

2022-2024

COMMUNITY HEALTH IMPROVEMENT PLAN WASHINGTON COUNTY, OHIO



U.S. Government Seal of Washington County, Ohio

Prepared by the **Washington County (WashCo) Health Partners**, a team of stakeholders from across Washington County who are committed to advancing health in the community

Vision: A respectful and encouraging community that advocates for health equity, collaboration, and inclusiveness between leaders, organizations, and individuals who strive together to make Washington County the healthiest county in Ohio

Purpose: Prevent disease and improve the health of Washington County

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Executive Summary

“He who has health, has hope; and he who has hope, has everything.” Thomas Carlyle

We are pleased to present the 2022-2024 Washington County Community Health Improvement Plan (CHIP), a shared action plan to advance health in our community. This plan is the product of months of work by community health partners representing multiple sectors of Washington County. These partners, aptly named the WashCo Health Partners, joined together to develop a roadmap to coordinate the efforts of various groups and organizations to improve the community's health.

The WashCo Health Partners, including representatives from Memorial Health System, the Washington County Health Department, and the Marietta/Belpre City Health Department, led a comprehensive Community Health Assessment (CHA) within the county. This assessment, guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, provides a robust view of the health status and needs of Washington County residents. MAPP is a nationally recognized best practice for community health assessment and community health improvement planning. Following the assessment phase, the WashCo Health Partners convened a cross-sector team of stakeholders to examine the results of the CHA and lead the development of a Community Health Improvement Plan (CHIP) - this team is referred to as the CHA/CHIP team.

The CHIP is a long term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Washington County. It brings together resources and stakeholders, creating a shared roadmap for community health. The strength of the CHIP is in coordinating strategies and capacity among different sectors and stakeholders, including health care systems and hospitals, health departments, local government, community-based organizations, businesses, and residents. A wide range of community partners participated in the development of the CHIP. Community partners were tasked with examining the data provided in the CHA along with their knowledge of the community to select the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. In order to prioritize areas that would be the focus of the CHIP, the CHA results were reviewed by the CHA/CHIP team, community

partners and members, and key issues were identified using prioritization techniques to ensure factors like magnitude, feasibility, etc. were thoughtfully considered. The following four priority areas emerged as being most critical for advancing health in our community:

- Priority Area 1: Access to Healthcare and Healthcare Programs
- Priority Area 2: Prevention and Management of Chronic Disease
- Priority Area 3: Health Education/Community Outreach
- Priority Area 4: Mental/Behavioral Health and Addiction

Following priority selection, workgroups participated in meetings to address each priority and members were charged with determining activities, programs and services to address the health issues. The work plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. Once the planning process is complete, CHIPs are codified and adopted by stakeholders.

The Washington County Community Health Improvement Plan (CHIP) work plan will be implemented by member agencies, organizations, and community stakeholders. The document serves not only as an action plan for participating organizations and individuals, but also as a source of clarity and accountability in advancing shared goals. Stakeholders will meet at regular intervals throughout the life course of the plan to discuss whether the efforts are on track to meet the objectives, and if not, what adjustments or improvements are necessary to make progress. Further, the partners are committed to using the best practices and evidence-based interventions to achieve optimal outcomes. Together, these efforts build a foundation for achieving the vision of becoming the “healthiest county in Ohio.” To access the Washington County Community Health Assessment and the Washington County Health Improvement Plan, please visit www.washingtongov.org/health.

The Process

In the CHIP development process, community organizations and stakeholders relied upon the MAPP approach as well as guiding frameworks to analyze the needs of the community and develop a plan of action. In this section, the MAPP approach, and guiding frameworks will be reviewed, followed by a description of the process used to identify priorities and create an action plan.

MAPP Approach

The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to complete the Community Health Assessment and the Community Health Improvement Plan. This six-phase approach was designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are represented in Figure 1 and described below. The last two phases of the approach are accomplished through development and implementation of the CHIP.

1. Organizing - identification of who should be involved in and the approach to partnership through the process.
2. Visioning - a collaborative approach to developing a shared community vision.
3. Assessments - use of four distinct assessments to gather quantitative and qualitative data providing a comprehensive view of the community.
4. Identify Strategic Issues - results of the four assessments are analyzed to identify the most pressing strategic issues to improve community health.
5. Formulate Goals and Strategies - when the action plan for addressing those strategic issues is drafted.
6. Action Cycle - when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

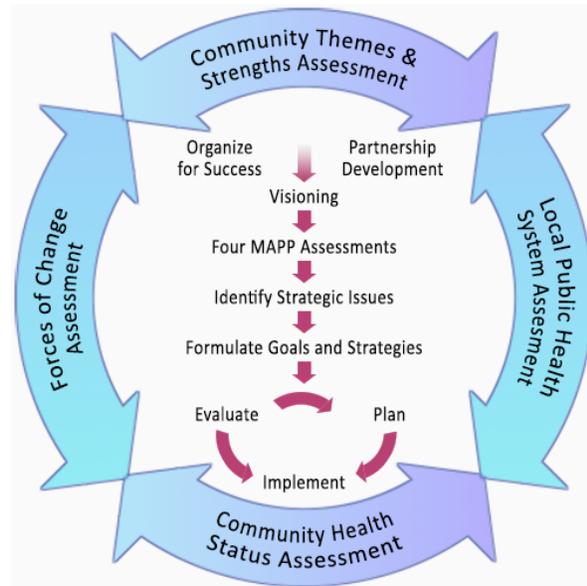


Figure 1: MAPP Approach

Guiding Frameworks

Foundational to the development of the CHIP were the following guiding frameworks and approaches: 1) the Social Determinants of Health, 2) policy, systems, and environmental level change, 3) the Health Impact Pyramid, 3) evidence-based public health practice, 4) alignment with the State Health Improvement Plan (SHIP) of Ohio, and 5) alignment with Healthy People 2030 national goals.

