

# Allen County Community Health Improvement Plan

2018-2020

July 2018



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# Executive Summary

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Early in 2018, Allen County Public Health (ACPH), in collaboration with Activate Allen County (AAC), convened a group of community partners to serve as the committee to oversee the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a nationally respected community health assessment and improvement planning framework that includes defining a vision for health in the community, comprehensively assessing the community's health, and creating detailed work plans to improve upon priorities identified as a result of that assessment. ACPH contracted with the Center for Public Health Practice at the Ohio State University (CPHP) to facilitate the process.

28 community partners comprised the MAPP committee and provided oversight for the development of this community health improvement plan (CHIP). The committee was tasked with providing inputs to inform the vision for health, contributing to the assessments, examining the data provided in those assessments and utilizing their knowledge of the community to select health priorities. The CHIP is part of a long-term plan that details those identified health priorities, and their associated goals, objectives, and action steps. It can be used by a community to guide the development and implementation of projects, programs, and policies aimed at improving the health of the residents of Allen County. Health priorities selected by community partners included: Substance Use and Mental Health, Chronic Disease Prevention, Maternal and Infant Health, and Housing and Public Transportation.

Workgroups created individual work plans to address each health priority. The work plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The workgroups considered several overarching principles as they further refined the health priorities and created action plans. The principles included the Health Impact Pyramid, the concepts of evidence based public health practice, and priority alignment with Ohio's State Health Improvement Plan.

July 2018 is the starting date of the implementation of this CHIP. Allen County is fortunate to have a large group of dedicated community members that will oversee the implementation and evaluation of the CHIP until the next planning cycle commences in 2020.

Allen County Community Health Improvement Plan 2018-2020  
Work Plan Summary

**Priority Area 1: Substance Use and Mental Health**

To **increase mental health wellness and decrease substance use in youth**, the following objectives are recommended:

1. Establish Medicaid funded behavioral health services in middle and high schools,
2. Operationalize afterschool pro-social activities, and
3. Provide prevention and early intervention services in schools.

**Priority Area 2: Chronic Disease Prevention**

To **reduce chronic disease rates and tobacco use**, the following objectives are recommended:

1. Increase community participation in Activated Allen County Challenges
2. Expand local produce access,
3. Implement recommended strategies in the Allen County Active Transportation Plan,
4. Distribute a faith-based community resource guide,
5. Implement a sustainable tobacco cessation service model,
6. Take steps toward passing a Tobacco 21 policy, and
7. Implement Health in All Policies processes.

**Priority Area 3: Maternal and Infant Health**

To **improve coordination of pre- and postnatal services**, the following objectives are recommended:

1. Increase the number of women entering prenatal care in the first trimester,
2. Form a home visiting committee, and
3. Create a resource map linking women with services.

**Priority Area 4: Housing and Public Transportation**

To **reduce the stock of substandard housing, and increase access to public transportation services**, the following objectives are recommended:

1. Create a strategic plan to address affordability and substandard housing, and
2. Develop a system to track use of social programs to reduce the need for frequent rent assistance.
3. Create a strategic plan to develop the necessary funding needed to ensure public transportation services are available and accessible to those that need such services.
4. Increase the number of passengers able to access and use RTA's services.

## Vision Statement

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*“A vibrant environment where health, safety, and overall wellness are the priority and a place where we value our differences and diversity.”*

# Letter from the Health Commissioner

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July 2018

To Allen County Residents:

We are pleased to release the 2018-2020 Community Health Improvement Plan (CHIP). This is the third such plan for Allen County and builds on the progress made and lessons learned from the Allen County Community Health Improvement Plan for 2014-2016, and the 2017-2018 CHIP Addendum.

The Allen County CHIP is a community driven and collectively owned plan that continues our efforts to make our community a vibrant environment that supports health, safety and overall wellness. Data from the 2017 Allen County Health Risk and Community Needs Assessment report as well as other community data were used to inform the planning process.

Within this Plan, you will notice a commitment by a variety of community members, groups, and agencies to improve collaboration throughout the community in order to address root causes of the health issues that concern us the most. Evidence-based activities as well as environmental and policy changes have the potential to impact not only **our** lives, but the lives of those who come after us. This type of change does not happen overnight. All of our partners are committed to long-term action to make our vision of health a reality for all those who visit, live, learn, work, worship, and play here.

We believe the 2018-2020 CHIP positions Allen County for greater success to improve the quality of life for all of our residents. Allen County citizens and local agencies deserve thanks for their support of our health improvement plan priorities and the planning process. Community support is critical both now, as we address the issues in this plan, and long-term, as we evaluate our progress and identify additional priorities. Watch for our annual progress reports.

Community planning is an on-going activity. It is never too late for individuals and communities to get involved to improve the conditions that impact our wellbeing. If something in this plan sparks your interest or re-ignites your passion, please consider joining our efforts with what matters most to you.

Respectfully submitted,

Kathleen A Luhn, MS, RD, LD, MCHES  
Health Commissioner, Allen County Combined Health District

# Introduction

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In 2018, community partners in Allen County, Ohio, again embarked on a process known as Mobilizing for Action through Planning and Partnerships (MAPP); the first MAPP Process took place in 2013. The MAPP framework includes four separate assessments that informed the development of the Community Health Improvement Plan (CHIP). These assessments provided data on disease rates, quality of life issues, morbidity, mortality, the effectiveness of the local health system, and community resources to paint a picture of the health of Allen County. Following these assessments, as part of the MAPP process, a group of community stakeholders convened to define a vision of health for Allen County, review the assessment data, select health priorities based on the health data, and collectively create a plan of action, known as the CHIP. The CHIP is comprehensive and long term, detailing action steps that will be used by agencies, organizations, and individuals as they implement projects, programs, and policies in Allen County.

This report begins with a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary is a section identified for each priority. This report lists the goals and key measures selected for the health priorities, accompanied by data that is evidence of its significance. Detailed work plans that include objectives, action steps, and evidence-based strategies for each priority are in Appendix E. This report concludes with a discussion of next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP. Appendix A includes a list of key terms that are used in this report.

# The Process

Allen County Public Health (ACPH), in collaboration with Activate Allen County (AAC), chose to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework to create the Allen County CHIP. MAPP is a community-driven strategic planning process for improving community health and a nationally recognized best practice for conducting CHAs and CHIPs. Figure 1 displays the six phases of the MAPP framework. ACPH entered into a contract with the Center for Public Health Practice at the Ohio State University's College of Public Health (CPHP) to assist with the facilitation of the CHIP. In that role, CPHP was responsible for planning input collection for three of the four MAPP assessments, organizing and leading CHIP project meetings and designing the work plan creation process.



Figure 1: Phases of MAPP

The overall CHIP process occurred over the course of six months. Figure 2 shows the timeline of CHIP development.



Figure 2: Allen County CHIP development timeline

## Organizing

In Allen County, ACPH and AAC convened a group of 28 partners to serve as the committee for MAPP (MAPP Committee). This MAPP Committee included agencies, organizations, and individuals that represent the community and provided vital insight into the complex health



issues that occur in Allen County. Appendix B includes a list of community partners that comprised the MAPP Committee.

### **Assessments**

Following the organization of the MAPP Committee, the assessment phase of MAPP began. MAPP includes four separate assessments that gather data on different aspects of the health of the community. These assessments are:

1. Community Health Status Assessment (CHSA) -collects data on morbidity and mortality in the community, as well as health behaviors of community residents,
2. Community Themes and Strengths Assessment (CTSA)- collects inputs from residents on quality of life issues and community resources,
3. Local Health System Assessment (LHSA)- assesses the extent to which the entire local health system is addressing the essential public health services, and
4. Forces of Change Assessment (FOCA)-collects inputs on how external events and trends are impacting the health of community residents.

In 2017, AAC, ACPH, Lima Memorial Health System, the Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin Counties, Mercy Health St. Rita's Medical Center, and the United Way of Greater Lima completed a high quality CHSA, called the Allen County Health Risk and Community Needs Assessment. A link to this assessment can be found in Appendix C. In February 2018, the MAPP Committee participated in a distance-based discussion group to conduct the CTSA. Following the CTSA, an electronic survey was conducted of community members to inform the LHSA. During an in-person meeting on in March 2018, the MAPP Committee reviewed the results of the LHSA survey as well as provided inputs for the FOCA. Appendix C includes an overview of the results of the four MAPP assessments.

### **Visioning**

At the conclusion of the assessment portion of MAPP, the MAPP Committee came together again to define what a healthy community means to Allen County. This definition, also known as a vision of health, then served as the guiding principle for the development of the CHIP. The approved vision for health in Allen County is:

“A vibrant environment where health, safety, and overall wellness are the priority and a place where we value our differences and diversity.”

