

LOGAN COUNTY COMMUNITY HEALTH RISK AND NEEDS IMPROVEMENT PLAN (CHIP)

November 2015

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LOGAN COUNTY COMMUNITY HEALTH RISK AND NEEDS IMPROVEMENT PLAN 2015-2018

BACKGROUND and INTRODUCTION

This report represents a community health improvement plan that was developed by a team that consisted of several community health and social service organizations that serve Logan County residents. The team was led by representatives from Mary Rutan Hospital, Logan County Health District, and Mental Health Drug & Alcohol Services Board for Logan and Champaign Counties. Extensive input was obtained in the development of the plan from over 90 community leaders and residents.

The purpose of this plan is to guide efforts that the participating organizations will engage in over the next several years aimed at improving the quality of life and health of Logan County residents. The organizations that collaborated to fund and support the development of the plan included:

- Mary Rutan Hospital (MRH)
- Mary Rutan Foundation
- Logan County Health District (LCHD)
- Mental Health Drug & Alcohol Services Board for Logan & Champaign Counties (MHDAS)
- United Way of Logan County
- Logan County Family & Children First Council (FCFF)
- OSU Extension
- Logan County Children Services
- Logan County Commissioners
- Logan County Board of Developmental Disabilities
- Community Health and Wellness Partners of Logan County (CHWP)
- Bellefontaine City Schools
- Bellefontaine Police Department
- Council on Rural Services
- Indian Lake Local Schools
- Logan County Educational Service Center
- Family Court of Logan County
- Logan County Department of Job and Family Services (DJFS)
- Logan County Sheriff's Office

What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a “systematic effort to address issues identified by [an] assessment and community health improvement process.”¹ CHIPs are based on a Community Health Assessment (CHA) that has been conducted which is action-oriented in that they contain specific strategies designed to improve the health and well-being of the residents of a community. The CHIP process is typically led by the health department or hospital but involves many other organizations as well as residents. Through the process the major health needs of a community are documented and identified, and a set of priorities are agreed upon by all of the participants. For each of the priorities, specific strategies are developed that are designed to address the priorities in order to improve the community's health and well-being.

¹ Public Health Accreditation Board – <http://www.phaboard.org/accreditation-overview/getting-started/>.

CHIPs present a description of the characteristics of what a healthier community would look like. By including priorities and strategies, they are intended to be utilized as a guide or roadmap by the partner organizations to work toward creating that vision of a healthier community.

What is a Healthy Community?

For the purposes of this plan, health was defined broadly as a state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

Similarly, the focus of the plan is to develop a roadmap to improve a wide range of quality of life issues for the residents of Logan County that is not restricted to addressing only disease conditions. A Healthy Community is considered to be one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential. It is designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders – where every person is free to make choices amid a variety of healthy, available, accessible and affordable options.²

Using these definitions of health and a Healthy Community, the plan’s scope goes well beyond what is traditionally thought of as health problems. It includes priorities and strategies aimed at improving disease conditions such as cardiovascular disease and diabetes. However, it also addresses behavioral health issues such as drug abuse and mental health issues including depression and suicide. But the plan recognizes that these kinds of problems do not occur in a vacuum, nor do they arise on their own. The social conditions in which people “live, work, worship, learn, and play” exert a tremendous influence on the health and well-being of residents.

Social Determinants of Health

These influences are called social determinants of health or sometimes the “root causes” of health problems. A helpful analogy is to consider the image of a stream or river. Upstream, or at the beginning of the river, are certain conditions that pick up speed and momentum as they flow downstream. Figure 1 below is intended to depict how upstream social determinants create conditions within communities, families, and individual lives that exacerbate and even cause health problems that can become serious if those conditions do not improve.

As an example, research has shown that social phenomena such as crime, racism, and poverty produce intermediate problems – violence, psychosocial distress, and resource disparities – that affect the health of those residents that are subjected to these upstream social conditions. These intermediate problems or precursors then make it much more likely that these residents will develop serious health problems including depression, hypertension, and even heart disease, diabetes, and cancer.

The planning team recognized the fact that improving the health and well-being of the residents of Logan County requires that the social factors associated with poor health must be addressed. Therefore, this plan includes strategies to do so. To adequately address these root causes requires a multisector approach involving a wide range of community organizations, leaders,

² U.S. Dept. of Health & Human Services, Healthy People 2010 report.

and residents. Therefore, the CHIP process included dozens of participants from numerous organizations as well as residents from the community.

