Community Health Improvement Plan
for Scioto County and the City of Portsmouth
2019

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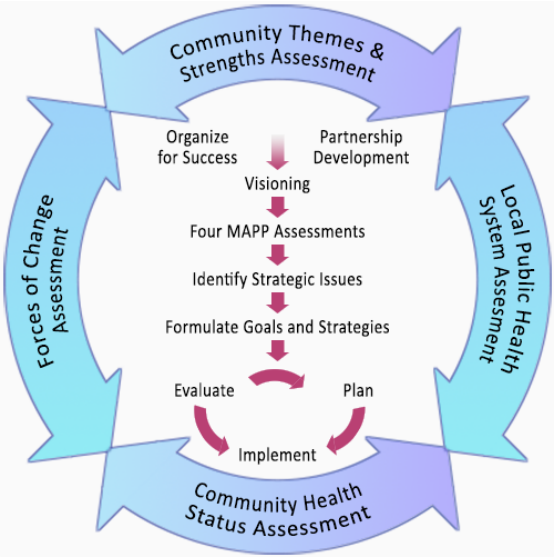
EXECUTIVE SUMMARY

In 2009, Scioto County began conducting Community Health Assessments (CHA) for the purpose of measuring and addressing health status. The most recent 2018 Community Health Assessment, released in 2019, was cross-sectional in nature and included 800 telephone surveys of adults and three focus groups, including an oversample of the city of Portsmouth adults. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). This has allowed Scioto County and Portsmouth to compare the data collected in their CHA to national, state, and local health trends. The Scioto County and Portsmouth 2018 CHA also fulfills national mandated requirements for the hospitals in our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment. The Portsmouth City and Scioto County Health Departments have changed their respective CHA cycles from every five years to every three years to align with the hospitals. From the beginning phases of the CHA, Scioto County and Portsmouth City community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment. The Scioto County and Portsmouth City CHA has been utilized as a vital tool for creating the Scioto County and Portsmouth City Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. This plan also meets PHAB Domain 5, Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way. Both the City and County Health Departments, along with the local hospital systems, then invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process (See Appendices E -J for assessments).

What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is a long-term strategic plan that outlines a community's health priorities and the specific strategies that will be implemented to improve

population health. The selection of priorities is guided by findings from the Community Health Assessment (CHA), a systematic evaluation of the health status, needs, and opportunities in a community. CHAs and CHIPs are typically developed by local health departments, hospitals, or other public health agencies in three to five-year cycles. Although health officials are tasked with facilitating these processes, CHIPs are intended to be collaborative efforts, and a wide array of organizations and individuals are engaged in developing, implementing, and evaluating the plan. The goal is for the community to have a hand in defining and realizing its own vision for a healthy future.



The Scioto-Portsmouth CHIP was developed by the Portsmouth City and Scioto County Health Departments using the MAPP framework (Mobilizing for Action through Planning and Partnerships), a planning model developed by the National Association of County and City Health Officials (NACCHO)[1]. The six phases of MAPP incorporated in this planning process were:

1. Organizing for success and developing partnerships;
2. Creating a shared vision and common values;
3. Collecting and analyzing data;
4. Identifying the priority issues;
5. Developing goals, objectives, strategies, and actions;
6. Preparing for planning, implementation, and evaluation

A key strength of MAPP is its comprehensive focus on assessment, which elucidates needs and opportunities for improvement, assets that can be leveraged to address the identified issues, and external factors that may threaten or facilitate the plan's success. The four MAPP assessments are: Community Themes and Strengths, Local Public Health System, Community Health Status, and Forces of Change.

[1] See the NACCHO website for a full explanation of the MAPP process.

Once the planning process is complete, CHIPs are codified and adopted by stakeholders. The document serves not only as an action plan for participating organizations but also as a source of transparency and accountability. Stakeholders meet at regular intervals throughout the life course of the plan to discuss whether the community is on track to meet its objectives, and if not, what adjustments or improvements are necessary to expedite progress.

Definitions

Terminology used in planning can be confusing as different planners may use the same terms to mean different things. What one person calls a *mission*, for example, another person may prefer to call a *vision*. These inconsistencies can inhibit mutual understanding and impede progress. Therefore, definitions and examples were provided to stakeholders at each meeting to ensure consistent use and understanding.

Action steps: The specific activities completed in the planning and implementation of a strategy (e.g., "Step 1. Determine timeline and partnerships, Step 2. Develop campaign materials, 3. Identify sponsors and media allies…").

Goal: A broad, vision-oriented statement describing the ideal result of the planning effort (e.g., "Transform cultural norms related to mental health and wellness").

Health: The state of being free from illness or injury.

Objective: A specific and measurable target for improvement that describes how the goal will be achieved (e.g., "Increase, by 10%, the proportion of Scioto County residents who have ever sought help for mental health by December 31, 2022").

