

Erie County
Community Health Improvement Plan
2013-2015



Linda Miller-Moore

4/30/2013

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Date

Board President

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Date

Health Commissioner



Chooses Healthy Living!

*Community Health
Improvement Plan*

Erie County, Ohio

2013-2015

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Erie County Community Health Improvement Plan 2013-2015

Erie County CHIP

VISIONING

When Erie County residents are empowered to choose their health first, everyone wins

MISSION

Working together to improve health, one neighborhood at a time

Emphasizing:

Increased awareness

Chronic disease and risk factor prevention

Proper nutrition

Physical activity

Encouraging people to be their own health advocates

Motivation and support

Celebrating successes

Definition

A community health improvement process uses community health assessment (CHA) data to identify priority issues, develop and implement strategies for action, and establish structures to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP).

MAPP/CHIP Process

The Erie County Health Department invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. Using the National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), Phases 1-5 of this planning process were completed in January through March 2013, but the work of the Erie CHIP committee is just beginning as action groups prepare to pilot strategies to address the health priorities outlined in the CHIP. Erie County Chooses Healthy Living is more than a tag line or a

slogan that will fade over time. This is the vision of what life can be in this county when community leaders, coalitions, agencies, businesses, and the citizens of Erie County make their health a priority and are empowered to be health advocates for themselves and others.

2013 Erie County CHIP Planning Committee

Pam Brumbaugh	United Way of Erie County
Sandy Foster	United Way of Erie County
Sue Daugherty	Serving Our Seniors
Janet Mesenburg	Erie County Community Health Center
Linda Miller-Moore	Erie County Board of Health/Serving Our Seniors
Sharon Schaeffer	Partners for Prevention of Erie County
Pete Schade	Erie County Health Department
Jon Long	Buckeye Cablesystem
Brandy Bennett	Family and Children First Council
Patty Notestine	Mental Health and Recovery Board of Erie and Ottawa Counties
Jean Anderson	Mental Health and Recovery Board of Erie and Ottawa Counties
Angela Brickner	Firelands Regional Medical Center
Mary Bauer	Firelands Regional Medical Center
Carrie Beier	Erie County Board of Developmental Disabilities

Erie CHIP Meeting Facilitation and Plan

Kathy Silvestri	Hospital Council of Northwest Ohio
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Organizing for Success and Partnership Development

Community health assessment and program planning is the on-going process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. Child and Family Health Services (CFHS) programs, funded by the Ohio Department of Health, have long supported these activities in Ohio's local communities. In the fall of 2012, the Erie County Health Department received an Accreditation Support Initiative for Health Departments and Support Organizations 2012-2013 grant from the National Association of City County Health Officials (NACCHO). In December 2012, the health department contacted the Hospital Council of Northwest Ohio to facilitate a group of community partners to complete the first phases of the Mobilizing for Action through Planning and Partnerships (MAPP) process and to draft a community health improvement plan (CHIP). The health department extended invitations to a broad group of persons representing organizations, businesses, coalitions, and consumers. At the first CHIP meeting in January 2013, the participants reviewed the steps to other community partners who should be involved. Phases 1-5 of the MAPP process were used to organize the meeting formats and deliverables. This Erie County CHIP outlines the results of Phases 1-5 and it identifies Phase 6: Action Cycle and specific strategies and action steps which begin in the summer of 2013 and continue through December of 2015.

Visioning

The Erie CHIP participants were asked to draft a vision and mission statement. Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does. The CHIP Committee discussed how a person's quality of life declines when they are not willing and/or able to obtain and sustain optimum physical health. They discussed how difficult it is for persons to stay motivated to eat healthy, be physically active, and to stay empowered to choose their health when faced with personal stresses, responsibilities, and challenges.

As the Erie CHIP enters the Action Cycle over the next three years, the vision is that:

When Erie County residents are empowered to choose their health first, everyone wins

The mission of the Erie CHIP is that this community will begin:

Working together to improve health, one neighborhood at a time

Assessments

Three of the four assessments of the MAPP process were completed in Phase 3 of this project. The Erie County CHIP Committee utilized the Community Themes & Strengths, Forces of Change, and the Community Health Status Assessments to prioritize specific health issues and population groups which are the foundation of this plan. The Local Public Health System Assessment will be conducted by the Erie County Health Department and its public health system partners later in 2013. The diagram below illustrates how each of the four assessments contributes to the MAPP process.



Community Themes and Strengths Assessment

The purpose of this assessment is to help the CHIP participants gain an understanding of community issues and concerns, perceptions about quality of life, and to provide a map of community assets which could be used to improve health. A series of open-ended questions were presented to the Erie CHIP Committee over the course of several planning meetings to determine the themes and strengths of this community. Quality of life questions were included in a Survey Monkey tool which was made available online to the general public. Less than twenty responses were received, so the Erie County CHIP Committee has decided to use this initial information with caution and as baseline, subjective data. They will continue to encourage county residents to complete this survey throughout the first year of implementation of the CHIP.

