In 2021, the Fairfield County Health Department in Fairfield County, Ohio entered into an agreement with Illuminology to develop a regional Community Health Improvement Plan (CHIP).

Before developing this CHIP, the Fairfield County Health Department participated in a collaborative effort to conduct a Community Health Assessment (CHA). This CHA was intended to help community stakeholders better understand the health needs and priorities of those who reside in Fairfield County. The final report of that effort can be accessed via the Fairfield County Health Department website (https://www.myfdh.org/pdf/2022-Fairfield-County-CHA-Report.pdf).

Public health professionals from the Fairfield County Health Department, along with leaders representing a diverse array of social service and community organizations, participated in large and small group discussions on September 28, 2022 in the Fairfield County EMA Conference Room. During this session, community members worked in small groups to review the recently completed CHA and identified the most important health issues facing residents in Fairfield County:

Substance use treatment and prevention
Mental health care access
Community outreach
Transportation access

These community members then pledged to work together to develop a strategic plan - this CHIP - to address these prioritized community health needs.

Another important task that was part of this effort involved the identification of a shared definition, or vision, for a healthy Fairfield County. After discussion of the vision of health identified during the previous CHIP process, consensus was reached. Fairfield County’s vision of health is:

Fairfield County: An engaged community working together to achieve health and wellness for all who live, work, and play here.

The community members involved in this process then split into three work groups to begin drafting health improvement plans for each health priority, following a systematic process that was informed by Public Health Accreditation Board Standard 5.2. The plans drafted by each group detail the specific goals, objectives, and measures that will be used to address the community health priorities and track progress over time. The three work plan groups considered several overarching principles during their discussions and writing: the concepts of evidence-based public health practice, social determinants of health, SMART objectives
(specific, measurable, achievable and actionable, relevant, and time-oriented), and priority alignment with Ohio’s 2020-2022 State Health Improvement Plan.

Fairfield County’s 2023-2025 Community Health Improvement Plan identifies health priorities, goals, objectives, and action steps that the community will use to develop and implement projects, programs, and policies to improve the health of its residents.

Implementation of the CHIP will begin in 2023. On an annual basis, Fairfield County will publish a report outlining progress made towards accomplishing the goals outlined in the work plan and reconvene community partners to discuss progress and necessary revisions. The original group of community partners, along with additional community members, will be invited to provide ongoing guidance and support throughout the implementation of this CHIP and any revisions that may be necessary; the composition of this group will be expanded and maintained as this work progresses. The CHIP is scheduled to be implemented over a three-year period.
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<th>Section</th>
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I want to thank the many organizations, representatives, and concerned public, that participated in the Community Health Assessment and in the development of this Community Health Improvement Plan.

Without an engaged and energized network of organizations, working together toward a common goal, we would not be able to bend the curve toward a healthier future for all of Fairfield County’s residents.

The last Fairfield County Community Health Assessment was conducted in 2019, before the pandemic, and the stress of a multi-year, deadly pandemic on our community was evident in many ways.

The most obvious impacts were the number of COVID-19 cases, hospitalizations, and deaths. During 2021 there were 215 resident deaths due to COVID-19, with over 450 total resident COVID-19 associated deaths in the first 3 years of the pandemic. These impacts have been devastating to our families, friends, and our economic stability. The trauma endured will linger long past the pandemic. Our priorities identified for the Community Health Improvement Plan reflect the pandemic’s impact on Mental Health, Addiction, and the proliferation of health misinformation during the pandemic.

While the pandemic drove the major changes in health status since the previous Community Health Assessment, the leading causes of death continue to be heart disease and cancer. As part of our Community Health Improvement Plan, we will continue to work toward reducing premature deaths due to both heart disease and cancer by increasing screening and early detection, and by addressing risk factors for these diseases including tobacco use, poor nutrition, and a lack of physical activity.

R. Joseph Ebel, RS, MS, MBA
Health Commissioner
In the fall of 2022, the Fairfield County Health Department published a comprehensive assessment of the health of its residents. The 2022 Fairfield County Community Health Assessment (CHA) considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Fairfield County residents. Residents and partners can access the most recent CHA at the following link: https://www.myfdh.org/.

Based on the 2022 Fairfield County CHA, the Community Health Improvement Committee members embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2022 CHA data), was followed by a review and discussion of a vision of health for Fairfield County, and finished with the creation of a Community Health Improvement Plan (CHIP) for addressing those priorities. The CHIP is comprehensive and long term, detailing action steps that will be used by public health system partner organizations as they implement projects, programs, and policies in Fairfield County.

This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority, listing the goals, key measures, an overview of the objectives selected for each health priority, and information to demonstrate the significance of this priority. A work plan that includes more detailed objectives, action steps, and evidence-based strategies for each priority is available in Appendix A. This report concludes with a brief discussion of next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.

The Fairfield County Health Department contracted with Illuminology to design the CHIP process, to facilitate multiple group meetings, and to draft this document.
Identifying The Community’s Priority Health Needs

On September 28, 2022, community members representing a diverse array of public health, public safety, hospital, healthcare providers, social service, political, and community organizations met in person to identify potential priority health needs of the community using the Fairfield County 2022 Community Health Assessment. Along with reviewing the data and insights presented in the 2022 CHA, participants also considered their personal experience and history with the community before identifying priority health issues.

Illuminology researchers helped to facilitate large and small group discussions during this meeting. To aid community members during their deliberations and discussion, the following criteria were shared for their consideration:

- **Equity**: Degree to which specific groups are affected by a health issue.
- **Size**: Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness**: Degree to which the health issue leads to death, disability, and impairs one’s quality of life.
- **Feasibility**: Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction**: Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends**: Whether or not the health issue is getting better or worse in the community over time.
- **Intervention**: Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value**: The importance of the health issue to the community.
- **Social Determinant / Root Cause**: Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

After a total of 13 health needs were identified by small groups, participants were asked to engage in a voting process to select the highest priority needs. In the first round of voting, each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Needs receiving the least amount of votes were then eliminated, and participants were asked to vote again with two votes to cast. This resulted in all but four needs being eliminated.

Overall, 26 representatives participated in this voting process, coming to a clear consensus about the community’s prioritized health needs.
The four health needs identified as a priority for the community were:

- Substance use treatment and prevention
- Mental health care access
- Community outreach, particularly to increase preventative health care and protective factors against chronic disease
- Transportation access

The other needs identified by the small groups and considered in this voting process included:

- Affordability and access to physical health care, including dental care and maternal and infant health care specifically. The lack of health care workforce was also mentioned in this vein, along with a need for more specialty care providers within the community. Health care delay due to stigma and education was also mentioned, along with access to health screenings.
- Decreased obesity rates, and attention to related chronic diseases.
- Access to affordable, healthy food.
- Access to safe, affordable activity and leisure spaces.
- A need for increased support within families.
- Issues specific to older adults, such as dementia screening, fall prevention, and in-home health care access.
- In the realm of mental and behavioral health care, early screening, treatment and education for individuals with high Adverse Childhood Experiences (ACEs) scores was mentioned, along with attention to the way ACES scores predispose individuals to heart disease and cancer.
- Building trauma informed organizations and providing trauma informed care.
- Identifying vulnerable populations.

For context, Ohio’s 2020-2022 State Health Improvement Plan (SHIP) identified three priority health factors important to improving communities’ health, with particular emphasis on mental health and addiction, chronic disease, and maternal and infant health. The three priority health factors include community conditions, health behaviors, and access to care, as shown below. For each of these priority health factors Ohio’s 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified for Fairfield County and the priority health factors identified by Ohio’s 2020-2022 SHIP:

1. Substance use treatment and prevention aligns with Ohio’s health priority factor “health behaviors” as well as the priority health outcome of “mental health and addiction.”
2. Mental health care access aligns with Ohio’s health priority factor of “access to care” as well as the priority health outcome of “mental health and addiction.”
3. Community outreach mentioned by session members referenced chronic diseases; this also aligns with Ohio’s priority health outcomes.

