

Marion County, Ohio

2016-2020

Community Health Improvement Plan



Prepared by:
Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

OFFICE OF THE HEALTH COMMISSIONER

July 1, 2016

Dear Reader,

I am pleased to have the opportunity to present to you a report documenting the 2016-2020 Community Health Improvement Plan (CHIP) of Marion County, Ohio. This was a comprehensive process that involved many population health system partners in the community as well as the general public. Our contributing partners will be identified within the report. The community health priorities addressed in this comprehensive plan were identified by these community partners as a consequence of the 2015 Community Health Assessment. These are: Substance Abuse, Obesity, Tobacco, Maternal and Child Health, and Safe and Healthy Housing. These are not novel issues to Marion. In fact, we were able to incorporate some existing community coalition plans into this comprehensive planning document.

This five year plan will be repeated on a 5 year cycle with interim progress status updates recorded in an accompanying tracking document. The blank tracking document template is included in this planning document. This plan may be modified over time. Such modifications will be noted in an appendix to any revised versions.

The report will be made available to all who want it electronically via email or on the Marion Public Health website, www.marionpublichealth.org. Due to its size and the expense of printing, only a limited number of hard copies will be printed.

Sincerely,

A handwritten signature in blue ink, appearing to read "Thomas Quade".

Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

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Background

The 2015 Community Health Assessment is complete and hardcopies have been distributed to those community partners who helped in its creation. The digital version is on the MPH webpage. That assessment identified 5 health priorities around which the 2016-2020 Community Health Improvement Plan will be developed.

- 1. Substance Abuse**
- 2. Obesity (Physical Activity and Nutrition)**
- 3. Tobacco**
- 4. Maternal and Child Health**
- 5. Safe and Healthy Housing**

The Marion community has already been implementing plans that address several of these issues. The community health improvement plan (CHIP) is intended to build on these plans. We will continue to solicit community input and, through that process, increase our understanding of the root causes of the issues that have been identified by the community in the Community Health Assessment. The CHIP document is a compilation of all these plans into one document that can be used to communicate the breadth of the community's efforts regarding these five issues. A "living document" tracking sheet has been developed to track our collective progress in meeting the objectives identified in the plan. The blank version is attached to this plan. Creating this plan presented an opportunity to strategically align existing plans, enhance existing plans if/where feasible, and bring in new partners where gaps exist. Where possible, the plan aligns with the State of Ohio State Health Improvement Plan (SHIP).

The Planning Cycle

The Community Health Improvement Plan (CHIP) is the second of a three plan cycle. It builds upon the Community Health Assessment and informs the MPH Strategic Plan.



Workgroup Leaders

Marion Public Health committed to facilitating the process, convening meetings, collating plans, etc. However, this is a **community plan** and it is made stronger with community leadership. The following individuals have agreed to chair or co-chair the five priority workgroups.

1. Substance Abuse: Jody Demo-Hodgins (Marion Crawford ADAMH Board)

2. Obesity (Physical Activity and Nutrition): Theresa Lubke (Marion Family YMCA)

3. Tobacco: Erin Creeden (Marion Public Health)

4. Maternal and Child Health: Dr. Leonard Janchar (Pediatrician and Medical Director, Marion Public Health) and Angie Reiff (Community Engagement, Center Street Community Clinic)

5. Housing: Tom Quade (Marion Health Commissioner)

Marion Public Health met with each workgroup's leaders and provided a brief orientation to the process and distributed planning templates in early September, 2015.

Workgroup Members

The following table identifies members from each of the workgroups that were involved in the development of the Community Health Improvement Plan. In several cases they are the rosters of pre-existing active coalitions that were already addressing some of the identified priorities. Not all of those listed participated in every step. Some were informative conversations. These lists are not all-inclusive as they don't capture the valuable input of the various focus groups we held along the way to examine root causes and health equity issues as those groups cut across all priority areas.

Name	Affiliation	Priority Area
Jody	Marion Crawford ADAMH Board	Substance Abuse
Abbey Trimble	Marion Public Health	Substance Abuse
Lt. Chris Adkins	drug task force	Substance Abuse
Judge Deborah Alspach	Family Court Judge	Substance Abuse
Andy Appelfeller	County Commissioners	Substance Abuse
Richard Axline	family member	Substance Abuse
Ashonda Baker	Marion Area Counseling Center	Substance Abuse
Judge Teresa Ballinger	Marion Municipal Court	Substance Abuse
Ed Borland	Firefighter	Substance Abuse
Father Thomas Buffer	pastor	Substance Abuse
Carol Burley	recovering person	Substance Abuse
Angela Carbetta	Marion County Recycling	Substance Abuse
Carolyn Christman	pastor	Substance Abuse
Kathy Clark	social worker	Substance Abuse
Kelly Clixby	recovering person	Substance Abuse
Major Aaron Corwin	drug task force	Substance Abuse
Kalyssa Davis	recovering person	Substance Abuse
Rev. Steve deWeber	pastor	Substance Abuse
Sean Dewitt	Director, Boys and Girls Club	Substance Abuse

Pat Fox	citizen	Substance Abuse
Judge Robert Fragale	Family Court Judge	Substance Abuse
Irene Fulton	citizen	Substance Abuse
Jodi Galloway	prevention professional	Substance Abuse
Brenda Green Gilliam	Business Owner	Substance Abuse
Pastor Gale	pastor	Substance Abuse
Scott Grey	Business Owner	Substance Abuse
Justin Hamper	pharmacist	Substance Abuse
Dave Hamrick	pastor	Substance Abuse
Rev. Dave Hoffman	pastor	Substance Abuse
Pastor Dave Holdren	pastor	Substance Abuse
Annette Holler	Agent, Diversified Insurance Services	Substance Abuse
Pastor Beau Hummel	pastor	Substance Abuse
Dave Jackson	pastor	Substance Abuse
Pastor Shawn Jackson	pastor	Substance Abuse
Dean Jacob	Marion Community Foundation	Substance Abuse
Jennifer Miller	Adult Probation officer	Substance Abuse
Pastor Tim	pastor	Substance Abuse
Kerr Murray	citizen	Substance Abuse
Kevin Norris	Marion City Council	Substance Abuse
Lisa Norris	family member	Substance Abuse
Pastor Gregg Parkman	pastor	Substance Abuse
Josh Parrish	recovering person	Substance Abuse
Arnita Pittman	Substance Abuse Counselor	Substance Abuse
Jeff Price	Sober Living	Substance Abuse
Trish Reid	MTC	Substance Abuse
Michael Ring	recovering person	Substance Abuse
Jacqueline Ringer	Children's Services	Substance Abuse
Dan Russell	County Commissioners	Substance Abuse
Pastor Sarah Schaaf	pastor	Substance Abuse
James Slagle	Common Pleas Judge	Substance Abuse
Crystal Slone	Family and Children First	Substance Abuse
Jackie Smith	citizen	Substance Abuse
Roxane Somerlot	Director, JFS Marion	Substance Abuse
Rev. Adam Sornchai	pastor	Substance Abuse
Brandi Spaulding	Talbot Hall	Substance Abuse
Ken Stiverson	County Commissioners	Substance Abuse
Tiya Stokey	Dublin Springs	Substance Abuse
Pam Stone	United Way Marion	Substance Abuse
Meghan Stose	AOD treatment professional	Substance Abuse
Tom Stotts	Municipal Probation	Substance Abuse
Bethani Temple	FDT Court coordinator	Substance Abuse
Tonya Thompson	MTC	Substance Abuse

