



# HAMILTON COUNTY PUBLIC HEALTH

## Community Health Improvement Plan

JUNE 2015



PREVENT. PROMOTE. PROTECT.



# MISSION

Hamilton County Public Health educates, serves and protects our community for a healthier future.

# VISION

Healthy choices.  
Healthy lives.  
Healthy communities



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# BACKGROUND

Hamilton County Public Health (HCPH) was established in 1919 and provides public health services for 45 of the 48 political jurisdictions within Hamilton County, Ohio shown in Figure 1. Through its 82-member team it addresses the well-being of residents through a community-focused approach, the examination of health and disease trends, healthcare coordination, inspections, education and by providing assistance to help communities cope with emergencies.

The demographics of the jurisdictions served are varied. Populations range from small villages with 745 residents to large townships with 58,499 residents. More importantly, there are wide-ranging differences in health indicators, shown in Table 1. Place Matters. Health is influenced not only by the choices we make, but also by where we live, learn, work and play. This understanding informed the approach used by HCPH as it developed the Community Health Improvement Plan (CHIP).

FIGURE 1: HAMILTON COUNTY PUBLIC HEALTH JURISDICTIONS

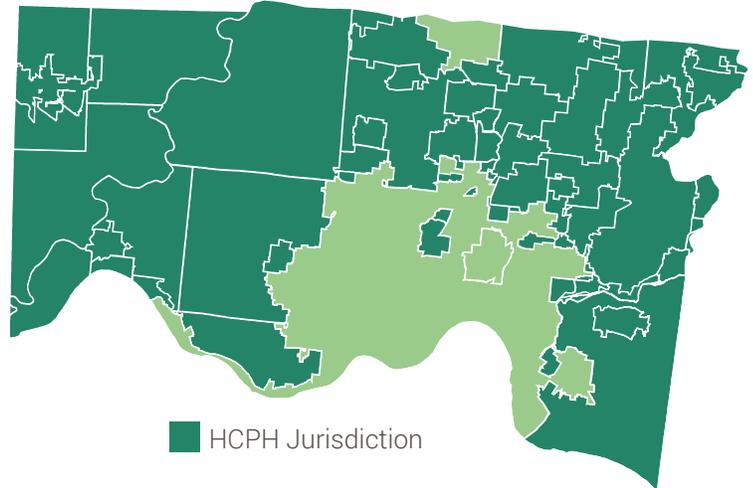


TABLE 1: HAMILTON COUNTY PUBLIC HEALTH SOCIOECONOMIC DEMOGRAPHICS

	Hamilton County Public Health Range	Hamilton County Public Health Median	Hamilton County	Ohio
Per Capita Income	\$15,740 - \$91,697	\$28,164	\$29,295	\$25,659
Poverty	2% - 30%	7%	17%	15%
Child Poverty	1% - 55%	14%	24%	19%
Educational Attainment				
Less than High School Graduate	1%-35%	9%	12%	12%
High School Graduate (Or Equivalent)	4% - 54%	30%	28%	35%
Bachelor's Degree or Higher	3% - 82%	34%	33%	25%
Uninsured	1% - 29%	9%	11%	12%
Unemployed	3% - 20%	7%	9%	9%
Average Life Expectancy	69 - 87 Years	78 Years	77 Years	78 Years

Community health improvement planning is a two-step process.

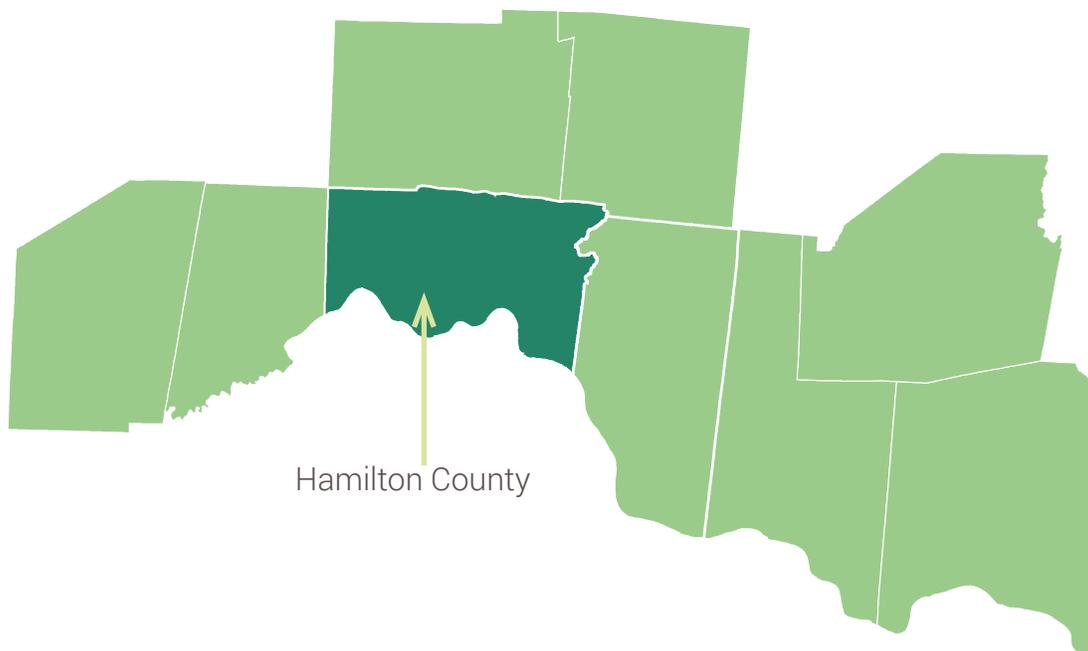
**Step 1.** A community health assessment (CHA) is conducted. The CHA uses quantitative and qualitative methods to systematically collect and analyze data in order to better understand health within a specific community.

**Step 2.** A CHIP is then developed. This plan addresses public health problems identified in the CHA. It is used by public health and community partners in order to set priorities and coordinate and target resources. It also establishes accountability to ensure that measurable health improvements are made.

# THE COMMUNITY HEALTH ASSESSMENT

The report “A.I.M. for Better Health: A Regional Community Health Needs Assessment for Southwest Ohio and Southeast Indiana” was developed in 2012. For the purposes of this report, it will be referred to as CHA. It was a collaborative effort between public health, hospitals, not-for-profits, and foundations. The CHA serves as the baseline of the health status of nine counties: Adams, Brown, Butler, Clermont, Hamilton, Highland, and Warren in Southwest Ohio, and Dearborn and Ripley in Southeast Indiana, shown in Figure 2.

