Lake Health

Lake County
General Health District

Public Health
Prevent. Promote. Protect.

2020 to 2022 Lake County Community Health Improvement Plan

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Publication Date: December 24, 2019

1. Introduction

1.1 Background

In an effort to improve the health of Lake County residents, as well as maximize resources, avoid service duplication, and enhance community agency collaboration and coordination, Lake Health System and Lake County General Health District have brought together county social service agencies and non-profit partners to perform the first-ever combined community health needs assessment and community health improvement plan in Lake County.

Identifying social, biological, and environmental factors that influence health at a population level is of increasing focus for both the public health and healthcare systems, and the community health needs assessment is a powerful tool to identify factors that inform the health-related needs of a community. These health needs are identified through a systematic collection and analysis of both qualitative and quantitative information, and are accompanied with a community health improvement plan that describes the actions each partner will take to address the identified needs.

Both the community health needs assessment and community health improvement plan position communities to address the health of its residents in an informed and meaningful way. Lake Health System, Lake County General Health District, and all of the participating partners are committed to this process, and to improving the health of Lake County residents.

The creation of implementation strategies to address the findings of a community health needs assessment is required for non-profit hospital systems every three years, in order to retain their respective Internal Revenue Service 501(c)(3) status. Additionally, local health departments, following the conduction of a community health assessment every three years, are required by the Ohio Department of Health to create a corresponding three-year community health improvement plan that aligns with standards set forth by the Public Health Accreditation Board.

Planned in coordination with local partner agencies, this community health improvement plan was facilitated by the Lake County General Health District's Office of Health Policy and Performance Improvement, and included the collection and analysis of both quantitative and qualitative data, as outlined by the MAPP process, a strategic planning tool for improving community health. Community health improvement plan activities included:

1. Review of the 2019 Lake County Community Health Needs Assessment.
2. Conduction of a Local Public Health System Assessment, with 41 participants representing 18 Lake County community partner agencies.
3. Completion of both a Forces of Change and Community Themes and Strengths Assessment, respectively.
4. Identification and prioritization of priority topic and priority outcome areas.
5. Facilitation of six community health improvement planning and strategy selection meetings, in conjunction with Lake County community partner agencies.