## **Developing Priorities**

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### **Identifying Health Priorities**

Next, the MAPP Committee engaged in large and small processes to analyze data from the four assessments in order to determine the most pressing health issues impacting Allen County. MAPP Committee members applied the following criteria to identify priorities:

1. What is the magnitude of this health issue? Does the health issue impact a high number of residents or high percentage of the population?
2. What is the seriousness of this health issue? Does the health issue lead to premature death or serious illness across the population?
3. What is the feasibility of having a positive impact on this health issue? Given the current state of the community's health system, are the resources needed to address the health issue available or easily attainable?
4. What is the impact of the health issue on vulnerable populations? Considering the social determinants of health, does the health issue disproportionately affect certain subpopulations or geographic areas within the community?
5. How does this health issue align with Ohio's priorities? Does the health issue align with the current State Health Improvement Plan (SHIP) priorities of Mental Health and Addiction, Maternal and Infant Health, and Chronic Disease? See Figure 3 for CHIP alignment with state and national priorities.

The MAPP committee determined that the most pressing health priorities in Allen County are:

1. **Substance Use and Mental Health**
2. **Chronic Disease Prevention**
3. **Maternal and Infant Health**
4. **Housing and Public Transportation**

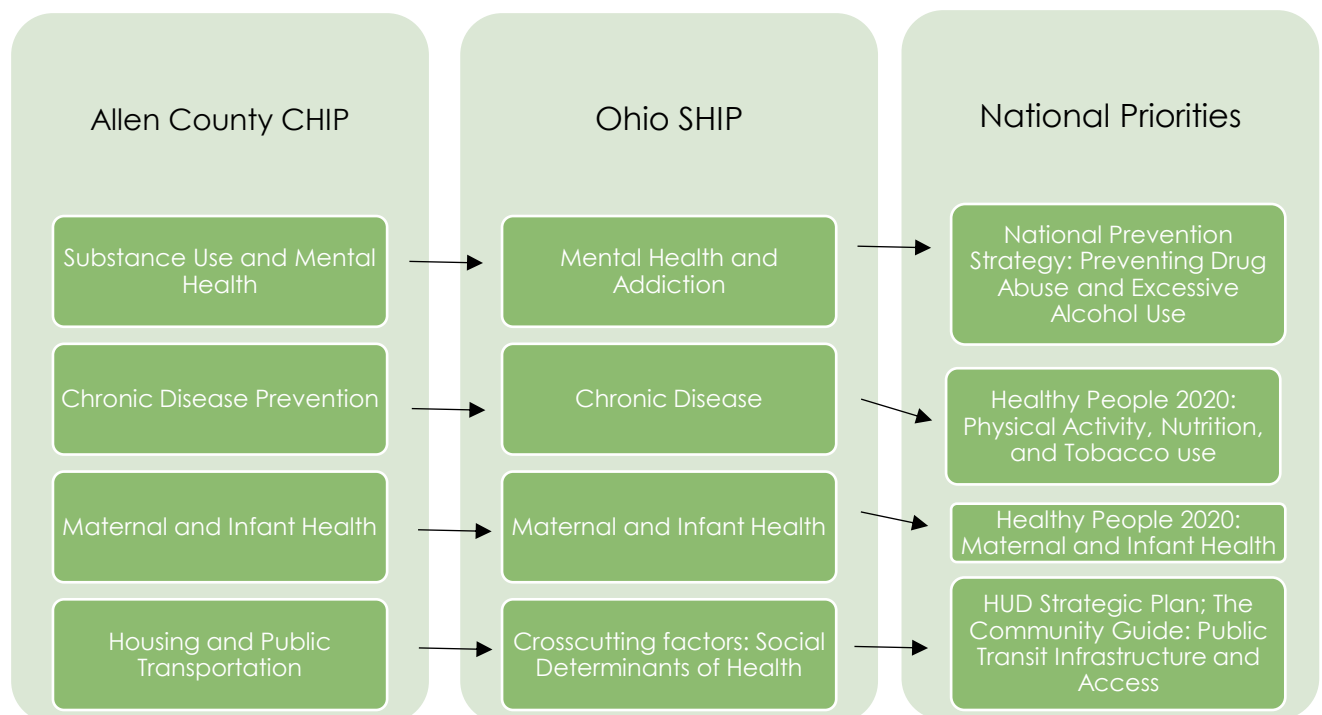


Figure 1: Allen County CHIP alignment with state and national priorities.

An overview of these priorities, including a summary of the Allen County goals and objectives, is located in the next section of the CHIP.

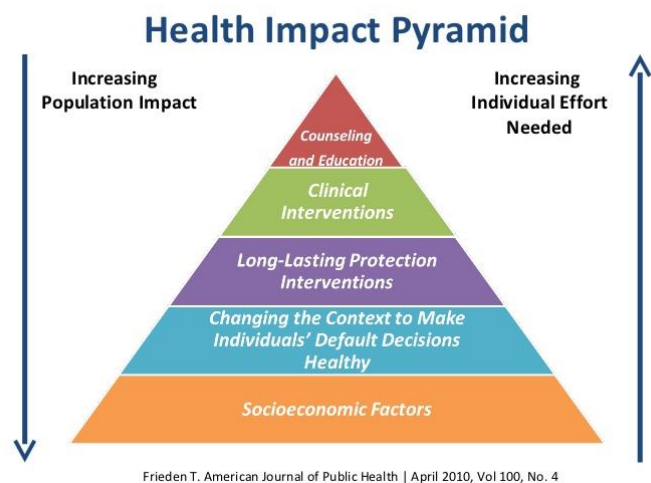
After the health priorities were approved, the MAPP Committee brainstormed a list of existing assets and resources in Allen County that could be leveraged to help address the health issues. See Appendix D for the list of Assets and Resources.

### Work Plan Creation

Next, work groups created work plans that will address the approved health priorities over the next two years. Work groups first conducted a root cause analysis on the health priorities. During this activity, the work groups generated potential root causes for the identified health priorities, focusing on what causes related to existing policies, environmental supports and resources were currently in the community and what policy, environment and resources were needed in the community. Following the root cause analysis, groups conducted a gap analysis of the priority in order to show where gaps in services and initiatives might exist. Work groups used the results of both the root cause analysis and the gap analysis to formulate goals and objectives to address those priorities.

Work groups considered the following when formulating those goals and objectives:

The Health Impact Pyramid: The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when intervention occurs at all levels.



### Policy, System, and Environmental Changes:

These are changes in laws, rules, and the environment that impact the health of a community and change the context to make the healthy choice the default choice. Policy, systems and environmental changes are sustainable and long lasting. In particular, work groups considered policy changes that would most greatly impact vulnerable populations and address the causes of higher risks on those populations.

Evidence Based Public Health Practices: These are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior. They create sustainable changes to improve health.

The following pages summarize the work plans for each of the priority areas. See Appendix E for the complete work plans.

# Priority 1: Substance Use & Mental Health

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Substance Use, specifically opiate abuse, and Mental Health, specifically suicide, are major community health issues in Allen County. The stigma associated with both mental health issues and substance use, a lack of accountability to complete treatment, and high turnover among providers contribute to underutilized resources and a treatment system that is not as effective as it could be. We want to see a community where all residents can easily access behavioral health services. Community leaders are engaged in prevention efforts and working together through the Allen County Opiate Action Commission to address many of these issues. As early intervention is the best prevention, this CHIP will focus on leveraging our existing community partnerships to improve access to mental health services for youth, and increase substance use prevention efforts for youth in Allen County.

## **Why it's important in Allen County:**

- Eight percent (8%) of all youth reported that someone had offered, sold, or given them an illegal drug on school property\*
- Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives\*
- Over one-quarter (27%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities\*
- Youth who experienced 3 or more adverse childhood experiences (ACEs) were more likely to have used marijuana in the past 30 days compared to youth who did not experience any ACEs (26% vs 5%); and were more likely to have seriously attempted suicide in the past 12 months (33% vs 4%).

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**Goal:** Increase mental health wellness and decrease substance use among middle and high school students in Lima City Schools

**Key Measure:** High School Graduation Rates

**Vulnerable Population(s) Impacted by CHIP:** Youth, residents with reduced access to Mental Health Care Services (uninsured/underinsured)

## **Objectives:**

- Establish Medicaid funded behavioral health services in Lima City middle and high schools (with technical assistance to county schools)
- Operationalize after school pro-social activities in Lima City public and parochial schools
- Provide prevention and early intervention services to Lima City Schools students (and expand to other school districts)

*\*Source: 2017 Allen County Health Risk and Community Needs Assessment*

## Priority 2: Chronic Disease Prevention

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Chronic diseases, including cardiovascular disease, diabetes, and obesity, are leading health issues affecting Allen County. Despite there being many activities and coalition work currently happening dedicated to prevention efforts, there is a lack of policies and stakeholder engagement that prohibits the efforts from expanding. We would like to implement policy and environmental changes impacting physical activity, nutrition, and tobacco use among residents to make the healthy choice the easy choice and to improve active transportation options, including public transportation services for Allen County residents. We would like to capitalize on current efforts to further wellness and chronic disease prevention efforts in our community, to institute sustainable policy changes, and to create lasting changes in the lifestyles of Allen County residents.

