# 2020-2022 Fairfield County Community Health Improvement Plan

June 1, 2020

# Contents

## Executive Summary

In 2018, the Fairfield Department of Health (FDH), in partnership with Fairfield Medical Center (FMC), the Fairfield County Alcohol, Drag, and Mental Health Board (ADAMH), the United Way of Fairfield County, and the Fairfield Community Health Center, embarked on a comprehensive community health assessment (CHA). Following the assessment's release in 2019, FDH convened a group of community stakeholders to examine the data provided in the CHA and use their knowledge of the community to select the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. The approved health priorities for Fairfield County are: Obesity; Mental Health, focusing on Depression; and Substance Use and Addiction.

The CHIP is a long term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Fairfield County. The Center for Public Health Practice at the Ohio State University's College of Public Health was retained by FDH as the facilitator for this plan.

27 community partners participated in the development of the CHIP. Following priority selection, workgroups created individual work plans to address each priority. The work plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The workgroups considered several overarching principles as they further refined the health priorities and created action plans. The principles included the tiers of the Health Impact Pyramid, the importance of Policy, System, and Environmental Changes, the significance of the Social Determinants of Health, the concepts of evidence based public health practice, and priority alignment with Ohio's State Health Improvement Plan and national community health improvement planning frameworks.

Implementation of the CHIP will begin in July 2020.  Fairfield County is fortunate to have a large group of dedicated community members that will oversee the implementation and evaluation of the CHIP until the next planning cycle commences in 2022.

*Fairfield County: An engaged community working together to achieve health and wellness for all who live, work, and play here.*

**Public Health**
Prevent. Promote. Protect.
**Fairfield Department of Health**

The Fairfield Department of Health is pleased to present the Community Health Improvement Plan (CHIP). The CHIP is a community driven and collectively owned plan that supports Fairfield County's vision of health and wellness for everyone in our community.

The Community Health Improvement plan is data driven, using information gathered from the 2019 Community Health Assessment. Community partners worked together to identify and prioritize health concerns and develop action plans that will be used by organizations to implement projects, programs and policies. This plan is a living document, and we are committed to measuring our processes and outcomes and making changes or improvements as needed. The target timeline for meeting the goals is three years.

Fairfield County is fortunate to have many partners and residents that are committed to improving the wellness of our community. If something in this plan is of interest to you, please consider joining our efforts to promote wellness.

Respectfully,

Larry Hanna, RS
Administrator

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## Introduction

In 2018, the Fairfield Department of Health (FDH), in partnership with Fairfield Medical Center (FMC), the Fairfield County Alcohol, Drag, and Mental Health Board (ADAMH), the United Way of Fairfield County, and the Fairfield Community Health Center, embarked on a comprehensive community health assessment (CHA). embarked on a community health assessment (CHA). A CHA is a comprehensive assessment of a community's health and quality of life that gathers qualitative and quantitative primary and secondary data.

Following the assessment's release in 2019, FDH convened a group of community stakeholders to examine the data provided in the CHA and use their knowledge of the community to select the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. The approved health priorities for Fairfield County are: Obesity; Mental Health, focusing on depression; and Substance Use and Addiction.

Upon the completion of the assessment, FDH again engaged its community partners to gather inputs to review the CHA data, select health priorities based on the data, and collectively create a plan of action to address these that resulted in this Community Health Improvement Plan (CHIP). The CHIP is a comprehensive plan that details actions steps that will be used by organizations as they implement project, programs, and policies. A list of participating individuals and organizations is located in Appendix A.

This report begins with a brief description of the process used to engage community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority. This document lists the goals and key measures selected for each health priority accompanied by data that is evidence of its significance. Detailed work plans that include measurable goals, objectives, action steps, and evidence-based strategies for each priority are located in Appendix B. This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP. A list of key terms and acronyms can be found in Appendix C.

## The Process

Fairfield Department of Health was responsible for providing oversight for the CHIP development process and contracted with the Center for Public Health Practice in the Ohio State University's College of Public Health (CPHP) to serve as lead facilitator. In that role, CPHP designed the overall CHIP development process, as well as organized and led CHIP project meetings. The overall CHIP process occurred over the course of six months. Figure 1 shows the timeline of CHIP development.

| December 2019 | •Community Health Assesment completed and released |
| January - May 2020 | •Workgroup formation and work plan creation |
| June 2020 | •CHIP Released |

