## Revisions:

<table>
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<tr>
<th>First Edition</th>
<th>10/31/17</th>
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</table>
Credits and Acknowledgements

Prepared By: Wayne County Health Department

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Acknowledgements

We wish to thank those involved for their invaluable collaboration.

A special thank you goes out to the Family and Children First Planning Committee for their help in generating the Community Health Assessment, which was instrumental in creating this document.
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Executive Summary

The Wayne County Health Department is pleased to present the Wayne County Community Health Improvement Plan (CHIP) 2016-2020. A community’s CHIP is developed collaboratively by a partnership of community members (individuals, organizations, agencies) and the local health department. A CHIP is a long-term, systematic effort to address health problems in a community based on results from a community health assessment (CHA). The plan recommends priorities for action and is used by health and other governmental, education, and social service agencies and organizations to implement policies and programs that promote health. The 2016-2020 Wayne County Community Health Improvement Plan reflects the understanding that the quality of the communities we live, work, and play is as important to achieving good health as going to the doctor for regular checkups, proper nutrition, and adequate physical activity. That is why the goals of the CHIP are:

- Ensure the members of the community have access to adequate resources that support health and well-being
- Motivate positive change by mobilizing community participation and improving the exchange of information
- Make certain all community members have equal opportunities to live healthy and productive lives

The Community Health Improvement Plan guides policy and program decisions that optimize health and well-being. Analysis of health, social and economic data as well as direct input from the community led to the identification of the top threats to community health and the selection of priorities that will address these threats. The CHIP is a realistic plan that will assist Wayne County Health Department in its role to improve the health of Wayne County. It is designed to provide clear direction based on community and statewide goals. It includes evidence based strategies that are measurable and appropriate for influencing policies, systems, and environments to bring change to the county. At the same time, the 2016-2020 plan is flexible. It allows for adjustments in timing, leadership, strategy initiation, and tactical planning.

Because this plan focuses on a restricted number of priorities, not all health issues or community initiatives are identified in the plan. This does not negate the importance of other public health issues; nor does it imply that resources and services should not continue for other public health needs. The plan is intended to bring the community together around a limited number of issues with the greatest opportunity for health improvement through collective efforts.
Community Health Assessment

A community health assessment (CHA) is a process by which community members gain an understanding of the health concerns and needs of the community. Participation in the survey was voluntary, and care was taken to ensure that respondents’ answers were confidential. The steps for conducting the CHA can be found within the 2016 Wayne County Community Health Assessment (available at wayne-health.org). The community health assessment provided information for problem and asset identification, along with policy formulation, implementation, and evaluation. The data regarding demographic information and health outcomes for the residents of Wayne County gathered through the CHA, along with data from other community organizations needs assessments, guided the validation of the three focal health issues that are addressed in the CHIP.

Purpose of Plan

The purpose of this Community Health Improvement Plan is to inform Wayne county residents of goals and strategies for addressing the priority health issues identified in the Community Health Assessment. Initiated in 2015 this process is part of a broad community initiative to ultimately improve health and quality of life in Wayne County, Ohio. This plan will provide the strategic framework to guide the community to better health and wellness for all residents. It is a broad strategic framework for community health and should be modified and adjusted as conditions, resources and external environmental factors change.

It is important to recognize that multiple factors affect health and there is a dynamic relationship between people and their environments. Where and how we live, work, play and learn are interconnected factors that are critical to consider. That is, not only do people’s genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing stock. The social determinants of health framework addresses the distribution of wellness and illness among a population; its patterns,
origins, and implications. The CHIP uses this framework to determine who is healthiest and least healthy in the community, as well as examine the larger social and economic factors associated with good and ill health.

This plan uses the assessment-planning-implementation-evaluation-reassessment process, which is a continuous cycle of improvement that seeks to “move the needle” on key health priorities over the course of time. The Ten Essential Public Health Services exist within this cycle and are informed and guided by the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP).

The CHIP is intended to help align and solidify each agency’s commitment to improving the health of the community. Through sustained, collective effort on this overarching framework, a wide range of public health partners and stakeholders who are involved in assessment, planning, and implementation will be able to document measured improvement on these key health issues over the next several years. We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organization, and collectively as a community.

