2021-2023 Vinton County Community Health Improvement Plan

October 2021

A guide to improving the health and well-being of the residents of Vinton County, Ohio. A collaborative community effort convened by the Vinton County Health Department with assistance from the Center for Public Health Practice at the Ohio State University.

Vinton County
HEALTH DEPARTMENT

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Executive Summary

In 2018, the Vinton County Health Department (VCHD), in partnership with Holzer Health Systems (Holzer), embarked on a comprehensive regional community health assessment (CHA) with the surrounding counties of Gallia, Meigs, and Jackson. The region utilized a framework known as MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a nationally recognized best practice for community health assessment and community health improvement planning designed by the National Association of City and County Health Officials (NACCHO). MAPP features four distinct assessments that result in a comprehensive view of the health of a community. Following the assessment phase, VCHD convened 16 community stakeholders to examine the results of the CHA and develop a Community Health Improvement Plan (CHIP). The CHIP is a long-term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Vinton County.

33 community partners participated in the development of the CHIP. The Center for Public Health Practice at the Ohio State University's College of Public Health was retained by the VCHD as the facilitator. Community partners were tasked with examining the data provided in the CHA along with their knowledge of the community to select the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. The approved health priorities for Vinton County are: Health Promotion, Family and Kinship Support, and Mental Health and Substance Use

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

Implementation of the CHIP will begin in November 2021. Vinton County is fortunate to have a large group of dedicated community members that will oversee the implementation and evaluation of the CHIP until the next planning cycle commences in 2023.

Vision Statement

Healthy people + Healthy environment =
Healthy Empowered Community

Letter from the Health Official

October 18, 2021

I am happy to present the 2021 Vinton County Health Department Community Health Improvement Plan (CHIP). The priorities and goals put forth in this plan are the product of the efforts of the community of stakeholders who worked on the plan. The direction of the plan builds on past work and strives to achieve the vision of "Healthy People + Healthy Environment = Healthy Empowered Community."

The Community has identified three priority areas to target. These are Health Promotion; Family and Kinship Support; and Mental Health and Substance Use Disorder. These areas align with the State of Ohio's priorities and indicators.

Data used for this report ranked Vinton County 80 out of 88 counties in measures of health outcomes and health factors. The ranking in 2017 when the first Health Department CHIP was published showed the ranking to be 83 of 88, which was lower. The rank in 2016 was 85 of 88, lower still. This raises the thought that community efforts to work on the 2017 Improvement Plan may have been a factor in the improvement in our Health Rankings.

We at the Health Department are very grateful for the participation of our community partners. COVID has made it difficult to meet and collaborate. We look forward to working together to progress on the goals. Hopefully, in-person meetings will be possible soon. We will share progress and reports with the partners and the larger population as we work to realize the vision of a Healthy Empowered Vinton County, Ohio.

Susan Crapes, MD

Health Commissioner/ Medical Director

Introduction

In 2018, the Vinton County Health Department (VCHD) partnered with Holzer Health System (Holzer) and the counties of Gallia, Meigs, and Jackson (LHDs) to conduct a comprehensive assessment of the community's health to fulfill Vinton County's Community Health Assessment (CHA) and Holzer's Community Health Needs Assessment (CHNA) requirements. The group utilized a framework known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a nationally recognized, best practice, six-phase framework for community health assessment and improvement planning designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1. They are:

1. Organizing, when a group of stakeholders is convened to serve as the steering committee for the MAPP process.
2. Visioning, when a community identifies what a shared community vision is.
3. Assessments, when data about the health of the community is collected and analyzed. A description of the assessments is below.
4. Identify Strategic Issues, when the most pressing health priorities in a community are identified.
5. Formulate Goals and Strategies when the action plan for addressing those strategic issues is drafted.
6. Action Cycle, when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

Figure 1: The MAPP Framework. The phases descend the center of the image and the assessments surround the phases.

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

This report begins with a brief description of the process used to engage community and stakeholders in the development of the CHIP. Following the summary of the process, there is a section for each identified priority. This document lists the goals and key measures selected for each health priority accompanied by data that is evidence of its significance. Throughout the process description, there are images taken from an online white board program used during virtual meetings. These jamboard screen shots can also be found in Appendix D. Detailed work plans that include measurable goals, objectives, action steps, and evidence-based strategies

for each priority are located in Appendix A. This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.

The Process

The Vinton County Health Department was responsible for providing oversight for the CHIP development process and contracted with the Center for Public Health Practice in the Ohio State University's College of Public Health (CPHP) to serve as lead facilitator. In that role, CPHP designed the overall CHIP development process, as well as organized and led CHIP project meetings. The overall CHIP process occurred over the course of ten months. Figure 1 shows the timeline of CHIP development. Because of the COVID-19 pandemic, there was a significant amount of time between the completion of the CHA and the beginning of CHIP development. The CHIP process was modified to allow for maximum community participation while keeping everyone as safe as possible.

Figure 1: Vinton County CHIP development timeline

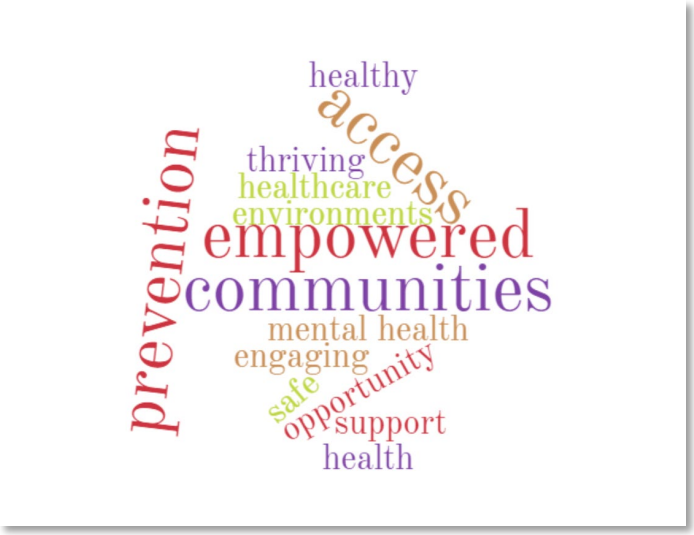
33 community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP. The process began with a virtual meeting for the planning group to develop a vision of health for the community as well as select the health priorities. A full list of planning group members can be found in Appendix C. After this meeting, an online survey was distributed to the planning group to assure that those who could not participate in the virtual Visioning and Prioritization session were able to contribute to the approval of the vision and approve the priorities.

Figure 2: Visioning Jamboard

A community vision, or definition, of health serves as a guiding principle for this CHIP. It was adopted through a process that asks the community to identify what the ideal future includes pertaining to community health. Community members are asked to identify what a healthy community means to them, what they picture when they envision a healthy community, and

what definition of a healthy community best captures their vision of health. Figures 2 and 3 include inputs generated during the visioning process. Figure 2 is a page from the online whiteboard that was used during the virtual meeting and Figure 3 is a word cloud of the common words generated from the online survey. Vinton County's approved vision of health is:

Healthy people + Healthy environment = Healthy Empowered Community



Following the visioning process, the planning group developed priorities and created the action plans that compromise the work of the CHIP.

Figure 3: Word Cloud of Visioning Inputs

Developing Priorities

Identifying Health Priorities

The planning group engaged in large and small group processes during a virtual meeting to analyze the CHA in order to determine the most pressing health issues impacting Vinton County. Planning group members applied the following criteria to identify health priorities:

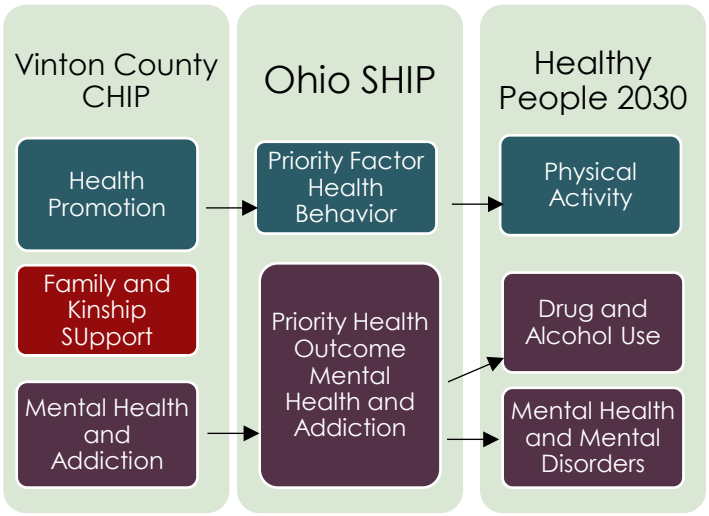


*Figure 4: **Vinton County CHIP alignment** with state and national priorities.*

1. <u>What is the magnitude of this health issue?</u> Does the health issue impact a high number of residents or high percentage of the population?
2. <u>What is the seriousness of this health issue?</u> Does the health issue lead to premature death or serious illness across the population?
3. <u>What is the feasibility of having a positive impact on this health issue?</u> Given the current state of the community's health system, are the resources needed to address the health issue available or easily attainable?

4. What is the impact of the health issue on vulnerable populations? Considering the social determinants of health, does the health issue disproportionally affect certain subpopulations or geographic areas within the community?

5. How does this health issue align with Ohio's priorities? The Ohio State Health Improvement Plan (SHIP)was updated in April of 2020. Guidance was provided to assist local health departments with aligning their community health improvement plans with those of the state. Local Health Departments were asked to select one priority factor and one priority health outcome from the SHIP. See Figure 4 for CHIP alignment with state and national priorities.

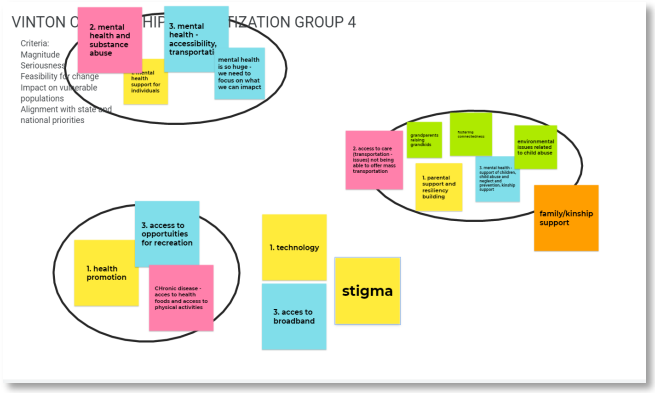


Figure 5: Prioritization Jamboard

The Planning group participants were divided into 3 prioritization groups. Each prioritization group was asked to brainstorm and discuss what they felt were the health issues that should be addressed while also considering the assessment data and the above criteria. The groups came back together and then compiled their ideas by theme shown in Figure 5. Planning group members reached a consensus and determined that the most pressing health priorities in Vinton County are:

1. Health Promotion: This priority health issue aligns with the SHIP priority factor of health behaviors. Vinton County will focus on the topic of Physical Activity and will use the indicators HB5. Child physical activity and HB.6 Adult physical activity to track progress.