Kory Ute	Nurse, Elgin Schools	Substance Abuse
Cindy Wall	Municipal Court PO	Substance Abuse
April Weiser		Substance Abuse
Brock Weston	pastor	Substance Abuse
Sam Wolfe	therapist and instructor	Substance Abuse
Amy Wood	Marion City Schools	Substance Abuse
Michelle Wood	Reentry Court	Substance Abuse
Brent Yager	County Prosecutor	Substance Abuse
Beverly Young	Marion Area Counseling Center	Substance Abuse
Pastor Joe Zirldo	pastor	Substance Abuse
Theresa Lubke (Chair)	Marion Family YMCA	Obesity
Sharon Baldinger	Pioneering Healthier Communities	Obesity
Gary Barber	Marion City Schools Superintendent	Obesity
Rosemary Chaudry	Community at large	Obesity
Erin Creeden	Marion Public Health	Obesity
Cliff Edwards	Center Street Community Clinic (FQHC)	Obesity
Nancy Hafer	Pioneering Healthier Communities	Obesity
Dr. Leonard Janchar	OhioHealth Pediatrician	Obesity
Jim Lavelle	Ohio Heartland Community Action Commission	Obesity
Chloe Metcalf	Pioneering Healthier Communities	Obesity
Tom Quade	Marion County Health Commissioner	Obesity
Greg Rose	The Ohio State University at Marion	Obesity
Mike Thomas	Marion City Council	Obesity
Abbey Trimble	Marion Public Health	Obesity
Mariann Wright	Marion Family YMCA	Obesity
Erin Creeden (Chair)	Marion Public Health	Tobacco
Kelly Andrews	Ohio Health – Marion General Hospital	Tobacco
R Baldwin	Marion Area Counseling Center	Tobacco
Gary Barber	Marion City Schools Superintendent	Tobacco
Bob Britton	Ridgedale Schools	Tobacco
John Bruno	Pleasant Schools	Tobacco
Laura Busler	Marion Crawford Prevention Program	Tobacco
Jody Demo-Hodgins	Marion Crawford ADAMH Board	Tobacco
Hannah Dennis	Whirlpool/Staywell	Tobacco
Cliff Edwards	Center Street Community Clinic	Tobacco
Jodi Galloway	Marion Crawford Prevention Program	Tobacco
Bruce Gast	Elgin Schools	Tobacco
Henry Heinzmann	Community at large	Tobacco
Alyson Issler	Sika	Tobacco
Shawn Kitchen	Ohio Health – Marion General Hospital	Tobacco
Stacy Knight	Commercial	Tobacco
Jan Meyer	Ohio Department of Health	Tobacco
MaryJo Mundy	The Ohio State University at Marion	Tobacco

Jim Peterson	River Valley Schools	Tobacco
G Raul	Marion Technical College	Tobacco
Calli Rothlisberger	Kroger	Tobacco
Deb Schroll	Marion Public Health	Tobacco
Jackie Straub	Commercial	Tobacco
Abbey Trimble	Marion Public Health	Tobacco
Kory Ute	Elgin Schools	Tobacco
Bev Young	Marion Area Counseling Center	Tobacco
Traci Zellner	Marion County Courts	Tobacco
Dr. Leonard Janchar (Co-Chair)	MPH Medical Director	Maternal and Child Health
Angie Reiff (Co-Chair)	Center St. Community Health Center	Maternal and Child Health
Rosemary Chaudry	Community at Large	Maternal and Child Health
Sean Dewitt	Boys and Girls Club	Maternal and Child Health
Brenda Gatchel	Nurse Mid-Wife Marion Area Physicians	Maternal and Child Health
Katrina Harwood	MPH	Maternal and Child Health
Kristy Lee	MPH	Maternal and Child Health
Shelly Mabrey	Head Start	Maternal and Child Health
Kathy Neff	Head Start	Maternal and Child Health
Deb O'Donnell	MGH	Maternal and Child Health
Mike Ring	United Way-Let's Read 20	Maternal and Child Health
Jacqueline Ringer	MCCS	Maternal and Child Health
Crystal Slone	CSCHC	Maternal and Child Health
Roxane Somerlot	ODJFS	Maternal and Child Health
Laurie Stidim	MAPP	Maternal and Child Health
Jackie Thornberry	MGH	Maternal and Child Health
Abbey Trimble	MPH	Maternal and Child Health
Jennifer Valentine	Help Me Grow/MAPP	Maternal and Child Health
Marcy Watterson	Family Children First Council	Maternal and Child Health
Tom Quade (Chair)	Health Commissioner, MPH	Housing
Paulette Bullion	Marion Housing Authority	Housing
Chief Collins	Marion City Police Department	Housing
Tara Dyer	MPH BOH/Minority Commission	Housing
Liz Feliciano-Deeter	Ohio Heartland CAC (& Marion Matters Ally)	Housing
Kate Fisher	Landlord	Housing
Ken Lengieza	Regional Planning	Housing
Sandra Novatny	League of Women Voters	Housing
Brian Penrod	Marion-Crawford ADAMH Board (and COC)	Housing
Tyler Pigman	MPH/Environmental Health	Housing
Mayor Scott Schertzer	Mayor of Marion	Housing
Evie Warr-Cummings	Regional Planning	Housing
Dean Wenger	Habitat Volunteer	Housing
Bev Young	Marion Area Counseling Center	Housing

Existing Plans

A tremendous amount of work has already been done in the community by a large number of individuals and coalitions regarding several of the identified health issues. Where possible, those existing plans were used to populate this planning document. Gaps were seen as prompts for opportunities to enhance existing plans. That said, we were challenged as a health department to satisfy some robust guidance from the Public Health Accreditation Board (PHAB) regarding the process of creating the plan, the plan document itself, and the tool we use to track progress of implementation.

There was an existing plan for Substance Abuse that was developed by the STAND Coalition members. This plan will serve as the community health improvement plan for this community priority. The local Alcohol, Drug, and Mental Health Board will take the lead role in its implementation.

There was an existing plan for Obesity that was developed by the Pioneering Healthy Communities Coalition (PHC). This plan will serve as the community health improvement plan for this community priority. The Pioneering Healthy Communities leadership team will take the lead role in its implementation.

There is an existing plan for Tobacco that was developed by the Tobacco Coalition as part of the Creating Healthy Communities initiative (CHC). This plan will serve as the community health improvement plan for this community priority. The CHC grant coordinator will take the lead role in its implementation.

There was no pre-existing plan for Maternal and Child Health in Marion. The community health improvement plan for this community priority is newly developed with considerable community involvement. The Director of Population Health at Marion Public Health will support co-chairs from the community to implement this plan.

There was no pre-existing health improvement plan for Housing in Marion. The community health improvement plan for this community priority is newly developed with considerable community involvement. The Health Commissioner at Marion Public Health will work with community partners to implement this plan.

Health Equity

Marion Public Health is committed to the pursuit of health equity. To that end, we convened more than 80 community members from across multiple sectors for orientation and training around health and equity in all policies. We will create community panels of equity advisors to help serve as intentional filters to review potential issues of equity that arise as community health improvement strategies are developed and implemented. This process is still in its nascent stage as this Community Health Improvement Plan is put in place. That said, as plans are implemented, there will be ongoing efforts and opportunities for these health equity advisory panels to advise and revise strategies to assure we are addressing any barriers to the achievement of optimal health of all residents of Marion County. These opportunities to listen to and learn from under-represented and often disenfranchised communities will guide the evolution of plans and will be added to this master CHIP document.

Data Considered by the planning groups

Each team leader was provided a copy of the 2015 Community Health Assessment. They were familiar with the breadth of its content as they all participated in its development. The Community Health Assessment included a sections that addressed each of the priority areas. Regarding substance abuse, the report included primary source data on behaviors and risk factors both for adults and for youth. Regarding the Obesity priority area, the assessment provided primary source data regarding obesity rates, access to healthy food, engagement in physical activity, and healthy eating behaviors. The assessment report also addressed tobacco use rates, tobacco related mortality, and tobacco cessation activity. There were a variety of sections of the report that covered maternal and child health issues as well. The Housing workgroup depended less on the 2015 Community Health Assessment than the other groups as these data were less available.

In addition to the 2015 Marion Community Health Assessment report's local survey data, the workgroups had access to other secondary sources of data. The substance abuse group also reviewed data from a survey conducted by the prevention institute of students in the county's school systems. These data were also from 2015. The maternal and child health group also examined oral health data from the onsite visiting dentist, lead poisoning information from an article in the Chicago Tribune about the link between childhood lead exposure and later criminal behavior, breastfeeding data from the US Breastfeeding Report Card (CDC), immunization rates from Marion Public Health, childhood literacy from the United Way of Marion County strategic plan, infant mortality data from the Ohio Commission on Minority Health, infant mortality data, chronic disease, and mental health data from the State Health Improvement Plan, and a variety of data elements from HealthyPeople2020. The Housing group examined anecdotal evidence shared by the local landlord and tenants groups.

Understanding Community Assets & Resources

The groups were challenged to consider what community assets and resources might be available to address the various priority issues. The resources identified by the groups are listed in this table.