Social Determinants of Health

The U.S. Department of Health and Human Services (2021) defines social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” These determinants have a powerful impact on health outcomes. The interplay of multiple factors including poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities lead to worse health status, particularly among marginalized populations. The uneven distribution of social and economic resources across populations leads to health inequities (Braveman et al., 2017). By focusing on improving the conditions and environments in our community, we can make healthier choices easier to make and more accessible to everyone.

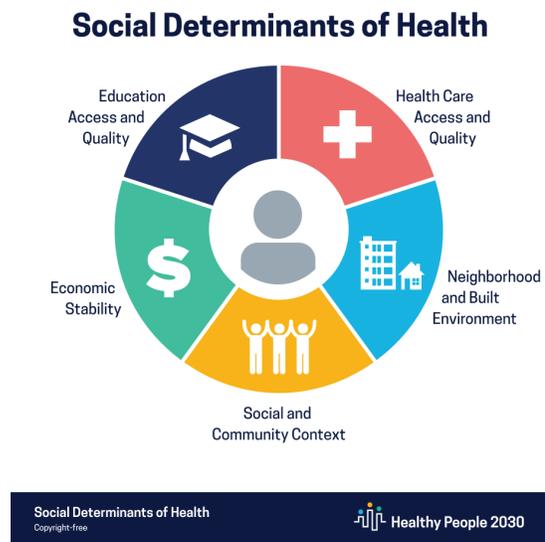


Figure 2: SDOH, Healthy People 2030

Policy, System, and Environmental Changes

We strive to improve health in our community through policy, systems, and environmental change. This approach recognizes that teaching individuals how to change their behavior to be healthier is not enough. Being healthy is not only the result of individual behaviors - it is

deeply impacted by policies, systems, and environmental factors. We use strategies at multiple levels to improve health.

Policy changes include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Examples of policy changes may include a school policy that prohibits unhealthy food in school fundraising drives, or passing a law permitting residents to plant community gardens in vacant lots. Table 1 below highlights key policy changes that are part of this CHIP. These policy changes are intended to build a stronger foundation for a culture of health in Washington County.

| CHIP Priority | Policy Changes |
|---|--|
| 2.3 Improve the status of Washington County residents' health behaviors | Increase access to affordable healthy foods through adoption of new food policy guidelines |
| 2.3 Improve the status of Washington County residents' health behaviors | Increase access to affordable physical activity through approval of a Safe Routes to Schools and Complete Streets Policy |
| 3.1 Reduce tobacco use | Adoption of tobacco free policies for schools and community areas |

Table 1: CHIP Policy Change Goals

Systems changes include changes made to the rules within an organization. A systems change results in changes throughout an entire organization. Systems change and policy change often work together. Examples could include creating a plan to track the impact of new primary care services offered through the local hospital system or creating a transportation system for residents without transportation to use to ensure access to health resources.

Environmental changes involve changes made to the physical environment. Examples include such efforts as developing safe bicycle and pedestrian routes in the community or incorporating parks and recreation areas in community design.

Health Impact Pyramid

The Health Impact Pyramid provides a visual representation of the impact of five different types of public health strategies (Frieden, 2010). Interventions at the bottom of the pyramid

have the greatest potential for improving population-level health - they are, however, very difficult to implement because they usually involve addressing social determinants of health and policy, systems, and environmental level changes. Efforts at the top of the pyramid are easier to implement, but have a smaller impact because they are typically targeted more at individuals. The Centers for Disease Control and Prevention has identified strategies as part of the Health Impact in 5 Years (HI-5) approach using the Health Impact Pyramid. The goal of the HI-5 program is to focus on strategies that can improve health and well-being as early as within 5 years and have a long term positive impact on health across populations throughout their lifetimes (see Figure 3 below).

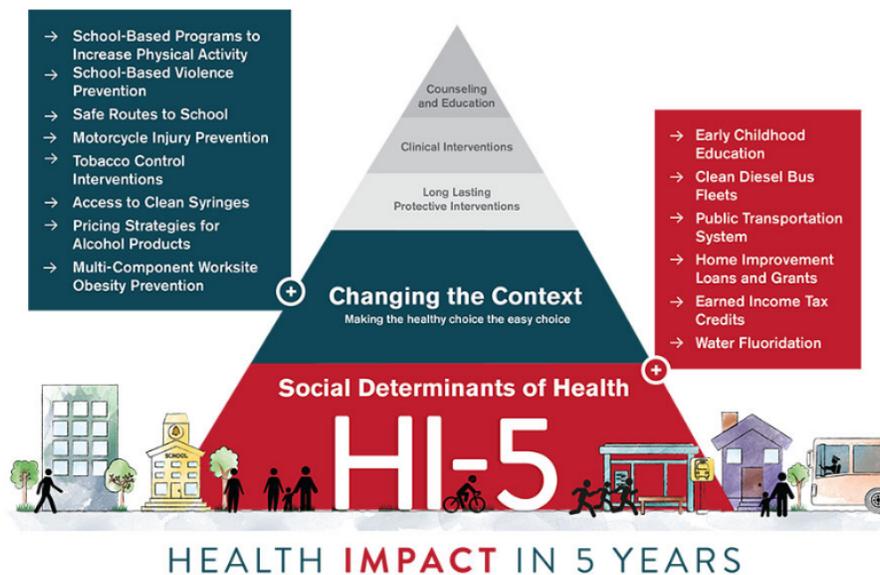


Figure 3: CDC HI-5 Health Impact Pyramid

The five levels of the health impact pyramid from top to bottom include: 1) Counseling and Education, 2) Clinical Interventions, 3) Long-Lasting Protective Interventions, 4) Changing the Context (to make it easier for individuals' to make healthy choices), and 5) Socioeconomic Factors. Examples of interventions for oral health improvements, for example, at each level of the pyramid could include the following: 1) Counseling and Education: Oral health classes in the community; 2) Clinical Interventions: Plaque removal and tooth restoration; 3) Long-Lasting Protective Interventions: Dental sealants, topical fluorides; 4) Changing the Context: Water fluoridation, taxation of high sugar; 5) Socioeconomic Factors: Poverty reduction. Strategies at all levels of the pyramid can have

positive effects. Striving for strategies at the foundation of the pyramid helps to shift the foundation of the community. The Washington County CHIP includes strategies at all five levels of the pyramid.