FIGURE 2: SOUTHWEST OHIO AND SOUTHWEST INDIANA COUNTIES



The CHA is accessible to be viewed at:

[http://www.gchc.org/newsletter/Community\\_Health\\_Needs\\_Assessment.pdf](http://www.gchc.org/newsletter/Community_Health_Needs_Assessment.pdf)



# THE COMMUNITY HEALTH IMPROVEMENT PLAN

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After reviewing the CHA primary research which was provided by interviews, group level assessments and community surveys, and the secondary research which referred specifically to Hamilton County, four common themes evolved. Those themes were:

- Healthy behaviors,
- Prevention,
- Moving from culture of sick care to culture of wellness
- Collaboration and community.

HCPH had been working to increase healthy behaviors in communities since 2009 through its WeTHRIVE! Initiative (<http://www.watchustrive.org/>). HCPH engaged schools, businesses, churches, elected officials and residents in order to address chronic disease by increasing access to healthy food and physical activity opportunities, while at the same time decreasing exposure to secondhand smoke.

However, in early 2013, two things happened. First, due to staffing and budget changes, the WeTHRIVE! Initiative was in transition and HCPH started an in-depth review of the CHA in order to begin CHIP development. Secondly, HCPH realized that the common themes identified in the CHA were connected to our mission and vision and could be addressed through a revitalized WeTHRIVE! Initiative.

During 2013, we revamped the WeTHRIVE! Initiative, increasing the number of pathways from one (Chronic Disease only), to four: Chronic Disease, Community Health, Environmental Health, and Emergency Preparedness (Appendix A). Information from the CHA would directly shape the Chronic Disease, Community Health and Environmental Health pathways. HCPH knew that the time needed to complete pathways would vary from community to community based on political will, strategies selected, capacity, interest, and resources available. While it is not a quick fix to health problems, HCPH felt the WeTHRIVE! Initiative would bring meaningful changes that would last for generations.

In March 2014, HCPH introduced the WeTHRIVE! Initiative to the 45 jurisdictions in its service area. The response was overwhelmingly positive. By the end of 2014, 18 jurisdictions had agreed to participate by signing resolutions. Wellness committees were immediately established. HCPH staff began working through pathways selected by communities. Having received approval of this approach from stakeholders, the next step was to present it to community partners.

On May 14, 2014 the CHIP was presented to the Public Health Advisory Council (PHAC) (Appendix B). The PHAC (Appendix C) is part of the WeTHRIVE! Initiative and in place not only to review the CHIP, but also take part in its implementation. The latter could be done through staff assignment to a pathway, in-kind contributions, financial commitments, connections to other key organizations, or access to volunteers.

With some minor changes, the CHIP was approved and is outlined on the following pages:

## Priority Area 1: COMMUNITY ENGAGEMENT IN PUBLIC HEALTH

Goal 1: To establish sustainable infrastructure in Hamilton County Public Health (HCPH) jurisdictions for addressing public health issues to create a culture of health, safety, and vitality throughout the County.

Objective 1.1: Maintain engagement of the existing 19 WeTHRIVE! Communities and move them into implementation by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
1.1.1: Provide ongoing capacity building training to support WeTHRIVE! community policy, systems, environmental, and programmatic efforts.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
1.1.2: Convene the WeTHRIVE! Community Learning Collaborative quarterly to provide communities with training, resources, and networking aimed at supporting implementation of strategies to improve health, safety and vitality.	Y1 - Y3	
1.1.3: Provide ongoing technical assistance to support implementation of action plan strategies in the jurisdictions.	Y1 - Y3	
1.1.4: Support reassessment and action plan revision/redevelopment process.	Y1 - Y3	
1.1.5: Evaluate action plan strategies implemented in the jurisdictions.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of outreach contacts</li> <li>• # of trainings provided</li> <li>• # of policy, systems, environmental, and programmatic strategies implemented (e.g. tobacco-free ordinances, installation of bike lanes etc.)</li> <li>• # of reassessments</li> <li>• # of action plans developed and/or action plan revisions</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• WeTHRIVE! Community Master Communication Database</li> <li>• WeTHRIVE! Master Index (includes key documents, such as policies, rosters, action plans, assessments, etc.)</li> <li>• Community Health Assessment and Group Evaluation (CHANGE), Environmental Health Assessment and Community Evaluation (ENHANCE), vital statistics, Photo-voice (photographs to document change pre- and post-implementation), direct observation, surveys and other evaluation assessment tools</li> <li>• Documented changes from initial assessment to reassessment</li> </ul>		

## Priority Area 1: COMMUNITY ENGAGEMENT IN PUBLIC HEALTH

Goal 1: To establish sustainable infrastructure in Hamilton County Public Health (HCPH) jurisdictions for addressing public health issues to create a culture of health, safety, and vitality throughout the County.

Objective 1.2: Increase the number of WeTHRIVE! communities from 19 to 22 by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
1.2.1: Conduct outreach to HCPH jurisdictions regarding the WeTHRIVE! initiative to gain commitment.	Y1 - Y2	
1.2.2: Convene the WeTHRIVE! Community Learning Collaborative quarterly to provide communities with training, resources, and networking aimed at supporting implementation of strategies to improve health, safety and vitality.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
1.2.3: Facilitate the adoption of the WeTHRIVE! Overall and Pathway-specific (Chronic Disease, Community Health, Environmental Health, and/or Emergency Preparedness) resolutions within HCPH jurisdictions.	Y1 - Y2	
1.2.4: A health & wellness (WeTHRIVE!) team will be designated/established to work on public health issues in the jurisdictions	Y2	
1.2.5: Conduct assessments to establish a baseline in the jurisdictions	Y2	
1.2.6: Develop and approve action plans to guide implementation of policy, systems, environmental, and programmatic strategies for each of the jurisdictions. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y2	
1.2.7: Provide technical assistance and training to support implementation of action plan strategies in the jurisdictions.	Y2 - Y3	
1.2.8: Evaluate action plan strategies implemented in the jurisdictions.	Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of outreach contacts</li> <li>• # of WeTHRIVE! Overall Resolutions adopted</li> <li>• # of WeTHRIVE! Pathway Resolutions adopted</li> <li>• # of baseline assessments completed</li> <li>• # of action plans established</li> <li>• # of policy, systems, environmental, and programmatic strategies implemented</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• WeTHRIVE! Community Master Communication Database</li> <li>• WeTHRIVE! Master Index (includes key documents, such as policies, rosters, action plans, assessments, etc.)</li> <li>• Community Health Assessment and Group Evaluation (CHANGE), Environmental Health Assessment and Community Evaluation (ENHANCE), vital statistics, Photo-voice (photographs to document change pre- and post-implementation), direct observation, surveys and other evaluation assessment tools</li> </ul>		