### **Why it's important in Allen County:**

- Eighteen percent (18%) of adults ate 0 servings of fruits and vegetables per day; 25% for African American adults\*
- More than two-thirds (70%) of Allen County adults were either overweight (35%) or obese (35%) by Body Mass Index (BMI)\*
- 34% of residents have been diagnosed with high blood pressure\*
- Almost one-fifth (18%) of Allen County adults were current smokers,\* increasing to 30% of adults with annual incomes less than \$25,000

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**Goals:** Reduce chronic disease in Allen County; Reduce tobacco use in Allen County; Establish Health in All Policies processes in Allen County

**Key Measures:** Cardiovascular Disease rates, Diabetes rates, Obesity rates, Adult tobacco use, Youth exposed to secondhand smoke, Low income adults who smoke, e-cigarette Use

**Vulnerable Population(s) Impacted by CHIP:** Low-income residents (food insecure, reduced access to transportation)

### **Objectives:**

- Increase community participation in Activated Allen County Challenges
- Expand local produce access
- Implement recommended strategies in the Allen County Active Transportation Plan
- Distribute a resource guide for the faith-based community
- Implement a sustainable tobacco cessation service model
- Take steps toward passing a Tobacco 21 policy
- Implement Health in All Policies processes

## Priority 3: Maternal & Infant Health

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Maternal and Infant Health is key to the overall health of a community. Allen County has a variety of community resources available to help pregnant women and infants live the healthiest lives possible. Despite these resources, too few pregnant women access early, consistent prenatal care and parenting education. This has a multitude of implications, including increased risk of infant mortality. We want to see healthy women delivering full term, healthy weight infants that thrive through their first birthday. To this end, we will leverage resources to increase collaboration and improve linkages for needed care and education.

### **Why it's important in Allen County:**

- During their last pregnancy, Allen County women experienced the following:
  - Got a prenatal appointment in the first 3 months (57%)\*,
  - Took a multi-vitamin with folic acid during pregnancy (49%)\*,
  - Received WIC benefits (19%)\*,
  - Smoked cigarettes (10%)\*,
  - Used opioids (1%)\*
- Only 4% of African American infants slept in a crib or bassinet without bumper pads, blankets or stuffed animals, compared to 60% of infants overall.

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**Goals:** Improve coordination of pre-and postnatal services

**Key Measures:** Percentage of women who received prenatal care in the first trimester

**Vulnerable Population(s) Impacted by CHIP:** Women, low-income residents (reduced access to prenatal care)

### **Objectives:**

- Increase the number of women entering prenatal care in the first trimester
- Form a home visiting committee for the coordination of services for families with infants
- Create a resource map linking women with services

## Priority 4: Housing & Public Transportation

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Substandard housing and reduced access to public transportation are major public health issues in Allen County. Poor housing conditions are associated with many health problems, including asthma, lead poisoning, and injury; reduced access to public transportation affects quality of life, including the ability to access jobs, education, and medical care. We want to promote safe, accessible, appropriate, and affordable housing to sustain healthy and vibrant residents and neighborhoods, and to assure that people needing public transportation services have access to them. To this end, we will capitalize on community organizations and partnerships to increase the community's investment in housing stock and public transportation.

### **Why it's important in Allen County:**

- The Community Themes and Strengths Assessment noted that poor quality housing was considered a major health issue, and that complex regulatory systems prevent significant action on improving housing.
- 15% of households reported having at least one of the following problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
- African American adults were more likely to have spent 50% or more of their household income on housing (45% compared to 14% of the rest of Allen County).
- African American adults were more likely to have transportation issues (37% compared to 6% of the rest of the county).

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**Goals:** (1) Create a strategic plan to address substandard housing and Improve coordination between agencies on service delivery. (2) Create a strategic plan to develop the necessary funding needed to ensure public transportation services are available and accessible to those that need such services.

**Key Measures:** (1) Creation of strategic plan, implementation of social services tracking system; (2) Creation of a strategic plan, increase the number of passengers able to access and use the RTA services.

**Vulnerable Population(s) Impacted by CHIP:** Low income, homeless

### **Objectives:**

- Create a strategic plan to address affordability and substandard housing,
- Develop a system to track use of social programs to reduce the need for frequent rent assistance.
- Create a strategic plan to develop the necessary funding needed to ensure public transportation services are available and accessible to those that need such services.
- Increase the number of passengers able to access and use RTA's services.

## Next Steps and Call to Action

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ACPH and AAC will continue to monitor the CHIP on a regular basis over the next 27 months. The work plans located in Appendix E includes the agencies and individuals responsible for implementing each of the objectives outlined in this CHIP. AAC will collect quarterly updates from each responsible party in order to gauge the progress of the CHIP. Goals and objectives will be monitored to assure that timeframe targets are being met. To allow the CHIP to evolve with the community, goals and objectives will be adjusted or amended if needed. AAC will publicly release an annual update, highlighting the success of the CHIP and providing any information about major changes that have been made.

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Allen County, please contact:

Josh Unterbrink, Activate Allen County  
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Kayla Monfort, Activate Allen County  
[kmonfort@activateallencounty.com](mailto:kmonfort@activateallencounty.com)

Monica Harnish, Allen County Public Health  
[mharnish@allenhealthdept.org](mailto:mharnish@allenhealthdept.org)



# Appendix A: List of Key Terms

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**AAC – Activate Allen County**

**ACPH – Allen County Public Health**

**CHA – Community Health Assessment;** the collection, analysis, and distribution of information on the health status and health needs of the community, including statistics on health status, community health needs/gaps/problems, and assets.

**CHIP – Community Health Improvement Plan;** a long-term and systematic plan to address health priorities that were drafted as a result of the CHA.

**MAPP – Mobilizing for Action through Planning and Partnerships;** a community-driven strategic planning process for improving community health.

**EBPHP – Evidence Based Public Health Practice;** the implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

**HIP – Health Impact Pyramid;** An organization of health interventions that places greater public value on interventions that impact socioeconomic factors, and less public value on individual education.

**HiAP – Health in All Policies;** a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision-making across sectors and policy areas.

**HP2020 – Healthy People 2020;** the federal government's prevention agenda that is updated every 10 years.

**National Prevention Strategy –** From the office of the Surgeon General, lays out a prevention-oriented society where communities work together to achieve better health for all Americans.

**ODH – Ohio Department of Health**

**OSU CPHP – The Ohio State University Center for Public Health Practice**

**SHIP – State Health Improvement Plan;** a CHIP completed at the State level.

## Appendix B: List of Community Partners

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John Snyder	Executive Director, Activate Allen County; Professor, School of Health and Rehab. Sciences, College of Medicine, OSU Lima	Activate Allen County
Josh Unterbrink	Coordinator	Activate Allen County
Kayla Monfort	Coordinator	Activate Allen County
Jay Begg	County Commissioner	Allen County Commissioners
Kathy Luhn	Health Commissioner	Allen County Public Health
Deb Roberts	Director of Nursing	Allen County Public Health
Bill Kelly	Director of Environmental Health	Allen County Public Health
Monica Harnish	Director, Health Planning Services; Accreditation Coordinator	Allen County Public Health
Shelly Miller	Coordinator, Creating Healthy Communities Program	Allen County Public Health
Tami Gough	Director, Prevention and Health Promotion Services	Allen County Public Health
Jeanetta Francy	Epidemiologist	Allen County Public Health
Beth Siebert	Storm water and Watershed Programs Coordinator	Allen County Soil and Water Conservation District
Jeff Sprague	President/CEO	Allen Economic Development Group
Keisha Drake	Executive Director	Bradfield Community Center
David Berger	Mayor	City of Lima
Sharetta Smith	Chief of Staff	City of Lima
Susan Crotty	Director, Community Development	City of Lima
Jennifer Clark	Chief Population Health Officer	Health Partners of Western Ohio
Jed Metzger	President	Lima Allen County Chamber of Commerce
Thom Mazur	Executive Director	Lima Allen County Regional Planning Commission
Jeff Utz	Director, Lima Memorial Physicians	Lima Memorial Health Systems

Mike Schoenhofer	Executive Director	Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties
Tammie Colon	Associate Executive Director	Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties
Amy Marcum	Regional VP Mission and Values Integration	Mercy Health St. Rita's Medical Center
Carol Braden-Clarke	President	United Way of Greater Lima
Nell Lester	Coordinator	West Central Ohio Health Ministries Program
Robin Johnson	Executive Director	West Central Ohio Regional Healthcare Alliance
Jackie Fox	CEO	West Ohio Community Action Partnership

# Appendix C: MAPP Assessment Results

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## 1. **Community Health Status Assessment**

The 2017 Allen County Health Risk and Community Needs Assessment served as our Community Health Status Assessment, using community survey and secondary data sources. In this assessment, health topics were reviewed. The categories were:

- Healthcare Access
- Health Behaviors
- Chronic Disease
- Social Conditions
- African American Health
- Youth Health

The complete Assessment can be found on Allen County Public Health's website at [www.allencountypublichealth.org](http://www.allencountypublichealth.org) under Vital Statistics.