*Figure 1: CHIP Development Timeline*

27 community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP. Due to the emergence of the COVID-19 pandemic, adjustments were made throughout the process of developing the workplans to allow for community members to continue planning while not gathering for in-person meetings.
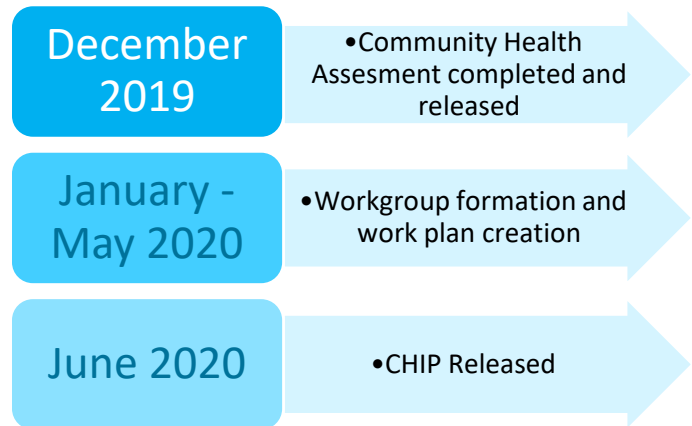
### Visioning



*Figure 2: Community visioning survey results in word cloud form*

A community definition, or vision, of health serves as a guiding principle for this CHIP. It was adopted through a process that asks the community to identify what the ideal future includes pertaining to community health. Community members are asked to identify what a healthy community means to them, what they picture when they envision a healthy community, and what definition of a healthy community best captures their vision of health. From March-May 2020, Stakeholders completed an online survey to generate inputs that answered those questions. Figure 2 is a visualization of those survey results. Based on the inputs gathered, FDH drafted the following vision statement and presented it for approval to the community for approval via online survey on June 12, 2020.

*Community Vision for Health:*

*Fairfield County: An engaged community working together to achieve health and wellness for all who live, work, and play here.*

## Developing Priorities

### Identifying Health Priorities

The planning group engaged in large and small group processes to analyze the CHA in order to determine the most pressing health issues impacting Fairfield County.  A detailed description of the prioritization session can be found in the 2019 Fairfield County Community Health Assessment. Overall, planning group members applied criteria including the magnitude, seriousness, feasibility for change, impact on vulnerable populations, and alignment with the Ohio State Health Improvement Plan to identify health priorities. Figure 3 shows the Fairfield County CHIP's alignment with the Ohio State Health Improvement Plan priorities, as well as the alignment with the national Healthy People 2020 topics.

After carefully considering the assessment data and the above criteria, the planning group determined that the most pressing health priorities in Fairfield County are:

1. **Obesity**
2. **Mental Health, focusing on depression**
3. **Substance Use and Addiction**

An overview of these priorities, including a summary of the goals and objectives, is located in the next section of the CHIP. After the health priorities were approved,



*Figure 3: Fairfield County CHIP alignment with state and national health improvement framework priorities.*

the planning group brainstormed a list of existing assets and resources in Fairfield County that could be leveraged to help address the health issues. See Appendix D for the list of Assets and Resources.
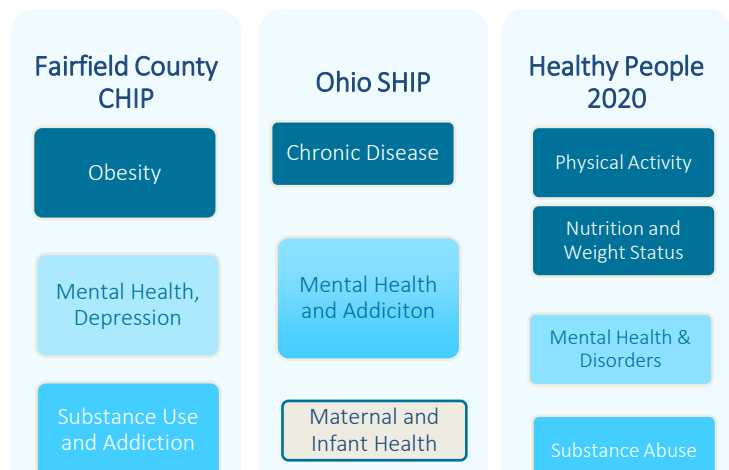
### Work Plan Creation

Following the identification of priorities, work groups were formed to create work plans that will address the approved health priorities over the next three years. The groups met initially in January 2020 and went through a series of facilitated activities to assist with the generation of a priority definition. Work groups were given information on the social determinants of health and how those impact health outcomes. The groups also discussed why impacting the community at the policy, system, and environmental change level could impact health outcomes by impacting those social determinants of health. Then, the groups conducted a root cause analysis on the health priorities. During this activity, the work groups generated potential root causes for the identified health priorities, focusing on what causes related to existing policies, systems, environmental factors and resources were currently in the community and what policies, systems, environmental factors and resources were needed in the community. Following the root cause analysis, groups conducted a gap analysis of the priority in order to show where gaps in services and initiatives might exist. Work groups then used the results of both the

root cause analysis and the gap analysis to generate goals. The priority definitions and goals can be found in the next section of this report.