Priority health area: A major health topic or issue identified by stakeholders as a priority for the Community Health Improvement Plan (e.g., "Mental Health").

Process measures: Indicators of whether the action steps are being carried out as intended, and to what extent (e.g., "Number of news outlets contacted" or "Number of likes on campaign Facebook page").

Strategy: A program, policy, practice, or other health improvement tactic intended to address an objective (e.g., "Implement a community-wide mental health awareness and stigma reduction campaign").

Prioritization

Selecting a manageable number of priority health issues is a central step in the development of a Community Health Improvement Plan. There are always multiple opportunities for improvement when it comes to the health of any community. However, it is unrealistic to adequately address every challenge at the same time, given limited time and resources. CHIPs provide guidance to local decision-makers on where to target their funding and efforts in the immediate term.

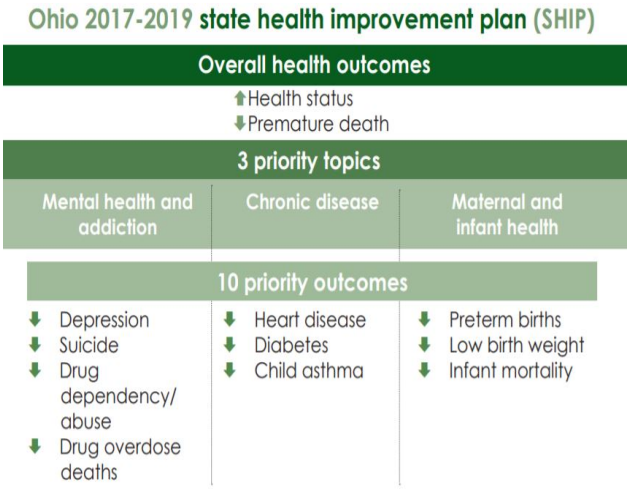
The twelve areas of opportunity identified in the Community Health Assessment (see appendix D) were shared with stakeholders at an open meeting of the Scioto County Health Coalition on March 15, 2019. Health department staff presented information corresponding to each issue, including quantitative data (e.g., cancer mortality rates), resident survey results, summaries of findings from focus groups and key informant interviews, and general descriptions of each health issue from state and national sources. Following a facilitated round table discussion, participants were provided colored sticky notes with colors corresponding to priority (e.g., red = highest priority, yellow = second highest priority, green = third highest priority, and so on) and asked to rank their top five health issues, placing the sticky notes on 12 poster boards around the room. Scores were then weighted (highest = 5, second = 4, third = 3, and so on) and summed to identify the priority health areas for the Community Health Improvement Plan.

Stakeholders were asked to consider the following factors in their ranking:

1. Magnitude: What proportion of the population is impacted by this health issue?
2. Seriousness: Is the health issue considered serious with regard to morbidity (i.e., illness/ disease) and mortality (i.e. death)? Is it a particularly urgent or emergent issue?
3. Feasibility: Can the health issue be feasibly addressed, given the community's capacity, resources, and timeline? Are there effective solutions available? Is addressing this health issue acceptable to the community?
4. Disparities: Does the health issue disproportionately impact particular groups (e.g., by gender, race, age), sub-populations, or geographic areas?
5. Alignment: To what extent does the health issue align with priorities outlined in other strategic planning programs, including the Ohio State Health Improvement Plan and Healthy People 2020?

The top three issues identified in the priority voting process were: **1) Mental Health, 2) Substance Abuse,** and **3) Nutrition, Physical Activity, and Weight Status**.

These priorities align with the Ohio State Health Improvement Plan as well as Healthy People 2020.



Goal
Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Goal
Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Goal
Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Identification of Goals, Objectives, and Strategies

Following prioritization, health department staff facilitated a two-month strategic planning process to identify goals, objectives, and strategies to address each of the health priority areas. In an effort to align with ongoing cross-sector planning efforts, maximize participant engagement, and stimulate buy-in and accountability, an ad hoc steering committee was formed. In addition to the Portsmouth City and Scioto County Health Departments, steering committee representation included executives from organizations with critical leadership in the health priority areas (e.g., Alcohol, Drug Addiction, and Mental Health Services Board of Adams, Lawrence, and Scioto Counties; Scioto County Collaborative Opioid Consortium; Community Action Organization) and those involved in relevant community-level planning activities (e.g., Scioto County Health Coalition).