1. Introduction

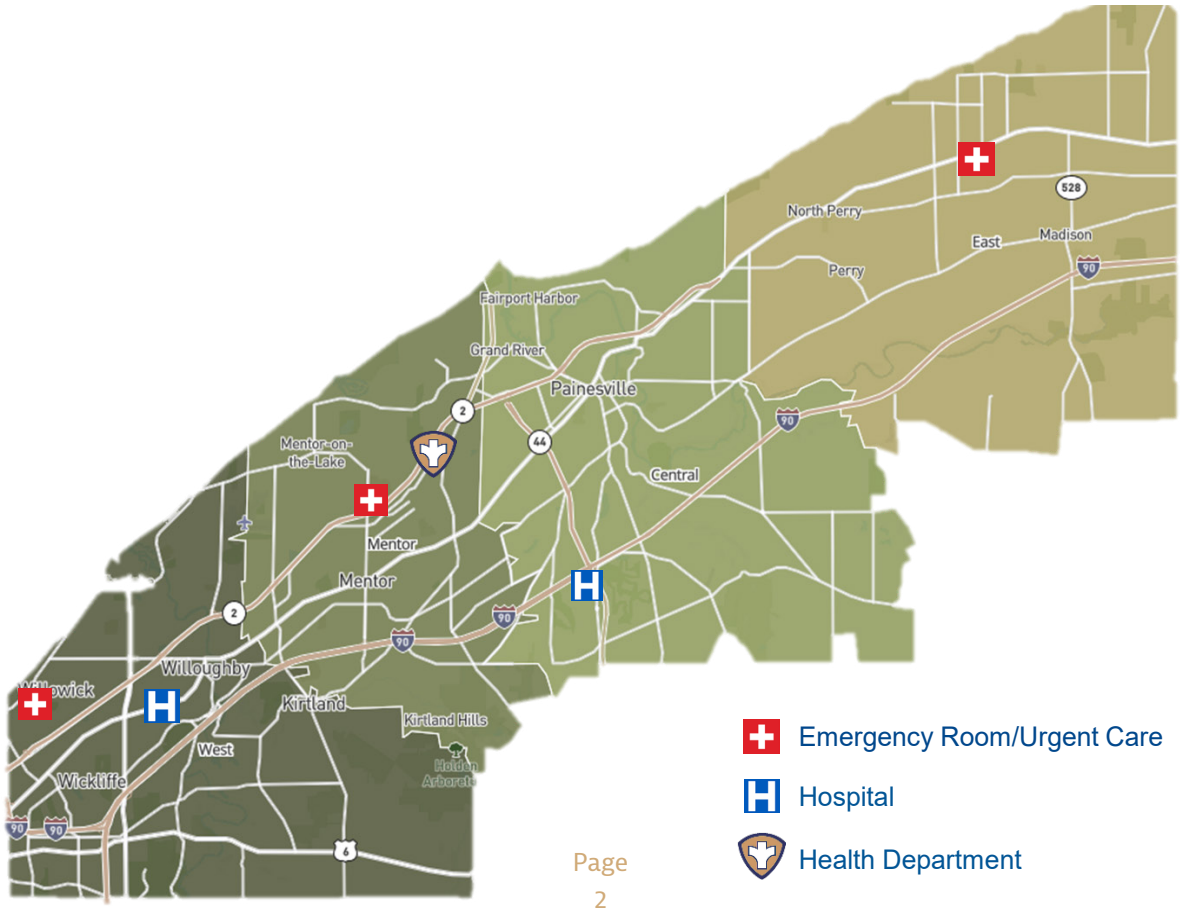
1.1 Background

1.1.1 Community Served

The service area for both Lake Health and Lake County General Health District is defined as Lake County, both in practice and for the purposes of this assessment. As such, secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2020 goals.

Lake County consists of 23 political subdivisions, including:

Concord Township
Eastlake City
Fairport Harbor Village
Grand River Village
Kirtland City
Kirtland Hills Village
Lakeline Village
Leroy Township
Madison Township
Madison Village
Mentor City
Mentor-on-the-Lake City
North Perry Village
Painesville City
Painesville Township
Perry Township
Perry Village
Timberlake Village
Waite Hill Village
Wickliffe City
Willoughby City
Willoughby Hills City
Willowick City



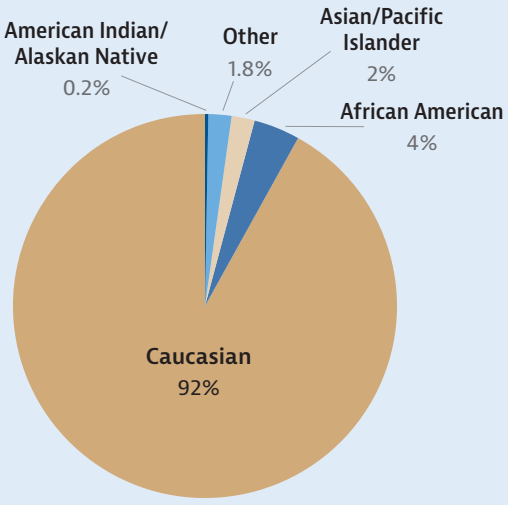
1. Introduction

1.1 Background

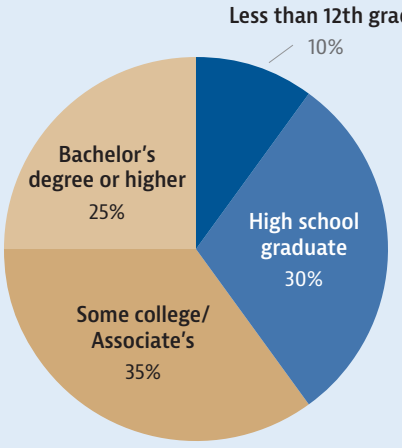
1.1.1 Community Served

Lake County, situated along the southern Lake Erie coastline and approximately 50 miles west of the Pennsylvania state border, is home to 230,117 residents and is characterized predominately by Caucasian (92%), high school graduate (92%) homeowners (74%), with a median household income of $59,958. One-fifth of Lake County residents are 65 years of age or older. The county seat of Painesville retains an ethnically diverse population, with upwards of 43% Hispanic residents in some census tracts, more than one-third of which are children under 18 years of age.