### Relationship between CHIP and other Guiding Documents

The CHIP does not replace or supersede any concurrent action planning document produced by Wayne County Health Department or any of their community partners. It was designed to complement and build upon guiding documents, plans, and coalitions developed to shape the public health of the Wayne County community. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP developed process incorporated strategies and resource networks wherever possible. Wayne County Health Department does not own the process and is not the sole organization responsible for CHIP implementation.
Vision and Values

The Steering Committee for the Wayne County Health Improvement Plan officially adopted a vision statement that provides a shared picture of an ideal future. Complementing the vision, the steering committee identified seven core values, which serve as guiding principles for the work of the committee.

Vision

“We embrace the belief that health is more than the absence of disease. It aims to create an engaged, interconnected community that encourages and supports all of its members to achieve and maintain physical, mental and social wellness.”

Values

- Trust – Ensuring transparency and doing what we should to serve the community
- Person-Centered – Promoting care and health of the individual with compassion
- Equity – Supporting and providing residents choices regardless of their situation
- Collaborative – Fostering relationships with the community
- Empowerment – Encouraging individuals to take ownership for their well-being
- Integrity – Giving community members respect so that it can be received in return
- Inclusion – Embracing diversity and cultural competency is paramount to achieving community wellness
A Community Health Assessment (CHA) was done in June 2016. The CHA provided the foundation for improving and promoting the health of the community. It identified and described factors that affect the health of a population, and factors that determine the availability of resources within the community to adequately address health concerns.

The CHIP steering committee used components of Mobilizing Action through Planning and Partnerships (MAPP), a nationally-recognized model for conducting community health assessments and strategic planning for community health improvement, supported by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO). The tool helps communities improve health and quality of life through community-wide and community-driven strategic planning. The MAPP assessments can be tailored to suit the needs of most communities. MAPP is the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Through MAPP, communities can seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs and forming effective partnerships for strategic action. Community partners and stakeholders were invited to participate in this effort based on their professional expertise and scope of work.

Health needs are constantly changing as communities and its context evolve, just as the 10 Essential Public Health Services have a cyclical nature, MAPP is a cyclical 18 month process, which allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

The process continued with a meeting of the steering committee which began in September 2016. The CHIP steering committee is comprised of members of Wayne County Health Department, local hospitals, and other stakeholders. The steering committee identified the vision and values to guide the community health improvement plan. The committee then moved on to completing a few MAPP assessments, such as the forces of change assessment (Table 1).
### Table 1. Forces of Change Matrix