Name of Asset	How might this be used to address the issue?	Priority Area
Marion Crawford ADAMH	Professional expertise / content experts / programming	Substance Abuse
Prevention Institute	Professional expertise / content experts / programming	Substance Abuse
Stand Coalition	Comprehensive list of members – human capital	Substance Abuse
Family Court	Drug court – treatment focused	Substance Abuse
Sober living housing	Recovery options	Substance Abuse
Member organizations of the Pioneering Healthier Communities Coalition	These represent the players/stakeholders/decision makers regarding policy impacting access to healthy food as well as access to opportunities for physical activity.	Obesity
Member organizations of the Tobacco Control and Prevention Coalition	These represent the players/stakeholders/decision makers regarding policy impacting tobacco use and exposure	Tobacco
CSCHC	Part of stakeholder group, dental service provider	Maternal & Child Health
WIC	Part of stakeholder group, PA and healthy eating education/counseling, referrals, breastfeeding support	Maternal & Child Health

MAPP	Part of stakeholder group, pregnancy prevention, education, encourage prenatal care, referrals	Maternal & Child Health
HMG	Part of stakeholder group, encourage prenatal care, postpartum resources, home visits, developmental assessments, referrals	Maternal & Child Health
MCCS	Part of stakeholder group, meeting displaced children's basic needs, referrals	Maternal & Child Health
ODJFS	Part of stakeholder group, referrals/resources	Maternal & Child Health
MGH	Part of stakeholder group, breastfeeding support, safe sleep education, referrals	Maternal & Child Health
United Way	Part of stakeholder group, Let's Read 20-literacy	Maternal & Child Health
Head Start	Part of stakeholder group, early start/education	Maternal & Child Health
Boys and Girls Club	Part of stakeholder group, encourage education and social support	Maternal & Child Health
Fatherhood Program	Part of stakeholder group, positive parental support	Maternal & Child Health
MPH	Part of stakeholder group, immunizations, infant mortality, breastfeeding support, referrals	Maternal & Child Health
Family and Children First Council	Part of stakeholder group, meets gaps for child needs	Maternal & Child Health
OBs/Peds	Part of stakeholder group, prenatal care, PA, obesity, infant mortality	Maternal & Child Health
Legal Aid	Identifying rights of tenants	Housing
Marion Landlord Association	Content expertise on issues/barriers faced by landlords	Housing
Marion Housing Authority	Existing standards for subsidized housing	Housing
Continuum of Care (Homeless)	Content expertise on resources and needs	Housing

Listening to the Community

Who we heard from

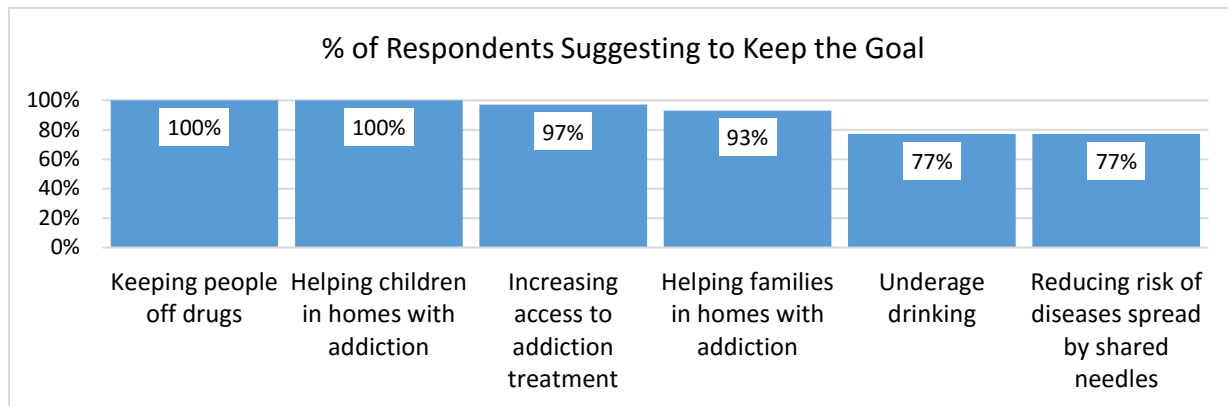
The following table represents the various opportunities we had to meet with and/or survey additional community partners that collectively make up the planning process. These efforts were primarily focused on the public at large though we did make several successful attempts to target specific populations either because the topic was focused on them or because they were from historically under represented or otherwise disenfranchised populations. As mentioned earlier, the upcoming health and equity community panels will also help to inform the planning document over time as it is implemented and experienced by the community.

Date	Type of Interaction	Who We Heard From
October 2015	Web survey for public input on proposed obesity goals	Public at large
October 2015	Pioneering Healthy Communities Leadership Team meeting	Leadership team only
October 2015	Web survey for public input on root causes	Public at large
October 2015	Web survey for public input on proposed obesity goals	Public at large
October 2015	Community survey for public input on root causes	Public at large
October 2015	Whirlpool Health Fair	Factory workers
October 2015	Black Heritage Council surveys	Minority Population

November 2015	Center Street Community Health Center staff meeting	Health professionals
November 2015	WIC client one-on-one with Nutritionist	WIC clients, low income
March 2016	Focus group with landlord association	Landlords
Throughout 2016	Focus groups with local churches – root cause analyses	Minority populations

What they told us

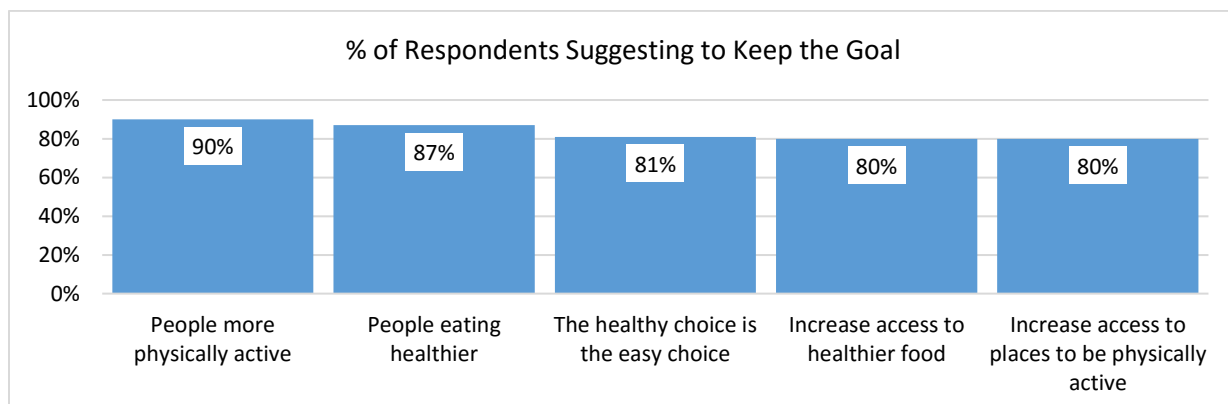
The following information is from the results of the community survey regarding proposed goals regarding **Substance Abuse**. All of the proposed potential goals were overwhelmingly supported by those who responded to the survey (77%-100%).



The survey invited respondents to identify other potential goals for consideration. Three alternative goals underscored the access to treatment issue. The remainder are as follows:

1. Keep the drugs out of Marion
2. Sober living for women and their children
3. Families are empowered to understand the problem and to seek help

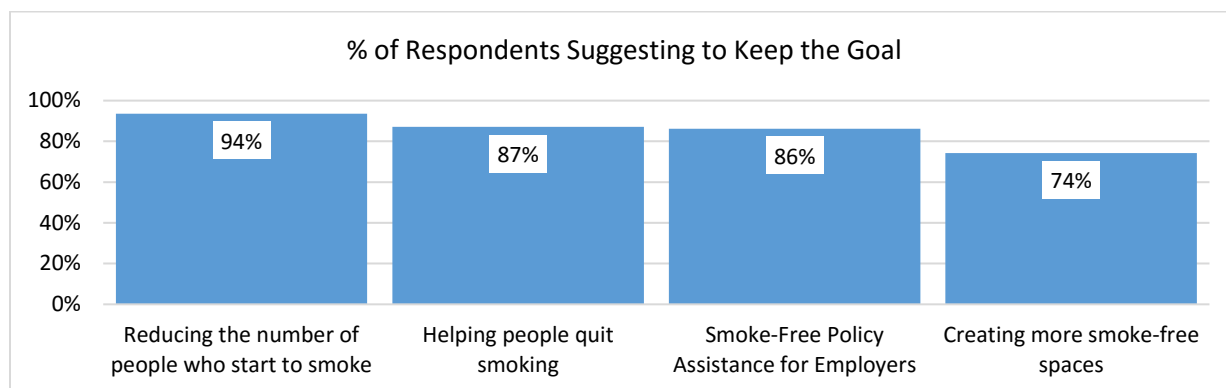
The following information is from the results of the community survey regarding proposed goals regarding **Obesity**. All of the proposed potential goals were overwhelmingly supported by those who responded to the survey (80%-90%).



