

Community Health Improvement

Plan Annual Report, 2017

*Tuscarawas County Health Department*

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# Introduction

This is the 2017 annual review report for the 2016-2019 Tuscarawas County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Tuscarawas County Health Department and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. The CHIP is a community driven and collectively owned health improvement plan, which is driven by the committee HealthyTusc.

HealthyTusc is comprised of Tuscarawas County’s key public health system partners and stakeholders, monitors the CHIP on an ongoing basis during quarterly meetings. The CHIP’s priority areas and strategic objectives are delineated in the Tuscarawas County Community Health Improvement Plan Progress Note Sectionwhich contains the goals and assigned owners. This ensures that the CHIP goals are both meaningful and measurable. The assigned owners spearhead a subcommittee who work towards specific assigned priorities and report on progress at each full quarterly HealthyTusc Meeting.

**The CHIP annual review process culminated in consensus to keep the same CHIP focus areas and objectives for 2016-19.** These are:

* Decrease obesity
* Increase mental health and bullying services
* Decrease substance abuse
* Increase access to dental care

HealthyTusc will continue to meet quarterly in 2018 to review progress on all action plans and offer course correction when necessary.

# Overview of the Community Health Improvement Plan (CHIP)

In 2015, Healthy Tusc began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Tuscarawas County Health Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Tuscarawas County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Surveillance System (YRBSS). This has allowed Tuscarawas County to compare the data collected in their CHA to national, state and local health trends.

Tuscarawas County CHA also fulfills national mandated requirements for the hospitals in our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

From the beginning phases of the CHA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Tuscarawas County CHA has been utilized as a vital tool for creating the Tuscarawas County Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

To facilitate the Community Health Improvement Process, the local health departments along with the hospitals, invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer’s (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP Framework includes six phases which are listed below

 Organizing for success and partnership development

 Visioning

 Conducting the MAPP assessments

 Identifying strategic issues

 Formulating goals and strategies

 Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments: Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments were used by Healthy Tusc to prioritize specific health issues and population groups which are the foundation of this plan.

**Strategies:**

1. Adult and Youth Obesity

2. Adult and Youth Mental Health and Bullying

3. Youth Substance Abuse

**Action Steps:**

**To work toward decreasing adult and youth obesity, the following action steps are recommended:**

1. Implement OHA Health Hospitals Initiative

2. Increase businesses/organizations providing wellness programs & insurance incentive programs to their employees

3. Implement a Healthier Choices Campaign

4. Increase nutrition/physical education materials being offered to patients by primary care providers

5. Support the Implementation of the Pathways Model or Hub via Access Tusc

**To work toward increasing mental health and bullying services among adults and youth, the following actions steps are recommended:**

1. Increase awareness of available mental health services

2. Increase the number of primary care physicians screening for depression during office visits

3. Increase awareness of Trauma Informed Care

**To work toward decreasing youth substance abuse, the following actions steps are recommended:**

1. Implement a community based comprehensive program to reduce alcohol abuse

2. Secure a Drug Free Communities (DFC) Grant

3. Increase Prescription Drug Take-Back Collection Days

**To work toward increasing access to dental care, the following actions steps are recommended:**

1. Increase the availability of dental supplies to low-income populations

2. Work With Local Dentists to Provide Pro-Bono Services and/or Services and/or Services to Medicaid Patients for a Certain Amount of Hours or Days Per Month

3. Ohio Department of Health’s (ODH) Fluoridation Assistance Program (FAP)

4. Increase Use of Mobile Dentistry

### Strategic Issue Area #1: Decrease Obesity

It is critical that the public health system utilize as many of the community assets as are available. The public health system needs to look at how we can leverage more community resources to work to address our priority health issues; how to best reach out to attract residents, partners, and other resources; and how to develop these assets to improve the public’s health.

**Strategy 1: Hospitals should research OHA’s Good4You Program**

Strategy 1.1: Complete all Assessment Tools provided by OHA to gather baseline information on current food and beverages in the hospital cafeterias, vending, meetings, and gift shops.

Implement the Good 4 You Initiative in at least one of the following priority areas:

• Healthy Cafeterias/Cafes

• Healthy Vending Machines

• Healthy Meetings and Events

• Healthy Outside Vendors and Franchises

Use marketing materials (posters, table tents, stickers, etc.) to better brand the program **COMPLETED 2017**

Strategy 1.2: Implement the Good4You Initiative in all four priority areas within each hospital**Will be ongoing in 2018**.

Strategy 1.3: Introduce the program into other areas of the community (businesses, schools, churches, etc.) **Not Started**

**Strategy 2: Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees**

Strategy 2.1: Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees.

