



**Miami County
Public Health**

Prevent. Promote. Protect.

MIAMI COUNTY 2018-2020 COMMUNITY HEALTH IMPROVEMENT PLAN

FEBRUARY 2018



Miami County – Leading You To Better Health

ABSTRACT

This is a companion document to the 2017 Miami County Community Health Assessment, which resulted in the selection of strategic issues/priorities. This plan outlines the work that will be done to improve health outcomes by addressing the priorities. It will be used by community partners as a guide for the collaborative process of improving health in Miami County.

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Acknowledgements

Miami County Public Health contracted with the Applied Policy Research Institute (APRI) of Wright State University to conduct the 2017 Community Health Assessment and to facilitate the 2018-2020 Community Health Improvement Plan. For this Community Health Improvement Plan (CHIP), Miami County Public Health convened, coordinated, and staffed all steering committee and task force meetings, provided research of evidence-based practices, and co-developed the CHIP document.

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Introduction

This Community Health Improvement Plan (CHIP) represents collaboration among Miami County Public Health, the Mental Health Recovery Board, the Department of Job and Family Services, city governments, foundations, and local nonprofit organizations. This partnership was formed with the ultimate goal of improving the health status of Miami County residents by periodically assessing the community health needs and fostering a community-based action planning process. This CHIP was developed through the leadership of Miami County Public Health and 32 community representatives from 25 organizations who formed a Steering Committee, and was facilitated by Wright State University's Applied Policy Research Institute. The CHIP development process was completed in February 2018. These organizations partnered (1) to assess the community's health using Mobilizing for Action through Planning and Partnerships (MAPP), and (2) to develop evidence-based solutions in response to the Community Health Assessment (CHA) findings. MAPP was selected as the improvement model approach because this model provides a framework that ensures the inclusion of community planning essentials – a good structure for conducting the work, wide community collaboration, thorough use of qualitative and quantitative data, and guidance for evidence-based research and prioritization.

The CHIP was developed based on the primary and secondary data analysis and efforts carried out in the development of the Community Health Assessment. The Community Health Assessment research effort included: a demographic analysis; a survey of 400 adult residents selected at random; a survey of 200 service providers; a survey on youth; focus group sessions with senior citizens, the Farm Bureau, and patrons of Partners in Hope (provides immediate needs assistance and education); a forces of change assessment with key informants; a local public health system assessment; a community themes and strengths assessment; as well as analysis of data from the Miami County Health Department, the Ohio Department of Health, Ohio Department of Job and Family Services, Mental Health & Recovery Board, Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, and the Bureau of the Census' American Community Survey. The Community Health Assessment addresses secondary data for maternal and infant health data, behavioral risk factors, clinical and preventive services, diseases (such as cancer), and leading causes of death. The steering committee has met to study the results and identify health priorities. After the community stakeholders in the Steering Committee were presented with the community health assessment data, they selected three priority areas for Miami County:

-) Maternal and Family Health
-) Chronic Disease
-) Mental Health and Addiction

Description of Miami County

Miami County is located in the southwestern part of the State of Ohio, just north of Montgomery County. Miami County is bordered on the north by Shelby County and on the west by Darke County. Miami County is bordered on the east by Champaign and Clark Counties. Miami County, located along the Great Miami River, is primarily agricultural. The County has a land area of 407 square miles. Land use within the county is arranged into five major categories and the largest use of land is for cropland

(70.6%).¹ Interstate 75 bisects the county and the largest cities are located along I-75. The most heavily concentrated areas are in the cities of Piqua, Tipp City, and Troy.

Miami County's total population is estimated to be about 104,679 in 2016.² Its largest city and county seat is Troy with an estimated 25,411 residents.³ The Ohio Development Services Agency forecasts Miami County's overall population to remain steady through the year 2040, only increasing by 2,500 residents. The population over the age of 65 is projected to increase its proportion of the population by approximately 4% by the year 2040, when one out of every five residents of the county is expected to be over the age of 65. According to the U.S. Census Bureau, there were 103,517 people living in Miami County in 2015, with 7.1% of the population under 5 years of age, 19.2% under 15 years of age, and 16.7% 65 and over.⁴

Households with no children made up approximately 69.3% of households in Miami County, according to the most recent American Community Survey. Married couples with children accounted for 19.4% of households. Single-parent families accounted for 10.9% of families with children in Miami County. Single-family households are distributed throughout the county, but are most heavily concentrated in jurisdictions along I-75 (Troy, Piqua, and Tipp City) and West Milton.

There are 41,135 households in Miami County and 27,794 family households. About 70.3% of housing units are owner-occupied and 29.7% are renter-occupied. Of those family households, 27.0% have children under the age of 18. One in ten (9.5%) of family households live in a female-headed household with no male present, and 4.8% live in a male-headed household with no female present. One-third of children in poverty live in female-headed households (35.1%). In fact, 12.8% of Miami County's population lives in poverty.

There are 28,831 Miami County residents that met guidelines to qualify for many Federal Low-Income Assistance Programs (i.e., food and nutrition assistance programs, home energy assistance programs, and low-income Medicaid coverage, etc.). Income eligibility to qualify for these program benefits or entitlements is based around the 185% poverty rate. Using this metric, 28.2% of Miami County residents are considered to be low-income (below 185% of the poverty rate). Low income populations are most heavily concentrated in the five largest jurisdictions of the county – Troy, Tipp City, Piqua, West Milton, and Covington.

Approximately one out of ten adults ages 25 and over (11.4%) in Miami County do not have a high school diploma. The percent with a bachelor's degree or higher is 20.6% versus 26.1% for Ohio. Although Miami County residents are much less likely to have a bachelor's degree or higher when compared to the state, they are closely comparable to the average percentage of residents who have completed some college (21.7% in Miami County, 20.7% in the State of Ohio). In Miami County, 52,600

¹ (Ohio Development Services Agency 2016)

² (Ohio Development Services Agency 2016, <https://development.ohio.gov/files/research/C1056.pdf>)

³ U.S. Census Bureau 2015)

⁴ (Ohio Development Services Agency 2013)

individuals, ages 16-64, participate in the civilian labor force.⁵ The unemployment rate has dropped from 11.1% in 2010 to 3.9% in 2017.⁶ The median household income (\$51,569) in Miami County is higher than the median for the State of Ohio and lower than the median household income for the nation. According to a recent study by the Massachusetts Institute of Technology, the required annual income before taxes of a single Miami County adult with no children is \$21,632 to be considered a sustainable or living wage. For a household with one adult and one child, a wage earner must earn \$46,322 before taxes to be considered a living wage.⁷ According to the Census Bureau's American Community Survey, one out of six (17.4%) Miami County residents are employed in occupations that do not pay what is considered to be a living wage (based on median income) for a single adult. An additional 29,615 (60.2%) of individuals work in occupations where the median income is insufficient to be considered a sustainable wage for a household with one adult and one child.⁸

A Message from the CHIP Steering Committee

The Community Health Improvement Plan (CHIP) is the result of the work of many local residents, community members, and partner organizations helping to improve the health status of Miami County residents. This Community Health Improvement Plan represents a long-term plan to improve the health status of the County in three priority areas. The success of this plan depends on the Miami County community as a whole to embrace individual and community health. This plan is a call to action for community organizations and leaders.

Thanks are in order to all the members who participated in the CHIP Steering Committee as well as the Steering Committee members who were engaged in the Community Health Assessment and the sub-committees. Members met over the course of four months to establish the goals, objectives, and strategies described within this plan. Appreciation is extended to Samaritan Behavioral Health, Miami County Public Health, Piqua Health Department, OSU Extension, City of Troy, Edison Community College, Ohio Department of Rehabilitation and Corrections, Piqua Compassion Network, Area Agency on Aging, Crosswave Health, NAMI, Family and Children First Council, Miami County Park District, Partners in Hope, The New Path, Council on Rural Services, Piqua Police Department, Riverside Developmental Disabilities, SafeHaven, Educational Service Center, Celebrate Recovery, Miami County Recovery Council, Job and Family Services, Help Me Grow, Tri-County Board of Recovery and Mental Health Services, and Miami County Recovery and Wellness for their support on the Steering Committee and Task Forces. Dennis Propes and Janel Hodges planned the Steering Committee meetings, co-led task force meetings, and advised the consultant on day-to-day matters.

This document, which will be located online and in print, will provide a framework for various community health initiatives between now and 2020. Miami County residents are invited to play a part in this plan to improve the health of the community. Annual reports on progress will be made to the Family and Children First Council and the Miami County Continuum of Care. Progress tracking will be the

⁵ Civilian labor force. This is the sum of employment and unemployment. It comprises civilians 16 years of age and over who are working or seeking work. It excludes military personnel, persons in institutions, those studying or keeping house full-time, persons who are retired or unable to work, and volunteer workers.

⁶ (Ohio Department of Jobs and Family Services 2017)

⁷ (Massachusetts Institute of Technology 2018)

⁸ (U.S. Census Bureau 2015)

responsibility of Miami County Public Health working with the task force lead partners. Miami County Public Health will also track progress in the form of a dashboard to enable the public to monitor community progress.

CHA/CHIP Steering Committee Members

Name	Position	Agency/Organization
Alisha Barton	Program Assistant	OSU Extension
Nate Bednar	Emergency Preparedness Coordinator	Miami County Public Health
Michele Bowman	Accreditation Coordinator & Human Resources	Miami County Public Health
Ann Finnicum	Wellness and Communications Manager	MCDC Board, Area Agency on Aging
Darlene Francis	Director of Student Health Services	Edison State Community College
Rajan Gupta	CEO	Crosswave Health
Rick Harmon	Re-entry Coordinator	Ohio Department of Rehabilitation & Corrections
Janel Hodges	Epidemiologist	Miami County Public Health
Cindy Holloway	Clinical Director	Recovery & Wellness Centers of Midwest Ohio
Sonia Holycross	Education and Development Coordinator	Partners in Hope, Inc.
Nancy Horn	Director Community Care	Samaritan Behavioral Health
William Lutz	Executive Director	The New Path, Inc.
Jordan Phillips	Injury Prevention Coordinator	Miami County Public Health
Dennis Propes	Health Commissioner	Miami County Public Health
Brad Reed	Director of Community Resource Development	Tri-County Board of Recovery & Mental Health Services
Rebecca Sousek	Executive Director	Piqua Compassion Network
Marion Swanson	Health & Wellness Director	Miami County Park District
Amy Welker	Environmental Health Director	City of Piqua Health Department

Steering Committee Facilitator: Wright State University Applied Policy Research Institute

Vision and Values

The Community Health Assessment Steering Committee came together on September 22, 2017 to discuss and update the Community Health Assessment vision and tagline used to guide the Miami County Community Health Improvement Plan. The Steering Committee discussed and then accepted the vision and tagline they created for the Community Health Assessment:

2017 Vision Statement

A community that provides the foundation for people to be self-sufficient, and resourceful to minimize disease and substance abuse while increasing emotional health to attain lifelong wellness.

2017 Tagline

Miami County – Leading You to Better Health

The vision statement and tagline guided the selection of the strategic priorities to be addressed in the Miami County CHIP. These statements were also used to discern the types of strategies selected to address the CHIP priorities and were provided in writing to CHIP task force members and steering committee members whenever strategic decisions were being made.

CHA/CHIP Steering Committee Definitions of Health and a Healthy Community

Definition of Health: the Community Health Assessment Steering Committee members defined Health as “a balance of body, mind, and social well-being; the knowledge of living a healthy lifestyle; plus knowing how to prevent sickness and understanding the connection between prevention and leading a healthier life.”

Definition of a Healthy Community: Steering Committee members defined a Healthy Community as “having caring and understanding citizens; accessible healthcare; less visible disparity; resiliency (the community has communication and infrastructure to withstand natural and other disasters); and sustainable jobs for people to maintain a healthy lifestyle.”

Steering Committee members described the **traits of a healthy community** as:

- | | |
|--|---|
| <ul style="list-style-type: none">) Communication and collaboration among organizations.) People have access to physical activity opportunities and outdoor amenities.) Community Engagement in community programs and opportunities for youth to engage in a variety of activities.) Well informed public.) Access to needed services and affordable healthcare.) Services for seniors (access) – ex. public transportation) Employment Opportunities | <ul style="list-style-type: none">) Quality Education and high education attainment and graduation rates) Clean and well maintained neighborhoods) Clean water supply) Lack of blight) Low crime rate) Fewer health disparities) Involved government) Diversity) Collective desire to strive to be healthy, build each other up |
|--|---|

Community Health Improvement Process

The Community Health Improvement Process is a comprehensive approach to assessing community health and developing and implementing action plans to improve community health through community member and partner engagement. The community health improvement process includes two parts:

The **community health assessment** engages community members and partners to collect and analyze health-related data and information from a variety of sources. The findings of the community health assessment inform community decision-making, the prioritization of health problems, and the development and implementation of a community health improvement plan.