While transportation access could be considered a “community condition,” this was not explicitly outlined by Ohio’s 2020-2022 SHIP.

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<th>Health Priority Factors</th>
<th>Priority Health Outcomes</th>
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<td><strong>Community Conditions</strong></td>
<td>Mental Health and Addiction</td>
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<td>Housing affordability and quality</td>
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<td>Poverty</td>
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<td>K-12 student success</td>
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<td>Adverse childhood experiences</td>
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<td>• Depression</td>
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<td>• Youth drug use</td>
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<td>• Drug overdose deaths</td>
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<th><strong>Health Behaviors</strong></th>
<th>Chronic Disease</th>
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<td>Tobacco/nicotine use</td>
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<td>Nutrition</td>
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<td>• Heart disease</td>
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<td>• Diabetes</td>
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<td>• Childhood conditions (asthma, lead)</td>
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<th><strong>Access to Care</strong></th>
<th>Maternal and Infant Health</th>
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<td>Health insurance coverage</td>
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<td>Local access to healthcare providers</td>
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<td>Unmet need for mental health care</td>
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<tr>
<td>• Preterm births</td>
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<td>• Infant mortality</td>
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<td>• Maternal morbidity</td>
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After the discussion of priority health needs, participants discussed the community’s definition or vision of health. After reviewing the vision of health from the 2020 CHIP, all participants agreed that the vision statement from 2020 should stand:

**Fairfield County: An engaged community working together to achieve health and wellness for all who live, work, and play here.**

Appendix B presents a list of community assets and resources that was developed during the 2022 CHA and Appendix C presents a list of community members who participated in this strategic planning process.
Creating The Community Health Improvement Plan

After identifying the four priority health needs, Fairfield County health stakeholders had the opportunity to indicate their interest in participating in work groups to develop three work plans (for the purposes of the CHIP, the priority health needs 1) substance use treatment and prevention and 2) mental health care access were collapsed). Then, the CHIP work group began their efforts to create the work plans that comprise the main portion of the CHIP. They considered the priorities and needs of residents in the community in order to identify goals, key measures, objectives, action steps, time frames, and accountable persons/organizations related to each priority area. The product of these meetings was a work plan for each of three prioritized health issues; these work plans define the actions of this CHIP. Detailed work plans can be found in Appendix A.

When drafting their work plans, the work groups were asked to consider the importance of including evidence based public health practices. Evidence based public health practices (EBPHPs) are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior. To ensure workgroup members considered these types of practices when developing this CHIP, relevant evidence-informed strategies from Ohio’s 2020-2022 SHIP, National Prevention Strategy, Healthy People 2030, and RWJF’s “What Works for Health” were shared with workgroup members for their consideration.

Each work group completed a “fishbone” root-cause analysis activity, during which they identified potential policies, environmental factors, systemic factors, and resource availability issues that function as root causes leading to each prioritized health need.

Next, the work group members were asked to consider the following three questions, which helped to identify the size and shape of the strategic action(s) that may be required to move the community’s health closer to their vision for a healthy Fairfield County - a gap analysis. For each identified health priority:

1) Where are we now as a community?
2) Where do we want to be as a community?
3) How do we get from where we are to where we want to be?

Then, leading into the creation of the work plans, participants completed a goals and measures worksheet which helped them to think openly about goals and objectives to consider and how achievement might be measured.

After the CHIP report and work plans were drafted, the Fairfield County Health Department reviewed the documents and incorporated relevant information about currently existing organizations and actions occurring in the community.

Overviews of the CHIP goals, key measures, and objectives follow.
Substance Use Treatment and Prevention and Mental Health Care Access

Addressing and preventing addiction is important to the community, which could benefit from improved education around substance use and increased resources to help substance users avoid more health issues. Survey respondents and community leaders from the Fairfield 2022 Community Health Assessment brought up this issue, mentioning how the stigma associated with substance use and the lack of in-patient treatment facilities within the county are barriers to effective intervention.

CHA survey respondents and community leaders are also concerned with access to mental health treatment and the lack of a mental health workforce, along with specific mental health issues (anxiety, depression, suicide) and the mental health needs of specific populations (older adults, rural populations, and youth). As detailed in the community health assessment, around 20% of Fairfield County adult residents have ever been diagnosed with a depressive disorder, and nearly 30% with an anxiety disorder. In terms of residents’ perceptions of the most important health issues, 26% mentioned drug or alcohol addiction or abuse and 20% mentioned mental health issues. Another potentially relevant issue cited by 20% of respondents as one of the most important health issues was lack of medical care access.

Two other key issues related to substance use and mental health are suicide and drug overdose deaths. According to the CHA, Fairfield County’s suicide rate was 19.3/100,000 and the rate of drug overdose deaths was 37.9/100,000.

Community leaders called attention to the relationship between mental health and substance use, as well as the impact of COVID-19 on these issues.

These needs are very important to address because if unresolved, they will lead to additional health/wellness concerns and greater impact on the local, state, and national community.

Goals: Increase understanding/awareness of community-wide resources for mental health and substance use and decrease stigma toward mental health and substance use. Increase the number of mental health and substance use professionals in Fairfield County. Decrease the suicide rate in Fairfield County. Decrease the rate of drug overdose deaths in Fairfield County.

Key measures: Number of contacts to mental health and substance use resources within the community. Number of mental health and substance use professionals in Fairfield County. Number of suicide deaths/100,000 in Fairfield County. Number of drug overdose deaths/100,000 in Fairfield County.
Objectives:

- By January 2024, complete 6 outreach activities to increase awareness of mental health and substance use resources among local leaders and other local parties (e.g., schools, law enforcement/police and fire chiefs, village trustees, Meals on Wheels, utility companies), and via methods such as mayors’ meetings and festivals, with the goal of reaching individuals who may be hard to reach (e.g., rural populations, older adults, and children).
- By January 2024, have at least 3 meetings to explore planning and funding for mental health and/or substance use peer support groups or coaching.
- By December 2025, increase behavioral health patients treated by the Fairfield Community Health Center by 50%.
- By January 2024, have at least 3 meetings to explore funding and planning for a program to incentivize nurse practitioners to add a mental health specialty.
- By December 2025, decrease the suicide rate to 12.8 per 100,000 population.
- By December 2025, decrease the drug overdose death rate to 20.7 deaths per 100,000.

Community Outreach

Community outreach includes health promotion and disease prevention programs designed to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. Activities include expanded community paramedicine, education about health resources such as free screenings, information about risk factors for chronic diseases, information about prenatal care, and increased awareness about opportunities to improve health and safety.

According to the Fairfield County 2022 Community Health Assessment, heart disease is the leading cause of mortality in Fairfield County (2021 rate of deaths from heart disease: 176.5), followed by cancer (2021 rate of deaths from cancer (C00-C97): 154.9). The most common chronic conditions reported by survey respondents were high blood pressure (37.9%), arthritis (27.2%), and high blood cholesterol (26.7%).

Community outreach is important because it could result in decreased incidence of health issues in the population through increased access to primary and preventative health care and healthy lifestyle resources.

Goals: Increase awareness of health resources and events in the community. Increase awareness, access, and use of prenatal care. Increase use of parks for improving health. Promote the adoption of modifiable risk behaviors including tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease. Increase access to paramedicine in Fairfield County.
Key measures: Number of people using health resources and number of people attending events. Proportion of pregnant individuals who seek and utilize prenatal health resources. Number of scheduled activities hosted by local parks; participation metrics of park activities. Number of opportunities for community members to receive health education programs and services. Number of hours spent weekly on paramedical activities.