Evidence-Based Public Health Practices

Evidence-Based Practice (EBP) is an approach that includes programs and policies that have been developed, implemented, and evaluated using rigorous scientific methods. EBP in public health involves using interventions that have a demonstrated and measurable effectiveness in real-world settings. It is critical that decisions about public health policies, programs, and interventions are made with approaches that are effective and have the intended impact on the population's health. Strategies that have not been evaluated scientifically may not have the intended impact, and may actually be harmful to individual or population health. Evidence comes in many forms including randomized controlled trials (RCTs), observational studies, case series, and a number of quantitative and qualitative data collection and analysis approaches. Databases of evidence-based programs and policies are available to local public health decision-makers, including: Healthy People 2030; What Works for Health (County Health Rankings & Roadmaps); Cochrane Database of Systematic Reviews; EBP Resource Center (Substance Abuse & Mental Health Services Administration [SAMHSA]); Community Health Improvement Database (Centers for Disease Control & Prevention [CDC]); NACCHO Model Practices Program (National Association of County & City Health Officials [NACCHO]); the Community Guide (Community Preventive Services Task Force [CPSTF]), and Ohio's State Health Improvement Plan (SHIP). Strategies derived from these sources were shared with stakeholders, discussed in meetings, employed in activities, and considered at each stage of the CHIP planning process.

Alignment with State and National Priorities

Consideration was taken to ensure the health issues of the Washington County CHIP align with the current State Health Improvement Plan (SHIP) and Healthy People 2030 national priorities. The SHIP is "a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio." The SHIP identifies key priority areas to advance health in Ohio based upon data from the State Health Assessment. The SHIP provides measurable objectives and evidence-based approaches to effect change to improve health

equity and the health of Ohioans. Healthy People 2030 sets national objectives to improve health and well-being over the span of a decade with a strong focus on health equity, literacy, and the social determinants of health. Figure 4 shows the alignment of the Washington County CHIP priorities with those of the state and the nation.



Figure 4: Alignment of Priorities

Developing Priorities

To identify key issues, the CHA/CHIP team worked both as a group and independently to identify the most important health-related issues facing the Washington County community. Their efforts began by reviewing the data collected during the CHA, and recording the most important data insights and trends that became clear through the CHA. First, team members identified the top issues that were evident from review of the CHA individually. Then in group meetings, they shared their top issues with the other team members. While many potential areas of need emerged, a critical part of the CHIP is to provide focus and guidance for local decision-makers on where to target efforts to make the greatest sustained impact. The CHA/CHIP team was then tasked with evaluating the key

issues identified through criteria to select the issues that were most important to address in this CHIP cycle. The following criteria were used to evaluate the potential areas of focus:

1. Magnitude: What proportion of the population is impacted by this health issue?
2. Seriousness: Is the health issue considered serious with regard to morbidity (i.e., illness/disease) and mortality (i.e. death)? Is it a particularly urgent or emergent issue?
3. Feasibility: Can the health issue be feasibly addressed, given the community's capacity, resources, and timeline? Are there effective solutions available? Is addressing this health issue acceptable to the community?
4. Disparities: Does the health issue disproportionately impact particular groups (e.g., by gender, race, age), sub-populations, or geographic areas?
5. Alignment: To what extent does the health issue align with priorities outlined in other strategic planning programs, including the Ohio State Health Improvement Plan and Healthy People 2030?

The team members were asked to rank their top four health issues in order of importance after evaluating each against the criteria. The rankings were summed to identify the priority health areas for the Community Health Improvement Plan. The top four issues identified in the priority voting process were: 1) Access to Healthcare and Healthcare Programs, 2) Prevention and Management of Chronic Disease, 3) Health Education/Community Outreach, 4) Mental/Behavioral Health and Addiction. These priorities align with the Ohio State Health Improvement Plan as well as Healthy People 2030. The assets and resources list generated through the Community Themes and Strengths Assessment (conducted as part of the CHA) was reviewed and additional resources were brainstormed to ensure a thorough accounting of Washington County assets and resources to address the priority areas.



Figure 5: CHA/CHIP Work Session

Identifying Objectives, Actions, and Evaluation Measures

The CHIP is intended to serve as an action plan to affect positive change in community health. To do so, clear objectives, actions, responsible parties, and evaluation measures for each priority area are necessary. To begin constructing a draft of the action plan, the work groups focused on particular priority areas and were guided by the following questions: 1) What is the desired state or outcome for this priority area (e.g., Mental/Behavioral Health and Addiction)?, 2) What are we trying to achieve for our community?, 3) What evidence-based steps can we take in the next three years to move toward our desired outcome?, 4) Does this strategy promote equity (consider income, age, race, gender, rurality, etc.)? Analysis of the CHA and guided discussions on the priorities resulted in a number of opportunities for focused objectives, activities, and responsible parties within each priority area. The CHA/CHIP team organized this information into the action plan framework, and continued to seek engagement and feedback from community partners and stakeholders to develop the draft of the CHIP. This input/development process is further described below.



Figure 6: CHA/CHIP Work Session

Community Engagement

Crucial to the development of this CHIP is the input of many community partners and stakeholders, ensuring that all voices within the community are heard and provided with the opportunity to engage in improving health in Washington County.

The in-progress drafts of the CHIP were vetted through key informant interviews and small group meetings to ensure partners would also prioritize the same areas and strategies

based upon the research. These interviews were conducted with representatives from Family and Children First, the Washington County Behavioral Health Board, Marietta/Belpre Health Department, Washington County Health Department, Memorial Health System, and Community Health Improvement Associates. The input received was used to refine objectives, activities, and timelines, and engage more partners.