The **community health improvement plan** is action-oriented and outlines the community health priorities based on the community health assessment, community leader input, and community-wide input. The plan presents community health priorities and how they will be addressed to improve the health of the community.

This document presents the Miami County Community Health Improvement Plan which was developed by three task forces and the Steering Committee and was facilitated by Wright State University's Applied Policy Research Institute. The plan was largely informed by the community health assessment and guided by evidence-based research. The steering committee followed the Mobilizing for Action through Planning and Partnership (MAPP) framework:

-) Conducting forces of change, community themes and strengths, local public health system, and community health status assessments to create the Community Health Assessment;
-) Developing strategic issues based on the community health assessment findings and based on the expertise of steering committee members;
-) Identifying overarching goals, objectives and strategies to address the strategic issues;
-) Writing clear objectives and determining performance measures to monitor implementation and improvement; and
-) Creating action plans that determined the steps to implement chosen strategies, which will lead and support the implementation, the outcomes, and the time frame for implementation.

Priority Selection and Strategy Development Process

The steering committee carried out a five-step priority setting process to identify the health issues of greatest importance to the community.

1. In the first step, researchers at Wright State University partnered with Miami County Public Health, and used the criteria of **prevalence, seriousness, and impacts on other health issues** to begin the process of culling through the data. The "impacts on other health issues" research provided insight into the **social determinants** of health which are presented in the CHA report.
2. In the second step, the steering committee came together to review the Significant Health Issues Summary. The significant health issues summary listed over 50 county data indicators according to their prevalence, seriousness (such as resulting in death or hospitalization), trends, comparison to the state and/or nation, and impacts on other health issues.
3. In the third step, an analysis was reviewed that **identified statistically significant health inequities**; the presentation of these data measured the relationship between age, sex, income, and education on 25 different health indicators. Considering the data from steps 1 through 3, the steering committee listed the following public health concerns.

-) Family Health (Healthy relationships, child health)
-) Primary Care Physician access
-) Maternal and Infant Health
-) Kindergarten Readiness – reading/literacy 0-3, as well as grandparents raising kids
-) Chronic Disease
-) Obesity – which causes other health problems
-) Mental Health and Addiction
-) Drugs – overdose and deaths
-) Poverty – which affects a person throughout the life span
-) Breakdown of the nuclear family – leading to violence, mental health issues, etc.
-) Aging population

4. In the fourth step, the steering committee applied a modified list of questions similar to the PEARL Test and narrowed the focus down to three strategic issues. The criteria pertained to:
-) **Urgency** – what are the consequences of not addressing this issue for the overall population and for populations experiencing health inequities?
 -) **Economics** – does it make economic sense to address this issue?
 -) **Acceptability** – are stakeholders and the community ready to address this priority?
 -) **Alignment** – can this effort align with a group already working on this issue and does this issue align with the State Health Improvement Plan?
 -) **Resources** – is funding likely to be available to address this issue? Are organizations able to offer personnel time and expertise or space needed to address this issue?

Applying these criteria, the three priority areas selected for the Miami County Community Health Improvement Plan are:

-) Alignment to State Priority: Chronic Disease
-) Maternal and Family Health
-) Alignment to State Priority: Mental Health and Addiction

5. In the fifth step, the steering committee applied the following questions to ensure that truly strategic issues had been identified.
-) Is the issue related to the vision?
 -) Will the issue affect the entire community?
 -) Is the issue something that will affect the community now and into the future?
 -) In order to address the issue, is leadership support needed or is there already a leadership group in place addressing this issue sufficiently?
 -) Are there long term consequences of not addressing this issue?
 -) Does the issue require the involvement of more than one organization?
 -) Does the issue create tension in the community?

Task force chairpersons were identified and task force members were recruited for the three health priorities. The task forces were chaired by Miami County Public Health. The next section presents background data from the CHA as context for the CHIP priorities.

Background Data for the Health Priorities

Chronic Disease

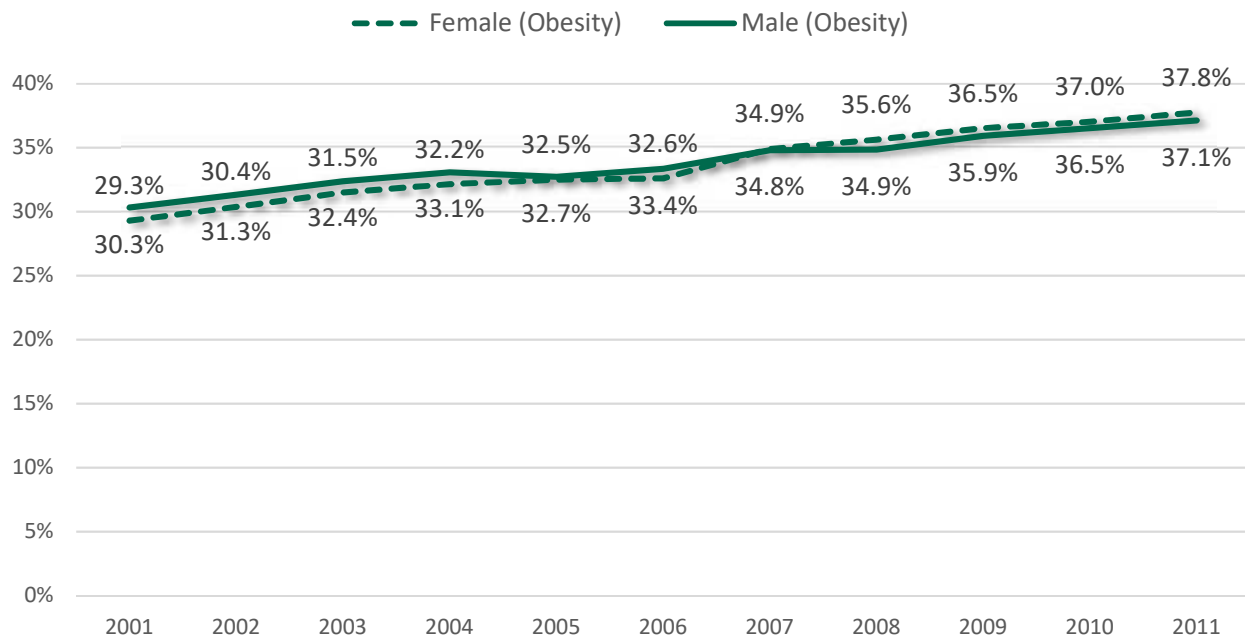
Strategic Issue: How do we promote wellness resources in Miami County?

Key health risk factors that lead to disease and death:

- Low physical activity makes a female at risk for 5 leading causes of death vs 4 for men (excluding breast cancer); 25% of adults in Miami County have no leisure time physical activity. While, 54.3% of adult males and 50.6% of adult females aged 20 and over are engaging in sufficient physical activity. Sufficient physical activity is considered at least 150 minutes of moderate or 75 minutes of vigorous leisure time physical activity per week.
- Obesity in Miami County has increased over the years and currently 37.8% of female adults and 37.1% of male adults are obese.
- Diabetes prevalence is higher among Miami County adults than among Ohio adults (14.4% vs. 11.8%).
- The percent of County adults reporting poor to fair health is 13% versus 15% for Ohio.

The following graph presents the trends in obesity in Miami County over an eleven year span. As shown in the following figure, more Miami County adults are reporting personal obesity every year.

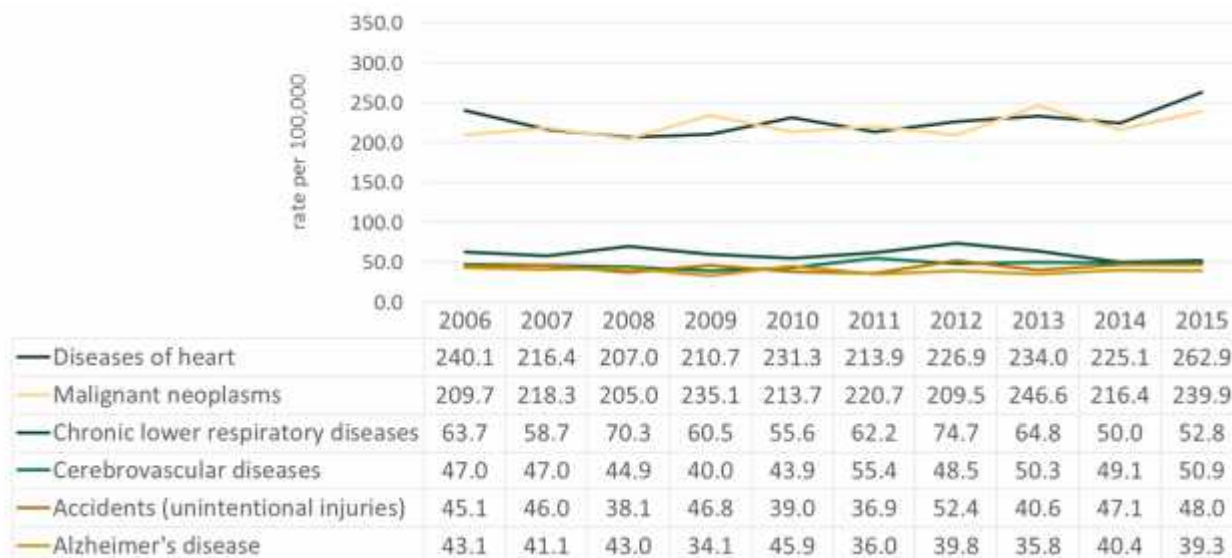
Prevalence of Adult Obesity in Miami County, 2001-2011



Source: Institute for Health Metrics and Evaluation

The leading causes of death in Miami County are heart diseases, malignant neoplasms, chronic lower respiratory diseases, cerebrovascular diseases, accidents/unintentional injuries, and Alzheimer's disease.

Top Six Leading Causes of Death for the Adult Population, 2006-2015 (crude rate per 100,000)



Source: Ohio Department of Health, Mortality Data

According to the Miami County Community Health Assessment Survey:

-) 28.2% of adults have high blood pressure versus 34.3% for Ohio adults and 30.9% for U.S. adults.
-) 26.2% of Miami County adults have not participated in some sort of moderate aerobic activity in the past month.
-) 8.1% have heart disease vs. 4.2% for Ohio and 3.9% for the U.S.
-) Only 7.8% of respondents indicated that they consume the recommended 2 servings of fruit and 3 servings of vegetables per day. However, most respondents reported that they do consume fruits (77%) and vegetables (82.8%) daily, just not the daily recommended intake of each.
-) 1.7% have had a stroke.

According to the U.S.D.A. data provided by Feeding America, 13,580 people, including 5,130 children, in Miami County were food insecure in 2015. That means 1 in 8 individuals (13.1%) and 1 in 5 children (21.2%), lived in households without consistent access to adequate food. One out of every three (31%) food insecure people in Miami County have incomes that do not qualify for nutrition assistance programs (income is at or above 185% poverty threshold) and another 16% are over the Supplemental Nutrition Assistance Program (SNAP) threshold limit which is 130% of poverty. Feeding America also estimated that 28% of the children experiencing food insecurity in Miami County are also likely ineligible for federal nutrition programs based on household income. In addition, the Survey on Youth conducted for the County's CHA found that poor health and diet are considered common challenges among Miami County Youth.