2. Family and Kinship Support

3. Mental Health and Substance Use: This priority health issue aligns with the SHIP priority health outcome of mental health and addiction. Vinton county will address depression, suicide mortality and drug overdose deaths. Progress will be tracked using the indicators MHA1. Youth depression, MHA2. Adult depression, MHA3. Youth suicide deaths, MHA4. Adult suicide deaths and MHA7. Unintentional drug overdose deaths.

Issues with technology, lack of broadband internet and stigma were identified as cross-cutting factors. An overview of these priorities, including a summary of the goals and objectives, is located in the next section of the CHIP.

Work Plan Creation

Following the identification of priorities, work groups were formed to create work plans that will address the approved health priorities over the next three years. Due to the evolving nature of the COVID-19 pandemic, planning shifted between meeting in an online and in-person format.

Groups met weekly online for five weeks to develop work plans, and then met in person to continue the development of the workplans. A final online meeting was held for those groups that required it to finalize the plans. During these meetings, groups went through a series of facilitated activities to assist with the generation of a priority definition.

Work groups were given information on the social determinants of health and how those impact health outcomes. The groups also discussed why impacting the community at the policy, system, and environmental change level could impact health outcomes by impacting those social determinants of health. Then, the groups conducted a root cause analysis on the health priorities. During this activity, the work groups generated potential root causes for the identified health priorities, focusing on what causes related to existing policies, systems, environmental factors, and resources were currently in the community and what policies, systems, environmental factors, and resources were needed in the community.

Following the root cause analysis, groups conducted a gap analysis of the priority in order to show where gaps in services and initiatives might exist. Work groups then used the results of both the root cause analysis and the gap analysis to generate goals. The priority definitions and goals can be found in the next section of this report. After goals were identified, work groups identified key measures for each goal to serve as outcome measures for the plan. Measurable objectives, with associated action steps, time frame, and responsible parties were also developed to achieve the goals. Groups were encouraged to continue to consider vulnerable populations and policy changes throughout the planning process. A formal definition of what concepts and frameworks work groups were asked to consider during the generation of the work plans follows:

The Social Determinants of Health are factors in a community that impact health outcomes. They include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status. They are factors in a community that impact health outcomes. Figure 6 defines the Social Determinants of Health.

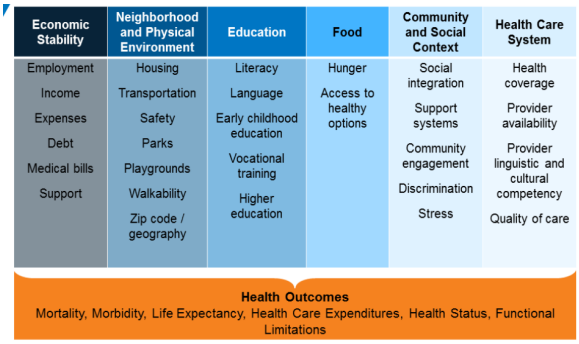


Figure 6: The Social Determinants of Health as defined by the Kaiser Family Foundation. Source: https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

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

The Health Impact Pyramid is a data visualization and concept that describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Changes to policy, systems, and environments are located towards the bottom. Groups were asked to consider addressing community health needs towards the bottom of the pyramid, while still recognizing that there is value impacting the community at all levels. This is due to the fact that, although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized at all intervention levels. Figure 7 displays the Health Impact Pyramid.

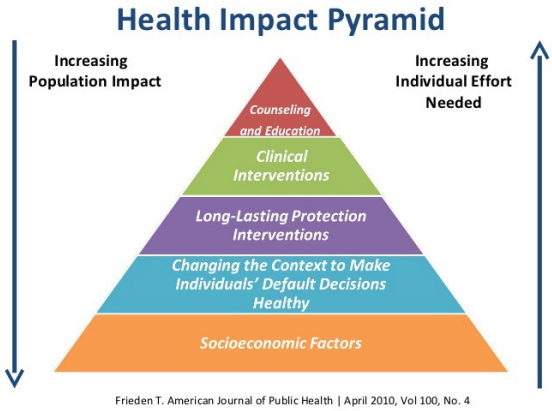


Figure 7: The Health Impact Pyramid Source: https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.185652

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

Work groups also considered a list of assets and resources that was generated during the Community Health Assessment. The purpose of these is to give the work groups existing community assets to leverage in order to assure the CHIP is successful. That list is located in Appendix B. The following pages include an overview of the priorities and the goals and objectives outlined during CHIP development that will improve the health of Vinton County.

Our Plan to Address the Priorities

Priority: Health Promotion

Why is this a priority? Vinton County ranks 80 out of 88 counties in Ohio within the annual County Health Rankings(County Health Roadmaps and Rankings, 2021). This is due, at least in part, to a lack of opportunities for healthy living, including exercise and nutrition. This lack of opportunity contributes to high rates of diabetes, heart disease, and obesity in the region. According to the 2019 Community Health Assessment, Vinton County had a diabetes incidence rate of 15.0%, which is higher than Ohio's rate of 10.4%; a stroke mortality rate of 49.8%, which is more than Ohio's rate of 40.49%; and a heart disease mortality rate of 146.4/100,000 population compared to Ohio's rate of 110.63. Additionally, residents noted a lack of opportunities for physical activity and nutrition as a contributing factor for health outcomes.

Our plan: We will utilize existing partnerships and resources throughout the region to increase opportunities for healthy living and the care needed to prevent illness and death. A detailed work plan is located in Appendix A.

Goals: Increase physical activity rate, improve nutrition, increase awareness of services

Key Measure(s): Residents that report areas of physical activity are easily accessible, safe places for children to play, opportunities for residents to access healthy foods, Residents reporting lack of awareness of Vinton County Services

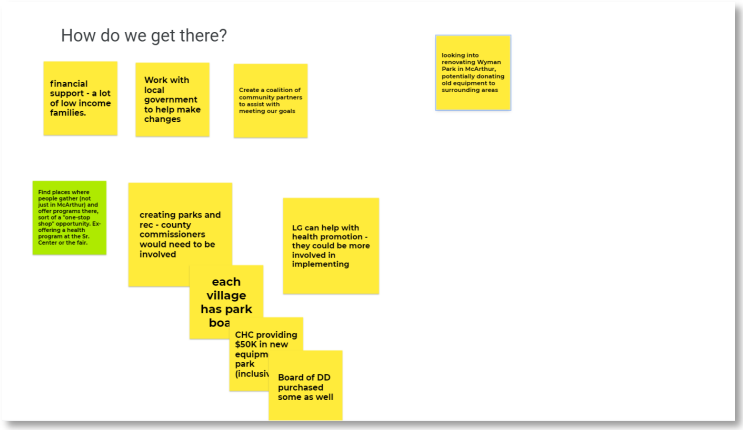


Figure 8: Health Education Work Group Jamboard

Objectives:

- Increase physical activity rate
- Decrease unsafe playgrounds
- Increase physical activity rates among seniors
- Increase access to healthy foods
- Increase 4H projects related to healthy eating
- Implement resource awareness campaign

Vulnerable populations impacted by CHIP: Youth (Playground safety); Seniors; Food insecure residents

Priority: Family and Kinship Support

Why is this a priority? The root of any community's strength is the strength of its families. According to the 2019 Vinton County Community Health Assessment, 17.9% of Vinton County residents live in a home where grandparents are primarily responsible for their grandchildren. According to the United States Census Bureau, 38% of grandparents that live in the same residence as their grandchildren are responsible for them. Vinton County Jobs and Family Services reported at the annual Health Initiatives Meeting that 13 Vinton County children were placed in foster care as of May 2020. However, none of those foster care homes were located in Vinton County. Another 37 Vinton County children were in court ordered protective services, remaining in their home, but with the parent(s) required to work with JFS. Many forms of support for parents and guardians have been attempted in previous years, but were unsuccessful. Vinton County residents respond more readily to individual based services rather than group-based services, yet families struggle to access the services in place to support them.

Our plan:. We will leverage our resources to increase the services available to parents and guardians for the care of their children, as well as clarifying the process for accessing those services. A detailed work plan is located in Appendix A.

Goals: Increase access to services, Increase foster homes, increase childcare

Key measures: Residents reporting low access to services, Completion of foster care assessment, completion of child care assessment

Objectives:

- Assess causes of low access to services
- Make plan to increase access to services,
- Update Vinton County Resource Guide
- Assess causes of low foster homes; make plan to increase foster homes
- Assess causes of low child care availability; make plan to increase child care

Vulnerable populations impacted by CHIP: Children in foster care system

Figure 9: Chronic Health Conditions workgroup Jamboard

Priority: Mental Health and Substance Use Disorder

Why is this a priority? Mental Health and Substance Use is an issue that impacts our community in many ways. Residents facing mental health issues are impacted by reduced functionality, productivity, and connectedness to those around them. In addition, mental health carries with it unique barriers to accessing and receiving treatment to those that are impacted by it. Stigma exists in the community and prevents people from admitting they need help until it is too late. According to the 2019 Vinton County Community Health Assessment, 53.6% of Vinton County residents feel that it is very or somewhat difficult to received mental health care, and 26.32% of residents reported that stigma was a reason for not seeking needed mental health care. Substance use, which often occurs with mental health issues, also exhausts the resources within the community and leads to problems with the economy, safety, and community resiliency. According to the CHA, residents feel that overdose death and substance use are major health issues impacting the community

Our plan: By working to improve mental health and substance use in Vinton County, we will help the community become a healthier, more productive place to live and work. We will leverage our resources to increase access to care, reduce stigma, and enhance the Mental Health/Substance Use workforce. A detailed work plan is located in Appendix A.

Goals: Increase access to mental health care services; Increase access to substance use treatment and recovery services; Reduce stigma; Enhance workforce development in order to increase the pool of professionals to provide mental health and substance use care.