A community resource assessment was also in process as the Erie CHIP meetings progressed. An online survey tool was forwarded to a large list of community agencies and organizations to determine the programs, and services currently available to Erie County adults and youth which address decreasing chronic disease and risk factor rates, health improvement through proper nutrition and physical activity, youth and adult substance abuse, adult chronic disease management and treatment compliance, empowering and motivating persons to improve their health and be their own health advocates. The respondents were asked to provide information about the programs/services provided including the delivery location, populations served, zip codes served, evaluation strategies, fees for services survey results have been compiled into a resource summary document which provided to the Erie CHIP Committee for review.

The Erie CHIP committee was also given a series of community maps to review which were generated through the use of the Community Commons website. This site provides the user access to extensive datasets to produce GIS maps of various healthy community indicators. The Erie CHIP Committee was given maps of Erie County food deserts as compared to children eligible for the free/reduced lunch programs, SNAP priority areas, adult fruit and vegetable consumption, grocery store access, and WIC program access. These maps allowed the group to begin to identify specific areas of the county in need.

After the discussions and review of the community resources identified and the maps provided, several community themes and strengths were identified.

- The Lake Erie shorelines and tourist destinations in Erie and the neighboring counties are visited by over seven million visitors each year.
- Erie County has regularly been collecting primary community health assessment data since 2005.
- Erie County recently assessed the health status of children with functional needs children ages 0-11 years
- Area agencies and organizations are promoting the use Search Institute Developmental Assets to help Erie County youth resist engaging in risky behaviors increase their chances of being successful and self-sufficient.
- Erie County has many agencies, organizations, and other resources already working on health improvement strategies.
- Erie County is working to improve collaboration between community resources.
- 2011 Erie County health assessment results indicate the need to focus on the prevention of chronic health diseases and risk factors to improve health.
- Health improvement appears to be wanted by most, but motivation is needed.
- Personal health is a priority but people don't have the time to deal with it and some have too many family/other obligations.

- Initial community perception data of the overall quality of life in Erie County indicates an average rating of 3.71 on Likert Scale of 1-5 with 5 being most positive.
 - Satisfaction with the quality of life in the local community decreases to an average of 2.94.
- The remaining preliminary Quality of Life survey results (average ratings of all respondents) are presented in the table below.

Preliminary Quality of Life Survey Results (N = 17)

Quality of Life Question or Statement	Average Likert Scale Rating of all Respondents (with 5 being most positive)
Overall satisfaction with the health care system in the community	2.94
Is this community a good place to raise children?	3.47
Is this community a good place to grow old?	3.12
Is there economic opportunity in the community?	2.65
Is the community a safe place to live?	3.18
Are there networks of support for individuals and families during times of stress and need?	3.31
All individuals and groups in Erie County have the opportunity to contribute to and participate in the community’s quality of life.	3.47
All residents believe that they-as individuals and together-can make Erie County a better place to live.	3.06
The county has a wide range of resources available for the different populations who live here.	3.41
When Erie county residents collaborate, the levels of mutual trust and respect increase among community partners working to achieve shared community goals.	3.94
How would you rate your level of civic responsibility and engagement in Erie County?	3.53

Forces of Change Assessment

The Erie CHIP Committee was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three to five years. This group discussion covered many local, state, and national issues and change agents which could be factors in Erie County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change for 2014 and Beyond	Potential Threat	Potential Opportunity
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The Affordable Healthcare Act and Medicaid and Medicare Reforms	-Unknown/unintended consequences of the Affordable Healthcare Act implementation and expanded healthcare coverage for Ohio and Erie County. -People will still go without healthcare	-More persons have health care coverage -Persons will need education about healthcare coverage and benefits
Healthcare System Capacity Issues	-Potential physician shortage -Healthcare system capacity shortages -Not all health providers have Electronic Medical Records systems	-Erie County Health Department clinic will be fully functional -Changes in healthcare service delivery may be necessary (i.e. increased utilization of nurse practitioners and physician assistants to assist physicians)
Force of Change for 2014 and Beyond	Potential Threat	Potential Opportunity
Aging Population Base	-Increasing rates of chronic health diseases and risk factors -Increasing number of persons seeking medical care -Increasing numbers of persons retiring -Seniors continuing to work after retirement to make ends meet -Persons near retirement losing jobs and pensions -Jobs available are sometimes labor intensive -Support needed to help seniors remain independent and to be their own health advocates	-More persons able to enjoy life -Consumer utilization of Electronic Medical Records
Transportation Issues	-Increased demands on bus and SPARC transits -Need to meet the transportation needs of persons with functional needs and senior citizens	-Utilize Transportation Feasibility Study results to determine specific needs
Money	-Factories have been lost and replaced with lesser paying jobs -Competition for jobs between all age groups -Tourist industry attracts the fast food outlets -Private insurance payers are lagging behind on prevention -Single incomes are not sufficient	-Jobs are available in Erie County
Holistic Approach to Personal Health is Catching On	-May be cheaper to eat unhealthy -Sometimes the wrong foods are subsidized	-Appears to be happening with persons in middle class and higher
Impacts of Federal Changes on Small Businesses	-Decreasing profit margins -Loss of confidence in government	-New businesses continue to open -Some are continuing to thrive
Brain Drain in Erie County	-Work ethics may be decreasing -Persons unable to pass drug tests -Workforce sometimes unprepared/untrained for jobs	-Future jobs and education may promote EHOVE -Business mentoring for high schools -Internships needed to help retain college students
Family Structures	-Lack of cohesive family units	-Personal responsibility and financial independence is encouraged