Objectives:
- By January 2024, create a shared calendar between health organizations in the county and distribute resources to all organizations with the goal of increasing knowledge of health events and resources between organizations and within the wider public.
- By January 2024, schedule or increase awareness of 3 events to foster collaboration between health organizations, such as luncheons and other scheduled activities where local leaders in health and other areas can learn about each others’ capabilities and resources.
- By January 2024, establish an active Healthy Communities Coalition to promote health and wellness including healthy eating and active living.
- By January 2024, understand potential methods to increase community awareness, access, and use of prenatal care.
- By January 2024, increase opportunities for outdoor physical activity and increase awareness of these resources within the community.
- By December 2025, increase health knowledge, access to screenings/health care by providing community members the opportunity to access information and screenings at community parks.
- By December 2025, increase the number of hours spent providing paramedical care in Fairfield County.

Transportation Access
Transportation along with mobility access includes a need for accessible, user-friendly transportation including more access to safe pedestrian and bike travel and transportation for economic development. Other transportation needs include a need for seniors and those with special transport needs (wheelchair users) as well as transport access for those in rural areas and those needing to travel across county lines. While Census data shows that a majority of households in the county have access to a vehicle, community leaders see a strong need for improved public transportation systems.

Goals: For people in the community to have affordable access to go where they want to, when they want (e.g., food pantries, grocery stores, jobs, medical appointments, community events, social/personal needs).

Key measures: Calls to Fairfield 2-1-1 and other agencies about transportation needs.

Objectives:
• By December 2025, have broad community agency collaboration for transportation and mobility funding, with inclusion of funding for bicyclists and pedestrian options.
• By December 2025, increase the activity of the Transportation Advisory Committee (more members, more meetings, and greater awareness).
• By December 2023, update the Fairfield County Active Transportation Plan.
The 2023-2025 Fairfield County Community Health Improvement Planning process aimed to identify the most pressing health issues in Fairfield County and bring stakeholders together to collaborate and create an actionable plan to address those issues. This plan presents priorities and associated goals and objectives to improve the health of Fairfield County. The detailed work plans that resulted from these collaborative efforts are located in Appendix A.

This CHIP will be monitored and updated annually to reflect accomplishments and new areas of need. Agencies and organizations are encouraged to align their agency strategic plans to this plan where appropriate. In addition, the plan will be displayed on the Fairfield County Health Department’s CHIP Dashboard at https://scorecard.clearimpact.com/Scorecard/Embed/72212.

Lastly, Fairfield County residents and community organizations are encouraged to participate in and comment on this process. If you or your organization is interested in participating in or commenting on the CHIP, please contact Joe Ebel, Fairfield County Health Department, at 740-652-2858.
The following pages display the detailed CHIP work plans.
Priority #1: Substance Use Treatment and Prevention and Mental Health Care Access

Addressing and preventing addiction is important to the community, which could benefit from improved education around substance use and increased resources to help substance users avoid more health issues. Survey respondents and community leaders from the Fairfield 2022 Community Health Assessment brought up this issue, mentioning how the stigma associated with substance use and the lack of in-patient treatment facilities within the county are barriers to effective intervention.

CHA survey respondents and community leaders are also concerned with access to mental health treatment and the lack of a mental health workforce, along with specific mental health issues (anxiety, depression, suicide) and the mental health needs of specific populations (older adults, rural populations, and youth). As detailed in the community health assessment, around 20% of Fairfield County adult residents have ever been diagnosed with a depressive disorder, and nearly 30% with an anxiety disorder. In terms of residents’ perceptions of the most important health issues, 26.2% mentioned drug or alcohol addiction or abuse and 19.8% mentioned mental health issues. Another potentially relevant issue cited by 19.5% of respondents as one of the most important health issues was lack of medical care access.

Two other key issues related to substance use and mental health are suicide and drug overdose deaths. According to the CHA, Fairfield County’s suicide rate was 19.3 and the rate of drug overdose deaths was 37.9.

Community leaders called attention to the relationship between mental health and substance use, as well as the impact of COVID-19 on these issues.

These needs are very important to address because if unresolved, they will lead to additional health/wellness concerns and greater impact on the local, state, and national community (all).

Goal 1.a: Increase understanding/awareness of community-wide resources for mental health and substance use and decrease stigma toward mental health and substance use.

S.M.A.R.T. Objectives

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

*Can it be done?*
<table>
<thead>
<tr>
<th>Key Measure(s):</th>
<th>Number of contacts to mental health and substance use resources within the community.</th>
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<tr>
<td>Alignment with National Priorities:</td>
<td>[Healthy People 2030, CDC 618] Healthy People 2030 Leading Health Indicators: Drug overdose deaths, suicides, adolescents with major depressive episodes (MDEs) who receive treatment, adults engaging in binge drinking of alcoholic beverages during the past 30 days</td>
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<tr>
<td>Alignment with SHIP:</td>
<td>One of the 3 priority health outcomes is Mental Health and Addiction, including Depression, Suicide, Youth drug use, and Drug overdose deaths</td>
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<td>Consideration of social determinants of health or health inequities:</td>
<td>For Objective 1.a.1, work group members mentioned that having access to information about resources may be particularly challenging for individuals who don’t have access to the internet (especially lower-income individuals, those who live in rural areas, or older adults). The 2022 Fairfield County CHA data support this perception: those with lower household income are more likely to report that not knowing of any services in their community is a barrier to getting help. Objective 1.a.1 involves strategies to ensure that these individuals have access to information.</td>
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<td>Objective(s) that address policy change(s) needed to accomplish goal:</td>
<td>For Objective 1.a.1, policies may need to change to ensure that between the Fairfield County Health Department and the Behavior Health Community Navigator there is enough time and resources to conduct the outreach. For Objective 1.a.2, the people/agencies responsible will explore potential policy changes to provide funding for the peer support groups or coaching.</td>
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S.M.A.R.T. Objectives

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<td>How will you know it is done?</td>
<td>Can WE measure it?</td>
<td>Can it be done given the time frame and resources?</td>
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| Objective 1.a.1: By January 2024, complete 6 outreach activities to increase awareness of mental health and substance use resources among local leaders and other local parties (e.g., schools, law enforcement/police and fire chiefs, village trustees, Meals on Wheels, utility companies), and via methods such as mayors’ meetings and festivals, with the goal of reaching individuals who may be hard to reach (e.g., rural populations, older adults, and children). | Baseline: Some previous outreach via Meals on Wheels and using utility bills Target: Present and/or set up booth at 3 or more events Have direct contact with at least 3 community leaders to provide information | - Research meetings and events at which to have booth and/or presentations about mental health and substance use resources  
- Research other ways to distribute mental health and substance use resource information (e.g., agencies providing information to their constituencies, public utilities providing information on utility bills)  
- Contact local leaders to provide and/or discuss mental health and substance use resources  
- Follow through to provide information based on research/contacts | Start: January 2023  
End: Ongoing (meet target by January 2024) | Fairfield County Health Department and the Behavioral Health Community Navigator | |

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can we measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

**Energy**
**Objective 1.a.2:** By January 2024, have at least 3 meetings to explore planning and funding for mental health and/or substance use peer support groups or coaching.

**Baseline:** Mental health and/or substance use peer support groups or coaching not planned

**Target:** At least 3 planning meetings

- Explore benefits of peer support and coaching.
- Discuss funding options for creating the groups or coaching sessions.
- Establish details about how the groups or coaching sessions will be conducted.

<table>
<thead>
<tr>
<th>Start: January 2023</th>
<th>Fairfield County Health Department, Fairfield Community Health Center, Fairfield Medical Center</th>
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<tr>
<td>End: January 2024</td>
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**S.M.A.R.T. Objectives**

- **Specific**
  - How will you know it is done?