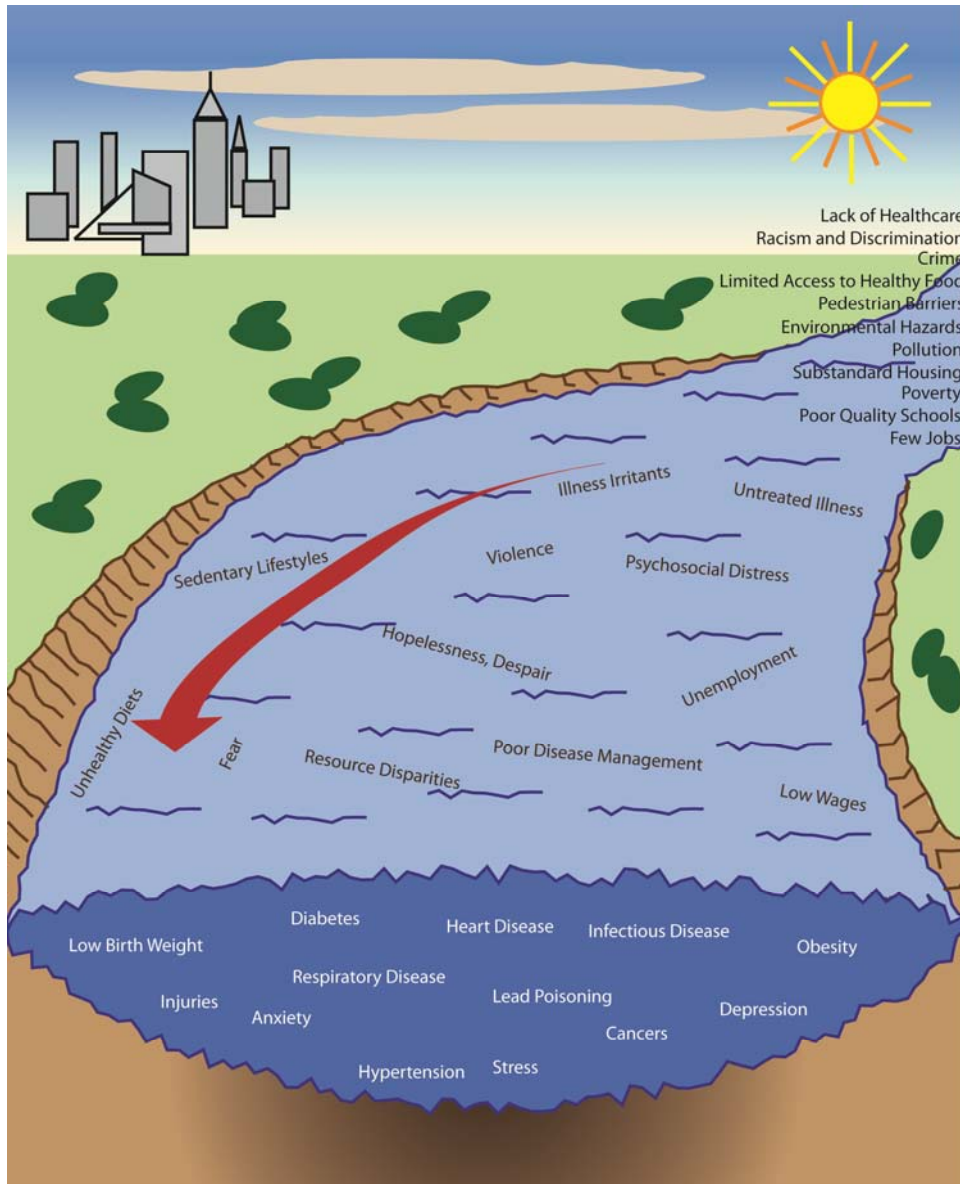


Fig. 1 – Social Determinants of Health, source: Kent State Univ. College of Public Health

National Support for CHIPs

National health experts and policymakers have endorsed and established requirements for certain organizations to lead their communities in developing CHIPs. Local health departments that are seeking to meet accreditation standards defined by the Public Health Accreditation Board (PHAB) are required to work with other organizations in their communities to conduct an assessment of their community’s health needs and to develop a CHIP. The health department is then expected to implement the strategies included in the CHIP for which it is responsible. Non-profit hospitals are also required to conduct a Community Health Needs Assessment (CHNA) and develop a plan, or Implementation Strategy, that includes specific steps it will take to address the identified needs.

How was the Logan County Community Health Improvement Plan created?

The Logan County CHIP was a joint undertaking involving the partners identified above, beginning with an extensive data collection process that resulted in the release of the Logan County Community Needs Assessment report in July, 2015. The Needs Assessment report identified a range of health and social issues that are impacting the residents of Logan County including substance abuse, mental health conditions, and chronic diseases. This report became the principle data source for the CHIP process.

To facilitate the process, the College of Public Health at Kent State University was contracted. The first step was to convene a meeting with a group of key stakeholders – leaders and professionals from organizations that serve the residents of Logan County that are impacted by these problems (see footnote below for a list of participating organizations).³ At a meeting on June 17, 2015, the stakeholders were presented with the findings of the Community Health Assessment report and discussed the significance of the findings based on their experience living and working in the community. A list of 25 community issues was generated from this discussion (see Appendix A). The participants were also informed of the health priorities established by the State of Ohio and federal health authorities (see Appendix B). They were asked to select what they considered to be the highest priority issues using the criteria and questions shown below. After much discussion, a two-step voting process was utilized to gain consensus on a list of priorities.

Priority Selection Criteria

1. Consequential – *Will it make a difference if we address this as a priority? What will be the consequence of not addressing it?*
 - How many people are affected?
 - Does this health problem have serious consequences and show evidence of wide disparity between groups or negative trends?
 - Does the issue have broad implications over the long term for potential health improvements?
 - By addressing this issue, is there potential for a major breakthrough in approaching community health improvement?
 - Is this issue one that has been persistent, nagging, and seemingly unsolvable?