Community Health Status Assessments

Erie County has regularly conducted primary data assessments since 2004 for adults ages 19-75+ years and youth in grades 6-12. The adult data have been collected using a written survey mailed to a random sample of Erie County adults and the youth have been surveyed in the classroom setting. The majority of these questions are standardized and based on the Centers for Disease Control Behavioral Risk Factor Surveillance System for adult question items and the Youth Risk Behavioral System for youth questions.

The Erie CHIP Committee began its work with a thorough review of the primary and secondary data presented in the following Erie County community health assessment reports:

Adult & Youth health Assessment Report-2011/2012

Children with Special Needs health Assessment Report-2011/2012

Disaster Preparedness Assessment Report-2011/2012

Children (Ages Birth-11) Health Assessment Report (as reported by Parents/Guardians)-2010

Each of the committee participants were asked to identify the top three (3) to five (5) priority health issues for the following populations:

- Adults ages 19-75+ years
- Youth in grades 6-12
- Children with Special Needs ages 0-21 years
- Children ages birth through 11 years

Identifying Strategic Issues

The committee members brought their completed homework sheets to the first Erie CHIP meeting in January 2013. Using the Nominal Group technique, a list of 23 health issues and concerns was compiled. These 23 areas of concern were included in the Survey Monkey tool use to gather public opinions on the priority and quality of life issues for Erie County. The online survey tool asked the participant to rank the 23 health issues in order of importance with 1 being the most important issue facing Erie County residents and 23 being the least important health issue. They were also given an opportunity to write-in additional areas of concern the Erie CHIP Committee should consider. To date, the public survey was only completed by seventeen respondents, so this information should be used with caution, but the top ten health issues ranked by the community residents were:

1. Decreasing chronic disease risk factors
2. Empowering/teaching person to be their own health advocates
3. Decreasing chronic disease risk factors through increased physical activity
4. Decreasing the rates of obesity for youth and adults through increased physical activity
5. Decreasing the rates of major chronic diseases for adults
6. Motivating people to improve their health
7. Improving patient chronic disease management outcomes
8. Decreasing obesity rates for adults and youth through proper nutrition
9. Decreasing chronic risk factors through nutrition
10. Improving chronic disease treatment compliance

The Erie CHIP Committee reviewed the online community survey results and applied several ranking criteria to the initial list of 23 priority health issues identified through the use of the Nominal Group Technique. They considered the magnitude, seriousness of future consequences, and the feasibility of correcting each of the health issues. It became clear that many of the priority health issues were linked by the same root cause(s). Three strategic issues emerged out of the three MAPP/CHIP assessments, the original list of priority health issues, and the community rankings. These include:

Decreasing Adult Chronic Disease Risk Factors Motivating and Empowering Persons to be their Own Health Advocates Decreasing Youth Substance Abuse

For each of these health issues, a number of goals, or strategies, were recommended to address the overarching strategic issues identified. These goals or strategies are listed below by strategic health issue.

Formulating Goals and Strategies

Goal: Decrease the Rates of Adult Chronic Disease Risk Factors

Objectives: By 2015, decrease the rate of Erie County adults:

1. Diagnosed with high blood pressure by 2%
2. Diagnosed with high blood cholesterol by 2%
3. Who are obese by Body Mass Index (BMI) calculations by 3%
4. Who are current smokers by 3%

By 2015 increase the percent of Erie County adults who:

1. Eat 5 or more servings of fruits and vegetables per day by 3%
2. Classified as normal weight status by Body Mass Index (BMI) by 3%
3. Exercise 5 or more days per week by 3%

Strategies:

1. Increase awareness of the Erie County CHIP
2. Recruit agencies and organizations for the Erie County CHIP Action Teams
3. Erie County CHIP steering committee meets with neighborhood leaders, businesses, and others to identify health improvement barriers and challenges
4. Design and implement a prevention and education program for adults which emphasizes:
 - a. The tremendous health benefits of eating healthy/proper nutrition and being physically active at all ages
 - b. The importance of proper nutrition and regular physical activity for chronic disease management and risk factor reduction
5. Work with specific neighborhoods to identify, implement, and evaluate actions steps to improve access and utilization of healthy food options
6. Work with specific neighborhoods to improve diabetes diagnosis and management