<table>
<thead>
<tr>
<th>Forces</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Technology/Media</td>
<td>• Communication connectivity</td>
<td>• Sharing/systems issues/HIPAA</td>
</tr>
<tr>
<td>2. Opiates/Overdose</td>
<td>• Community awareness</td>
<td>• Stresses whole system (ex. Families, criminal justice, schools, hospital</td>
</tr>
<tr>
<td></td>
<td>• Provide resources for prevention and treatment</td>
<td>• Too reactive</td>
</tr>
<tr>
<td></td>
<td>• Collaborative community</td>
<td>• Need for more Grief counseling</td>
</tr>
<tr>
<td></td>
<td>• New family drug court</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Project Dawn</td>
<td></td>
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<tr>
<td></td>
<td>• Detox beds at hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New Potential treatment centers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recovery housing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Opiate Task Force</td>
<td></td>
</tr>
<tr>
<td>3. Economy</td>
<td>• Additional Revenue Potential</td>
<td>• Greater need for public services</td>
</tr>
<tr>
<td>4. Uncertain Political</td>
<td>• Additional Revenue Potential</td>
<td>• Degradation of Women’s health rights</td>
</tr>
<tr>
<td>Environment</td>
<td>• Opportunities to discuss how to provide access</td>
<td>• Perceived changes to Medicare/Medicaid/ACA</td>
</tr>
<tr>
<td></td>
<td>• Professional licensee volunteers in free clinic – free CEU’S</td>
<td>• Potential for reduction in spending for social services</td>
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<tr>
<td></td>
<td>• Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• State Budget</td>
<td></td>
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<tr>
<td>5. High Suicide Rates</td>
<td>• Community Education</td>
<td>• Drain on community</td>
</tr>
<tr>
<td></td>
<td>•</td>
<td>• Culture of suicide</td>
</tr>
<tr>
<td>6. Access to Healthcare</td>
<td>• Opportunities to discuss how to provide access</td>
<td>• Lack of medical providers (Medicaid)</td>
</tr>
<tr>
<td></td>
<td>• Professional licensee volunteers in free clinic – free CEU’S</td>
<td>• Transportation</td>
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<tr>
<td></td>
<td>• Transportation</td>
<td>• Money to afford medication (Fluidity of costs and formulary)</td>
</tr>
<tr>
<td></td>
<td>• State Budget</td>
<td></td>
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<tr>
<td>7. Effects of Trauma</td>
<td>• Wayne County Trauma Resiliency Network</td>
<td>• ACE Study Impacts on mental health, health</td>
</tr>
<tr>
<td>8. Poverty</td>
<td>• Bridges, UW efforts,</td>
<td>• Opiate crisis/Drugs</td>
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<tr>
<td></td>
<td>• CCMEP</td>
<td>• Lack of living wage jobs</td>
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<tr>
<td></td>
<td>• CAWN (Getting Ahead)</td>
<td>• Aligning Training and Education</td>
</tr>
<tr>
<td></td>
<td>• Strive to Thrive</td>
<td>• Inclusion issues/Stigma</td>
</tr>
<tr>
<td>9. Transportation</td>
<td>• Community services for medical care</td>
<td>• No opportunities for job transport</td>
</tr>
<tr>
<td>10. Food Insecurity</td>
<td>• Agricultural community</td>
<td>• Access to healthy food</td>
</tr>
<tr>
<td></td>
<td>• Comprehensive food distribution plan in works</td>
<td>• Legislative issues</td>
</tr>
<tr>
<td></td>
<td>•</td>
<td>• Red Tape</td>
</tr>
<tr>
<td>11. Infectious Disease</td>
<td>• Community awareness</td>
<td>• Economic impact (i.e. miss work, burden on medical</td>
</tr>
<tr>
<td>a. Vaccines</td>
<td>•</td>
<td>• facilities, etc., Opiate</td>
</tr>
<tr>
<td>b. Population Mobility</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>12. Communication/Language</td>
<td>• College of Wooster/OARDC resources</td>
<td>• New languages emerging</td>
</tr>
<tr>
<td>Barriers</td>
<td>•</td>
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</tr>
</tbody>
</table>
Community Prioritization

Prioritization is a key step in creating the Community Health Improvement Plan. Using findings from the CHA, focus groups, steering committee members’ agency assessments and secondary data, the CHIP steering committee is able to identify the target priority areas where a population may have increased risk for poorer health outcomes. This information can be used to guide the strategies and programs that will improve health wellness in Wayne County. Prioritizing health issues enables the steering committee to focus efforts and funding to health areas where it is most able to have the greatest impact. It is important when prioritizing issues, that the steering committee keep in mind those strategies that will have the largest impact on the largest amount of people. Other criteria used to identify priorities are; cost/return on investment, availability of solutions, impact of problem, availability of resources to solve problem, urgency of problem, size of problem, and community interest of problem. Once the priorities are selected, strategies and programs need to be defined to affect the priorities.

It is important when developing strategies and programs that the committee use SMART objectives. SMART is a mnemonic acronym giving the criteria to guide project management and objectives. It stands for specific, measurable, attainable, realistic, and time-bound.

The steering committee also assessed aspects such as:

1. Impact on Community Health
   - Affects a large portion of the population
   - Addresses an issue specifically identified in the CHA
2. Feasibility of Implementation
   - Has stakeholder support in the community
   - Supports existing initiatives without duplication of efforts
   - Engages available resources to undertake the effort
3. Contribution to Health Equity
   - Addresses the needs of high-risk or underserved groups directly or indirectly
   - Impacts social factors that influence health and the root causes of negative health outcomes.
The steering committee used the data gathered from the CHA and the criteria listed above to aide them in selecting priorities for the CHIP. The committee also considered State priorities listed in the Ohio State Health Improvement plan, along with National priorities such as the National Prevention Strategy and Healthy People 2020.

The priorities for the 2016-2020 Community Health Improvement Plan are:

Priority 1: Physical Health  
Priority 2: Mental Health  
Priority 3: Substance Use Disorders

The strategies and key activities of the CHIP provide opportunities for resident, partner, and stakeholder engagement and participation. The CHIP is a tool to improve health equity and health outcomes: it is imperative that the Wayne County Public Health System take ownership of the CHIP and work collaboratively to advance community health.