Due to the emergence of the COVID-19 pandemic, planning shifted from an in-person format to an online format. Groups met individually from March – May 2022 via online platform and went through a facilitated process to complete the work plans. During this process, workgroups identified key measure for each goal to serve as outcome measures for the plan. Measurable objectives, with associated action steps, time frame, and responsible parties were also developed to achieve the goals. Groups were encouraged to continue to consider vulnerable populations and policy changes throughout the planning process. A formal definition of what concepts and frameworks work groups were asked to consider during the generation of the workplans follows:

The Social Determinants of Health are factors in a community that impact health outcomes. They include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status. They are factors in a community that impact health outcomes. Figure 4 defines the Social Determinants of Health.



*Figure 4: The Social Determinants of Health as defined by the Kaiser Family Foundation.*

Policy, System, and Environmental Changes are sustainable changes that when implemented that make the context in which someone lives healthier. Policy changes refer to changes made at the legislative level. Systems changes are changes to the rules in the way people and organizations operate. Environmental changes are changes to the physical environment that people live in. These changes often require a governing board or rule making body to approve them and result in opportunities for healthy choices being easily available to all. Work groups considered policy changes that would most greatly impact vulnerable populations and address the causes of higher risks on those populations

The Health Impact Pyramid is a data visualization and concept that describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Changes to policy, systems, and environments are located towards the bottom. Groups were asked to consider addressing community health needs towards the bottom of the pyramid, while still recognizing that there is value impacting the community at all levels. This is due to the
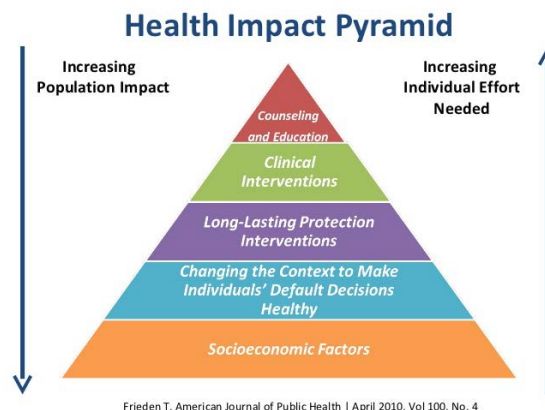


*Figure 5: The Health Impact Pyramid*

fact that, although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized at all intervention levels. Figure 5 displays the Health Impact Pyramid.

Evidence Based Public Health Practices are interventions that are based in scientific reasoning and use data and information systems to systematically implement programs with proven efficacy. They have been evaluated and have shown evidence that they are effective in changing behavior and health outcomes within populations.

The following pages include an overview of the priorities and the goals and objectives outlined during CHIP development that will improve the health of Fairfield County.

## Our plan to address Priorities

## Priority: Obesity



About 7 out of 10 adults are overweight or obese.

**Why is this a priority?** Obesity affects the quality of life of Fairfield County in myriad ways, not the least of which is the fact that several of the leading causes of death in here are linked to obesity. According to the 2019 Fairfield County Community Health Assessment (CHA), the mortality rate for coronary artery disease is 59.9 per 100,000 population and the mortality rate for heart attack is 22.8 per 100,000 population. Many chronic conditions are related to obesity and can lead to both coronary artery disease and heart attack. 41.0% of Fairfield County residents have been diagnosed with hypertension, 30.5% with high cholesterol, and 12.2% with diabetes. While there a variety of quality resources in the community, there is an overall lack of consistent education on health and how to use those resources to enhance personal health. Resources are also not equitably available to vulnerable populations. In order to change this, we must shift the culture in Fairfield County to create a healthier lifestyle for residents. The CHA found that 12.1% of survey respondents believe that obesity, poor diet, and lack of exercise are a major health issue.

| Physical Activity and Nutrition | |
| --- | --- |
| Times engaged in physical activity in the past month (median) | 10 |
| Daily fruit serving intake (median) | 1 |
| Daily vegetable serving intake (median) | 2 |

**Our plan:** We will leverage our resources to improve the overall health awareness and spark a shift in the culture of Fairfield County that will improve the attitudes and behaviors of our residents.