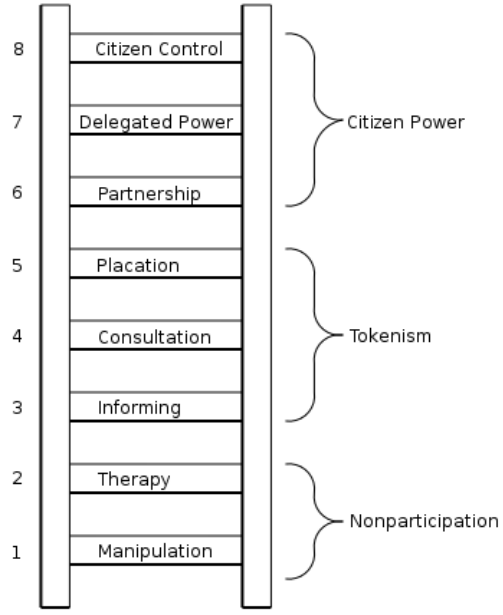
The following values were essential to the success of the strategic planning process:

Community engagement: Broad participation is fundamental to effective public health planning. Invitations to engage in the CHIP process were shared widely with community partners, including hospitals, healthcare providers, non-profit organizations, government agencies, elected officials, law enforcement, faith-based organizations, issue area coalitions, and others. Outreach was conducted through social media, e-mail, phone, print flyers, and word of mouth. A copy of the original invitation letter can be found in the *Appendix A*. Importantly, invitation letters and flyers emphasized that the only prerequisite for participation was a desire to improve the community and that residents without professional expertise were strongly encouraged to get involved. In total, 82 individuals representing over 40 organizations attended and participated in

at least one CHIP planning meeting, including several residents who participated without a formal organizational affiliation (see *Appendix B* for full list of participants). Individuals unable to attend the meetings were provided a Google Form to share feedback and ideas regarding goals, objectives, strategies, and partnerships.

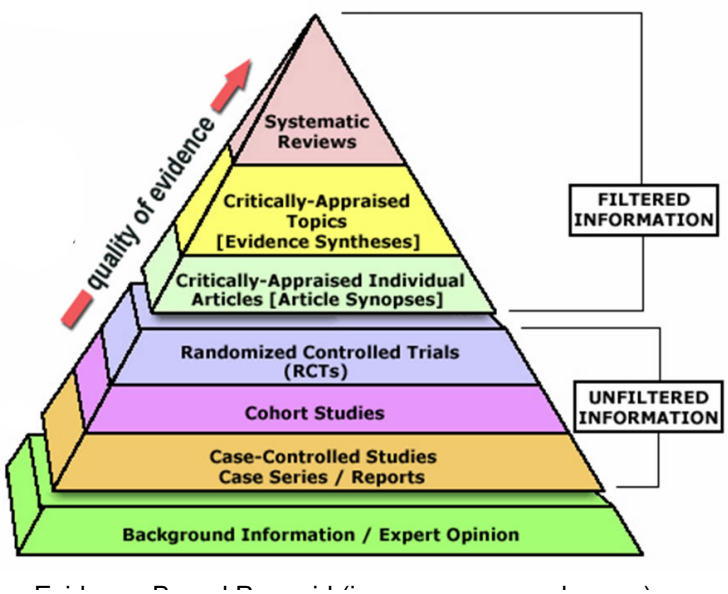
Democratic processes: There is risk inherent in any planning effort that community engagement becomes a perfunctory practice and that decision-makers fail to incorporate the input of their constituents, i.e., that participatory processes are merely window dressing. Sherry Arnstein's *A Ladder of Citizen Participation*[2] provides one typology of stakeholder inclusion. In the lower rungs, constituents are merely told what is best for them, whereas in the upper rungs, they are given increasing power in shaping the decisions that affect their livelihood. Full participation from diverse stakeholders was a priority in the development of the CHIP. Rather than simply providing feedback and approval, participants were carefully guided by facilitators in proposing and reaching consensus on the goals, objectives, and strategies outlined in this document. Each meeting began with an abbreviated training tailored to the objective for the day (e.g., how to write SMART objectives), after which participants were provided with handouts, worksheets, and activities to generate ideas. Facilitators carefully solicited input from all attendees (e.g., calling on each person to share one idea in turn) to hedge against dominant voices. Importantly, meeting facilitation was provided by an external consultant to minimize bias and the perception of power dynamics within the groups.

Evidence-driven planning: The consideration and use of scientifically sound evidence was central to the CHIP planning process. In the public health field, there is a growing emphasis on so-called evidence-based practice (EBP), an approach that includes programs and policies that have been developed, implemented, and evaluated using rigorous scientific methods. EBP favors interventions that have demonstrated, measurable effectiveness in real-world settings. In every community, and especially in smaller areas with fewer resources, it is critical for decision-makers to consider strategies that work, i.e., those that are likely to have an impact on the population's health. Strategies that have not been evaluated scientifically may not have the intended impact, sacrificing valuable time and resources, and in rare cases may actually be harmful to individual or population health.