- **Measurable**
  - Can we measure it?

- **Achievable & Actionable**
  - Can it be done given the time frame and resources?

- **Relevant**
  - Should it be done?

- **Time-oriented**
  - When will it be done?

- **Can it be done?**
Goal 1.b: Increase the number of mental health and substance use professionals in Fairfield County.

Key Measure(s): Number of mental health and substance use professionals in Fairfield County.

Alignment with National Priorities: [Healthy People 2030, CDC 6|18] Healthy People 2030 Leading Health Indicators: Drug overdose deaths, suicides, adolescents with major depressive episodes (MDEs) who receive treatment, adults engaging in binge drinking of alcoholic beverages during the past 30 days

Alignment with SHIP: One of the 3 priority health outcomes is Mental Health and Addiction, including Depression, Suicide, Youth drug use, and Drug overdose deaths

Consideration of social determinants of health or health inequities: According to the 2022 Fairfield Community Health Assessment, lower income individuals were more likely to have poor mental health outcomes. For Objective 1.b.1, Fairfield Community Health Center’s purpose “is to make sure everyone has access to quality, affordable healthcare, regardless of insurance or income status.” Therefore, the increase in behavioral health treatment at FCHC will ensure that individuals who 1. may be more likely to have poor mental health outcomes and 2. may have a challenge paying for behavioral health care will have access to treatment.

Objective(s) that address policy change(s) needed to accomplish goal: For Objective 1.b.2, the people/agencies responsible will explore potential policy changes to provide funding for the program.

<table>
<thead>
<tr>
<th>S.M.A.R.T. Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Specific</td>
</tr>
<tr>
<td>How will you know it is done?</td>
</tr>
</tbody>
</table>

Can it be done?
<table>
<thead>
<tr>
<th>Objectives Impact</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Objective 1.b.1: By December 2025, increase behavioral health patients treated by the Fairfield Community Health Center by 50%. | Baseline: x.x # of behavioral health patients treated each month by FCHC                      | • Establish FCHC’s psychiatric nurse practitioner as a preceptor  
• Attract nurse practitioners who are trained in mental health to complete preceptorships at FCHC who will treat behavioral health patients as part of their preceptorships | Start: After FCHC completes center expansion                                                | Fairfield Community Health Center                                                               |        |
|                                                                                  | Target: Increase behavioral health patients treated each month by FCHC by 50%               |                                                                                                                                  | End: Ongoing but target complete by December 2025                                             |                                                                                              |        |

**S.M.A.R.T. Objectives**

- **✅ Specific** How will you know it is done?
- **✅ Measurable** Can WE measure it?
- **✅ Achievable & Actionable** Can it be done given the time frame and resources?
- **✅ Relevant** Should it be done?
- **✅ Time-oriented** When will it be done?

**Can it be done?**
<table>
<thead>
<tr>
<th>Objective 1.b.2: By January 2024, have at least 3 meetings to explore funding and planning for a program to incentivize nurse practitioners to add a mental health specialty.</th>
<th>Baseline: Program to incentivize nurse practitioners for adding a mental health specialty not planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: At least 3 meetings to explore funding and planning for a program to incentivize nurse practitioners to add a mental health specialty</td>
<td>• Explore similar programs that have been implemented in other communities</td>
</tr>
<tr>
<td></td>
<td>• Explore potential funding options for programs</td>
</tr>
<tr>
<td></td>
<td>• Discuss details regarding how this type of program might be implemented in Fairfield County</td>
</tr>
<tr>
<td></td>
<td>Start: January 2023</td>
</tr>
<tr>
<td></td>
<td>End: January 2024</td>
</tr>
<tr>
<td></td>
<td>Fairfield County Health Department, Fairfield Community Health Center, ADAMH</td>
</tr>
</tbody>
</table>

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?
**Goal 1.c:** Decrease the suicide rate in Fairfield County.

**Key Measure(s):** Number of suicide deaths/100,000 in Fairfield County.

**Alignment with National Priorities:** [Healthy People 2030, CDC 6|18] Suicide is a Healthy People 2030 Leading Health Indicator.

**Alignment with SHIP:** One of the 3 priority health outcomes is Mental Health and Addiction, including Suicide

**Consideration of social determinants of health or health inequities:** According to the 2022 Fairfield Community Health Assessment, lower income individuals were more likely to have poor mental health outcomes, which may contribute to suicide attempts.

**Objective(s) that address policy change(s) needed to accomplish goal:** For Objective 1.c.1, additional funding may be needed.

### S.M.A.R.T. Objectives

- **Specific:** How will you know it is done?
- **Measurable:** Can WE measure it?
- **Achievable & Actionable:** Can it be done given the time frame and resources?
- **Relevant:** Should it be done?
- **Time-oriented:** When will it be done?

**Can it be done?**
**Fairfield County Community Health Improvement Plan (CHIP) – Substance Use and Mental Health Work Plan**

<table>
<thead>
<tr>
<th>Objectives Impact</th>
<th>Measure</th>
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<th>Timeframe</th>
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<th>Status</th>
</tr>
</thead>
</table>
| Objective 1.c.1: By December 2025, decrease the suicide rate to 12.8 per 100,000 population. | Baseline: In 2021, the suicide rate was 19.3.  
Target: Suicide rate of 12.8 | - Suicide Prevention Coalition will establish 9-8-8 suicide hotline.  
- Suicide Prevention Coalition will conduct outreach to increase awareness of 9-8-8 suicide hotline.  
- ADAMH to conduct training on mental health first aid - how to talk to people considering suicide. | Start: TBD  
End: TBD | Suicide Prevention Coalition, ADAMH, potential other partners. | |

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can we measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

*Can it be done?*
**Fairfield County Community Health Improvement Plan (CHIP) – Substance Use and Mental Health Work Plan**

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<tr>
<th><strong>S.M.A.R.T. Objectives</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Specific</strong></td>
</tr>
<tr>
<td>How will you know it is done?</td>
</tr>
<tr>
<td><strong>Measurable</strong></td>
</tr>
<tr>
<td>Can WE measure it?</td>
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<tr>
<td><strong>Achievable &amp; Actionable</strong></td>
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<tr>
<td>Can it be done given the time frame and resources?</td>
</tr>
<tr>
<td><strong>Relevant</strong></td>
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<tr>
<td>Should it be done?</td>
</tr>
<tr>
<td><strong>Time-oriented</strong></td>
</tr>
<tr>
<td>When will it be done?</td>
</tr>
<tr>
<td><strong>Goal 1.d:</strong> Decrease the rate of drug overdose deaths in Fairfield County.</td>
</tr>
<tr>
<td><strong>Key Measure(s):</strong> Number of drug overdoses deaths/100,000 in Fairfield County.</td>
</tr>
<tr>
<td><strong>Alignment with National Priorities:</strong> [Healthy People 2030, CDC 6</td>
</tr>
<tr>
<td><strong>Alignment with SHIP:</strong> One of the 3 priority health outcomes is Mental Health and Addiction, including Drug overdose deaths</td>
</tr>
<tr>
<td><strong>Consideration of social determinants of health or health inequities:</strong> Some individuals may not have access to education and support regarding drug abuse; drug overdoses may decrease if education and support is more readily available.</td>
</tr>
<tr>
<td>Objective(s) that address policy change(s) needed to accomplish goal: For Objective 1.d.1, additional funding may be required.</td>
</tr>
<tr>
<td>Objectives Impact</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Objective 1.d.1: By December 2025, decrease the drug overdose death rate to 20.7 deaths per 100,000.</td>
</tr>
</tbody>
</table>

**S.M.A.R.T. Objectives**

<table>
<thead>
<tr>
<th>Specific</th>
<th>Measurable</th>
<th>Achievable &amp; Actionable</th>
<th>Relevant</th>
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</thead>
<tbody>
<tr>
<td>How will you know it is done?</td>
<td>Can WE measure it?</td>
<td>Can it be done given the time frame and resources?</td>
<td>Should it be done?</td>
<td>When will it be done?</td>
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</table>

*Can it be done?*
Priority #2: Community Outreach

Community outreach includes health promotion and disease prevention programs designed to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. Activities include expanded community paramedicine, education about health resources such as free screenings, information about risk factors for chronic diseases, information about prenatal care, and increased awareness about opportunities to improve health and safety.