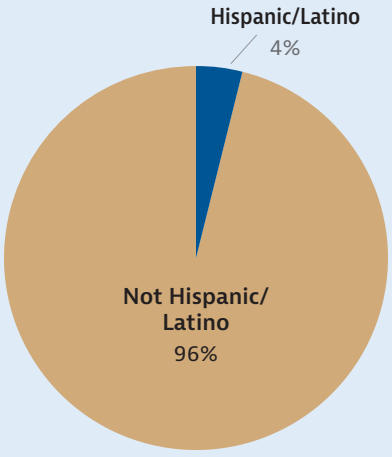
Despite retaining the smallest geographical footprint of any Ohio county, Lake County has a considerable manufacturing and retail presence across the county's 6,000 employers, 86,697 employees, and mix of urban, rural, and suburban communities. Lake County is uniquely positioned between densely urban Cuyahoga County to the west, affluent Geauga County to the south, and rural Ashtabula to the east, and is bisected by two major throughways, Ohio State Route 2 and Interstate 90.



Race



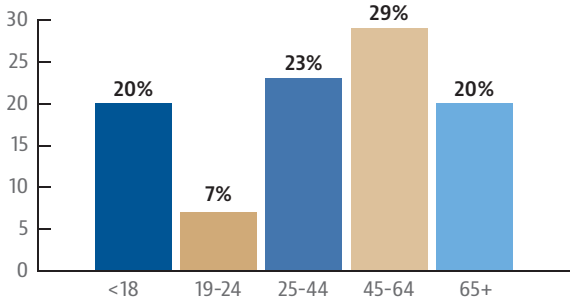
Education



Ethnicity

Median Household Income

$59,618



Resident Age*

*Does not equal 100% due to rounding

1. Introduction

1.1 Background

1.1.2 MAPP Process

Mobilizing for Action through Planning and Partnerships, or MAPP, is a strategic planning tool that assists communities in prioritizing public health needs, identifying resources, and guiding the delivery of community-specific programming, in order to improve community health. The product of a five-year collaborative effort between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), the creation of the MAPP framework provides a structured approach for enhancing community health. Utilization of the MAPP framework is required by the Ohio Department of Health for local health departments conducting a community health needs assessment and community health improvement plan.

MAPP is characterized by six distinct phases, including:

1. Organize for Success and Partnership Development
2. Visioning
3. The Four Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle

1. Introduction

1.1 Background

1.1.3 Agency Partners

As part of the community health improvement plan process, a number of community and federal partners collectively worked toward a shared Lake County vision and mission, as part of the 2019 Lake County Community Health Improvement Plan Steering Committee.

The Vision of Lake County
Working together to create a health Lake County.

The Mission of Lake County
Mobilizing partnerships to improve and sustain community wellness and quality of life.

Participating community and federal agencies included:

Catholic Charities Community Services of Lake County

Emily Currie-Manring, *Director*

Centers for Disease Control and Prevention

Roberta Erlwein, *Senior Public Health Advisor*

City of Painesville

Lynn White, *City Planner*

Crossroads Health

Nicole Vojtush, *Quality Improvement*

Dave Zavarksy, *Program Manager*

Extended Housing

Sandra Langenderfer, *Director of Housing*

HChoices, Inc.

Steve Pelton, *President*

Lakeland Community College

Dr. Karen Gravens, *Program Director, Nursing*

Dr. Deborah Hardy, *Dean for Health Technologies, Associate Provost for Teaching and Learning, and Dean of Faculty*

