Erie County Health Department

2013-2014 Strategic Plan

Version 1.0

Linda Miller-Moore 4/30/2013 Peter B. Schade 04.30-13

Linda Miller-Moore	Date	Peter Schade	Date
Board President		Health Commissioner	

Erie County Health Department

2013 – 2014 Strategic Plan

Version 1.0 – April 30, 2013

Our Mission . . .

"It shall be the purpose, function and goal of the Erie County Health Department to identify and provide the most effective use of health services and resources for the prevention of illness, promotion of health, and for the improvement of health status within the health district."

Our Vision . . .

"To develop comprehensive public health services aimed to increase the quality of life for residents of the Erie County General Health District through programmatic evaluations, assessments, and measurable outcomes."

Core Values . . .

Leadership – Respect – Professionalism – Teamwork – Creativity – Compassion

Team Commandments . . .

- ALWAYS communicate honestly with each other in a respectful way.
- EXPLORE opportunities for growth and development of the agency.
- Be a TEAM player.
- MIRROR agency goals through actions and activities

Principles/Values Statements . . .

- ECHD believes that people desire to be in good health and while we provide quality medical treatments and services, our emphasis is on the promotion of wellness and the prevention of injury or chronic disease

- ECHD understands that in any community, some residents will struggle with access to affordable health care and our agency works to minimize health disparities by operating and promoting access to a medical and dental home for disadvantaged residents
- ECHD supports efforts that are protective of the natural resources within the district (air, land, water) which contribute to the quality of life of residents and visitors
- ECHD maintains a competent, caring workforce that delivers quality care and services through interactions with clients and customers based on respect and dedication
- ECHD values and is responsive to customer input and feedback through use of satisfaction surveys, health data surveys, focus groups, and public board meetings
- ECHD recognizes the importance of diversity both within the agency and among those we serve and promotes sensitivity and understanding in all interactions
- ECHD is committed to continuous quality improvement, incorporating the Plan – Do – Check – Act (PDCA) model and the Community Health Improvement Cycle (CHIC) model in our systematic approach to assessing and improving services, programs and health planning
- ECHD collaborates and networks with key stakeholders across varied sectors at local, state and national levels in a spirit of cooperation and advancement toward common goals
- ECHD is diligent in its responsibility to conduct state mandated programs and enforce state and local laws, rules, regulations and ordinances pertaining to population health
- ECHD strives for efficiency and effectiveness when using available fiscal resources in responding to community needs and priorities, and seeks varied opportunities for funding programs and services
- ECHD aligns itself with state and national public health priorities and emerging trends, and adapts how public health services are delivered and monitored in changing times

Board of Health . . .

The Erie County Board of Health is composed of 11 members appointed by the Cities of Sandusky, Huron, Vermilion, and Erie County's District License Council and District Advisory Council. The purpose of the Board is to assure the protection and promotion of public health within the community through the primary governance functions of policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. The Erie County Board of Health works in tandem with the Erie County Community Health Center and its Co-Applicant Board whose purpose is to select, develop, and manage

primary healthcare services and programs in order to promote and improve access and affordability of quality medical and dental services easing health disparities for residents of the surrounding community. The initial members of the Co-Applicant Board, of which at least 51% must represent the clients utilizing the medical services, are recommended by the Health Commissioner and approved by the Erie County Board of Health.

Strategic Priorities . . .

ECHD has indicated its Strategic Priorities for 2013 – 2014 and categorized them according to the minimum health standards for Ohio's public health agencies. These are based on previous, on-going identified priorities, along with emerging issues. They are submitted and ranked by the entire agency staff with final determination by the agency leadership:

Protect People From Disease and Injury:

- Regarding water quality, increase the proportion of days public beaches are open and safe for swimming/recreational activity
- Reduce blood lead levels in children and reduce number of lead paint hazards
- Regarding Healthy Homes initiatives, reduce indoor allergens, increase the number of radon tests performed and mitigation activates as appropriate
- Provide indoor air quality programs to address mold, pesticides and other contaminants affecting indoor air quality
- Reduce individual exposure to selected environmental chemicals (arsenic/cadmium/mercury) through metabolic measurements

Monitor Health Status:

- Expand community outreach clinic locations for services and health education, and increase operational hours
- Increase the proportion of pregnant women, infants, adolescents, and seniors receiving individual health assessments and care referrals
- Increase inter-agency referrals for all ECHD clients among the separate Divisions and programs, ex. medical clients; school nursing services; immunization clinics; Women, Infants, and Children Nutrition Program; environmental health clients, etc.
- Maintain vaccine coverage levels for kindergarten children (Dtap, MMR, polio, Hep B, varicella)

Administer the Health District:

- Incorporate all Public Health Accreditation Board (PHAB) Standards and Measures into agency administrative processes
- Provide the community with assurances that ECHD is involved with an ongoing quality improvement process as part of the pursuit of PHAB accreditation
- Link employee performance evaluations with PHAB accreditation activities

Promote Healthy Lifestyles:

- Conduct obesity screenings and implement prevention programs
- Develop a master plan to increase the agency's health education outreach based on current Community Health Assessment (CHA) data
- Incorporate prevention strategies with all care interventions provided to clients
- Develop a reputable, valid senior wellness activity program, increasing the proportion of seniors who are up-to-date on core clinical preventive measures
- Increase public health education to reduce the overall cancer prevalence and incidence rates in Erie County (lung, breast, cervical, colorectal, throat, prostate, skin)
- Provide support services, referrals, and nutritional counseling services

Address the Need for Personal Health Services:

- Increase the proportion of persons utilizing clinical preventive services under a primary care provider
- Implement a patient-centered medical home (PCMH) model
- Increase access and operating hours and locations for personal health services
- Increase the proportion of people who avoid emergency room services through appropriate and timely use of care referrals
- Support and advocate for the local transportation networks that increase access to services
- Develop the services of the Erie County Community Health Center, a designated Federally Qualified Health Center – Look Alike (FQHC-LA), utilizing a "change in scope" process to expand services
- Provide health screenings based on standardized clinical guidelines and improve access to specialized services through health system affiliations
- Provide patient counseling and follow-up care plans
- Establish a dental service with a comprehensive oral health education program

Assure a Safe and Healthy Environment:

- Attain PHAB accreditation
- Develop stable funding sources
- Conduct a cyclical Community Health Assessment (CHA) survey of Erie County residents
- Develop policies, programs and services based on CHA findings
- Maintain fiscal efficiency

Agency Goals and Objectives. . .

ECHD has identified Agency Goals and Objectives for 2013-2014. Due to detail in many of these goals, it was determined that these would be in place for two years. At the annual staff meeting held in October, agency goals and objectives are reviewed for attainment and modified as needed. Goals and Objectives for 2013-2014 include:

Goal 1: Successfully transition into a Public Health Accredited Agency

- Incorporate all PHAB standards and competencies into our administrative processes.
- Provide community with assurances that the public health accreditation process is an ongoing quality improvement process.
- Tie employee evaluations into PHAB/accreditation performance.

Goal 2: Enhance Access to Direct Health Services and Coordinated Care Referrals

- Increase proportion of persons utilizing clinical preventive services under a primary care provider.
- Implement patient centered medical home model.
- Increase access and operating hours and locations, increase staffing at sites.
- Increase proportion of people utilizing pre-emergency room services via care referrals.
- Continue to support local transportation networks.
- Develop “change in scope” practices through the FQHC-Look Alike System to meet this goal.

Goal 3: Enhance Comprehensive Service Delivery with Focus on Complete Life-Cycle/Age Spectrum

- Expand public health outreach clinic locations and times and include health education.
- Increase proportion of adolescents, prenatals, infants, and elders receiving individual health assessments and care referrals.

- Increase interagency referrals for all clients: WIC – Clinic – Environmental Health – Community Health.
- Utilize (pre)obesity screenings and prevention programs.
- Develop a master plan to increase Agency health education outreach based on Community Health Assessment data.
- Link all care provided with prevention strategies.
- Develop a reputable, valid senior wellness activity program including increasing the proportion who are up to date on core clinical preventive measures.

Goal 4: Cancer Prevention Activities

- Increase health education to reduce the overall cancer prevalence and incidence rates in Erie County (lung, breast, cervical, colorectal, oropharyngeal, prostate, and melanoma).
- Provide screenings based on clinical guidelines, improve access via affiliations.
- Provide counseling and follow-up care plans.
- Provide support services referrals and nutritional counseling services.