Health Inequities in Chronic Diseases

County, State, and National Comparison of Chronic Disease and Injury Prevalence

Key Variable	Miami County 2017		State of Ohio 2015			Nationwide (States & DC) 2015		HP 2020	
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median		Balance
High Cholesterol	23.6%	386	36.7%^	10,463	4,571	5,892	36.3%^	63.7%	13.5%
High Blood Pressure	28.2%	386	34.3%^	11,886	5,420	6,466	30.9%^	69.1%	26.9%
Angina or Coronary Heart Disease (CHD)	8.1%	386	4.2%	11,818	823	10,995	3.9%^	96.1%	N/A
Heart Attack (myocardial infarction (MI))	2.6%	386	4.9%^	11,861	889	10,972	4.2%^	95.8%	N/A
Stroke	1.7%	386	3.5%^	11,886	624	11,262	3.0%^	97.0%	N/A
CHD or MI	8.7%	386	7.0%	11,819	1,299	10,520	6.1%^	93.9%	N/A
Diabetes	14.4%	386	11.8%	11,905	1,955	9,950	10.8%^	89.1%	N/A
Asthma	10.2%	386	14.1%	11,873	1,533	10,340	14.3%^	85.8%	N/A
COPD	7.5%	386	7.9%	11,865	1,324	10,541	6.2%^	93.8%	N/A
Kidney Disease	1.3%	386	3.2%*	11,884	547	11,337	2.7%^	97.3%	13.3%

^ Significant at the .05 Level

* Significant at the .01 Level

Miami County Populations with a Significantly Higher Prevalence of Selected Chronic Diseases, 2017

Key Variable	Sex	Adults 55 Years of Age or Older	Household	
			Income <\$15,000	< High School Education
Chronic Health Conditions – Ever Told				
High Cholesterol		X	X	X
High Blood Pressure		X		
Angina or Coronary Heart Disease (CHD)		X		X
Heart Attack (myocardial infarction (MI))	X (male)			
Stroke				
Diabetes		X		
Asthma				X
COPD		X	X	X
Kidney Disease				
Fall related Injury (adults 45+)		N/A		X

Maternal and Family Health

Strategic Issue: How do we improve coordination of county resources to more effectively respond to families in crisis?

The percentage of women in Miami County who smoke during pregnancy is 16.3%, which is nearly 12 times higher than the HP2020 goal (1.4%).

Percentage of Births to Mothers Who Smoked, 2010-2014



Source: Ohio Department of Health

In Miami County, the low birth weight rate has consistently been lower than the state rate and has achieved or outperformed the HP2020 target (7.8%) every year since 2012. In addition, the birth rate to teenage mothers is consistently lower than the HP 2020 target of 36.2 per 1,000. Over three-fourths (78.8%) of mothers in Miami County receive prenatal care, which is also above the HP2020 goal (77.9%), however this number has been steadily declining since 2010. The infant mortality rate in Miami County is lower than the state rate (5.4 per 1,000 vs. 7.5 for Ohio).

Miami County also considers education to be a part of family health priorities. In Miami County 52% of children assessed for Kindergarten are not demonstrating readiness in social foundations, math, language and literacy, and physical well-being and motor development. Specifically, 13.4% show emerging (or the earliest signs) of readiness, and 38.3% are approaching readiness. The four-year high school graduation rate is 94.0%. The percentage of Miami County adults having a college degree is 30.1% versus 34.3% for Ohio adults and 37.8% for the U.S.

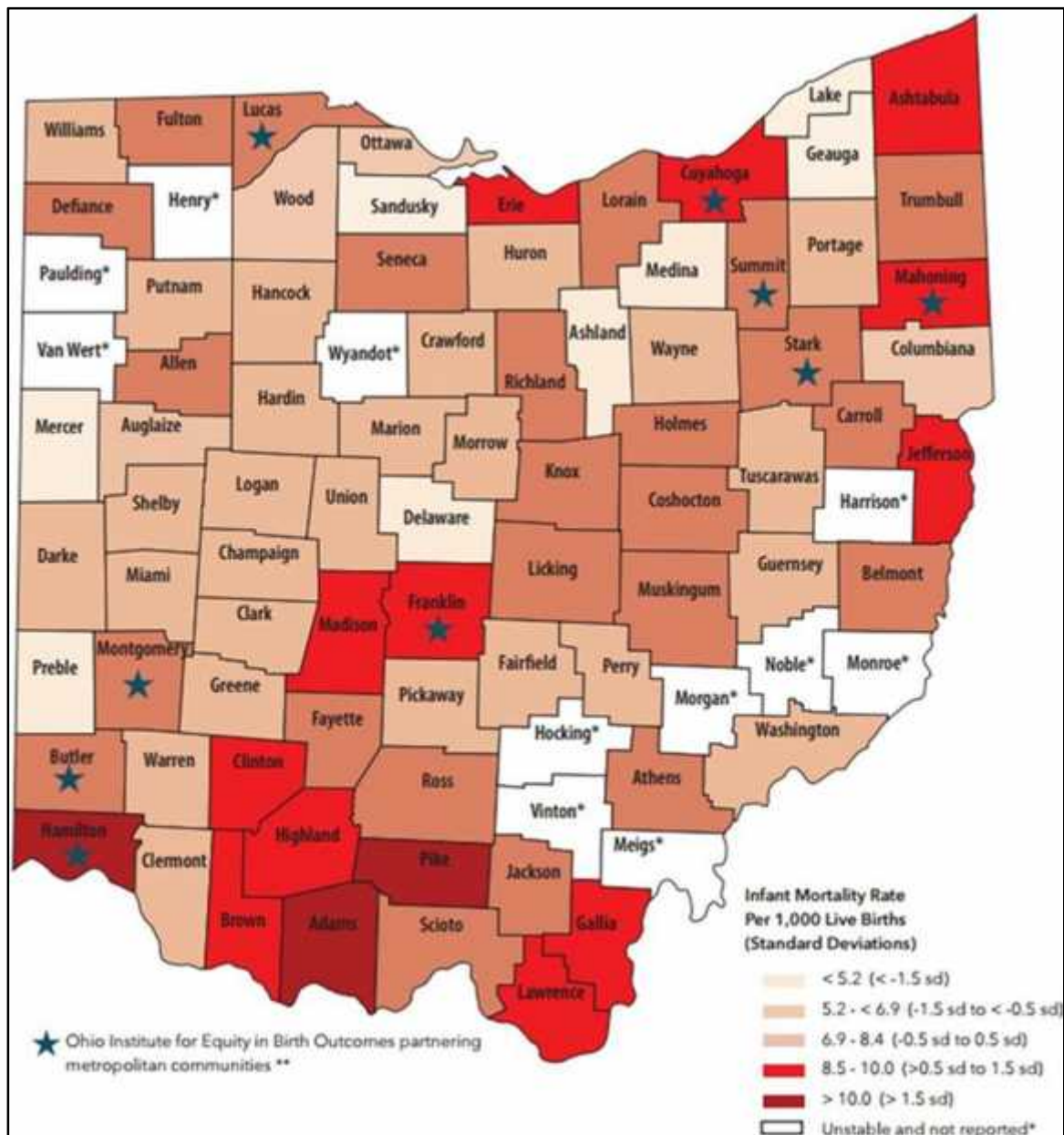
Miami County also considers youth issues when evaluating family health. The Survey on Youth conducted with Miami County organizations that serve youth found that:

-) Youth need the following additional services to meet their needs:
 - o Connecting youth to the mental health services they need (77%)
 - o Guidance counseling to address social and emotional needs (77%)
 - o Referrals to youth mental health providers (73%)
 - o Before-school or after-school program providing instruction beyond normal school (73%)

- Before-school or after-school care for students who need academic assistance (72%)
- ⌋ The most pervasive youth challenges pertain to: lack of parental involvement in the youth’s education, poverty, and youth apathy.

The Miami County Service Provider Survey also identified providing youth services and programs as a top issue the community must rally around.

Violence, child abuse and neglect also effects family health in Miami County. The domestic violence six-year average rate per 100,000 is 846.2, which is higher than the rate for Ohio (624.8). The rate of child abuse and neglect per 1,000 children is 14.4 in Miami County and 30.9 in Ohio. Miami County’s infant mortality rate is in the second lowest quintile in Ohio.



Health Inequities in Maternal and Family Health

County, State, and National Comparison of Health Access Indicators

Key Variable	Miami County 2017		State of Ohio 2015			Nationwide (States & DC) 2015		HP 2020	
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Health Status									
No Health Care Coverage	3.4%	364	8.4%^	11,878	605	11,273	10.8%^	89.2%	0%
No Health Care Coverage for Adults 18-64	4.4%	299	10.2%^	6,936	519	6,417	13.0%^	87.0%	N/A
Could not see a doctor because of cost in past 12 months	9.4%	382	10.7%	11,893	995	10,898	12.1%^	87.9%	4.2%
Had last checkup within past 12 months	76.7%	373	72.0%^	11,750	9,306	2,444	70.2%^	30.9%	N/A
Have at least one (or more than one) health care provider	84.3%	381	82.0%^	11,882	10,601	1,281	78.8%^	21.0%	83.9%

* Significant at the .05 Level

^ Significant at the .01 Level

Miami County Populations with a Significantly Higher Prevalence of Selected Health Access Indicators, 2017

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Health Access				
No Health Care Coverage		X (adults <= 54)	X	
Could not see a doctor because of cost in past 12 months	X (female)	X (adults <= 54)		
Had last checkup within past 12 months		X		X
Have at least one (or more than one) health care provider		X		

Mental Health and Addiction

Strategic Issue: How do we increase mental health and addiction education and training opportunities in Miami County along with increasing awareness of mental health and addiction?

According to the Miami County Community Health Assessment Survey:

- 1.0% of Miami County residents report their household faces problems with prescription or illegal drug use.
 - 13.3% indicated that someone in their family had been affected by street drugs like heroin, methadone, cocaine, etc.
 - 3.9% report alcohol abuse as a problem for their household.
 - 15% of Miami County adults are considered binge drinkers (5+ more drinks on one occasion for males or 4+ for females).
 - 54.7% of respondents from the phone survey indicated that they had not consumed alcohol in the past 30 days.
 - 15% of adults in Miami County smoke cigarettes or cigars and 4.1% smoke a vapor product, while the HP 2020 goal is 12%.
 - When asked how many days in the past 30 days they had poor mental health, 25.7% of Miami County survey respondents indicated they had at least one day in the past 30 where their mental health was not good. Furthermore, 44.1% indicated that poor physical or mental health had kept them from performing their usual activities.
 - 9.5% of respondents indicated that they have a depressive disorder and 7.4% have been diagnosed with mental or emotional problems.
 - Significant differences are witnessed between the sexes in Miami County – 12.7% of female respondents reported being diagnosed with a depressive disorder compared to 5.9% of males.

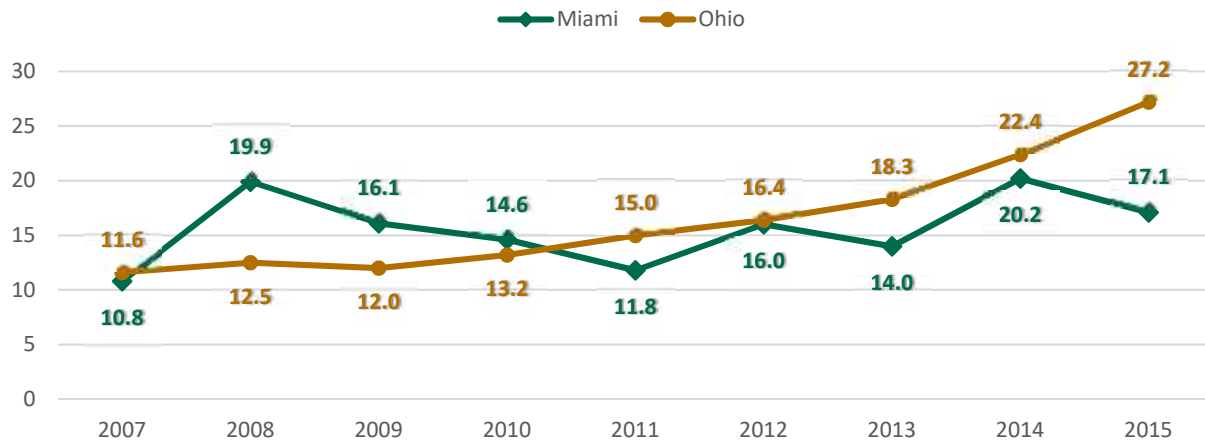
A Survey on Youth and a Service Provider Survey were included as part of the Community Health Status Assessment. Respondents to the Survey on Youth indicated the following as additional services needed to meet youth needs, (1) connecting youth to the mental health services they need, (2) guidance counseling to address social and emotional needs, and (3) referrals to youth mental health providers. Survey respondents from the Service Provider Survey cited that access to the following is a moderate to serious problem:

- Substance abuse treatment for youth (75.9%)
 - Mental health care for children age 17 and under (73.9%)
 - Substance abuse treatment for adults (68.3%)
 - Mental health care for adults (61.1%)

The unintentional drug overdose rate was 17.1 per 100,000 in the Miami County population vs. 27.2 for Ohio in 2015; the recently released 2016 data show a rate of 20.5 in Miami County and 36.8 for Ohio.

The graph below shows the rate rising and falling every other year between 2011 and 2015 with the increases exceeding the decreases. While the percentage of unintentional drug overdose deaths involving heroin was generally lower in Miami County (23.5%) than for Ohio (46.7%), the percentage of unintentional drug overdose deaths involving fentanyl was higher in Miami County than for Ohio in three out of four years (see second graphic below).