Once vetted through key informant interviews and small group meetings, the draft of the CHIP was shared with the Washington County Creating Healthy Communities Coalition, a group of cross-sector health partners. The CHIP draft was shared through an interactive presentation, seeking input and improvements, with feedback opportunities offered through comment/discussion during the meeting, a feedback form, and also via phone or email to those leading the CHIP. An invitation to the coalition members was offered indicating anyone is welcome to participate who is committed to advancing health in Washington County.



Figure 7: CHIP Feedback Session at Creating Healthy Communities Coalition Meeting

The draft was also posted on the websites and social media of the local health departments for feedback with an accompanying feedback form which included a survey providing likert-scale ratings to identify the strength of their agreement/disagreement with each priority identified and an open-ended space to identify any other priorities they felt merited

consideration. Participants were encouraged to indicate if they would like to be more involved in the development of the CHIP by providing contact information through the feedback form or by reaching out to the lead contacts. A feedback survey was also administered at a local community health fair which gauged if the health issues identified in the priorities aligned with the perceived needs of the health fair participants. Results from these efforts were used to ensure community stakeholders support the identified priorities and activities before continuing. Feedback from these efforts provided strong support for the draft priorities, and engaged additional stakeholders in the ongoing process of the development of the CHIP.

The Priorities

The four priority areas serve as the backbone of the action plan. This section delves deeper into each priority area, alignment with state and national priorities, and provides clear objectives, activities, responsible parties, and evaluation measures for each priority.

Priority 1: Access to Healthcare and Healthcare Programs

Why is this a priority? Access to healthcare is a critical component of a population's overall health and well-being. Having adequate and reliable access to health services can assist with the prevention of disease and disability, detect and treat illnesses, improve overall quality of life, and extend life expectancy. Primary care providers (PCP's) play a crucial role in ensuring the health and safety of our community. PCP's develop meaningful and sustained relationships with patients and provide a breadth of healthcare services while practicing within the context of family and community. Having a reliable, consistent PCP is associated with greater patient trust, effective patient-provider communication and an increased likelihood that patients will receive appropriate care.

According to the Community Health Assessment (CHA), the cost of healthcare-related services, location and availability of providers, and the perception of available resources are environmental factors that significantly affect access to healthcare in Washington County. Transportation limitations and the rural geography of our County creates barriers to healthcare access.

Goal: Remove barriers to healthcare access

Consideration of Ohio SHIP: Access to Care

Consideration of Healthy People 2030 National Priorities: Health Care Access & Quality

Priority Population Impacted: Low-income families (Less than \$25,000 annual household income). The Ohio Department of Health indicates that 45.1% of low-income earning individuals self-report as being in fair or poor health.

Our plan: Utilizing data drawn from the Community Health Assessment and incorporating existing stakeholder relationships to develop and promote a network of partner resources that will address health care service availability, mental/behavioral health, and health insurance enrollment barriers.

Resources and Assets: 2-1-1, Behavioral Providers, Buckeye Hills Regional Council, Common Pleas (Drug Court Docket), Educational Institutions, Healthcare providers/programs, Hopewell Health Centers, Marietta/Belpre City Health Department, Memorial Health System, Municipal Court (Mental Health Docket), Washington County Department of Job & Family Services, Senior AmeriCorps, Senior Center, Washington County Health Department, Washington Morgan Community Action

Priority 1: Action Plan

Access to Healthcare and Healthcare Programs

| Objective | Activities | Responsible Parties | Timeframe | Evaluation Measures |
|--|--|--|-------------------|--|
| 1.1 Expand access to primary care providers | 1.1.1 Explore options for the use of telehealth services offered by Memorial Health System for PCP's | Memorial Health System, | January 2022-2024 | Number of PCP's who are trained to use telehealth services |
| | 1.1.2 Evaluate expansion of online scheduling | Memorial Health System, Marietta/Belpre Health Department | Spring 2022-2024 | Examine activity logs for trends |
| | 1.1.3 Expand the number of appointments outside of normal hours | Memorial Health System, Marietta/Belpre Health Department | 2022-2024 | Number of appointments increase |
| | 1.1.4 Assist families of children with medical handicaps to receive necessary healthcare services | Washington County Health Department, Marietta/Belpre Health Department | January 2022-2024 | Number of active caseload |
| 1.2 Expand and enhance contact center services | 1.2.1 Contact center schedules follow up with PCP or specialist | Memorial Health System | 2022 | Number of tasks being accomplished |

| | | | | |
|---|---|--|-------------------|--|
| | 1.2.2 Nurse line to provide healthcare information | Memorial Health System | 2022 | Number of contacts using nurse line |
| 1.3 Increase access to transit services for healthcare services | 1.3.1 Increase the awareness of transportation needs, coordination of transportation options to meet needs, and building sustainable and healthy communities by integrating transportation into planning and programs | Buckeye Hills Regional Council, Washington County Health Department, Marietta/Belpre Health Department, Washington/Morgan Community Action | January 2022-2024 | The number of residents who access the service |
| 1.4 Increase access to dental care | 1.4.1 Enroll school districts into the dental sealant program and provide services to all students with permission | Washington County Health Department | January 2022-2024 | Percentage of participation |

Priority 2: Prevention and Management of Chronic Disease

| 2021 Indicator | Washington County | Ohio |
|----------------|-------------------|-------|
| Heart Disease | 7.2% | 6.7% |
| Diabetes | 14.6% | 12.2% |
| Adult Obesity | 36% | 34.8% |

Table 2: Chronic Disease Rates Comparison

Why is this a priority? The U.S. Department of Health and Human Services reports that chronic diseases are the leading cause of death in the U.S. As noted in the Community Health Assessment (CHA), Washington County trails most other areas of the state when reviewing chronic disease indicators. Washington County has a Diabetes prevalence rate of 14.6%; exceeding that state rate of 12.2%. According to the CHA, more than 1/3 of all Washington County residents (36%) self-report a Body Mass Index (BMI) greater than 30. Federal guidelines have established that any BMI over 30 is considered obese. The widespread use of tobacco in Washington County is a serious concern. Currently, 25.3% of County residents admit to using some form of tobacco. As a state, Ohio trails only West Virginia (22%) and Kentucky (20%) in prevalence of adult smoking. A shortened life-span is a very tangible consequence of poor health but there are very direct financial costs attributable to these consequential health risks as well. Health insurance is more expensive to obtain; additional medication and treatment are required, and the ability to generate income through employment may also be jeopardized.