Amy Sabath, *Director, Government Relations*

Laketran

Ben Capelle, *Chief Executive Officer*

Lake County Alcohol, Drug Addiction, and Mental Health Services Board

Kim Fraser, *Executive Director*

Christine Lakomiak, *Director, Quality and Clinical Operations*

Lake County Board of Developmental Disabilities

Robin Irons, *Director of Nursing*

Lake County Commissioner's Office

Alyea Barajas, *Senior Services Coordinator*

Donna Tyson, *Project Coordinator*

1. Introduction

1.1 Background

1.1.3 Agency Partners

Lake County General Health District

Ron Graham, *Health Commissioner*

Shaelin Hurley, *Health Educator*

Christine Margalis, *Quality Assurance and Special Projects Coordinator*

Kathy Milo, *Director, WIC*

Dr. Matthew Nichols, *Director, Office of Health Policy and Performance Improvement*

Tara Perkins, *Director, Community Health Services*

Jessica Wakelee, *Policy, Research, and Planning Coordinator*

Lake Health

Rick Cicero, *Senior Vice President, Business Development*

Dino DiSanto, *Vice President, Marketing and Government Affairs*

Kellie Slusher, *Ambulatory Quality Coordinator*

Joyce Taylor, *Vice President, Population Health*

Lake Metroparks

Elizabeth Mather, *Chief of Technology*

Allison Ray, *Environmental Planner*

Lake-Geauga Recovery Centers

Melanie Blasko, *President and CEO*

Lifeline

Carrie Dotson, *Executive Director*

NAMI of Lake County

Katie Jenkins, *Executive Director*

Joanna Mannon, *Program Coordinator*

Signature Health/Family Planning Association of Northeast Ohio

Ann Mason, *Chief Operating Officer*

Mary Wynne-Peaspanen, *Director, Sexual and Reproductive Health Operations*

The Bar Athletics

Chad Gourley, *Owner*

Torchlight Youth Mentoring Alliance

Tia Lawrence, *Program Director*

United Way of Lake County

Jennifer McCarty, *President and Chief Executive Officer*

YMCA of Lake County

Alyssa Gustwiller, *Chief Operating Officer*

Beth Horvath, *Healthy Living Director*

2. Assessments

2.1 Community Health Needs Assessment

The 2019 Lake County Community Health Needs Assessment, conducted jointly between Lake Health and Lake County General Health District, was composed of four principal assessment activities, including (1) secondary data collection, (2) community resident survey distribution, (3) community leader survey distribution, and (4) community resident focus groups. In total, **16 Lake County-specific** health concerns were identified across the quantitative and qualitative components of the four assessment processes (Table 1).

Table 1. *Health Concerns Identified During the 2019 Lake County Community Health Assessment*

Measure	Secondary Data	Resident Survey	Resident Survey (Qualitative)	Community Leader Survey	Focus Group Survey	Focus Group Themes (Qualitative)
Access to care			✓			✓
Alcohol abuse			✓			✓
Alcohol-related deaths	✓	✓	✓	✓	✓	✓
Alcohol-related driving deaths	✓	✓	✓	✓	✓	✓
Alzheimer's disease	✓	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓	✓
Drug overdose deaths	✓	✓	✓	✓	✓	✓
Fall deaths	✓	✓	✓	✓	✓	✓
Fast food restaurant density	✓	✓	✓	✓	✓	✓
Heart disease	✓	✓	✓	✓	✓	✓
High blood pressure	✓	✓	✓	✓	✓	✓
Limited access to healthy foods	✓	✓	✓	✓	✓	✓
Mental health		✓	✓			✓
Obesity		✓	✓			✓
Preventable hospitalizations	✓	✓	✓	✓	✓	✓
Preventable teen deaths	✓	✓	✓	✓	✓	✓

2. Assessments

2.2 Forces of Change

The 2019 Lake County Community Health Improvement Plan Steering Committee, consisting of representatives from Lake County's transportation, healthcare, behavioral health, higher education, and local government sectors participated in a Forces of Change Assessment on July 31, 2019. Forces of Change can be characterized as trends, events, and factors that impact the social, economic, political, technological, environmental, legal, and ethical characteristics of a community. Participants identified forces occurring or likely to occur in Lake County during the next three years, as well as community threats and opportunities (Tables 2,3, and 4).