**Goals:** Decrease obesity related chronic disease rates, increase physical activity rates, Increase fruit and vegetable consumption

> **Key Measure(s):** Coronary artery disease mortality, heart attack mortality, median physical activity, fruit and vegetable consumption
>
> **Vulnerable populations impacted by CHIP:** Youth (Implement school wellness policy to improve youth health outcomes), low income residents (food bank produce prescriptions)

**Objectives:**

- Increase attendance at clinical education events by 2% annually
- Increase publicly available physical activity events by 10%
- Implement school wellness program in at least 3 school buildings
- Increase referrals for produce prescriptions by 10%

About 5 out of 10 adults think drug abuse is a top health concern.

**Why is this a priority?** Substance use is having an impact on all residents of Fairfield County. It is resulting in needless, avoidable deaths, often killing young adults. According to the 2019 Fairfield County Community Health Assessment (CHA), the rate for unintentional overdose due to opioids was 38.1 out of 100,000 population, 57.6% of residents have used marijuana in the past 30 days, and 30.3% of residents engaged in binge drinking. 46.2% of CHA survey respondents identified substance use as one of the most important health problems in the community. The impact on the most vulnerable among us, children is especially devasting. The substance use issue has caused an increase in grandparents raising grandchildren, an increase in children in foster care and an increase in children with behavioral and mental health issues. According to the CHA, youth marijuana use has increased, from 34% of youth reporting marijuana use in 2014 to 40% in 2018. In addition, 15.6% of youth report knowing someone with a heroin abuse or addiction problem. 15.9% report the same for methamphetamine and 18.4% report the same for prescription drug abuse. The issue exhausts the resources within the community and leads to problems with the economy, safety, and community resiliency.

| Youth Survey Results (High School) | |
|---|---|
| Know someone addicted to Heroin | 15.6% |
| Know someone addicted to Methamphetamines | 15.9% |
| Know someone addicted to prescription pain medications | 18.4% |
| Report binge drinking (seniors only) | 42% |

**Our plan:** We will leverage our resources to reduce the number of deaths due to overdose, lessen the financial burden on all systems, increase safety, and foster future generations that are healthier and more productive.

**Goals: Increase awareness of community resources; Increase access to community prevention resources; Increase access to alcohol and other drug treatment services**

> **Key Measure(s):** Digital interactions with unique users; Percent of adults accessing community prevention resources; Opiate overdose death rate

> **Vulnerable populations impacted by CHIP:** Residents suffering from substance use disorder (advocate for policy change to increase certified treatment providers in Fairfield County)

**Objectives:**
- Create a communication plan for community resources
- Create a comprehensive community prevention plan
- Host a forum for providers to learn about integration of physical/mental health/AOD services
- Increase medicated Assisted Treatment services by 5 providers
- Increase number of alcohol and other drug treatment providers by 10%

## Priority: Mental Health, focusing on Depression



About 1 out of 5 adults have been diagnosed with depression.

**Why is this a priority?** Mental health impacts the residents of Fairfield County. Residents facing mental health issues are impacted by reduced functionality, productivity, and connectedness to those around them. Depression and emotional distress are specific mental health issues that affect Fairfield County. According to the 2019 Fairfield County Community Health Assessment (CHA) 21.8% of survey respondents have been diagnosed with depression, while 19.5% of those surveyed have been diagnosed with an anxiety disorder. The suicide rate in Fairfield County is 12.6 per 100,000 population. In addition, mental health carries with it unique barriers to accessing and receiving

| Mental Health Community Indicators | |
|---|---|
| Suicide rate/100,000 | 12.6 |
| % reporting at least one day of poor physical or mental health in past 30 days | 34.7% |
| Diagnosed with anxiety | 19.5% |

treatment to those that are impacted by it. Stigma exists in the community and prevents people from admitting they need help until it is too late. The mental health system is also confusing, with different providers, payors, and access points causing confusion for those that are trying to seek treatment.

**Our Plan:** We will leverage our resources to increase functionality for those in the community that are impacted by mental health and improve access for all Fairfield County residents to seek and receive the treatment they need.