## 2. Community Themes and Strengths Assessment

Inputs were collected during a distance-based listening session with community stakeholders on February 21, 2018. Participants were asked three questions; their responses were recorded and themed and are summarized below.

**QUESTION 1:** How is quality of life perceived in Allen County?

**QUESTION 2.** What do you believe are the most important issues that must be addressed to improve quality of life in Allen County?

**QUESTION 3:** What assets do we have that can be used to improve community health?

### QUESTION 1: HOW IS QUALITY OF LIFE PERCEIVED IN ALLEN COUNTY?

<b>POLITICAL ISSUES</b>
<ul style="list-style-type: none"> <li>• There are political divides - conservative rural/progressive city; annexation issues</li> </ul>
<b>HOUSING</b>
<ul style="list-style-type: none"> <li>• Affordable, though certain housing related issues exist (blight, yard issues, etc.)</li> </ul>
<b>ECONOMY</b>
<ul style="list-style-type: none"> <li>• Affordable place to live</li> </ul>
<b>POVERTY:</b>
<ul style="list-style-type: none"> <li>• Perception of poverty and housing in city</li> <li>• Recent United Way study: 40% of households in Allen County are ALICE (Asset Limited. Income Constrained. Employed)</li> </ul>
<b>RACIAL ISSUES</b>
<ul style="list-style-type: none"> <li>• Allen County has racial issues that need to be addressed</li> </ul>
<b>EDUCATION &amp; OPPORTUNITIES</b>
<ul style="list-style-type: none"> <li>• There are multiple opportunities for post-secondary education, though we are a stepping stone community ("I'll start here to move elsewhere")</li> </ul>
<b>PERCEPTION</b>
<ul style="list-style-type: none"> <li>• There are challenges in trying to redefine the image of the community             <ul style="list-style-type: none"> <li>○ Hard to get people involved</li> <li>○ Some smaller communities within Allen County have community pride, but not all</li> <li>○ People perceive negative aspects more quickly than the positive aspects and rush to judgement</li> </ul> </li> <li>• There is diversity in Allen County: e.g. racial; urban vs. rural</li> <li>• Broader perception of county is it's a great place to raise a family, though some see lack of opportunities from an entertainment standpoint (concerts, attractions, museums, restaurants)</li> </ul>

**QUESTION 2. WHAT DO YOU BELIEVE ARE THE MOST IMPORTANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE QUALITY OF LIFE IN ALLEN COUNTY?**

<b>SERVICES</b>
<ul style="list-style-type: none"> <li>• Supportive services for children: interventions and leadership to build resilience in children</li> <li>• Lack of funding for support services</li> <li>• Transportation (county wide)</li> </ul>
<b>EDUCATION</b>
<ul style="list-style-type: none"> <li>• Need for strong education and strong graduation rates</li> </ul>
<b>EMPLOYMENT</b>
<ul style="list-style-type: none"> <li>• Workforce participation rates</li> <li>• Cycle – great communities attract high quality jobs; economic development depends on quality workforce</li> </ul>
<b>HOUSING</b>
<ul style="list-style-type: none"> <li>• Housing and blight contributes to health issues and overall perception of community;</li> <li>• Housing quality is a disincentive – expensive to build/return on investment to remodel; there is not attractive land to build on</li> <li>• Decreasing percentage of owner occupied housing units</li> <li>• Complex regulatory systems prevent significant action on improving housing</li> </ul>
<b>ECONOMY</b>
<ul style="list-style-type: none"> <li>• Breaking the cycle of poverty</li> <li>• Demographics: aging population; shrinking population and tax base issues;</li> </ul>
<b>HEALTH ISSUES</b>
<ul style="list-style-type: none"> <li>• Need policies to improve quality of life - Health in All Policies</li> <li>• Drugs and alcohol and mental health issues; the opioid crisis is real</li> </ul>
<b>FAMILY</b>
<ul style="list-style-type: none"> <li>• Family structure/single parent families</li> </ul>

**3. WHAT ASSETS DO WE HAVE THAT CAN BE USED TO IMPROVE COMMUNITY HEALTH?**

<b>HEALTHCARE</b>
<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• World class healthcare available here</li> </ul>
<b>ECONOMY/EMPLOYMENT</b>
<ul style="list-style-type: none"> <li>• Diversity – of employment; of employees; of thought</li> <li>• Geographic - key location - within 1 day's drive of 60% of manufacturing in US; a lot of vacant office space and land</li> </ul>
<b>COMMUNITY SERVICES</b>
<ul style="list-style-type: none"> <li>• Parks and recreation - under used - phenomenal resource</li> </ul>
<b>EDUCATION</b>
<ul style="list-style-type: none"> <li>• 5 colleges and universities</li> </ul>

- Early childhood education - child care - at market saturation rates for preschool opportunities

**FAITH COMMUNITY**

- Faith community - strong percentage of population are involved in organized religion and churches are involved in the community

**COMMUNITY COLLABORATIONS**

- Allen County has a strong history of collaborations and working together to move the needle to improve health

### 3. Local Health System Assessment

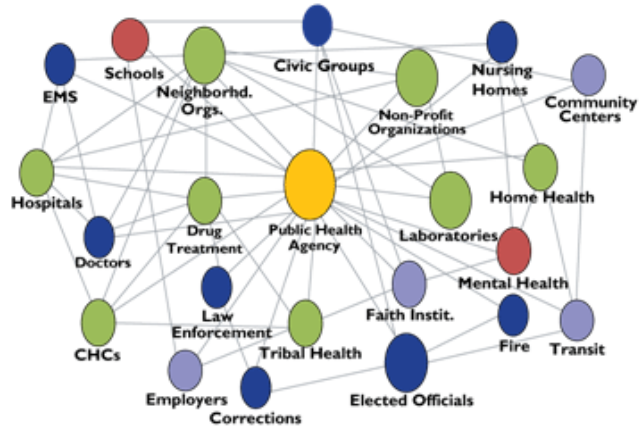
An electronic survey was distributed to community stakeholders in February 2018. Results of the survey were reviewed and revised, as needed, by MAPP Committee on March 2, 2018 for accuracy. Following the review, the MAPP Committee prioritized the results to indicate which essential services were in highest need of improvement.

The Local Health System Assessment (LHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local health system?" and "How are the Essential Services being provided to our community?" This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**. This section reviews the instrument, the process used, and top priorities identified.

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services. For this reason, during the MAPP process, this assessment was referred to simply as the "Local Health System Assessment."

The local health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



### The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake. These services serve as the framework for the survey instrument used for this assessment. Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