[2] Arnstein, Sherry R.(1969) 'A Ladder Of Citizen Participa
Association, 35: 4, 216 — 224

Evidence comes in many shapes and forms. In general, the greater the availability of evidence, the stronger the case for a strategy's effectiveness. Randomized controlled trials (RCTs), in which participants are randomly assigned to receive an intervention or not, are considered the gold standard of experimental research. Other forms of evidence include observational studies, case series, and even expert opinion.



Searching and interpreting the academic literature for relevant evidence is a daunting process. Thankfully, several databases of evidence-based programs and policies are freely available to local public health decision-makers, including: Healthy People 2020; What Works for Health (County Health Rankings & Roadmaps); Cochrane Database of Systematic Reviews; Campbell Collaboration; EBP Resource Center (Substance Abuse & Mental Health Services Administration [SAMHSA]); Community Health Improvement Database (Centers for Disease Control & Prevention [CDC]); NACCHO Model Practices Program (National Association of County & City Health Officials [NACCHO]); the Community Guide (Community Preventive Services Task Force [CPSTF]), and Ohio's State Health Improvement Plan (SHIP). Strategies collated from these sources were disseminated to stakeholders, discussed in meetings, leveraged in activities, and otherwise considered at each stage of the CHIP planning process.

Capture, improve, develop: Data from phase 3 of MAPP (*Collecting and Analyzing Data*), and especially from the Community Themes and Strengths Assessment, signified an array of available local assets to address the priority health issues. One focus of the CHIP process thus became capturing and documenting the existing programs, policies, and practices relevant to the goals and objectives within each priority health area. Stakeholders were asked to consider how these strategies could be enhanced or expanded, especially in ways that minimize resources and encourage collaboration. For instance, one organization offered to bring their nutrition education programming to the local farmer's market once a week to promote attendance and engagement.

Participants were thus encouraged to propose new strategies only when there was a gap in available services or when ongoing efforts were deemed insufficient to improve upon a particular health indicator.

Introduction and Goal Setting

Health department staff kicked off the Community Health Improvement Plan during a community forum hosted on June 21, 2019, attended by 45 individuals. Facilitators first explained the importance of community health planning and the expected benefits for stakeholders. They next shared the MAPP planning model, discussed progress to date (i.e., the first 4 MAPP phases), proposed a process timeline, and walked through each component of the CHIP framework (priority health areas, goals, objectives, strategies, and action steps), providing definitions and examples of each. The presentation was followed by a review of findings from the Community Health Assessment, including summaries of the priority health topics, health indicators with state and national benchmarks, and areas of opportunity for health improvement uncovered in earlier phases.

Members of the Nutrition & Physical Activity work group break out at the kickoff meeting on June 21.

Finally, the facilitator addressed social determinants of health. Explaining that according to the World Health Organization (WHO), *social determinants of health* are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are

shaped by the distribution of money, power and resources at global, national and local levels. Social determinants of health are mostly responsible for *health inequities* - the unfair and avoidable differences in health status seen within and between countries." Therefore, working to address the social determinants of health, like race, poverty and income, language access, and education to name a few, must be considered when creating a plan to improve health. *Health disparities*, as defined by the National Prevention Strategy, are a difference in health outcomes across subgroups of the population. Stakeholders were asked to refer to the Gap Analysis report for identified disparities in relation to the priorities.

The second half of the meeting was dedicated to setting goals for each health priority area. Stakeholders first participated in an individual brainstorming activity, drafting goal statements on sticky notes and posting them on three poster boards representing each priority area. Several example goal statements from extant city and county CHIPs were presented. The following questions[3] guided the activity:

a. What is the desired state or outcome for this priority area (e.g., substance abuse)?
b. What are we trying to achieve for our community?
c. What do we need to do in this priority area to significantly change the way things are now and move toward our vision of how things should be?
d. How do we address health inequities encountered in this priority?

Next, stakeholders divided into work groups and were tasked with developing 1-2 broad goal statements that succinctly describe an ideal status for the community as a result of the planning process, using the sticky notes, CHA findings, and example goal statements to spur discussion. Work groups were also supplied with a *5 Whys* worksheet (*5 Whys* is an iterative technique used to uncover the root causes of an issue). A CHIP steering committee member facilitated the activity in each work group.

The meeting closed with a "strategy blitz" in which attendees were invited to write as many strategies (i.e., programs, policies, actions, activities) as possible with relevance in one of the priority health issues, including "low-hanging fruit" and "pie in the sky" proposals. These sticky notes were collected and used in the planning and facilitation of subsequent meetings.