Educate Tuscarawas County Businesses about the benefits of implementing these programs

Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses **COMPLETED 2017**

Strategy 2.2: Enlist 2 small and 2 large businesses/organizations to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate. **Will be ongoing in 2018**.

Strategy 2.3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline. **Not Started**

**Strategy 3: Implement a Healthier Choices Campaign**

Strategy 3.1: Work with school and community wellness committees as well as other youth-based organizations to introduce the following:

• Healthier snack “extra choices” offered during school lunches

• Healthier fundraising foods

• Healthier choices in vending machines

• Healthier choices at sporting events and concession stands,

• Reducing unhealthy foods as rewards

**Will be ongoing in 2018**

Strategy 3.2: Each school district and youth organization will choose at least 1 priority area to focus on and implement. **Not Started**

Strategy 3.3: Each school district and youth organization will implement at least 3 of the 5 priority areas. **Not Started**

**Strategy 4: Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Offices**

Strategy 4.1: Work with primary care and non-primary care physician offices to assess what information and/or materials they are lacking to provide better resources for overweight and obese patients. **COMPLETED 2017**

Strategy 4.2: Offer trainings for PCP and non-PCP offices on nutrition and physical activity best practices, as well as referral sources. Enlist at least 3 primary care physician and/or non primary care physician offices. **Will be ongoing in 2018**

Strategy 4.3: Offer additional trainings to reach at least 50% of the primary care physician offices and non-primary care physicians in the county. **Not Started**

**Strategy 5: Support the Implementation of Pathways Model or Hub via Access Tusc**

Strategy 5.1: Research the Community Pathways Model which can work to decrease obesity and other chronic disease. Determine interest and feasibility of implementing the Pathways Program in existing clinics and community centers throughout Tuscarawas County.

Contact the Northwest Ohio Pathways HUB to present information on the Pathways Model to community stakeholders.

Assess community readiness to implement a Pathways Program throughout various community centers, clinics and home visiting sites. **COMPLETED 2017**

Strategy 5.2: Research and seek start-up funding and select a pilot site to hire a community care coordinator.

Continue efforts from year 1. **Will be ongoing in 2018**

Strategy 5.3: The selected pilot site will complete Pathways training through the Northwest Ohio Pathways HUB and begin enrolling clients into the program **Not Started**

**Strategic Issue Area #2: Adult and Youth Mental Health and Bullying**

**Strategy 1: Increase Awareness of Available Mental Health Services**

Strategy 1.1: Educate school personnel and social workers in at least three local school districts on the availability of mental health services

Create a presentation on available mental health services and present to Tuscarawas County area churches, Law Enforcement, Chamber of Commerce, City Councils, Tuscarawas College students majoring in social work, etc.

Support and disseminate an informational brochure that highlights all organizations in Tuscarawas County that provide mental health services. (“speed dating” idea) **Not Started**

Strategy 1.2: Educate school personnel and social workers in all local school districts on the availability of mental health services.

Continue presentations on available mental health services to Tuscarawas County groups.

Continue warm hand-off training annually. **COMPLETED in 2017**

Strategy1.3: Continue efforts of years 1 and 2 and expand outreach **Not Started**

**Strategy 2: Increase the Number Primary Care Physicians Screening for Depression During Office Visits**

Strategy 2.1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits **Not Started**

Strategy 2.2: Introduce PHQ2 and PHQ9 to physicians’ offices and hospital administration

Pilot the protocol with one primary care physicians’ office **Not Started**

Strategy 2.3: Increase the number of primary care physicians using the PQH2 screening tool by 25% from baseline. **Not Started**

**Strategy 3: Increase Awareness of Trauma Informed Care**

Strategy 3.1: Facilitate an assessment among clinicians in Tuscarawas County on their awareness and understanding of toxic stress and trauma informed care.

Survey community members of their awareness and understanding of toxic stress and trauma.

Facilitate a training to increase education and understanding of toxic stress and trauma. **Not Started**

Strategy 3.2: Facilitate trainings for Tuscarawas County teachers on trauma and Adverse Childhood Experiences.

Develop and implement a trauma screening tool for social service agencies who work with at risk youth. **Ongoing in 2018**

Strategy3.3: Continue efforts of years 1 and 2. Increase the use of trauma screening tools by 25%. **Not Started**

**Strategic Issue Area #3: Substance Abuse**

**Strategy 1: Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse**

Strategy 1.1: Research Community Trials Intervention to Reduce High-Risk Drinking program.