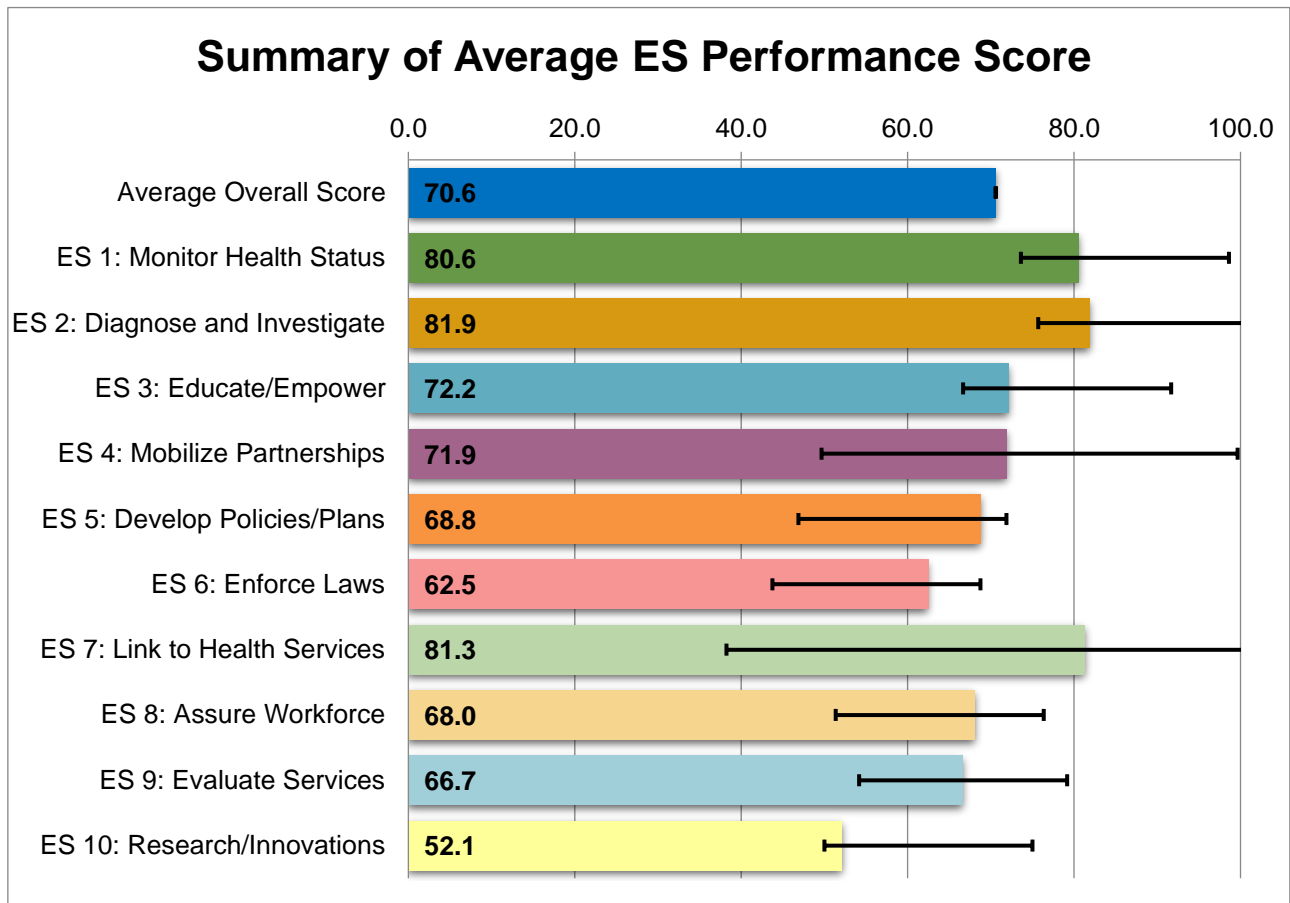




6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services; <http://www.cdc.gov/nphpsp/essentialservices.html>)

The National Public Health Performance Standards Local Instrument was used to create a survey that was administered to community stakeholders in February 2018. At the March 2<sup>nd</sup> MAPP meeting, small groups reviewed the results of the survey and suggested changes if they thought necessary. The overall score of each of the 10 Essential Services (ES) is listed in the graph below.



After discussion, the MAPP Committee prioritized the results to indicate which measures were in highest need of improvement. The performance measures were given an improvement priority value of 1 to 10, with 1 being the lowest need for improvement and 10 being the highest need for improvement. For example, a score of 10 indicates that there is a lot of improvement needed. The following measures were identified as the highest need for improvement (priority scores of 9 or 10 out of 10).

Performance Measure		Performance Score*	Priority of Improvement Needed*	Notes
2.1.3	Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communications systems, and professional expertise?	50	10	
3.1.2	Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	50	10	Super important to get education out
3.1.3	Engage the community throughout the process of setting priorities, developing plans, and implementing health education and promotion activities	50	10	Need for creating more opportunities to involve the "community" in program/plan development. I.e.: Bridging the gap planning groups is currently working with new partnerships to improve program/process, needs to be more targeted; look at needs assessment
5.1.2	See that the local health department is accredited through PHAB's voluntary, national public health department accreditation program?	75	10	
5.3.1	Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?	75	9	Need more racial diversity
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	50	10	
8.3.4	Create and support collaborations between organizations within the LHS for training and education?	50	9	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50	9	

8.4.4	Provide opportunities for the development of leaders who represent the diversity of the community?	25	10	No diversity
9.1.2	Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?	25	9	
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50	9	
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75	9	

To see the full results of the LHSA, please contact Allen County Public Health.

#### 4. Forces of Change Assessment

Theme	Force	Threat	Opportunity
<b>Economic Factors</b>	<b>Poverty</b>	<ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Lack of Upward Mobility</li> <li>• Devaluing public health and public education</li> </ul>	<ul style="list-style-type: none"> <li>• Provide living wage</li> <li>• innovations to address poverty</li> </ul>
	<b>Housing</b>	<ul style="list-style-type: none"> <li>• Poor quality (available)</li> <li>• Attracting people to community</li> <li>• Disincentive to invest</li> <li>• Health (mold, lead, running water)</li> <li>• Unsafe</li> <li>• Accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• New models (co-ops, more affordable)</li> <li>• Regulations</li> <li>• Policy improvement</li> <li>• Rehab and reconstruction</li> </ul>
	Job Market/Work Force Turnover  Service based economy  Shrinking funds for local infrastructure  Growing income inequality		
<b>Safety and Violence</b>	<b>Youth Violence</b>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Loss of generations</li> <li>• Loss of productivity/Work Force Development</li> <li>• Fear/Personal safety</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement on engagement</li> <li>• Political voice on national events</li> <li>• Youth programming</li> </ul>
<b>Substance Abuse/Drugs</b>	<b>Drug Culture Drug Addiction</b>	<ul style="list-style-type: none"> <li>• Crime</li> <li>• Violence</li> <li>• Lost Family Structure</li> <li>• Attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Reframe problem as a chronic disease</li> <li>• Partnerships (needle exchange, etc.)</li> <li>• Reduce stigma</li> </ul>

			<ul style="list-style-type: none"> <li>Promoting pills as "fixes"</li> </ul>
	<b>Legalization of Marijuana</b>	<ul style="list-style-type: none"> <li>Gateway to addiction</li> <li>Employee safety</li> <li>Enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Lower opioid rates</li> <li>Lower incarceration rates</li> <li>Economic</li> </ul>
<b>Social Factors</b>	<b>Changing family structure</b>	<ul style="list-style-type: none"> <li>Lack of stability</li> <li>Basic support</li> <li>Adults in household</li> <li>Negative impact on children</li> </ul>	<ul style="list-style-type: none"> <li>Expanding the idea of normal family</li> <li>Diversity</li> <li>Building a sense of community</li> <li>Parent connections</li> <li>Expanding support systems</li> </ul>
	<b>Shrinking/Aging population</b>	<ul style="list-style-type: none"> <li>Not enough people for workforce</li> <li>Fresh ideas</li> <li>Leaving baby boomers</li> <li>Retaining talent</li> </ul>	<ul style="list-style-type: none"> <li>Utilize strong educational system</li> <li>Improving work force development</li> <li>New class of young leaders</li> <li>Identify talents of aging population</li> </ul>
	<b>Political Climate</b>	<ul style="list-style-type: none"> <li>Lack of trust</li> <li>state/federal</li> <li>social media</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate on large issues</li> <li>Well educated population</li> </ul>
	<b>Religious/Spiritual Shift</b>	<ul style="list-style-type: none"> <li>Intolerance</li> <li>End of life prep</li> <li>Handling of medical issues</li> </ul>	<ul style="list-style-type: none"> <li>Education for tolerance</li> <li>Learning from different groups</li> <li>Organ donations</li> <li>Nurture sense of community</li> </ul>
	<b>Racial and cultural divide</b>	<ul style="list-style-type: none"> <li>Difficult to have conversations</li> </ul>	<ul style="list-style-type: none"> <li>Nurture relationships/partnerships</li> <li>Inclusivity</li> </ul>

			<ul style="list-style-type: none"> <li>Study circles</li> </ul>
	<b>Difference between city and county</b>	<ul style="list-style-type: none"> <li>Inconsistent policies</li> <li>Perception of how resources are used</li> </ul>	<ul style="list-style-type: none"> <li>Work together</li> </ul>
<b>Technology and Communication</b>	<b>Technology changes</b>	<ul style="list-style-type: none"> <li>Economic base</li> <li>Online shopping</li> <li>Loss of human connection - sense of reality</li> <li>Cost</li> <li>Social media</li> <li>Aging population</li> </ul>	<ul style="list-style-type: none"> <li>Embrace new startups, etc.</li> <li>medical technology</li> <li>ability for connections</li> <li>social media</li> <li>new way to communicate</li> <li>reduces barrier for entry of new business</li> </ul>
	Advancement Technology		
	Social Media/Communication		
<b>Access Issues</b>	<b>Reduction of support services (federal support)</b>	<ul style="list-style-type: none"> <li>Reduction of block grants</li> <li>Individual services</li> </ul>	<ul style="list-style-type: none"> <li>Policy changes/living wages</li> <li>more efficient with available funds</li> </ul>
	<b>RTA cuts/lack of transportation</b>	<ul style="list-style-type: none"> <li>Decrease in services, time, not able to get to jobs or services</li> </ul>	<ul style="list-style-type: none"> <li>educate community about importance of transportation</li> </ul>
	<b>Access to prenatal care</b>	<ul style="list-style-type: none"> <li>Infant mortality rate</li> <li>Immunization rates</li> <li>Lack of community knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Better connections/partnership</li> <li>education</li> <li>Safety and support</li> </ul>
	Access to quality food	<ul style="list-style-type: none"> <li>Bad food is cheap and easy to access</li> </ul>	<ul style="list-style-type: none"> <li>Ruler foods/convenience stores have better food</li> </ul>
	Affordable Care Act		

	Infectious disease	<ul style="list-style-type: none"> <li>• antibiotic resistance</li> </ul>	
<b>Environmental</b>	<b>Climate related disasters</b>  Housing (lead, water quality, etc.)	<ul style="list-style-type: none"> <li>• Loss of homes</li> <li>• Community infrastructure</li> <li>• Support services</li> <li>• Housing conditions</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>• Back up plans/systems</li> <li>• engagement opportunities</li> <li>• Federal programs for relocation</li> </ul>

# Appendix D: Assets and Resources

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## **Cross-cutting Collaboratives**

Activate Allen County

Bridging the Gap Group

TAC- Transportation Advisory Group

Greater Lima Region

LINK Lima

Downtown Lima, Inc.