Cross-Cutting Factors

The steering committee realizes there are many factors that shape health outcomes. These factors are cross cutting because they permeate all aspects of Public Health. The priorities chosen include objectives and strategies that address the following factors:

**Health Equity:** By assuring the equal distribution of opportunity and resources, all people are able to attain the highest level of health. This includes addressing avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities; thus providing all residents the opportunity to make choices that allow them to live a long, healthy life, regardless of income, educational achievement, ethnic background, race gender, age, and place of residence.

**Access:** All people have timely use of comprehensive integrated and appropriate health services to achieve the best possible health outcome. All residents have access to affordable care, insurance coverage, quality healthcare providers and appropriate transportation.

**Prevention:** Addresses health problems before they occur rather than after people have shown signs of disease, injury or disability. 7 out of 10 deaths among Americans each year are from chronic illnesses which are preventable; therefore focusing on prevention in our community will help improve health, quality of life and prosperity (CDC, 2014).
Priority 1#: Physical Health

Background

Physical health is connected to mental and emotional health. Taking care of your body is a powerful first step towards mental and emotional health. The mind and body are linked; when you improve your physical health, you’ll automatically experience greater mental and emotional well-being. Physical health consists of many components:

- Physical activity
- Nutrition and diet
- Medical self-care – includes addressing minor ailments or injuries and seeking emergency care as necessary
- Rest and sleep

Why is Physical Health included as a Priority?

- The leading causes of death in Wayne County are preventable diseases such as heart disease and cancer.
- In Ohio, chronic diseases account for up to 86% of all health care spending.
- When surveyed, 40.5% of residents stated they have been told by a healthcare professional that they are overweight or obese.
- 23% of residents claim they do not engage in physical activity for at least a half hour once during the week.
- 51% of schoolchildren have a history of tooth decay (ODH, 2015).
- There were 311 reported cases of STDs in Wayne County in 2016, with a 17% increase in Chlamydia and an 86% increase in gonorrhea from 2015.
### Priority #1 Continued

<table>
<thead>
<tr>
<th><strong>Priority #1: Physical Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective #1:</strong> Increase Access to needed services for residents in Wayne County to achieve optimal health</td>
</tr>
<tr>
<td>Strategy 1 – Map out food access to determine food deserts</td>
</tr>
<tr>
<td>Strategy 2 – Increase capacity for Medicaid and uninsured patients</td>
</tr>
<tr>
<td>Strategy 3 – Increase availability of transportation to take residents to medical/dental appointments</td>
</tr>
<tr>
<td>Strategy 4 – Create additional clinic location for Medicaid and uninsured patients</td>
</tr>
<tr>
<td><strong>Objective #2:</strong> All people have the ability to live their healthiest life</td>
</tr>
<tr>
<td>Strategy 1 – Increase the percentage of mothers in Wayne County who breastfeed</td>
</tr>
<tr>
<td>Strategy 2 – Reduce the incidence of STDs by connecting with recovery facilities to increase screening and access to screening</td>
</tr>
<tr>
<td>Strategy 3 - Increase access to early prenatal care</td>
</tr>
<tr>
<td><strong>Objective #3:</strong> Use education and awareness as a tool for disease prevention</td>
</tr>
<tr>
<td>Strategy 1 – Create an inventory of recreational facilities available in Wayne County</td>
</tr>
<tr>
<td>Strategy 2 – Increase overall oral health education throughout county particularly to children</td>
</tr>
<tr>
<td>Strategy 3 – Create a county-wide hand washing campaign</td>
</tr>
<tr>
<td>Strategy 4 – Increase Immunization Rates</td>
</tr>
</tbody>
</table>
Priority #2: Mental Health

Background

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel and act. It also helps determine how people handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of your life, mental health problems can affect thinking, mood, and behavior (USHHS, 2017). Many factors contribute to mental health problems:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors (HP2020; Mental, 2017).

Why is Mental Health included as a Priority?

