: **You should have ONE FLIPCHART PAGE per objective, with a list of final strategies.**

### **Exercise 3: Developing Performance Measures (about 50 minutes)**

Your task for this exercise is to help the group develop short term (1 year) and long term (2-3 year) indicators for each OBJECTIVE. Explain that short and long term indicators help answer the following questions:

- How will you know if you are making progress?
- Remember to refer to the Community Health Assessment (CHA) to ensure that data is available
- Post your draft short and long term indicators on the wall and label them as DRAFT.
- SAMPLE short term and long term indicators:

#### *Short term*

% of students who ate fruits and vegetables less than five times per day during the seven days before the survey (YRBS)

#### *Long term*

% of high school students that are obese ( $\geq$  95th percentile for BMI by age and sex) (YRBS)

### **Exercise 4: Finalizing Performance Measures (about 50 minutes)**

- Capture your FINAL short term and long term indicators on the flipchart template provided.
- Post your final indicators on the wall and label them as FINAL
- *At the end of the allocated time* instruct the workgroup members to return to the large room where we started this morning for a final wrap up and to briefly review objectives for next week.

APPENDIX G: Prevention and Wellness Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Prevention and Wellness with an emphasis on obesity

**Goal 1:** Increase the number of people in Warren County who are at a healthy weight.

**Measurable Objective 1:** By December 31, 2020, reduce the proportion of Warren County residents who are obese from 35.3% to 32.3% to make progress towards the Healthy People 2020 goal of 30.5%.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Provide a weight management program inventory of Warren County to all Warren County residents.	1. Obtain a list from each School District about what weight loss programs are currently offered.	WC Career Center	1/1/2016 – 12/31/2016	Completed list of each School District’s weight loss programs
	2. Obtain a list from the Countryside YMCA and the Coffman YMCA about what weight loss programs are currently offered	Countryside YMCA Coffman YMCA WC Combined Health District	1/1/2016 – 12/31/2016	Completed list of Countryside YMCA and Coffman YMCA of current weight loss programs
	3. Obtain a list from Arrow Springs and Atrium Health Centers about what weight loss programs are currently offered	WC Career Center	1/1/2016 - 12/31/2016	Completed list of current Atrium and Arrow Springs weight loss programs
	4. Obtain a list from Mason Community Center about what weight loss programs are currently offered	WC Combined Health District	1/1/2016 - 12/31/2016	Completed list of current weight loss activities for

APPENDIX G: Prevention and Wellness Action Plan

				Mason Community Center
	5. Provide a comprehensive list of weight management opportunities for increasing physical activity with Warren County residents by posting the results on various county websites	WC Combined Health District	1/1/2016 - 12/31/2016	Completed list of available weight management inventory and opportunities
2. Expand the Health Department current weight management class from 1 night to 2 nights	1. Develop a brochure describing the WCCHD free weight management class	WC Combined Health District	1/1/2016 - 12/31/2016	Completed weight management brochure
	2. Send brochures to all of Warren County physicians and both YMCAs in Warren County about the free weight management class	WC Combined Health District Countryside YMCA Coffman YMCA	1/1/2016 - 12/31/2016	Documentation that this was accomplished
	3. Work with the Warren County Newspaper to publish the free weight management program information for Warren County residents	WC Combined Health District	1/1/2016 - 12/31/2016	Completed piece on weight management program WC newspaper
	4. Send brochures to all Warren County Junior high/High school nurses about weight management programs that include adolescents	WC Combined Health District	1/1/2016 - 12/31/2016	Documentation that this was accomplished
	5. Monitor the growth in attendance at weight loss classes monthly	WC Combined Health District	1/1/2016 - 12/31/2018	Recorded # of participants monthly