## **Chronic Disease**

Allen County Bike and Pedestrian Task Force

Food Policy Council

Worksite Wellness Collaborative

Lima Allen County Neighborhoods in Partnership

Creating Healthy Communities

Breast Cancer Awareness Coalition

Colorectal Cancer Coalition

## **Mental Health and Substance Use**

Allen County Opiate Action Commission and subcommittees

## **Maternal and Infant Health**

Maternal Infant Task Force

## **Housing and Public Transportation**

Allen County Housing Consortium



## Appendix E: Work Plans

<p><b>Priority # 1: Substance Use/Mental Health</b></p> <p>Substance Use, specifically opiate abuse, and Mental Health, specifically suicide, are major community health issues in Allen County. The stigma associated with both mental health issues and substance use, a lack of accountability to complete treatment, and high turnover among providers contribute to underutilized resources and a treatment system that is not as effective as it could be. We want to see a community where all residents can easily access behavioral health services. Community leaders are engaged in prevention efforts and working together through the Allen County Opiate Action Commission to address many of these issues. As early intervention is the best prevention, this CHIP will focus on leveraging our existing community partnerships to improve access to mental health services for youth, and increase substance use prevention efforts for youth in Allen County.</p>
<p><b>Alignment with National Priorities:</b> National Prevention Strategy: <u>Preventing Drug Abuse and Excessive Alcohol Use; Mental and Emotional Well-being</u></p>
<p><b>Alignment with SHIP:</b> Mental Health and Addiction; Suicide, Drug dependency/abuse</p>
<p>Objective(s) that address <b>policy change(s)</b> needed to accomplish goal: <b>1.1.1, 1.1.2, 1.1.3</b></p>

<p><b>Goal 1.1:</b> Increase mental health wellness and decrease substance use among middle and high school students in Lima City Schools</p>			
<p><b>Key Measure(s): Graduation rates</b> Baseline: 85% (Data Source: County Health Rankings)</p>			
<p><b>Objective 1.1.1:</b></p> <p>By December 31, 2018, establish Medicaid funded behavioral health services in 75% of middle and high schools in Lima City Schools.</p>	<p><b>Measure</b></p> <p>Baseline: unknown Target: 75%</p>	<p><b>Timeframe</b></p> <p>Start: 5/2018 End: 12/2018</p>	<p><b>Lead</b></p> <p>Tammie Colon, MHR SB</p>
<p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>• Establish baseline</li> <li>• Obtain technical assistance from State of Ohio on how to obtain Medicaid Behavioral Health Services in Middle and High schools within Lima City Schools.</li> <li>• Approach Lima City School Board to promote policy change to implement Medicaid behavioral health services</li> <li>• Present policy to Lima City School Board for approval</li> <li>• Assist Lima City Schools in implementing policy change</li> <li>• Offer technical assistance to other county schools</li> </ul>			
<p><b>Status:</b></p>	<p><b>Date</b></p>	<p><b>Update</b></p>	

<b>Objective 1.1.2:</b>		<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, operationalize after school pro-social activities in 75% of middle and high schools in all public and parochial schools in the city of Lima.		Baseline: unknown Target: 75%	Start: 5/2018 End: 9/2020	Sharetta Smith City of Lima
<b>Action Steps:</b>				
<ul style="list-style-type: none"> <li>• Establish baseline</li> <li>• Complete program</li> <li>• Collaborate with the Mayor's Commission on Youth to implement policies</li> <li>• Meet with Lima City School Board to obtain permission to use buildings for after-school activities</li> <li>• Pass shared use agreement with Lima City Schools to allow afterschool activities</li> <li>• Seek funding to support afterschool programming</li> </ul>				
<b>Status:</b>	<b>Date</b>	<b>Update</b>		
<b>Objective 1.1.3:</b>		<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By December 31, 2019, Provide prevention and early intervention services to 100% of Lima City Schools Students.		Baseline: unknown Target:	Start: 5/2018 End: 12/2019	Tammie Colon, MHR SB
<b>Action Steps:</b>				
<ul style="list-style-type: none"> <li>• Establish baseline</li> <li>• Meet with Lima City School Board to promote policy change to allow for all students to receive behavioral and mental health screening</li> <li>• Present policy proposal to Lima City School Board for approval</li> <li>• Identify tools to use in both prevention and intervention</li> <li>• Approach curriculum committee to program usage</li> <li>• Expand to other Allen County school districts</li> </ul>				
<b>Status:</b>	<b>Date</b>	<b>Update</b>		

**Priority # 2:** Chronic diseases, including cardiovascular disease, diabetes, and obesity, are leading health issues affecting Allen County. Despite there being many activities and coalition work currently happening dedicated to prevention efforts, there is a lack of policies and stakeholder engagement that prohibits the efforts expanding. We would like to implement policy and environmental changes impacting physical activity, nutrition, and tobacco use among residents to make the healthy choice the easy choice and to improve active transportation, including public transportation, options among Allen County residents. We would like to capitalize on current efforts to further wellness and chronic disease prevention efforts in our community to institute sustainable policy changes to creating lasting changes in the lifestyles of Allen County residents.

**Alignment with National Priorities: Healthy People 2020:** Physical Activity (PA-2); Nutrition and Weight Status (NWS-14); Tobacco Use (TU-1, TU-2)

**Alignment with SHIP:** Chronic disease; Heart disease, Diabetes

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

**Goal 2.1: Reduce chronic disease in Allen County**

**Key Measure(s):** Cardiovascular disease rates, Diabetes rates, Obesity rates

Baseline: Adults diagnosed with high blood pressure- 34%, Adults that have had a heart attack- 5%, Adults that are obese- 35%, Adults diagnosed with diabetes- 13%, up to 19% for those with less than \$25,000 annual income, Adults eating less than 1 vegetable serving per day- 53%, Adults reporting no fruit servings in past 7 days- 18%, up to 25% of African Americans (all measures from 2017 Allen County Community Health Assessment)

Objective 2.1.1:	Measure	Timeframe	Lead
By September 30, 2020, increase by 25% the number of workplaces, schools, childcare, and community residents participating in Activated Allen County Challenges.	Baseline: Activated Business Challenge: 24 workplaces, 4500 employees Activated Schools Challenge: 10 schools, _____ children Activated Childcare Challenge: 0 Activated Neighborhood Challenge: 0  Target: Activated Business Challenge: 5 additional Activated Schools Challenge: 2 additional schools Activated Childcare Challenge: 3 Activated Neighborhood Challenge: 2	Start: 7/2018 End: 9/2020	Kayla Monfort/Josh Unterbrink Activate Allen County

**Action Steps:**

Activated Business Challenge

1. Continue to recruit workplaces to join the challenge with the assistance of the Workplace Wellness Collaborative
2. Assess workplace applications and provide technical assistance for improvement
3. Celebrate successes of new workplaces joining the challenge with twice a year ceremony
4. Evaluate and modify challenge as needed to meet the needs of the community and employers

Activated School Challenge

1. Recruit schools to participate in the challenge
2. Provide technical assistance for schools to create feasible action plans
3. Evaluate plans for funding with established core group, including St. Rita's as the funder
4. Implement approved plans at schools
5. Celebrate successes
6. Evaluate and modify challenge as needed to meet the needs of funders and schools

Activated Childcare Challenge

1. Create application and guidelines for the challenged based off of current Activated School Challenge, previous childcare challenge and evidenced based resources
2. Recruit childcare facilities to apply
3. Provide technical assistance for childcare facilities to create feasible action plans
4. Evaluate plans for funding with established core group, including Paramount as the funder
5. Celebrate successes
6. Evaluate and modify challenge as needed to meet the needs of funders and childcare facilities