Mental health problems are very common and often go undetected (USHHS, 2017):

- One in five American adults experienced a mental health issue
- One in ten young people experienced a period of major depression
- Suicide accounts for the loss of more than 41,000 American lives each year
- Less than 20% of children and adolescents with diagnosable mental health problems receive treatment

County Issues:

- In Wayne County 38.5% of individuals surveyed stated they were diagnosed with depression/anxiety.
- When asked about community problems, residents stated a perceived lack of mental health practitioners in the area, especially providers for children.
- Medical professionals agreed stating they see more mental health cases than they signed up for, sometimes doing a half day of mental health.
- Focus groups in the county stated there is a stigma attached to mental health care and a lack of understanding about when/how to seek help.
Priority #2 Continued

<table>
<thead>
<tr>
<th>PRIORITY #2: MENTAL HEALTH</th>
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<tbody>
<tr>
<td><strong>Objective #1:</strong> Increase Access to services by integrating physical health and mental health</td>
</tr>
<tr>
<td>Strategy 1 – Increase utilization of mental health screenings</td>
</tr>
<tr>
<td>Strategy 2 – Educate healthcare providers to utilize mental health screenings</td>
</tr>
<tr>
<td>Strategy 3 – Increase the number of locations that provide both mental health and physical health services</td>
</tr>
<tr>
<td><strong>Objective #2:</strong> Ensure all people have equitable access to mental health services and supports</td>
</tr>
<tr>
<td>Strategy 1 – Increase support for families with young children</td>
</tr>
<tr>
<td>Strategy 2 – Provision of mental health services to school aged children</td>
</tr>
<tr>
<td><strong>Objective #3:</strong> Prevent mental health issues through community awareness</td>
</tr>
<tr>
<td>Strategy 1 – Increase QPR Training in the community</td>
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<tr>
<td>Strategy 2 – Increase the use of Mental Health First Aid Training and Trauma Informed Education</td>
</tr>
<tr>
<td>Strategy 3 – Perform a gap analysis of mental health services provided for seniors</td>
</tr>
</tbody>
</table>
Priority #3: Substance Use Disorders

Background

Substance has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Problems include:

- Teenage pregnancy
- HIV/AIDS
- STDs
- Domestic Violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues (HP2020, Substance, 2017).

Why is Substance Abuse included as a Priority?

- When asked about community issues and risky behaviors community members acknowledged that drug abuse was the #1 community problem and risky behavior. Alcohol came in at #2.
- In 2016, 34 community members died of an unintentional overdose
- On average, approximately 1 person died every 10 days in Wayne County.
**Priority #3 Continued**

<table>
<thead>
<tr>
<th>Priority #3: Substance Use Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective #1: Increase access to substance abuse treatment facilities</strong></td>
</tr>
<tr>
<td>Strategy 1- Prevention of illicit opiate use through awareness, provide increased intervention, treatment and recovery options</td>
</tr>
<tr>
<td>Strategy 2 – Reducing waitlist for treatment programs</td>
</tr>
<tr>
<td><strong>Objective #2: Ensure all residents have equitable access to treatment</strong></td>
</tr>
<tr>
<td>Strategy 1 – Increase the awareness and use of Narcan through Project DAWN</td>
</tr>
<tr>
<td>Strategy 2 – Increase community collaboration to reduce substance abuse stigma</td>
</tr>
<tr>
<td><strong>Objective #3: Prevent substance abuse through education and awareness</strong></td>
</tr>
<tr>
<td>Strategy 1 – Increase awareness of the opiate crisis in Ohio through the Prevention Committee of the Opiate Task Force</td>
</tr>
<tr>
<td>Strategy 2 – Educate youth on the harmfulness of alcohol</td>
</tr>
<tr>
<td>Strategy 3 – Increase use of asset development/strength-based framework for youth in the community</td>
</tr>
</tbody>
</table>
Sustainability

Sustainability is an important consideration in plan development. Sustaining implementation efforts of the CHIP have been built into this plan by:

1) Creating a strong local public health system by maintaining and developing community partnerships. These partnerships create a platform for ongoing community health improvement.

2) Creating a coordinated health improvement effort that broadens and builds upon successful local initiatives. Engages partners to align efforts and resources to address identified priorities.

3) In creating the plan, significant efforts were made to keep the strategies and actions realistic and manageable for the community and its partners.

4) The CHIP is a living document that will be revised as resources, environment, and situations evolve.

5) Communication: Communication/Reports will be made available via the health department’s website and other social media to community members and stakeholders throughout the process.