Development of Objectives

[3] Adapted from Kansas Health Institute

Work group members convened again on July 1, 2019 in a meeting hosted by Portsmouth City Health Department with the purpose of setting measurable objectives. 31 individuals were in attendance. In advance of the meeting, participants received access to a Google Drive folder containing pertinent materials, including links to benchmark objectives and health indicators (e.g., from Healthy People 2020, Ohio State Health Improvement Plan, and the Scioto-Portsmouth Community Health Assessment), sample objectives from exemplar city and county CHIPs, as well as notes and slides from the kickoff meeting.

Participants received a packet of the above materials in addition to excerpts from extant CHIP work plans. A brief review of the CHIP timeline and framework was provided for new participants. Facilitators next provided a tutorial on developing SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) objectives as well as several examples. Participants were reminded that objectives should be selected for which either a) data is readily available or b) data could feasibly and accurately be collected. Finally, participants were asked to consider state (Ohio SHIP) and national (Healthy People 2020) standards in their deliberations.

Stakeholders first brainstormed SMART objectives individually and then were asked to discuss as a group and finalize 1-4 objectives per goal statement. Several suggested objectives from the brainstorming session more closely resembled strategies. These suggestions were incorporated into the notes and shared back in the subsequent meeting.

Stakeholders strategize objectives at the July 1 meeting.

Development of Strategies

The final work group meetings were held on July 12, July 16, and July 17, 2019 and hosted by Portsmouth City Health Department. Meetings were scheduled individually for each work group to maximize participation, which was especially important during strategy development so as to secure stakeholder buy-in and long-term involvement in implementation and evaluation of the strategies. A total of 41 individuals participated. Prior to the meeting, participants received a link to the Google Drive folder containing updated resources.

Participants were provided a packet containing summaries of evidence-based strategies from multiple databases curated to each work group's goals and objectives as well as sample work plans from exemplar city and county CHIPs within and outside of Ohio. Sources included Healthy People 2020, County Health Rankings, SAMHSA, Cochrane Review, Campbell Collaboration, the Ohio State Health Improvement Plan, and others.

The following guiding questions framed the meeting's activities:

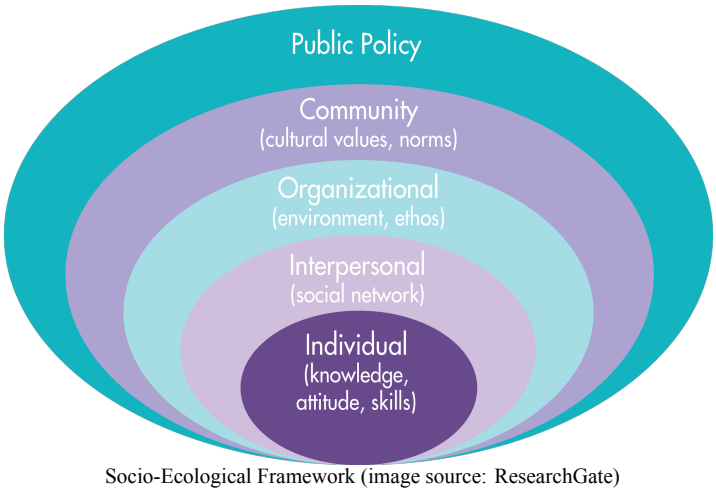
- Is this strategy **evidence-based**?
- Does this strategy get to the **root causes** of the health issue?
- Is this strategy expected to be **feasible**, **impactful**, or ideally, both?
- Does this strategy **promote equity**, i.e., distribute benefits widely in the community? (Consider income, age, race, gender, rurality, etc.)

Additionally, facilitators shared two public health models to encourage stakeholders to think broadly about the ways in which health improvement can be actualized. The *Health Impact Pyramid*, developed by former CDC director Thomas Frieden, describes the impact of different types of public health strategies.[4] Interventions at the top of the pyramid, including education and counseling (e.g., nutrition classes), have small impact on overall population health but are easy to implement. Those at the bottom, including socioeconomic factors (e.g., poverty), are very difficult to change but offer the greatest potential for population-level health improvement.

The *Socio-Ecological Framework* is a helpful tool for conceptualizing the determinants (i.e., contributing factors) of health behaviors, both positive (e.g., healthy eating) and negative (e.g., smoking). Strategies can be adapted to address determinants at any level of the framework. For example, exercise can be encouraged at the individual level (e.g., educating about the importance of physical activity), interpersonal level (e.g., providing social support and encouragement to new exercisers), organizational/community level (e.g., hosting community awareness campaigns to change norms around wellness), or public policy level (e.g., prioritizing walkability in a municipal master plan).

[4] Frieden, T. R. (2010). A framework for public health action: Th… …ha… of Public Health, 100(4), 590–595. https://doi.org/10.2105/AJ…

Participants first brainstormed strategies individually (see worksheet in *Appendix C*). A trained facilitator coordinated the subsequent discussion. Each work group member, in order, was asked to share one top strategy. Fellow participants could indicate whether they had written similar strategies. The facilitator actively transcribed the discussion to a document on the projector, grouping consensus strategy themes near the top of the document and member checking to ensure the proposed strategies were accurate as written. In an iterative manner, participants exhausted their ideas until consensus was reached on a set of feasible strategies.