2. Community Support – *Are there sufficient resources that could be dedicated to this priority?*
 - What resources (capacity) exist in the community that are being or could be directed toward this issue?
 - What willingness exists to collaborate on addressing selected issues?
 - Is this issue recognized by the community as an important health need?

3. Pragmatic – *Can we do something to address this priority?*

³ Logan County Health District, Mary Rutan Hospital, Mary Rutan Foundation, MHDAS of Logan and Champaign Counties, Logan County FCFC, Hilliker YMCA, Logan County Board of DD, RTC Industries/Transportation for Logan County, United Way, Bellefontaine Police, Community Health & Wellness Partners, Family Court, Logan County Sheriff's Office

- What can realistically be achieved and over what timeframe?
- Is it susceptible to proven and affordable interventions?
- Does this issue identify a particular strength that can be replicated throughout the community?
- Is ongoing monitoring of this issue possible?

A second meeting, the Call to Action meeting, was held on July 22, 2015. It included over 70 participants representing health, social services, mental and behavioral health, law enforcement and safety, non-profit and governmental, as well as education and faith-based organizations and residents.

A similar process was used to engage the Call to Action participants in the priority selection process. They were presented with the findings from the Community Needs Assessment, the list of 25 community issues generated by the stakeholder group, as well as the state and national health priorities. Their selection of priorities was guided by the same set of criteria and questions, and they used the same voting process.

Community Priorities, Goals Objectives and Strategies

From the voting of the stakeholders and the Call to Action participants, the following four priorities were identified:



In addition, several factors were identified that the CHIP participants felt should be addressed in the strategies that will be implemented to address these priorities. These can be thought of as "cross-cutting" issues that exert an influence on all of the priorities. They included:

- Breakdown of family values
- Health literacy
- Focus on high risk neighborhoods and communities
- Youth social connectedness
- Peer-to-peer support

For each of the priorities, a health improvement goal and associated measurable objectives were developed. The goals state the broad health improvement aims the CHIP is intended to produce. The objectives represent specific health improvement targets that provide a means to measure the community's progress toward meeting the broad goals.

After the priorities were selected, the participants separated into four strategy groups, one for each of the priorities, to discuss the following questions as part of the process to identify strategies to address the priorities:

1. What is currently being done to address the priority?
2. What has been accomplished by these efforts?
3. What else could be done to address the priority?
4. What steps are needed to strengthen/expand our work on this priority?
5. What are current community resources for each of the priority areas (see Appendix C).

Specific strategies were identified by the strategy groups to achieve the goals and objectives. The strategies are activities that community organizations and individuals will implement over the next three years to achieve the objectives and meet the goals. Together, the goals, objectives and strategies provide a “roadmap” showing the path toward improving the health of Logan County residents.

It is the intention of the CHIP leadership team to use this roadmap to guide the implementation phase of the CHIP. The team will monitor the community’s progress, support the many activities that will take place during implementation, and conduct an evaluation in three years to determine the extent to which the health of Logan County residents has improved as a result of the CHIP process. The tables below include the goals, objectives, and strategies for each of the priorities.

PRIORITY #1
Healthy living to prevent chronic disease

Chronic diseases such as diabetes and heart disease have become the most common and costly health problems in the nation. These health problems stem in large part from the choices people make regarding their lifestyle. Behaviors such as smoking, eating certain foods, and engaging in physical activity are directly related to people’s health. In the U.S., over 400,000 people die from smoking every year and over 300,000 die from being overweight or obese. These and other lifestyle choices are modifiable; that is, people can choose to make more informed choices that will improve their health. Chronic diseases can also be prevented if people get regular screenings such as mammograms and colonoscopies.

Data from the 2015 Logan County Community Needs Assessment survey shows that there is room for improvement in Logan County in terms of getting people to make healthier choices. For example, the survey showed that:

- More than one in four (26.5%) adults reported having been diagnosed with diabetes; that’s much higher than the state and national averages (10.9% and 10.1%)
- The diabetes rate was high even among young adults (ages 18-34 years) at nearly 15%.
- Only about one-fourth (28.6%) of the respondents indicated that they exercised at least five times per week, which is the current recommendation of health experts.

- Calculations based on the heights and weights reported by the respondents revealed that more than two-thirds (69.2%) were either overweight or obese.
- In some communities in the county, one-third of the adult men over 50 years had never received a colonoscopy or had a PSA test for prostate cancer.

OUR PRIORITY 1 IMPROVEMENT TARGETS

PRIORITY #1 – Healthy living to prevent chronic disease GOAL – Equip and motivate Logan County residents to make healthier choices		
Measurable Objectives (How we will know we are making progress)	Data Source	Frequency of Measurement
1.1 Increase the percentage of residents that exercise at least 5 times each week to 30% by 2018.	CHA Survey	3 years
1.2 Increase the number of participants in the new Falls Prevention Program by 30%. (Baseline: 60 participants)	Solid Ground / Matter of Balance	Annual
1.3 Reduce the percentage of overweight and obese residents to 65% by 2018.	CHA Survey	3 years
	RWJ CH Rankings, Patient Centered Homes, CHWP, WIC	Annual
1.4 Increase the percentage of participants in the hospital weight loss/chronic disease management program who attempt to lose weight by 10% annually.	MRH	Annual
1.5 Encourage healthy food pantries/food sites.	Coalition	Annual