Key Measures: Appointment waiting time; Residents reporting stigma as a reason not to seek care

Objectives:

- Conduct a needs assessment to identify barriers to accessing mental health and/or substance use care
- Implement awareness campaign
- Implement system to increase collaboration
- Implement stigma reduction campaign
- Create drop-in center for people struggling with Mental Health and Substance Use Disorder issues
- Develop plan to increase workforce capacity

Figure 10: Mental Health and Substance Use Work Group Jamboard

Vulnerable populations impacted by CHIP: Residents with Mental Health and Substance Use Disorder issues, Residents with low access to care

Tracking Our Performance

We understand that the community and the needs of the community will change. To that end, we acknowledge that our plan may need to be adjusted as the community that we serve changes. We will review the workplan at least annually and adjust any goals and objectives as applicable.

Objective	Adjustment	Person Responsible

Next Steps and Call to Action

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

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Vinton County, contact VCHD at 740-596-5233 or visit VCHD at www.vintonohhealth.org.

Appendix A: Work Plans

Health Promotion Work Plan

Vinton County ranks 80 out of 88 counties in Ohio within the annual County Health Rankings.(County Health Roadmaps and Rankings, 2021) This is due, at least in part, to a lack of opportunities for healthy living, including exercise and nutrition. This lack of opportunity contributes to high rates of diabetes, heart disease, and obesity in the region. According to the 2019 Community Health Assessment, Vinton County had a diabetes incidence rate of 15.0%, which is higher than Ohio's rate of 10.4%; a stroke mortality rate of 49.8%, which is more than Ohio's rate of 40.49%; and a heart disease mortality rate of 146.4/100,000 population compared to Ohio's rate of 110.63. Additionally, residents noted a lack of opportunities for physical activity and nutrition as a contributing factor for health outcomes. We will utilize existing partnerships and resources throughout the region to increase opportunities for healthy living and the care needed to prevent illness and death.	
Alignment with state and national priorities	**Ohio SHIP Priority Factor:** Health Behavior
	Healthy People 2030: Physical Activity
Goal 1.1 Increase physical activity	
Key Measure(s): 46.15% of survey respondents residing in zip code 45634 reported that areas for physical activity are either not accessible or somewhat accessible. 53.85% of those in 45634 reported that there are not enough safe places for children to play. (2019 Vinton County CHA)	
Objective(s) that address **policy change(s)** needed to accomplish goal: 1.1.1	

Objectives	Measure	Action Steps	Timeframe	Lead	Partners in Success
Objective 1.1.1: By December 31, 2023, increase physical activity rate by 3.6%.	Baseline: 70.9% Target: 74.5% (2019 CHA)	• Hold Park Appreciation Days o Work with parks department to schedule Days o Secure partners for success o Plan physical activities for Days • Create Vinton County Bike Plan o Work with Mayor to create bike friendly city o Identify routes . Consider	Start: November 1, 2021 End: December 31, 2023	Vinton County Health Department (Creating Healthy Communities Program)	McArthur Mayor's office Vinton County parks

		▪ Covered bridge • Complete the 2022 CHA to determine increase in physical activity			
Objective 1.1.2: By December 31, 2023 there will be zero unsafe public playgrounds in Vinton County.	Baseline: TBD Target: 0	• Establish baseline of unsafe needle instances in parks • Improve safety o Take out sand o Provide updated playground equipment ▪ Partner with VCHD CHC Program on playground donations o Increase trash receptacles at parks ▪ Secure funding through solid waste grant o Improve lighting at parks ▪ Secure funding through ODNR grant	Start: November 1, 2021 End: December 31, 2023	Vinton County Health Department (Creating Healthy Communities Program)	Vinton County parks
Objective 1.1.3: By December 31, 2023, increase physical activity among seniors by 5%.	Baseline: TBD Target: baseline +5% 2019 CHA	• Establish baseline rate for seniors • Increase programming for seniors in county. Include programs such as: o Silver sneakers o Fall reduction (Tai Chi) o Secure funding through AARP grant to implement programming • Complete the 2022 CHA to determine increase in physical activity	Start: November 1, 2021 End: December 31, 2023	Area Agency on Aging	Vinton County Senior Center

Goal 1.2 Improve nutrition

Key Measure(s): 8.33% of respondents report not having a place to buy healthy foods, such as fresh produce. (2019 CHA)					
Objective(s) that address **policy change(s)** needed to accomplish goal: 3.2.1					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead**	**Partners in Success**

Objective 1.2.1: By December 31, 2023, increase access to healthy foods by at least 1 additional opportunity for Vinton County Residents.	Baseline: 8.33% of respondents report not having a place to buy healthy foods, such as fresh produce. (2019 CHA)
	Target: 5%
		• Reestablish farmers market in McArthur
		  ○ Work with Vinton Industries
		  ○ Advertise and solicit vendors
		• Establish community garden in McArthur
		  ○ Work with Vinton Industries to ensure WIC and SNAP are accepted
		• Establish traveling Farmer's Market
		  ○ Increase # of vendors that accept AAA7 vouchers
		  ○ Advertise participating farmers
		• Complete the 2022 CHA to determine increase in access to healthy food
			Start: November 1, 2021
			End: December 31, 2023
				Vinton County Health Department (Creating Healthy Communities Program)	Area Agency on Aging

Objective 1.2.2: By December 31, 2023, 5% of youth 4H projects will be about healthy eating.	Baseline: 2% Target: 5%	• Include healthy living in 4H promotional materials • Include in club projects • Focus 4H grants for supplies on health living • Day camps focusing on healthy eating	Start: November 1, 2021 End: December 31, 2023	OSU Extension	
Goal 1.3: Increase awareness of health eating and active living services					
Key Measure(s): Focus group residents reported an overall lack of awareness of Vinton County services.					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead**	**Partners in Success**

Objective 1.3.1: By December 31, 2023, implement one educational campaign to increase the	Baseline: 0
	
	Target:1
		• Survey residents about how best to give information out
		• Plan campaign. Consider:
		  ○ Content
		  ○ Methods of communication
		  ○ Budget
		• Implement campaign
			Start: November 1, 2021
			End: December 31, 2023
				Vinton County Health Department	

awareness of services in Vinton County.		• Evaluate effectiveness			

Family and Kinship Support Work Plan

The root of any community's strength is the strength of its families. According to the 2019 Vinton County Community Health Assessment, 17.9% of Vinton County residents live in a home where grandparents are primarily responsible for their grandchildren. According to the United States Census Bureau, 38% of grandparents that live in the same residence as their grandchildren are responsible for them. Vinton County Jobs and Family Services reported at the annual Health Initiatives Meeting that 13 Vinton County children were placed in foster care as of May 2020. However, none of those foster care homes were located in Vinton County. Another 37 Vinton County children were in court ordered protective services, remaining in their home, but with the parent(s) required to work with JFS. Many forms of support for parents and guardians have been attempted in previous years, but were unsuccessful. Vinton County residents respond more readily to individual based services rather than group- based services yet, families struggle to access the services in place to support them. We will leverage our resources to increase the services available to parents and guardians for the care of their children, as well as clarifying the process for accessing those services.

Goal 2.1: Increase access to family support services

Key Measure(s): 17.9% of Vinton County residents live in a home where grandparents are primarily responsible for their grandchildren. 31.6% of children under 18 live in poverty in Vinton County.

Objective(s) that address **policy change(s)** needed to accomplish goal: 2.1.2

Objectives	Measure	Action Steps	Timeframe	Lead Agency	Partners in Success

Objective 2.1.1: By July 31, 2022, conduct an assessment to determine what barriers exist to accessing available family support services for parents and guardians	Baseline: 0
	Target: 1
		• Plan assessment(two part assessment: assess parents and guardians and assess professionals who provide services.)
		  ○ Determine assessment methods
		  ○ Determine distribution channels
		  ○ Consider enlisting support of local universities to provide graduate students to conduct assessment
		• Conduct assessment:
		  ○ Deploy assessment
		  ○ Collect results
		  ○ Analyze results
			Start: November 1, 2021
			End: July 31, 2022
				Family and Children First Council	Hopewell Health
					
					Integrated Services

Objective 2.1.2: By December 31, 2023, create plan to increase access to Social Service/Wrap around Family Support Services	Baseline: 0 Target:1	• Using results of assessment from 2.1.1, create plan to increase access • Evaluate to determine effectiveness	Start: August 1, 2022 End: December 31, 2023	Family and Children First Council	Hopewell Health Integrated Services HRS
Objective 2.1.3: By July 31, 2022, the Vinton County Resource Guide will be updated.	Baseline: outdated guide Target: Updated guide	• Service agencies review guide for accuracy of content and update as needed • Print copies for distribution • Research feasibility and cost of creating an app for accessing the Community Resource guide • Implement campaign for increasing awareness of availability of Community Resource Guide.	Start: November 1, 2021 End: July 31, 2022	OSU extension	Vinton County Health Department
Goal 2.2: Increase Foster Homes in Vinton County					
Key Measure(s): completion of assessment of barriers to foster care					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead Agency**	**Partners in Success**
Objective 2.2.1: By July 31, 2022, conduct an assessment of former foster parents to determine gaps an barriers of providing foster care services,	Baseline: 0 Target: 1	• Plan assessment: o Determine assessment methods o Determine distribution channels o Consider enlisting support of local universities to provide graduate students to conduct assessment • Conduct assessment: o Deploy assessment o Collect results o Analyze results	Start: November 1, 2021 End: December 31, 2023	Sojourners	Jobs and Family Services

Objective 2.2.2: By December 31, 2023, create plan to increase foster homes in Vinton County.	Baseline: 0 Target:1	• Using results of assessment from 2.1.1, create plan to increase access • Evaluate to determine effectiveness	Start: August 1, 2022 End: December 31, 2023	Sojourners	Jobs and Family Services
Goal 2.3: Increase Child Care Providers in Vinton County					
Key Measure(s): Completion of assessment of barriers to adequate child care					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead Agency**	**Partners in Success**
Objective 2.3.1: By July 31, 2022, conduct an assessment of former providers to determine gaps and barriers to providing childcare in Vinton County.	Baseline: 0 Target: 1	• Plan assessment: o Determine assessment methods o Determine distribution channels o Consider enlisting support of local universities to provide graduate students to conduct assessment • Conduct assessment: o Deploy assessment o Collect results o Analyze results	Start: November 1, 2021 End: December 31, 2023	Jobs and Family Services	Sojourners
Objective 2.3.2: By December 31, 2023, create plan to increase child care in Vinton County.	Baseline: 0 Target:1	• Using results of assessment from 2.1.1, create plan to increase access • Work with school system regarding feasibility of providing/increasing before and after school care. • Evaluate to determine effectiveness	Start: August 1, 2022 End: December 31, 2023	Jobs and Family Services	Sojourners

Mental Health and Substance Use Disorder Work Plan

Mental Health and Substance Use is an issue that impacts our community in many ways. Residents facing mental health issues are impacted by reduced functionality, productivity, and connectedness to those around them. In addition, mental health carries with it unique barriers to accessing and receiving treatment to those that are impacted by it. Stigma exists in the community and prevents people from admitting they need help until it is too late. According to the 2019 Vinton County Community Health Assessment, 53.6% of Vinton County residents feel that it is very or somewhat difficult to received mental health care, and 26.32% of residents reported that stigma was a reason for not seeking needed mental health care. Substance use, which often occurs with mental health issues, also exhausts the resources within the community and leads to problems with the economy, safety, and community resiliency. According to the CHA, residents feel that overdose death and substance use are major health issues impacting the community. By working to improve mental health and substance use in Vinton County, we will help the community become a healthier, more productive place to live and work. We will leverage our resources to increase access to care, reduce stigma, and enhance the Mental Health/Substance Use workforce.