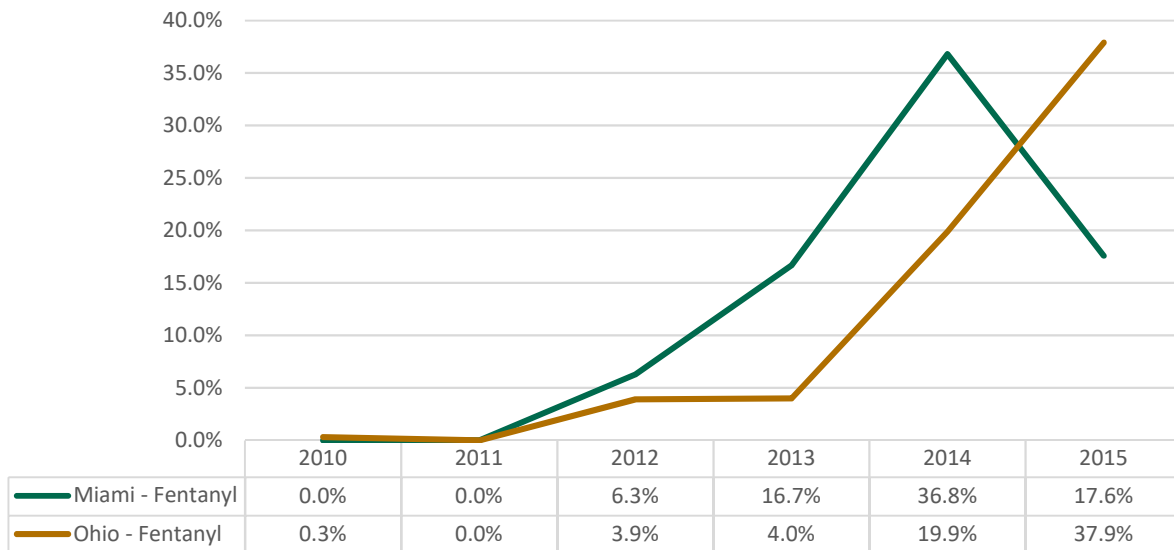
Unintentional Drug Overdose, 2007-2015 (age adjusted death rates per 100,000 population)



*Based on counts <20, considered unreliable

Source: Ohio Department of Health, Ohio Resident Mortality Data (2007-Present), Unintentional Drug Overdose Data 2010-15

Percentage of Unintentional Drug Overdose Deaths Involving Fentanyl, 2010-2015



Source: Ohio Department of Health, Mortality

Health Inequities in Mental Health and Substance Use

County, State, and National Comparison of Mental Health and Substance Use Indicators

Key Variable	Miami County 2017		State of Ohio 2015				Nationwide (States & DC) 2015		HP 2020
	Percent	Sample Size	Percent	Sample Size	N	Sample- N	Median	Balance	Target
Chronic Mental Health Conditions – Ever Told									
Depression	9.5%	386	18.9%^	2,587	10,400	12,987	19.0%^	81.0%	N/A
Health Behaviors									
Adults who have had at least one drink of alcohol within the past 30 days	45.3%	385	52.9%	5,221	6,229	11,450	54.0%	46.0%	N/A
Binge Drinking (5 or more drinks on one occasion)	15.0%	382	18.2%*	11,342	1,284	10,058	16.3%^	83.7%	24.4%

* Significant at the .05 Level

^ Significant at the .01 Level

Miami County Populations with a Significantly Higher Prevalence of Selected Substance Use Behaviors, 2017

Key Variable	Sex	Age	Household Income <\$15,000	< High School Education
Adults who have had at least one drink of alcohol within the past 30 days	X (male)	X (adults <= 54)		
Binge Drinking	X (male)	X (adults <= 54)	X	

MAPP Assessment Results Aligned to Strategic Priorities

Miami County completed its community health assessment (CHA) report in August 2017. Leading up to that report the four MAPP assessments were completed between December 2016 and March 2017. The four MAPP assessments include Community Health Status Assessment (CHSA), Community Themes and Strengths Assessment (CTSA), the Local Public Health System Assessment (LPHSA), and the Forces of Change (FoC) Assessment.

The findings from the latter three assessments are synthesized into one table titled *The Miami County Trends Matrix*, which can be found as an addendum to this report. The findings are organized into forces of change categories that include: Political, Economic, Sociocultural, Educational, Demographic, and Environmental. Local Public Health System Competencies and Capacities, and Threats and Opportunities are associated with each of those forces of change categories. The following paragraphs extract data from the Trends Matrix that are associated with the priority strategic areas.

Chronic Disease

CHSA: The prevalence of coronary heart disease in Miami County is almost twice that of Ohio and the U.S. Also, the prevalence of diabetes is higher in Miami County than Ohio and the U.S. The number one leading cause of death in Miami County is heart disease, and the rate has fluctuated from 2006 to 2015. Cancer is also one of the leading causes of death in Miami County with breast and prostate cancer being the most prevalent. At the same time, about one quarter (26.8%) of Miami County adults are not participating in physical activity, and 34% are obese versus 31% for Ohio. In Miami County, the food insecurity rate is 13.7% overall, and 23.5% for children.

FoC: There are multiple forces impacting chronic diseases in Miami County. Some of them include long term care policy changes in Ohio, growth in the older population who tend to have more chronic health conditions, ability to lead a healthy lifestyle, availability of healthy and affordable food, and the increase in obesity. Community members suggest more local farmer's markets in small villages, public education and advocacy to help encourage individuals to lead healthy lifestyles.

CTSA: The senior centers, park districts, and community centers, present in several areas of the County, are resources that offer activities around the community. Health and wellness is embedded into all park district programs. Also, there are many walking and biking paths in Miami County. Another strength in the community is the Department of Job and Family Services, which works with residents to help them access benefits which in turn provides access to health care.

LPHSA: Kettering Health Network is building a hospital in downtown Troy, which will increase healthcare choices and access. It is scheduled to open in late 2018. The Miami County Park District (MCPD) is working to increase partnerships with local agencies and make MCPD more visible as a health and wellness provider. New Path ensures access for all eligible individuals and households to food pantries and other services. The Area Agency on Aging offers disease management through its Healthy U workshops and assists in matching seniors to services they need.

Maternal and Family Health

CHSA: The percentage of mothers in Miami County receiving first trimester prenatal care (78.8%) is higher than the percentage for Ohio (70.7%) and the Healthy People 2020 Target (77.9%), but it has been steadily declining since 2010. Miami County also has a favorable low birth weight rate compared to Ohio's rate, and been below the Healthy People 2020 Target of 7.8% every year since 2012. Infant mortality in Miami County is also lower than the Healthy People 2020 Target of 6.0% in 2014 and 2015. An indicator of child physical well-being and motor development is provided by the Ohio Department of Education. In Miami County, kindergarteners on the whole demonstrate the ability to perform a variety of physical and fine motor skills. They also demonstrate the ability to apply prevention and intervention knowledge, skills and processes and the ability to practice personal health and hygiene. But considering all aspects of kindergarten readiness, only 48% of Miami County's kindergarteners demonstrate readiness. The rate of child abuse and neglect per 1,000 children is 14.4 in Miami County, which is a lower rate compared to Ohio's rate (30.9).

FoC: Concerns in the community that may impact family health in Miami County are the rising cost of health care, and changes in health insurance policy, which could leave many without health care. Another concern is the breakdown of the family unit and its devastating impact on children. However, the community also identified opportunities Miami County has to combat these challenges. Miami County has strong collaboration among its human services agencies and will continue to work towards increasing partnerships.

CTSA: The human service agencies in Miami County work well together by sharing information, understanding each other's capabilities, and using resources to best help their clients. Miami County has a strong safety net of services that includes the dental clinic, Health Partners Free Clinic and Miami County Recovery Council. Health Partners Free Clinic and Miami County Dental Clinic provide comprehensive care for uninsured and underinsured individuals and families. Also, the philanthropic network in Miami County is strong.

LPHSA: The One Wellness Place is a multi-organizational effort to provide behavioral health services, public health and wraparound support services all in one easy to find location. The facility is still in the development stage. Also, the Continuum of Care system addresses families in crisis situations, and is looking into new ideas to help connect individuals and families to social services. The Upper Valley Career Center, the Miami Valley Career Technical Center and Premier Health Upper Valley Medical Center, also contribute to the many resources Miami County has to offer to enhance family health. Also, Kettering Health Network is building a hospital in Miami County that will introduce additional services.

Mental Health and Addiction

CHSA: When asked how many days in the past 30 days Miami County residents had poor mental health, 25.7% of respondents indicated they had at least one day in the past 30 where their mental health was not good. Furthermore, 44.1% indicated that poor physical or mental health had kept them from performing their usual activities. One in ten Miami County households report they have a problem with adult mental illness, 3.9% report alcohol abuse as a problem for their household and 1.0% report their household faces problems with prescription or illegal drug use. The unintentional drug overdose rate for Miami County was 17.1 per 100,000 versus 27.2 for Ohio in 2015. Drug overdose deaths involving fentanyl have more than tripled from 2012-2015 in Miami County. The percentage of Miami County

adults considered to be binge drinkers (15%) is lower than both the state (18.2%) and the national (16.3%) percentages.

FoC: Concerns in the community that may impact mental health and addiction services are state changes in Medicaid that may present challenges for mental health providers, the state redesign of behavioral healthcare, and the difficulty of attracting and maintaining health care professionals in Miami County. The community is also concerned with the strain on resources caused by the increase in opiate addiction. The increase in opiate addiction and the strain it has put on mental health providers, law enforcement, courts and probation, education systems, and many others, causes resources to flow toward its resolution and away from other needed health concerns. In addition, the increase in behavioral health issues among children of a younger age is a growing concern. Community members believe continued cooperation with all criminal justice agencies, mental health professionals, substance abuse professionals, and others will likely mean more drug courts and other alternatives short of incarceration to combat this problem. Other opportunities to combat these challenges include intervention and outreach to educate and treat drug abuse, and enlisting the public to declare war against addictive drug usage with education and publicity using all media methods.

CTSA: Miami County has a number of assets already in place to help improve mental health and reduce substance abuse and addictions. There has been positive support from nonprofit agencies and churches in Miami County. Examples of groups working to improve the health and quality of life in the community are the Miami County Heroin Coalition, SafeHaven, city police and fire departments, criminal justice agencies, Miami County Recovery Council, and the Tri-County Board of Recovery and Mental Health. Miami County Public Health promotes Project DAWN (Deaths Avoided with Naloxone), which provides education and training about overdose symptoms and how to respond.

LPHSA: There are many organizations working to improve mental health services and reduce substance abuse and addiction in Miami County. Miami County Recovery Council helps individuals recover from mental health ailments and addictions, and works with the Troy Fire Department and Troy Police Department as a quick response team to intervene with overdose individuals. The Heroin Education Addiction Recovery Team (HEART) is a collaboration of Police Officers, EMT, Recovery Specialist, and volunteers from the community that are willing to make visits to the homes of recent overdose victims to connect them and their families with supportive services in Miami County. They are also working on the Miami County Heroin Coalition to educate the community on opiate issues. Other local resources include the Tri-County Board of Recovery and Mental Health Services, SafeHaven, Recovery and Wellness Centers of Midwest Ohio, Troy, Piqua and Tipp City Police, and Miami County Sheriff.

Community Assets and Resources

Assets that are Available to Improve Health in Miami County

The MAPP assessments captured information about the local public health system and the community themes and strengths. Information from those assessments is used to summarize the assets available to improve health in Miami County.