OUR PRIORITY 1 STRATEGIES

PRIORITY #1 – Healthy living to prevent chronic disease GOAL – Equip and motivate Logan County residents to make healthier choices	
Strategies (What we will do to achieve our goals and objectives)	Lead Organization (Who is responsible)
1.1 Establish a mechanism to coordinate the programs that exist in the community to engage more residents in them.	Coalition
1.2 Expand the Healthy Habits, Healthy You program.	MRH / Coalition
1.3 Explore the feasibility and review evidence-based practices of peer-to-peer opportunities to support people in the prevention of chronic disease through diet and exercise.	LCHD
1.4 Expand opportunities to increase physical activity.	Coalition / YMCA / Parks
1.5 Seek additional funding to support efforts of Coalition.	LCHD
1.6 Expand opportunities to access convenient healthy food with an emphasis on at-risk communities; work with the food sites and food pantries to review offerings and advocate for a healthier meal policy.	Coalition
1.7 Establish a “Healthier ME” program to assist those overweight on their getting fit journey.	MRH



PRIORITY #2 Substance Abuse

The abuse and misuse of alcohol, illicit, and prescription drugs is another serious health problem in the U.S. Not only does it result in significant harm to individuals that become addicted to these substances, it also creates considerable social disruption and severely damages families.⁴ Substance abuse results in multiple health and social problems including teen pregnancy, sexually transmitted infections including HIV/AIDS, domestic violence, child abuse, vehicular accidents, crime, homicide, and suicide.⁵

Data from the 2015 Logan County Community Needs Assessment survey shows that this is another issue that is negatively affecting the health and well-being of too many Logan County residents. The assessment showed that:

- Almost one-fourth (23%) of the residents of one community reported frequent drinking, and in another community over one-fourth (28.6%) reported heavy drinking.
- In three communities, the percentage of respondents saying they had driven while drunk was higher than the national average (3.3% - 4.2% compared to the national average of 2.8%).
- Nearly one in five adults (18.9%) said they felt it was OK for underage youth to drink as long as they do not drive afterward.
- One in seven adults (14.9%) said they felt it was OK for adults to supply underage youth with alcohol.
- Nearly one-third (31.4%) of young adults said they knew someone that uses heroin.
- Over 17% of seniors indicated they misused pain medications.

OUR PRIORITY 2 IMPROVEMENT TARGETS

PRIORITY #2 – Substance Abuse		
GOAL – Reduce the number of individuals and families that are negatively affected by substance abuse		
Measurable Objectives (How we will know we are making progress)	Data Source	Frequency of Measurement
2.1 Reduce the percentage of adults that think it is OK for underage youth to drink to 18% by 2018.	CHA Survey	3 years
2.2 Reduce the percentage of adults that think it is OK for adults to supply underage youth with alcohol to 14% by 2018.	CHA Survey	2 years
2.3 Increase the number of heroin addicts seeking treatment by 5% by 2018.	CCI /Local Law Enforcement/MRH-ED	Annual

⁴ Center for Substance Abuse Treatment. *Substance Abuse Treatment and Family Therapy*, (2004).

⁵ Source: Healthy People 2020.

2.4 Decrease number of times youth report using heroin or prescription pain meds in the last 12 months by 3%.	SI- A&B Youth Survey	2 years
2.5 Reduce the rate of opiate prescriptions in Logan County by 1% annually.	OARRS	Annual

OUR PRIORITY 2 STRATEGIES

PRIORITY #2 – Substance Abuse	
GOAL – Reduce the number of individuals and families that are negatively affected by substance abuse	
Strategies (What we will do to achieve our goals and objectives)	Lead Organization (Who is responsible)
2.1 Develop a Logan County Substance Abuse Prevention Plan that will include a mechanism for coordinating the various programs that currently exist and that target high risk areas or populations.	FCFC / CORE Coalition
2.2 Engage individuals in recovery to communicate to those still suffering from addiction a message of hope and encouragement (peer-to-peer approach).	CORE Coalition / LCHD
2.3 Conduct an analysis of the financial impact of opiate abuse in the county.	MHDAS / CORE Coalition
2.4 Increase capacity for access to Medication Assisted Treatment by 3 local providers.	CCI / CHWP / MRH
2.5 Educate physicians regarding over-prescribing opiates, offering alternatives, and use of the OARRS system.	MRH / CORE Coalition
2.6 Improve CORE website and develop other addiction resource tools for addicted persons and their families.	CCI / CORE Coalition



**PRIORITY #3
Mental Health**

Mental health conditions such as depression and the inability to deal with stress can result in disability and even suicide. Nationally it is estimated that nearly one in four adults suffer from some form of mental illness. Mental illness not only results in direct impairment, it also puts individuals at greater risk for chronic diseases, often because they engage in unhealthy behaviors to cope with their mental health issues. Adults with serious mental illness die an average of 25 years sooner than other adults, making it one of the most significant factors that produce health disparity differences.⁶

Data from the 2015 Logan County Community Needs Assessment survey shows that there is a

⁶ Source: National Alliance on Mental Illness, 2013.

need to address mental illness in Logan County to improve the overall health status of the community. For example, the survey showed that:

- Nearly 30% of the respondents (29.2%) reported that they had symptoms of depression for two or more weeks in the last year; in some communities the rate was as high as 36.3%.
- Nearly one in five adults (19.7%) said that their mental health prevented them from performing their usual daily activities.
- Among young adults, 4.8% said they had seriously considered committing suicide in the past year.
- Almost 20% of young adults (19.8%) said they use drinking to deal with stress; 41.6% said they use eating and 12.9% said they use smoking as stress relieving techniques.
- One-third of adults said they were not sure if their health insurance covered mental health services.