According to the Fairfield County 2022 Community Health Assessment, heart disease is the leading cause of mortality in Fairfield County (2021 rate of deaths from heart disease: 176.5), followed by cancer (2021 rate of deaths from cancer (C00-C97): 154.9). The most common chronic conditions reported by survey respondents were high blood pressure (37.9%), arthritis (27.2%), and high blood cholesterol (26.7%).

Community outreach is important because it could result in decreased incidence of health issues in the population through increased access to primary and preventative health care and healthy lifestyle resources.

Goal 2.a: Increase awareness of health resources and events in the community.

Key Measure(s): Number of people using health resources and number of people attending events.

Alignment with National Priorities: [Healthy People 2030, CDC 6|18] Broadly, this goal aligns with national priorities because it seeks to increase health awareness generally.

Alignment with SHIP: Broadly, this goal aligns with the SHIP because it seeks to increase health awareness generally.

Consideration of social determinants of health or health inequities: Access to health care information may be limited for uninsured/underinsured population, and dependent on economic stability, educational attainment, access to technology, and generational habits.

S.M.A.R.T. Objectives

☑ Specific
☑ Measurable
☑ Achievable & Actionable
☑ Relevant
☑ Time-oriented

How will you know it is done? Can WE measure it? Can it be done given the time frame and resources? Should it be done? When will it be done?
Objective(s) that address **policy change(s)** needed to accomplish goal: --
Objective 2.a.1:
By January 2024, create a shared calendar between health organizations in the county and distribute resources to all organizations with the goal of increasing knowledge of health events and resources between organizations and within the wider public.

<table>
<thead>
<tr>
<th>Objectives Impact</th>
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</tr>
</thead>
</table>
| Objective 2.a.1:  | Baseline: Current health resource directory awareness – estimated not to be widespread. No collaborative event calendar currently exists. Target: Health resource directory is distributed to each health organization each time it’s updated and event calendar is created. | • Create a process by which health organizations can add their events to an online calendar.  
• Distribute health resource directory to health organizations from FCHD email list.  
• Health organizations share the health resource directory and the event calendar via their social media channels or via physical methods with clients of health services and wider public. | Start: January 2023  
End: Ongoing (Meet target by January 2024) | Fairfield County Health Department |        |

S.M.A.R.T. Objectives

☑️ Specific  
How will you know it is done?

☑️ Measurable  
Can WE measure it?

☑️ Achievable & Actionable  
Can it be done given the time frame and resources?

☑️ Relevant  
Should it be done?

☑️ Time-oriented  
When will it be done?

Can it be done?
### Fairfield County Community Health Improvement Plan (CHIP) – Community Outreach Work Plan

<table>
<thead>
<tr>
<th>Objectives Impact</th>
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<th>Status</th>
</tr>
</thead>
</table>
| Objective 2.a.2:  | By January 2024, schedule or increase awareness of 3 events to foster collaboration between health organizations, such as luncheons and other scheduled activities where local leaders in health and other areas can learn about each others’ capabilities and resources. | • Distribute information about existing county networking events via current email list.  
• Explore scheduling additional networking events to give health organizations an opportunity to collaborate and share information. | Start: January 2023  
End: Ongoing (Meet target by January 2024) | Fairfield County Health Department | |

**Baseline:** Current amount of health organization networking events - estimated to be limited  
**Target:** Share information about existing networking events and/or schedule at least 3 events

- **Action Steps:**
  - Distribute information about existing county networking events via current email list.
  - Explore scheduling additional networking events to give health organizations an opportunity to collaborate and share information.

<table>
<thead>
<tr>
<th>Objective</th>
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<th>Lead</th>
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</table>

#### S.M.A.R.T. Objectives

- **Specific:** How will you know it is done?  
- **Measurable:** Can WE measure it?  
- **Achievable & Actionable:** Can it be done given the time frame and resources?  
- **Relevant:** Should it be done?  
- **Time-oriented:** When will it be done?

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**Can it be done?**
<table>
<thead>
<tr>
<th>Goal 2.b: Increase awareness, access, and use of prenatal care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Measure(s):</strong> Proportion of pregnant individuals who seek and utilize prenatal health resources.</td>
</tr>
<tr>
<td><strong>Alignment with National Priorities:</strong> [Healthy People 2030, CDC 6</td>
</tr>
<tr>
<td><strong>Alignment with SHIP:</strong> Maternal and infant health: preterm births, infant mortality, and maternal morbidity are priority health outcomes.</td>
</tr>
<tr>
<td><strong>Consideration of social determinants of health or health inequities:</strong> Generational knowledge and habits around pregnancy, substance use, and access to health care may all impact individuals’ utilization of prenatal health resources.</td>
</tr>
<tr>
<td><strong>Objective(s) that address policy change(s) needed to accomplish goal:</strong> The people/agencies responsible for this objective will explore potential policy changes to provide funding for the increased awareness, access, and use of prenatal care.</td>
</tr>
</tbody>
</table>

**S.M.A.R.T. Objectives**

- **Specific**
  - How will you know it is done?
- **Measurable**
  - Can WE measure it?
- **Achievable & Actionable**
  - Can it be done given the time frame and resources?
- **Relevant**
  - Should it be done?
- **Time-oriented**
  - When will it be done?

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*Can it be done?*
### Objective 2.b.1:

By January 2024, understand potential methods to increase community awareness, access, and use of prenatal care.

<table>
<thead>
<tr>
<th>Objectives Impact</th>
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<th>Lead</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Conduct research and have conversations to learn about funding opportunities and methods to increase prenatal care</td>
<td>Start: January 2023</td>
<td>United Way / Fairfield County Health Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct research on evidence-based methods to increase utilization of prenatal health resources</td>
<td>End: Ongoing (meet target by January 2024)</td>
<td>United Way / Fairfield County Health Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline: Limited conversations to learn about funding opportunities and methods to increase prenatal care</td>
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<tr>
<td></td>
<td>Target: At least 3 meetings to explore funding opportunities and methods to increase awareness, access, and use of prenatal care</td>
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</table>

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

*Can it be done?*
**Goal 2.c:** Increase use of parks for improving health. Promote the adoption of modifiable risk behaviors including tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease.

**Key Measure(s):** Number of scheduled activities hosted by local parks; participation metrics of park activities. Number of opportunities for community members to receive health education programs or services.

**Alignment with National Priorities:** [Healthy People 2030, CDC 6|18] A Leading Health Indicator for Healthy People 2030 is “Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity.”

**Alignment with SHIP:** Physical activity is listed as a priority factor.

**Consideration of social determinants of health or health inequities:** Many individuals who can benefit from information about physical activity resources may not have adequate access to social media/online resources where this information is shared or may not be tech savvy.

Objective(s) that address **policy change(s)** needed to accomplish goal: For Objective 2.c.2, Park District policy may need to change to fund programs and events.