APPENDIX G: Prevention and Wellness Action Plan

	6. Expand the weight management class from 1 night per week to 2 nights per week as the class grows	WC Combined Health District	1/1/2018-12/31/2020	Documentation of weight management classes 2 nights per week
3. Develop a partnership with the Warren County School Districts to discuss obesity issues	1. Be placed on agenda of a Warren County School Superintendent's meeting.	WC Combined Health District	1/1/2016 – 7/31/2016	Documentation of attendance at meeting
	2. At Superintendent's meeting introduce information from the WCCHD CHA and CHIP and WCCHD's commitment to decrease youth obesity in Warren County.	WC Combined Health District	1/1/2016 - 12/31/2016	Completed meeting minutes
	3. Discuss with school superintendents to determine how WCCHD can work with the schools to fight obesity problem in Warren County.	WC Combined Health District	1/1/2016 - 12/31/2016	Completed meeting minutes
	4. Provide follow up to each school district to discuss intervention strategies regarding obesity in youth.	WC Combined Health District School representatives	1/1/2016 - 12/31/2016	Documentation of follow up to each school district

APPENDIX G: Prevention and Wellness Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Prevention and Wellness with an emphasis on obesity

**Goal 2:** Increase the amount of physical activity that residents of Warren County perform in one year.

**Measurable Objective 1:** By January, 2020, decrease the percent of adults who report no leisure time physical activity in Warren County from 20.2% to 19.0%, as measured by the BRFSS data from the county rankings, to continue exceeding the goal of Healthy People 2020 target of 32.6%.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Enhance the quality of life of Warren County residents through increasing opportunities for physical activity to improve health	1. Work with Warren County Regional Planning and Zoning Office to identify opportunities to expand the availability of walking trails and bike paths to build connectivity between trails and communities.	WC Combined Health District WC Regional Planning Commission	1/1/2016 - 12/31/2020	Documentation of quarterly meetings with the WC Regional Planning and Zoning Office
	2. Promote the bike path by creating/distributing walking and biking path maps of the county and increasing the distribution of pedometers at health fairs.	WC Combined Health District WC Regional Planning Commission	1/1/2016 - 12/31/2020	Documentation of the creation of map of walking/ biking paths of Warren County
	3. Identify and promote organized community events, such as “Meet Up” groups/YMCA websites, camp newsletter and Warren County Parks website in Warren County, and list these in the “Current News and Information about weight management and physical activity opportunities in Warren County” section of the WCCHD social media.	Prevention and Wellness Taskforce	1/1/2016 - 12/31/2020	Documentation about events are identified and promoted on WCCHD social media

APPENDIX G: Prevention and Wellness Action Plan

<p>2. Develop a referral process among the WCCHD, Centerpoint Health Center, the Springboro Coffman YMCA, and the Lebanon Countryside YMCA that will enable low income clients to complete the process to receive a free/sliding fee scale YMCA membership</p>	<p>1. Schedule meeting among WCCHD, Centerpoint Health Center, Coffman YMCA, and Countryside YMCA.</p>	<p>WC Combined Health District Coffman YMCA Countryside YMCA Centerpoint Health Center</p>	<p>2/1/2016 – 4/30/2016</p>	<p>Completed meeting minutes</p>
	<p>2. Develop a referral process to Coffman YMCA and Countryside YMCA for each site- Centerpoint Health Center, and WCCHD.</p>	<p>WC Combined Health District (Kathy Dickey) Coffman YMCA Countryside YMCA Centerpoint Health Center</p>	<p>4/1/2016 - 5/31/2016</p>	<p>Completed referral process</p>
	<p>3. Provide all primary care physicians with information about Coffman YMCA and Countryside YMCA general memberships and memberships for low income clients.</p>	<p>WC Combined Health District</p>	<p>6/1/2016 - 12/31/2016</p>	<p>Information about Coffman YMCA and Countryside YMCA memberships sent to primary care physician list serve.</p>