OUR PRIORITY 3 IMPROVEMENT TARGETS

PRIORITY #3 – Mental Health		
GOAL – Equip and motivate Logan County residents to make healthier choices		
Measurable Objectives (How we will know we are making progress)	Data Source	Frequency of Measurement
3.1 Decrease unhealthy stress-relieving behaviors of young adults who drink, overeat, and/or smoke to relieve stress to 21% by 2018.	CHA Survey	3 years
3.2 Reduce the percentage of young adults that seriously consider suicide to 4.5% by 2018.	CHA Survey	3 years
	CCI / PHS	Annual
3.3 Establish strong anti-bullying policy in the schools.	Coalition	Annual

OUR PRIORITY #3 STRATEGIES

PRIORITY #3 – Mental health	
GOAL – Equip and motivate Logan County residents to make healthier choices	
Strategies (What we will do to achieve our goals and objectives)	Lead Organization (Who is responsible)
3.1 Establish an improved referral mechanism, including a resource directory, to facilitate referrals between physical and behavioral health providers and to improve the coordination of mental health services and programs.	Suicide Prevention Coalition/MHDAS
3.2 Implement an education campaign to reduce the stigma associated with mental health.	Suicide Prevention Coalition/CCI
3.3 Work with schools to review current bullying policies and programs and advocate for strengthening them.	Suicide Prevention Coalition
3.4 Increase the capacity of the Coalition by recruiting additional organizations to work on the priority of mental health including businesses, schools, DJFS, EMS, faith-based organizations, and primary care providers.	Suicide Prevention Coalition
3.5 Seek additional funding to support this work.	Suicide Prevention Coalition



PRIORITY #4
Resource and awareness communication

Logan County has many organizations that provide a wide variety of services and programs designed to meet residents’ health and social service needs. However, data from the 2015 Logan County Community Needs Assessment shows that many residents are not aware of all of the services and programs from which they could benefit. They also indicated they have not received important information that can help them make better lifestyle choices and/or seek appropriate care. For example, the assessment showed that:

- Nearly three quarters of the survey respondents (73.5%) never heard of the Healthy Habits, Healthy You campaign, a major community initiative designed to help residents of Logan County make healthier lifestyle choices; another 20% of residents heard about it but knew little or nothing about it.
- In focus groups that were conducted it was found that few of the participants knew about the federally-qualified health center (Community Health and Wellness Partners of Logan County) that has locations in the West Liberty and Indian Lake communities. This center provides a full range of low cost health care services to Logan County residents.
- About one-third of respondents indicated they had never received information from providers regarding important health topics such as diet and eating habits (30.7%), physical activity or exercise (31.5%), quitting smoking (33.5%), drug and alcohol addiction (38.8%), and mental health issues (35.2%).

OUR PRIORITY 4 IMPROVEMENT TARGETS

PRIORITY #4 – Resource and awareness communication		
GOAL – Effectively disseminate information about the community’s health and social service programs to all Logan County residents		
Measurable Objectives (How we will know we are making progress)	Data Source	Frequency of Measurement
4.1 Increase the percentage of adults that are aware of the Healthy Habits, Healthy You campaign to 30% by 2018.	CHA Survey	3 years
4.2 Increase awareness among residents in at-risk neighborhoods of Community Health and Wellness Partners of Logan County by 2018.	CHWP	Annually
4.3 Increase awareness among residents and agencies of Logan County about services and community resources related to health and mental health.	MRH/CCI/LCHD	Annually
4.4 Increase access of transportation to available resources and services.	TLC	Annually

OUR PRIORITY 4 STRATEGIES

PRIORITY #4 – Resource and awareness communication GOAL – Effectively disseminate information about the community’s health and social service programs to all Logan County residents	
Strategies (What we will do to achieve our goals and objectives)	Lead Organization (Who is responsible)
4.1 Explore a 211 information and referral line for Logan County.	ARC Coalition/Colcas
4.2 Develop a communication plan to ensure that all of the current or future services and programs that address the CHIP priorities are clearly known by the residents that need them.	United Way/Colcas
4.3 Conduct an analysis of needs relating to access to health care services for residents of Logan County and develop an action plan to improve such access.	ARC Coalition, LCHD
4.4 Broaden available resources with Charity Tracker	United Way



Next Steps

Responsibility for carrying out the strategies for the four preceding priorities will be shared by four community Coalitions. The Coalitions are made up of a wide spectrum of community representatives and are listed in Appendix D.