The challenge of “moving the needle” on our health status is great, but together we are dedicated to a healthier community.
## Alignment with State and National Health Priorities

<table>
<thead>
<tr>
<th>Wayne County Priorities</th>
<th>Ohio State Priority Areas</th>
<th>Healthy People 2020 Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health (Priority One)</td>
<td>Healthcare system access (Cross-Cutting Strategy)</td>
<td>Access to Health Services (Cross-Cutting Strategy)</td>
</tr>
<tr>
<td>Mental Health (Priority Two)</td>
<td>Mental Health &amp; Addiction (Priority Two &amp; Three)</td>
<td>Mental Health and Mental Disorders (Priority Two &amp; Three)</td>
</tr>
<tr>
<td>Substance Abuse (Priority Three)</td>
<td>Maternal &amp; Infant Health (Priority One; Strategy Four)</td>
<td>Maternal, Infant and Child Health (Priority One; Strategy Four)</td>
</tr>
</tbody>
</table>

### How to Use the CHIP

**Healthcare (County Hospitals, County Health Centers, and Private Physicians) can:**

- Understand the priority health issues within Wayne County, remove barriers, and assist with the implementation of strategies or interventions
- Assist in coordinating programs to reduce redundancy or duplication of efforts
- Share evaluation data on programs that are addressing the prioritized health issues
- Assist with evaluation of strategies in the county

**Public Health Professionals/Government Agencies can:**

- Use this document in preventative and educational efforts throughout the county
- Work with and collaborate with healthcare partners in evaluating and updating of strategies per health issue
- Evaluate strategies, outcomes and outputs
- Share public health data with partners that target the health issues identified in the county

**Community and Faith-Based Organizations can:**

- Understand the prioritized health issues identified in the county, and get involved in improving community health
- Advocate with members of your organization about the importance of overall wellness and local community health improvement efforts
Community Health Improvement Plan

- Identify opportunities within your organization/agency where you can support and encourage participation in the strategies and interventions
- Provide information or evaluation data on efforts of strategies implementing to the steering committee on how your program or intervention is working in your organization

Academia (Schools & Colleges) can:

- Understand the prioritized health issues identified in the county, and help by integrating them into your school or college program curriculum planning
- Create a healthier academic environment by aligning the CHIP strategies in your wellness plans or policies
- Assist in the promotion or creation of resources that promote community health

Businesses can:

- Use the recommended strategies to make your business a healthy place to work
- Educate your workers on the link between employee health and productivity
- Provide opportunities for wellness and healthy eating for their employees

Residents can:

- Become familiar with the CHIP and prioritized health issues in the county
- Get involved in improving community health by volunteering to be part of an initiative or program targeting one of the health issues identified through a community or faith-based organization
- Take an active role in your health and well-being by eating healthy and getting the proper exercise and preventative screenings
References


## Appendix A: Action Plans

### Priority #1: Physical Health Action Plan

#### Strategy 1.1

<table>
<thead>
<tr>
<th>Activities</th>
<th>Lead Organizations</th>
<th>Target Date</th>
<th>Anticipated Results/Outcomes</th>
<th>Performance Measures/Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapping of food deserts in Wayne county</td>
<td>FCF, Foodbank</td>
<td>12/31/17</td>
<td>Identifiable areas in county where food deserts exist</td>
<td>Completed assessment of food deserts for entire county</td>
</tr>
</tbody>
</table>

#### Strategy 1.2

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Increasing number of providers accepting Medicaid through outreach</td>
<td>JFS(Data on current # providers) Viola Startzman</td>
<td>7/1/18 7/1/19</td>
<td>Increase in number of providers accepting Medicaid. VS Poll dentists yearly to see increase to assess Medicaid capacity.</td>
<td>Reduction of caries (ODH data set) Ohio Medicaid Assessment Survey (ODH) Medicaid dental utilization increase (JFS data)</td>
</tr>
</tbody>
</table>

#### Strategy 1.3

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase availability of transportation providers to take residents to appointments</td>
<td>WM Community Action, Health Department</td>
<td>12/31/18</td>
<td>Creation of new or expanded transportation services to help low income, handicapped or elderly residents make appointments</td>
<td>5% decrease in reporting problems getting to appointments (Source Maternal and Child Health Transportation Surveys)</td>
</tr>
</tbody>
</table>