APPENDIX G: Prevention and Wellness Action Plan

**Warren County Community Health Improvement Plan Action Plan Template**

**Priority Area:** Prevention and Wellness with an emphasis on obesity

**Goal 3:** Improve Access to Child Health, Prenatal, and Reproductive Health care

**Measurable Objective 1:** By January 2020, reduce the infant mortality rate from 6.4% to the Healthy People 2020 objective of 6.0% or lower.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Continued assurance that health care services to reduce infant mortality are provided by WCCHD or another qualifying agency.	1. Provide prenatal and postnatal care to all WCCHD clients in need of these services.	WC Combined Health District	1/1/2016 - 12/31/2020	# of prenatal and postnatal WCCHD clients
	2. Provide Reproductive Health care services to women of childbearing age to increase maternal, preconception, prenatal & inter-conception health.	WC Combined Health District	1/1/2016 - 12/31/2020	# of Reproductive Health care clients
	3. Provide care to children ages 0 years to 21 years of age in need of services.	WC Combined Health District	1/1/2016 - 12/31/2020	# of Child Health care clients
	4. Provide “Safe Sleep” education to all WCCHD clients, through newly implemented “Safe Sleep Education” policy.	WC Combined Health District	1/1/2016 - 12/31/2020	# of clients provided “Safe Sleep Education”
	5. Provide a “Pack-n-Play” to Warren County Infants as available per WCCHD policy.	WC Combined Health District	1/1/2016 - 12/31/2020	# of “Pack-n-Plays” provided
	6. Ongoing collaboration with community partners to review continued need for services and need for education in community.	WC Combined Health District WC Agency partners	1/1/2016 - 12/31/2020	CFHS Consortium meeting minutes

APPENDIX G: Prevention and Wellness Action Plan

**Warren County Community Health Improvement Plan Action Plan Template**

**Priority Area:** Prevention and Wellness

**Goal 4:** Improve Access to Women’s Breast Health

**Measurable Objective 1:** By January 2020, reduce the breast cancer mortality rate in Warren County from 23.0 per 100,000 (Ohio rate is 22.6 per 100,000) to the Healthy People 2020 objective of 20.7per 100,000.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Continued to assure that health care services to reduce breast cancer and provide increased awareness of breast cancer are available in Warren County.	1. Provide Reproductive Health and Women’s Health care to all WCCHD clients in need of these services and to include breast exam and education at clinic visit as necessary.	WC Combined Health District	1/1/2016-12/31/2020	# of Reproductive Health and Women’s Health Care clients
	2. WCCHD will create brochures about Reproductive Health and Women’s Health clinics and distribute throughout Warren County and put Reproductive Health and Women’s health clinic information in health department newsletter twice a year.	WC Combined Health District	1/1/2016-12/31/2016	Completed brochures
	3. Mammogram van will be at WCCHD at least twice a year to provide mammograms to any Warren County resident with a focus on uninsured/ underinsured women.	WC Combined Health District	1/1/2016-12/31/2020	Mammogram dates
	4. Publish mammogram van dates in health department newsletter and send email to other county agencies regarding mammogram availability date.	WC Combined Health District	1/1/2016-12/31/2020	Documentation in WCCHD newsletter

APPENDIX H: Behavioral Health Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Behavioral Health

**Goal 1:** Collaborate with community stakeholders to prevent the abuse of alcohol, tobacco, and other drugs

**Measurable Objective 1:** Reduce the percentage of adult smokers in Warren County from 16.6 percent (CDC BRFSS, 2013) to 15.8 percent by 2020 to approach the Healthy People 2020 (TU-1.1) objective 12.0 percent.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
Provide ongoing smoking cessation classes in Warren County	1. Interface with the Warren County Substance Abuse Coalition to form a Tobacco Task Force	WC Substance Abuse Prevention Coalition	03/30/2016-09/30/2016	One meeting of a Task Force
	2. Identify all current smoking cessation programs in Warren County	WC Substance Abuse Prevention Coalition - Tobacco Task Force	09/30/2016-12/31/2016	A list of smoking cessation classes in Warren County
	3. Identify methods to offer ongoing smoking cessation classes in Warren County	WC Substance Abuse Prevention Coalition - Tobacco Task Force	1/1/2017-12/31/2017	One agreement as to how smoking cessation classes will be provided
Expand tobacco-free worksites in Warren County	1. Interface with the Warren County Substance Abuse Coalition to form a Tobacco Task Force	WC Substance Abuse Prevention Coalition	03/30/2016-09/30/2016	A meeting of a Task Force
	2. Increase the number of county agencies with a tobacco-free campus policy from 0 to 2	WC Substance Abuse Prevention Coalition - Tobacco Task Force	09/30/2016-12/31/2017	A list of county agencies with a tobacco-free campus policy
	3. Identify worksites in the county that are tobacco-free campuses	WC Substance Abuse Prevention Coalition - Tobacco Task Force	09/30/2016-12/31/2017	A list of worksite in the county that are