## Priority Area 2: PARTNER ENGAGEMENT

Goal 2: To engage a multi-disciplinary group of organizations and agencies to support HCPH jurisdictions with implementation of policy, systems, environmental, and programmatic strategies aimed at creating a culture of health, safety, and vitality

Objective 2.1: Engage and maintain a minimum of 20 multi-disciplinary partner organizations/agencies to support implementation of the community health improvement plan by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
2.1.1: Identify and recruit partner organizations and staff to support community WeTHRIVE! efforts to create a culture of health, safety, and vitality.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
2.1.2: Convene the Public Health Advisory Council annually to review the Community Health Improvement Plan progress and provide feedback	Y1 - Y3	
2.1.3: Convene the partner implementation team quarterly to review progress, discuss upcoming opportunities, share resources, and standardize various processes related to the WeTHRIVE! initiative.	Y1 - Y3	
2.1.4: Provide quarterly updates regarding the status of the Community Health Improvement Plan and WeTHRIVE! initiative progress to the Public Health Advisory Council and partner implementation teams.	Y1 - Y3	
2.1.5: Coordinate linkages between the WeTHRIVE! community teams and the partner organizations offering technical assistance	Y1 - Y3	
2.1.6: Monitor the WeTHRIVE! community technical assistance needs and recruit additional partner organizations to support implementation efforts (as identified).	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of partner organizations recruited (signed commitment letters)</li> <li>• # of partner organization implementation staff offering support to communities</li> <li>• Feedback received from Public Health Advisory Council annually</li> <li>• Technical assistance needs identified from community</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• Surveying - communities and partner organizations</li> <li>• Document review</li> </ul>		

## Priority Area 2: PARTNER ENGAGEMENT

Goal 2: To engage a multi-disciplinary group of organizations and agencies to support HCPH jurisdictions with implementation of policy, systems, environmental, and programmatic strategies aimed at creating a culture of health, safety, and vitality.

Objective 2.2: Convene a group of multi-disciplinary partner organizations and/or agencies to map existing community-level health initiatives in an effort to strengthen collaboration and identify and equitably allocate resources to support implementation of sustainable policy, systems, environmental, and programmatic change strategies by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
2.2.1: Identify partner organizations that are responsible for providing services that impact health, safety, and vitality across Hamilton County (e.g. public health, health care, planning, transportation, social services, businesses, education, non-profits, etc.).	Y1	<ul style="list-style-type: none"> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
2.2.2: Convene a sub-committee of partner organizations to collect preliminary data regarding community-level initiatives that are being implemented across Hamilton County that impact health, safety, and vitality.	Y1	
2.2.3: Analyze and map preliminary data collected from sub-committee of partner organizations regarding community-level initiatives that are known to be implemented across Hamilton County that impact health, safety, and vitality.	Y1	
2.2.4: Identify and engage additional partner organizations that implement community-level initiatives that impact health, safety, and vitality in Hamilton County.	Y1 - Y2	
2.2.5: Collect, analyze, and map data from additional partner organizations that implement community-level initiatives that impact health, safety, and vitality in Hamilton County.	Y1 - Y2	
2.2.6: Identify and prioritize opportunities to strengthen collaboration and equitably allocate resources to support implementation of sustainable policy, systems, environmental, and programmatic change strategies to improve health, safety, and vitality of Hamilton County communities.	Y2 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of partner organizations engage</li> <li>• # of meetings held</li> <li>• # of community-level initiatives that impact health, safety, and vitality</li> <li>• Resources allocated to initiatives that impact health, safety, and vitality at community-level identified (e.g. funding, manpower, materials, etc.)</li> <li>• Community health initiative asset map developed</li> <li>• Opportunities for collaboration identified</li> <li>• Strategies for equitable resource allocated identified</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• Data analysis</li> <li>• Asset mapping of community-level initiatives and resources</li> <li>• Surveying, key information interviews, internet searches, and other strategies to be identified to obtain information to inform HCPH and partners regarding community-level initiatives that impact health, safety, and vitality in Hamilton County.</li> </ul>		

## Priority Area 3: CHRONIC DISEASE

**Goal 3:** To make the health choice the easy choice through implementation of policy, systems, environmental, and programmatic change strategies to support improved nutrition, increased activity, decreased exposure to secondhand tobacco smoke, and decreased burden of disease.

**Objective 3.1:** Identify, prioritize, and implement strategies to increase physical activity and active living opportunities within 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
3.1.1: Build awareness regarding policy, systems, environmental, and programmatic best practices for increasing physical activity and active living.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
3.1.2: Complete the Community Health Assessment and Group Evaluation (CHANGE) or Environmental Health Assessment and Community Evaluation (EHANCE) tool to identify assets and opportunities for increasing opportunities for physical activity and active living within the WeTHRIVE! communities.	Y1 - Y3	
3.1.3: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y1 - Y3	
3.1.4: Provide technical assistance and training to support implementation of action plan strategies in WeTHRIVE! communities.	Y1 - Y3	
3.1.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><b>Output/Outcome Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of physical activity/active living strategies implemented (e.g. complete streets, safe routes to school, repairing/maintaining sidewalks, infrastructure improvements, shared use agreements, safety enhancements, walking/bicycling trails, etc.)</li> <li>• Increased access to physical activity opportunities</li> <li>• Increase in the percent of adults that get the recommended minutes of daily physical activity</li> <li>• Increase in the percent of children that get the recommended minutes of daily physical activity</li> </ul>		
<p><b>Monitoring/Evaluation Approach:</b></p> <ul style="list-style-type: none"> <li>• Community Health Assessment and Group Evaluation (CHANGE) Tool and/or Environmental Health Assessment and Community Evaluation (EHANCE) Tool assessments</li> <li>• Photo-voice (photographs to document change pre- and post-implementation)</li> <li>• Direct observation</li> <li>• Greater Cincinnati Health Status Survey</li> <li>• Other evaluation tools to be determined</li> </ul>		

## Priority Area 3: CHRONIC DISEASE

Goal 3: To make the health choice the easy choice through implementation of policy, systems, environmental, and programmatic change strategies to support improved nutrition, increased activity, decreased exposure to secondhand tobacco smoke, and decreased burden of disease.