**Goals:** Decrease use of emergency services due to untreated behavioral health disorders; Increase collaboration among providers

> **Key Measure(s):** Percent of people who receive treatment vs. crisis care in the ER; % of providers attending at least one event

> **Vulnerable populations impacted by CHIP:** Mentally ill (policy to increase use of behavioral health navigator)

**Objectives:**

- Increase physician referrals to behavioral health navigator by 25%
- Increase behavioral health navigator patient census by 25%
- Implement educational campaign to enhance awareness of behavioral health issues among medical care providers

# Next Steps and Call to Action

FDH will continue to monitor the CHIP on a regular basis over the next three years. The work plans located in Appendix B identify the agencies and individuals responsible for implementing each of the objectives outlined in this CHIP. FDH will collect monitoring frequency updates from each responsible party in order to gauge the progress of the CHIP. Goals and objectives will be monitored to assure that timeframe targets are being met. To allow the CHIP to evolve with the community, goals and objectives will be adjusted or amended if needed.  FDH will publicly release an annual update, highlighting the success of the CHIP and providing any information on major changes that have been made.

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Fairfield County, please contact Amy Gabriel, FDH Accreditation at 740-652-2841 and amy.gabriel@fairfieldcountyohio.gov.

# Appendices

**Appendix A: CHIP Development Community Participants**

| Work Group | Name | Agency |
|---|---|---|
| Obesity | Resa Tobin | Fairfield Medical Center |
| Obesity | Amy Gabriel | Fairfield Department of Health |
| Obesity | Letisha Wiest | Lancaster-Fairfield Community Action Agency |
| Obesity | Becky Schaade | Fairfield County District Library |
| Obesity | Kacie Funk | OSU Extension |
| Obesity | Julie McCoy | Fairfield Community Health Center |
| Obesity | Andrea Spires | United Way of Fairfield County |
| Substance Use | Lisa Evangelista | Fairfield Community Health Center |
| Substance Use | Jennifer Blackston | The Recovery Center |
| Substance Use | Amy Harris | Fairfield Medical Center |
| Substance Use | Sarah Nelson | Columbus Springs |
| Substance Use | Amy Harris | Fairfield Medical Center |
| Substance Use | Heather O'Keefe | Jobs and Family Services |
| Substance Use | Patti Waits | Fairfield County Alcohol, Drug, and Mental Health Board |
| Mental Health/Depression | Pamela Mahlzahn | integrated Services for Behavioral Health |
| Mental Health/Depression | Maureen Muth | Fairfield County Alcohol, Drug, and Mental Health Board |
| Mental Health/Depression | Brad Hedges | Fairfield Community Health Center |
| Mental Health/Depression | Anna Tobin | Meals on Wheels |
| Mental Health/Depression | Amanda Wattenberg | Ohio Guidestone |
| Mental Health/Depression | Preston Moore | Columbus Springs |
| Mental Health/Depression | Cate Petrowski | Mental Health America of Ohio |
| Mental Health/Depression | Krista Humphries | Jobs and Family Services |
| Mental Health/Depression | Dora Metzger | Fairfield Medical Center |
| Mental Health/Depression & Substance Abuse | Jennifer Saelens | Ohio Guidestone |
| Mental Health/Depression & Substance Abuse | Donna Fox-Moore | Family, Adult and Children First Council of Fairfield County |
| | Tiffany Nash | Fairfield Department of Health |

**Priority #1: Obesity**

| **Goal 1.1:** Decrease obesity related chronic disease rates | | | | |
|---|---|---|---|---|
| **Key Measure(s):** Coronary artery disease mortality rate: 106; Heart attack mortality rate: 40 (Source: 2019 Fairfield County CHA) | | | | |

| **Alignment with State and National Priorities:** | Ohio **SHIP**: Chronic Disease | | | |
|---|---|---|---|---|
| | Healthy People 2020: HDS-2- Reduce Coronary Heart Disease Deaths | | | |

| Objectives | Measure | Action Steps | Lead | Partners in Success |
|---|---|---|---|---|
| **1.1.1:** By December 31, 2022, increase number of people attending clinical educational events by 2% annually. | Baseline: 2019 numbers: unknown<br><br>Target: baseline + 2% annually | • Compile list of community programs being offered throughout community and track attendance to establish baseline<br>• Assess why more people do not participate<br>• Create plan to increase attendance based on that assessment<br>• Increase number of referrals to classes<br>• Create plan for better collaboration among agencies offering clinical education events. | Resa Tobin, FMC | • Fairfield Community Health Center<br>• Health Department<br>• Extension<br>• FMC |

| **Status Updates:**<br>(Date/Person/<br>Update) | |
|---|---|
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| **Goal 1.2:** Increase physical activity rates across the lifespan | |
|---|---|
| **Key Measure(s):** Median times engaged in physical activity in the past 30 days: 10; Median hours participated in physical activity in the past 30 days: 4 (Source: 2019 Fairfield County CHA) | |

| **Alignment with State and National Priorities:** | Ohio **SHIP**: Chronic Disease Prevention |
|---|---|
| | Healthy People 2020: PA-2 – Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity |

Objective(s) that address **policy change(s)** needed to accomplish goal: 1.2.2
*Community will implement school wellness programming in 3 school buildings within Fairfield County to mandate the incorporation of physical activity into the school day*

| Objectives | Measure | Action Steps | Lead | Partners in Success |
|---|---|---|---|---|
| **1.2.1:** By December 31, 2020, increase number of publicly available community physical activity events by 10%. | Baseline: TBD<br>Target: Baseline + 10% | • Create comprehensive list of events within the community to establish baseline<br>• Create plan to increase publicly available events<br>• Healthy Living Coalition leads efforts to organize events | Healthy Living Coalition | Library |

| Status Updates:<br>(Date/Person/<br>Update) | |
|---|---|
| | |
| | |
| | |
| | |

| Objectives | Measure | Action Steps | Lead | Partners in Success |
|---|---|---|---|---|
| **1.2.2:** By December 31, 2022, implement school wellness program in at least 3 school buildings. | Baseline: 0<br>(2020 OSU Extension)<br><br>Target: 3 | • Identify school to pilot wellness programming in, extend into other school buildings once program is implemented successfully<br>• Meet with principle to discuss incorporating wellness programming into school day<br>• Principles implement policies to incorporate wellness programming into school day | Kacie Funk, OSU Extension | • Extension<br>• School principles<br>• Physical education teachers |

| Status Updates:<br>(Date/Person/<br>Update) | |
|---|---|
| | |
| | |
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| | |

| **Goal 1.3:** Increase adult fruit and vegetable consumption |
|---|
| **Key Measure(s):** Average servings of fruit consumed a day: 1; Average serving of vegetables consumed a day: 2 (Source: 2019 Fairfield County CHA) |

| **Alignment with State and National Priorities:** | Ohio **SHIP**: Chronic Disease |
|---|---|
| | Healthy People 2020: NWS-14 – Increase the contribution of fruits to the diets of the population aged 2 years and older; NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged two years and older. |

| Objectives | Measure | Action Steps | Lead | Partners in Success |
|---|---|---|---|---|
| **1.3.1:** Increase number of referrals for prescription produce by 10%. | Baseline: 7 (2019 211 Report) Target: 8 | • Establish baseline of current produce prescription programs via 211 database<br>• Increase collaboration and use of program<br>• Work with agencies that are interested in implementing produce prescription program | Julie McCoy, Fairfield Community Health Center | 211<br>Food Banks |

| **Status Updates:**<br>(Date/Person/ Update) | |
|---|---|
| | |
| | |
| | |
| | |

## Priority 2: Substance Use and Addiction

### Goal 2.1: Increase awareness of community resources

**Key Measure(s):** April 2020 social media interactions with community: 2,691 (Source: Fairfield County ADAMH May 2020 comms report)

| Alignment with State and National Priorities | Ohio SHIP: Mental Health and Addiction |
| --- | --- |
| | *Healthy People 2020: SA- 13: Reduce past month use of illicit substances* |

| Objectives | Measure | Action Steps | Lead | Partner in Success |
| --- | --- | --- | --- | --- |
| **2 .1.1** By December 31, 2022, Fairfield County will have a communication plan for community resources. | Baseline: No current plan Target: Developed plan | • Identify best ways to reach different audiences <br>   o Consider what messaging methods are appropriate: <br>     ▪ Social media <br>     ▪ Traditional media <br>     ▪ Other communication methods <br> • Plan and design your message. <br> • Consider your resources. <br>   o Review existing resource guides and determine best ways to distribute them <br> • Plan for obstacles and emergencies. <br> • Create an action plan to roll out communication plans. | Patti Waits, ADAMH | Agencies and organizations that create public information about substance use resources |

| Status Updates: (Date/Person/ Update) | |
| --- | --- |
| | |
| | |
| | |
| | |