Outcome Measurements:

2004/2008/2011 Adult Comparisons	Erie County 2004	Erie County 2008	Erie County 2011	Erie County 2015 Target	Ohio 2010	U.S. 2012
Obese	31%	33%	31%	28%	30%	28%
Diagnosed with diabetes	8%	10%	13%	11%	11%	10%
Diagnosed with high blood pressure	27%	35%	28%	26%	32%	29%
Diagnosed with high blood cholesterol	31%	42%	31%	29%	40%	38%
Current smokers	28%	21%	26%	23%	23%	17%
Normal weight by BMI	31%	26%	34%	37%	N/A	N/A
Eat 5 or more servings of fruits and vegetables per day	N/A	N/A	13%	16%	N/A	N/A
Exercise 30 minutes or more on 5 or more days per week	36%	25%	36%	39%	N/A	N/A

Goal: Motivate and Empower Persons to Be Their Own Health Advocate

Objectives: By 2015, decrease the rate of Erie County adults:

1. Diagnosed with diabetes by 2%
2. Diagnosed with high blood pressure by 2%
3. Diagnosed with high blood cholesterol by 2%
4. Who are obese by Body Mass Index (BMI) calculations by 3%
5. Who are current smokers by 3%
6. Who rated their physical health as not good on four days or more in the previous month by 2%
7. Who rated their mental health as not good on four days or more in the previous month by 2%

Strategies:

1. Brand and market Erie CHIP and tagline: Erie County Chooses Healthy Living
2. Promote and support existing community resources for chronic disease and risk factor management
3. Assess the barriers which decrease chronic disease treatment compliance

4. Pilot a case management project for seniors diagnosed with chronic diseases and persons of all ages diagnosed with diabetes
5. Increase awareness of what an optimum health status could be at all ages and life stages
6. Identify persons who are successful advocates of their health to serve as Erie CHIP and peer advisors
7. Encourage health providers to collaborate to provide health screenings and case management opportunities to pilot neighborhoods
8. Establish the use of social media to promote the Erie CHIP

Outcome Measurements:

2004/2008/2011 Adult Comparisons	Erie County 2004	Erie County 2008	Erie County 2011	Erie County 2015 Target	Ohio 2010	U.S. 2012
Obese	31%	33%	31%	28%	30%	28%
Diagnosed with diabetes	8%	10%	13%	11%	11%	10%
Diagnosed with high blood pressure	27%	35%	28%	26%	32%	29%
Diagnosed with high blood cholesterol	31%	42%	31%	29%	40%	38%
Current Smokers	28%	21%	26%	23%	23%	17%
Physical health not good 4 or > days/past month	N/A	N/A	18%	16%	N/A	N/A
Mental health not good 4 or > days/past month	N/A	N/A	18%	16%	N/A	N/A

Goal: Decrease Youth Substance Abuse

To work to accomplish this goal, Erie CHIP will collaborate with the Partners for Prevention of Erie County Coalition (PPEC) to support the implementation of the 2011-2014 PPEC strategic plan objectives to reduce youth substance.

PPEC Plan Objectives:

1. By 2014, increase the age of onset of underage drinking for middle school to early high school years
2. By 2014, decrease the self-reported rate of youth monthly alcohol use by 3%
3. By 2014, decrease the self-reported rate of youth monthly binge drinking by 2%

The PPEC plan did not specifically address any objectives and action steps to address youth prescription drug misuse and monthly marijuana use rates. Erie CHIP will work with the PPEC and its community partners to determine action steps for the objectives listed below.

Erie CHIP Objective: By 2015, decrease the rate of youth

1. Prescription drug misuse by 1%
2. Monthly marijuana use by 1%

Strategies: Erie CHIP will work to support and promote the following PPEC action steps for 2013 and 2014:

1. Emphasize and promote in all Erie CHIP efforts that the majority of Erie County youth are not participating in underage drinking, marijuana use, and prescription drug misuse
2. Involve youth as much as possible in substance abuse prevention planning efforts
3. Support the PPEC efforts to provide the LifeSkills prevention program to Erie County middle and high school youth
4. Emphasize The Search Institute External Asset Categories of Empowerment and Constructive Use of Time in programs and services targeting Erie County middle school students and adolescents
5. Support the enforcement of state laws regarding the minimum legal drinking age
6. Work with PPEC and local and state law enforcement agencies to host alcohol server vendor trainings
7. Support annual alcohol and tobacco vendor compliance checks
8. Support an annual Erie County “Parents Who Host Lose the Most” underage drinking prevention campaign

Outcome Measurements:

2004/2008/2011 Adult Comparisons	Erie County 2004	Erie County 2008	Erie County 2011	Erie County 2015 Target	Ohio 2010	U.S. 2012
Average age of onset of underage drinking	N/A	N/A	12.3 years	14 years	N/A	N/A
Monthly alcohol use/current drinkers- all youth	30%	28%	26%	23%	46%	42%
Monthly binge drinking-all youth	16%	17%	17%	15%	29%	24%
Monthly marijuana use-all youth	13%	14%	17%	16%	18%	21%
Ever misused prescription drugs	N/A	11%	14%	13%	N/A	N/A

Action Cycle-The Erie CHIP Action Teams

Erie County has completed the first cycle of the MAPP/CHIP planning process and now the real work for health improvement must begin. Erie CHIP will organize three action teams, one to address each of the three (3) strategic health issues. A fourth action team will be recruited to market and brand the CHIP plan over the next three (3) years. For each of the teams, specific action steps have been recommended for 2013 through 2015. As the county continues its efforts to collect primary youth and adult health behavior and status information, progress toward each of the objectives and goals can be monitored.

Marketing/Branding Action Team

Year 1: July 1, 2013 through June 30, 2014		
Activity	Who is responsible?	By When:
Recruit 3-5 Marketing/Branding Action Team members	Erie CHIP Steering Committee	August 2013
Incorporate Erie CHIP Logo and tag line into all communications	Marketing/Branding Team and Erie CHIP	June 30, 2014
Identify key messages for each of the priority health issues which reinforce the Erie County Chooses Healthy Living! marketing strategy	Marketing/Branding Team and Erie CHIP Steering Committee	September 2013
Identify 5 or more community agencies willing to feature the Erie CHIP process on their website and provide a link to the Erie CHIP and other resources	Marketing/Branding Team	October 2013
Identify one social media outlet to engage the public in the Erie CHIP prevention/education and motivation/empowerment strategies	Marketing/Branding Team	December 2013
Pilot and evaluate one social media outlet to engage the public in the Erie CHIP prevention/education and motivation/empowerment strategies	Marketing/Branding Team	June 30, 2013
Work with the leadership of the pilot health improvement neighborhood project to identify media outlets and strategies to celebrate successes and to promote the action steps implemented	Marketing/Branding Team	July 2013 through June 2014
Year 2: July 1, 2014 through June 30, 2015		
Activity	Who is responsible?	By When:
Continue branding and marketing of Erie CHIP	Marketing/Branding Team and Erie CHIP	June 30, 2015
Review evaluation of pilot social media strategies to engage public in Erie CHIP prevention/education and	Marketing/Branding Team	September 2014

motivation/empowerment strategies and adjust plans accordingly		
Identify persons who are being successful at health improvement and being their own health advocate and promote them through social media and other marketing outlets	Marketing/Branding Team	April 2014
Continue to work with the neighborhood (s) leadership to promote the health improvements through social media, newsletters, and other methods	Marketing/Branding Team	July 2014 through June 2015
Year 3: July 1, 2015 through June 30, 2016		
Activity	Who is responsible?	By When:
Continue branding and marketing of Erie CHIP	Marketing/Branding Team and Erie CHIP	June 30, 2016
Continue to promote and celebrate Erie CHIP successes through multi-media	Marketing/Branding Team	June 30, 2016
Expand online and social media outlets to keep the public engaged in Erie CHIP	Marketing/Branding Team	June 30, 2016

Chronic Disease Risk Factors Action Team

Year 1: July 1, 2013 through June 30, 2014		
Activity	Who is responsible?	By When:
Recruit 3-5 members for this action team	Erie CHIP Steering Committee	August 2013
Conduct a series of neighborhood/community meetings with key leadership, businesses, and community members to identify barriers to eating healthy, chronic disease risk factor reduction, and chronic disease management	Erie CHIP Steering Committee and Chronic Disease Risk Factors Team	August 2013
Identify a pilot neighborhood for health improvement interventions and strategies during year two	Erie CHIP Steering Committee and Chronic Disease Risk Factors Team	February 2014
Using the information gathered from the community meetings and best practices, design a neighborhood health improvement program which emphasizes proper nutrition, being physically active, and addresses chronic disease management and risk factor reductions with an emphasis on diabetes	Chronic Disease Risk Factors Team	March 2014
Recruit community agencies and organizations to implement the neighborhood health improvement plan in Year Two.	Chronic Disease Risk Factors Team	March 2014