Alignment with State and National Priorities	**Ohio SHIP Priority Health Outcome:** Mental Health and Addiction
	Health People 2030: Mental Health and Mental Disorders; Drug and Alcohol Use
Goal 3.1: Increase access to Mental Health/Substance Use care	
Key Measure(s): Average of 14 days from appointment created to appointment date (Data from Hopewell Health, Jan-June 2021)	
Objective(s) that address **policy change(s)** needed to accomplish goal: 1.1.3	

Objectives	Measure	Action Steps	Timeframe	Lead	Partners in Success
Objective 3.1.1: By August 31, 2022 conduct needs assessment to identify specific barriers to accessing mental health/substance use care for Vinton County residents.	Baseline: 0 Target: 1	• Work with local universities to determine if there is a graduate student that could do this as a practicum • Plan assessment. Consider: o Who to assess? Consider: professionals, agencies, community members, teachers o What information you would like to know? o How to assess (survey, focus groups, etc.) • Conduct assessment to determine barriers	Start: November 1, 2021 End: December 31, 2023	317 Board	Vinton County Health Department Hopewell Health

		• Create actions plan to increase access based on results of assessment.			
Objective 3.1.2: By December 31, 2023, implement one campaign to increase awareness of Mental Health/Substance Use resources in Vinton County.	Baseline: 0 Target: 1	• Update resource guide created via previous CHIP. • Determine best messaging methods. Consider: o Audience o Services to highlight o Communication • Prepare messaging o Consider implementing a "Mental Health Matters for Youth" Campaign o Incorporate crisis line and suicide hotline • Distribute o Include messaging in food bags • Evaluate effectiveness	Start: November 1, 2021 End: December 31, 2023	OSU Extension	Vinton County Health Department
Objective 3.1.3: By December 31, 2023, implement system to increase agency to agency collaboration by coordinating patient intake.	Baseline: 0 Target:1	• Implement "no wrong door approach" • Convene stakeholders to determine how to best collaborate, Consider: o What agencies need to effectively collaborate better o How to best streamline the entry points with the consumer o Consider creating a google doc or a calendar that has the information for all providers to use o Developing an intersystem education plan ▪ Training staff at agencies about how to connect people ▪ If needed, utilize funding from state for multisystem collaboration (Ohio MHAS)	Start: November 1, 2021 End: December 31, 2023	317 Board	Hopewell Health Integrated Services Family and Children First Council

Goal 3.2: Reduce Stigma					
Key Measure(s): 26.32% of Vinton County residents reported stigma as a reason for not seeking needed mental health care (2019 Vinton County Community Health Assessment)					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead**	**Partners in Success**

Objective 3.2.1: By December 31, 2023, implement 1 campaign to reduce mental health associated stigma.	Baseline: 0
	Target: 1
		• Determine best messaging methods. Consider:
		  o Audience
		  ▪ Work with schools on ACEs and Resiliency education
		  o Communication
		• Prepare messaging
		  o Implement "Mental Health Matters for Youth" messaging
		  o Create "Handle with Care" System
		• Distribute
		• Evaluate effectiveness
			Start: November 1, 2021
			End: December 31, 2023
				Health Recovery Services	OSU extension
					
					Counseling Association
					
					SETICC

Objective 3.2.2: By December 31, 2023, create drop-in center for those struggling with mental health and Substance use disorder issues	Baseline: 0
	Target:1
		• Meet with stakeholders to determine best place/times/etc.
		• Determine project plan and identify funding needs
		• Secure funding as needed
		• Create plan for implementation based on meeting. Consider the following:
		  o Should be staffed by MH staff
		  o Lay peers/trained peers
		  o Creating safe spaces
		  o Include telehealth as a drop in option
		  o Consider a mobile unit to rotate around county
			Start: November 1, 2021
			End: December 31, 2023
				Integrated Services	Sojourners

Goal 3.3: Workforce Development					
Key Measure(s): Average of 14 days from appointment created to appointment date (Data from Hopewell Health, Jan-June 2021)					
Objectives	**Measure**	**Action Steps**	**Timeframe**	**Lead**	**Partners in Success**

Objective 3.3.1: By December 31, 2023, develop a plan to increase mental health care/substance use workforce capacity in Vinton County.	Baseline: 0
	Target: 1
		• Convene stakeholders to develop plan
		• Conduct assessment to determine why workforce capacity is low
		  o Examine pay structure for providers in Vinton County
		  o Work with landlords to increase housing for professionals
		• Work with stakeholders to develop steps to improve workforce capacity
			Start: November 1, 2021
			End: December 31, 2023
				Health Department	Hopewell Health
					
					Integrated Services

Appendix B: Assets and Resources

Work groups compiled the following list of assets and resources:

Access to Opportunities for Recreation and Fitness:

- Raccoon Creek Outfitters
- Herbert Wescoat Memorial Library fitness classes
- McArthur Wyman Park
- State Parks with multi-use trails
- Refit
- Vinton County Fitness Club
- Temple Fitness
- Title Town Training
- Walking Tracks
- Outdoor Basketball Courts
- Outdoor Tennis Courts

Transportation:

- Community Action
- Senior Citizens Agency
- Paved Roads
- Gas Vouchers
- Medical Transportation
- Bike Friendly Village (McArthur)
- Complete Streets Policy (McArthur)-pending

Education:

- Buckeye Hills/Adult Ed/Vocation
- University of Rio Grande
- Herbert Wescoat Memorial Library
- Reading Program
- Head Start
- Vinton County Local School District

Economy

- Chamber of Commerce
- Rural Development Grant
- Appalachian Regional Commission
- Tourism/Visitors Center

Access to Food

- Local Food Banks
- School Backpack Programs
- AAA7 Meals on Wheels
- PB + J Drive
- Blessings Boxes
- Senior Center
- Community Gardens
- Independent Farm Stands
- Mobile Food Pantry Wilkesville

Maternal and Child Care

- WIC
- Help Me Grow
- VFC Vaccinations
- Passed Social Services Levy
- Vinton County Health Department
- PALS Group and parenting classes
- Parenting Education Group
- Family and Children First Council
- Early Intervention
- BCMH – VCHD
- Moms Quit for Two - VCHD

Access to Care

- AAA7
- Vinton County Health Department
- Breast Cancer Mobile Unit
- County Designated Survivor Advocacy representatives
- Sojourners Care Network

Substance Abuse

- Hopewell Clinic
- Integrated Services
- Decrease Opioid Prescription Initiative – Statewide
- Hopewell Behavioral Health and Recovery
- ADAMHS boards
- Field of Hope
- Health Recovery Services
- Vinton County Prevention and Recovery Coalition
- Drug Overdose Prevention Grant – VCHD
- Drug Court

Health Promotion

- Health Fairs
- Vinton County Health Department
- Elder Services – AAA7
- Cancer Support Group
- Nutrition Education
- Cancer Research Group
- Creating Healthy Communities Coalition – VCHD

Mental Health

- Hopewell Crisis Units
- Integrated Services
- Health Recovery Services
- ADAMHS Board
- Suicide Hotline
- Private Psychiatrists
- School Counselors

Appendix C: Community Partners

CHIP Planning Group

Visualization and Prioritization Participants::
Nancy Bauer – Hopewell Health Center
Jodi Jones – Hopewell Health Center
Dr. Susan Crapes – Vinton County Health Department, Medical Director
Davalene McDaniels – Health Recovery Services
Travis West – Vinton County, OSU extension office
Cy- Integrated Services
Miranda Smith – Principal South Elementary School
Joy Walker – Jobs and Family Services
Janelle McManis - Administrator, Vinton County Health Department
Kate Homonai – Vinton County, OSU extension office
Connie Montgomery – Area Agency on Aging District 7
Megan Darnell – Hopewell Health Center
Jeri Ann Bentley – Vinton County Health Department, Creating Healthy Communities Grant Coordinator
Glendon Barnes – Vinton Township Trustee
James Wells – Vinton Township Trustee
Susan Urban – Vinton County Health Department, Accreditation coordinator

Health Promotion Work Group
Kate Homonai – Vinton County, OSU extension
Connie Montgomery – Area Agency on Aging District 7
Jeri Ann Bentley – Vinton County Health Department, Creating Healthy Communities Grant
Ashley Riegle – St. Francis Center Food Bank
Misty Napier – Rio Grande University
Gwen Craft – Holzer Hospital
Paula Grunkemeyer – Vinton County Health Department, WIC program