Goal 5: Increase Agency Environmental Health services and measurable outcomes

- Water quality; increase proportion of days, beaches are open and safe for swimming/recreational activity.
- Reduce blood lead levels in children and reduce number of lead paint hazards.
- Healthy Homes: reduce allergens, increase number of radon tests, mitigations.
- Provide indoor air quality programs to address air quality, mold, and pesticides.
- Reduce exposure to selected environmental chemicals in the population measured metabolically (arsenic/cadmium/lead mercury).
- Improve quality, utilization, and community awareness of existing environmental health information systems.
- Improve private and semi-public sewage system operations.
- Implement predictive modeling for rain water/recreational use.
- Prepare for emerging zoonotic disease.
- Strengthen Agency response to biology and control of vector of disease.

Goal 6: Immunizations and Infectious Diseases

- Provide clinical measures and programs to reduce or eliminate cases of vaccine-preventable diseases including: CRS – Congenital Rubella Syndrome; Hib – Haemophilus influenza Invasive Disease; New Hepatitis B – 2-18 year; Measles, U.S. acquired; Mumps; Pertussis <1 year; Pertussis 11-18;

Polio/Rubella/Varicella Chicken Pox Age 17 and under; Group B Streptococcal; Meningococcal; Pneumococcal infections; New invasive pneumococcal infection >65 years of age; Invasive penicillin-resistant pneumococcal infections <5, >65; Two or more doses of rotovirus vaccine by age 19-35 months; Achieve and maintain effective vaccination coverage levels among children.

- Increase proportion of children aged 19 – 35 months receiving Dtap, polio, MMR, Hib, hep B, varicella, PCU vaccines.
- Maintain vaccine coverage levels for kindergarten children (Dtap, MMR, polio, Hep. B, varicella).
- Increase routine vaccination coverage for adolescents Tdap, MCV, HPV, seasonal influenza.
- Increase proportion of children and adult vaccinated against S.I.
- Seasonal flu: increase for all age spectrum
- Reduce rate of fetal and infant deaths (infant mortality rate)
  - 20 or more weeks fetal
  - 28 weeks – 7 days after birth
  - All infants within 1 year
  - Neonatal within 28 days of life
  - SIDS other causes
- Reduce low birth weight (LBW) and very low birth weight (VLBW) through expanded prenatal care education
- Increase number of women who receive early and adequate prenatal care.
- Increase proportion of infants who are put to sleep on their backs.
  - By >6% - 69% - 75% through education and marketing.
- Increase proportion of infants who are breastfed
  - >4% - 82% ever; 6 months 43% - 60%; 1 year 22.7% - 34%; Exclusively through 6 months 33% - 46%
- Increase proportion of children including special needs who have access to a medical home and receive care in a PCMH environment.

Goal 7: Establish an Oral Health Program

- Develop a dental operatory with a comprehensive dental health education program.
- Reduce proportion of children and adolescents who have dental caries and untreated dental decay in their primary teeth.
- Reduce the number of adults with untreated dental decay.

- Reduce number of older adults age 65-75+ with untreated caries and untreated root surface caries.
- Reduce number of adults who ever had a permanent tooth extracted because of dental caries or periodontitis.
- Reduce proportion of older adults who have lost all their natural teeth.
- Increase proportion of oral and pharyngeal cancers diagnosed/detected at the earliest stages.
- Increase number/proportion of low income children/ adolescents who receive any preventative dental services.
- Increase percentage of children and adolescents who receive dental sealants.
- Increase dental/oral health education.

Community Health Needs Assessment . . .

ECHD adheres to the Community Health Improvement Cycle (CHIC), developed by the Ohio Department of Health, for the on-going process of identifying and analyzing our community's health status, challenges, needs and assets, and capacity to prioritize and address needs. This involves the ordered steps of: self-assessment, external assessment, partnership building, planning, data collection and analysis, priority setting, intervention planning, implementation, and evaluation.

ECHD is committed to conducting an on-going series of these assessments in order to create a realistic picture of the health of the community, and also to compare local data with state and national figures so that strengths and weaknesses are easier to identify, and concerns easier to prioritize and address. To date, ECHD has reported findings of Community Health Assessments (CHA) for youth (12-18 years old) and adults in the years 2004, 2008, and 2012; for children (birth to 11 years old) in 2010; for children with special needs in 2012; and for emergency/disaster preparedness of residents in 2012.