Objective 3.2: Increase the availability and access to affordable and healthy food options in 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
3.2.1: Build awareness regarding policy, systems, environmental, and programmatic best practices for increasing access to healthy food options.	Y1 - Y3	<ul style="list-style-type: none"> <li>HCPH Jurisdictions</li> <li>HCPH Staff</li> <li>WeTHRIVE! Leadership Team</li> <li>Public Health Advisory Council</li> <li>Other partners &amp; resources to be identified</li> </ul>
3.2.2: Complete the <u>Community Health Assessment and Group Evaluation (CHANGE)</u> tool to identify assets and opportunities for increasing access to healthy food.	Y1 - Y3	
3.2.3: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y1 - Y3	
3.2.4: Provide technical assistance and training to support implementation of action plan strategies within the WeTHRIVE! communities.	Y1 - Y3	
3.2.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li># of healthy eating strategies implemented (e.g. farmer's markets, WIC and Supplemental Nutrition Assistance Program (CSNAP)-EBT acceptance, gardens, healthy corner stores, healthy vending, healthy concessions, etc.)</li> <li>Increased access to healthy foods (# of venues offering healthy foods)</li> <li>Increase in the percent of adults that get the recommended servings of fruits and vegetables</li> <li>Increase in the percent of children that achieve the recommended servings of fruits and vegetables</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>Community Health Assessment and Group Evaluation (CHANGE) Tool Assessments</li> <li>Photo-voice (photographs to document change pre- and post-implementation)</li> <li>Direct observation</li> <li>Behavioral Risk Factor Surveillance System (BRFSS) - Adults; Youth Risk Behavior Survey (YRBS) - Youth</li> <li>Greater Cincinnati Health Status Survey</li> <li>Other evaluation tools to be determined</li> </ul>		

### Priority Area 3: CHRONIC DISEASE

Goal 3: To make the health choice the easy choice through implementation of policy, systems, environmental, and programmatic change strategies to support improved nutrition, increased activity, decreased exposure to secondhand tobacco smoke, and decreased burden of disease.

Objective 3.3: Increase the number of tobacco-free environments in 5 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
3.3.1: Build awareness regarding policy, systems, environmental, and programmatic best practices for increasing tobacco-free environments.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
3.2.2: Complete the <u>Community Health Assessment and Group Evaluation (CHANGE)</u> tool to identify assets and opportunities for increasing access to tobacco-free environments within the WeTHRIVE! communities.	Y1 - Y3	
3.2.3: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y1 - Y3	
3.2.4: Provide technical assistance and training to support implementation of action plan strategies within the WeTHRIVE! communities.	Y1 - Y3	
3.2.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of tobacco-free strategies implemented (e.g. tobacco-free campus policy, tobacco-free playground policy, tobacco-free signage, etc.)</li> <li>• Increased access to tobacco-free environments/number of venues that prohibit tobacco use</li> <li>• Decrease in percent of adults who smoke</li> <li>• Decrease in percent of youth who smoke</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• <u>Community Health Assessment and Group Evaluation (CHANGE)</u> Tool Assessments</li> <li>• Photo-voice (photographs to document change pre- and post-implementation)</li> <li>• Direct observation</li> <li>• Behavioral Risk Factor Surveillance System (BRFSS) - Adults; Youth Risk Behavior Survey (YRBS) - Youth</li> <li>• Other evaluation tools to be determined</li> </ul>		

## Priority Area 4: COMMUNITY HEALTH

Goal 4: To provide a community health assessment that communities will utilize in making data-driven, evidenced-based decisions that result in implementation of policy, systems, environmental, and programmatic change strategies to support reductions in chronic and infectious disease and adverse outcomes associated with injury and maternal and child health issues.

Objective 4.1: Identify, priorities, and implement strategies to improve infectious disease, chronic disease, injury, and maternal and child health within 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
4.1.1: Build awareness regarding policy, systems, environmental, and programmatic best practices for improving infectious disease, chronic disease, injury, infant mortality, and maternal and child health.	Y1 - Y3	<ul style="list-style-type: none"> <li>HCPH Staff</li> <li>WeTHRIVE! Leadership Team</li> <li>Public Health Advisory Council</li> <li>Other partners &amp; resources to be identified</li> </ul>
4.1.2: Conduct and review community health assessment and other community-specific data to identify assets and opportunities for reducing infectious disease, chronic disease, injury, and maternal and child health within the WeTHRIVE! communities.	Y1 - Y3	
4.1.3: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y1 - Y3	
4.1.4: Provide technical assistance and training to support implementation of action plan strategies within the WeTHRIVE! communities.	Y1 - Y3	
4.1.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>Increased implementation of infectious disease prevention strategies (e.g. hand washing, immunizations, syringe exchange, testing, education/training, etc.)</li> <li>Increased access to healthy foods and physical activity opportunities (e.g. farmer's markets, healthy vending, safe routes to school, playground improvements, etc.)</li> <li>Increase in percent of adults and children that get the recommended minutes of daily physical activity</li> <li>Decrease in percent of adults and youth who smoke</li> <li>Increase implementation of injury prevention strategies (e.g. helmet usage, in-home modifications to prevent falls, traffic safety, child proofing homes, training/education, etc.)</li> <li>Increased implementation of interventions and/or programs that promote improved maternal and child health outcomes (e.g. infant safe sleep, maternal smoking cessation, adequate spacing between pregnancies, early access to prenatal care, breastfeeding, obesity prevention, etc.)</li> <li>Decrease in the percent of adults and children who are overweight or obese</li> <li>Decrease in heart disease, type 2 diabetes, chronic obstructive pulmonary disease, and cancer mortality rates</li> </ul>		

## Priority Area 4: COMMUNITY HEALTH

Goal 4: To provide a community health assessment that communities will utilize in making data-driven, evidenced-based decisions that result in implementation of policy, systems, environmental, and programmatic change strategies to support reductions in chronic and infectious disease and adverse outcomes associated with injury and maternal and child health issues.