The Coalition Advisory Board (CAB) will serve as the oversight body that will monitor progress toward achievement of the goals and objectives of this plan. The CAB is made up of eighteen community leaders representing business, city and county government, schools, the court system, health care, social service agencies and the chair of each of the four Coalitions. The CAB is charged with providing guidance and support to coalition work in the community by impacting and implementing policy change, as well as identifying financial support and local resources for the work of the coalitions. Quarterly each coalition will provide an update to CAB regarding progress toward their goals and strategies. The CAB provides a forum and format for tracking and reporting of overall outcomes as part of the Community Health Improvement Plan.

The new structure of the CAB and Coalitions moves Logan County from the independent actions of multiple agencies, to collective actions with a collective impact. Collaboration among partners promotes a common goal, common language, shared data collection and enhanced outcomes.

The coalitions are now working through a Logic Model process to establish measureable action items/strategies to address Logan County’s areas of risk and need. Each group will develop a Logic Model schematic that links the strategies with the specific issues they are intended to address (see Appendix E for an example). Then detailed work plans will be prepared outlining the steps it will take to implement the agreed upon strategies (see Appendix F for template).

The CAB will prepare a report to the community annually that will document progress made toward the achievement of the CHIP goals and objectives.

Appendix A

June 17, Key Stakeholders Prioritization List

- At risk neighborhoods – Russells Point, Indian Lake, Lakeview, Bellefontaine Central & West.
- People’s choices that lead to chronic disease:
 - Unhealthy habits
 - Physical activity / Inactivity
 - Nutrition / Unhealthy eating
 - Obesity
 - Diabetes
 - High Blood Pressure
 - Cholesterol
 - Prevention education
- Communication challenge:
 - Effective
 - Awareness of existing programs/services
- More community involvement
- Workforce readiness
- Lack of pride
- No goals
- Breakdown of family values
- Hunger
- Lack of affordable housing
- Domestic violence
- Sexual assault
- Poverty
- Pediatric asthma
- Hepatitis C
- Lack of social connectedness of youth
- Transportation – nights/weekends
- Growing senior needs
- Education
- Substance abuse:
 - Heroin
 - Marijuana
 - Opiates / Pain pills
- Tobacco use
- Parenting classes/coaching
- Infant mortality
- Mental health:
 - Depression
 - Suicide
 - Anxiety
- Child abuse

Appendix B

CHIP Alignment with State and Federal Health Priorities

1. Ohio Department of Health Strategic Priorities⁷

ODH Strategic Priorities	Logan County Priorities
Reduce Obesity	Healthy Living to Prevent Chronic Disease
Curb Tobacco Use	Healthy Living to Prevent Chronic Disease & Reduce Substance Abuse
Infant Mortality	Resource and Awareness
Expand Patient-Centered Medical Homes	Resource and Awareness

2. National Prevention Strategy⁸

National Prevention Strategy Priorities	Logan County Priorities
Healthy Eating	Healthy Living to Prevent Chronic Disease
Active Living	Healthy Living to Prevent Chronic Disease
Preventing Drug Abuse & Excessive Alcohol Use	Healthy Living to Prevent Chronic Disease & Reduce Substance Abuse
Tobacco Free Living	Healthy Living to Prevent Chronic Disease & Reduce Substance Abuse
Mental and Emotional Health	Mental Health
Injury and Violence Free Living	Mental Health
Reproductive and Sexual Health	Resource and Awareness

⁷ <https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/performance%20improvement/2013-2014%20ODH%20Strategic%20Plan.pdf>

⁸ <http://www.surgeongeneral.gov/priorities/prevention/strategy/>

Appendix C

Logan County Community Assets and Resources

Logan County, seated in west central Ohio, is a rural farming and manufacturing community located approximately 60 miles west of the state capital, Columbus. Logan County covers a span of nearly 500 square miles of primarily agricultural land. The 2010 United States (U.S.) Census reported a total population of 45,858. The county seat, Bellefontaine, holds the largest population in the county with 13,370 residents.



Logan County, Ohio

The major employer is manufacturing, followed by agriculture, administrative, waste services, health care, social assistance, and education. There are four school districts and each district encompasses several small communities. In 2014, there were 7,979 students enrolled in Logan County school districts in grades one through twelve. Over the past year improvements have been made to the local public transportation system, although it is still limited. It operates less than 48 hours a week and only on weekdays. Efforts have also been made to make it more accessible and affordable. There is up to a one year wait for HUD housing or other income based housing.

When considering the racial composition, Logan County is a predominately white community, comparable to the state of Ohio. Logan County has a diverse population in regards to socio-economic, religion, agriculture, and resort communities which have different norms, values and attitudes.

There are over twenty-one parks that provide residents with recreational opportunities, with nine of those having designated walking trails. The Indian Lake State Park provides a walking and bike path that runs along the edge of Indian Lake at the midpoint between Russells Point and Lakeview. The newest fitness project is the 18 mile bike trail expansion, Simon Kenton All Purpose Bike Path, allowing bicyclists to travel between Cincinnati and Bellefontaine. Six fitness facilities are located within the county, along with a ski resort, public city pool, recreational lake, bowling lanes, golf courses, zip line & rope course, and horseback riding. There are limited indoor opportunities for fitness during inclement weather, especially options that are no cost. Additionally, many of the county's recreational opportunities require transportation for the majority of residents. Fresh produce is available in the summer at two farmer's markets in Bellefontaine. Grocery stores are available in most communities, although a few of the smaller areas do not and residents would be required to travel to obtain food.