Common contributors to chronic disease include tobacco use and exposure to second-hand smoke, lack of physical activity, excessive alcohol use and poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats. Current local health system efforts focus on developing and contributing to policies that help mitigate these risk factors, education and programming that encourages residents to implement preventative care, and improvements within local environments that will allow individuals and families to pursue and participate in healthier activities.

Healthcare education, focused on preventive care and developing healthy behaviors, is essential in facilitating long-term, beneficial life change. In addition, access to health screenings, classes/seminars on relevant health topics including fitness, nutrition, tobacco cessation and chronic disease management, exercise classes and pre and post-natal coaching must be included as part of any plan to address our most vulnerable populations.

Investing in education and policy, systems, and environmental changes that focus on physical activity, tobacco use, and nutrition will lead to healthier communities. By fulfilling our roles of prevention and promotion, the local health system has the ability and responsibility to significantly impact the prevalence of chronic disease in our community.

Goals: Decrease the incidence and prevalence of chronic disease rates in Washington County, and improve health behaviors of the residents.

Consideration of Ohio SHIP: Chronic Disease Prevention

Consideration of Healthy People 2030 National Priorities: Overall Health & Well-Being

Priority Population Impacted: The Ohio Department of Health indicates that 45.1% of low-income earning (less than \$25,000 annual household income) individuals self-report as being in fair or poor health.

Our plan: We will invest in resources that educate our residents to improve health behaviors, create a culture of health, reduce hospital admissions and improve quality of life in Washington County.

Resources and Assets: 2-1-1, Beverly/Waterford Farmer's Market, Buckeye Hills Regional Council, Community Garden, Community organizations (YMCA, Betsey Mills, Boys and Girls Club), Food Pantries, Free/reduced lunch and breakfast, GoPacks, Marietta/Belpre City Health Department, Memorial Health Systems, OSU Extension Office, River City Farmer's Market, River Valley Trails, Senior Centers, The Right Path, Washington County Behavioral Health Board, Washington County Health Department

Priority 2: Action Plan

Prevention and Management of Chronic Disease

| Objective | Activities | Responsible Parties | Timeframe | Evaluation Measures |
|---|--|--|--------------|--|
| 2.1 Sustain Department of Community Health and Wellness at Memorial Health System to support chronic disease management education and programming | 2.1.1 Identify health partners to implement Memorial Health System chronic disease management software to identify and engage high risk patients | Memorial Health System | January 2022 | A summary report of the software being implemented |
| | 2.1.2 Provide education classes and programs to prevent and manage chronic disease | Memorial Health System, OSU Extension Office, The Right Path, Washington County Health Department, Marietta/Belpre Health Department | 2022-2024 | Number of residents who attend the program |
| | 2.1.3 Provide community screenings for blood pressure, blood sugar and weight for a low cost or no cost at all | Memorial Health System, Washington County Health Department, Marietta/Belpre Health Department | 2022-2024 | Number of screenings completed |

| | | | | |
|---|---|--|-------------------|---|
| | 2.1.4 Lifestyle Medicine practice focused on treating people with Diabetes | Memorial Health System, Marietta/Belpre Health Department, Washington County Health Department | Spring 2022 | Improved lifestyle for 10% of patients measured via self-report from patients |
| | 2.1.5 Identifying and scheduling high risk diabetic patients for clinic appointments | Memorial Health System | 2022 | Number of residents who scheduled for appointments |
| 2.2 Reduce the rate of preventable hospital stays | 2.2.1 Memorial Health System primary care providers transition to patient-centered medical home model of care | Memorial Health System | 2022 | 100% of Memorial Health System primary care providers are PCMH certified |
| | 2.2.2 The Changed Plate community cooking classes | Memorial Health System | January 2022-2024 | Increase in ability to cook healthy foods for those with diabetes, cancer, and heart disease via participant self-report survey |
| | 2.2.3 Implement the use of balance and mobility classes | Memorial Health System, O'Neill Senior Center, YMCA, Washington County Health Department, OSU extension office | January 2022 | 10% decrease in hospital readmissions for participating patients |
| | 2.2.4 Community health partners will increase education and awareness with educational presentations | Memorial Health System, Washington | January 2022-2024 | Number of presentations conducted on exercise, blood pressure, blood sugar and weight management |

| | | | | |
|---|---|---|-------------------|--|
| | focusing healthy lifestyle choices | County Health Department, Marietta/Belpre Health Department, Washington County Behavioral Health Board, OSU extension Office, The Right Path, Family and Children First | | |
| 2.3 Improve the status of Washington County residents' health behaviors | 2.3.1 Increase access to affordable healthy foods through policy, system, and built environment | Creating Healthy Communities coalition, OSU Extension Office, Farmer's Markets, The Right Path | January 2022-2024 | Community participation in/attendance at farmers' markets (access to healthy food), number of farmers' markets Number/locations of community gardens Number of food policy guidelines adopted |
| | 2.3.2 Increase access to affordable physical activity through policy, system, and built environment | Creating Healthy Communities coalition, Village of Beverly, City of Marietta, Marietta/Belpre Health Department | Spring 2022-2024 | Increase active living policies and plans through Active Transportation Plans and Safe Routes to Schools and Complete Streets Policy Adoption Improved built environment through biking/walking infrastructure improvements, and improved playgrounds |