APPENDIX H: Behavioral Health Action Plan

				tobacco-free
	Increase the number of worksites in Warren County that are tobacco-free by 20%	WC Substance Abuse Prevention Coalition - Tobacco Task Force	1/1/2018-12/31/2020	Number of tobacco-free worksites in Warren County
<b>Measurable Objective 2:</b> Increase the proportion of adults who do not report participating in binge drinking in the past 30 days from 81.6% (based on the 2011-2013 BRFSS data in the WCCHD CHA) to 82.5% by 2020 to approach the Top U.S. Performers on County Health Rankings of 90%				
Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Maintain a county-wide coalition with stakeholders representing the youth, parents, businesses, media, schools, youth serving organizations, law enforcement, civic/volunteer organizations, religious/fraternal organizations, healthcare professionals, government, and other organizations that collaborate to prevent substance abuse.	1. Facilitate monthly meetings to discuss priorities and opportunities in preventing substance abuse prevention in Warren County.	WC Substance Abuse Prevention Coalition	1/1/2016-12/31/2020	Meeting sign-in sheets and minutes
	2. Apply to the Drug-Free Communities (DFC) Support Program grant from the substance Abuse and Mental Health Services Administration	WC Substance Abuse Prevention Coalition	1/1/2016-12/31/2020	Completed grant submission

APPENDIX H: Behavioral Health Action Plan

**Measurable Objective 3:** Increase the percentage of adolescents in grades 7 to 12 who report not using marijuana in the last 30 days from 90.5% (based on the WCCHD CHA) to 91.5% by 2020 to approach the Healthy People 2020 Objective (SA-2.2) target of 96.3% of adolescents who refrained from using marijuana for the first time.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Maintain a county-wide coalition with stakeholders representing the youth, parents, businesses, media, schools, youth serving organizations, law enforcement, civic/volunteer organizations, religious/fraternal organizations, healthcare professionals, government, and other organizations that collaborate to prevent substance abuse.	1. Facilitate monthly meetings to discuss priorities and opportunities in preventing substance abuse prevention in Warren County.	WC Substance Abuse Prevention Coalition	1/1/2016-12/31/2020	Meeting sign-in sheets and minutes
	2. Apply to the Drug-Free Communities (DFC) Support Program grant from the substance Abuse and Mental Health Services Administration	WC Substance Abuse Prevention Coalition	1/1/2016-3/18/2016	Completed grant submission

APPENDIX H: Behavioral Health Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Behavioral Health

**Goal 2:** Increase awareness of behavioral health issues in Warren County through community collaboration

**Measurable Objective 1:** Increase the number of mentally healthy days per person in Warren County from 26.6 to 27 by 2020 to approach the Top US Performers on the County Health Rankings of 27.7 mentally healthy days per person.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
Providing Mental Health First Aid and Youth Mental Health first Aid Training	1. Offer 3 Mental Health First Aid and Youth Mental Health First Aid in Warren County per year.	Mental Health Recovery Services of Warren & Clinton Counties WC Educational Services – Project AWARE	3/1/2016 – 12/31/2020	Number of Mental Health First Aid Trainings Offered
Promote depression screening by primary care physicians offices	1. Identify a baseline for the proportion of primary care provider offices that screen for depression	Behavioral Health Task Force	3/1/2016 - 6/30/2017	Number of primary care provider offices that screen for depression
	2. Increase the number of primary care provider offices that screen for depression	Behavioral Health Task Force	3/1/2016 – 12/31/2020	Number of primary care provider offices that screen for depression
Provide to Warren County Agencies on Trauma-Informed Care	1. Facilitate monthly Trauma-Informed Care Learning Community meetings in Warren County	Mental Health Recovery Services of Warren & Clinton Counties Solutions Community Counseling and Recovery Centers	3/1/2016 – 12/31/2016	Meetings Conducted