As the sole community hospital in the county, Mary Rutan Hospital's primary service area is identified as Logan County, which includes an inpatient market share equal to 87.3% and an outpatient and emergency department market share equal to 90% in 2014. Plans are underway to open an urgent care facility in the future.

Collaborative efforts among community agencies have proven to be a strength for making improvements in Logan County.

The following are assets and resources identified by the four coalition groups:

1. Healthy Living

- Healthy Habits Healthy YOU (aka Obesity Workgroup, Wellness Workgroup)
- Lunch & Learn – Green Hills
- Healthy U – Logan Acres
- 5K Walk – Logan County Health District
- Gardening, nutrition, fitness programs – Outreach centers
- POP – Farmers’ Market
- Healthy Habits Healthy You – WPKO daily, Examiner & Shoppers Edge monthly
- Community health nurse is in every school district teaching proper nutrition, sugar in your drink, healthy bones, farm to fork, fitness benefits.
- Union Station Summer Program – nutrition & fitness classes
- Nutrition tent at Farmers Market
- Winter Family Fun Day at Camp Myeerah
- Healthy Habits tent at Logan County Fair
- Mommy & Me swim classes at the YMCA
- Lunch & Learn - YMCA
- Solid Ground at assisted living facilities to promote staying active
- Fitness tips to all elementary & middle school aged kids in Logan County who participate in athletics
- Power Up for Fitness in all 4th grade classes

2. Substance Abuse

- Sheriff’s Office and Bellefontaine Police Department have Joint Drug Task Force to address crimes related to drug abuse
- Logan County Jail population has 70-80% drug addiction issues. Not enough cells to allow safe places for inmates in detox. They are using the CCI therapist position to link inmates to services and assess while in jail. Have recently started collaboration with CCI to provide Vivitrol for an inmate to be given prior to release.
- Logan County CORE--- Huge efforts, lots of community investment but need to focus more on prevention than on awareness.
- Bellefontaine Police Department has GUIDE program for middle school and DARE in some buildings.

3. Mental Health

- Suicide Prevention Coalition
- Support Groups-Survivor of Suicide support group
- Discovery Riders-Anti-bullying program
- Neighborhood Outreach Centers
- Practices looking to become PCMH (patient centered medical home) model - including MRH Internal Medicine and MRH Pediatrics
- Community Health and Wellness Partners/FQHC
- School-based mental health screenings (CCI)
- CIT (Crisis Intervention Team) law enforcement
- Wellness Programs

- LOSS Team
- NAMI (National Alliance on Mental Illness)
- Neighborhood Outreach Centers

4. Resources & Awareness Communication

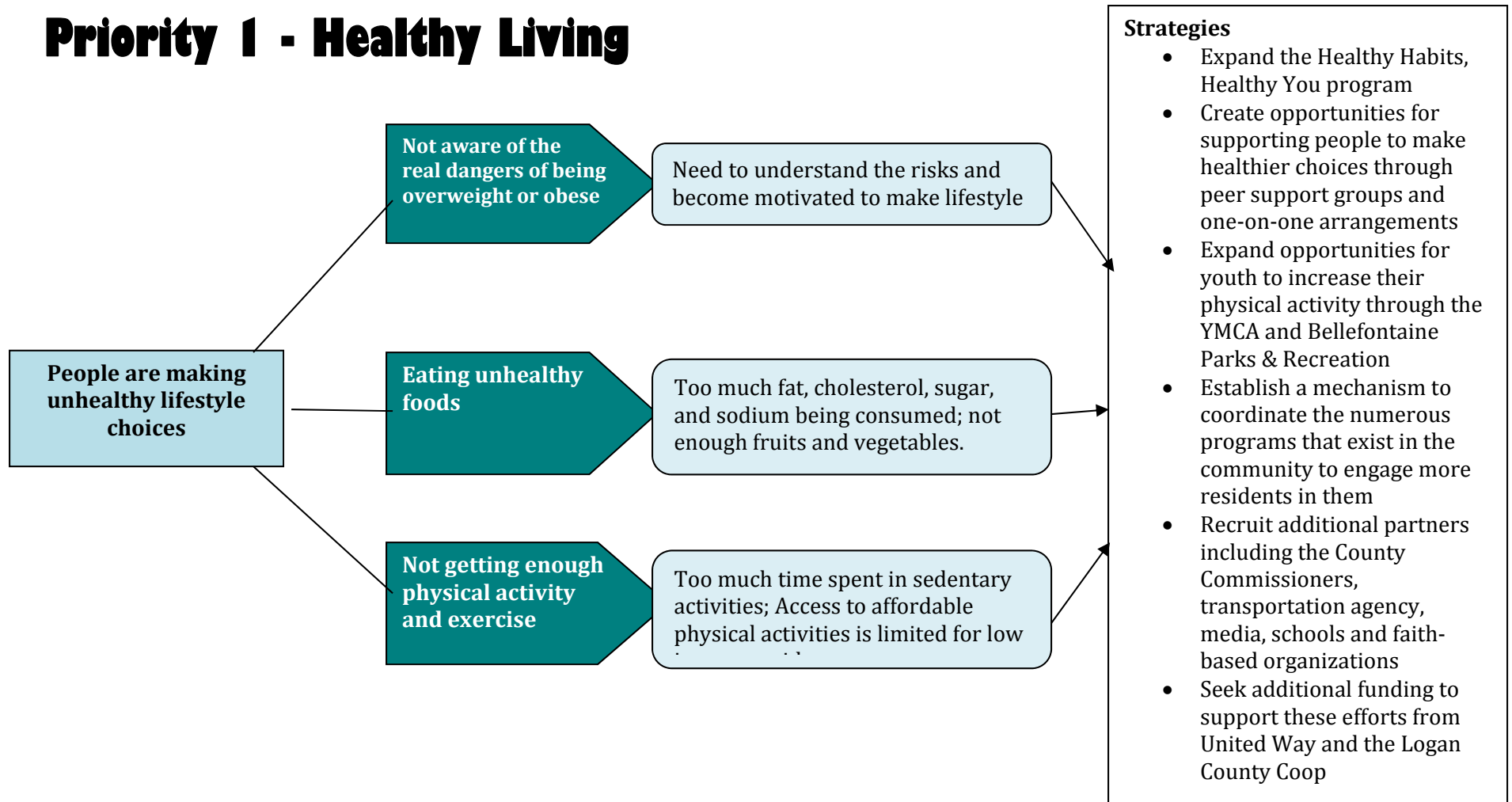
- COLCAS website
- COLCAS agency fair at Union Station – quarterly basis
- Charity Tracker – only being used by 6 organizations. Would be more effective with widespread use. Cost is only \$15 per month per organization.
- DRUND site – Bellefontaine City Schools
- Nurse Nancy – Mary Rutan Hospital
- Mobility Manager – transportation
- Rotary, Kiwanis
- Logan County Emergency Management