) Assets

- Churches
- Amazing philanthropic network – foundations, United Way and private donors

- YMCA and YWCA
 - Health – Strength of health department resources, Upper Valley Medical Center, Free Clinic, business involvement in wellness programs, Schools’ health facilities
 - Strong safety net services – dental clinic, Health Partners Free Clinic, Miami County Recovery Council
 - School districts
 - Bike path, youth sports programs, farmers’ market, Hobart Arena, river corridor
 - Service organizations
 - Smoking cessation programs and new policies governing food content
-) Funding Resources
- Foundations, United Way and private donors
 - Public support – levies pass
 - Local, State, and Federal funding

Groups Working to Improve the Health and Quality of Life in Miami County

-) Chronic Disease
- Miami County Public Health
 - Premier Health Upper Valley Medical Center
 - Health Partners Free clinic
 - Miami County Park District - Health and wellness is embedded into all park district programs.
-) Maternal and Family Health
- Family and Children First Council
 - Early intervention program and the Women, Infants, and Children (WIC) program
 - Children Services Board (CSB)
 - YMCA and YWCA
 - Recreation centers such as Lincoln Community Center & The Troy Rec Center
 - New Path – uses volunteers and regularly gains a new perspective on vulnerable populations
 - Council on Aging
 - Safe Communities Coalition
 - Miami County Dental Clinic – safety net for the uninsured; oral health education/treatment for those who do not have a dentist
 - Partners in Hope – Provides “Getting Ahead” and other education and development classes; creates collaborative connections across diverse populations
 - Schools
-) Mental Health and Addiction
- Miami County Heroin Coalition
 - Tri-County Board of Recovery and Mental Health Services – Advocate for affordable health care.
 - Miami County Recovery Council
 - EMS services and police and sheriff
 - Miami County Continuum of Care
 - SafeHaven

Priorities Selected

The data collection and analysis efforts for the Community Health Assessment exposed priority health needs. The process used to select priorities from the needs assessment depended upon shared decision criteria, and relied upon a modified version of the Hanlon Method and PEARL test which has been promoted by NACCHO.⁹

Priority Selection Methodology

The first set of criteria used to uncover Miami County priority health concerns pertained to prevalence and social determinants of health (conducting statistical tests in the survey data of social determinants such as age, gender, income, education), seriousness (e.g., hospitalization and death), trends over time, comparison to state and/or national averages, and impacts on other health issues as a result of literature reviews that uncovered the higher health risks and poorer health outcomes of research-based populations as well as health inequities. Another analysis was reviewed that identified statistically significant health inequities; the presentation of these data measured the relationship between age, sex, income, and education on dozens of health indicators (see more detail in the next section below). Taking all of these data into account, the steering committee applied a second set of criteria in order to select strategic priorities for the CHIP.

-)] Urgency – what are the consequences of not addressing this issue for the overall population and for populations experiencing health inequities?
-)] Economics – does it make economic sense to address this priority issue?
-)] Acceptability – are stakeholders and the community ready to address this priority?
-)] Alignment – can this effort align with a group already working on this issue? Does this issue align with the State Health Improvement Plan?
-)] Resources – is funding likely to be available to address this priority issue? Are organizations able to offer personnel time and expertise or space needed to implement strategies in response to this priority issue?

The task forces were organized in accordance with the three strategic priorities:

1. Chronic Disease – How do we promote wellness resources in Miami County?
2. Maternal and Family Health – How do better coordinate our county resources to respond to families in crisis?
3. Mental Health and Addiction – How do we increase education and training opportunities in Miami County along with increasing awareness for mental health and addiction?

The Steering Committee had been told from the beginning that identifying three to five priorities, rather than ten or twenty priorities, would engender success. Therefore, each task force was charged with identifying a manageable number of priority health issues for the Plan, and to identify strategies that

⁹ Specified Criteria –: size of health problem, magnitude of health problem, and effectiveness of potential interventions; PEARL: • Propriety – Is a program for the health problem suitable? • Economics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out? • Acceptability – Will a community accept the program? Is it wanted? • Resources – Is funding available or potentially available for a program? • Legality – Do current laws allow program activities to be implemented?

met the Hanlon and PEARL-like “feasibility” test. As the Steering Committee handed off its effort to the task forces, the task forces began their work by reviewing the Community Health Assessment including the four MAPP assessments. Task force members reflected on the themes uncovered, clarified the goals, reviewed evidence-based practice research provided by Wright State University and others, and then selected the evidence-based solutions that best met the need, resources, and capacity of the community.

Health Inequities in Priority Selection

Recap of the Health Inequities identified in the Community Health Assessment Process

The table below presents a summary of the health inequities identified via the Miami County Community Health Assessment Process. These differences in population health status (incidence, prevalence, and burden of adverse health conditions) can result from environmental, social and/or economic conditions, as well as public policy. These differences exist among specific population groups in Miami County. The table indicates statistically significant differences in the prevalence of health conditions and health access most notably for age, education, and household income status, as well as four instances where the sex of the respondent influenced their health status or access.

Key Variable	Sex	Adults 55 Years of Age or Older	Household Income <\$15,000	< High School Education
Chronic Health Conditions – Ever Told				
High Cholesterol		X	X	X
High Blood Pressure		X		
Angina or Coronary Heart Disease (CHD)		X		X
Heart Attack (myocardial infarction (MI))	X (male)			
Stroke				
Diabetes		X		
Asthma				X
COPD		X	X	X
Kidney Disease				
Fall related Injury (adults 45+)		N/A		X
Health Access				
No Health Care Coverage		X (adults <= 54)	X	
Could not see a doctor because of cost in past 12 months	X (female)	X (adults <= 54)		
Had last checkup within past 12 months		X		X
Have at least one (or more than one) health care provider		X		
Substance Abuse				
Adults who have had at least one drink of alcohol within past 30 days	X (male)	X (adults <= 54)		
Binge Drinking	X (male)	X (adults <= 54)	X	

Using Health Inequities Data in Priority Selection

A common theme was identified by all three task forces—Miami County is a resource rich county, but the County lacks some important communication infrastructure and networks that result in a lack of awareness about services available. These task forces used the Health Inequities data from the Community Health Assessment as well as the qualitative research involved in developing the needs assessment to make this determination.

From the quantitative health inequities research, the Chronic Disease Task Force identified the need to promote wellness resources to all as well as to those over age 55 and to do so with the appropriate health literacy levels in mind. The Maternal and Family Task Force identified the need to connect the entire community to health resources, but especially focusing on adults under age 55. The Mental Health and Substance Abuse Task Force identified from the quantitative health inequities research the need to focus on younger adult males as well as the full community by increasing education and training opportunities so more people know how to respond to an adult in crisis. This Task Force also underscored the need to co-locate community services for ease of access.

From the qualitative research, in a focus group with indigent and/or underserved women at Partners in Hope, participants stated:

-) “Well, I am kind of new to Troy. I have only been here four years. If Partners in Hope hadn’t told me where to go to find resources, I would not have found them. In Troy, it looks like a lack of resources, but it’s just that someone needs to tell you about them. Services are distributed all over the place.”
-) “I had a job and my car broke down and I couldn’t afford to repair it. So I lost my job. I found out later that there is a place you can take your car for repairs if you are working and poor.”

In a focus group with senior citizens, participants stated:

-) ...with people who don’t have insurance and don’t know who’s out there to help. I mean a lot of times there are people there to help, but it’s knowing how and where to look for them and find them.”
-) “But when you get to our age, you lack the skills to do it yourself. I mean even trying to go online, I mean, come on.”

This lack of awareness about available services, more than any other issue, perpetuates health inequities in Miami County.

CHIP Implementation Plan

Priority 1: Chronic Disease

Goal 1: Promote wellness resources in Miami County and make the policy change.

Background:

The Miami County Community Health Assessment indicates a higher percentage of adults overweight or obese as compared to the state and the nation (71.4% of the county versus 66.5% among Ohio's adults and 65.3% for the nation).

The County has a higher prevalence of diabetes versus state and national rates. Specifically, 14.4% of Miami County's adults have been told by a doctor that they have diabetes versus 11.8% of Ohio's adults and 10.8% of U.S. adults. Additionally, the prevalence of coronary heart disease in Miami County is almost twice that of Ohio or the U.S.

Physical inactivity is another challenge for this County where 45.7% of adult males and 49.4% of adult females do not participate in sufficient physical activity. Sufficient physical activity is considered at least 150 minutes of moderate or 75 minutes of vigorous leisure time physical activity per week.

Furthermore, 26.2% of Miami County adults have not participated in some sort of moderate aerobic activity in the past month.

Strategy: Promote opportunities for physical activity in Miami County.

Objective:
By 2019, create an events calendar for Miami County and develop a social media networking group across the county.
Policy Change Needed to Accomplish the Health Objective:
Test the events calendar with older adults because the health inequities research indicated a particular need for that age group
Evaluation Measures:
<ul style="list-style-type: none">) Number of events posted on the calendar) Number of views of the calendar) Number of people subscribing to receive notifications from the calendar) Number of agencies in social networking group
Evaluation and Monitoring Method:
The agency coordinating the calendar will provide counts for the evaluation measures quarterly.
Evidence-based Strategies:
According to the Community Guide, communication campaigns that use multiple channels, one of which must be mass media, is evidenced based. Source: https://www.thecommunityguide.org/findings/health-communication-and-social-marketing-campaigns-include-mass-media-and-health-related
Initiatives Already in Place:
Miami County's official website already has an events calendar in place.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Determine if Miami County is willing to coordinate and post healthy living events on their online calendar.	2018 Quarter 1	Cross agency commitment to post events and update them	One central place where Miami County residents can find healthy living events occurring in the county
Create guidelines for submitting/posting events.	2018	Group of knowledgeable individuals willing to create guidelines	Organized and consistent protocol for adding events to the calendar
Establish a core group of providers and ensure all are linked on social media platforms.	2018	Engagement of agencies	Greater communication and collaboration among providers
Core group of providers share each other's posts and events on all social media platforms.	2018 and ongoing	Continuous commitment to social media networking by all core agencies	Broader communication of events and services in Miami County
Regularly update the events calendar.	2019 and ongoing	Individual or agency to coordinate post events	Continue to provide residents of Miami County with information on healthy living activities and educational opportunities

Lead Agency: Miami County IT Group

Partners: Core group of providers and Miami County Public Health

Strategy: Develop and implement a wellness program to highlight opportunities to incorporate physical activity into daily activities.

Objective:
By 2019, provide physical activity education and develop a Walking Campaign to promote healthy lifestyles.
Policy Change Needed to Accomplish the Health Objective:
No policy changes were currently identified
Evaluation Measures:
<ul style="list-style-type: none">) Number of participants in trainings) Number of agencies and businesses involved) Number of people trained to facilitate Active Living Everyday) Number of Active Living Everyday trainings provided
Evaluation and Monitoring Method:

The Miami County Park District will provide counts for the evaluation measures quarterly. The evaluation measures and monitoring methods for the Walking Campaign will be decided during the planning process.

Evidence-based Strategies:

Active Living Every Day is an evidence-based behavior change program funded or recommended by the CDC, NIH, the Robert Wood Johnson Foundation, and others. The Work@Health Program is a CDC initiative that promotes workplace wellness. The Community Guide recommends community-wide campaigns to increase physical activity and improve fitness among adults and children. Source: <https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns>

The CDC, AARP and the Robert Wood Johnson Foundation have created action guides to assist communities in developing walking campaigns.

Initiatives Already in Place:

The Miami County Parks District provides a program called Active Living Every Day. It is a 12-week program that is all about physical activity.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Gather best practice research from Work@Health and Total Worker Health experts such as Carolyn Jacob, Wellness Coordinator for Anthem Blue Cross Blue Shield, then develop and implement a wellness program.	2018	No fee for Carolyn Jacob to conduct training	Creation of a well-organized and coordinated wellness program
Identify and engage partners to assist with the Walking Campaign.	2018	Partnerships with organizations and individuals	Gather needed resources and contacts to implement and sustain the Walking Campaign
Create a plan for implementing the Walking Campaign. (Include in plan evaluation measures)	2018 Quarter 4	Volunteers with time and knowledge to create plan	Organized and well-structured Walking Campaign that will continue to engage community members all year long.
Apply for a grant from the Health Path Foundation.	Application due in February 2019	Individual(s) with knowledge to write a grant proposal	Gain funding to pay for training facilitators in the Active Living Every Day program and to purchase the books needed for participants of the program.
Train individuals in the Active Living Every Day program.	2019	\$373 for each person trained and individuals	Broaden the scope of the wellness program.

		willing to become facilitators.	
Initiate the Walking Campaign with a Kick Off Event	2019 (Spring/Summer)	Promotional materials, mapped out walking routes, space to hold the event	Increase visibility and interest in a Walking Campaign.

Lead Agency: Miami County Parks District and Edison State Community College

Partners: Local businesses and Miami County Public Health

Goal 2: Explore creating a community tool shed.

Background:

The prevalence of low to very low food security in Ohio is 16.1% of households.¹⁰ Only five other states have a more prevalent rate of food insecurity than Ohio—Kentucky, Alabama, Louisiana, Arkansas, and Mississippi.¹¹ In Miami County, the food insecurity rate is 13.1% overall, and 21.2% for children. One out of every three (31.0%) food insecure people in Miami County have incomes that do not qualify for nutrition assistance programs (income is at or above 185% poverty threshold) and another 16% are over the Supplemental Nutrition Assistance Program (SNAP) threshold limit 130% poverty.¹² The U.S.D.A. data provided by Feeding America estimated that 28% of the children experiencing food insecurity in Miami County are also likely ineligible for federal nutrition programs based on household income.