Table 2. *Forces of Change*

Forces (Trends, Events, Factors)	Threats	Opportunities
Aging Community	· Economic tax to healthcare system, social services, housing, and transportation · Nutritional challenges · Risk of victimization · Unique behavioral health needs · Challenging to navigate healthcare	· Specialized care (in-home or outpatient) · Exercise opportunities for retirees · Social support services
Medical Marijuana, and the Potential for Recreational Marijuana	· Many concerns with cities or states, such as Denver, that already have recreational marijuana · Health, safety, graduation rates, workforce issues, economic impact, crime, and homelessness	· Community education · Support groups
Vaping	· Increased nicotine addiction · Unknown vaping solution substances	
Change in Funding Priorities (Federal, State, Local, CDBG, United Way)	· Political Influence · Fear of the unknown · Fear of change, or being the first to change · Fear of levy failure	· Creative collaborations · Changes in funding can lead to better opportunities or a more targeted impact

2. Assessments

2.2 Forces of Change Assessment

Table 3. *Forces of Change (continued)*

Forces (Trends, Events, Factors)	Threats	Opportunities
Children with Increasing and/or Complex Needs	• Economic tax to healthcare system, social services, housing, transportation, and nutritional challenges • Risk of victimization • Unique behavioral health needs	• Collaboration and early intervention is the most impactful
Demographic Changes in Lake County (non-English Speaking Population)	• Population not accessing services due to fear or political threats • Non-English speakers less likely to receive help with domestic violence, or other victimization • Language barriers result in children being pulled from school to translate for adults • Fear of being known as a sanctuary city, and the resulting risks to funding	• Collaborative funding opportunities for local decisions
Uncertainty of Healthcare Coverage and Access	• Future of ACA, managed care, and Medicaid expansion unknown • Insured working poor avoid care because of high deductible or copay	• Opportunities to eliminate barriers • Local decision-making

2. Assessments

2.2 Forces of Change Assessment

Table 4. *Forces of Change (continued)*

Forces (Trends, Events, Factors)	Threats	Opportunities
Need for Engagement from Community Advocates and Donors	• Political shifts	• Collaborative • Resource-rich county
Free Community College Education	• Need to increase institutional capacity	• Robust workforce • Increased tax base • Additional services
Use of Data in Healthcare Decision-making	• Aging community resists • High start-up and implementation costs • Security threats (perceived and actual)	• Timely services • Convenient services that meet patients where they are • Improved health outcomes • Less expensive in the long term

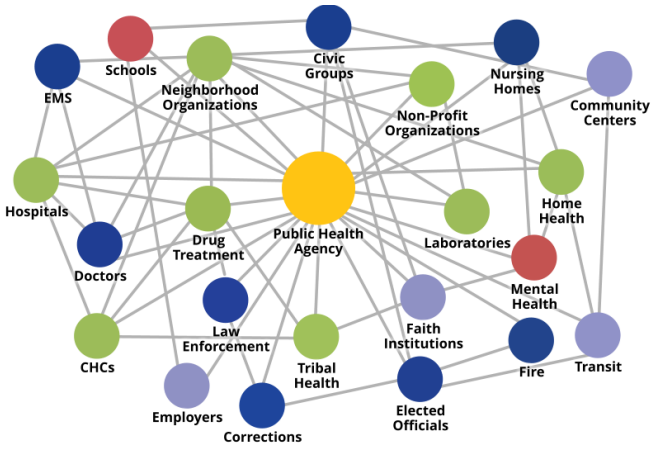
2. Assessments

2.3 Local Public Health System Assessment

The Local Public Health System includes all public, private, and voluntary entities that contribute to the delivery of essential public health services within a given jurisdiction. The Local Public Health System Assessment (LPHSA) utilizes the National Public Health Performance Standards Local Instrument, and is structured around model standards for each of the ten essential public health services, the latter of which were developed through a comprehensive, collaborative process with input from national, state, and local experts in public health. Collectively, the LPHSA includes 30 model standards that serve as quality indicators, which are organized into the ten essential public health service areas, addressing the three core functions of public health.