#### Strategy 1.4
<table>
<thead>
<tr>
<th>Activities</th>
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<th>Target Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Creation of additional clinic location for Medicaid and uninsured patients</strong></td>
<td>Viola Startzman</td>
<td>1/1/18</td>
<td>Creation of a new location for the free clinic</td>
<td>10 % Increase in number of Wayne county residents served (Viola Startzman data)</td>
</tr>
<tr>
<td><strong>Strategy 2.1</strong></td>
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<td></td>
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</tr>
<tr>
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<td>Performance Measures/Outputs</td>
</tr>
<tr>
<td>Increase the percentage of mothers in Wayne county who breastfed through education of WIC clients who are pregnant or have just given birth</td>
<td>Health department (WIC)</td>
<td>7/1/18</td>
<td>Increased percentage of women that initiate breastfeeding</td>
<td>5% increase</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Increased percentage of women that breastfeed for 6 months or more</td>
<td></td>
</tr>
<tr>
<td>Connect with mothers via social media to promote breastfeeding</td>
<td>Wayne County Health Department (WIC)</td>
<td></td>
<td>↑% of women who breastfeed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>↑awareness of benefits of breastfeeding</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy 2.2</strong></td>
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<tr>
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<td>Lead Organizations</td>
<td>Target Date</td>
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<td>Performance Measures/Outputs</td>
</tr>
<tr>
<td>Connect recovery facilities to health department to increase screening and access to</td>
<td>Health Department</td>
<td>12/31/18</td>
<td>New objective</td>
<td>Established relationship between health department and drug and alcohol service providers</td>
</tr>
</tbody>
</table>
### Strategy 2.3

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase access to prenatal care through awareness at WIC clinics, Startzman clinics, Job and Family Services</td>
<td>Health Department, Viola Startzman, JFS</td>
<td>7/1/18</td>
<td>Increase in first trimester prenatal visits</td>
<td>Increase first trimester visits by 5% (Data source ODH RHW data)</td>
</tr>
</tbody>
</table>

### Strategy 3.1

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Creation of inventory of recreational facilities available in Wayne County</td>
<td>WCHD, Wayne County Nutrition and Fitness Coalition</td>
<td>7/1/18</td>
<td>Inventory list created and distributed throughout the county</td>
<td>Distributed to all townships, villages and cities</td>
</tr>
</tbody>
</table>

### Strategy 3.2

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Increase oral health education throughout Wayne County, particularly to children through Head Start educational programs conducted by Community Action and other dental prevention programs conducted by</td>
<td>Startzman, CAWM</td>
<td>12/31/18</td>
<td>Increase in oral health education initiatives</td>
<td>Child oral health data for Wayne County (ODH source)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Decrease in childhood caries by 5%</td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>Create a long term, countywide handwashing campaign</td>
<td>WCHD, Wooster Community Hospital, Aultman Orrville</td>
<td>4/30/19</td>
<td>Less people getting sick from flu</td>
<td>Reduction in flu cases by 10% (Data source: WCHD)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Reduction in identified cases of Norovirus by 10%</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Increase immunizations (child and HPV) in Wayne County through promotion and outreach clinics</td>
<td>WCHD</td>
<td>12/31/18</td>
<td>Reduction in vaccine preventable illnesses by 10% in 2018</td>
<td>Reduction in vaccine preventable illnesses by 10% in 2018</td>
</tr>
</tbody>
</table>

| Back to School Vaccination Clinic                                         | Wayne County Health Department |             | ↑ access to immunizations                                 | More children being vaccinated before returning to school          |
|                                                                           |                                   |             | ↑ awareness of necessary vaccinations                     |                                                                   |

### Priority #2: Mental Health Action Plan

#### Strategy 1.1

<table>
<thead>
<tr>
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</table>

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*Startzman clinic*
## Community Health Improvement Plan