APPENDIX H: Behavioral Health Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Behavioral Health

**Goal 3:** Improve the awareness of behavioral and physical health referral and services in Warren County

**Measurable Objective 1:** Establish a means to refer citizens to the appropriate agencies to obtain the services they need related to mental and physical health in Warren County by December 31, 2016.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
1. Create a health services flowchart encompassing behavioral and physical health	1. Work with behavioral health partners to develop a flowchart for Warren county agencies that describes the referring of individuals to behavioral and physical health related services in the county	Behavioral Health Task Force	3/1/2016 - 12/31/2016	Flowchart Completion
	2. Make the health services flowchart available to Warren County citizens to help find behavioral and physical health services in the county	Agencies identified in Strategy 1, Action Step 1.	3/1/2016 - 6/30/2017	Number of copies of the mental health services flowchart provided to Warren County behavioral health providers for distribution to clients
1. Cross-train mental and physical health agencies to be knowledgeable about topics in both behavioral and physical health	1. Recruit agencies that would be able to conduct the cross-training	Agencies identified in Strategy 1, Action Step 1	3/1/2016 - 12/31/2016	Number of agencies providing cross-training

APPENDIX H: Behavioral Health Action Plan

	2. Provide two mental health training courses	Agencies identified in Strategy 1, Action Step 1	3/1/2016 - 6/30/2017	Number of trainings conducted and number of participants attending
	3. Provide two physical health training courses	Agencies identified in Strategy 1, Action Step 1	7/1/2017 - 12/31/2017	Number of trainings conducted and number of participants attending
1. Integrate behavioral health agencies into Warren County emergency planning	1. Develop a set of mutually-agreed upon roles and responsibilities for behavioral health in public health emergency situations	Mental Health Recovery Services of Warren & Clinton Counties Solutions Community Counseling and Recovery Centers WC Combined Health District WC School Crisis Team	3/1/2016 - 6/30/2017	Documentation of mutually-agreed upon roles and responsibilities in the Public Health Emergency Response Plan
	2. Behavioral health agencies are involved in Warren County Emergency Operations Planning efforts	Mental Health Recovery Services of Warren & Clinton Counties Solutions Community Counseling and Recovery Centers WC Emergency Services	7/1/2017 - 12/31/2017	Behavioral health agencies have representation on the Local Emergency Planning Committee



APPENDIX I: Senior Services Action Plan

**Warren County Community Health Improvement Plan Action Plan**

**Priority Area:** Senior Services

**Goal 1:** Helping to Keep Seniors in their Homes

**Measurable Objective 1:** By October 31, 2016, assess the county and area agencies, organizations, and groups to identify which entities provide services that are specifically geared toward senior citizens.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
Review existing resource lists and sort out Warren County specific information then disseminate to community agencies that provide senior services.	1. Review resource lists to illustrate what services are offered, when, where, how, and to whom.	WC Combined Health District WC Community Services	3/1/2016 7/31/2016	Documentation of survey results, distribution lists, number of types of services offered in an annual report
Adopt a curriculum or curricula for a training to provide to seniors that promotes healthy living and how to address potential issues or challenges.	1. Assess existing curricula and identify gaps to address.	OSU Extension Services WC Community Services Senior Services Task Force Members	3/1/2016 - 1/31/2017	Documentation of findings in meeting minutes
	2. Adopt a curriculum or curricula to help promote healthy lifestyles (fall awareness, services available, etc.).	OSU Extension Services WC Community Services	3/1/2016 - 1/31/2017	Completed curriculum
	3. Deliver classes to seniors and family members.	OSU Extension Services WC Community Services WC Combined Health District	Initial Report by 6/30/2017	Attendance rosters, agendas, evaluation forms