---

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
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- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?
**Objective 2.c.1:**
By January 2024, increase opportunities for outdoor physical activity and increase awareness of these resources within the community.

| Baseline: Existing scheduled outdoor activities hosted by parks. |
| Target: Create a resource detailing current and potential outdoor activity clubs and activities (e.g., weekly hikes) and share this with the community. |

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>• Parks host weekly hikes for community to meet and utilize parks</td>
<td>Start: January 2023</td>
<td>Park District</td>
<td></td>
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<tr>
<td>• Parks share information about hiking clubs</td>
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<td></td>
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</tr>
<tr>
<td>• Parks share information about other outdoor activity clubs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parks consider other ideas for increasing outdoor physical activity</td>
<td>End: Ongoing (weekly hikes target by fall 2023)</td>
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</tr>
</tbody>
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**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
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- **Relevant**: Should it be done?
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*Can it be done?*
### Fairfield County Community Health Improvement Plan (CHIP) – Community Outreach Work Plan

<table>
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<th>Objectives Impact</th>
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</thead>
</table>
| Objective 2.c.2:  | Baseline: No explicit collaboration between Park District and the medical community. Target: Have at least three events featuring cardiac arrest training and CPR training in area parks. Place AEDs in three community parks. Have at least two other events scheduled where community members can receive health education or services at local parks. | • Contact medical professionals and determine interest in collaborating  
• Determine appropriateness of park venues to facilitate health information education / health service delivery and determine what is needed to make venues appropriate  
• Schedule events at parks where medical professionals provide services  
• Plan and schedule times for Community Heart Watch to host their mobile CPR/AED training unit at local parks | Start: January 2023  
End: Ongoing (Meet first two targets by January 2024. Meet third target by 2025) | Park District and Community Heart Watch |        |

### S.M.A.R.T. Objectives

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?
Fairfield County Community Health Improvement Plan (CHIP) – Community Outreach Work Plan

| **Goal 2.d:** Increase access to paramedicine in Fairfield County. |
| **Key Measure(s):** Number of hours spent weekly on paramedical activities. |
| **Alignment with National Priorities:** [Healthy People 2030, CDC 6|18] Broadly, this goal aligns with national priorities because it seeks to increase health care access generally. |
| **Alignment with SHIP:** Broadly, this goal aligns with the SHIP because it seeks to increase health care access generally. |
| **Consideration of social determinants of health or health inequities:** Those who are lower income, don’t have access to social support, or don’t have access to transportation may benefit from paramedicine. |
| Objective(s) that address **policy change(s)** needed to accomplish goal: Funding will be required to achieve Objective 2.d.1. |

| **S.M.A.R.T. Objectives** |
|---|---|---|---|---|---|
| ✅ Specific | ✅ Measurable | ✅ Achievable & Actionable | ✅ Relevant | ✅ Time-oriented |
| How will you know it is done? | Can WE measure it? | Can it be done given the time frame and resources? | Should it be done? | When will it be done? |

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<th>Timeframe</th>
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</thead>
</table>
| Objective 2.d.1:  | By December 2025, increase the number of hours spent providing paramedical care in Fairfield County.  | Baseline: Existing time spent on paramedicine in Fairfield County. Target: TBD | • Explore funding for additional paramedics in the county  
• Explore changes in training or staffing to increase paramedical care. | Start: January 2023  
End: December 2025 | Violet Township Fire Department and potential other partners. |

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
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- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

**Can it be done?**
Strategy: HEAL Capacity Building

Target Outcome:
Increase community capacity by conducting PSE Assessments for Healthy Eating and Active Living (HEAL) and implement community engagement for change.

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>Related Activities</th>
<th>Agency or Person Responsible</th>
<th>Specific Dates for Each Activity</th>
<th>Evaluation Measures</th>
</tr>
</thead>
</table>
| 1. By January 31, 2023, Fairfield County Health Department will complete Policy, Systems, and Environmental (PSE) change assessment for the city of Lancaster. | • Identify municipal and community partners in Fairfield County to engage in the active living assessment  
• Identify community partners in Fairfield County to engage in the healthy eating assessment  
• Invite community partners to participate in assessment review process | Fairfield County Health Department Employees:  
• Hannah Josefczyk, Health Educator | 9/19/2022 | 1/31/2023 |

- Completed PSE Assessment(s)
- List of community partners for the active living assessment
- List of community partners for the healthy eating assessment
- Completed review of existing community planning documents,
<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain and review existing community planning documents, policies, and plans for active living strategies</td>
</tr>
<tr>
<td>Obtain and review existing community planning documents, policies, and plans for healthy eating strategies</td>
</tr>
<tr>
<td>Review infrastructure and environment to assess current use of healthy food access strategies</td>
</tr>
<tr>
<td>Secure venue (virtual or in-person) to host assessment review with community partners for active living and healthy food access</td>
</tr>
<tr>
<td>Convene meeting to conduct assessment review</td>
</tr>
<tr>
<td>Identify and document list of prioritized HEAL strategies for potential implementation</td>
</tr>
<tr>
<td>Draft final report detailing findings from the PSE change assessment</td>
</tr>
</tbody>
</table>

policies, and plans for both active living and healthy eating strategies |
Venue (virtual or in-person) for assessment review with community |
List of HEAL strategies for implementation |
Meeting minutes outlining attendees and summarizing discussion |
Report summarizing assessment findings |
Q1: The following activities were conducted in Lancaster, Ohio, in Quarter 1:

July 2022- Previous Health Educator, Hannah Halfhill, attended HEAL Kickoff Event and the Health Equity Principles webinar.

August 2022- Previous Health Educator, Hannah Halfhill, attended the PSE Assessment Tool webinar and the Community Engagement webinar.


Opportunities: n/a

Challenges: People are taking a while to respond back after asking questions. Other than that, I have gotten a lot of responses.

Potential Solutions: Calling after it has been a week of no response.

Upcoming Planned Activities: None planned yet

Q2: The following activities were conducted in Lancaster, Ohio, in Quarter 2:

October 2022:

November 2022:

December 2022:

Opportunities:

Challenges:

Potential Solutions:

Upcoming Planned Activities:

Q3:

Q4:

2. By January 31, 2023, Fairfield County Health Department will

- Create list of resident groups for Community Group Inventory

Fairfield County Health Department Employees:

- Completed list of community groups and contacts
<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete a Community Group Inventory for the city of Lancaster.</td>
<td>Identify community partners to assist with identifying relevant community-based organization in Lancaster, invite partners to share, update list with existing information and incorporate points of contact and new community organizations, submit final inventory to ODH.</td>
<td>Hannah Josefczyk, Health Educator</td>
</tr>
<tr>
<td>Q1: Q1: During Quarter 1 of HEAL for Fairfield County the following were done:</td>
<td>August 2022: Community groups and potential partners were identified. Upcoming planned activities: Send out individual or a group email to the list of contacts and convene a Healthy Living Coalition after section 3 of PSE Assessment.</td>
<td></td>
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<td>Q2:</td>
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<tr>
<td>Q3:</td>
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<td>Q4:</td>
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<td>3. By April 28, 2023, Fairfield County Health Department will host one community event in the county to present results of PSE assessments</td>
<td>Identify community partner to co-host event and assist with promotion, invite community partner to engage in event planning process, draft list of community partners and organizations to invite to community event.</td>
<td>Fairfield County Health Department Employees: Hannah Josefczyk, Health Educator</td>
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<tr>
<td>Fairfield County Health Department Employees:</td>
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<tr>
<td>1/3/2023</td>
<td>4/28/2023</td>
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<tr>
<td>1. List of organizations and partners to invite, PSE summary presentation, Promotional flyer, Outline of event planning resource needs, Meeting minutes summarizing attendees,</td>
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</tbody>
</table>
and identify one HEAL priority area.