Objective 4.1: Identify, priorities, and implement strategies to improve infectious disease, chronic disease, injury, and maternal and child health within 10 WeTHRIVE! communities by 2018.

### Output/Outcome Indicators Continued:

- Decrease in sexually transmitted infections, HIV, hepatitis, and vaccine-preventable disease incidence rates
- Decrease in intentional and unintentional (accidental) injury rates
- Decrease in rates of infant mortality, low birth weight, prematurity, and maternal smoking
- Increase in rates of pregnancy with optimal spacing
- Increase in rates of pregnancies with access to prenatal care

### Monitoring/Evaluation Approach:

- Data analysis (primary and secondary data)
- Direct observation
- Photo-voice (photographs to document change pre- and post-implementation)
- Surveys

## Priority Area 5: ENVIRONMENTAL HEALTH

**Goal 5:** To make the healthy choice the easy choice through implementation of policy, systems, environmental, and programmatic change strategies to support improved access to safe outdoor activities and recreation, decreased exposure to secondhand tobacco smoke, and increased safe housing.

**Objective 5.1:** Identify, prioritize, and implement strategies to improve air quality, housing, physical environment, water quality, and waste management practices within 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
5.1.1: Build awareness regarding policy, systems, environmental, and programmatic best practices for improving air quality, housing, physical environment, water quality, and waste management.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
5.1.2: Complete the Environmental Health Assessment and Community Health Assessment and Group Evaluation (CHANGE) tool to identify assets and opportunities for improving air quality, housing, physical environment, water quality, and waste management within the WeTHRIVE! communities.	Y1 - Y3	
5.1.3: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities. Emphasis will be placed on strategies that target populations experiencing the highest burden of health disparities.	Y1 - Y3	
5.1.4: Provide technical assistance and training to support implementation of action plan strategies within the WeTHRIVE! communities.	Y1 - Y3	
5.1.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><b>Output/Outcome Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of physical/built environment strategies (e.g. complete streets, walking/bicycling trails, transportation plans, safe routes to school, infrastructure improvements, shared use agreements, safety enhancements)</li> <li>• # of idle-free policies and/or idle-free zones</li> <li>• Increased access to physical activity opportunities</li> <li>• Increase access to tobacco-free environments</li> <li>• Decrease in housing and nuisance complaints</li> <li>• Increase in community recycling and composting rates</li> <li>• Increase implementation and adherence to storm water pollution prevention strategies (e.g. training, maintenance of a storm water plan, etc.)</li> <li>• Decrease in the percent of children who are overweight or obese</li> <li>• Decrease in the percent of adults who are overweight or obese</li> <li>• Increased access to clean air</li> <li>• Increased access to safe water</li> <li>• Decrease in unintentional (accidental) injury rates</li> <li>• Decrease in heart disease, type 2 diabetes, chronic obstructive pulmonary disease, and cancer mortality rates</li> </ul>		

## Priority Area 5: ENVIRONMENTAL HEALTH

Goal 5: To make the healthy choice the easy choice through implementation of policy, systems, environmental, and programmatic change strategies to support improved access to safe outdoor activities and recreation, decreased exposure to secondhand tobacco smoke, and increased safe housing.

Objective 5.1: Identify, prioritize, and implement strategies to improve air quality, housing, physical environment, water quality, and waste management practices within 10 WeTHRIVE! communities by 2018.

### Monitoring/Evaluation Approach:

- Environmental Health Assessment and Community Evaluation (ENHANCE)/Community Health Assessment and Group Evaluation (CHANGE) tool
- Photo-voice (photographs to document change pre- and post-implementation)
- Direct observation
- Surveys
- Vital Statistics
- Other relevant evaluation and primary and secondary data sources to be identified

## Priority Area 6: EMERGENCY PREPAREDNESS

Goal 6: To solidify a community's capacity to prepare for and respond to a public health emergency.

Objective 6.1: Identify, prioritize, and implement strategies to improve community preparedness within 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
6.1.1: Complete the Emergency Preparedness Community Assessment to identify assets and opportunities for improving community preparedness within the WeTHRIVE! communities.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
6.1.2: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities.	Y1 - Y3	
6.1.3: Facilitate an annual review of the Point-of Dispensing (POD) plans within the WeTHRIVE! communities.	Y1 - Y3	
6.1.4: Provide technical assistance and training to support implementation of action plan strategies, Point-Of-Dispensing plans, and Point-of-Dispensing/Tri-State Medical Reserve Corp volunteer recruitment in WeTHRIVE! communities.	Y1 - Y3	
6.1.5: Document Point-of-Dispensing plans have been exercised every three years (minimum) in the WeTHRIVE! communities.	Y1 - Y3	
6.1.6: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # of trainings provided</li> <li>• # of Point-of-Dispensing site exercises (required every three years for each site)</li> <li>• # of volunteers registered through the Tri-State Medical Reserve Corp</li> <li>• # of Point-of-Dispensing sites that can staff core teams for two shifts</li> <li>• # of community preparedness action plan strategies implemented (e.g. plan review, volunteer recruitment, exercise plans, train new core team members, etc.)</li> <li>• 100 percent of communities have "Ready Mode" Point-of-Dispensing sites</li> <li>• Increased awareness in community Point-of-Dispensing plans</li> <li>• 90 percent of residents are self-reliant for 72 hours</li> </ul>		

## Priority Area 6: EMERGENCY PREPAREDNESS

Goal 6: To solidify a community's capacity to prepare for and respond to a public health emergency.

Objective 6.2: Identify, prioritize, and implement strategies to improve personal preparedness within 10 WeTHRIVE! communities by 2018.