The survey invited respondents to identify other potential goals for consideration. Several other identified goals underscore existing goals related to access, both for healthier food and opportunities to be active. The remainder are as follows:

1. Increased education on causes of obesity
2. Access to group programs, such as overeaters anonymous or others
3. Increased awareness

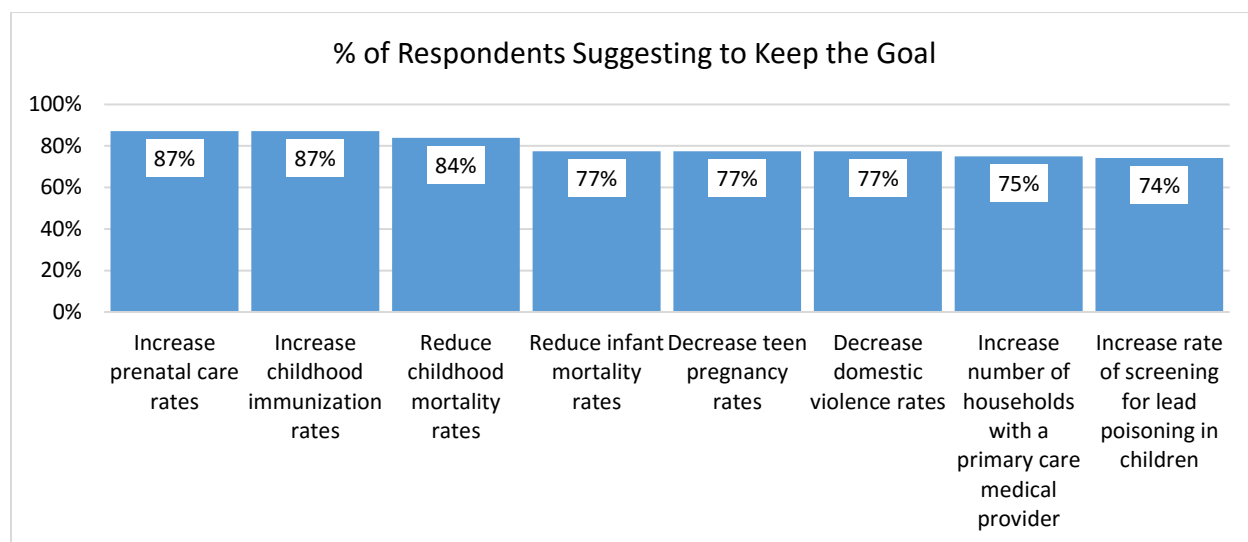
The following information is from the results of the community survey regarding proposed goals regarding **Tobacco**. All of the proposed potential goals were overwhelmingly supported by those who responded to the survey (74%-94%).



The survey invited respondents to identify other potential goals for consideration. Several other identified goals underscore existing goals related to cessation efforts. The remainder are as follows:

1. Increase tax on tobacco products
2. Increase awareness about the dangers of both smokeless tobacco and e-cigarettes
3. Reduce smoking among child-bearing women/families, pregnant women/families, families with young children

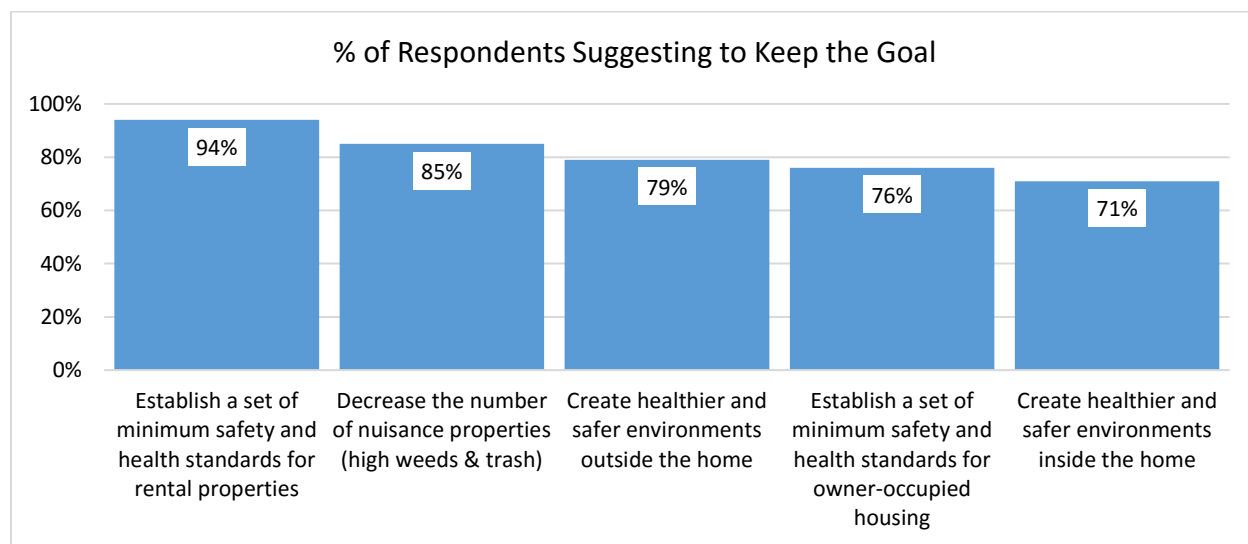
The following information is from the results of the community survey regarding proposed goals regarding **Maternal and Child Health**. All of the proposed potential goals were overwhelmingly supported by those who responded to the survey (74%-87%).



The survey invited respondents to identify other potential goals for consideration. Several focused on increasing access to affordable healthcare. The remainder are as follows:

1. Decrease risks associated with firearms
2. Increase child development education for new parents
3. More education for boys and girls on birth control.
4. Increase access to reliable, long-lasting contraception methods

The following information is from the results of the community survey regarding proposed goals regarding **Housing**. All of the proposed potential goals were overwhelmingly supported by those who responded to the survey (71%-94%).



The survey invited respondents to identify other potential goals for consideration. Several focused on fining landlords and/or tenants for failure to maintain rental properties. The remainder are as follows:

1. Initiate inspections
2. Increase awareness of healthy housing issues like asthma triggers

Themes emerging from community input on root causes

Prior to identifying objectives and strategies for the goals named in the new plans (housing and maternal and child health) and as part of the review of objectives and strategies previously identified in the existing plans for substance abuse, tobacco, and obesity, the team solicited input from the community at large as well as underrepresented populations regarding their thoughts on the root causes of the issues that had been identified. This was done through multiple modalities, including the internet, social media, one-on-one conversations with consumers, and focus groups from target populations.

Physical Activity and Healthy Eating were typically described as being dependent upon access to healthy options and opportunities. Input focused on a variety of specifics, from transportation, distance, cost, availability, and safety. Limited time was another barrier. In addition to these environmental causative factors, there were comments from some participants regarding individual motivational deficits to engage in physical activity rather than relax or to cook meals rather than eat out. The issue of access to

support for cessation efforts was the focus of community input with regard to tobacco control and cessation conversations. The conversations regarding maternal and child health issues were the most prolific. With regard to lead poisoning, the themes focused on low screening rates, lack of follow-up with provider, old housing stock, lack of housing codes, and the perception that some landlords lack willingness to “do the right thing”. Regarding lack of prenatal care, the public identified a lack of support, unwillingness to give up bad habits, no insurance, denial of pregnancy, resources not being advertised, lack of jobs to support insurance, lack of education, generational issues, lack of transportation, low paying jobs, lack of time, lack of affordable healthcare, politics, misaligned education and available jobs, and poverty. Conversations around breastfeeding initiation and duration focused on lack of knowledge and/or support, that it is not a societal norm, and a lack of workplace support. The conversations around immunization rates focused on the barriers of lack of a medical home, lack of complete coverage, missed appointments, lack of transportation, and a lack of positive examples for the families. Infant mortality also came up in the maternal and child health conversations. Much of this was attributed to careless parents, neglect, lack of care and access to care, lack of parenting skills, children having children, poor economic conditions and lack of opportunity to advance, parental drug use, birth complications, poverty, lack of transportation, generational issues, and drug addiction. Finally, the issue of housing was discussed in new focus groups. While the leaders are still learning and making the connections between education, poverty, opportunity, race, employment, and neighborhood to health, the public appears to already get it. The Health Commissioner met with church congregations, including those in minority communities. The focus group participants were quick to identify issues of poverty, opportunistic and “predatory” rental practices, and racism as underlying causes of unequal access to better quality housing.

The focus groups will continue although the Community Health Improvement Plan has been completed. These groups will continue to inform decisions regarding strategies to address the goals and objectives that have been identified in each of the five priority areas. In some cases, these may morph into the health equity advisory groups identified within the Marion Public Health 2016-2020 Strategic Plan.

Planning Document

Substance Abuse

The following are the goal and objectives identified at the time of the development of the 2016-2020 CHIP. There was consensus among those already involved with this plan that it would serve as a core of the 2016-2020 CHIP until such a time as the group updates their goals and objectives.