Appendix D

Logan County Coalitions addressing the CHIP

PRIORITY	RESPONSIBLE COALITION	COALITION MEMBERS
#1 - Healthy Living	Healthy Habits, Healthy You Coalition	Anytime Fitness, Bellefontaine Parks & Recreation, Belletech Corp, Consolidated Care, Inc., Chippewa Outreach Center, Discovery Riders, Green Hills Community, Hilliker YMCA, Logan Acres Senior Community, Logan County Board of DD, Logan County Chamber of Commerce, Logan County FCFC, Logan County Farmer’s Market, Logan County Health District, Mary Rutan Hospital, Mary Rutan Foundation, MHDAS Board, Midwest Regional Education Service Center, OSU Extension, The Father’s Children, United Way, Universal Home Health & Hospice, WPKO/WBLL Radio
#2 - Substance Abuse	Coalition for Opiate Relief Efforts - C.O.R.E	Adult Parole Authority, Bellefontaine Police Dept., Businesses/Adecco, Churches, Community Health & Wellness Partners, Consolidated Care, Inc.(CCI), Family & Children First Council, Kroger Pharmacy, Logan County Children Services, Logan County Sheriff’s Office, Mary Rutan Hospital, Media – Bellefontaine Examiner & WPKO, Logan County Chamber of Commerce, Logan County Commissioners, Logan County Courts/ Probation Dept., Logan County Health District, Logan County Prosecutor’s Office, Mayors of Bellefontaine & Russels Point, MHDAS Services Board, parents/ family / concerned citizens, persons in recovery, RTC Employment Services, Inc., Russells Point Police Dept., Schools, Universal Home Health & Hospice, Union Station
#3 - Mental Health	Suicide Prevention Coalition	Champaign County FCFC, Consolidated Care, Inc. (CCI), Mary Rutan Hospital, MHDAS Board, NAMI of Logan/Champaign Counties, Retired Law Enforcement, Survivors (of Suicide), Wellspring, West Liberty Salem HS, Union Station, Urbana University, Vicario’s Pizza (Business Sector)
#4 - Resources & Awareness Communication	Access and Resources Coalition - ARC	Adams Law, COLCAS, Green Hills Community, Hilliker YMCA, Logan Acres Senior Community, Logan County Health District, Lutheran Community Services, Mary Rutan Hospital, RTC, Transportation of Logan County (TLC), United Way.

Priority 1 - Healthy Living



Appendix F
Goal:

Work Plan Template

Results/Accomplishments:

Action Steps <i>What Will Be Done?</i>	Responsibilities <i>Who Will Do It?</i>	Timeline <i>By When?</i> <i>(Day/Month)</i>	Resources <i>A. Resources Available</i> <i>B. Resources Needed (financial, human, political & other)</i> <i>C. Policy Changes if needed</i>	Potential Barriers <i>A. What individuals or organizations might resist?</i> <i>B. How?</i>	Communications Plan <i>Who is involved?</i> <i>What methods?</i> <i>How often?</i>
Step 1:			A. B. C.	A. B.	
Step 2:			A. B. C.	A. B.	
Step 3:			A. B. C.	A. B.	
Step 4:			A. B. C.	A. B.	
Step 5:			A. B. C.	A. B.	

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

Evaluation Process *(How will you determine that your goal has been reached? What are your measures?)*