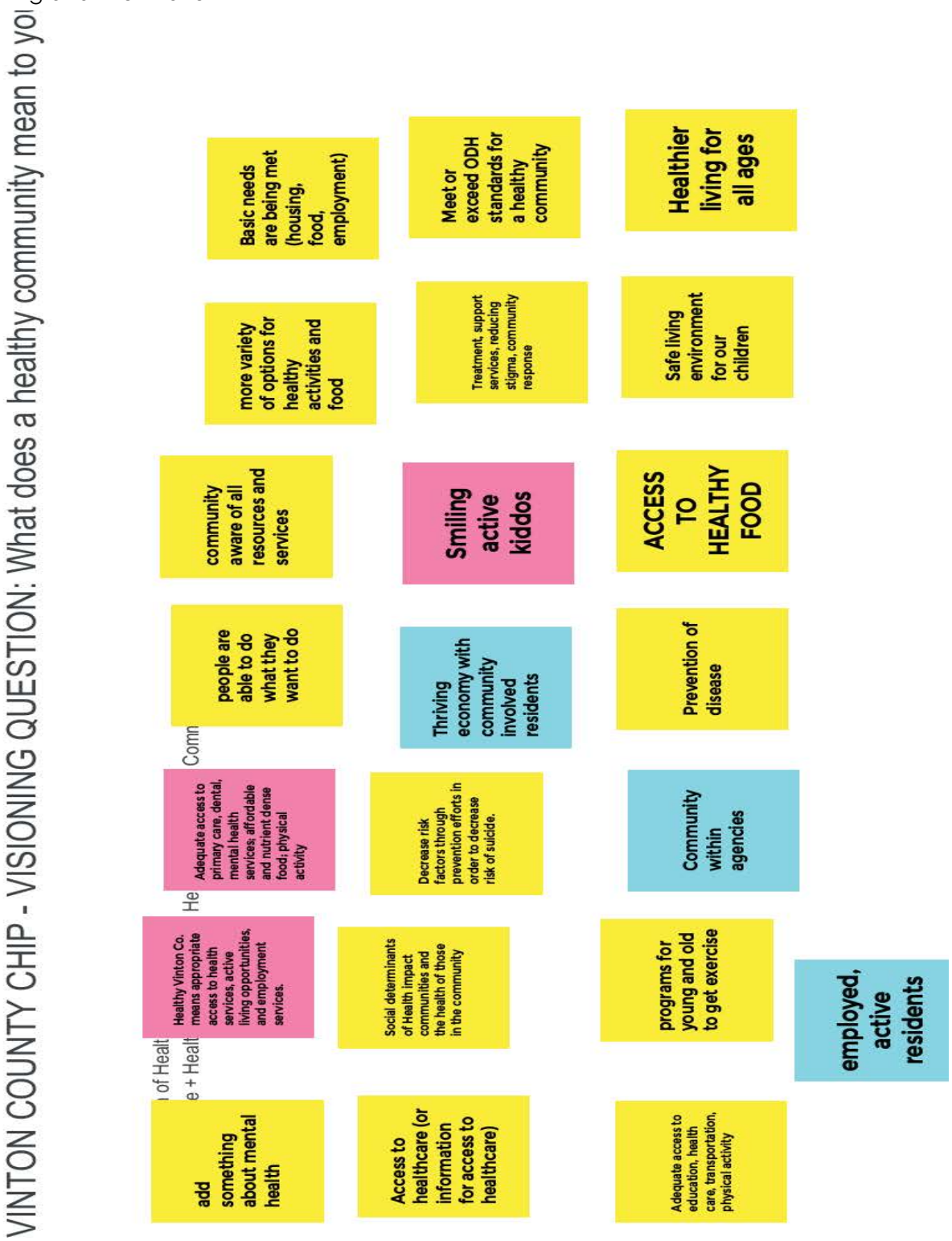
Parent Support and Resiliency Work Group
Travis West – Vinton County OSU extension office
Lori Simonton – Vinton County Health Department, Environmental Health
Teresa Snider – Vinton County Local Schools
Margaret Demko – Jobs and Family Services, Families and Children First Council
Missi Robson – Jobs and Family Services, Child Protective Services
Barbi Hammond – Vinton County Health Department, Help Me Grow program

Mental Health and Substance Use

Nancy Bauer – Hopewell Health Center
Megan Darnell – Hopewell Health Center
Tricia Robinette – Vinton County resident
Tiffany Ratliff – Sojourners
Svea Maxell – Athens-Hocking-Vinton 317 Board
Sherri Tyree – Athens-Hocking-Vinton 317 Board
Diane Pfaff – Athens-Hocking-Vinton 317 Board
Emily Janey – Vinton County Prosecutors Office
Laura Bartkowiak – Jobs and Family Services
Cathy Williams – Integrated Services

Appendix D: Meeting Notes (Jamboards)

Visioning and Prioritization



VINTON COUNTY CHIP - VISIONING Question: When you envision a healthy Vinton County, what do you see?

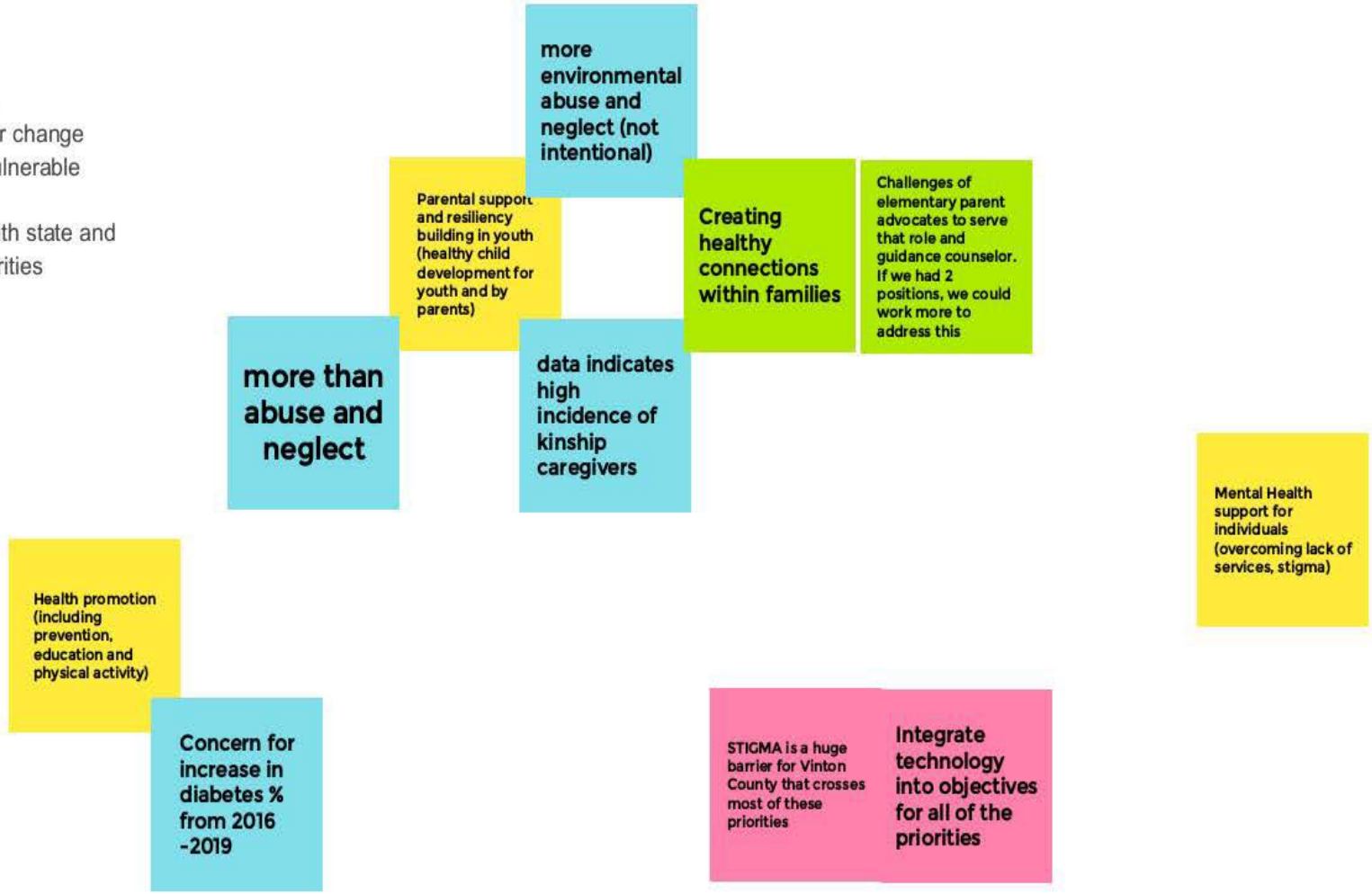
Current Vision of Health:
Healthy people + Healthy environment = Healthy Empowered Community

VINTON COUNTY CHIP - VISIONING Question: What 2-3 key words or phrases do you want incorporated in the vision for health of Vinton County?

Current Vision of Health:
Healthy people + Healthy environment = Healthy Empowered Community

VINTON COUNTY CHIP - PRIORITIZATION GROUP 1

Criteria:
Magnitude
Seriousness
Feasibility for change
Impact on vulnerable populations
Alignment with state and national priorities



VINTON COUNTY CHIP - PRIORITIZATION GROUP 2

Criteria:
Magnitude
Seriousness
Feasibility for change
Impact on vulnerable populations
Alignment with state and national priorities

All 3 of these work together

Mental Health/Substance abuse

Access to Care

Transportation

With rural VC, it isn't cost effective to pickup at home due to distance between.