Socio-Ecological Framework (image source: ResearchGate)

Following the meeting, goals, objectives, and strategies were incorporated into draft work plans for each priority health issue. The work plans were shared with CHIP steering committee members for feedback and revision and then with the Scioto County Health Coalition for a final round of input. In the following weeks, agencies designated as implementation leads were contacted individually to finalize action plans, timelines, and process measures for each strategy.

What Policy Changes are needed for our CHIP to be Successful?

We recognize that if we are to achieve our vision for community health improvement and successfully implement the strategies highlighted in this document, then we need to develop and promote policies that reinforce this effort. Through incorporating policy development and advocacy into our CHIP we acknowledge that the systems and environments in which we work also affect our success. Therefore, the policy recommendations included in the table below are designed to address our collective public health concerns, guide the implementation of the strategies proposed in this CHIP, and promote a "health in all things" legislative approach.

CHIP Priority Area	Policy Recommendations

Mental Health	• Advocate for evidence based best practices for reducing stigma • Advocate for programs that support the wellbeing of the entire family throughout the life course. • Implement evidence-based best practices to integrate behavioral health services into primary care.
Addiction	• Advocate for wrap-around services that offer alternatives to incarceration. • Advocate for increased behavioral health resources, particularly youth mental health services.
Nutrition/Physical Activity/Weight Status	

Appendix A: Sample Invitation Letter

The Portsmouth City Health Department (PCHD) and Scioto County Health Department (SCHD) invite you to participate in the development of the city's Community Health Improvement Plan (CHIP), a long-term, strategic plan to address the most pressing local health issues and improve overall community health.

Save the Date:
Kick-off Meeting for Portsmouth/Scioto Community Health Improvement Plan
Friday, June 21, 2019
8:30am-10:30am
ADAMHS Board of Adams, Lawrence, & Scioto
929 7th St., Portsmouth, OH 45662

Last year, in collaboration with Southern Ohio Medical Center, Professional Research Consultants, and other partners, PCHD completed a Community Health Assessment (CHA) to better understand the health status of Scioto County and Portsmouth City residents. The CHA is a comprehensive document exploring a wide range of health factors (such as cancer, diabetes, substance use, and obesity) using both public health data as well as surveys conducted with over 800 residents. From this document and subsequent meetings, interviews, and focus groups, the following issues were designated as the community's top three health priorities: 1) **Mental Health**, 2) **Addiction**, 3) **Physical Activity, Nutrition, and Obesity**.

Our next step is to develop a **Community Health Improvement Plan** (CHIP), which outlines the strategic vision that PCHD, SCHD, and other community health stakeholders will employ in the next 3-5 years to address these priority areas. CHIPs are essential guiding documents for health systems, highlighting collaborative goals, objectives, and strategies, as well as measurable indicators of success. The CHIP will serve as the community's blueprint for health improvement in the coming years.

Involving the community is a quintessential step in developing a CHIP. To that end, we hope to engage community members and stakeholders in envisioning attainable, relevant, and effective solutions to these health challenges. Guided by health department facilitators, work groups will meet 2-3 times over the course of this summer to develop goals, objectives, and strategies for each priority health area.

Our team at PCHD is excited to **invite you to join a CHIP work group**.

As a CHIP work group member, we anticipate your role to involve:

- Joining one of three work groups (Mental Health, Substance Abuse, or Physical Activity, Nutrition, & Obesity)
- Attending 2-3 work group planning meetings this summer
- Reviewing key highlights from the Community Health Assessment
- Providing your expertise and/or opinions on broad goals and specific strategies (PCHD/SCHD will provide sample evidence-based programs, policies, and other strategies)
- Recommending relevant organizations, individuals, and other resources to accomplish these strategies

Please share this invitation in your networks. Specifically, the following stakeholders may be appropriate to join a CHIP work group *(You don't have to be in the health sector to get involved!)*:

- Health professionals (e.g., doctors, nurses, nurse practitioners, pharmacists, dieticians, public health officials, hospital administrators, etc.)
- Mental health and substance use treatment providers
- Law enforcement and judicial officials
- School district administrators and school employees
- Social service providers
- City government officials
- Religious leaders
- Non-profit representatives
- Community coalition members
- Concerned residents

Our first meeting will be held on Friday, June 21, to coincide with the Scioto County Health Coalition monthly meeting. We hope you will consider joining us in this process and leaving your impact on the city's health for the foreseeable future. This CHIP is the community's plan for public health, *not* public health's plan for the community!