Priority 3: Community Outreach/Health Education

Why is this a priority? Washington County experiences many of the health challenges common in rural and Appalachian regions including higher than average obesity and tobacco use rates, lower rates of physical activity and consumption of healthy foods, and higher rates of depression. These trends are the result of a variety of factors including geography, cultural norms, and income levels. Many health programs are currently being offered county-wide to directly address these barriers, including case management, health screenings and facilitating access to healthcare services; however, not all residents are aware of these services, realize they are eligible to use them, or feel comfortable using them (see CHA). A combination of knowledge through health education classes and programs, policy changes to reduce tobacco access, and environmental changes including housing, safety, and transportation improvements can begin to reduce the barriers to health and well-being experienced by residents

This health education plays a critical role in improving and extending the reach of activities that improve the health of Washington County residents. It is the responsibility of a health-focused community to ensure a collaborative effort to provide health education through community outreach that is effective and far-reaching.

Community health programs address disparities by ensuring equitable access to health resources. Such disparities include living in an isolated rural area with limited healthcare providers or being unable to afford health insurance. Community health centers often serve as the primary care provider in communities where health equity is limited by socioeconomic factors.

The current pandemic has highlighted the crucial role public health plays in providing health education to our communities. It is paramount that the community health sector takes a leadership role in providing accurate, factual information and it is only through partnerships and collaborations with community stakeholders that this message can be most effectively communicated. Washington County is comprised of twenty-nine cities, villages and townships. Only by being intentional in outreach and education efforts can we, as a health-focused community, ensure all residents have access to quality health-care and information.

Goals: Through partnerships and stakeholders' collaboration, community health organizations will provide a range of health services and programs that encourage and support healthy living and wellness for everyone in Washington County. Health education and community outreach is important in addressing physical, mental, emotional and social health.

Consideration of Ohio SHIP: Health Behaviors

Consideration of Healthy People 2030 National Priorities: Overall Health & Well-Being

Priority Population Impacted: Low educational attainment (less than a high school graduate)

Our plan: To offer services and programs that build skills and knowledge to improve and maintain health, prevent chronic disease, and reduce risky behaviors of residents in Washington county

Resources and Assets: 2-1-1, Buckeye Hills Regional Council, CHARMED (County Harm Reduction Education), Community organizations (YMCA, Betsey Mills, Boys and Girls Club), Educational Institutions, Family and Children First, Food Pantries, GoPacks, Life and Purpose Resource Center, Marietta/Belpre City Health Department, Memorial Health Systems, OSU Extension Office, Public libraries, Senior Centers, The Right Path, Washington County Behavioral Health Board, Washington County Health Department, Washington County Homeless Project, Washington County Sheriff's Department, Washington-Morgan Community Action

Priority 3: Action Plan

Community Outreach/Health Education

| Objective | Activities | Responsible Parties | Timeframe | Evaluation Measures |
|-------------------------|---|---|--------------|---|
| 3.1: Reduce tobacco use | 3.1.1 Establish a specialized work group comprised of community partners and those who identify as low SES to address tobacco use | Washington County Health Department, Memorial Health Systems, Marietta/Belpre Health Department | January 2022 | Established workgroup |
| | 3.1.2 Create and finalize a 5-year strategic plan implementing the vision, mission statement, and strategies developed by the tobacco workgroup | Washington County Health Department | June 2022 | A finalized strategic plan |
| | 3.1.3 Adoption of tobacco free policy for schools and community areas | Washington County Health Department | 2023-2024 | Number of policies adopted |
| | 3.1.4 Increase accessibility of cessation services to those of the low SES community | Washington County Health Department, Family and Children First Council | January 2022 | The number of residents accessing cessation services The number of parents who utilize the "5-As" smoking prevention method. Also who utilize the Parents As Teachers (PAT) "How Smoke Harms Young Children" handout. |

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| 3.2: Expand community educational offerings | 3.2.1 Stop the bleed class offered to community | Memorial Health System | 2022 | Class offered two or more times per year |
| | 3.2.2 Create STD educational brochures to distribute to the community and provide referrals to treatment options | Memorial Health System; Washington County Health Department, Marietta/Belpr e Health Department | 2022 | Number of residents who receive education on prevention of sexual transmitted diseases and treatment options increases |
| | 3.2.3 Provide education on ensuring a safe home environment for children | Family and Children First Council | 2022 | The number of safety kits provided to families who successfully completed the educational portion of the program |
| | 3.2.4 Provide car seat education on ensuring safety for children | Marietta/Belpr e Health Department, Family and Children First Council | 2022 | Provide car Seat Fitting Station and have certified Car Seat Technicians provide the car seat training classes. |
| 3.3 Improve access to safe housing | 3.3.1 Provide a Homeless Crisis Response Program, Section 8 HUD program, assisted housing programs, and home weatherization assistance program | Washington-Morgan Community Action | 2022-2024 | The number of residents who use the programs |

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| 3.4: Prevent falls in older adult population, 55+ | 3.4.1 Expand collaboration efforts with local community organizations to provide opportunities to reduce the risk of falls, fear of falling, and falls-related injuries | Washington County Health Department, Appalachian Ohio Falls Prevention Coalition | 2022-2024 | Increase members of the Appalachian Ohio Falls Prevention Coalition by 10% |
| | 3.4.2 Promote evidence based programs to expand access to resources and programs to reduce falls in the community | Memorial Health System, Washington County Health Department, OSU Extension Office, YMCA, O'Neill Center | January 2022-2024 | Increase in participants in balance and mobility classes |
| 3.5 Provide parent support program | 3.5.1 Incorporate early prenatal and well-baby care, as well as parenting education through formal "Help Me Grow" program | Family and Children First Council | 2022-2024 | The number of families served |