Conduct trainings for the neighborhood improvement plan	Chronic Disease Risk Factors Team	May 2014
Conduct baseline risk factor screening and health status measurements the pilot neighborhood community members	Chronic Disease Risk Factors Team	May-June 2014
Year 2: July 1, 2014 through June 30, 2015		
Activity	Who is responsible?	By When:
Begin neighborhood pilot of the health improvement plan	Chronic Disease Risk Factors Team	July 1, 2014
Conduct quarterly health status and risk factor screenings for both CHIP program participants and non-participants to evaluate the effectiveness of the interventions	Chronic Disease Risk Factors Team	October 2014 January 2015 May 2015
Review the baseline and intervention data, adjust the programs/interventions as needed, conduct trainings as needed to prepare for year two neighborhood implementation	Chronic Disease Risk Factors Team	May-June 2015
Identify a second pilot neighborhood for health improvement interventions and strategies during year three	Erie CHIP Steering Committee and Chronic Disease Risk Factors Team	February 2015
Plan strategies to sustain health improvement strategies in the initial pilot neighborhood during year three of the Erie CHIP	Erie CHIP Steering Committee and Chronic Disease Risk Factors Team	May 2015
Year 3: July 1, 2015 through June 30, 2016		
Activity	Who is responsible?	By When:
Begin second neighborhood pilot of the health improvement plan	Chronic Disease Risk Factors Team	July 1, 2015
Conduct quarterly health status and risk factor screenings for both CHIP program participants and non-participants to evaluate the effectiveness of the interventions	Chronic Disease Risk Factors Team	October 2015 January 2016 May 2016
Review the baseline and intervention data, adjust the programs/interventions as needed, conduct trainings as needed to prepare for the next Erie CHIP planning cycle	Chronic Disease Risk Factors Team	May-June 2016
Plan strategies to sustain health improvement strategies in two pilot neighborhoods during the next three year planning cycle of the Erie CHIP	Erie CHIP Steering Committee and Chronic Disease Risk Factors Team	May 2016

Motivation and Health Advocate Team

Year 1: July 1, 2013 through June 30, 2014		
Activity	Who is responsible?	By When:
Recruit 3-5 members for this action team	Erie CHIP Steering Committee	August 2013
Increase action team awareness of community resources to improve health	Erie CHIP Steering Committee and Motivation and Health Advocate Team	August 2013
Working with local health care providers and health care consumers, assess the barriers which decrease chronic disease management and treatment compliance.	Erie CHIP Steering Committee and Motivation and Health Advocate Team	February 2014
Research and pilot a case manager project for senior citizens diagnosed with chronic diseases and adults diagnosed with diabetes and track appropriate treatment compliance and health status variables to evaluate effectiveness	Motivation and Health Advocate Team	March 2014
Design an education program to increase awareness of an optimum health status for various life stages	Motivation and Health Advocate Team	February 2014
Work with the Marketing/Branding Action Team to pilot a promotion the optimum health status education program	Motivation and Health Advocate Team	June 2014
Design an education program to teach persons to be their own health advocates	Motivation and Health Advocate Team	June 2014
Year 2: July 1, 2014 through June 30, 2015		
Activity	Who is responsible?	By When:
Pilot and evaluate the health advocate education program written in year one	Motivation and Health Advocate Team	July 2014 –June 2015
Review year one pilot case manager program evaluation data, revise the program as needed, conduct trainings, as needed, and expand the program	Motivation and Health Advocate Team	September 2014
Continue marketing of optimum health status education program	Motivation and Health Advocate Team	July 2014-June 2015
Year 3: July 1, 2015 through June 30, 2016		
Activity	Who is responsible?	By When:
Review evaluation data from the year two health advocate education program pilot, revise the program as needed, conduct trainings as needed and expand the program	Motivation and Health Advocate Team	August 2015
Continue the case manager program year effectiveness	Motivation and Health Advocate Team	July 1, 2015 –June 30, 2016

		May 2016
Identify persons who have successfully become their own health advocates and share their successes	Motivation and Health Advocate Team	June 2016

Youth Substance Abuse Action Team

Partners for Prevention of Erie County Coalition Revised Action Plan

Year Two: September 1, 2012 through August 31, 2013

Objective #1: By 2014, increase the age of onset of underage drinking and tobacco use from middle school to early high school youth. Strategy #1: Expand and sustain the implementation of the LifeSkills Prevention Program		
Activity	Who is responsible?	By When:
Revised: The LifeSkills Implementation Subcommittee participates in the 2013 Drug Free Communities Grant application	PPEC Executive Committee	April 2013
Activity	Who is responsible?	By When:
Revised: Support and maintain the LifeSkills Implementation Subcommittee for Year Two.	PPEC Executive Committee	October 2012
Revised: Review the pilot implementation of LifeSkills in the Vermilion schools. Discuss program evaluations for and fidelity of implementation.	PPEC Steering Committee, LifeSkills Implementation Subcommittee	January 2013
Revised: Support and pilot LifeSkills programming in Margaretta schools	LifeSkills Implementation Subcommittee, Erie County Health Department	August 2013
Revised: Identify additional schools, with a special emphasis on Sandusky City Schools, to implement the elementary school curriculum for LifeSkills in Year Three.	LifeSkills Implementation Subcommittee	June 2013
Revised: Monitor the success of the inclusion of the	PPEC Executive Committee and	August 2013