Strategies	Timeline Y1, Y2, Y3	Partner/Resources
6.2.1: Administer the Personal Preparedness survey within the WeTHRIVE! communities.	Y1 - Y3	<ul style="list-style-type: none"> <li>• HCPH Jurisdictions</li> <li>• HCPH Staff</li> <li>• WeTHRIVE! Leadership Team</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>
6.2.2: Prioritize strategies for implementation and develop action plans in partnership with the WeTHRIVE! communities.	Y1 - Y3	
6.2.3: Build awareness regarding the importance of personal preparedness during a public health emergency.	Y1 - Y3	
6.2.4: Provide technical assistance and training to support implementation of action plan strategies in WeTHRIVE! communities.	Y1 - Y3	
6.2.5: Evaluate action plan strategies implemented within the WeTHRIVE! communities.	Y1 - Y3	
<p><u>Output/Outcome Indicators:</u></p> <ul style="list-style-type: none"> <li>• # personal preparedness surveys completed (assesses knowledge and readiness)</li> <li>• # of personal preparedness action plan strategies implemented (e.g. distribution of emergency supply kits, individual/family emergency plan development, training/education of importance of emergency supply stockpile (72 hours self-reliance), etc.)</li> <li>• Increased awareness regarding personal preparedness</li> <li>• 90 percent of residents are self-reliant for 72 hours</li> </ul>		
<p><u>Monitoring/Evaluation Approach:</u></p> <ul style="list-style-type: none"> <li>• Surveys</li> <li>• Fire, Police, Emergency management Agency data analysis (post-event)</li> <li>• Other strategies to be determined</li> </ul>		

# APPENDIX A

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- Overview of the WETHRIVE! initiative
- WeTHRIVE! Chronic Disease Pathway overview
- WeTHRIVE! Community Health Pathway overview
- WeTHRIVE! Environmental Health Pathway overview
- WeTHRIVE! Emergency Preparedness Pathway overview



# BECOME A WeTHRIVE! COMMUNITY

*WeTHRIVE! began in 2009 as a county-wide initiative to make healthy living easier. Hamilton County Public Health (HCPH) engaged schools, businesses, churches, elected officials and residents to address chronic disease by increasing access to healthy foods and physical activity opportunities, while decreasing exposure to secondhand smoke. This collaboration resulted in numerous policy and environmental changes that will have lasting impact in our communities. As a result, HCPH is expanding the focus of WeTHRIVE! to include additional Pathways to improve the overall health of a community.*

## What Your Community Can Do

- **Establish a WeTHRIVE! Team**

Establishing a WeTHRIVE! team that is part of the community's infrastructure (e.g. Council Committee, Commission) ensures that there is a sustainable group of people who are dedicated to improving the health, safety and vitality of the community.

- **Adopt a Resolution**

The adoption of the WeTHRIVE! Resolution solidifies the commitment to your community's health and well-being.

- **Select a Pathway**

Communities should select a minimum of one pathway to work on to get started.

There are four Pathways, which include:

1. Chronic Disease
2. Emergency Preparedness
3. Community Health
4. Environmental Health

Each Pathway process includes four key steps:

1. Adoption of a resolution that includes strategies specific to the selected Pathway.
2. Assessment or review of the data.
3. Action plan development.
4. Implementation of action plan.

## How to Get Started

Call (513) 946-7845 to get started!

## What We Can Offer

- **Technical Assistance**

WeTHRIVE! Communities will be assigned a public health educator who will help guide the process of getting your team started. They will provide technical assistance and will connect your team with other public health staff based on your community's selected pathway.

- **Recognition**

A "WeTHRIVE! Community" sign will be presented to your community that can be proudly displayed after all preliminary steps have been completed. Additional recognition will be provided by HCPH via social media (e.g. Facebook, Twitter), press releases, on the HCPH and WeTHRIVE! initiative websites, at a Board of Health meeting, and via other opportunities that may arise.

- **Learning Collaborative**

Communities are invited to participate in the WeTHRIVE! Learning Collaborative. The Learning Collaborative provides a forum for communities to come together and discuss successes and challenges, participate in training, and stay abreast of funding opportunities.

- **Data Assistance**

Communities can receive guidance on how to navigate through HCPH's online Community Access to Hamilton County Epidemiology and Assessment Data (AHEAD) Tool. The tool provides the most current public health data available. Assistance is also offered on how the data can be used in community health planning and funding applications.

- **Marketing and Promotional Resources**

Resources will be provided to promote community efforts, which include:

- Sample press release
- Social media recommendations
- WeTHRIVE! Marketing Style Guide
- Customized WeTHRIVE! logo



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# CHRONIC DISEASE PATHWAY OVERVIEW



**“WeTHRIVE! is truly a grassroots effort that is making our community healthier. When we build playgrounds for our children and support corner stores that sell healthy food, we are all thriving, not just surviving. This makes Lincoln Heights a healthy community in which to live, work, learn, and play.”** –LaVerne Mitchell, council member

## Burden of Chronic Disease

Chronic disease – such as heart disease, stroke, cancer and diabetes – are among the most common, costly and preventable of all health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active and eating well) greatly reduces a person’s risk for developing chronic disease. Access to high-quality and affordable prevention measures are essential steps in saving lives, reducing disability and lowering costs for medical care (CDC, 2008).

## The Need

In Hamilton County,

- 59.6 percent of adults are overweight or obese.
- 24 percent of adults report no physical activity.
- 30 percent of adults smoke.
- 37.9 percent of third graders are overweight or obese.
- 74 percent of high school students report they are not physically active at least 60 minutes per day.
- 17.7 percent of high school students report eating fruits and vegetables five or more times per day.
- Students who are eligible for the free and reduced meal program are significantly more likely to be overweight or obese than children that are not eligible.

Sources: Ohio Department of Health and Hamilton County Youth Risk Behavior Survey.

## Chronic Disease Pathway Goal

To make the healthy choice the easy choice through implementation of policy, systems and environmental change strategies to support improved nutrition, increased activity, decreased exposure to secondhand tobacco smoke and decreased burden of chronic disease.

## What Your Community Can Do

- **Adopt a Resolution**  
The Chronic Disease Wellness Resolution includes strategies that address improvements to the community’s physical activity, nutrition and tobacco-related environments and policies. Adoption of the resolution solidifies the commitment to your community’s health and well-being.
- **Complete a Community Health Assessment**  
The Community Health Assessment and Group Evaluation (CHANGE) Tool helps communities talk about strengths that exist, as well as areas for improvement for creating an environment that supports healthy behaviors for residents of all ages and abilities.
- **Develop an Action Plan**  
Creating an action plan provides a blueprint for how the community will work towards the creation of a healthy environment where residents can thrive.