### Goal 2.2: Increase access to community prevention resources

**Key Measure(s):** Percent of adults accessing community prevention resources (Source: ADAMH; number to be updated when assessment results are available, delayed due to COVID-19)

| Alignment with State and National Priorities | Ohio SHIP: Mental Health and Addiction |
| --- | --- |
| | *Healthy People 2020: SA- 13: Reduce past-month use of illicit substances* |

| Objectives | Measure | Action Steps | Lead | Partner in Success |
|---|---|---|---|---|
| **2.2.1** By December 31, 2022, Fairfield county will have a comprehensive community prevention plan. | Baseline: No current plan<br><br>Target: Developed plan | • Conduct environmental scan to determine what current prevention plans exist<br>• Determine where gaps in prevention efforts exist<br>• Develop plan to address gaps that complements existing plans | ADAMH and the Recovery Center | Agencies and organizations that provider programming to prevent substance use |
| **Status Updates:**<br>(Date/Person/<br>Update) | | | | |
| **2.2.2:** By December 31, 2022, Fairfield County will have a forum for providers to learn about integration of physical/mental health/AOD services | Baseline: No forum<br><br>Target: Developed plan | • Develop plan for forum. Consider:<br>  o Logistics<br>    ▪ Audience<br>    ▪ Location<br>  o Publicity<br>  o Purpose:<br>    ▪ Develop strategies to decrease barriers to treatment<br>    ▪ Increase integration of behavioral and physical health<br>• Host forum<br>• Evaluate impact of forum | ADAMH and the Recovery Center | Fairfield Medical Center |
| **Status Updates:**<br>(Date/Person/<br>Update) | | | | |

| **Goal 2.3:** Increase access to alcohol and other drug treatment services | | |
|---|---|---|
| **Key Measure(s):** 2019 Opiate overdose death rate: 26.1 (Source: 2019 Fairfield County Community Health Status Assessment) | | |
| **Alignment with State and National Priorities:** | *Ohio* **SHIP**: Mental Health and Addiction | |
| | **Healthy People 2020:** SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year | |

**Objective(s) that address policy change(s) needed to accomplish goal: 1.3.2**

*Community will advocate for a policy change to increase the number of certified alcohol and drug treatment providers in Fairfield County.*

| Objectives | Measure | Action Steps | Lead | Partners in Success |
|---|---|---|---|---|
| **Objective 2.3.1:** By December 31, 2022, increase Medication Assisted Treatment services by 5 providers. | Baseline: TBD<br>Target: Baseline +X. | • Establish baseline of total providers in community<br>• Identify potential providers that could offer MAT<br>• Develop plan to increase<br>   o Determine steps to increase MAT<br>   o Determine agencies and organizations to implement MAT program in | Lisa Evangelista, Fairfield Community Health Center | Fairfield County ADAMH Board |
| **Objective 2.3.2:** By December 31, 2022, increase number of alcohol and other drug treatment providers by 10%. | Baseline: TBD<br><br>Target: Baseline + XX%. | • Create list of certified treatment providers to establish baseline. Collect information on the following for metric:<br>   o MDs with credentials<br>   o LICDC<br>   o LISW<br>   o Nurse practitioners<br>• Advocate with legislators to increase<br>   o Convene group to lead advocacy effort<br>   o Leverage existing efforts by opiate task force<br>• Other possible efforts:<br>   o Help people identify what Fairfield County has to offer as a work community<br>   o Increase awareness among providers about certifications | Lisa Evangelista, Fairfield Community Health Center | Fairfield County ADAMH Board |

## Priority #3: Mental Health, focusing on Depression

### Goal 3.1: Decrease use of emergency services due to untreated behavioral health disorders

**Key Measure(s):** Percent of people who receive treatment vs crisis care in ER (Source: Fairfield Medical Center)

| Alignment with State and National Priorities | Ohio **SHIP**: Mental Health and Addiction |
| --- | --- |
| | Healthy People 2020: **MHMD-9** Increase the proportion of adults with mental health disorders who receive treatment |

Objective(s) that address **policy change(s)** needed to accomplish goal: 3.1.1
*Community will implement organizational level policies to encourage physicians to refer to the Behavioral Health Navigator*

| Objectives | Measure | Action Steps | Lead | Partners in Success |
| --- | --- | --- | --- | --- |
| **3.1.1:** By December 31, 2022, increase the number of physicians who refer patients to the behavioral health navigator by 25%. | Baseline: TBD Target: Baseline + 25% | • Establish baseline<br>• Assess why Navigator is not more utilized<br>• Draft plan to increase utilization based on results of assessment<br>• Assess behavioral health system capacity for increased patients based on enhanced navigator role<br>• Educate physicians on navigators | Catherine Petrowski, Mental Health America of Ohio. | ADAMH Board FMC Physicians |
| **Status Updates:**<br>(Date/Person/ Update) | | | | |
| **3.1.2:** By December 31, 2022, Increase use of navigator census by 25%. | Baseline: TBD Target: Baseline + 25%. | • Assess why Navigator is not more utilized<br>• Draft plan to increase utilization based on results of assessment<br>• Assess behavioral health system capacity for increased patients based on enhanced navigator role<br>• Develop age group targeted messages<br>• Distribute messages | Catherine Petrowski, Mental Health America of Ohio | |
| **Status Updates:**<br>(Date/Person/ Update) | | | | |