ECHD formed a Community Health Assessment Workgroup with members from multiple agencies and institutions who met with representatives of the Hospital Council of Northwest Ohio (HCNO), a contracted organization with expertise in the planning and design of valid health assessments. The local CHA Workgroup members meet prior to conducting each assessment and represent various sectors within the community: medical health network, developmentally disabled, human services, mental and behavioral health, child and family advocates, schools, and community service groups. Findings are shared with key stakeholders and the community through discussion at open meetings, hardcopies in print and electronic

formats, and through brief summary flyers on specific topics disseminated throughout the community.

The adult and youth data collected during three separate assessments across eight years has enabled ECHD to analyze this longitudinal data to determine any upward or downward trends. Major categories of data collected were: health status perceptions; health care access and coverage; cardiovascular health, cancer, diabetes, asthma; adult and youth weight, tobacco and alcohol/drug use; women's and men's health and preventive screenings; adult and youth sexual behavior and pregnancy outcomes; adult and youth mental and behavioral health; adult and youth violence and safety; oral health; and parenting. Adult data is collected using a written survey mailed to a random sample of Erie County adults. Youth are surveyed with a written questionnaire in the classroom setting. The majority of the questions are standardized and based on the Centers for Disease Control Behavioral Risk Factor Surveillance System (adult) and the Youth Risk Behavioral Surveillance System (youth). A specific sampling design resulted in a separate section in the report that focused on the health findings of the local African American population, as this is the largest racial minority sub-population in the community.

The most current health assessment findings have just recently moved through the 'priority-setting' and 'intervention planning' steps of the CHIC model which has culminated in a Community Health Improvement Plan. See next section.

Community Health Improvement Plan . . .

A Community Health Improvement Plan (CHIP) uses Community Health Assessment (CHA) data in order to identify priority issues, formulate goals and strategies to address the issues, and create a plan for action and measurement of outcomes. ECHD led a collaborative process in early 2013, inviting key community leaders to participate in an organized process to improve the health of community residents. The group, Erie County CHIP Committee, met with an HCNO representative and used the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning tool to guide the process. The six phases are: Organizing, Visioning, Assessments, Strategic Issues, Goals/Strategies, and Action Cycle. The resulting CHIP document outlines the results of phases 1-5 and presents a written plan for the final Action phase which will begin later in 2013. Phase 2 work resulted in the following statements:

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

Mission: *Working together to improve health, one neighborhood at a time*

Three of four assessments were available to the CHIP Committee for determining health priorities – Community Themes & Strengths, Forces of Change, and the Erie County Community Health Assessment (CHA) – and the fourth, Local Public Health System Assessment, will be completed later in 2013. Discussion over a series of meetings determined a list of community themes and strengths, quality of life data, and a list of external forces of change with accompanying potential threats and opportunities for each. With all this information in mind, members were asked to identify their top 3-5 health priorities in four categories – birth to 11, youth 12 – 18, adult, and children with special needs – using the CHA data. Using a grouping technique, 23 health issues and concerns were compiled. A public survey was administered asking for a rank order of the top ten issues. From this process, **three strategic issues** emerged:

- Decreasing Adult Chronic Disease Risk Factors
- Motivating and Empowering Persons to be Their Own Health Advocates
- Decreasing Youth Substance Use

Objectives, strategies, and outcome measurements were applied to each of these three goals which will be a focus of coming activities for 2013-2015.

<u>Goal 1:</u> Decrease the Rates of Adult Chronic Disease Risk Factors

<u>Objectives:</u> 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%

<u>Strategies:</u>

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 2: 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. Review action steps with the Board of Health and the Erie County Community Health Center Board for support and buy-in.
2. Brand and market Erie CHIP and tagline: Erie County Chooses Healthy Living
3. Promote and support existing community resources for chronic disease and risk factor management
4. Assess the barriers which decrease chronic disease treatment compliance
5. Pilot a case management project for seniors diagnosed with chronic diseases and persons of all ages diagnosed with diabetes