Goal: Reduce alcohol consumption by adolescents

Objectives:

- Maintain or decrease the numbers of adolescents who report using alcohol in the past 30 days
- Increase in average age of first use in adolescents aged 13-17.
- Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

Goal: Increased community involvement in substance abuse prevention efforts

Objectives:

- Provide at least 2 community presentations on substance abuse prevention
- Collect at 1,000 Join the Front Line community member pledges and distribute at least 300 yard signs

Goal: Reduce the incidence of fatal drug overdose deaths due to prescription opioids and heroin in Marion County

Objectives:

- Increase distribution of Project Dawn kits from to 150 in 2016
- Reduce the proportion of high school students who have ever taken prescription drugs without a doctor's prescription from 5.9% to 2%

Obesity (Physical Activity and Healthy Eating)

The Pioneering Healthy Communities coalition had a pre-existing plan addressing obesity at the time of the development of the 2016-2020 CHIP. There was consensus among those already involved with this plan that it would serve as a core of the 2016-2020 CHIP until such a time as the group updates their goals and objectives. The plan is referred to as the PHC 2014-2017 Community Action Plan. It was developed with input from the Pioneering Healthy Communities leadership team and subcommittees. The plan is set to run from 2014-2017.

Goal: To increase opportunity for physical activity in people's daily lives.

Objectives: (All objectives shall be completed by 12/31/2017)

- 3 additional “spurs” added to marked bike route
- 2 City Parks have improved physical activity related facilities
- 2 City Parks have improved access from neighborhood to park
- Bike / walk path established from Villandry to Wellness Drive
- Bike / walk path established from the Siesta Dr. neighborhood to Marion’s college campus
- Biking access from City limits to Tallgrass Trail improved
- 1 mile of repaved streets include bike lanes or “sharrows”
- PHC members attend 90% of related public meetings
- Provide public talking points for 60% of applicable projects
- 4 educational / promotional events held in conjunction with SRTS completion
- Taft Elementary adopts policies encouraging all students living within one mile of school to walk or bike to school
- 10 in-school bike safety days held
- 3 Schools adopt policies and / or Built Environment changes
- 3 years of Walk / Bike to School events held with 80% of schools participating
- 2 changes to built environment occur that improve walking or biking access and use of downtown
- Maps produced outlining three looping bike routes centered from Tall Grass Trail

Strategies:

- Work with the City of Marion to update and improve infrastructure to support active transportation.
- Lead advocacy efforts for “complete streets”.
- Support and supplement 2014 - 2015 Safe Routes to School project.
- Encourage safe biking for children with continued school bike safety days.
- Encourage year-round walking / biking at or to Marion County Schools
- Partner with City, Downtown Marion and other organizations with similar objectives to improve non-motorized access to downtown.

Goal: To increase public awareness and support for the needs of Policy, Systems, and Environmental change to reduce childhood obesity while also providing educational tools that encourage lifestyle changes.

Objectives: (All objectives shall be completed by 12/31/2017)

- 4 newsletters published each year
- Distribution list is at least 75 people in 2014; 100 in 2015 and 125 in 2016 & 2017
- Website is established and updated quarterly
- 3 Stakeholder Dialogues held
- Campaign developed in 2014
- Campaign implemented in 2015
- Average 8 social media posts per month
- Interest surveys in adopting internal non-sugar beverage policy completed in 8 facilities across multiple sectors
- At least 2 facilities adopt policies and promote state campaign
- At least 2 E-Newsletters per year include campaign information or links
- At least 2 colleges / schools adopt policies requiring community service hours related to healthy eating and physical activity strategies

- Combined, schools provide a minimum of 20 community service hours per school year
- Farm Bureau offers 5 Farm to Family cooking events / series
- 10 additional community or school based educational events are held

Strategies:

- Keep relevant information in front of community stakeholders through quarterly PHC / CHC Electronic Newsletter
- Keep relevant information accessible to stakeholders and general public through website
- Community leaders and stakeholders have opportunity to give input and hear from coalition
- Public marketing campaign using multiple media and communication outlets is developed and implemented focusing on PSE and urgency of issue
- Social media used to support work of Action Teams and keep community awareness high
- Support a statewide educational campaign to address the issues of sugar sweetened beverages and their impact on obesity.
- Advocate for regional campus technical college and/or vocational school to adopt policies requiring community service hours related to healthy eating and physical activity strategies.
- Partner with and support other organization's efforts to educate and support families on adopting healthy lifestyles.

Goal: To increase opportunities for physical activity and healthy eating within schools, child cares and extracurricular / out of school activities.

Objectives: (All objectives shall be completed by 12/31/2017)

- Provide training to a minimum of 5 ECC settings
- Of those 5 facilities a minimum of 3 will implement a PSE change in support of healthy food and beverages within their child care setting
- Offer training & / or technical assistance to all school districts on Non-Food /Healthy fundraising.
- Of those trained, 75% will implement steps towards the adoption of healthy fundraising policies.
- A minimum of 2 districts/ organizations will adopt healthy food guidelines.
- 4 Districts will adopt policy of water bottles as part of supply list.
- Assist in the adoption of Healthy Food Policies in the 3 districts that already have healthy food guidelines.
- Offer technical assistance to all school districts in regards to increasing extracurricular physical activity.
- Of those assisted, 50% will implement extracurricular opportunities that increase physical activity.
- A minimum of 3 school will receive technical assistance/ training of Farm to School Initiatives.
- Of those 3 districts, at least 1 will make steps towards the implementation of Farm to School standards.
- At least 3 schools in MCS district adopt breakfast in the classroom
- 3 Youth serving organizations adopt healthy snack / food policies
- Physical activity occurs 4 days per week at designated MCS Summer Feeding sites (1 or 2 days each site)
- Physical activity occurs 1 day per week at 2 county-based Summer Feeding sites

Strategies:

- Facilitate training and assist with implementation on healthy food guidelines/policies in Early Child Care (ECC) settings.
- Provide training and technical assistance to area schools looking to implement non-food fundraising.
- Assist local schools and community organizations in the adoption of Healthy food guidelines and policies.
- Assist area school districts and childcare facilities in increasing opportunities for extracurricular physical activity.
- Support Farm to School initiatives
- Assist Marion City Schools to increase and improve availability of healthier food and beverages by a system change to promote breakfast in classroom
- Advocate with youth serving organizations to adopt healthy snack / food policies
- Partner with administrators of Summer Feeding sites to include physical activity

Goal: To increase healthy food access and healthy food choices in Marion County.

Objectives: (All objectives shall be completed by 12/31/2017)

- PHC directly coordinates 40 raised bed gardens
- Provide technical support to 5 organizations / entities who coordinate additional community gardens
- 2 entities within City or County incorporate orchards or other communal produce
- 2 designated Healthy in Hurry stores operate in such neighborhoods
- Lincoln Park Aquatics Center offers fresh produce at price point to promote consumption

Strategies:

- Continue effort to change physical environment resulting in community gardens and other locally grown food sources.
- Partner or coordinate with food stores / venues in underserved neighborhoods for better access to fresh produce and other healthy foods
- Partner and coordinate efforts for locally grown food sources and markets.

Tobacco

The Creating Healthy Communities (CHC) coalition had a pre-existing plan addressing tobacco at the time of the development of the 2016-2020 CHIP. There was consensus among those already involved with this plan that it would serve as a core of the 2016-2020 CHIP until such a time as the group updates their goals and objectives. It was developed with input from the Creating Healthy Communities leadership team.

Goal: Continued Coalition Development for support in tobacco prevention and control in Marion County

Objective:

- By December, 2015, the membership of the tobacco prevention and control coalition will increase by 2 members.

Strategies:

- The Marion County Tobacco Prevention and Control Coalition will seek funding opportunities to support the work of the coalition and to support tobacco prevention and control in Marion County.
- The Marion County Tobacco Prevention and Control Coalition will design a recruitment membership plan to increase coalition membership and participation.
- The Marion County Tobacco Prevention and Control Coalition will implement and update strategic plan to ensure its sustainability, financial stability, and capacity to support the long range plan.

Goal: Reduce exposure to secondhand smoke

Objectives:

- By March, 2015, one new school district in Marion County will adopt 100% comprehensive tobacco free campus.
- By December, 2015, one new school district in Marion City will adopt 100% comprehensive tobacco free campus.
- By December, 2015, two new parks will adopt tobacco free park policies.
- By December, 2016 All K-12 schools in Marion County will adopt 100% comprehensive tobacco free campus policies.
- By December, 2016 two new worksites in Marion County will adopt tobacco free worksite policy.

Strategies:

- Advocate for and educate about the benefits of tobacco-free environments in order to secure support and, ultimately, compliance.
- Meet with schools and community organizations to discuss the endorsement and the adoption of comprehensive tobacco-free policies.
- Ensure access and availability of cessation and cessation aides for all students, staff and individuals affected by change in school/workplace policy.