Work with all area law enforcement agencies to determine which components would be feasible to implement. **COMPLETED 2017**

Strategy 1.2: Implement at least 2 of the following strategies:

• Sobriety checkpoints (working with law enforcement)

• Compliance checks (working with the Ohio Investigative Unit)

• Seller/server trainings (working with the Ohio Investigative Unit)

• Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors)

• Use zoning and municipal regulations to control alcohol outlet density

**Ongoing in 2018**

Strategy1.3: Expand strategies to all areas of the county and implement remaining strategies

Publicize results of efforts. **Not Started**

**Strategy 2: Secure a Drug Free Communities (DFC) Grant**

Strategy 2.1: Wait until September, 2016 to find out if DFC grant was awarded to Tuscarawas County.

Initiate any pre-work that has to be done to meet grant deliverables such as enlisting missing sectors to the current coalition, etc.

If unsuccessful, apply again in spring, 2017 or look into applying for a mentoring grant with a county that is already a grantee. **Ongoing in 2018**

Strategy 2.2: Follow through with grant deliverables if funded or re-apply if not funded. **Ongoing in 2018**

Strategy 2.3: Assess efforts after years 1 and 2. **Not Started**

**Strategy 3: Increase Prescription Drug Take-Back Collection**

Strategy 3.1: Work with local law enforcement to sponsor and host prescription drug take-back days.

Raise awareness in the community of the take-back day. **COMPLETED in 2017**

Strategy 3.2: Host additional prescription drug take back days and increase participation.

Explore opportunities to create a permanent prescription drug take back location that is available to the community (or increase the number of permanent locations). **COMPLETED in 2017**

Strategy 3.3: Double the number of drug take-back days and double the number of permanent locations. **Ongoing in 2018**

**Strategic Issue Area #4: Access to Dental Care**

**Strategy 1: Increase the Availability of Dental Supplies to Low-Income Populations**

Strategy 1.1: Raise awareness in Tuscarawas County of the need for dental supplies (such as toothpaste, dental floss, etc.).

Begin collecting dental supplies and distribute them through local food pantry sites.

**COMPLETED in 2017**

Strategy 1.2: Enlist the support of at least 5 local schools, churches, and/or businesses/organizations to collect dental supplies **Ongoing in 2018**

Strategy 1.3: Double the number of those collecting dental supplies from year 2. **Not Started**

**Strategy 2: Work With Local Dentists to Provide Pro-Bono Services and/or Services and/or Services to Medicaid Patients for a Certain Amount of Hours or Days Per Month**

Strategy 2.1: Establish a work group to explore the opportunity of providing pro bono services and/or Medicaid services to patients. Local dentists should comprise at least 20% of the committee.

Introduce the idea to local dentists. **COMPLETED in 2017**

Strategy 2.2: Enlist at least 2 local dentists to begin offering pro bono and/or Medicaid services to patients. **Not Started**

Strategy 2.3: Double the number of dentists who are participating in the program or increase the number of hours/days current dentists are providing these services **Not Started**

**Strategy 3: Ohio Department of Health’s (ODH) Fluoridation Assistance Program (FAP)**

Strategy 3.1: Research the Ohio’s Department of Health’s (ODH) Fluoridation Assistance Program (FAP).

Review FAP guidelines to determine the level of reimbursement.

To apply for assistance, submit a letter requesting financial assistance accompanied by detailed quotes/estimates from suppliers. **COMPLETED in 2017**

Strategy 3.2: Continue efforts from year 1. **Not Started**

Strategy 3.3: Continue efforts from year 2. **Not Started**

**Strategy 4: Increase Use of Mobile Dentistry**

Strategy 4.1: Explore feasibility of utilizing mobile dentistry at locations that have low-income clients as well as the schools

Pilot use of mobile dentistry at one school building and one additional location in the community **COMPLETED in 2017**

Strategy 4.2: Expand efforts to other schools as well as other areas of the county **Not Started**

Strategy 4.3: Increase efforts from years 1 and 2. **Not Started**

# Revisions

The HealthyTusc Coalition reviewed the CHIP in February 2018 at a regularly scheduled meeting.

The process included a discussion of key information from the quarterly CHIP action plan reports; and discussion of the CHIP and responsible parties. As a result no changes were made to the strategies however due to turnover new responsible parties were assigned to some strategies, as needed.

# Conclusion

Tuscarawas County’s CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports.

Tuscarawas County Health Department is part of the HealthyTusc Collaboration which includes multiple agencies is working together to develop our 2019 Community Health Assessment (CHA). Included in the collaborative are area hospitals and health departments. Individual county level qualitative input will be gathered from community partners, stakeholders, consumers, and the public.

As Tuscarawas County conducts the 2018 CHIP Annual Review by March 2019, we will utilize the review analysis as well as data from the 2019 CHA. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels. By working together, we can have a significant impact on the community’s health; improving where we live, work and play; and realize the vision of a healthier Tuscarawas County.