To indicate your interest or learn more, please e-mail, call, or text Adams Sibley at the Portsmouth City Health Department: **423-227-9198** or **asibley@live.unc.edu**.

Or, fill out our interest form and we will contact you:
https://forms.gle/qnmPNyxHr2fhdCX37

Sincerely,
Portsmouth/Scioto CHIP Planning Committee

Appendix B: CHIP Participants

Name	Organization	Work Group
Dr. Timothy Angel	Hill View Retirement Comm./Scioto Co. Health Coal.	Mental Health
Cyndy Bell	Shawnee Family Health Center	Mental Health
Carrie Bennett	King's Daughters Medical Center	Physical Activity & Nutrition
Corissa Boggs	Shawnee Family Health Center	Mental Health
Elayna Born	Portsmouth City Health Department	Mental Health
Michele Bower	ADAMHS Board	Mental Health
Anita Bowman	Shawnee Family Health Center	Physical Activity & Nutrition
Barb Bradbury	Connex	Physical Activity & Nutrition
Leeann Bramblett	Community Action Organization-Behavioral Health	Mental Health
Lee Brown	Equitas Health	Substance Use
Brittany Cable	Southern Ohio Medical Center	Substance Use
Kristina Camden	Transcendence Behavioral Health	Mental Health
Brooke Coriell	Southern Ohio Medical Center	Physical Activity & Nutrition
Janel Davis	Southern Ohio Medical Center	Physical Activity & Nutrition
April Deacon	Portsmouth City School District	Physical Activity & Nutrition
Sharli Dempsey	Mended Reeds	Substance Use
Scott Dutey	Portsmouth City School District	Physical Activity & Nutrition
Ann Everman	Community Action	Physical Activity & Nutrition
Dale Foster	Valley Local Schools	Physical Activity & Nutrition
Kristie Franklin	Southern Ohio Mountain Bike Association	Physical Activity & Nutrition
Lisa Gibson	Southern Ohio Medical Center	Substance Use
Greg Gulker	The Counseling Center	Substance Use
Rodney Hamilton	Scioto County Health Coalition	Physical Activity & Nutrition
Zach Hamilton	STAR Community Justice Center	Substance Use
Heather Hardyman	Scioto County Health Department	Physical Activity & Nutrition
Jay Hash	Hopesource	Substance Use
Lacie Helton	Community Action Organization-Social Services	Physical Activity & Nutrition
Tracey Henderson	Scioto County Health Department	Physical Activity & Nutrition
Scott Hill	King's Daughters Medical Center	Substance Use
Morgan Jackson	Portsmouth City Health Department	Substance Use

Shawn Kelley	Ohio State Highway Patrol	Substance Use
Spencer Kelley	Shawnee State University - Nursing Dept.	Mental Health
Lisa Kepler	OSU Extension	Physical Activity & Nutrition
Marcy Kristian	ADAMHS Board	Substance Use
Belinda Leslie	Portsmouth City Health Department	Mental Health
Cindy Lindamood	Community Action Organization-Workforce Dev.	Substance Use
Kristal Little	Southern Ohio Correctional Facility	Mental Health
Kristen Livingston	Veterans Affairs	Mental Health
Misty Luther	Community Action Organization-Head Start	Substance Use
Traci Maloney	Scioto County Health Department	Physical Activity & Nutrition
Michael Martin	Scioto County Health Department	Substance Use
Grace Martin	Scioto County Medical Society	Substance Use
Jamie Mehaffey	Hill View Retirement Community	Physical Activity & Nutrition
Laura Miller	Kroger Pharmacy	Mental Health
Rebecca Miller	Portsmouth City Health Department	Mental Health
Ashley Mills	SOMC Hospice	Substance Use
R.L. Mohl	Scioto Christian Ministry	Substance Use
Josh Morris	Portsmouth City School District	Physical Activity & Nutrition
Lyvette Mosley	Southern Ohio Senior Games/ADAMHS Board	Physical Activity & Nutrition
John W. Murphy	Scioto County Sheriff's Office	Substance Use
Vicki Napier	Community Action Organization	Substance Use
Tammy Nelson	Scioto County Developmental Disabilities	Substance Use
Kimberlee Pack	Community Action Organization-Head Start	Physical Activity & Nutrition
Vickie Patrick	Scioto County Health Department	Physical Activity & Nutrition
Jon Phillips	Goodwill Industries	Substance Use
Joseph Pratt	Main Street Portsmouth	Physical Activity & Nutrition
Jill Preston	Southern Ohio Medical Center	Mental Health
Sarah Redoutey	Vantage Workforce Solutions	Mental Health
Rebecca Robinson	Southern Ohio Correctional Facility	Mental Health
Malissa Sarver	Maverick Nutrition/Scioto County Health Coalition	Physical Activity & Nutrition
Jen Scott	Shawnee State University - English Dept.	Substance Use
Mary Beth Sherman	Community Member	Mental Health