Priority 4: Behavioral/Mental Health and Addiction

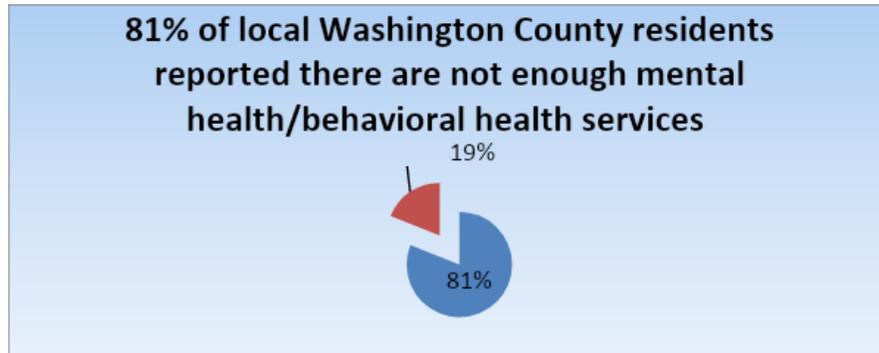


Figure 8: Mental/Behavioral Health CHA Findings

Why is this a priority? Mental illness affects not only an individual, but it also impacts their families and even communities. Education and support is needed so that those struggling understand how essential it is to get help when suffering from a mental health condition. With more education, suffering could be reduced and suicides could be prevented. The CHA revealed higher rates of suicide and depression among residents of our county than those reported in both the state and nation. Mental health heavily influences our quality of life, and 18.3% of adults age 18 and older self-report having poor or fair health in Washington County.

Substance Use, including alcohol, tobacco, and other drugs, impacts everyone at all levels of the community. It not only leads to negative health outcomes but causes many other issues, including loss of economic productivity and decreased quality of life. In addition, substance use was identified as one of the top health issues in the community. Substance use also affects the most vulnerable among us, children. It impacts people across the span of their childhood, from babies born with neonatal abstinence syndrome to children being cared for by their grandparents due to parental drug use.

Washington County has a Mental and Substance Use Disorder mortality rate of 21 per 100,000 population (male) and 8.8 per 100,000 (female). The national levels occur at 18.7 (male) and 8.2 (female). The adverse health effects of drug use and excessive alcohol consumption are well documented. The local health system must continue to focus on providing support and intervention to reach those already struggling, and focus efforts on reaching youth through education and support programs that can help improve mental

and behavioral health while simultaneously working to improve the environments in which people live, work and play to reduce stressors and root causes of these health challenges.

Goals: To provide a unified system of mental health and alcohol and drug addiction services. This will be accomplished by coordinating services among contract agencies and other providers of mental and behavioral health care.

Consideration of Ohio SHIP: Mental Health and Addiction

Consideration of Healthy People 2030 National Priorities: Mental Health & Disorders

Priority Population Impacted: Low income (less than \$25,000 annual household income)

Our plan: To develop active partnerships to provide treatment and recovery services, as well as continue to plan, develop, and evaluate mental health, behavioral health and addiction services

Resources and Assets: 2-1-1, Alcoholics Anonymous – Narcotics Anonymous, CHARMED, Common Pleas (Drug Court Docket), EVE, Family and Children First, Hopewell Health Center, House of Hope, Integrated Services, Life and Purpose Behavioral Health, Life and Purpose Resource Center, Municipal Court (Mental Health Docket), Rigel Recovery Services, The Right Path, Washington County Behavioral Health Board, Washington County Health Department, Washington County Homeless Project, Washington County Sheriff's Office

Priority 4: Action Plan

Behavioral/Mental Health and Addiction

| Objective | Activities | Responsible Parties | Timeframe | Evaluation Measures |
|---|--|--|-----------|--|
| 4.1 Increase public knowledge and reduce stigma associated with mental illness and addiction in Washington County | 4.1.1 Provide factual information on mental health and addiction through multiple channels of communication including radio ads, social media, website, newspaper, and in-person events. | Washington County Behavioral Health Board; Washington County Health Department, Marietta/Belpre Health Department | 2022-2023 | <p>The number of views and insight from social media</p> <p>The number of radio/TV ads run per year</p> <p>The number of behavioral health matters articles submitted to the newspaper</p> <p>The number of events attended to provide in-person education</p> |
| | 4.1.2 Provide training on mental health and addiction including Mental Health First Aid, Question Persuade Refer Suicide Prevention, Crisis Intervention Team Training (law enforcement) | Washington County Behavioral Health Board Washington County CIT Steering Committee (including law enforcement and BH treatment agencies) Suicide | 2022-2023 | Number of trainings provided |

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| | | Awareness Alliance (County Suicide Prevention Coalition) | | |
| | 4.1.3 Provide certification training for peer recovery supporters to promote recovery is possible and educate the public from a perspective of lived experience with mental health and/or addiction | Washington County Behavioral Health Board | 2022-2023 | Number of peer recovery supporters trained at annual trainings |
| | 4.1.4 Increase community education (training) on warning signs and symptoms on overdose and how to properly access and administer naloxone | Washington County Health Department, Project DAWN | 2022-2023 | Number of Project Dawn trainings |
| 4.2 Decrease harm for high risk intravenous drug users through education, information on treatment, naloxone training/access, and sterile syringes | 4.2.1 Partner with local services to provide harm reduction education, local treatment availability, and syringe exchange program | Washington County Health Department; Washington County Behavioral Health Board (funders); Rigel Recovery Services | 2022-2023 | Increase in the number of residents accessing the program |