Goal: Increase cessation of tobacco use by Marion County residents

Objectives:

- By December 2017, at least one service provider in Marion County will begin offering clinical tobacco cessation services.
- By December, 2016 100% of *Baby and Me* referrals received will be contacted. Increase *Baby in Me* program participation by 50%
- By December 2016, increase community outreach regarding tobacco cessation and services by 50%
- By December 2018, the prevalence of smoking by adults in Marion County will be reduced from 26% to 25% as reported by the Robert Wood Johnson Foundation/University of Wisconsin County Health Rankings.

Strategies:

- Seek and recruit providers for tobacco cessation services. Educate community leaders on issues relating to tobacco addiction and how they could be more easily addressed with a referral source for treatment.
- Promote referral to cessation programs.
- Assist with seeking funds for needed programs.

Goal: Prevent the initiation of tobacco use by youth

Objectives:

- A 2% decrease in youth initiation will occur by the next Community Health Assessment (2018).
- By December 2016, Increase the number of youth prevention interactions through STAND by 50%.
- By December 2016, Increase the number of youth compliance checks by 50%.

Strategies:

- Advocate for tobacco screening/testing of all students in Marion County.
- Increase training and support for evidence-based tobacco prevention curricula in schools.
- Provide parent education
- Conduct routine compliance checks for tobacco sales to minors.
- Increase funding, training and support for youth tobacco cessation treatment.
- Provide support and encouragement for full implementation and compliance with 100% comprehensive tobacco free campus school policies (SMART objective in prior goal to reduce secondhand smoke exposure).

Maternal and Child Health

The following goals and objectives were identified by the members of the Maternal and Child Health team. These will be tracked to measure progress. An accompanying document, the CHIP Tracking Sheet, will be a “living document” and will identify specific strategies that will be employed.

Goal: Increase childhood screening rates

Objective: Increase lead poisoning screening rates from 19% (ODH, 2012) to 30% by 2020

Strategies:

- Develop a baseline for tracking screening of lead by 12/31/16 (ODH to update as results are published- Rosemary to follow up)
- Identify barriers for families to get their child tested or screened-Create survey for parents, distribute and get results by 12/31/16 (MPH develops survey and distribute to HMG and WIC clients for a 2 week survey period.)
- Educate physicians (through letters), parents/caregivers and community (through Facebook) on screening requirements/testing locations by 6/30/17 (Partner agencies)

Objective: Increase % of children immunized by age two from (Ohio 68%) to 90% (ODH goal) by 2020

Strategies:

- Screen and educate 2 physician offices on immunization rates annually (Kristy-IAP AFIX training)
- Identify all children not up to date on the recommended immunizations at WIC certification appointments (MPH WIC staff)
- Educate physicians (through letters), parents/caregivers and community (through Facebook) on immunization and providers by 6/30/17 (Partner agencies)

Objective: Annually by 11/30, update resource sheet for providers of oral health care screening offered to children ages three years and younger

Strategy:

- Distribute resource to partner agencies yearly by December 31st (WIC)

Objective: Increase developmental screening

Strategies:

- Survey physicians on current practice rates by 12/31/16 (Jennifer at MAPP/HMG to develop survey and reach doctor offices. Summarize results and share)
- Educate physicians, parents/caregivers and community on best practices by 6/30/17 (Partner Agencies)

Goal: Increase access to perinatal education and health services

Objective: Increase the proportion of women who reported they took folic acid pre-pregnancy within the last 5 years from 10.8% (MPH Community Survey, 2014) to 26.2% (HP2020 goal) by 2020

Strategies:

- Identify current education practice in physician offices and upon hospital discharge by 12/31/16 (WIC)
- Identify education strategies for physicians and hospital staff by 6/30/17 (WIC)
- Educate WIC participants at 3 month post-partum visit regarding folic acid recommendations (ongoing) (WIC)
- Develop a community education campaign by 6/30/17 (WIC)

Objective: Following identification of post-partum depression screening, develop SMART objective around increasing the number of post-partum women who are screened for postpartum depression.

Strategies:

- Identify a baseline of current screening practice percentage by 12/31/16 (Deb O'Donnell (MGH) to call OBs in Marion using survey developed by group to determine who in Marion is screening)
- Research and provide resource for post-partum depression treatment options in community by 12/31/17 (TBD)

Objective: Increase the percentage of pregnant women who receive 1st trimester prenatal care from 27% (Marion Public Health Community Survey, 2014) to 77.9% (HP2020 goal) by 2020

Strategy:

- Develop a community outreach/education campaign by 6/30/17, educate community on yearly basis (TBD)

Objective: Increase the breastfeeding initiation rate of women in Marion through the WIC clinic (63.9%) and MGH (63.5%) to 81.9% (HP2020 goal)

Strategies:

- Offer breastfeeding education at all OB/GYN, pediatric, WIC prenatal, MAPP, HMG...appts (Marion County Breastfeeding Coalition)
- Identify baseline of employers that have worksite lactation support programs (Marion County Breastfeeding Coalition)
- Increase the proportion (based on baseline discovered) of employers that have worksite lactation support programs to 38% (HP2020) by 12/31/2020 (Marion County Breastfeeding Coalition)
- Double participation in the breastfeeding coalition to 10 members by 12/31/20 (Marion County Breastfeeding Coalition)

Objective: Increase the number of women who receive the Tdap vaccination with each pregnancy.

Strategies:

- By 12/31/16 determine a baseline for prenatal Tdap vaccination and education in doctors' offices (Deb O'Donnell to include in list of questions to OBs on the depression survey, results by 7/15/16)
- Educate Marion OB/GYN offices of Tdap recommendations for pregnant women (date and strategy to be determined based on baseline information) by 6/30/17 (Partner Agencies)
- Educate physicians (through letters), parents/caregivers and community (through Facebook) on Tdap information and providers by 6/30/17 (Partner Agencies)

Objective: Access to oral health care during the perinatal period

Strategies:

- Determine a baseline for oral health screening during pregnancy by 12/31/16 (CSCHC)
- Identify a list of dental providers that see women during pregnancy by 9/30/16 (WIC and CSCHC)
- Educate OB/community on best practices by 12/31/17 (CSCHC)

Goal: Increase parental engagement

Objective: Increase the proportion of adults who have children under the age of 18, placed them to sleep on their back when they were infants from 61.6% (MPH Community Survey, 2014) to 75.9% (HP2020 goal) by 2020

Strategies:

- Educate at least 60 residents on safe sleep practices by 6/30/16 and then annually. (Cribs for Kids program at MPH, HMG prenatal and postpartum home visits, MGH at discharge)
- Provide technical support and education on safe sleep policy and practices to at least 2 organizations and/or physicians who educate families by 9/30/16 (MPH program)

Objective: Increase enrollment in parenting and child development programs

Strategies:

- Determine capacity of program and potential by 7/15/16 (FCFC coordinator)
- Increase participation in the HMG and HF programs by performing outreach activities to 4 agencies and 4 doctor's offices by 12/31/16. (HMG program director and staff)

Objective: Increase the number of parents who read to their child for 20 minutes everyday

Strategies:

- Increase the number of parents/caregivers who take the reading pledge on the Let's Read 20 site to 5,000 by 12/31/16 (United Way of Marion County)
- Continue to educate the community on the Let's Read 20 initiative or branding awareness (United Way of Marion County)

Objective: Promote early childhood literacy

Strategies:

- Increase the % of students who enter kindergarten with a KRA score of 17 or above from 61% (ODE data) to 70% by November, 2017 (United Way of Marion County)
- Increase the % of students who score proficient on statewide assessment testing from 65% (ODE data) in 2014 to 75% proficient by November, 2017 (United Way of Marion County)

Housing

The following table lists the goals of the workgroup and the objectives that will be tracked to measure progress toward the workgroup goals. An accompanying document, the CHIP Tracking Sheet, will be a “living document” and will identify specific strategies that will be employed.

Goal: To reduce barriers to health associated with unhealthy housing

Objective:

- By December 31, 2020, reduce the percent of occupied housing units that have had more than one nuisance complaint and/or complaint by a tenant by 10% of the 2016 baseline.

Strategy:

- Work with both tenant and landlord groups to institutionalize bilateral expectations and produce written guidance regarding how to meet those expectations as well as the consequence of failure to meet the expectations. (Health Commissioner)

Objective:

- By December 31, 2018, in partnership with the community, develop a “*Healthy Places Quality Index*” that can be applied to a block or neighborhood that considers the following elements: proximity to a full service grocery store, proximity to a park or recreational facility, walkability (sidewalks, lighting), criminal activity, nuisance and solid waste complaints, etc.

Strategy:

- Establish the “*Healthy Places Quality Index*”, included weighting of variables, pending existing data, with community input and based in available research. Apply the index to geographic units (neighborhoods, clusters of blocks or census tracts). (Health Commissioner)

Objective:

- By December 31, 2017, increase the number of tenants who are aware of their rights and familiar with the pathways to exercise their right to safe/affordable housing.