- Secure venue for event (virtual or in-person)
- Identify incentives to encourage community participation
- Create promotional materials for event
- Outline resource needs to host event as applicable
- Create presentation summarizing findings from PSE assessment
- Identify tool and best practice to capture participant thoughts and opinions to select HEAL project strategy
- Collect qualitative data to prioritize HEAL strategies
- Conduct thematic analysis of qualitative data collected at community event
- Create summary report of findings, including selected HEAL project
- Submit summary report to ODH

<table>
<thead>
<tr>
<th>Q1:</th>
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<tr>
<td>Q2:</td>
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<td>Q3:</td>
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<tr>
<td>Q4:</td>
</tr>
</tbody>
</table>
4. By April 28, 2023, Fairfield County Health Department will complete the Community Engagement Template for the city of Lancaster.

- Identify potential community stakeholders in Lancaster to assist in completing the Community Engagement Template from Community Organization Inventory
- Invite representatives to assist in completing Template
- Identify potential goals of implementing strategy
- Review demographic data for Lancaster to create a profile of community residents
- Identify priority population for intervention
- Identify underrepresented population(s) who will be impacted by strategy
- Identify priority communities and potential partners to convene
- Review previous community

<table>
<thead>
<tr>
<th>Fairfield County Health Department Employees:</th>
<th>1/3/2023</th>
<th>4/28/2023</th>
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<tbody>
<tr>
<td>• Hannah Josefczyk, Health Educator</td>
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</table>

- Stakeholder list who helped with completing the Community Engagement Template
- List of potential goals of implementing strategy
- Profile of community residents
- Chosen priority population
- Chosen engagement activity for community
- Completed Community Engagement Template
| Q1: | Review Community Engagement Template plan |
| Q2: | Identify and extend invitation for community leaders and agencies to participate in planning of community engagement activity |
| Q3: | Secure venue for activity (virtual or in-person), as applicable |
| Q4: | Outline and secure needed resources for event, as applicable |

5. By June 30, 2023, Fairfield County Health Department will complete one Community Engagement Activity in the city of Lancaster.

Fairfield County Health Department Employees:
- Hannah Josefczyk, Health Educator

<table>
<thead>
<tr>
<th>3/6/2023</th>
<th>6/30/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project outline</td>
<td></td>
</tr>
<tr>
<td>List of community leaders and agencies in Lancaster</td>
<td></td>
</tr>
<tr>
<td>Summary report of HEAL project perceptions and priorities</td>
<td></td>
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<tr>
<td>Photos of activity/event</td>
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</tbody>
</table>
• Identify and secure incentives to encourage community participation
• Create evaluation tool to distribute to participants to solicit perceptions, opinions, and priorities on selected HEAL project in Lancaster
• Conduct thematic analysis of qualitative data
• Draft summary report of findings
• Submit report to ODH

Q1:
Q2:
Q3:
Fairfield County Community Health Improvement Plan (CHIP) – Transportation Access Work Plan

### Priority #3: Transportation Access

Transportation along with mobility access includes a need for accessible, user-friendly transportation including more access to safe pedestrian and bike travel and transportation for economic development. Other transportation needs include a need for seniors and those with special transport needs (wheelchair users) as well as transport access for those in rural areas and those needing to travel across county lines. While census data shows that a majority of households in the county have access to a vehicle, community leaders see a strong need for improved public transportation systems.

### Goal 3.a

For people in the community have affordable access to get to go where they want, when they want (e.g., food pantries, grocery stores, jobs, medical appointments, community events, social/personal needs).

### Key Measure(s):

Calls to Fairfield 2-1-1 and other agencies about transportation needs.

### Alignment with National Priorities:

[Healthy People 2030, CDC 6|18] Broadly, this aligns with National Priorities because transportation and mobility access allow individuals to meet their health needs.

### Alignment with SHIP:

Broadly, this aligns with the SHIP because transportation and mobility access allow individuals to meet their health needs.

### Consideration of social determinants of health or health inequities:

Public transportation access is limited for those who work jobs with certain hours, like 3rd shift workers in industry or service positions. Rural individuals may have limited access to public transportation which affects their access to nutrition and other health resources. Many services are only accessible to those with Medicaid, and those with different insurance have more limited options for medical transportation.

---

### S.M.A.R.T. Objectives

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?
Objective(s) that address **policy change(s)** needed to accomplish goal: Objective 3.a.2 addresses changing policy that dictates the membership and meetings of the Transportation Advisory Committee.

<table>
<thead>
<tr>
<th>Objectives Impact</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Objective 3.a.1: By December 2025, have broad community agency collaboration for transportation and mobility funding, with inclusion of funding for bicyclists and pedestrian options. | Baseline: Many local agencies are applying for funding separately and are unaware of what funding exists. Target: All county agencies who are interested in/have a need for transportation funding are able to provide input if wanted and understand the sources of transportation funding. | • Learn about current transportation and mobility funding in the county.  
• Reach out to County Commissioners to discuss funding.  
• Research other local agencies to determine what they are doing and getting them involved.  
• Identify partnerships for funding opportunities and eliminate duplication.  
• Search ways to fund bike path improvements along with other walkways. | Start: January 2023  
End: December 2025 | Lancaster Fairfield Public Transit and Fairfield County Health Department | |

**S.M.A.R.T. Objectives**

- **Specific**: How will you know it is done?
- **Measurable**: Can WE measure it?
- **Achievable & Actionable**: Can it be done given the time frame and resources?
- **Relevant**: Should it be done?
- **Time-oriented**: When will it be done?

*Can it be done?*
### Fairfield County Community Health Improvement Plan (CHIP) – Transportation Access Work Plan

| Objective 3.a.2: By December 2025, increase the activity of the Transportation Advisory Committee (more members, more meetings, and greater awareness). | Baseline: Current state of committee: some county agencies are unaware of the committee. Target: Meetings and membership of the Transportation Advisory Committee increase by 10%. Agencies involved with transportation in the county are aware of the committee. | • Re-engage current members • Invite and recruit new members • Determine a set schedule for meetings • Include additional pedestrian/bike topics into the committee • Use maps to identify gaps in service • Create maps for public use • Address rural plan for transportation | Start: January 2023 End: Ongoing (target by December 2025) | Fairfield County 21-1 Mobility Manager and Lancaster Fairfield Public Transit |

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**S.M.A.R.T. Objectives**

<table>
<thead>
<tr>
<th>Specific</th>
<th>Measurable</th>
<th>Achievable &amp; Actionable</th>
<th>Relevant</th>
<th>Time-oriented</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you know it is done?</td>
<td>Can WE measure it?</td>
<td>Can it be done given the time frame and resources?</td>
<td>Should it be done?</td>
<td>When will it be done?</td>
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</table>
## Strategy: Active Transportation Plan

### Target Outcome:
Existing conditions analysis and initial community engagement for the City of Lancaster provides an understanding of active transportation needs, vision and goals, as evidenced by community feedback, finalized vision and goals, and action plan for moving forward towards creating an Active Transportation Plan.

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>Related Activities</th>
<th>Agency or Person Responsible</th>
<th>Specific Dates for Each Activity</th>
<th>Evaluation Measures</th>
</tr>
</thead>
</table>
| 1.  By January 31, 2023, Fairfield County Health Department will have a finalized workplan timeline. | • Contact Toole Designs/Danielle  
• Work with ODH to finalize workplan  
• Review ODOT guide and template  
• Watch AT Academy classes | Fairfield County Health Department Employee:  
• Hannah Josefczyk, Health Educator | 9/19/2022 to 1/31/2023 | • Completed workplan and timeline |

### Q1: Nothing to report

### Q2: The following activities were conducted in Lancaster, Ohio, in Quarter 2:

**October 2022:** Meeting with Sally and Danielle on 10/18 to talk about Active Transportation Planning for Lancaster. We set up monthly check in meetings.
**November 2022:** Completed a timeline on 11/1 and sending it to Sally & Danielle. 11/9 met with Sally- she provided suggestions on timeline and workplan. Revised timeline and workplan 11/16.