LifeSkills curriculum in Vermilion, schools.	LifeSkills Implementation Subcommittee	
Continue to research alternative funding sources for LifeSkills implementations.	PPEC Steering Committee and LifeSkills Implementation Coordinator	August 2013
Participate in the process to select community assessment survey questions for youth.	LifeSkills Implementation Coordinator	August 2013

PPEC Revised Action Plan

Year Three: September 1, 2013 through August 31, 2014

Objective #1: By 2014, increase the age of onset of underage drinking from middle school to early high school youth. Strategy #1: Expand and sustain the implementation of the LifeSkills Prevention Program		
Activity	Who is responsible?	By When:
Revised: If Drug Free Communities grant funding is secured, implement the position of LifeSkills Implementation Coordinator	PPEC Executive Committee	October 2013
Maintain the LifeSkills Implementation Work Group for Year Three.	PPEC Executive Committee	October 2013
Review Year Two Life Skills program evaluations for program effectiveness and fidelity of implementations.	PPEC Steering Committee, LifeSkills Implementation Coordinator, and LifeSkills Implementation Work Group	October 2013
Explore expansion and/or redirection of LifeSkills programming based on Year Two evaluations.	PPEC Steering Committee, LifeSkills Implementation Coordinator, and LifeSkills Implementation Work Group	October 2013
Review 2013/14 Erie County youth assessment data to track current age of onset of alcohol and tobacco and compare to Objective #1. Communicate progress to PPEC membership.	PPEC Steering Committee, LifeSkills Implementation Coordinator and Work Group	February 2014
Conduct LifeSkills elementary school curriculum in at least one additional school.	LifeSkills Implementation Coordinator and Work Group and volunteer teaching team	May 2014
Identify additional schools to implement the elementary school curriculum for LifeSkills beyond Year Three.	LifeSkills Implementation Coordinator and Work Group	June 2014
Sustain current implementations of LifeSkills programming in Vermilion and Margaretta schools.	PPEC Steering Committee	August 2014

Identify a sustainment plan including current and/or alternative funding sources for LifeSkills implementations.	PPEC Steering Committee and LifeSkills Implementation Coordinator	August 2014
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PPEC Revised Action Plan

Year Two: September 1, 2012 through August 31, 2013

Objective #2: By 2014, Decrease the self-reported rate of monthly underage drinking from 28% to 25% and monthly youth tobacco use from 16% to 14%. Strategy #2: Emphasize The Search Institute External Asset Categories of Empowerment and Constructive Use of Time in programs and services targeting Erie County middle school students and adolescents.		
Activity	Who is responsible?	By When:
Revised: Maintain the Asset Implementation Subcommittee for Year Two.	PPEC Executive Committee	September 2012
Revised: Work with PPEC Marketing Committee to promote awareness of the importance of these elements to youth and adults.	Asset Implementation Subcommittee and PPEC Marketing Committee	March 2013
Revised: Conduct additional asset development trainings for PPEC agencies and partners.	PPEC Executive Committee, Asset Implementation Subcommittee	June 2013
Quantify the number of PPEC agencies which included the Empowerment and Constructive use of Time assets in youth alcohol and tobacco prevention and treatment programming and services in Year Two.	Asset Implementation Subcommittee	August 2013
Revised: Determine asset data collection methods.	Asset Implementation Subcommittee	August 2013
Explore the feasibility of establishing youth asset teams in Year Three	Asset Implementation Subcommittee	August 2013
Establish a community asset marketing plan which includes, but is not limited to: Speaker's Bureau, one Public Service Announcement, parent/guardian information letter templates, and newsletter article templates.	Asset Implementation Work Subcommittee and PPEC Marketing Committee	August 2013

PPEC Revised Action Plan

Year Three: September 1, 2013 through August 31, 2014

Objective #2: By 2014, Decrease the self-reported rate of monthly underage drinking from 28% to 25% and monthly youth tobacco use from 16% to 14%. Strategy #2: Emphasize The Search Institute External Asset Categories of Empowerment and Constructive Use of Time in programs and services targeting Erie County middle school and adolescents.		
Activity	Who is responsible?	By When:
Maintain the Asset Implementation Subcommittee for Year Three.	PPEC Executive Committee	October 2013
Implement the asset marketing plan strategies and tactics.	Asset Implementation Subcommittee and PPEC Marketing Committee	October 2013
Assess and evaluate the effectiveness of the Asset marketing plan and strategies.	Asset Implementation Subcommittee and PPEC Marketing Committee	November 2013
Conduct an asset development training for Erie County schools and P.T.O. staff	PPEC Executive Committee, Asset Implementation Subcommittee	May 2014
Quantify the number of PPEC agencies which included the Empowerment and Constructive use of Time assets in youth alcohol and tobacco prevention and treatment programming and services in Year Three.	Asset Implementation Subcommittee	August 2014
Assess and expand asset data collection efforts.	PPEC Data Surveillance Subcommittee and Asset Implementation Subcommittee	August 2014
Assess the pilot implementation of the asset marketing plan.	Asset Implementation Subcommittee and PPEC Marketing Committee	August 2014
Review the Erie County health assessment to determine current trends for self-reported youth alcohol and tobacco use.	PPEC Executive Committee, Data Surveillance Subcommittee, and Asset Implementation Subcommittee Group	August 2014