The Ten Essential Public Health Services

The Local Public Health System



The primary purpose of the LPHSA is to promote continuous improvement that will result in positive outcomes for system performance. The results can be used as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Begin taking action to achieve performance and quality improvement in one or more targeted areas
- Reassess the progress of improvement efforts at regular intervals

2. Assessments

2.3 Local Public Health System Assessment

The 2019 Lake County LPHSA was held on Friday, May 17, at the Lake Health Physician's Pavilion facility, located in Concord Township. A total of 41 participants representing 18 local agencies were in attendance, including public health, local government, healthcare, non-profit, and businesses.

The data created during the assessment establishes the foundation upon which the Lake County LPHSA may set priorities for performance improvement and identify specific quality improvement projects to support its priorities. Based upon the responses provided, an average was calculated for each of the ten essential services. Each corresponding essential service score can be interpreted as the overall degree to which the public health system meets the performance standards for each essential service.

Using the assessment responses, a scoring process generates a score for each model standard and essential service, and one overall assessment score. The following scoring rubric was applied:

Optimal Activity (76-100%)

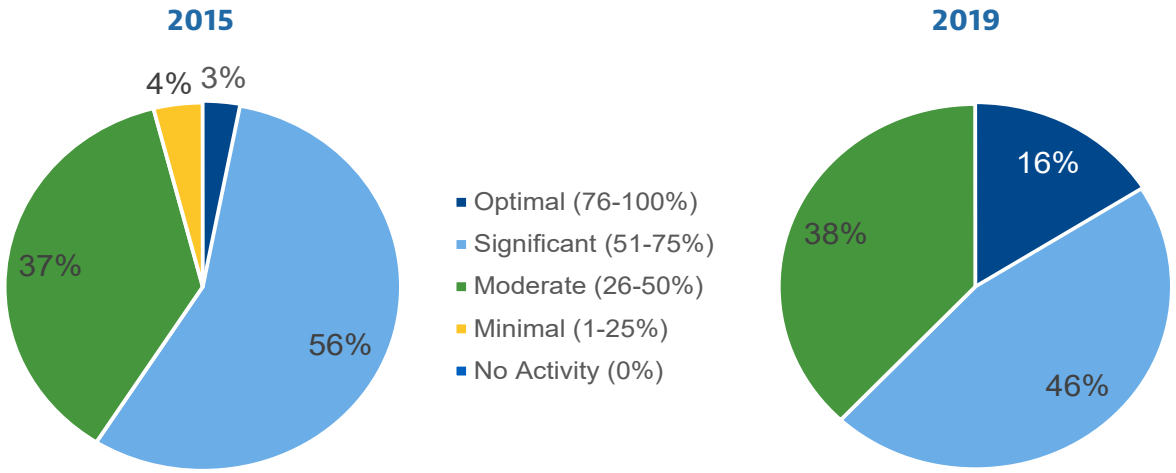
Significant Activity (51-75%)

Moderate Activity (26-50%)

Minimal Activity (1-25%)

No Activity (0%)

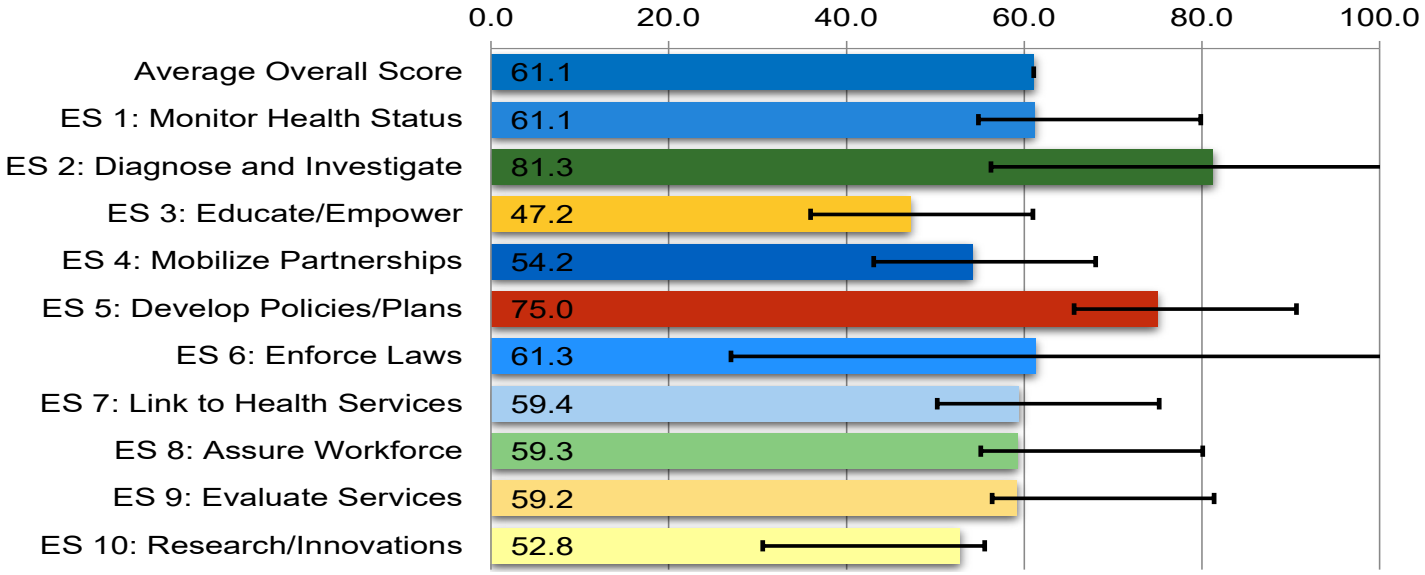
The pie charts below compare 2015 and 2019 Lake County model standard score ratings.