**December 2022:**

**Challenges:** finding information about previous AT plans and work in the area.

**Upcoming Planned Activities:**

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<th>Q3:</th>
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<td>Q4:</td>
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2. By January 31, 2023, Fairfield County Health Department will have formed or joined a steering committee that represents all members of the community.

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<tbody>
<tr>
<td></td>
<td>Hold conversations with City of Lancaster partners to understand level of interest and engagement and form a working group to create a plan</td>
<td>Fairfield County Health Department Employee:</td>
<td>9/19/2022</td>
<td>1/31/2023</td>
</tr>
<tr>
<td></td>
<td>Find community members/residents to join</td>
<td>• Hannah Josefczyk, Health Educator</td>
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<td></td>
<td>Ask those residents if they would join the committee</td>
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<td></td>
<td>Form/join committee</td>
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</table>

**Q1:** Nothing to report

**Q2:** The following activities were conducted in Lancaster, Ohio, in Quarter 2:

**October 2022:** List of potential members for steering committee started.

**November 2022:**

**December 2022:**

**Challenges:**

**Upcoming Planned Activities:**

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<th>Q3:</th>
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<td>Q4:</td>
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3. By April 28, 2023, Fairfield County Health Department will have engaged the community and reached underrepresented communities.

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<tbody>
<tr>
<td></td>
<td>Review existing plans and policies and collect data on non-motorized vehicle crashes, roadway inventory, local land use, etc.</td>
<td>Fairfield County Health Department Employee:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use Community Engagement template to choose community engagement activities that would be best for the community</td>
<td>• Hannah Josefczyk, Health Educator</td>
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<tr>
<td></td>
<td>Identify underrepresented groups in the community and methods for reaching them</td>
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<td></td>
<td>Plan community engagement activities (define what we want to ask the community)</td>
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<tr>
<td></td>
<td>Conduct community engagement activities that reach underrepresented communities</td>
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Q1: Data collected in the community
Q2: Members of the steering committee
Q3: Completed community engagement activities and demographics of people reached
Q4: 

4. By April 28, 2023, Fairfield County Health Department will have developed a vision and goals for Active Transportation Planning.

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<tbody>
<tr>
<td></td>
<td>Reference Walk.Bike.Ohio’s vision and goals</td>
<td>Fairfield County Health Department Employee:</td>
</tr>
<tr>
<td></td>
<td>Create community specific vision and goals from community engagement activity</td>
<td>• Hannah Josefczyk, Health Educator</td>
</tr>
<tr>
<td></td>
<td>Work with steering committee to create/ finalize vision and goals and present vision and goals to steering committee</td>
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</table>

Q1: Completed vision and goals
Q2: Residents and community partners feedback on vision and goals
Q3: Revised vision and goals based on feedback
Q4: 

1/3/2023 4/28/2023
<table>
<thead>
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<th>Q1:</th>
<th>Q2:</th>
<th>Q3:</th>
<th>Q4:</th>
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<tbody>
<tr>
<td>5. By June 30, 2023, Fairfield County Health Department will have created an inventory of existing conditions (plans, policies, mapping data, summary/map) and prepare data of findings.</td>
<td>• Review existing plans and policies (mapping data, summary/map of walking/biking facilities, need/demand analyses from ODOT, crash history)</td>
<td>Fairfield County Health Department Employee: • Hannah Josefczyk, Health Educator</td>
<td>3/6/2023</td>
</tr>
</tbody>
</table>
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Appendix B: List of Community Assets & Resources

**Social Services**
- YMCA
- Fairfield County 2-1-1 Information and Referral Services
- Fairfield County Job and Family Services
- Catholic Social Services
- Faith-based communities
- Fairfield Center for disABILITIES
- United Way
- Big Brothers, Big Sisters
- Canal Winchester Human Services
- Lancaster-Fairfield Community Action Agency

**Senior Services**
- Meals on Wheels
- New Horizons
- Central Ohio Area Agency on Aging

**Behavioral Health**
- ADAMH
- New Horizons
- The Recovery Center in Lancaster
- Mental Health America

**Clinical Services**
- Fairfield Medical Center
- Diley Ridge Medical Center
- Fairfield Community Health Center
- The Recovery Center in Lancaster

**Community**
- County parks
- Central Ohio Transit Authority
- Fun Bus

**Schools & Universities**
- OSU extension Fairfield County
- Youth clubs
- Schools (general)
- After-school programs
Appendix B: List of Community Assets & Resources, continued

**Government**

- Fairfield County Health Department
- Parks and Recreation Department
- Lancaster-Fairfield Public Transit
- Fairfield County Commissioners
- Fairfield County Emergency Management and Homeland Security
- Fairfield County Veterans Service Commission

**Law Enforcement**

- Project FORT/ Major Crimes Unit
- Criminal justice system (general)
Appendix C: List of Planning Participants

**Fairfield County Health Needs Prioritization Participants**

**Fairfield County Health Department**
- Joe Ebel
- Baylie Karmie
- Bobby Persinger
- Stephanie Fyffe

**Fairfield County Department of Job and Family Services**
- Melanie Culbertson

**Fairfield County 2-1-1 Information and Referral Services**
- Jeannette Curtis

**Fairfield Medical Center**
- Teri Watson
- Janae Miller
- Resa Tobin
- Mike Kallenberg

**Meals on Wheels**
- Anna Tobin

**Fairfield County ADAMH Board**
- Marcy Fields

**Fairfield County District Library**
- Helen Bolte

**Mount Carmel Health System**
- Candice Coleman

**Violet Township Fire Department**
- Jason Smith
- JD Postage

**Alzheimer’s Association Central Ohio Chapter**
- Lindsay Blackburn

**Fairfield Community Health Center**
- Lisa Evangelista
- Julie Rutter

**Project F.O.R.T/Fairfield County Overdose Response Team, Major Crimes Unit**
- Scott Duff

**Fairfield County Emergency Management Agency**
- Garrett Bleu

**Lancaster-Fairfield Community Action Agency**
- Melissa Hillis

**Fairfield County Protective Services**
- Leah Miller

**Fairfield County Board of Health**
- Teresa Wood

**New Horizons Mental Health Services**
- Renee Klautky

**United Way of Fairfield County**
- Carrie Woody
Substance Use Treatment and Prevention/Mental Health Care Access Work Group

**Fairfield County Health Department**
Kimberly Yeager  
Public Health Nurse
Bobby Persinger  
Health Promotion Supervisor/PIO
Stephanie Fyffe  
Director of Nursing

**Fairfield Community Health Center**
Lisa Evangelista  
CEO

**Fairfield County ADAMH Board**
Toni Ashton  
Prevention Coordinator

**Fairfield Medical Center**
Resa Tobin  
Community Educator

**OhioGuidestone**
Amanda Wattenberg  
Regional Vice President

**Mount Carmel Health System**
Candice Coleman  
Manager, Community Benefit

Community Outreach (community paramedicine, health screenings, and education) Work Group

**Violet Township FD**
JD Postage  
Community Paramedic

**Fairfield County Park District**
Marcey Shafer  
Director

**Lancaster-Fairfield Community Action Agency**
Melissa Hillis  
Health and Nutrition Coordinator

**Fairfield Medical Center**
Teri Watson  
Community Outreach Coordinator

**United Way**
Emily Cordle  
Campaign Coordinator

**Fairfield Community Health Center**
Julie Rutter  
Chief Nursing Officer

Transportation Access Work Group

**Fairfield County 2-1-1**
Jeannette Curtis  
Executive Director

**Lancaster-Fairfield Community Action Agency**
Courtney VanDyke  
Planner

**Job and Family Services**
Krista Humphries  
Deputy Director

**United Way**
Carrie Woody  
CEO