6. Increase awareness of what an optimum health status could be at all ages and life stages
7. Identify persons who are successful advocates of their health to serve as Erie CHIP and peer advisors
8. Encourage health providers to collaborate to provide health screenings and case management opportunities to pilot neighborhoods
9. 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 3: **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

The CHIP document contains an Action Plan for the final phase of the MAPP process – the Action Cycle. Erie CHIP Committee will organize three action teams, one to address each of the three goals, and a fourth team to market and brand the CHIP plan over the next three years. Recommended action steps, the responsible party, and a timeline are designated:

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 motivation/empowerment strategies and adjust plans accordingly	Marketing/Branding Team	September 2014
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	Chronic Disease Risk Factors Team	May-June 2014

community members		
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	**July 2014-June 2015**

	Team	
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 LifeSkills curriculum in Vermilion, schools.	PPEC Executive Committee and LifeSkills Implementation Subcommittee	August 2013
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

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

Quality Improvement Plan . . .

Quality improvement is a systematic approach to assessing and improving services on a priority basis. ECHD has a Continuous Quality Improvement Plan with the following mission statement and goals:

Mission: *To ensure safe, quality public health practices and performance for the individuals served by the Erie County General Health District.*

Goals:

- Utilize established performance standards for public health in all aspects of public health services.
- Support state and local partnerships to build a stronger foundation for public health services in Erie County.
- Promote continuous quality improvement of public health services.

The Erie County Health Department's approach to quality improvement is based on the following principles:

- Customer Focus – High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- Recovery-Oriented – Services are characterized by a commitment to promoting health, improving wellness, and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit patient-centered services.
- Employee Empowerment – Effective programs involve people at all levels of the organization in improving quality.
- Leadership Involvement – Strong leadership, directions, and support of quality improvement activities by the governing body and Health Commissioner are key to the performance improvement. Involvement of organizational leadership assures that quality improvement initiatives are consistent with agency mission and strategic plan.
- Data Informed Practice – Successful quality improvement processes create feedback loops using data to inform, practice, and measure results.
- Statistical Tools – For continuous improvement of care, tools, and methods are needed that foster knowledge and understanding. A defined set of analytical tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.
- Prevention Over Correction – Continuous quality improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- Continuous Improvement – Processes must be continually reviewed and improved. Small incremental changes do make an impact and providers can almost always find an opportunity to make things better.

A Quality Improvement Committee meets quarterly to adopt and follow a specific continuous quality improvement approach (Plan-Do-Check-Act), establish priority objectives, determine indicators of quality and measures of performance, research standards and benchmarks, take action through quality improvement initiatives, and report findings and results of activities.

Pursuit of PHAB Accreditation . . .

The Public Health Accreditation Board (PHAB) is the non-profit entity that implements and oversees national public health department accreditation. The accreditation process is a recently developed process that seeks to advance quality and performance within public health departments using standards that define the expectations for all public health departments. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. PHAB's vision is a high-performing governmental public health system that will make us a healthier nation.

Accreditation through PHAB provides a means for the ECHD to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does that business. It will encourage and stimulate quality and performance improvement in the health department. It will also stimulate greater accountability and transparency.

Accreditation documents the capacity of ECHD to deliver the three core functions of public health and the Ten Essential Public Health Services. Thus, accreditation gives reasonable assurance of the range of public health services the department should provide. Accreditation declares that the health department has an appropriate mission and purpose and can demonstrate that it will continue to accomplish its mission and purpose.

ECHD has formed an Accreditation Team led by an Accreditation Coordinator which meets monthly to plan and activate a process that has assessed readiness, completed initial training, informs and updates staff and Board of Health members, and is on the brink of making formal application to PHAB. Next steps will include selection of documentation that best meets the Standards and Measures and, once submitted, awaiting the site visit review and determination of our status as an accredited local public health agency.

Pursuit of FQHC Status . . .

ECHD is the site of the Erie County Community Health Center which is presently designated as a Federally Qualified Health Center – Look Alike (FQHC-LA) by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). While the FQHC-LA provides important clinical services and receives certain benefits, it is one step shy of becoming a full-fledged FQHC which would mean more fiscal resources to expand primary health care services, increasing scope of services and access for underserved and vulnerable populations. An application to achieve full FQHC status was supported by the governance board, submitted, and is currently pending before the federal reviewers. The designation would enable ECHD and the affiliate Health Center to improve the health status of community residents, decrease health disparities, and address the barriers to accessible and affordable primary health care services (medical, dental, behavioral).