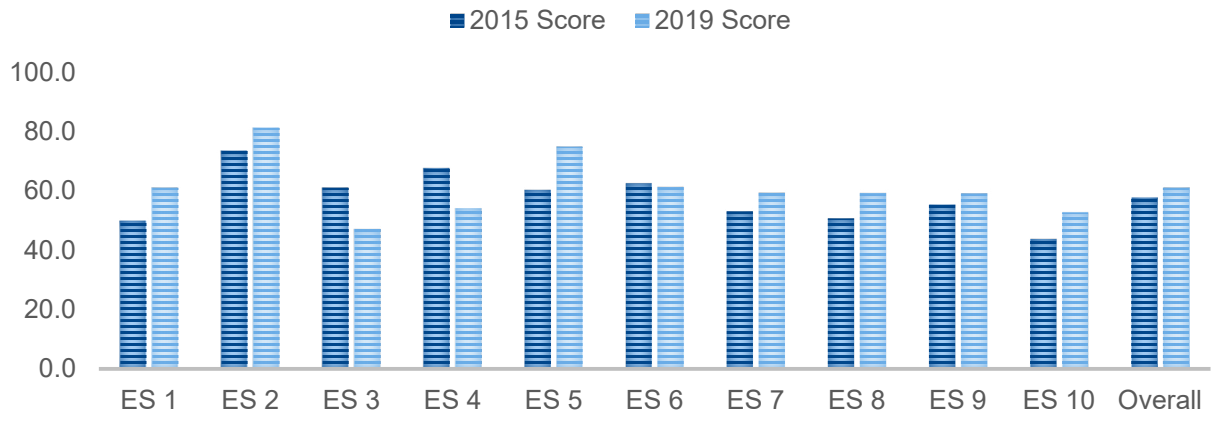
2. Assessments

2.3 Local Public Health System Assessment

Essential public health service performance scores demonstrate a local public health system's greatest strengths, as well as opportunities for improvement. Essential public health service scores pertaining to diagnosis and investigation (81%), as well as the development of policies and plans (75%), represented the highest Lake County scores, while education and empowerment (47%), as well as research and innovation (53%), showcased the greatest opportunity for improvement. Note that the black bars in the graph below indicate the range of reported scores.



As compared to Lake County essential public health service scores collected in 2015, average 2019 essential public health service scores improved across seven of the ten included scores.



2. Assessments

2.4 Community Themes and Strengths

In August of 2019, Lake County residents were invited to complete a short 12-question quality of life survey, which was administered via SurveyMonkey®, a web-based survey platform. For each question, residents were asked to indicate how satisfied they were regarding various factors impacting the quality of life in Lake County. Responses were recorded on a scale from 1 to 5, with 1 indicating "Very Dissatisfied", and 5 indicating "Very Satisfied". In total, 176 Lake County residents completed the survey, and improvements across seven of the 12 quality of life domains were observed, as compared to 2015 survey results (Table 5).