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Strategy 1.2</strong></td>
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</tr>
<tr>
<td><strong>Activities</strong></td>
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<td><strong>Target Date</strong></td>
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<td><strong>Performance Measures/Outputs</strong></td>
</tr>
<tr>
<td><strong>Education to healthcare providers on utilizing Mental Health Screenings</strong></td>
<td>WHMRB, mental health providers, hospital systems</td>
<td>12/31/19</td>
<td>Engaged physicians will begin to integrate mental health screenings into preventative visits or as appropriate</td>
<td>50% of engaged providers will begin to integrate mental health screenings</td>
</tr>
<tr>
<td><strong>Strategy 1.3</strong></td>
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</tr>
<tr>
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<td><strong>Performance Measures/Outputs</strong></td>
</tr>
<tr>
<td><strong>Mapping out current availability of mental health provider locations</strong></td>
<td>CAWM</td>
<td>9/30/18</td>
<td>Inventory of locations of current mental health services.</td>
<td></td>
</tr>
<tr>
<td><strong>Advocate for integration mental health services with primary cares and settings</strong></td>
<td>MHRB, Primary Care and mental health providers</td>
<td></td>
<td></td>
<td>Increase primary care locations offering mental health services by 5%</td>
</tr>
<tr>
<td><strong>Strategy 2.1</strong></td>
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</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services will be provided to all school aged children in the school environment</td>
<td>Mental health providers, JFS,</td>
<td>12/31/17</td>
<td>All schools will be able to access to mental health services in their buildings for any student K-12.</td>
<td></td>
</tr>
</tbody>
</table>

### Strategy 3.1

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</tr>
</thead>
<tbody>
<tr>
<td>Increase number of people trained in QPR this year in Wayne County</td>
<td>WHMRB, mental health providers</td>
<td>12/31/18</td>
<td>100 Wayne county residents will be trained in QPR</td>
<td></td>
</tr>
</tbody>
</table>

### Strategy 3.2

<table>
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</thead>
<tbody>
<tr>
<td>Perform a gap analysis of mental health services provided to seniors</td>
<td>JFS, WCHD, WHMRB</td>
<td>12/31/19</td>
<td>Completed Gap analysis.</td>
<td>Awareness of gaps in senior mental health services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Plan to implement strategies to address identified gaps.</td>
<td></td>
</tr>
</tbody>
</table>

### Priority #3: Substance Use Disorders Action Plan

### Strategy 1.1

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Prevention of illicit opiate use through community awareness campaign, intervention activities, treatment programs and recovery activities.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Reduce waitlist for treatment programs</td>
<td>Anazao, OneEighty</td>
<td>01/01/20</td>
<td>Baseline to be determined 12/31/17</td>
<td>Waitlist reduced by 10%</td>
</tr>
</tbody>
</table>

**Strategy 1.2**

<table>
<thead>
<tr>
<th>Activities</th>
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<th>Target Date</th>
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<th>Performance Measures/Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 250 people trained in PROJECT DAWN by 2020</td>
<td>WCHD</td>
<td>01/01/20</td>
<td>More people trained in use of Naloxone</td>
<td>Increase use of Naloxone</td>
</tr>
</tbody>
</table>

**Strategy 2.1**
<table>
<thead>
<tr>
<th>Organizations</th>
<th>Date</th>
<th>Results/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>365 (grant from Wayne County Community Foundation to focus on social norming campaign)</td>
<td>12/31/18</td>
<td>Creation of social norming campaign Decrease substance abuse for middle and high school students by 2%</td>
</tr>
</tbody>
</table>

**Strategy 3.1**

<table>
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</thead>
<tbody>
<tr>
<td>Provide trainings on opiate crisis for community</td>
<td>WHMRB, Opiate Task Force</td>
<td>12/31/18</td>
<td>Exit Survey Questions</td>
<td>10% of participants acquired new knowledge of opiate crisis</td>
</tr>
</tbody>
</table>

**Strategy 3.2**

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</thead>
<tbody>
<tr>
<td>Strategic Prevention Framework (a planning process for preventing substance misuse)</td>
<td>OneEighty</td>
<td>06/30/19</td>
<td>Education programs for youth 8-10 grades on alcohol</td>
<td>Increase community readiness from 4.1 to 7.</td>
</tr>
</tbody>
</table>

**Strategy 3.3**

<table>
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<tr>
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<tr>
<td>---------------------------------------</td>
<td>---------</td>
<td>------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey all Schools in County</td>
<td>9/30/17</td>
<td>All school districts surveyed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data collected on drug and alcohol use in all school districts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze data from Survey</td>
<td>10/30/17</td>
<td>Analysis of data</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete picture of youth drug/alcohol use in the county</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>