## Strategies to Reduce Chronic Disease

- Community or School Gardens
- Farmer’s Markets
- Healthy Vending and Retail
- Shared Use Agreements
- Complete Streets
- Safe Routes to School
- Playground and Park Enhancements
- Sidewalks and Walking Paths
- Tobacco-free policies to include outdoor venues



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# COMMUNITY HEALTH PATHWAY OVERVIEW



*“WeTHRIVE! is a whole way of thinking. It’s a way of approaching a community issue in a very holistic way and saying ‘Oh, there’s lots of different ways to approach this. There are many positive things that can happen.’ And so WeTHRIVE! to me is really a framework, a process by which I now can approach solving problems in my community.”* –Diana Porter, College Hill WeTHRIVE! Co-Leader

## Improving Community Health

Addressing healthy living and disease prevention at the community-level brings the greatest health benefits to the greatest number of people (CDC, 2014). Community health assessments (CHAs) provide information for problem and asset identification and policy formation, implementation and evaluation (NACCHO, 2014). Healthy communities make good business sense. Residents that live in a community that supports a healthy lifestyle are more productive, which can increase the vitality of the community.

## The Need

In Hamilton County,

- Chronic diseases represent 4 of the top 5 leading causes of death.
- Rates for deaths due to unintentional poisonings and falls are higher than state and national rates.
- The rate of motor vehicle crashes is nearly double the rate of the state.
- The infant mortality rate for 2009-2013 is nearly 1.5 times higher than that of the state.
- The Syphilis rate is 4.5 times higher than the state rate and nearly 3.5 times higher than the national rate.
- The rate of Acute Hepatitis B has increased nearly 2.5 times from 2012 to 2013.
- The rates of Pertussis have been increasing since 2007.

## Community Health Pathway Goal

To strengthen community-level efforts to prevent disease and promote healthy living.

## What Your Community Can Do

- **Adopt a Resolution**  
Adoption of the resolution solidifies the commitment to complete a CHA and develop a plan of action for how to address health concerns that most impact the community.
- **Complete a Community Health Assessment**  
CHAs help identify major health concerns that impact the community. The CHA will focus on chronic disease, injury, infectious disease, and the leading causes of death. Additional health topics can be included in the CHA, as requested by the community.
- **Prioritize Health Issues to Address**  
Health concerns will be prioritized to help focus the community’s intervention efforts. Prioritization will be based on the specific needs, capacity, and level of interest in the community.
- **Develop an Action Plan**  
Creating an action plan provides a blueprint for how the community will work towards the creation of a healthy environment where residents can thrive.

## Strategies to Improve Community Health

- Complete a CHA in partnership with HCPH.
- Prioritize health concerns for intervention.
- Select evidence-based strategies to address the health concern(s).
- Develop an action plan.
- Engage multiple community sectors to address community health concern(s).



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# ENVIRONMENTAL HEALTH PATHWAY OVERVIEW



**“Environmental Health is often considered the backbone of public health. From food service to housing and health nuisance complaints, environmental health looks at all of the environmental factors contributing to a disease and ultimately, its prevention. Following the Environmental Health Pathway process will prepare communities to tackle some of the most preventable diseases facing us today.”**

–Greg Kesterman, Assistant Health Commissioner, Hamilton County Public Health, Department of Environmental Health Services

## Environmental Health

Environmental Health focuses on conditions in the environment that affect our health. Environmental factors, such as the physical living conditions, air and water quality, efficiency of waste removal, safety, and general environmental conditions play a role in determining who is most healthy. The Environmental Health Pathway addresses these determinants of health in an effort to prevent disease and create health-supportive environments where people can thrive.

## The Need

In Hamilton County,

- 1,198 nuisance complaints were received by Hamilton County Public Health in 2013.
- 4,604 tires have been removed from open dump sites since 2009.
- Idling vehicles waste over 73 gallons of gasoline per vehicle each year, creating additional air pollution.
- There are >19,000 sewage treatment systems with as many as 1 in 5 not operating correctly at any given time.
- 41 percent of recyclable goods are sent to the landfill rather than being diverted to a recycling center.
- 23 percent of what residents landfill could be composted in a backyard composting system.
- There were 289 crashes involving pedestrians within a half mile of a K-8 school, resulting in 334 injuries and 4 deaths in 2013.

Sources: Hamilton County Public Health, Hamilton County Department of Environmental Services, and Ohio Department of Transportation

## Environmental Health Pathway Goal

To create environments that promote healthy living and reduce the risk of disease, injury, and disability.

## What Your Community Can Do

- **Adopt a Resolution**  
The Environmental Health Resolution includes strategies that address improvements to the community’s housing, air, water, solid waste, and physical environments. Adoption of the resolution solidifies the commitment to your community’s health and well-being.
- **Complete an Environmental Health Assessment**  
The Environmental Health Assessment aNd Community Evaluation (ENHANCE) Tool helps communities talk about strengths that exist, as well as areas for improvement for creating an environment that supports healthy-living, disease, and injury prevention.
- **Develop an Action Plan**  
Creating an action plan provides a blueprint for how the community will work towards the creation of a healthy environment where residents can thrive.

## Strategies to Improve Environmental Health

- Housing and nuisance code enforcement
- Idle-free campaigns
- Tobacco-free policies to include outdoor venues
- Recycling, composting, and tire collection
- Complete Streets
- Safe Routes to School
- Playground and Park Enhancements
- Sidewalks and Walking/Bicycling Paths
- Awareness of stormwater pollution prevention strategies
- Community education and engagement in environmental health strategies

10/2/14



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# EMERGENCY PREPAREDNESS PATHWAY OVERVIEW



*“Prior to our partnership with Hamilton County Public Health, we were not prepared for public health emergencies – we did not have the knowledge or ability to offer mass prophylaxis or mass immunizations to our community. The benefits from our inter-agency partnership have gone beyond our Community POD Program – the lessons learned have also helped us improve our preparedness for other types of community emergencies.”*

*– Chief Douglas Witsken, Green Township Fire & EMS*

## Emergency Preparedness

Disasters can be both naturally occurring and man-made. Public health emergencies can fall under each of these categories. Response to a public health emergency often includes the distribution of medicine to the community. Hamilton County communities have a partnership with Hamilton County Public Health (HCPH) to respond to these public health emergencies by establishing Points of Dispensing (POD) sites that provide medication to residents where they live, work, and learn.