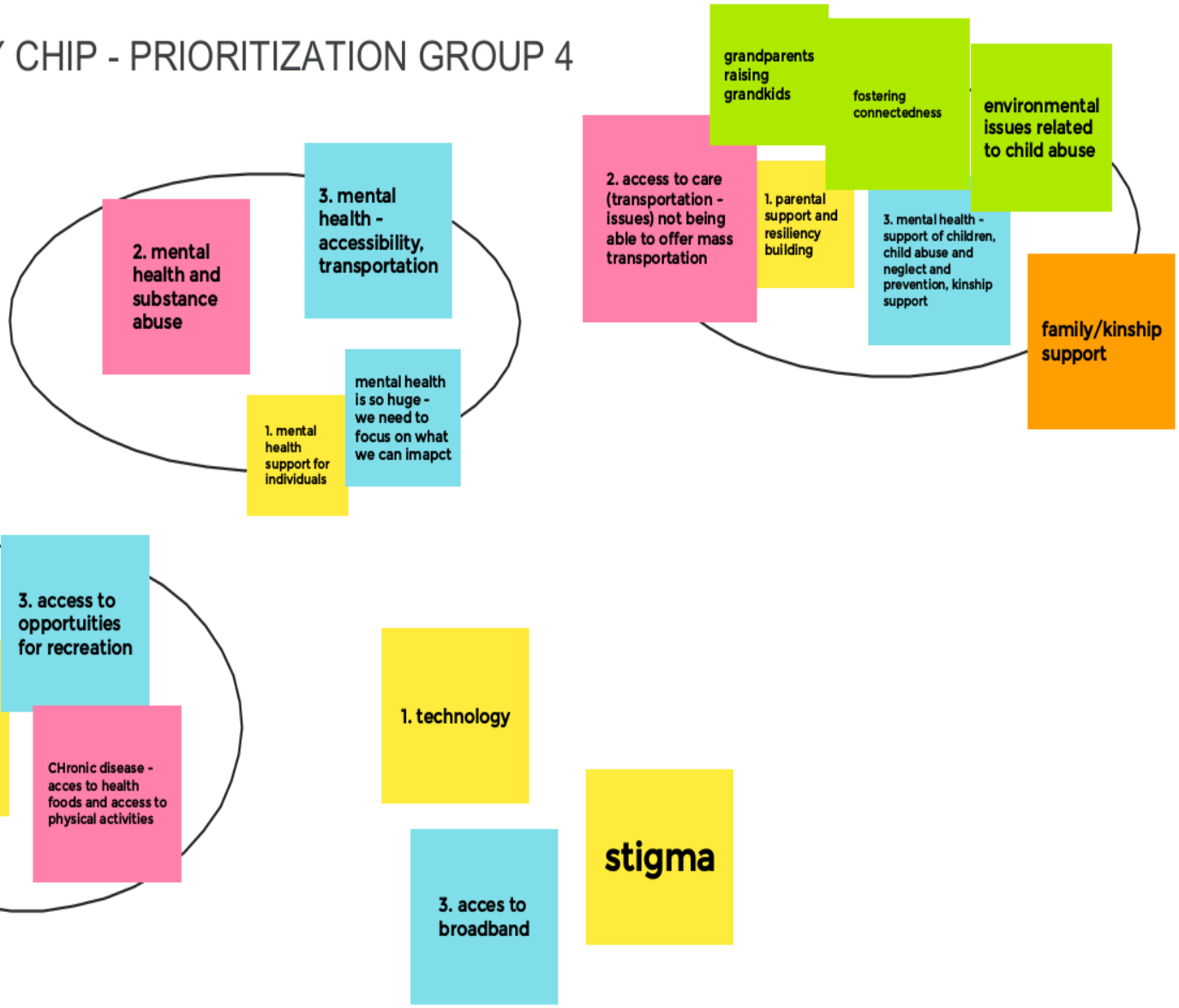
Chronic Disease

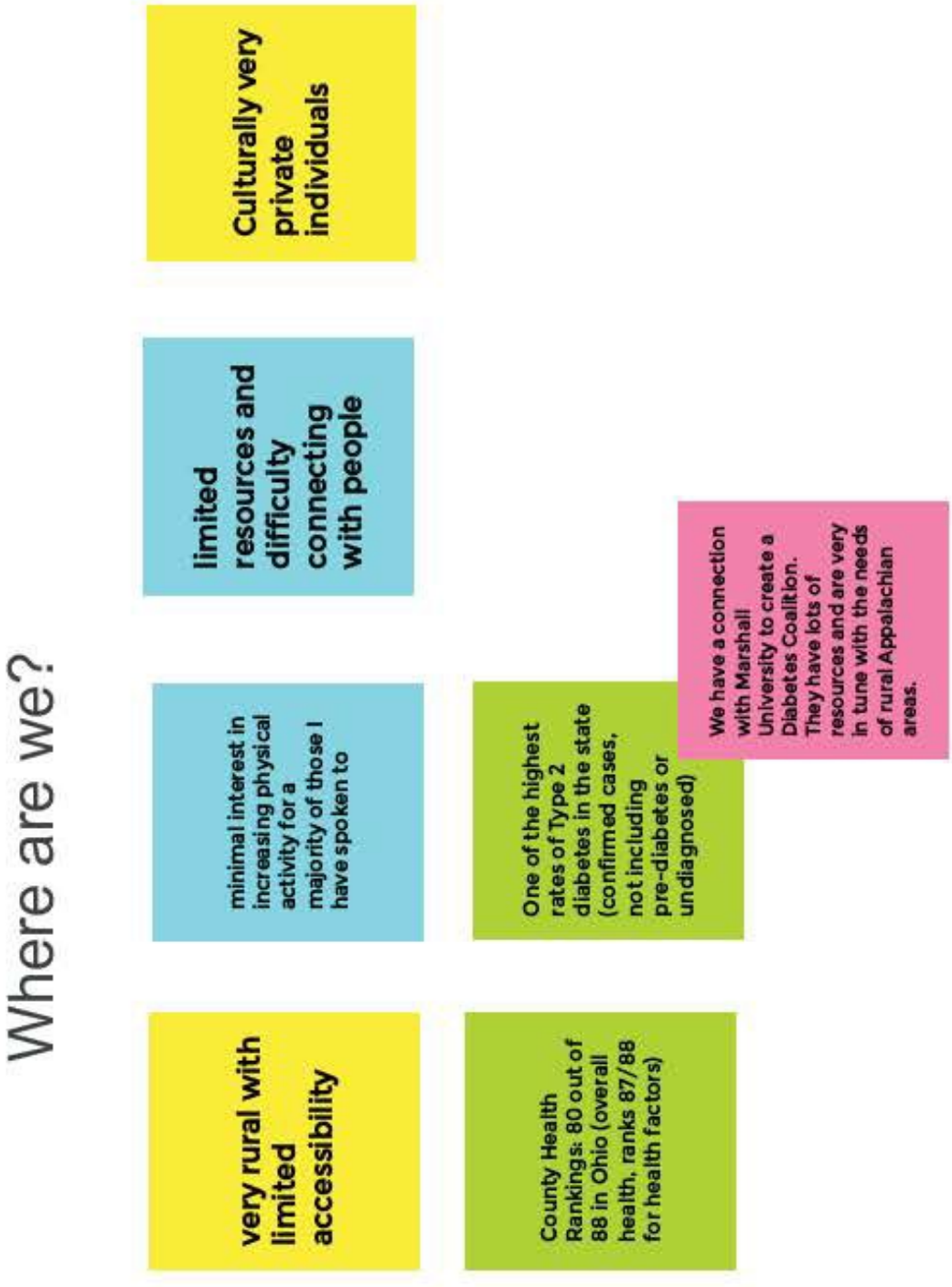
Access to healthy foods

Access to physical activity

VINTON COUNTY CHIP - PRIORITIZATION GROUP 4

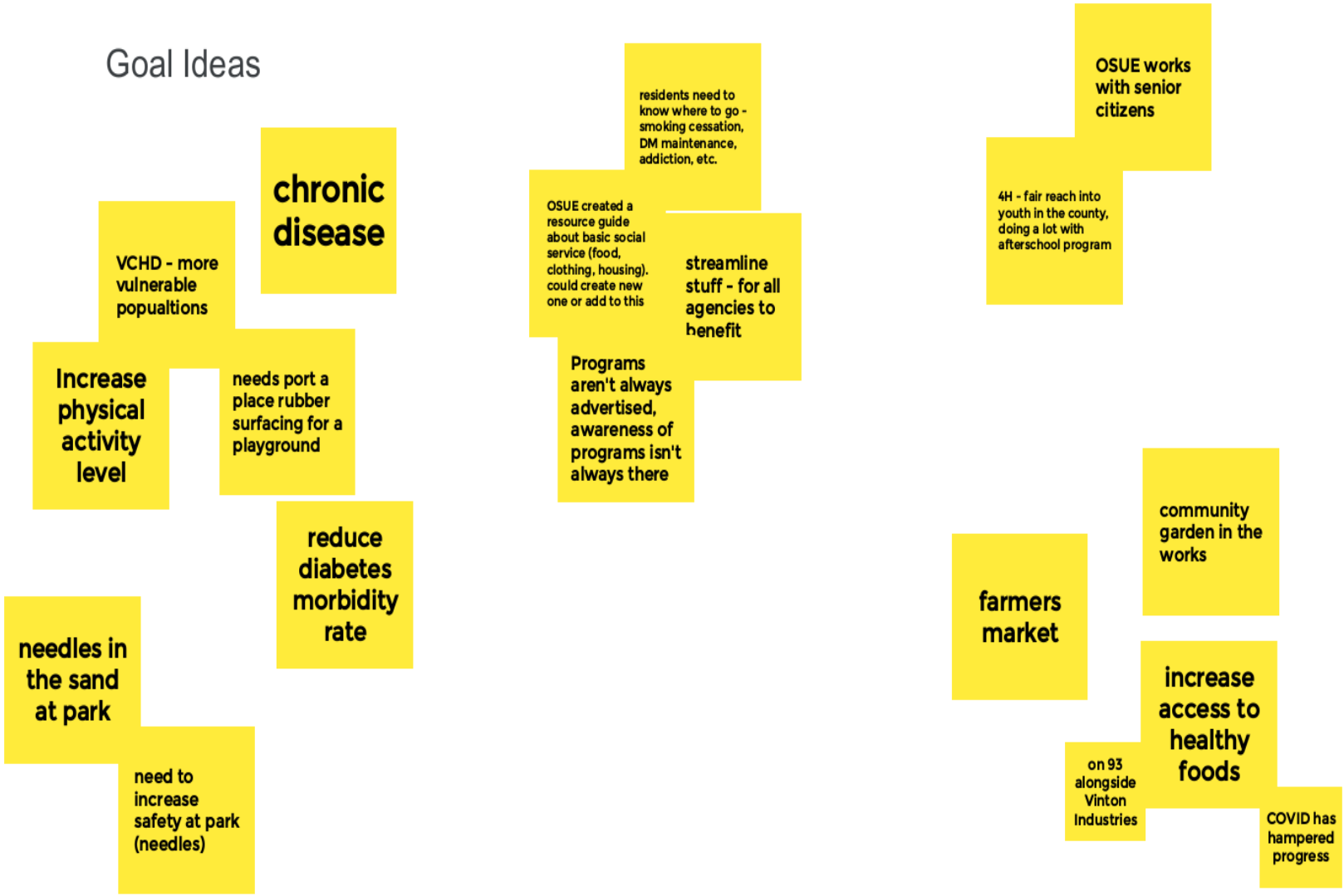
Criteria:
Magnitude
Seriousness
Feasibility for change
Impact on vulnerable populations
Alignment with state and national priorities