Fifteen individuals responding to the survey conducted for the CHA indicated that, in general, hunger or a need for food was a problem for their household and 27 respondents indicated that a member of their household had problems getting the food required for a special diet.

A community tool shed would provide community members with needed tools to create a home garden. They would be able to grow their own healthy food using tools they did not have access to previously. The strategy is to use and evaluate the mobile tool shed in the City of Piqua and determine the program's viability to be available county-wide. Piqua's mobile tool shed will focus on lawn and garden as well as neighborhood cleanup.

Strategy: Use Piqua Health Department's new mobile tool shed project as a pilot demonstration for a county-wide program.

Objective:

In 2020, measure the effectiveness of Piqua Health Department's mobile tool shed to determine if it could be expanded to a county-wide program.

¹⁰ (U.S. Department of Agriculture, Economic Research Service 2016)

¹¹ (U.S. Department of Agriculture, Economic Research Service 2016)

¹² (Feeding America 2017)

Policy Change Needed to Accomplish the Health Objective:
No policy changes were currently identified
Evaluation Measures:
<ul style="list-style-type: none">) Number of mobile tool shed requests) Number of volunteers participating in community clean up) Amount of trash collected (tonnage)
Evaluation and Monitoring Method:
Piqua Health Department will provide counts for the evaluation measures.
Evidence-based Strategies:
Promising practice being carried out in Muncie, Indiana in conjunction with Ball State University; San Antonio, Texas; Mount Rainer, Maryland.
Initiatives Already in Place:
Piqua Health Department secured a litter management grant from the Ohio EPA to start the mobile tool shed. Piqua Health Department has also received funding from the City and donations, too.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Purchase tools for mobile tool shed. The tools purchased will be adjusted based on community need (lawn and garden, trash pickup, etc.).	2018 Quarter 1	Funding, which has been acquired through a grant	Availability of tools for use by community members in gardening, lawn care and clean up
Create necessary forms and waivers for renting the mobile tool shed – e.g., application form, equipment sign-in/out sheet, liability waiver, and rules/procedures for handling equipment.	2018 Quarter 1	Piqua Health Department investment in staff time	Create a well-organized and structured renting process, so community members are able to access equipment and stay safe while handling the equipment
Create marketing materials for the mobile tool shed. For example, a fact sheet, list of available equipment, litter prevention flyers etc.	2018 Quarter 2 and ongoing	Marketing and design expertise	Increase awareness of mobile tool shed
The mobile tool shed will attend the community clean up event and various other community events to advertise the mobile tool shed.	May 2018 (community clean up event) and ongoing	Flyers, brochures and other marketing materials	Assist community in cleaning efforts and preventing littering as well as bringing visibility to the mobile tool shed
Gather data for final report and make recommendation on viability to duplicate and expand to a county-wide program.	2020	Data measures and leaders with knowledge of the mobile tool shed's effectiveness	Creation of report with information on whether to expand mobile tool shed program

Lead Agency: Piqua Health Department

Partners: Neighborhood Associations, and various city departments, such as Community Development, Code Enforcement and the Police Department, and Miami County Public Health

Priority 2: Maternal and Family Health

Goal 1: Improve coordination of County resources to more effectively respond to families in crisis and make the policy change.

Background:

Miami County is a fairly resource rich community; the biggest challenge is getting information to those in need about the availability of resources. Two areas of greatest concern to the Maternal and Family Health Task Force are: (1) instituting a 2-1-1 system to serve as an information and referral line, and (2) increasing referrals to Early Intervention services for young children (under the age of 3) who have developmental delays or disabilities.

Information and Referral: Miami County's low income population is dispersed across the County and there is no single system to provide information about health and human services available to people in the County. The American Community Survey estimates that 12.8% of the population (13,076 people) in Miami County lived below poverty in 2015, and the low income population eligible for many government services is about 28% of the population. Examination of 2015 5-year American Community Survey data reveals that 28,831 Miami County residents met guidelines to qualify for many Federal Low-Income Assistance Programs (i.e., food and nutrition assistance programs, home energy assistance programs, and low-income Medicaid coverage, etc.). Income eligibility to qualify for these program benefits or entitlements is based around the 185% poverty rate.

In 2015, Ohio 2-1-1 received nearly 1.2 million calls and 600,000 web visits. A majority of requests were from people with basic needs including housing/utility assistance the top request (22%), followed by food (15%) and health/medical inquiries (14%). Such as system could really impact health inequities that result from a lack of awareness of resources in Miami County.

Early Intervention (EI) Services: The EI program may include early identification activities (child find); a developmental evaluation; a review of family concerns, priorities and resources; meetings with the family to develop an individualized family service plan; service coordination to ensure that the individual and his or her family receive needed services which may include but are not limited to physical therapy, occupational therapy, audiology, health/medical services, nursing services, nutrition services, psychological services including specialized play groups or therapy sessions, counseling, speech and language assistance, special instructional services, transportation, and parenting skills development; and ongoing evaluation of the child's progress and his or her changing enrichment needs.

In Ohio, the Help Me Grow program and the Early Intervention program merged and changes were made to how outreach is done to identify families in need of services. Outreach and referral to the EI program are now centralized with funding for outreach redirected away from local EI programs and toward a centralized clearinghouse. Local agencies that work with children don't understand the new

process, and EI referrals are down substantially. At the same time, we know that nationwide 1 in 6 children has one or more developmental disabilities or other developmental delays. And the numbers are rising.

Strategy: Establish a 2-1-1 system in Miami County as a means of connecting residents to locally available health and human service resources.

Objective:
By 2019, institute a 2-1-1 line by establishing a policy that will enable all three United Ways in Miami County to contribute to a service that will benefit all residents of the County. The 2-1-1 system will promote available resources and reduce health inequities that arise from lack of awareness.
Policy Change Needed to Accomplish the Health Objective:
United Ways to be able to support the 2-1-1 service County-wide to enable the populations' access to needed services, and to address the health inequities in accessing health services among younger adults, females, low income households, and those with less education.
Evaluation Measures:
<ul style="list-style-type: none">) Number of calls received) Types of resources requested) Number of referrals
Evaluation and Monitoring Method:
The lead agency will provide the count for the evaluation measures
Evidence-based Strategies:
Nationally, the 2-1-1 call service is sponsored by United Way and is available to 94% of the United States. Source: http://www.211.org/pages/about But it is not currently available in Miami County.
Initiatives Already in Place:
The three United Way organizations in Miami County are discussing a means of partnering to provide the 2-1-1 service countywide. Currently, each United Way in Miami County is supported by members within a certain sub-geography of the County. As a result, the United Ways are not able to provide resources outside of their own service area. Policy change is needed to enable the United Ways to support the 2-1-1 service in such a way that it will benefit all geographies and residents in the County.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Convene community leaders to discuss the benefits of 2-1-1	2018 Quarter 1	Leadership from Senator Beagle's office; meeting location (offered by Upper Valley Medical Center)	Expedited time line for deciding to pursue a 2-1-1 system for Miami County
Speak with United Way Boards to explain the partnership and positive impact of the 2-1-1 line on Miami County. Emphasize the	2018 Quarter 2	Connection to United Way Board members	United Ways coming together to implement 2-1-1 line and improving access to resources in Miami County

assistance of community partners in implementing the 2-1-1 line.			
If efforts to create this policy change are not successful, then the task force will reconvene to organize as a 2-1-1 Action Committee and identify the resources to institute a 2-1-1 line.	2019	Commitment of Task Force Members to continue to pursue this strategy	Miami County organizations and community members working together to establish a 2-1-1 system
Once the 2-1-1 line is instituted, provide training to agencies receiving the highest proportion of the referrals using the Bridges out of Poverty constructs and strategies	2019 and beyond	Nationally certified Bridges out of Poverty trainer located at Partners in Hope	Continued enhancement of cultural competence in the community

Lead Agency: Miami County Public Health

Partners: Partners in Hope, The New Path, Inc.

Strategy: Increase awareness of Early Intervention (EI) programs among community members, agencies, and organizations that work with children, so as to increase the number of children who are receiving EI services.

Objective:
In 2018, increase the number of Early Intervention referrals.
Policy Change Needed to Accomplish the Health Objective:
No policy changes were currently identified
Evaluation Measures:
) Number of EI referrals received
Evaluation and Monitoring Method:
Help Me Grow will provide counts of the evaluation measures quarterly.
Evidence-based Strategies:
) The CDC's Learn the Signs, Act Early is a public awareness campaign to help parents and child care providers learn more about early childhood development, including potential early warning signs of autism and other developmental disabilities.
) Materials include developmental milestone charts, checklists, videos, public service announcements, widgets, eCards, and interactive books.
) The website includes "Promising Practices" to learn more about the work being done by partners and ideas for activities to carry out in your own programs and communities including mass mail materials, specific materials for WIC nutrition clinics
) The Community Guide for Birth to 5 Watch me Thrive!
Initiatives Already in Place:
Miami County Cares for Kids is a joint outreach effort with an annual budget of \$30,000. It is housed within the Family and Children First Council, and is the logical local organization to house this local EI outreach effort.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Reach out to agencies to train volunteers on the EI referral process. Start with intake experts who work at Partners in Hope in Troy, Piqua Compassion Network, and Salvation Army	2018	Riverside and HMG EI staff time to conduct trainings with intake experts	A coordinated and streamlined process for making referrals, which will increase referrals.
Provide doctor's offices and hospitals with marketing materials and contact information.	2018 and ongoing	Creation of marketing materials using evidence-based materials	Increase awareness of EI programs.
Increase visitations and presentations of EI programs to hospitals and doctor's offices. (attend staff meetings or get on hospitals grand rounds docket)	2018 and ongoing	EI staff time	Increase referrals from doctors and hospitals.

Lead Agency: Miami County Public Health's Help me Grow/Early Intervention

Partners: Partners in Hope, Piqua Compassion Network, Riverside of Miami County, Council on Rural Services

Priority 3: Mental Health and Addiction

Goal 1: Increase mental health and addiction education and training opportunities in Miami County along with increasing awareness for mental health and addiction.

Background:

Respondents to the 2017 Miami County Health Assessment Survey were asked about their mental health status over the past 30 days and how many days stress, depression, and problems with their emotions negatively affected their mental health. When asked how many days in the past 30 days they had poor mental health, 25.7% of respondents indicated they had at least one day in the past 30 where their mental health was not good. Forty-four percent (44.1%) indicated that poor physical or mental health had kept them from performing their usual activities like self-care, work, or recreation at least one day in the past 30 days.

While the percentage of unintentional drug overdose deaths involving heroin was generally lower in Miami County than for Ohio, the percentage of unintentional drug overdose deaths involving fentanyl was higher in Miami County than for Ohio in three out of four years (2012-2015). Drug overdose deaths involving fentanyl have more than tripled from 2012-2015 in Miami County.

The Tri-County Board of Recovery and Mental Health is currently working on a variety of educational programs and training initiatives. Some of these programs/initiatives are:

-) Mental Health First Aid (MHFA)
-) Suicide Prevention Training (QPR-Question, Persuade, Refer)
-) NAMI Chapter in Darke, Miami, and Shelby counties
-) PAX Good Behavior Game

Miami County Public Health also implements an evidence-based drug education program:

-) Project DAWN (Deaths Avoided with Naloxone) is a community-based overdose education and naloxone distribution program

Strategy: Partner with community members, local organizations, and businesses to increase mental health and substance use response training opportunities.