Strategy:

- Produce and distribute a guide to tenants’ rights and remedial strategies. (Health Commissioner)

Objective:

- By December 31, 2017, establish a set of minimum standards that defines “safe and affordable housing” and implement a voluntary program where landlords will request a pre-occupancy inspection prior to a tenant moving in and a post-occupancy inspection when they move out.

Strategy:

- Partner with landlords to identify minimum standards and conduct pre and post occupancy inspections. Incentivize positive outcomes with a “stamp of approval” to be used for marketing purposes (pre occupancy) and a before and after report (post occupancy) for use by the landlords as evidence in the event of property destruction on the part of the tenant. (Health Commissioner)

Marion County, Ohio

2016-2020

Community Health Improvement Plan

TRACKING DOCUMENT



Prepared by:
Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

Progress toward the goals and objectives identified in the 2016-2020 Marion Community Health Improvement Plan will be monitored and reported quarterly using the following template. The template may be modified to accommodate changes in the plan with the consent of the planning group responsible for the priority area in which changes to the plan are made. Marion Public Health will take responsibility for the quarterly collection and reporting of progress. While it remains the responsibility of the five priority workgroup chairs to monitor and facilitate implementation and progress of the five priority plans, it will be the responsibility of the Director of the Office of Policy and Planning at Marion Public Health to assure the information is logged in this template on a quarterly basis and reported to appropriate stakeholders in the community.

Substance Abuse

Goal: Reduce alcohol consumption by adolescents	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
OBJECTIVE: Maintain or decrease the numbers of adolescents who report using alcohol in the past 30 days Baseline = 2016 Q4	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
OBJECTIVE: Increase in average age of first use in adolescents aged 13-17 Baseline = 2016 Q4	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	

	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
OBJECTIVE: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days Baseline = 2016 Q4	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Increased community involvement in substance abuse prevention efforts	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
OBJECTIVE: Provide at least 2 community presentations on substance abuse prevention	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	

	2020 Q4	
OBJECTIVE: Collect at 1,000 Join the Front Line community member pledges and distribute at least 300 yard signs	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Reduce the incidence of fatal drug overdose deaths due to prescription opioids and heroin in Marion County	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
OBJECTIVE: Increase distribution of Project Dawn kits	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
	2016 Q3	

OBJECTIVE: Reduce the proportion of high school students who have ever taken prescription drugs without a doctor's prescription from 5.9% to 2%	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Obesity (Physical Activity and Healthy Eating)

Goal: To increase opportunity for physical activity in people's daily lives.	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Percent of objectives met on or ahead of schedule.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Goal: To increase public awareness and support for the needs of Policy, Systems, and Environmental change to reduce childhood obesity while also providing educational tools that encourage lifestyle changes.	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Percent of objectives met on or ahead of schedule.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: To increase opportunities for physical activity and healthy eating within schools, child cares and extracurricular / out of school activities.	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Percent of objectives met on	2016 Q4	
	2017 Q1	
	2017 Q2	

or ahead of schedule.	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: To increase healthy food access and healthy food choices in Marion County.	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Percent of objectives met on or ahead of schedule.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Tobacco

Goal: Continued Coalition Development for	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
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support in tobacco prevention and control in Marion County		
By December, 2015, the membership of the tobacco prevention and control coalition will increase by 2 members.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Reduce exposure to secondhand smoke	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
By December, 2016 All K-12 schools in Marion County will adopt 100% comprehensive tobacco free campus policies.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December, 2016 two new worksites in Marion County will	2016 Q4	
	2017 Q1	
	2017 Q2	

adopt tobacco free worksite policy.	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Increase cessation of tobacco use by Marion County residents	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
By December 2017, at least one service provider in Marion County will begin offering clinical tobacco cessation services.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December, 2016 100% of <i>Baby and Me</i> referrals received will be contacted. Increase <i>Baby in Me</i> program participation by 50%	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	

	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 2016, increase community outreach regarding tobacco cessation and services by 50%	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 2018, the prevalence of smoking by adults in Marion County will be reduced from 26% to 25% as reported by the Robert Wood Johnson Foundation/University of Wisconsin County Health Rankings.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Prevent the initiation of tobacco use by youth	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.

A 2% decrease in youth initiation will occur by the next Community Health Assessment (2018).	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 2016, Increase the number of youth prevention interactions through STAND by 50%.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 2016, Increase the number of youth compliance checks by 50%.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	

	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Maternal and Child Health

Goal: Increase childhood screening rates	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Increase lead poisoning screening rates from 19% (ODH, 2012) to 30% by 2020	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Increase % of children immunized by age two from (Ohio 68%) to 90% (ODH goal) by 2020	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	

	2020 Q3	
	2020 Q4	
Annually by 11/30, update resource sheet for providers of oral health care screening offered to children ages three years and younger	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Increase developmental screening	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Increase access to perinatal education and health services	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Increase the proportion of women who reported they took folic acid pre-pregnancy within the	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	

last 5 years from 10.8% (MPH Community Survey, 2014) to 26.2% (HP2020 goal) by 2020	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Following identification of post-partum depression screening, develop SMART objective around increasing the number of post-partum women who are screened for postpartum depression.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Increase the percentage of pregnant women who receive 1 st trimester prenatal care from 27% (Marion Public Health Community Survey, 2014) to 77.9% (HP2020 goal) by 2020	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	

	2020 Q4	
Increase the breastfeeding initiation rate of women in Marion through the WIC clinic (63.9%) and MGH (63.5%) to 81.9% (HP2020 goal)	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Increase the number of women who receive the Tdap vaccination with each pregnancy.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Access to oral health care during the perinatal period	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	

	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Goal: Increase parental engagement	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
Increase the proportion of adults who have children under the age of 18, placed them to sleep on their back when they were infants from 61.6% (MPH Community Survey, 2014) to 75.9% (HP2020 goal) by 2020	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Increase enrollment in parenting and child development programs	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Increase the number of parents who read to their child for 20 minutes everyday	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
Promote early childhood literacy	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Housing

Goal: To reduce barriers to health associated with unhealthy housing	Reporting Period	Provide brief summary of the Status/Progress/Corrective Action relative to the identified strategies employed to achieve each objective.
	2016 Q4	

By December 31, 2020, reduce the percent of occupied housing units that have had more than one nuisance complaint and/or complaint by a tenant by 10% of the 2016 baseline.	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 31, 2018, develop a <i>"Healthy Places Quality Index"</i> that can be applied to a block or neighborhood that considers the following elements: proximity to a full service grocery store, proximity to a park or recreational facility, walkability, criminal activity, nuisance and solid waste complaints, etc.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 31, 2017, increase the number of tenants who are aware of their rights and familiar with the pathways to exercise their right to safe/affordable housing.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	

	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	
By December 31, 2017, establish a set of minimum standards that defines "safe and affordable housing" and implement a voluntary program where landlords will request a pre-occupancy inspection prior to a tenant moving in and a post-occupancy inspection when they move out.	2016 Q4	
	2017 Q1	
	2017 Q2	
	2017 Q3	
	2017 Q4	
	2018 Q1	
	2018 Q2	
	2018 Q3	
	2018 Q4	
	2019 Q1	
	2019 Q2	
	2019 Q3	
	2019 Q4	
	2020 Q1	
	2020 Q2	
	2020 Q3	
	2020 Q4	

Marion County, Ohio 2016-2020 Community Health Improvement Plan

Invitation to participate



Prepared by:
Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

The following document was the letter shared with community members inviting them to participate in the CHIP development process. It was specifically targeting the population who would complete the online version of the broad goals survey.

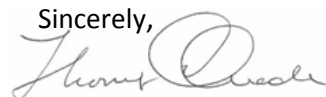


Members of the Marion Community,

Marion Public Health has completed the 2015 Community Health Assessment. Thank you for your participation in that process! The final report can be found on our Marion Public Health website at <http://www.marionpublichealth.org/marion-community-assessments/>. The community identified the following five health priorities around which the 2016-2020 Community Health Improvement Plan will be built.

- **Substance Abuse:** We will be looking at youth and adult prevention and treatment as well as secondary related issues like the broader impact of drug-related incarceration on our community and bloodborne communicable disease through shared needles.
- **Tobacco:** We will be looking at all forms of tobacco use. We will likely look at policy, systems, and environmental changes that support both prevention and cessation for youth and adults.
- **Obesity:** We will be looking at increasing physical activity and eating more nutritious foods. Goals will likely be focused on reducing barriers to accessing and engaging in opportunities to do both of these things.
- **Maternal and Child Health:** We will be looking at healthy pregnancies, reducing infant mortality, lead poisoning, childhood immunizations, and likely several other issues. This is a new workgroup and will benefit especially from community input.
- **Healthy Housing:** We will be looking at issues surrounding housing that will improve health. Goals may include identifying some basic standards for healthy homes in Marion and working with the community to assure that people who live here are living in safe and healthy homes in safe and healthy communities. This is also a new workgroup.