PPEC Revised Action Plan

Year Two: September 1, 2012 through August 31, 2013

Objective #3: By 2014, Decrease the self-reported rate of monthly underage drinking from 28% to 25% and self-reported youth binge drinking in the past month from 17% to 15%. Strategy #3: Enforce state laws regarding the minimum legal drinking age.		
Activity	Who is responsible?	By When:
Revised: Recruit 3-5 PPEC members to serve on a grant task force to secure private funding 2013 implementation of Parents Who Host Lose the Most.	PPEC Executive Committee	November 2012
Executive Committee meets with grant writing task force to review RFP and determine writing assignments and budget.	PPEC Executive Committee	December 2012
Revised: Maintain the Vendor Compliance and Training Subcommittee	PPEC Executive Committee	November 2012
Revised: Meet with Erie County law enforcement officials to discuss future seller/server trainings for county vendors to pilot vendor compliance checks in smaller, lakefront communities.	Vendor Compliance and Training Subcommittee	November 2012
Revised: Pilot one seller/server trainings for Erie County vendors.	Vendor Compliance and Training Subcommittee and Sandusky County Health Department	May 2013
Revised: Review the seller/server training participant evaluations and make adjustments in the training if needed.	Vendor Compliance and Training Subcommittee	July 2013
Addition: Utilize the health department contact to monitor the county prescription drug drop-off box program	Vendor Compliance and Training Subcommittee	August 2013

PPEC Revised Action Plan

Year Three: September 1, 2013 through August 31, 2014

Objective #3: By 2014, Decrease the self-reported rate of monthly underage drinking from 28% to 25% and self-reported youth binge drinking in the past month from 17% to 15%. Strategy #3: Enforce state laws regarding the minimum legal drinking age.		
Activity	Who is responsible?	By When:
Revised: Maintain private funding for May 2014 Parents Who Host Lose the Most	Vendor Compliance and Training Subcommittee	May 2013
Executive Committee meets with grant writing task force to review RFP and determine writing assignments and budget.	PPEC Executive Committee	Late September 2013
Revised: Maintain the Vendor Compliance and Training Subcommittee	PPEC Executive Committee	Late September 2013
Revised: Meet with Erie County law enforcement officials to discuss future seller/server trainings for county vendors and to determine the schedule of 2014 vendor compliance checks in additional communities.	Vendor Compliance and Training Subcommittee	November 2013
Revised: Conduct two seller/server trainings for Erie County vendors.	Vendor Compliance and Training Subcommittee	#1-February 2014 #2-May 2014
Revised: Conduct a review after each seller/server training of participant evaluations and make adjustments in the training if needed.	Vendor Compliance and Training Subcommittee	#1-March 2014 #2-June 2014
Addition: Continue to support the county prescription drug drop-off box program	Vendor Compliance and Training Subcommittee	August 2014

Resources

NACCHO website on the MAPP process:

<http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>

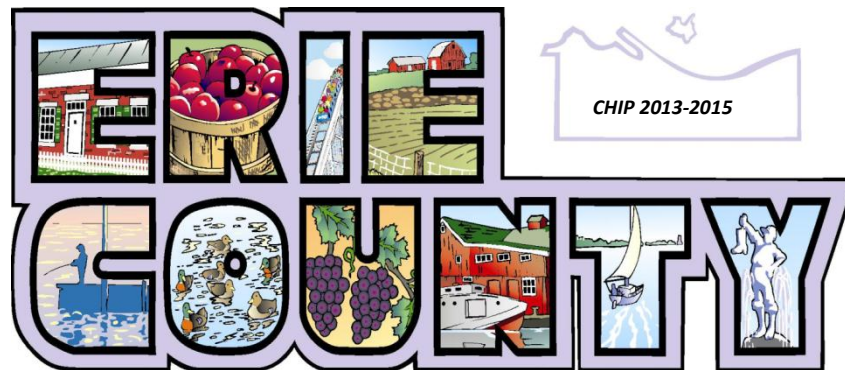
PHAB standards for accreditation:

http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1_0.pdf

Erie County Health Assessment: 2011/2012 Adult & Youth Health Assessment Report

Erie County Health Assessment: Children (Ages Birth-11) Health Assessment Report, December 2010

Erie County Health Assessment: 2011/2012 Children with Special Needs Health Assessment Report



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