Objective:
In 2018 and ongoing, increase the number of Mental Health and Addiction training opportunities within the community.
Policy Change Needed to Accomplish the Health Objective:
No policy changes were currently identified
Evaluation Measures:
) Number of MH&A trainings (MHFA, QPR, etc.)
) Number of individuals trained to facilitate MHFA
Evaluation and Monitoring Method:
The Tri-County Board of Recovery and Mental Health will provide counts for the evaluation measures quarterly.
Evidence-based Strategies:
Mental Health First Aid is an evidence based training program and is operated by the National Council for Behavioral Health. The QPR training is listed in SAMHSA's National Registry of Evidence-based Practices and Polices.
Initiatives Already in Place:
The Tri-County Board of Recovery and Mental Health currently trains community members and organizations in MHFA and QPR.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Recruit interested community members to be trained in Mental Health First Aid (MHFA).	Ongoing	A greater emphasis on MHFA will require additional trainers The County needs community members willing to attend a week long training and	Increase number of MHFA trainings available in Miami County

		then facilitate MHFA trainings at least three times a year.	
Send community members to Mental Health First Aid training.	The next training is April 2018.	\$150 per person plus travel and lodging expenses (held in the Columbus area). This is a lower cost approach than offering training in Miami County, which would be \$30,000.	Increase the number of Miami County residents completing MHFA training. Also, increase knowledge and understanding of mental health
Continue to implement the MHFA program in schools – with teachers, bus drivers, kitchen staff, etc. – and with first responders.	Ongoing	Contribution of trainers' time from the Tri County Board and other agencies	Increase safety in schools and mitigate crises so they do not escalate
Train employees in MHFA by partnering with the Chambers of Commerce.	2019 and ongoing	Businesses willing to partner with the Tri-County Board	Increase safety in the work place
Promote QPR training, especially in schools that do not have time for MHFA.	2018 and ongoing	Tri County investment in staff trained in QPR	Increase knowledge and understanding of suicide prevention approaches

Lead Agency: Tri-County Board of Recovery and Mental Health

Partners: Chamber of Commerce, local schools and Miami County Public Health

Strategy: Engage the full community in a campaign to lessen social isolation.

Objective:
In 2018 and ongoing, implement a “Hello, how are you?” campaign.
Policy Change Needed to Accomplish the Health Objective:
No policy changes were currently identified
Evaluation Measures:
<ul style="list-style-type: none">) Number of website hits and tweets) Social media impressions) Number of buddy benches constructed and distributed
Evaluation and Monitoring Method:
The agency coordinating the campaign will provide counts for the evaluation measures.
Evidence-based Strategies:
Promising practices being carried out in Austin, Texas, Edmonton Canada, and at the University of Minnesota.
Initiatives Already in Place:
The principles of “Hi, how are you,” align with the first step of MHFA training. MHFA is an asset in Miami County.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Mental Health kickoff event	May 2018 (May is mental health awareness month)	Space; marketing materials	Awareness
Introduce and carry out the “Hi, how are you” campaign; Loneliness and isolation are overlooked problems for those already dealing with mental and physical challenges. This action is associated with the first step of the MHFA training – the effort to listen and have meaningful conversations.	May 2018 and ongoing	Marketing resources such as YouTube videos and/or other social media methods – e.g., using a hashtag such as #HiHowAreYou	Help prevent social isolation – social connection is one of the five protective factors of the Strengthening Families Framework. Reduction in mental health stigma.
Launch “buddy benches” – designed for people who are feeling lonely to sit on them. If someone notices a person on a Buddy Bench, they are encouraged to sit down and start a conversation.	Late 2018 and ongoing	Volunteers to build the benches; about \$100 in materials for each bench; \$25 to paint each bench.	Promote community connection; increase concrete supports in times of need communitywide

Lead Agency: Tri-County Board of Recovery and Mental Health

Partners: Miami County Public Health, local schools, Area on Aging Agency

Goal 2: Integrate One Wellness Place and the Recovery Oriented Systems of Care (ROSC) Framework and make the policy change.

Background:

The One Wellness Place is similar to the idea of No Wrong Door, but it digs deeper into the specific issues of mental health and addiction and how to navigate services. Currently, the behavioral health system is fragmented, which makes it difficult for individuals and families to find the resources they need. There is a need for a connected and coordinated network of wraparound support services to increase efficient and effective care for those in need. The One Wellness Place is this “One Stop Shop” that will house behavioral health services, public health services, and wraparound support services.

The Tri-County Board of Recovery and Mental Health Services has started to integrate the Recovery Oriented Systems of Care (ROSC) framework into their everyday work and has included it in their strategic plan. The One Wellness Place aligns perfectly with the ROSC framework. It was created with

many of the ROSC values and elements in mind, including person-centered, strength-based, collaborative decision making, individualized and comprehensive services and supports, community based, multiple stakeholder involvement and outcomes driven.

Strategy: Promote the use of ROSC principles and values while designing the One Wellness Place and use this as a case study to then expand the use of ROSC principles into a communitywide approach.

Objective:
In 2020, open One Wellness Place and integrate ROSC principles and values.
Policy Change Needed to Accomplish the Health Objective:
Commitment to ROSC principles among partners
Evaluation Measures:
<ul style="list-style-type: none">) Number of partners signing MOUs that commit them to ROSC principles) Number of people served by One Wellness Place) An “experience” survey for users of services
Evaluation and Monitoring Method:
The Tri-County Board will provide counts for the evaluation methods quarterly.
Evidence-based Strategies:
The One Stop Shop Model, like One Wellness Place, is recommended by Rural Health Information Hub. Source: https://www.ruralhealthinfo.org/community-health/services-integration/2/one-stop-shop ; ROSC is an evidence-informed approach
Initiatives Already in Place:
The Tri-County Board of Recovery and Mental Health is committed to ROSC and is currently working towards creating and opening the One Wellness Place in Miami County between Troy and Piqua.

Implementation Steps:

Activity	Timeline	Resources Required	Anticipated Result
Build partnerships with community organizations.	2018	Leadership from the Tri-County Board	An integrated network of support services that will increase efficiency and effectiveness of care
Design the MOU agreement, integrating the ROSC principles directly into the agreement, and have partners sign MOUs.	2019	Leadership from the Tri-County Board and its partners	Partnerships built with shared values and a commitment to the ROSC framework.
Open One Wellness Place	2020	Funding, continued partnerships, marketing skills	One facility for individuals and families to go to receive a comprehensive assessment and find the services they need. Efficient and effective

			care in an inviting environment. Increased number of people served.
Implement and measure the “front door customer experience” through a survey (ability to locate needed service, reduced time to access needed services, etc.). Compliance of customers with the services will be measured by the onsite pharmacy measuring number of prescriptions not picked up.	2020 and ongoing	Data collection process and database.	Information to enable continuous improvement of One Wellness Place.

Lead Agency: Tri-County Board of Recovery and Mental Health

Partners: Miami County Public Health, SafeHaven Inc., NAMI Darke Miami Shelby Counties, Recovery and Wellness Centers of Midwest Ohio, Community Housing Inc., Miami County Recovery Council

Sustainability Plan

This plan provides a strategic framework for a data-driven, community-enhanced health improvement plan. The Plan's Steering Committee members serve on one of two existing community coalitions – the Miami County Family and Children First Council, and the Miami County Continuum of Care. Sustaining this plan's task forces by aligning with existing community coalitions and also staffing the task forces with Miami County Public Health personnel where necessary, will provide the institutional support to implement and sustain the plan. Two of the task forces (the Chronic Disease and the Maternal and Family Health task forces) will make regular progress reports to the Miami County Family and Children First Council, and the other task force (Mental Health and Addiction Task Force) will make its regular progress reports to the Miami County Continuum of Care.

While Miami County Public Health will be the leader in monitoring and updating the progress of the task forces, it must be stressed that the CHIP establishes a community agenda toward community health improvement; no agency can singlehandedly make these communitywide impacts; it takes a collective.

Miami County Public Health (MCPH) will distribute the CHIP by placing it on the MCPH website, making presentations to stakeholders, and via press releases and social media. Miami County Public Health will monitor the plan by using a tracking process in the form of a dashboard that will be updated on the Miami County Public Health website bi-annually for the public and community agencies/organizations. The health department will place annual progress reports on its website and share them with stakeholders, especially via the Family and Children First Council and the Miami County Continuum of Care.

ALIGNMENT WITH STATE/NATIONAL PRIORITIES				
Priority Area (1)	Miami County Community Health Improvement Plan (CHIP) (2)	Ohio State Health Improvement Plan (3)	Healthy People 2020 (4)	National Prevention Strategy (NPS - Surgeon General) (5)
Chronic Disease <i>(continued)</i>	<p>incorporate physical activity into daily activities.</p> <ul style="list-style-type: none"> ○ OBJECTIVE: By 2019, provide physical activity education and develop a walking campaign to promote healthy lifestyles. <p>) GOAL 2: Explore creating a community tool shed.</p> <ul style="list-style-type: none"> ○ 1. STRATEGY: Use Piqua Health Department’s new mobile tool shed project as a pilot demonstration for a county-wide program ○ OBJECTIVE: In 2020, Measure the effectiveness of the mobile tool shed pilot project. 		<p>PA-13.1: Increase the proportion of trips of 1 mile or less made by walking by adults aged 18 years and older</p> <p>Goal PA: Improve health, fitness, and quality of life through daily physical activity.</p>	
Maternal and Family Health	<p>) GOAL: Improve coordination of County resources to more effectively respond to families in crisis.</p> <ul style="list-style-type: none"> ○ 1. STRATEGY: Establish a 2-1-1 system in Miami County as a means of connecting residents to locally available health and human service resources. ○ OBJECTIVE: By 2019, institute a 2-1-1 line by partnering with the State legislature to address this policy issues, which will 		<p>Goal HC/HIT: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity.</p> <p>HC/HIT-9: Increase the proportion of health information seekers who report easily accessing health information</p>	<p>Elimination of Health Disparities: ...help residents find reliable health information and services.</p>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES				
Priority Area (1)	Miami County Community Health Improvement Plan (CHIP) (2)	Ohio State Health Improvement Plan (3)	Healthy People 2020 (4)	National Prevention Strategy (NPS - Surgeon General) (5)
Maternal and Family Health <i>(continued)</i>	<p>promote available resources and reduce health inequities that arise from lack of awareness.</p> <ul style="list-style-type: none"> ▪ ACTION: Bridges Out of Poverty training for agency staff. <p>CROSS-CUTTING OHIO</p> <ul style="list-style-type: none"> ○ 2. STRATEGY: Increase awareness of Early Intervention (EI) programs among community members, agencies, and organizations that work with children, so as to increase the number of children who are receiving EI services. ○ OBJECTIVE: In 2018, increase the number of early intervention referrals. 	<p>INDICATOR: Increase Cultural competence, understanding and skill (TBD)</p> <p>INDICATOR: Increase use of Community Health Workers (TBD)</p> <p>INDICATOR: Decrease number of individuals without usual source of care (BRFSS)</p>	<p>DH-20: Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings</p>	
Mental Health and Addiction	<p>GOAL 1: Increase mental health and addiction education and training opportunities in Miami County along with increasing awareness for mental health and addiction.</p> <p>CROSS-CUTTING OHIO</p> <ul style="list-style-type: none"> ○ 1. STRATEGY: Partner with community members, local organizations, and businesses to increase mental health and substance use response training opportunities. 	<p>PRIORITY OUTCOMES: Reduce depression, reduce suicide deaths, reduce drug dependence or abuse</p> <p>INDICATOR: Increase Naloxone community distribution sites (ODH)</p>	<p>ECBP-10.3: Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services mental illness</p>	<p>MENTAL HEALTH AND EMOTIONAL WELL-BEING</p> <ul style="list-style-type: none"> ▪ Train key community members (e.g., adults who work with the older adults, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.

ALIGNMENT WITH STATE/NATIONAL PRIORITIES				
Priority Area (1)	Miami County Community Health Improvement Plan (CHIP) (2)	Ohio State Health Improvement Plan (3)	Healthy People 2020 (4)	National Prevention Strategy (NPS - Surgeon General) (5)
Mental Health and Addiction <i>(continued)</i>	<ul style="list-style-type: none"> ○ OBJECTIVE: In 2018 and ongoing, increase the number of mental health and addiction training opportunities within the community. ○ 2. STRATEGY: Engage the full community in a campaign to lessen social isolation. ○ OBJECTIVE: In 2018 and ongoing, implement a “Hello, how are you?” campaign. <p> GOAL 2: Integrate One Wellness Place and the Recovery Oriented Systems of Care (ROSC) Framework </p> <p> CROSS-CUTTING OHIO </p> <ul style="list-style-type: none"> ○ 1. STRATEGY: Promote the use of ROSC principles & values while designing One Wellness Place & use this as a case study to expand ROSC principles into a community-wide approach. ○ OBJECTIVE: In 2020, open One Wellness Place and integrate ROSC principles and values. 	<p> PRIORITY OUTCOMES: Reduce depression and reduce suicide </p> <p> INDICATOR: Increase depression and drug and alcohol screening (TBD) </p>	<p>SDOH Overview: Our health is also determined in part by ...the nature of our social interactions and relationships.</p> <p>SDOH Overview presents social support as a social determinant of health</p> <p>MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral</p>	<ul style="list-style-type: none"> ▪ Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities. ▪ Expand access to mental health services (e.g., patient navigation, support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

Appendix A: Task Force Participants

Chronic Disease Task Force

NAME	POSITION	AGENCY/ORGANIZATION
Alisha Barton	Program Assistant	OSU Extension
Nate Bednar	Emergency Preparedness Coordinator	Miami County Public Health
Michele Bowman	Accreditation Coordinator & Human Resources	Miami County Public Health
Karen Eberle	SNAP Ed Program Assistant	OSU Extension
Ann Finnicum	Wellness and Communications Manager	MCDC Board, Area Agency on Aging
Darlene Francis	Director of Student Health Services	Edison State Community College
Thomas Funderburg	Assistant Director of Public Service	City of Troy
Janel Hodges	Epidemiologist	Miami County Public Health
Jill Lykins	Primary Care Provider	Samaritan Behavioral Health
Elizabeth Slorp	Eligibility Referral Supervisor	Miami County Job & Family Services
Marion Swanson	Health & Wellness Director	Miami County Park District
Amy Welker	Environmental Health Director	City of Piqua Health Department
Peggy Wiggins	Workforce Development & Education Director	Edison State Community College

*Facilitator: Wright State University Applied Policy Research Institute

Maternal and Family Health Task Force

NAME	POSITION	AGENCY/ORGANIZATION
Alisha Barton	Program Assistant	OSU Extension
June Cannon	Executive Director	Miami County Children Services
Sharon Emerick	Children & Provider Relations Director	Riverside Developmental Disabilities
Deb French, BSN, RN	Director of Nursing	Miami County Public Health
Connie Galey	Early Intervention	Riverside Developmental Disabilities
Katherine Gray	Home Visitor	Miami County Public Health, Help Me Grow
Janel Hodges	Epidemiologist	Miami County Public Health
Sonia Holycross	Education and Development Coordinator	Partners in Hope, Inc.