APPENDIX I: Senior Services Action Plan

<b>Warren County Community Health Improvement Plan Action Plan</b>				
<b>Priority Area:</b> Senior Services				
<b>Goal 2:</b> Greater Services to Senior Citizens to Increase Independence				
<b>Measurable Objective 1:</b> By January 31, 2017, perform a survey of seniors both at senior centers and elsewhere that illustrates 5 services that would be most beneficial to have in order to retain independence.				
<b>Strategy</b>	<b>Action Step (Activities)</b>	<b>Responsible Agencies</b>	<b>Timeline</b>	<b>Performance Indicator</b>
Survey Warren County seniors (60 and older) to determine the five most beneficial services and to assess the needs of seniors.	1. Create a survey and distribute to at least three senior centers and/or groups in Warren County.	WC Combined Health District	3/1/2016 – 1/31/2017	Documentation of distribution to at least three centers, number of response at each site, and a summary of results to be reported in task force annual report.
	2. Review the results with Senior Services Task Force.	WC Combined Health District	1/31/2017 - 3/31/2017	Meeting minutes documenting review
	3. Develop a strategy to provide more seniors with information on the identified services.	Senior Services Task Force	3/31/2017 - 6/30/2017	Meeting minutes and distribution lists
Re-implement the First Call for Help (FCFH).	1. Determine what would need to be done to restart/update the First Call for Help (FCFH) Database.	WC Combined Health District WC Community Services WC Probate-Juvenile Court	3/1/2016 - 1/31/2017	Meeting minutes reflecting what

APPENDIX I: Senior Services Action Plan

				needs to be done to re-implement FCFH
Create a First Call for Help (FCFH) for seniors	2. Develop a strategy to update and distribute FCFH for seniors on a regular basis.	Senior Services Task Force	3/1/2016 - 1/31/2017	Meeting minutes reflecting how this will be accomplished
<b>Measurable Objective 2:</b> By January 2018 increase by 10% the number of seniors (65 and older) issued cards from Warren County Transit for day-to-day transportation needs.				
Encourage seniors to use Warren County Transit at optimal times for their needs.	1. Distribute information flyers regarding the best times to utilize Warren County Transit to three agencies or centers that routinely have senior citizens as clients.	WC Transit WC Combined Health District	3/1/2016 – 12/31/2018	Documentation of the number of informational flyers and agencies distributed to in annual report.
Ensure ease of online access to Warren County Transit information.	2. The Senior Services Task Force will review Warren County Website and provide feedback to Warren County Transit about ease of use and navigation.	WC Transit WC Community Services OSU Extension WC Combined Health District	3/1/2016 - 10/31/2016	Meeting minutes, screenshots and e-mails related to updating information on Warren County website,
<b>Measurable Objective 3:</b> Reduce the fall fatality rate among seniors aged 65 and older from 70.7 per 100,000 by 5% by 2020, which aligns with the Ohio State Health Improvement Plan Priority 4 objective.				

APPENDIX I: Senior Services Action Plan

Develop tools to improve home safety for seniors or families of seniors.	Create a home safety assessment checklist or adopt an existing one.	Senior Services Task Force	3/1/2016 - 12/31/2017	Complete checklist and SOG
	Review assessment checklist with Senior Services Task Force.	Senior Services Task Force	3/1/2016 – 3/31/2017	Meeting minutes
	Work with seniors and families to ensure that the Home Safety Assessment Checklist fulfills their needs.	Senior Services Task Force	4/1/2016 - 6/30/2017	Attendance rosters, meeting minutes, evaluations
	Develop a strategy to distribute the Home Safety Checklist to seniors in the community.	Senior Services Task Force	7/1/2017 - 1/31/2018	Number of Home Safety Checklists distributed to agencies in the county. Number of classes about home safety offered (if applicable)
	Explore the possibility of implementing a volunteer program like HOME or something similar to assist seniors with routine maintenance needs.	Senior Services Task Force	2/1/2018- 6/30/2018	Meeting minutes

APPENDIX J: Prevention and Wellness Task Force Strategic Plan

**Warren County CHIP Prevention and Wellness Task Force Strategic Plan**

**Priority Area:** Prevention and Wellness with an emphasis on obesity

**Goal:** Ensure that the WCCHD Prevention and Wellness Community Improvement Plan is a living document

**Measurable Objective:** An annual Warren County Community Health Improvement Plan Report (2016 - 2020) with information about the Prevention and Wellness Goals will be provided to the community to demonstrate progress toward improving community health.