Activated Neighborhood Challenge

1. Create application and guidelines for the challenged based off of evidenced based resources, model communities and local needs
2. Recruit neighborhood partners/residents to apply
3. Provide technical assistance for neighborhoods to create feasible action plans
4. Evaluate plans for funding with established core group, including Paramount as the funder and LACNIP as a main partner in monitoring projects
5. Celebrate successes
6. Evaluate and modify challenge as needed to meet the needs of funders and community residents

Status:	Date	Update

Objective 2.1.2:	Measure	Timeframe	Lead
By September 30, 2020, expand local produce access by 10% through the Allen County Farmer's market and local garden initiatives including community gardens and urban gardens.	Baseline: Produce vendors at Allen County farmers market- 5 Pounds of produce produced at urban farms- 0 Community gardens- 9 # of residents participating in SNAP/EBT at FM- 0  Target: Produce vendors at Allen County farmers market- 7 Pounds of produce produced at urban farms- 250 pounds	Start: 7/2018 End: 9/2020	Kayla Monfort/Josh Unterbrink, Activate Allen County

	Community gardens- 11 # of residents participating in SNAP/EBT at FM- 15		
<p><b>Action Steps:</b> Produce Vendors at Allen County Farmers Markets- no baseline yet</p> <ol style="list-style-type: none"> <li>1. Establish baseline measurement by researching all produce vendors at Allen County FMs (Downtown, Bluffton, Delphos)</li> <li>2. Recruit new produce vendors each market season</li> <li>3. Track increase in vendors at Allen County FMs each year</li> </ol> <p>Pounds of Produce Gathered at Urban Farms- Baseline 0</p> <ol style="list-style-type: none"> <li>1. Farmers/Entrepreneurs will track pounds of produced harvested</li> <li>2. Research/determine best system to track this data</li> <li>3. Report monthly the amount harvested</li> </ol> <p>Number of Community Gardens- Baseline- will get from LACNIP and pass along to you</p> <ol style="list-style-type: none"> <li>1. Map/plot current community garden locations on Allen County Map</li> <li>2. Determine gaps or areas where community gardens could be started taking special consideration to food deserts and vacant lands that could be re-purposed</li> <li>3. Recruit new growers to work community gardens and promote the community gardens with the assistance of LACNIP who is currently recruiting, training and providing resources for our community gardens</li> <li>4. Track new locations of gardens each year</li> </ol> <p>Number of Community Residents Participating in SNAP/EBT at FMs- Baseline 0</p> <ol style="list-style-type: none"> <li>1. Implement SNAP/EBT as planned at the Downtown Lima FM in 2018</li> <li>2. Track number of people using this service each week and record</li> <li>3. Promote SNAP/EBT availability to all community residents</li> <li>4. Evaluate for success</li> <li>5. Recruit other FMs in Allen County to provide SNAP/EBT at their markets</li> <li>6. Track number of community members using SNAP/EBT at county markets each season</li> </ol>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	
<b>Objective 2.1.3:</b> By September 30, 2020 Increase or enhance by 6 the number of policies, systems, and environmental changes in place to support active living and social connectedness as outlined in the Allen County Active Transportation Plan.	<b>Measure</b> Baseline: 26% of adults reported no participation in physical activity/exercise during the last 30 days (2017 CHA) Target: 22%	<b>Timeframe</b> Start: 7/2018 End: 9/2020	<b>Lead</b> Allen County Bike and Pedestrian Task Force
<p><b>Action Steps:</b> Engineering</p> <ul style="list-style-type: none"> <li>• Increase the number of schools that develop a Safe Routes to School Program School Travel Plan. Baseline: 6; Target 8 Lead: CHC</li> <li>• Increase pedestrian and bicycle facilities by 1 mile per year. Baseline miles: TBD; Target: Baseline +3 Lead: RPC</li> <li>• Increase bike and pedestrian connectivity via maintenance and expansion of the Rotary Riverwalk and/or the Miami Erie Canal. Measure: # miles maintained annually; number of</li> </ul>			

new community connections made. Partners: Johnny Appleseed Park District; City of Lima, RPC

- Develop and Implement ADA Transition Plans. Baseline jurisdictions with plans developed: 0; Target 4; Baseline jurisdictions with projects implemented in plans: 0; Target 2 Lead: RPC

**Encouragement**

Expand the mission of the Allen County Bike and Pedestrian Task Force to make formal recommendations to local governments regarding the advancement and support of proposed Active Transportation options for on-road, off road, and transit projects. Lead: Bike and Pedestrian Task Force (BPTF) Steering Committee

1. Steering Committee establishes guidelines / bylaws for a BPTF Advisory Council, including representation from law enforcement.
2. Once established, advisory Council makes formal recommendations. Baseline: 0; Target 3

**Enforcement**

Increase the number of Allen County law enforcement personnel trained in Enforcement for Pedestrian and Bicycle Safety. Baseline: 8; Target 20 Lead: CHC Program

**Education**

- Increase the number of Allen County residents reached through the MoveSafe Allen County bike/pedestrian safety messaging. Measure: # billboards, # social media shares, # print and television media coverage. Lead: CHC Program
- Hold a bike rodeo in a different community annually. Target: 3 Lead: Activate Allen County

**Evaluation**

- Increase by 20% from the number of volunteers assisting with the biannual Bicycle Documentation Project (Baseline September 2017 numbers) Lead: BPTF Steering Committee
- Implement with local law enforcement a process to improve data generated for bicycle and pedestrian crash reports. Lead: RPC
- Produce detailed operational analysis detailing the extent of public transportation services provided in terms of types of service, service area, ridership levels and funding. Lead: RTA and RPC.

Status:	Date	Update

Objective 2.1.4:	Measure	Timeframe	Lead
By September 30, 2020, distribute a faith-based community resource guide to 10 faith-based organizations in Allen County.	Baseline: 0 Target: 10	Start: 5/2018 End: 9/2020	Nell Lester, Health Ministries

**Action Steps:**

- Create faith based resource guide with health ministries, Activate Allen County, and core group of leaders
- Engage a larger core group of faith based leaders
- Promote guide to the broader county organizations (faith based)
- Evaluate how organizations are using the guide

Status:	Date	Update

<b>Goal 2.2:</b> Reduce tobacco use in Allen County			
<p><b>Key Measure(s):</b> Adult tobacco use, youth exposed to second hand smoke, low income adults who smoke, e-cigarette use</p> <p>Baseline: Adult smokers- 18%, Youth smokers- 6%, Youth exposed to second hand smoke- 56%, Adult smokers with income over \$25,000 annually- 14%, Adult smokers with income less than \$25,000 annually- 30% (all measures based on 2017 Allen County Community Health Assessment)</p>			
<b>Objective 2.2.1:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, implement a sustainable tobacco cessation service model in Allen County.	Baseline: 0 Target: 1	Start: 7/2018 End: 9/2020	Josh Unterbrink, Activate Allen County
<b>Action Steps:</b>			
<ul style="list-style-type: none"> <li>Recruit members and establish task force to address need</li> <li>Develop model with stakeholders task force to provide cessation service to the county</li> <li>Locate funding for model established</li> <li>Pilot program and evaluate</li> </ul>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	
<b>Objective 2.2.2:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, adopt tobacco free public spaces policies in 3 Allen County jurisdictions.	Baseline: unknown Target: 3 additional over baseline	Start: 7/2018 End: 9/2020	Josh Unterbrink, Kayla Montfort
<b>Action Steps:</b>			
<ol style="list-style-type: none"> <li>Establish a baseline number for tobacco free parks in Allen County</li> <li>Research and develop a plan to approach stakeholders and council members concerning tobacco free parks</li> <li>Schedule meetings with appropriate officials (including park officials) to discuss policy</li> <li>Establish a plan to roll out tobacco free parks</li> <li>Encourage Activate Allen County Executive Council to advocate for tobacco free parks</li> <li>Educate community residents concerning tobacco free parks</li> <li>Promote and celebrate successes of all policy change around tobacco free parks</li> </ol>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	
<b>Objective 2.2.3:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, take two action steps towards passing a Tobacco 21 policy in an Allen County jurisdiction.	Baseline: 0 Target: 1	Start: 7/2018 End: 9/2020	Tobacco Coalition

<b>Action Steps:</b>		
<ol style="list-style-type: none"> <li>1. Obtain community support for Tobacco 21.</li> <li>2. Determine language for a Tobacco 21 policy.</li> <li>3. Introduce a Tobacco 21 ordinance.</li> <li>4. Educate retailers and the community</li> </ol>		
<b>Status:</b>	<b>Date</b>	<b>Update</b>