## The Need

POD plans were developed to provide guidance on the response in the event of a public health emergency. Routine review of the plan assures that the community’s response will be quick, and resources are accessible. To further enhance the community’s ability to respond to public health emergencies and other natural or man-made events, recruitment and training of community volunteers is necessary. Community and personal disaster preparedness consists of education, planning, training, and practice to develop skills and keep them sharp.

## Emergency Preparedness Pathway Goal

To improve the community’s capacity to respond in the event of a public health emergency.

## What Your Community Can Do

- **Adopt a Resolution**  
The Emergency Preparedness Resolution includes strategies to improve the community’s ability to respond in the event of an emergency. Adoption of the resolution solidifies the commitment to an aware, prepared, and volunteering community.
- **Sign a Memorandum of Understanding (MOU)**  
The signed MOU states that the community agrees to operate a Point of Dispensing (POD) during public health events/emergencies in partnership with HCPH.
- **Complete Emergency Preparedness Assessments**  
Assessment tools will be utilized to review and enhance community and personal preparedness.
- **Develop an Action Plan**  
Creating an action plan provides an opportunity to reduce the gaps found in the assessments and provide a blueprint on how to towards a whole community approach to emergency preparedness.

## Strategies to Improve Emergency Preparedness

- Review and exercise POD plans
- Train core staff to manage POD
- Recruit community volunteers
- Educate the community about individual preparedness



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# APPENDIX B



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## PUBLIC HEALTH ADVISORY COUNCIL

### MEETING ATTENDEES

May 14, 2015

<b>Name</b>	<b>Organization</b>
Laura Allerdig	UC Health
Jeffry Armada	Mercy Health
Holly Christmann	Hamilton County Department of Environmental Services
Nick Crossley	Hamilton County Emergency Management Agency
Ken Dirr	Hamilton County Educational Service Center
Sister Cheryl Erb	Mercy Health
Kristee Griffith	Hamilton County Department of Developmental Disabilities
Mary Haag	PreventionFIRST!
Reverend Alfonza Jones	Lincoln Heights Missionary Baptist Church
Todd Kinskey	Hamilton County Regional Planning Commission
Dolores Lindsay	The HealthCare Connection
Ross Meyer	United Way
Mark Miller	Hamilton County Job and Family Services
Reverend Frank Nation	TriHealth
Jim Schwab	Interact for Health
Bill Sears	Hamilton County Educational Service Center
Christian Sigman	Hamilton County Administration
Shelley Spencer	Christ Hospital
Mary Stagaman	Cincinnati Chamber
Sarah Theodore	Cincinnati Children's Hospital Medical Center
Pat Tribbe	Hamilton County Mental Health

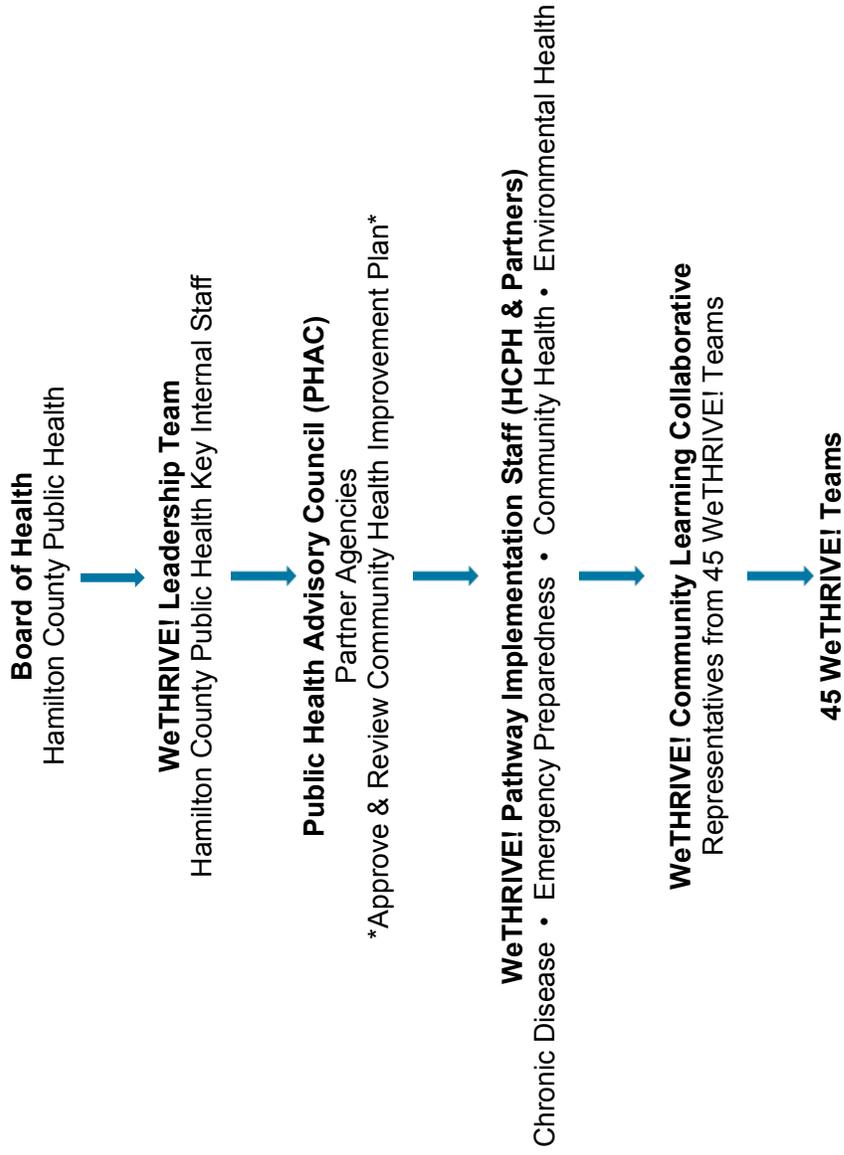
### Hamilton County Public Health Staff | WeTHRIVE! Leadership Team Members

Tim Ingram	Health Commissioner
Kathy Lordo	Assistant Health Commissioner, Community Health Services
Greg Kesterman	Assistant Health Commissioner, Environmental Health Services
Rebecca Stowe	Director of Health Promotion and Education
Craig Davidson	Director of Epidemiology and Assessment
John Sherrard	Emergency Response Supervisor
Mike Samet	Public Information Officer

# APPENDIX C

## WeTHRIVE! Initiative

### Hierarchy



Adopted 7-30-14; Revised 5-12-15



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