Pursuit of PCMH Accreditation . . .

ECHD is also pursuing Patient Centered Medical Home Accreditation. A Patient-Centered Medical Home (PCMH) is a current best-practice model of care that involves every patient having a personal physician who leads a team of care providers taking collective responsibility for providing whole-person care through all stages of life and cycles of medical need: acute care, chronic care, preventive services and end-of-life care. Care is highly coordinated and integrated across the myriad elements of a complex health system (hospitals, home health care, long-term care, outpatient care facilities, sub-specialties, public health care centers or private practices) with quality and safety as hallmarks of operation. The successful PCMH makes use of current tools, practices, and technologies to ensure access to care and tracking of comprehensive services (open access scheduling, extended hours, electronic medical records, registries, modern communications).

ECHD has partnered with the Ohio Department of Health in the Ohio Patient-Centered Primary Care Collaborative (OPCPCC), a state-wide effort to implement best-practices to advance the PCMH model of care. It is a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals that have identified the following outcomes:

- Enhanced communication between providers, purchasers, and consumers
- Identification and dissemination of best practices
- Increased number of engaged patients, providers, employers & insurers
- Better care, better health, better satisfaction, better value
- Become a national leader in terms of collaborative process and sustainable model

In addition, ECHD is one of 50 chosen sites in Ohio to be part of the PCMH Education Pilot Project. The objective is to facilitate more rapid adoption of the PCMH model of primary care by creating practice sites where medical and nursing students can experience the model in action, in addition to other education/training focused activities.

Efforts with the OPCPCC collaborative group and the pilot project will align ECHD with the Standards and Elements needed to achieve PCMH accreditation from the National Committee for Quality Assurance (NCQA). Designation as an accredited PCMH facility indicates the Health Center has achieved compliance with preventive screenings, enhanced access for acute illness, evidence-based management of chronic illness, providing self-support and community resources, care coordination and tracking, integration of behavioral health needs, and the continual measurement and improvement of performance.

Establishing Oral Health Care Program . . .

In response to local Community Health Assessment data which shows poor utilization, availability, accessibility, and affordability of dental health care services by local residents, ECHD contracted with a regional mobile dental clinic service which made stops on the ECHD campus 2-3 times each month. The service was quickly overwhelmed and was only able to meet a fraction of the need within the community. ECHD leadership developed a plan to establish a fully equipped, full-time dental service on site. A consultant was hired, talks and planning occurred with the Ohio Department of Health, building modifications are currently underway, some external funding has been secured, and a dentist has been contracted and staff hired. Full operations are set to begin in July 2013. The dental program will provide comprehensive preventive, diagnostic, restorative and emergency services with an emphasis on providing access to at-risk, vulnerable and under-served residents.

Healthy Homes. . .

ECHD is promoting the national Healthy Homes initiative through local efforts that raise awareness about the connection between personal health and the home environment. Through public education we are informing residents regarding prevention topics such as: lead-based paint, radon gas, indoor asthma triggers, mold and moisture, and home safety. ECHD provides consultations on Healthy Homes topics for families, promotes the use of radon test kits and more detailed testing for high levels of radon, coordinates blood lead testing for children and adults, and conducts lead investigations when contamination is known.

Partners for Prevention. . .

ECHD led the formation of a coalition of agencies representing youth, adult, and family advocates to reduce the negative outcomes and impact of alcohol, tobacco, and other drug use/abuse in the community and upon its citizens. The Partners for Prevention of Erie County (PPEC) follow a Strategic Plan to reduce the number of youth and adults involved in substance use and underage drinking. Through collaborative efforts, the PPEC will establish policy, systems, and environmental changes that will sustain their impact within the community. Recent activities have included a 'Parents Who Host, Lose the Most' targeted campaign against adult-enabled underage drinking, a message from the County Sheriff and Juvenile Court Judge aired on local cable programming, and establishment of Drug Take-Back Boxes across the county for residents to safely dispose of expired or unwanted medications. PPEC is searching for sustainable funding and recently submitted an application for funding through the Drug Free Communities nationwide program. This proposal could result in 10 years of funding for local initiatives and programs, and is currently pending before federal reviewers.