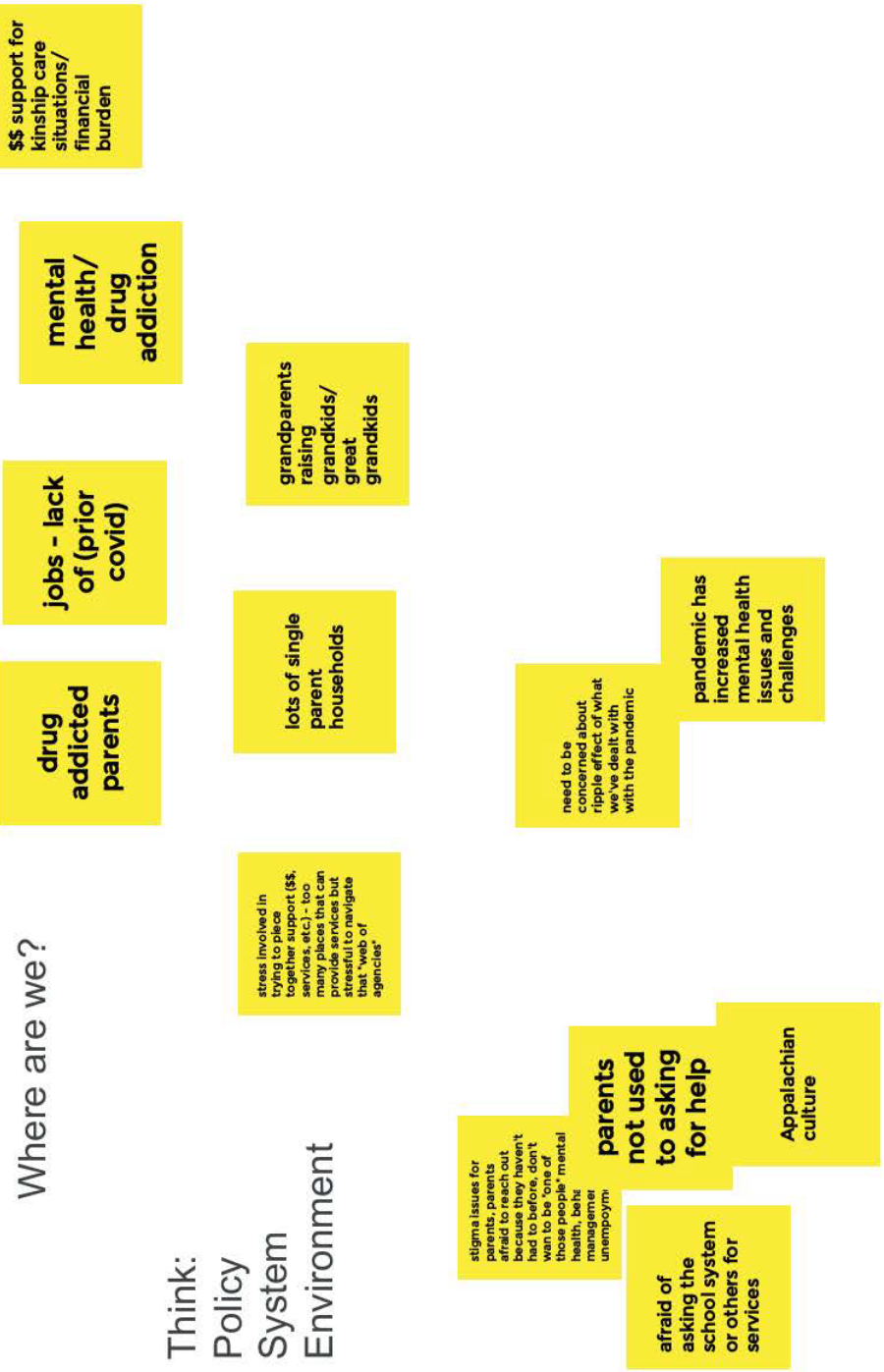



Where are we?
very rural with limited accessibility
minimal interest in increasing physical activity for a majority of those I have spoken to
limited resources and difficulty connecting with people
Culturally very private individuals
County Health Rankings: 80 out of 88 in Ohio (overall health, ranks 87/88 for health factors)
One of the highest rates of Type 2 diabetes in the state (confirmed cases, not including pre-diabetes or undiagnosed)
We have a connection with Marshall University to create a Diabetes Coalition. They have lots of resources and are very in tune with the needs of rural Appalachian areas.

Where do we want to be?


How do we get there?
financial support - a lot of low income families.
Work with local government to help make changes
Create a coalition of community partners to assist with meeting our goals
looking into renovating Wyman Park in McArthur, potentially donating old equipment to surrounding areas
Find places where people gather (not just in McArthur) and offer programs there, sort of a "one-stop shop" opportunity. Ex- offering a health program at the Sr. Center or the fair.
creating parks and rec - county commissioners would need to be involved
LG can help with health promotion - they could be more involved in implementing
each village has park boa
CHC providing $50K in new equipm park (inclusiv
Board of DD purchased some as well


Goal Ideas
chronic disease
VCHD - more vulnerable popualtions
Increase physical activity level
needs port a place rubber surfacing for a playground
reduce diabetes morbidity rate
needles in the sand at park
need to increase safety at park (needles)
residents need to know where to go - smoking cessation, DM maintenance, addiction, etc.
OSUE created a resource guide about basic social service (food, clothing, housing). could create new one or add to this
streamline stuff - for all agencies to benefit
Programs aren't always advertised, awareness of programs isn't always there
OSUE works with senior citizens
4H - fair reach into youth in the county, doing a lot with afterschool program
community garden in the works
farmers market
increase access to healthy foods
on 93 alongside Vinton Industries
COVID has hampered progress


Where are we?
Think:
Policy
System
Environment
drug addicted parents
jobs - lack of (prior covid)
mental health/ drug addiction
$$ support for kinship care situations/ financial burden
lots of single parent households
grandparents raising grandkids/ great grandkids
stress involved in trying to piece together support ($$, services, etc.) - too many places that can provide services but stressful to navigate that "web of agencies"
need to be concerned about ripple effect of what we've dealt with with the pandemic
pandemic has increased mental health issues and challenges
stigma issues for parents, parents afraid to reach out because they haven't had to before, don't wan to be "one of those people" mental health, beha managemer unempoym
parents not used to asking for help
Appalachian culture
afraid of asking the school system or others for services


Where do we want to be?
Well funded afterschool programs (5 days a week) that gives an option for working parents
education as a priority (PK-12)
Respite care options
more opportunity to learn technical trades
Affordable childcare options
system easier to navigate
adequate and accessible mental health services for families
increased school capacity (more staff to handle family and children crises) for families
centralized intake process
specific to grandparents raising kids - they struggle with accessing the system
children not being taken out of homes
filling out forms - sometimes a struggle, need someone there that could assist with the paperwork
transportation and internet
Stigma - how do we make parents fell comfortable with more than school staff (think most are comfortable with ıool)
easier for families to say "here is what I need"

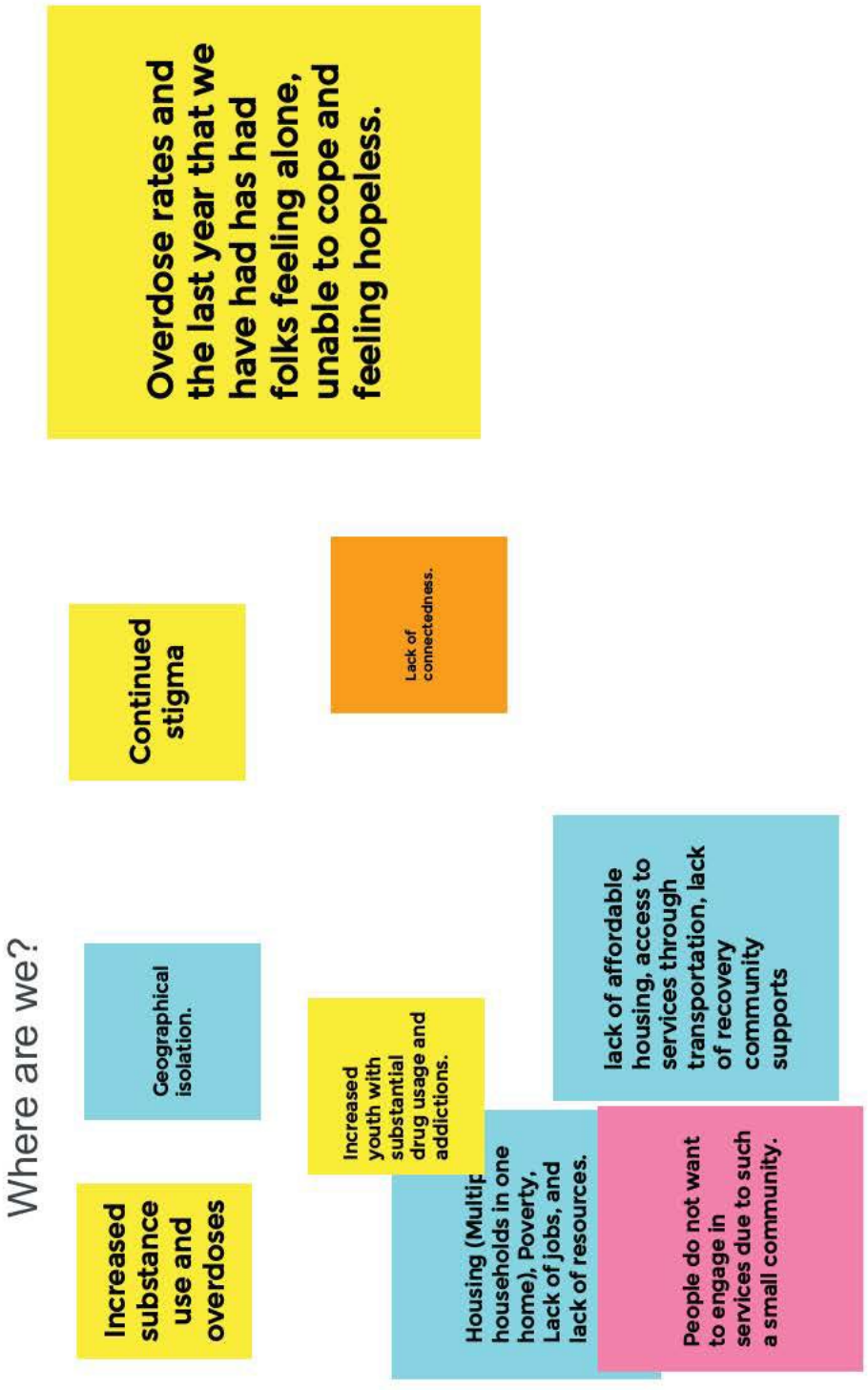
How do we get there?

overcoming stigma
people need services but aren't willing to seek them out
action idea - campaign to disspell stigma
work together to make services accessible, help facilitate
culturally (appalachia)

activities from previous CHIP weren't successful, people didn't attend
kinship $ assistance - can this be leveraged to improve access to programs? ended 6/30/21
several existing agencies in community help with transportation to services and work
respite care - not enough homes in county
access to transportation
community action, ahoy

access to services
only one mental health service in county takes private insurance, limit
people have to go out of county to get service
policy changes: referral, when you need services, where do you go? what can we do to make that process easier? ex: if reffered to margaret, they shouldn't need to go multiple places to fill out paperwork
agencies could work together to combine paperwork point if entry to system