NAME	POSITION	AGENCY/ORGANIZATION
Nancy Horn	Director Community Care	Samaritan Behavioral Health
Bruce Jamison	Piqua Police Chief	City of Piqua Police
Vicki Knisley-Henry	Health Educator	Miami County Public Health
William Lutz	Executive Director	The New Path, Inc.
Dennis Propes	Health Commissioner	Miami County Public Health
Rebecca Sousek	Executive Director	Piqua Compassion Network
Beverly Wombolt	Data Technician	Council on Rural Services

*Facilitator: Wright State University Applied Policy Research Institute

Mental Health and Addiction Task Force

NAME	POSITION	AGENCY/ORGANIZATION
Beth Adkins	Program Director	NAMI, FCFC, Tri-County Board of Recovery & Mental Health Services
Dorothy Crusoe	Director	Community Housing of Darke, Miami, and Shelby Co. Inc., Continuum of Care
Bethannie Dolder	Pharmacist	Celebrate Recovery
Tom Dunn	Superintendent	Miami County Educational Service Center
Beth Esposito	Chief of Clinical Operations	Samaritan Behavioral Health
Deb French BSN, RN	Director of Nursing	Miami County Public Health
Thom Grim	Executive Director	Miami County Recovery Council
Rajan Gupta	CEO	Crosswave Health
Rick Harmon	Re-entry Coordinator	Ohio Department of Rehabilitation & Corrections
Janel Hodges	Epidemiologist	Miami County Public Health
Cindy Holloway	Clinical Director	Recovery & Wellness Centers of Midwest Ohio
Kim McGuirk	Director of Clinical Services & Evaluation	Tri-County Board of Recovery & Mental Health Services
Douglas Metcalf	Director	SafeHaven
Jordan Phillips	Injury Prevention	Miami County Public Health
Brad Reed	Director of Community Resource Development	Tri-County Board of Recovery & Mental Health Services
Ian Ridgeway	Prevention and Wellness Coordinator	Tri-County Board of Recovery & Mental Health Services
Mike Ruffin	Clinical Director	Miami County Recovery Council
Rebecca Sousek	Executive Director	Piqua Compassion Network

*Facilitator: Wright State University Applied Policy Research Institute

Addendum: Miami County Trends Matrix

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
Political			
Healthcare/ Healthcare Reform	<ul style="list-style-type: none"> ▪ TCB – one stop shop, advocate for affordable health care. ▪ Miami County Dental Clinic – safety net for the uninsured; oral health education/treatment for those who do not have a dentist. ▪ Health Partners Free Clinic ▪ Premier Health Upper Valley Medical Center (UVMC) 	<ul style="list-style-type: none"> ▪ An ever-changing political landscape that dictates the available healthcare insurance coverage to our residents. ▪ Healthcare services are not easily accessible or affordable for all. ▪ The rollback or full repeal of the Affordable Care Act, which may leave many without healthcare insurance. ▪ When health decisions and policies are driven by political agendas and not by sound health care practices, it is a threat to citizens. ▪ A deadline has passed, which means that Dayton-based Premier Health Network is no longer participating in United Healthcare’s network. ▪ Anthem is pulling out of the ACA. 	<ul style="list-style-type: none"> ▪ Kettering Health Network is building a 67,000 square foot medical center in downtown Troy, which will increase health care choices and will create 120 new jobs. ▪ Building One Wellness Place for the health department, MCRC, and mental health. This building should open at the end of 2018.
Funding Issues	<ul style="list-style-type: none"> ▪ Health Department accreditation will ensure continued state subsidy funding to the County. ▪ Hospital through its Community Benefits Fund supports agencies that provide vital safety net services. 	<ul style="list-style-type: none"> ▪ Decrease/loss of federal and state funds to support public health programs as well as other local programs. ▪ Lack of funding to maintain education programs. ▪ Cost of healthcare is expensive. 	<ul style="list-style-type: none"> ▪ Look into grant funding opportunities. ▪ Use State and Federal resources, grants. ▪ Property tax levy.
Economic			
Employment /Joblessness; Workforce competency	<ul style="list-style-type: none"> ▪ TCB – opportunities for Ohioans with Disabilities program. ▪ Miami County Dental Clinic – hire/employ quality dentists and staff, educate/train 	<ul style="list-style-type: none"> ▪ People do not have money to eat healthy. ▪ The rise and fall of the employment market. ▪ Lack of well-paying jobs with quality benefits. ▪ Weak national economy. 	<ul style="list-style-type: none"> ▪ Economic changes create the need for residents to take budgeting classes. ▪ Job market changes make it the right time to do resume training.

Trends, Factors, and Events	Local Public Health System Competencies and Capacities	Threats	Opportunities
	<p>OSU dental student interns.</p> <ul style="list-style-type: none"> ▪ Health Department – provide training and professional development opportunities along with supportive work environments. ▪ MCPH – host interns and students to provide experience and promote public health as a profession. ▪ Hospital hires/trains healthcare clinicians, allied health providers and support staff necessary to maintain and advance services at inpatient/outpatient level. ▪ PIH – education and development ▪ Upper Valley Career Center ▪ Edison College ▪ MVCTC ▪ Department of Job and Family Services ▪ Chambers of Commerce 	<ul style="list-style-type: none"> ▪ Several employer companies are pulling out of the area. ▪ Low household income among a growing population and increased number of unemployed. ▪ Increasing costs of education ▪ Debt from college ▪ Daycare is difficult to find for 2nd and 3rd shift parents. ▪ Inability of some to pass a drug test screen to gain employment ▪ Council on Rural Services lost state funding to provide child care to head start children ▪ Quality child care has been found to be one of the leading causes of poverty. ▪ Employers and temp agencies do not know about the local social service safety net that is available. 	<ul style="list-style-type: none"> ▪ Increase ability to have students achieve post-secondary education. ▪ Well educated, well rounded students will become a competent workforce ▪ Providing daycare for parents who work 2nd and third shift will provide opportunity to get out of poverty. ▪ Ohio Means Jobs has an online job search. ▪ Miami County Continuum of Care looking into hiring a Navigator to help connect people to social services. ▪ Research on Edison, UV Career Center and any studies on skills mismatch (skills students are being taught vs. skills employers need them to have).
Transportation	<ul style="list-style-type: none"> ▪ Miami County Transit for a small cost. ▪ Veterans Transportation for veterans and/or spouses. ▪ Managed Medicaid Transportation available for those who are eligible. ▪ Rides to Work operated by Miami County Continuum of Care. 	<ul style="list-style-type: none"> ▪ Lack of reliable public transportation keeps people isolated and away from economic opportunities. ▪ Many need 48 hours' notice to use. They don't stay so you have to wait for them to come back. ▪ Veterans' transportation isn't wheel chair accessible. 	<ul style="list-style-type: none"> ▪ Telemedicine opportunities may provide for remote mental health services such as counseling. VA trying to obtain wheelchair accessible van.

Sociocultural			
Mental Health and Substance Abuse	<ul style="list-style-type: none"> ▪ MCRC – staff assigned to heroin coalition to educate community on opiate issues; Quick Response Team – works with Troy fire and Troy police to intervene with overdose individuals. ▪ MCRC – Quick Response Team – reaching out to individuals who overdose and support them into treatment. ▪ Tri-County Board of Recovery and Mental Health Services. ▪ SafeHaven 	<ul style="list-style-type: none"> ▪ Heroin is a huge drain on the health of our community. This impacts not only the abuser, but the abuser's family, doing particular harm to any children who may be affected. ▪ Widespread distribution of drugs. ▪ The breakdown of the family unit has a devastating impact on the mental health of the children who are caught in the middle. 	<ul style="list-style-type: none"> ▪ The response from the non-profit and church community has been very positive. ▪ Continued cooperation with all criminal justice agencies, mental health professionals, substance abuse professionals, and others will likely mean more drug courts and other alternatives short of incarceration to combat this problem. ▪ Intervention and outreach programs to educate and treat drug abuse. ▪ Enlist the public to declare war against addictive drug usage with education and publicity using all media methods.
Community Culture, Size and Reach	<ul style="list-style-type: none"> ▪ MCPD - Public programs (walking initiatives, gardening, nutrition) and health issues – increasing exercise; trail run services. ▪ Traveling Smiles (Miami County Dental Clinic) portable units in schools and local non-profits to provide dental care and oral health education. ▪ PIH – Use community training and awareness tools, Bridges out of Poverty trainer, national consultant for Aha, poverty simulation facilities with community members/stories. ▪ Use volunteers to do our work and they gain a new perspective on vulnerable populations (New Path). 	<ul style="list-style-type: none"> ▪ “Inactive lifestyle is the culture of the area.” ▪ Improper diet and bad eating habits of the community. Lack of motivation to live a healthy lifestyle. ▪ There is a lack of healthy options when eating out. ▪ Lack of good habits and poor parental skills. 	<ul style="list-style-type: none"> ▪ The human service agencies in this county work extremely well together. They know each other, they know each other's capabilities, they share information and resources to best help their clients. ▪ More opportunity for inclusive and collaborative care across community clinic and hospital systems. ▪ Working with other entities to share resources is vital in addressing health issues similar to our drug coalition we have enacted to handle the drug overdose issue in the county. ▪ County should consider the creation of a Healthier Buckeye Council. ▪ Create more community gardens.

	<ul style="list-style-type: none"> ▪ Health & wellness development within our current strategic plan to increase partnerships with local agencies and make MCPD more visible as a health & wellness provider. ▪ TCB – crisis hotline, mobile crisis 		
Education			
Health Communication and Wellness Promotion	<ul style="list-style-type: none"> ▪ Schools’ primary focus is educating youth about health issues. In some instances they may communicate to parents the health “Hot Button” issues. ▪ Hospital does patient education individually and in group settings; conducts community health education events. ▪ Hospital foundation finds community health education events. ▪ PIH – education and development for clients and community. ▪ Hospital through its Community Benefits Fund supports agencies that provide vital safety net services. ▪ Health and wellness is embedded into all park district programs. ▪ OSU Extension 	<ul style="list-style-type: none"> ▪ People making wrong choices either by being uneducated or by knowing what to do but refusing to do so. ▪ Parents not immunizing their children from fear of illness or medical conditions talked about in the news or by celebrities. ▪ Lack of resources in the community including primary care physicians and drug addiction services. 	<ul style="list-style-type: none"> ▪ Educate our citizens on the importance of simple lifestyle changes that can reduce their chances of developing diseases such as diabetes and artery disease. ▪ As people become more informed they will make better health decisions. ▪ If a system can be created that focuses more on incentivizing good behavior rather than in punishing bad behavior this may positively impact health issues. ▪ Advertise the dangers of overeating and over-drinking. ▪ The growing presence of local foods initiatives that teach the importance of healthy food choices for good health. This also supports local business and agriculture and quality restaurants. ▪ OSU extension offers healthy finances, healthy people and healthy relationships courses. They also offer SNAP Education classes.