<b>Goal 2.3:</b> Improve health for all residents by incorporating "Health in All Policies" into local agency decision-making processes for policies, programs, and practices.			
<b>Key Measure(s):</b> Number of decision-making processes established that consider health impacts, with a focus on health equity and sustainability. Baseline: 0 (Local data source: ACPH)			
<b>Objective 2.3.1:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, at least one agency will utilize a locally developed Health in All Policies (HiAP) checklist in a decision-making process.	Baseline: 0 Target: HiAP checklist utilized in one decision making process	Start: 7/2018 End: 9/2020	Activate Allen County staff
<b>Action Steps:</b>			
<ol style="list-style-type: none"> <li>1. Work group convened to: <ol style="list-style-type: none"> <li>a. Develop an HiAP checklist to assist decision-makers with considering the potential impact of a policy, program, or process on health, health equity and/or sustainability.</li> <li>b. Develop a process to track how often the checklist is utilized, whether the checklist has impacted the decision made, and the outcome of the resulting policy, program, or process.</li> </ol> </li> <li>2. Training session(s) held with partner agencies. Training topics to include how to use the checklist and how to report on its impact on decisions and outcomes.</li> <li>3. Commitment obtained from at least one partner agency to adopt the checklist for a decision-making process.</li> <li>4. Quarterly - track how often the checklist is used, and the impact it had on decision-making.</li> <li>5. Annually – agencies report on the outcome of implemented processes.</li> </ol>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	



**Priority # 3:** Maternal and Infant Health is key to the overall health of a community. Allen County has a variety of community resources available to help pregnant women and infants live the healthiest lives possible. Despite these resources, too few pregnant women access early, consistent prenatal care and parenting education. This has a multitude of implications, including increased risk of infant mortality. We want to see healthy women delivering full term, healthy weight infants that thrive to their first birthday. To this end, we will leverage resources to increase collaboration and improve linkages between women and infants and needed care and education.

**Alignment with National Priorities:** Healthy People 2020: Maternal and Infant Health (MICH-1, MICH-10)

**Alignment with SHIP:** Maternal and Infant Health

Objective(s) that address **policy change(s)** needed to accomplish goal: 3.1.1 (implementation of case management system)

**Goal 3.1: Improve coordination of pre-and postnatal services**

**Key Measure(s):** Percent of Allen County women who have their first prenatal appointment in the first 3 months

Baseline: 57% (Local Data Source: Allen County CHA)

Objective 3.1.1:	Measure	Timeframe	Lead
By September 30, 2020 the rate of women entering prenatal care in the first trimester will increase by 5% over the rate in 2018.	Baseline: 57% Target: 62%  (Local Data Source: Allen County CHA)	Start: 5/2018 End: 9/2020	ACPH; MITF

**Action Steps:**

- Establish partnership with DJFS to participate and/or educate and hear our concerns
- Implement case management system to include DJFS, transportation, managed care organizations, and other enabling services
- Create resource list/Database for managed care representation
- Survey OB offices on appointment availability (time and card status)

Status:	Date	Update

Objective 3.1.2:	Measure	Timeframe	Lead
By December 31, 2018, in an effort to increase the number of children that receive the appropriate well-baby care in their first year of live, a Home-Visiting Committee will be formed as a sub-group of the Maternal-Infant Task Force for coordination of services available for families with infant.	Baseline: no active Home Visiting (HV) Committee Target: active HV Committee  (Local Data Source: MITF)	Start: 7/2018 End: on-going	Maternal-Infant Task Force

<b>Action Steps:</b>		
<ul style="list-style-type: none"> <li>• MITF will invite family-serving agencies to participate on the HV Committee, including DJFS, HMG, Moms and Babies First, ACPH – Safe Sleep Program and HPWO</li> <li>• HV Committee will meet regularly to plan and implement strategies to better serve families</li> </ul>		

<b>Status:</b>	<b>Date</b>	<b>Update</b>

<b>Objective 3.1.3:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, Allen County will have an accurate resource map to make linking women with services easier.	Baseline: not currently updated Target: updated annually  <i>(Local Data Source: AAC)</i>	Start: 5/2018 End: 9/2020	AAC

<b>Action Steps:</b>		
<ul style="list-style-type: none"> <li>• ID gaps in resource lists by 7/31/2018</li> <li>• Review and update 211 data</li> <li>• Promote collaborations, social media and managed care</li> <li>• Update map annually</li> </ul>		

<b>Status:</b>	<b>Date</b>	<b>Update</b>

**Priority # 4:** Substandard housing and reduced access to public transportation are major public health issues in Allen County. Poor housing conditions are associated with many health problems, including asthma, lead poisoning, and injury; reduced access to public transportation affects quality of life, including the ability to access jobs, education, and medical care. We want to promote safe, accessible, appropriate, and affordable housing to sustain healthy and vibrant residents and neighborhoods, and to assure that people needing public transportation services have access to them. To this end, we will capitalize on community organizations and partnerships to increase the community's investment in housing stock and public transportation.

**Alignment with National Priorities:** National Prevention Strategy (Healthy and Safe Community Environments); HUD Strategic Plan (Strategic Objective 3C: Health and Housing Stability)

**Alignment with State Priorities: Ohio Housing Authority:** Expand and preserve affordable housing opportunities (1.1-1.4)

Objective(s) that address **policy change(s)** needed to accomplish goal: 4.1.1

**Goal 4.1: Create a strategic plan to address substandard housing**

**Key Measure(s):** # 0 strategic plans  
Baseline: 1 strategic plan

Objective 4.1.1:	Measure	Timeframe	Lead
By September 30, 2020, create a strategic plan to address affordability and substandard housing in Allen County.	Baseline: 0 completed strategic plans  Target: 1 completed strategic plan	Start: 5/2018 End: 9/2020	Housing Consortium and regional housing commission

**Action Steps:**

- work with the housing consortium to plan for the plan
- convene stakeholders, including the Landlord Association, local governments, state housing officials, development services agency to collaborate on the plan
- Review existing plan(s)
- Obtain consultant to facilitate the creation of the plan
- Initiatives to consider:
  - Adopt a neighborhood/adopt a house
  - Zoning revisions
  - Increase housing choices
  - Tax abatement – City of Lima
  - Work with local businesses (E.I Home Depot) to help with home improvement costs by educating consumers
  - Increase educational programs for home ownership
  - Increase local capacity for affordable housing development.

Status:	Date	Update

<b>Goal 4.2: Develop a system to track use of social programs to reduce the need for frequent assistance.</b>			
<b>Key Measure(s):</b> 0 systems (2018); Target: system implemented (2020)			
<b>Objective 4.2.1:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, develop a system to better track use of social programs to reduce the need for frequent assistance.	Baseline: 0 systems  Target: 1 implemented system	Start: 5/2018 End: 9/2020	Housing Consortium
<b>Action Steps:</b>			
<ul style="list-style-type: none"> <li>• Identify partners and create a planning group of agencies</li> <li>• Universal release of information</li> <li>• Implement an MOU of agencies for tracking and sharing data</li> <li>• Universal ROI</li> <li>• Universal tracking for all parties (centralized registry)</li> <li>• Establish for standards or baseline referral to services to break dependency</li> <li>• Increase the effectiveness of rent assistance programs to maintain housing stability.</li> </ul>			
<b>Status:</b>	<b>Date</b>	<b>Update</b>	

<b>Goal 4.3: Increase access to public transportation</b>			
<b>Key Measure(s):</b> Ridership on the Allen County Regional Transit Authority (RTA) Fixed Route system			
<b>Objective 4.3.1:</b>	<b>Measure</b>	<b>Timeframe</b>	<b>Lead</b>
By September 30, 2020, create a strategic plan to develop the necessary funding needed to ensure public transportation services are available and accessible to those that need such services.	Baseline: 0 completed strategic plans  Target: 1 completed strategic plan	Start: 5/2018 End: 9/2020	RTA & RPC
<b>Status:</b>	<b>Date</b>	<b>Update</b>	

Objective 4.3.2:	Measure	Timeframe	Lead
By September 30, 2020, the number of passengers able to access and use RTAs services will increase by 1%.	Baseline: 386,000  Target: 390,000  Local Data Source: Lima Allen County Regional Planning Commission (LACRPC), 2017	Start: 7/2018 End: 9/2020	RTA & RPC
<b>Action Steps:</b> <ul style="list-style-type: none"> <li>• Develop strategies to support and expand public transportation services.</li> <li>• The RTA will work with local governments to improve pedestrian access to the fixed route system.</li> <li>• The RTA will ensure all its Fixed Route vehicles are equipped with bike carriers.</li> <li>• The RTA will ensure all its vehicles will be ADA accessible.</li> <li>• The RTA will maintain the quality of the RTA rolling stock and ensure that less than 25% is beyond its expected life expectancy.</li> </ul>			
<b>Status:</b>			