Christy Sherman	Shawnee State University - Nursing Dept.	Mental Health
Sue Shultz	ADAMHS Board	Mental Health
Adams Sibley	UNC Gillings/Ohio Opioids Project (OHOP)	Substance Use
Linda Slauson	Community Action Organization-WIC	Physical Activity & Nutrition
Keri Smith	CareSource	Mental Health
Chris Smith	Portsmouth City Health Department	Mental Health
Abby Spears	Portsmouth City Health Department	Substance Use
Melissa Spears	Scioto County Health Department	Physical Activity & Nutrition
Sarah Stenger	Portsmouth City Health Department	Mental Health
Julia Thomes	Community Action Organization	Mental Health
Erin Trapp	Compass Community Health	Physical Activity & Nutrition
Angee Tuggle	Hopesource	Substance Use
Luanne Valentine	Community Action Organization-Workforce Dev.	Substance Use
Aaron Wamsley	Equitas Health	Mental Health
Kayla Ward	Community Action Organization	Physical Activity & Nutrition
Robert Ware	Portsmouth Police Department/ARC SAAC	Mental Health
Wendi Waugh	Southern Ohio Medical Center/Connex	Physical Activity & Nutrition
Treva Williams	OSU Extension	Physical Activity & Nutrition
Carla Womack	Community Action Organization-Head Start	Substance Use
Marissa Zinker	Portsmouth City Health Department	Physical Activity & Nutrition

Appendix C: Strategy Development Worksheet

Strategy *Briefly describe the strategy.*	**Objective** *Which objective will it impact?*	**Current Efforts** *Is anyone doing this now?*	**Lead Agencies/Partners** *Who would be involved?*	**Other Considerations*** * Other considerations include: Is this strategy a no cost/low cost option? Is it evidence-based? Does it target a specific group/demographic?

Appendix D: Twelve Health Priorities Identified in the Community Health Assessment

(In alphabetical order)

Access to Healthcare Services

- Cost of Prescriptions
- Lack of Health Insurance (SSA) Skipping/Stretching Prescriptions
- Primary Care Physician Ratio
- Emergency Room Utilization

Cancer

- Cancer is a leading cause of death.
- Cancer Deaths
  - Including Lung Cancer
  - Female Breast Cancer
  - Colorectal Cancer Deaths
- Cancer Prevalence
- Lung Cancer Incidence
- Colorectal Cancer Screening [Age 50-75]

  *Cancer ranked as a top concern in the Online Key Informant Survey.

Dementia, Including Alzheimer's Disease

- Alzheimer's Disease Deaths

Diabetes

- Diabetes Deaths
- Diabetes Prevalence

  *Diabetes ranked as a top concern in the Online Key Informant Survey.

Family Planning

- Teen Births

Heart Disease and Stroke

- Cardiovascular disease is a leading cause of death. Heart Disease Deaths
- Heart Disease Prevalence
- High Blood Pressure Prevalence
- Stroke Deaths
- Overall Cardiovascular Risk

  *Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.

Injury & Violence

- Unintentional Injury Deaths
  - Including motor vehicle crash
- Firearm-Related Deaths

Kidney Disease

- Kidney Disease Deaths
- Kidney Disease Prevalence

Mental Health

- "Fair/Poor" Mental Health
- Diagnosed Depression
- Symptoms of Chronic Depression
- Receiving Treatment for Mental Health
- Suicide Deaths

  *Mental Health ranked as a top concern in the Online Key Informant Survey.

Nutrition, Physical Activity & Weight

- Fruit/Vegetable Consumption
- Difficulty Accessing Fresh Produce Overweight & Obesity [Adults]
- Trying to Lose Weight [Overweight Adults] Leisure-Time Physical Activity
- Meeting Physical Activity Guidelines Access to Recreation/Fitness Facilities

  *Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.

Potentially Disabling Conditions

- Activity Limitations
- Arthritis/Rheumatism Prevalence [Age 50+] Osteoporosis Prevalence [Age 50+] Sciatica/ Chronic Back Pain Prevalence
- Caregiving
- Multiple Chronic Conditions

Substance Abuse

- Cirrhosis/Liver Disease Deaths
- Unintentional Drug-Related Deaths
- Illicit Drug Use

*Substance Abuse ranked as a top concern in the Online Key Informant Survey.

Tobacco Use

- Cigarette Smoking Prevalence
- Environmental Tobacco Smoke Exposure at Home
    - Including Among Households with Children
- Use of Vaping Products
- Smokeless Tobacco Prevalence

*Tobacco Use ranked as a top concern in the Online Key Informant Survey.

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