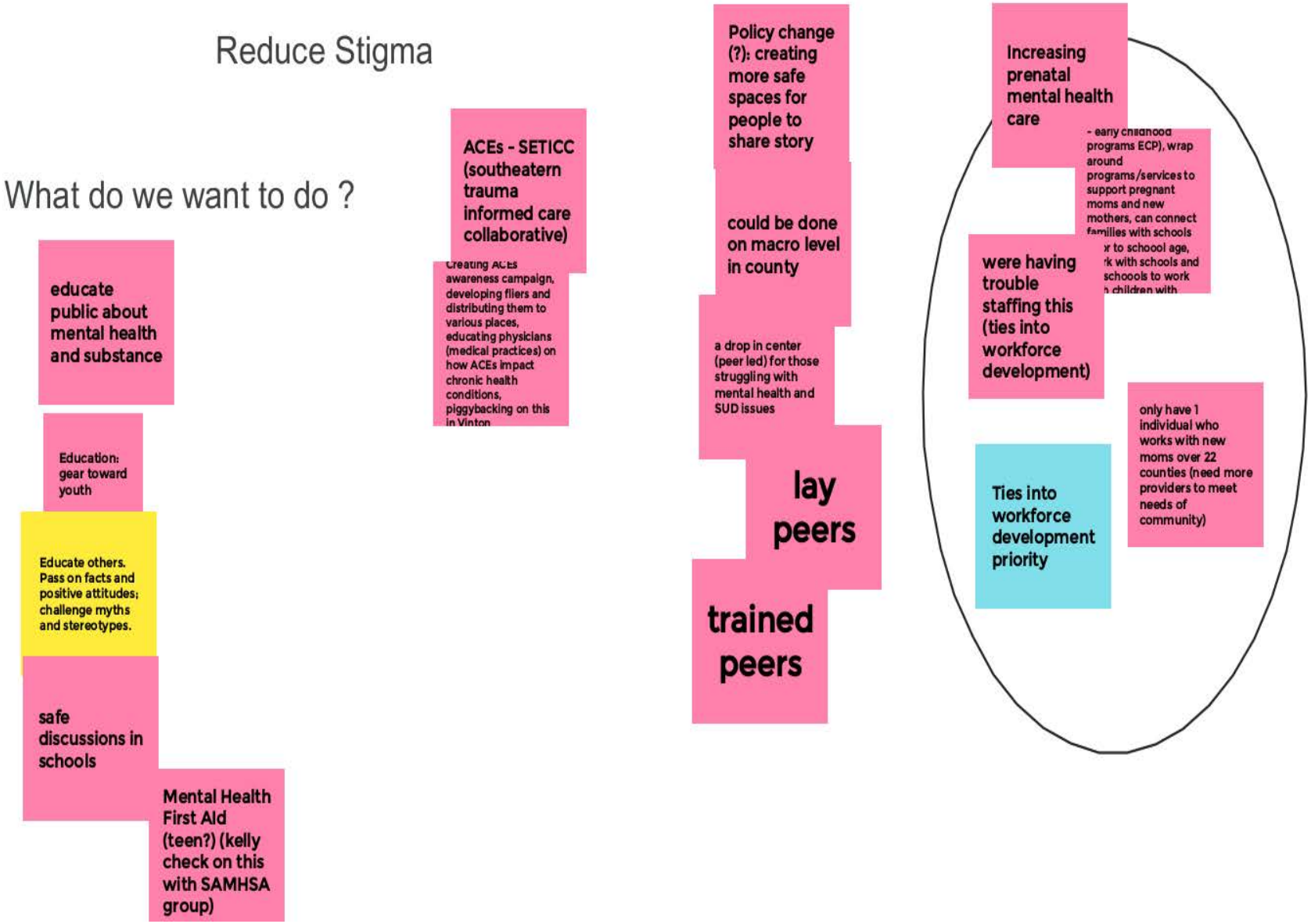
Work Group: Mental Health and Substance Use:

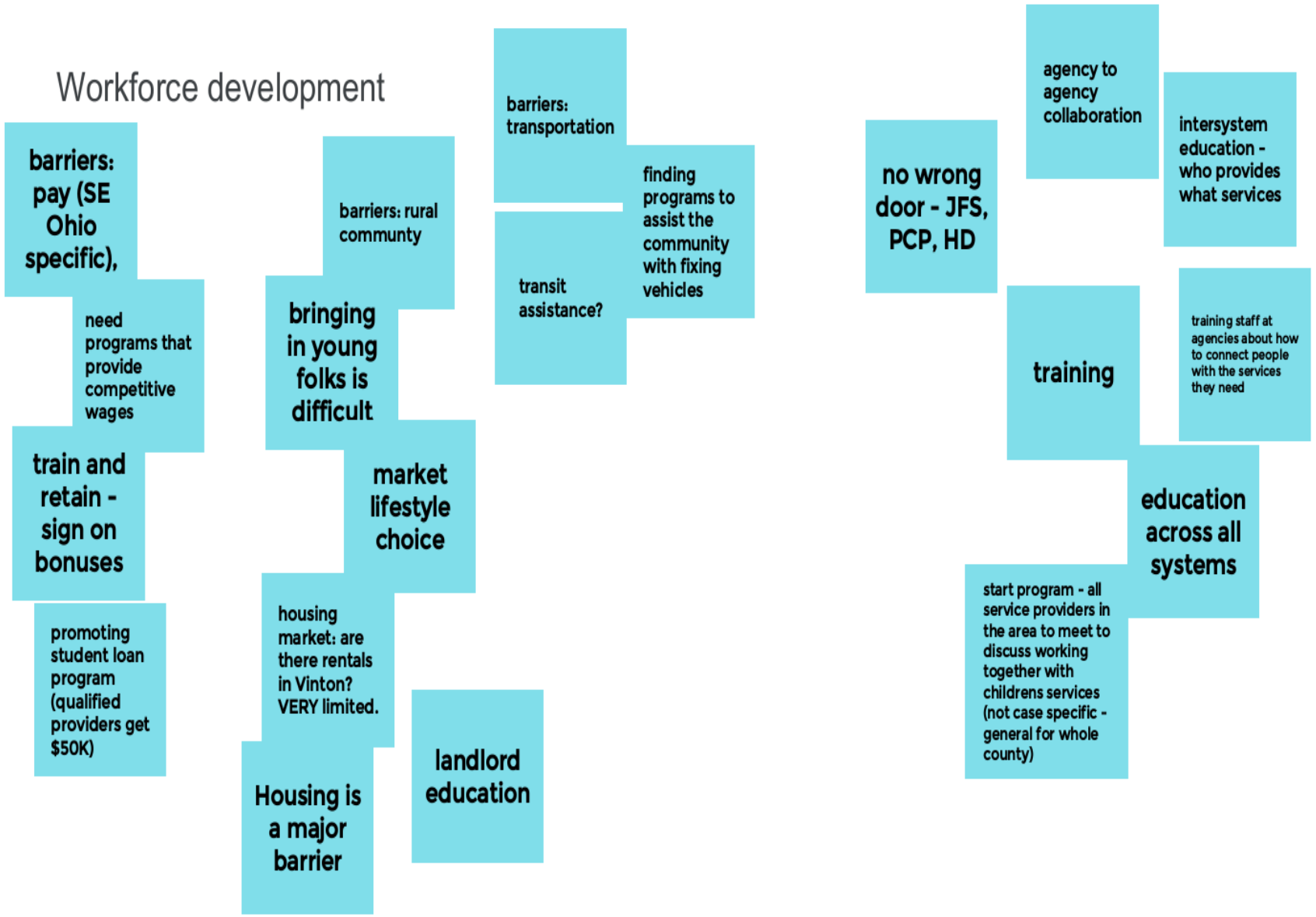


Where do we want to be?


How do we get there?
Anti-Stigma campaigns with community tie backs
Funding for education to increase the mental health and addictions workforce
Community Awareness.
Bridges out of poverty.
AA/NA meetings that are accessible for all.
Funding, Grants
Good communication between service providers.
Infrastructure support - jobs, transportation
Access to care for all.
Community awareness, community support.
Community education and stigma reduction.

Increase Workforce/Workforce Knowledge/Skillset
Improved coordination of care across systems
Provide person-centered approach to integrated care (Access)
enhance person centered approach to intgrated care through SUD and BH treatment services
Reducing SU
Improving BH
reduce stigma
Decrease ACE'S in population. (Adverse Childhood Experiences)
GOALS: 1) Increase Access to Care 2) Reduce Stigma 3) Increase Workforce & Workforce Knowledge/Skillset
Reduce Stigma
community engagement
Educate the population
Increase Access to Care
remove barriers
Increase access, resources, and engagement.
Resources for youth (Camp Viking)
Bridges out of poverty.
Community Resource Awareness
Access to Care


Reduce Stigma
What do we want to do ?
ACEs - SETICC (southeatern trauma informed care collaborative)
Creating ACEs awareness campaign, developing fliers and distributing them to various places, educating physicians (medical practices) on how ACEs impact chronic health conditions, piggybacking on this in Vinton
Policy change (?): creating more safe spaces for people to share story
could be done on macro level in county
a drop in center (peer led) for those struggling with mental health and SUD issues
lay peers
trained peers
Increasing prenatal mental health care
- early childhood programs ECP), wrap around programs/services to support pregnant moms and new mothers, can connect families with schools
were having trouble staffing this (ties into workforce development)
only have 1 individual who works with new moms over 22 counties (need more providers to meet needs of community)
Ties into workforce development priority
educate public about mental health and substance
Education: gear toward youth
Educate others. Pass on facts and positive attitudes; challenge myths and stereotypes.
safe discussions in schools
Mental Health First Aid (teen?) (kelly check on this with SAMHSA group)


Workforce development
barriers: pay (SE Ohio specific),
need programs that provide competitive wages
train and retain - sign on bonuses
promoting student loan program (qualified providers get $50K)
barriers: rural communty
bringing in young folks is difficult
market lifestyle choice
housing market: are there rentals in Vinton? VERY limited.
Housing is a major barrier
landlord education
barriers: transportation
finding programs to assist the community with fixing vehicles
transit assistance?
agency to agency collaboration
intersystem education - who provides what services
no wrong door - JFS, PCP, HD
training
training staff at agencies about how to connect people with the services they need
education across all systems
start program - all service providers in the area to meet to discuss working together with childrens services (not case specific - general for whole county)


Access to Care
barrier: transportation
FIRST: needs assessment to identify what the actual barriers are to access the care system
equipping emergency services personnel with ready access to bahavioral health consultants
hopewell and HRS have trnasportation specialists that can bill public insurance - do they accept provate incurance?
mobile crisis - pilot in athens county (plans of expenasion into hocking and vinton counties)
campaigns, fliers, billboards, social media, local news
communtiy resources awareness - education
barriers: limited access - increasing flexibility for access to care (walk in hours at clinics)
people shouldn't need to schedule things out 4-5 weeks out