| Goal 3.2: Increase collaboration among medical providers. | | | | |
|---|---|---|---|---|
| **Key Measure(s):** % of providers attending at least one event (Source: ADAMH) | | | | |
| **Alignment with State and National Priorities** | **Ohio SHIP**: Mental Health and Addiction | | | |
| | Healthy People 2020: **MHMD-9** Increase the proportion of adults with mental health disorders who receive treatment | | | |
| **Objectives** | **Measure** | **Action Steps** | **Lead** | **Partners in Success** |
| **Objective 3.2.2:** By December 31, 2022, implement education campaign to create awareness of behavioral health needs for medical providers. | Baseline: 0 Target: 1 implemented educational campaign | • Convene group to run campaign<br>• Determine messaging methods<br>• Design messages<br>• Develop trainings on symptoms of behavioral health issues<br>• Budget activities, allocate funding (if needed)<br>• Implement campaign<br>• Evaluate impact and adjust messaging as needed | ADAMH | MHA FMC |

**CHA** – Community Health Assessment; the collection, analysis, and distribution of information on the health status and health needs of the community, including statistics on health status, community health needs/gaps/problems, and assets.

**CHIP** – Community Health Improvement Plan; a long-term and systematic plan to address health priorities that were drafted as a result of the CHA.

**EBPHP** – Evidence Based Public Health Practice; the implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

**FDH** – Fairfield Department of Health

**FMC** – Fairfield Medical Center

**HP2020** – Healthy People 2020; the federal government's prevention agenda that is updated every 10 years.

**National Prevention Strategy** – From the office of the Surgeon General, lays out a prevention-oriented society where communities work together to achieve better health for all Americans.

**ODH** – Ohio Department of Health

**OSU CPHP** – The Ohio State University Center for Public Health Practice

**PHAB** – Public Health Accreditation Board; the accrediting organization for local, state, and tribal public health in the United States.

**SHIP** – State health improvement Plan; a CHIP completed at the State level.

## Appendix D: Assets and Resources

### Priority 1: Obesity

- YMCA
- Fairfield County 2-1-1 Information and Referral Services
- Produce Prescription
- Produce Perks
- Olivedale
- Meals on Wheels Behavioral Health
- ADAMH
- Fairfield Medical Center
- Fairfield Community Health Center
- Help Me Grow Early Intervention
- Local food pantries
- Library events (free yoga)
- Silver Sneakers
- Move with the Mayor/Walk with a Doc walking programs
- Lancaster Farmers Market
- Lancaster Alive (civic group exercise clubs)
- Running clubs
- Fitness organizations
- Local trails and paths
- FMC/YMCA partnership (free classes)
- OSU extension Fairfield County
- Ohio University Lancaster
- Other schools/sports at school
- Fairfield Department of Health
- Fairfield Agricultural Center
- Parks and Recreation Department
- Metro Parks
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- Chamber of Commerce
- Workplace health plans

### Priority 2: Substance Use and Addiction

- Fairfield County Job and Family Services
- Lutheran Social Services
- Faith-based communities
- Olivedale
- New Horizons
- ADAMH
- Prime Behavioral Health
- Integrated Services for Behavioral Health
- Ohio Guidestone
- Changes in Pickerington
- Project DAWN
- Diley Ridge detox
- Fairfield Community Health Center
- Mount Carmel Behavioral Health
- Mid-Ohio Psychological Health
- The Recovery Center in Lancaster
- United Way
- Pearl House
- Rutherford House
- Creed of Recovery
- The Refuge
- AAA
- Drug free clubs in schools
- DARE
- Schools (general)
- Court System
- Project FORT/Major Crimes Unite
- Highway Patrol
- Sheriff's Office
- Lancaster Police Department
- Chamber of Commerce
- Fairfield County Board of Developmental Disabilities

## Priority 3: Mental Health with a focus on depression

- Fairfield County 211 Information and Referral Services
- Faith Based organizations
- New Horizons
- Meals on Wheels
- Behavioral health agencies
- ADAMH
- Mid-Ohio Psychological
- Integrated Services
- The Parent Project/Parenting programs
- The Recovery Center at Lancaster
- Changes in Pickerington
- Fairfield Medical Center
- Fairfield Department of Health Women, Infants and Children
- Jail Program
- OhioGuidestone
- Fairfield Community Health Center
- Mental Health America of Ohio