We will be working with the community to build teams around each of these broad issues. We will ask those teams to work with us to identify some more specific targets within each of those categories and to engage in some discussion around what we believe are some root causes of these target issues. We will work together to set goals and identify strategies and measurable objectives. If you would be interested in learning more or would like to participate in one of these teams, please email me directly at TQuade@MarionPublicHealth.org.

Sincerely,


Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

Marion County, Ohio 2016-2020 Community Health Improvement Plan

Community Survey Tool: Broad Goals



Prepared by:
Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

The tool that follows this page was implemented both in a web-based format as well as in printed form. The printed tool was taken to various community gatherings and events and individual conversations occurred. The results of this community inquiry informed the “What they told us” section beginning on page nine of the CHIP document.

Public Input: Identifying Broad Goals within the Health Priority Areas

The public was very helpful in identifying five health priorities in Marion, Ohio. THANK YOU!
Now we are creating a 5-year community health improvement plan to address those issues.

This plan involves many community partner agencies and individuals who have experience in these areas but it is important to remember that THIS IS YOUR plan. Please take a few minutes to share your thoughts with us about the general goals of the plan. Let us know if there are other goals that should be considered.

This is one step in the process. We will be asking for your help in identifying the underlying, or "Root Causes", of the specific issues once they are finalized. Then we will identify specific objectives that we can measure to track our community's progress and the strategies we will use to achieve those objectives.

Thank you for taking part in this step toward a healthier Marion!

Please share this survey with friends and family in Marion. We need your ideas!

1. Substance abuse is one of the priority health issues in Marion.

We have identified some possible goals that address substance abuse.

What do you think about the following potential goals?

	Keep this as a goal of the 5-year plan.	Don't include this as a goal of the 5-year plan.	Not sure.
Keeping people off drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing access to addiction treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing risk of diseases spread by shared needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping children in homes with addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping families in homes with addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What are some other goals we should be considering when addressing substance abuse?

Alternate goal #1

Alternate goal #2

Alternate goal #3

3. Obesity is one of the priority health issues in Marion.

We have identified some possible goals that address obesity.

What do you think about the following potential goals?

	Keep this as a goal of the 5-year plan.	Don't include this as a goal of the 5-year plan.	Not sure.
Access: increase access to healthier food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access: increase access to places to be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior Change: people eating healthier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior Change: people being more physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy: making the healthy choice the easy choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What are some other goals we should be considering when addressing obesity?

Alternate goal #1

Alternate goal #2

Alternate goal #3

5. Tobacco Use is one of the priority health issues in Marion.

We have identified some possible goals that address tobacco use.

What do you think about the following potential goals?

	Keep this as a goal of the 5-year plan.	Don't include this as a goal of the 5-year plan.	Not sure.
Reducing the number of people who start to smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping people quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating more smoke- free spaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke-Free Policy Assistance for Employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What are some other goals we should be considering when addressing tobacco use?

Alternate goal #1	<input type="text"/>
Alternate goal #2	<input type="text"/>
Alternate goal #3	<input type="text"/>

7. Maternal and Child Health is one of the priority health issues in Marion.

We have identified some possible goals that address maternal and child health.

What do you think about the following potential goals?

	Keep this as a goal of the 5-year plan.	Don't include this as a goal of the 5-year plan.	Not sure.
Reduce infant mortality rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase prenatal care rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce childhood mortality rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase childhood immunization rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase rate of screening for lead poisoning in children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease teen pregnancy rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease domestic violence rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase number of households with a primary care physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What are some other goals we should be considering when addressing maternal and child health?

Alternate goal #1

Alternate goal #2

Alternate goal #3

9. Safe and Healthy Housing is one of the priority health issues in Marion.
 We have identified some possible goals that address safe and healthy housing.
 What do you think about the following potential goals?

	Keep this as a goal of the 5-year plan.	Don't include this as a goal of the 5-year plan.	Not sure.
Establish a set of minimum safety and health standards for rental properties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish a set of minimum safety and health standards for owner-occupied housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease the number of nuisance properties (high weeds & trash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create healthier and safer environments inside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create healthier and safer environments outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What are some other goals we should be considering when addressing safe and healthy housing?

Alternate goal #1

Alternate goal #2

Alternate goal #3

11. How would you describe a "Healthy Community"?

Please use single words or short phrases.

A healthy community is...

A healthy community is...

A healthy community is...

12. Would you like a copy of the 2015 Community Health Assessment and the 2016-2020 Community Health Improvement Plan emailed to you?

- ☐ Please email me a copy of the 2015 Community Health Assessment
- ☐ Please email me a copy of the 2016-2020 Community Health Improvement Plan (estimated to be completed by Thanksgiving)
- ☐ I would like to continue to be part of this process. Please keep me posted on the next steps.

Please type your email address here.

Marion County, Ohio 2016-2020 Community Health Improvement Plan

Community Survey Tool: Root Causes



Prepared by:
Thomas Quade, MA, MPH
Health Commissioner
Marion Public Health

The tool that follows this page was implemented both in a web-based format as well as in printed form. The printed tool was taken to various community gatherings and events and individual conversations occurred. This tool was also used in small focus groups in local minority oriented churches and with our WIC clients. The results of this community inquiry informed the “Themes emerging from community input on root causes” section beginning on page eleven of the CHIP document.

Public Input: Identifying Root Causes

The 2016-2020 Community Health Improvement plan is the COMMUNITY's plan. We are thankful for the community's input so far on the five health priorities and on identifying some broad goals for each of those 5 priorities.

Now we are asking for your help to see what is causing the issues at the core of the problem. We will base our next steps on what we learn about the root causes to assure we get more lasting changes.

This survey is really a series of "why" questions. Just like when a young child keeps asking, "why?" Don't try to come up with the "best or only" answer. We are just looking for your ideas. We will combine your ideas with those of others.

Please share this survey with friends and family in Marion. Better yet, if you're part of a group that would like to do this in person and have me or my staff come and lead that conversation, even if it's just for one or two of the issues, please let us know. Email me at TQuade@MarionPublicHealth.org and type the word CHIP in the subject line. We need everyone's ideas!

1. Substance Abuse Prevention

In a few words, please describe a reason people start using drugs.

Thinking about the reason you wrote above, why do you think that reason exists?

Thinking now about your answer to that second question, why do you think that reason exists?

2. Substance Abuse Treatment

In a few words, please describe why people don't get help for substance abuse.

Thinking about what you wrote above, why do you think that reason exists?

Thinking now about your answer to that second question, why do you think that reason exists?

3. Access to Physical Activity

In a few words, please
describe one reason
people are not physically
active.

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

4. Healthier Eating

In a few words, please
describe one reason
people do not
eat healthier.

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

5. Tobacco Prevention

In a few words, please
describe one reason
people start using tobacco

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

6. Quitting Tobacco

In a few words, please describe a reason why people can't quit using tobacco.

Thinking about the reason you wrote above, why do you think that reason exists?

Thinking now about your answer to that second question, why do you think that reason exists?

7. Infant/Child Mortality

In a few words, please write one reason infants and children are at increased risk for dying. (Not diagnosis of disease or "cause of death")

Thinking about the reason you wrote above, why do you think that reason exists?

Thinking now about your answer to that second question, why do you think that reason exists?

8. Prenatal Care

In a few words, please write one reason it's hard for a pregnant woman to get prenatal care.

Thinking about the reason you wrote above, why do you think that reason exists?

Thinking now about your answer to that second question, why do you think that reason exists?

9. Healthcare / Primary Medical Home

In a few words,
please write one reason
why it is
hard to get routine healthc
are from one primary
healthcare provider.

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

10. Rental Properties

In a few words, please
write one reason we have
rental properties that are
unsafe and/or unhealthy.
(Not something that makes
them unsafe or unhealthy.)

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

11. Nuisance Properties

In a few words,
please write one reason
we have property owners
that do not maintain their
properties.

Thinking about the reason
you wrote above, why do
you think that reason
exists?

Thinking now about your
answer to that second
question, why do you think
that reason exists?

12. Would you like a copy of the 2015 Community Health Assessment and the 2016-2020 Community Health Improvement Plan emailed to you?

- ☐ Please email me a copy of the 2015 Community Health Assessment
- ☐ Please email me a copy of the 2016-2020 Community Health Improvement Plan (estimated to be completed by Thanksgiving)
- ☐ I would like to continue to be part of this process. Please keep me posted on the next steps.

If you checked one or more of the boxes, please type your email address here. Otherwise, we won't know where to send the email.