Strategy	Action Step (Activities)	Responsible Agencies	Timeline	Performance Indicator
Establish an implementation plan that monitors and updates strategies to ensure there is progress toward the goals.	1. Prevention and Wellness group will meet twice a year and as needed to discuss strategies and implementation plans.	Prevention and Wellness Taskforce	5/1/2016-12/31/2020	Completed meeting Minutes
	2. Review the status of the objectives of each Prevention and Wellness goals during Task Force meetings.	Prevention and Wellness Taskforce	5/1/2016-12/31/2020	Completed meeting Minutes
	3. Reports, including statistics, for each objective will be provided during each Task Force meeting.	Prevention and Wellness Taskforce	5/1/2016-12/31/2020	Completed meeting Minutes
	4. Make changes to strategies and objectives as needed during each Task Force meeting.	Prevention and Wellness Taskforce	5/1/2016-12/31/2020	Completed meeting Minutes
	5. Contribute a status report on performance indicators for the Prevention and Wellness goals for inclusion in the annual <u>Community Health Improvement Plan Report</u>	WC Combined Health District	5/1/2016-12/31/2020	The availability of the WCCHD CHIP report for the community

APPENDIX K: Behavioral Health Task Force Strategic Plan

<b>Warren County CHIP Behavioral Health Task Force Strategic Plan</b>				
<b>Priority Area:</b> Behavioral Health				
<b>Goal:</b> Ensure that the Warren County Behavioral Health Community Improvement Plan remains a living document designed to improve health in Warren County communities.				
<b>Measurable Objective:</b> Improvements in behavioral health collaboration as reported in the annual <u>Community Health Improvement Plan Report</u> .				
<b>Strategy</b>	<b>Action Step (Activities)</b>	<b>Responsible Agencies</b>	<b>Timeline</b>	<b>Performance Indicator</b>
Establish an implementation plan that monitors and updates strategies to ensure there is progress toward the goals.	1. Behavioral Health Task Force will meet six times a year to review strategies and implementation plans.	Behavioral Health Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	2. At each meeting the status of the strategies and action steps will be reviewed for each Behavioral Health goal as needed.	Behavioral Health Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	3. At each meeting reports including statistics, for each objective will be provided.	Behavioral Health Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	4. Revise strategies and actions steps for each goal as information from the initial action steps for provides information for further improvement in behavioral health.	Behavioral Health Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	5. Contribute a report about behavioral health activities for the annual <u>Community Health Improvement Plan Report</u> .	Behavioral Health Task Force	3/1/2016 - 12/31/2020	The availability of the Warren County CHIP report for the community

APPENDIX L: Senior Services Task Force Strategic Plan

**Warren County Senior Services Task Force Strategic Plan**

**Priority Area:** Senior Services

**Goal:** Ensure that the WCCHD Senior Services Community Improvement Plan remains a living document designed to improve health in Warren County communities.

**Measurable Objective:** Improvements in senior services as reported in the annual Community Health Improvement Plan Report.

Strategy	Action Steps	Responsible Agencies	Timeline	Performance Indicator
Establish an implementation plan that monitors and updates strategies to ensure there is progress toward the goals.	1. Senior Services Task Force will meet six times a year to review strategies and implementation plans.	Senior Services Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	2. At each meeting the status of the strategies and action steps will be reviewed for each Senior Services goal as needed.	Senior Services Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	3. At each meeting reports including statistics, for each objective will be provided.	Senior Services Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	4. Revise strategies and actions steps for each goal as information from the initial action steps for provides information for further improvement in senior services.	Senior Services Task Force	3/1/2016 - 12/31/2020	Completed meeting Minutes
	5. Contribute a report about Senior Services activities for the annual <u>Community Health Improvement Plan Report</u> .	Senior Services Task Force	3/1/2016 - 12/31/2020	The availability of the WCCHD CHIP report for the community

APPENDIX L: Senior Services Task Force Strategic Plan

	6. Provide a monthly report to Senior Services Task Force regarding progress.	WC Combined Health District	3/1/2016 – 12/31/2020	Monthly updates and e-mail lists.
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***“Working to build healthy communities every day”***