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| | 4.2.2 Increase referrals to local Quick Response Team (Washington County Recovery Engagement Team & Marietta City Recovery Engagement Team) to connect those with recent high risk incidents (crime and/or overdose) to naloxone and/or mental health and addiction treatment services | Washington County Behavioral Health Board; Washington County Sheriff's Department; Marietta City Police Department; Peer Recovery Supporters; Life and Purpose Behavioral Health; Hopewell Health Centers; Rigel Recovery Services; Washington County Health Department | 2022-2023 | Increase the number of referrals and follow up visits post drug related crime/overdose |
| 4.3 Increase participation with Project DAWN | 4.3.1 Provide additional naloxone training | Washington County Health Department, Marietta/Belpre Health Department | 2022-2023 | Increase the number of providers to provide naloxone |
| | 4.3.2 Meet with law enforcement, behavioral health stakeholders, and other partners to discuss possible implementation | Washington County Health Department; Marietta Belpre Health | 2022 | Meeting minutes and hosting two meetings in the year |

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| | | Department; Washington County Behavioral Health Board | | |
| 4.4 Ensure prevention programs and services are in place to improve outcomes and reduce behavioral health challenges | 4.4.1 Fund PAX Good behavior Games for all Washington County school districts for grades Kindergarten through 6th | Washington County Behavioral Health Board; Hopewell Health Centers; OSU Extension | 2022-2023 | Number of teachers trained in PAX |
| | 4.4.2 Actively support and collaborate with the Right Path for Washington County to provide education and event opportunities to families that support healthy youth development | Washington County Behavioral Health Board The Right Path for Washington County | 2022-2023 | Events hosted |
| | 4.4.3 Actively support and collaborate with Family and Children First Council and mental health providers to offer wrap-around coordination and mental health treatment for high risk children | Children Services; Washington County Behavioral Health Board; Family and Children First Council; Integrated Services for Behavioral Health; Life and Purpose | 2022-2023 | Meeting minutes documenting collaboration Family and Children First Referral Report |

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| | | Behavioral Health; Hopewell Health Centers | | |
| | 4.4.4 Fund prevention programs to be accessible in the schools | Washington County Behavioral Health Board; Local School Districts; Hopewell Health Centers; Life and Purpose Behavioral Health | 2022-2023 | Prevention contracts Provider contracts |
| | 4.4.5 Actively promote and support referrals to Family & Children First's evidence-based parenting programs (Strengthening Families 10-14 program; Incredible Years Preschool Basic Program; Parenting Wisely Programs) | Family and Children First Council | 2022-2024 | Number of participants Survey data |
| 4.5 Improve continuum of care | 4.5.1 Assess and identify gaps in the Washington County Continuum of Care semi-annually. | Washington County Behavioral Health Board | 2022 | Completed Assessment done semi-annually |
| | 4.5.2 Increase the quality of behavioral health services | Washington County Behavioral Health Board | 2022-2024 | Number of new provider trainings Provider Audits |

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| | 4.5.3 Community health partners will increase education and awareness activities to support community mental health initiatives | Memorial Health System & Partners | 2022-2024 | Increase participation in the annual medication take back day Increase referrals to behavioral health services (as appropriate) |
| 4.6 Ensure continuity of care is available and accessible for all Washington County residents for mental health and addiction treatment services | 4.6.1 Fund and retain continuity of services through provider contracts | Washington County Behavioral Health Board | 2022-2024 | Provider contracts |
| | 4.6.2 Offer financial assistance for Washington County residents based on a sliding fee scale | Washington County Behavioral Health Board | 2022-2024 | Non-Medicaid payment files/GOSH billing claims |
| | 4.6.3 Coordinate and support opportunities that strengthen the behavioral health workforce including continuing education, certification, and licensure | Washington County Behavioral Health Board | 2022 | Scholarships and workforce development grants |
| | 4.6.4 Fund treatment in the local school districts to be accessed by youth | Washington County Behavioral Health Board; Local School Districts; Hopewell Health Centers; Life and Purpose Behavioral Health | 2022 | Contracts with mental health providers Use of Student Wellness Funds (LSDs) |



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Acknowledgements

Washington County Health Department would like to thank the following organizations for contributing in the planning sessions that led to the community health priorities outlined in this report:

Buckeye Hills Regional Council- Mindy Cayton
Buckeye Hills Regional Council- Brandi Hesson
CHARMED- Angie Rarey
Community Health Improvement Associates - Richard Wittberg
Creating Healthy Communities- Sherry Ellem
GoPacks- Heather Warner
Hopewell Health Centers- Sherry Shamblin/Adryanne Garrett
Integrated Services- Erin Taylor
Life & Purpose Behavioral Health Services -Janice McFarland
Life and Purpose Resource Center- Janice McFarland
Marietta/Belpre City Health Department- Rebecca Aber
Memorial Health Systems- Deanna Shuler
O'Neill Center- Ada Meeks
OSU Extension Office- Greta Lynch
Rigel Recovery Services- Coda Kyle
The Right Path- Cathy Harper
Tobacco Free Initiative- Josh Walsh
Washington County Behavioral Health Board- Shaeleigh Sprigg
Washington County Behavioral Health Board- Tara Plaughter
Washington County Behavioral Health Board- David Browne
Washington County Board of Developmental Disabilities- Tiffany Neill
Washington County Department of Job and Family Services- Jamie Vuksic
Washington County Department of Job and Family Services- Flite Freimann
Washington County Family & Children First- Cindy Davis
Washington County Health Department- Megan Smith
Washington County Health Department- Stephanie Brown
Washington County Health Department- John Jackson
Washington County Retired Senior Volunteer Program (RSVP)- Lisa Valentine

Washington County Sheriff's Department- Sheriff Larry Minks
Washington-Morgan Community Action- David Brightbill
Marietta YMCA- Miranda Ickler

This document was designed to be used by all community members to learn about and be participants in advancing positive health outcomes in our community. If you would like to be more involved, know that anyone interested in the health of our community is welcome to join the efforts.

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The 2022-2024 Washington County Community Health Improvement Plan is available on the following websites:

Marietta/Belpre Health Department
<https://mariettabelprehealth.org/>

Washington County Health Department
<https://www.washingtongov.org/137/Health-Department>

| Document History | Date |
|-------------------------|------------------------|
| 2022-2024 CHIP Adopted | Monday, April 25, 2022 |