Table 5. *Lake County Quality of Life Survey Results*

Quality of Life Indicator	2015	2019	Trend
1. Are you satisfied with the quality of life in our community?	3.84	3.85	*Increase*
2. Are you satisfied with the health care system in the community?	3.68	3.44	*Decrease*
3. Is this community a good place to raise children?	3.86	3.89	*Increase*
4. Is this community a good place to grow old?	3.65	3.45	*Decrease*
5. Is there economic opportunity in the community?	3.31	3.46	*Increase*
6. Is the community a safe place to live?	3.69	3.77	*Increase*
7. Are there networks of support for individuals and families?	3.70	3.59	*Decrease*
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.63	3.53	*Decrease*
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.30	3.36	*Increase*
10. Are community assets broad-based and multi-sectoral?	3.26	3.28	*Increase*
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.26	3.25	*Decrease*
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.19	3.31	*Increase*

2. Assessments

2.4 Community Themes and Strengths

The 2019 Lake County Quality of Life survey also asked residents to identify what they liked most about living in Lake County. In order to visualize these responses, response themes were summarized in the word cloud below. Themes that appear larger indicate a greater number of responses.

2. Assessments

2.4 Community Themes and Strengths

In addition to identifying what residents liked most about Lake County, some survey respondents also indicated what they disliked most about living in Lake County, and these responses are organized according to the overarching theme and corresponding quotes below.

Diminishing Sense of Community

- "People show absolutely no respect for anything or anyone in this county. Too many people trash things and leave it and do not follow laws, and if anything is said then you are a residential complainer".
- "It's just a tad too conservative in its politics, and as a member of the LGBT community, I don't feel welcome sometimes".
- "I've been here 36 years and I think the sense of community has decreased with the increasing population. You can't force people to care".

Declining Quality of Life

- "The schools are not funded equally and the wealthy have advantage in all areas and the poor keep struggling to survive".
- "The quality of life has diminished; safety is a huge concern for me and I don't feel safe anymore which is quite a sad state considering we live in a very nice area. The powers that be don't care about improving the area, the roads, the sidewalks, nothing that will stop the drugs or other crime-related activities. We need more attention paid to the small things because that's where change begins".
- "I love the community where I live, but hate that the taxes are so high".

Lack of Services and Amenities

- "The county lacks adequate resources for troubled teens mental health".
- "I think the amount of taxes we pay is far too much for the services we receive".
- "Lake Erie College is a wonderful asset, but it is shameful that Lake County does not do more to support and promote its own four-year college".
- "Needs to regionalize redundant services".
- "We have gone to Geauga County for healthcare due to the quality of the service there".
- "A few years ago I would have told you that Lake County was a compassionate place to live, but changes in funding ended that. Now I see agencies that provide critical services to our lowest income families receiving less funding and struggling to maintain needed services. We will all pay dearly for such short-sightedness in the long run".
- "Roads need work, more restaurants are needed".

2. Assessments

2.4 Community Themes and Strengths

Focus group participants also provided feedback regarding their concerns pertaining to Lake County. Major themes and associated issues are included below.

Increased Drug Addiction, Abuse, and Overdose Rates

- Reduced availability of necessary medications
- Emotional, physical, and financial strain on grandparents having to parent grandchildren
- Lack of effective approach to combat drug problem
- Lack of opportunities

Mental Health Issues are Complex

- Failure to see the signs and get needed help
- Support services are great, but community needs exceed those resources
- Depression among children and teens who are bullied or don't fit in
- Inadequate coping skills
- Stresses of financial strain

Healthy Food Is Not Accessible

- Lack of affordable, quality healthy foods
- Abundance of convenience stores and fast food
- Tendency to gravitate to what is cheap, quick, and easy

2. Assessments

2.4 Community Themes and Strengths

Residents Have Difficulty Accessing Healthcare

- Lack of translation services, resulting in children missing school to translate for family medical appointments
- Lack of convenient appointment times for those who work
- Lack of transportation options for medical appointments in some areas
- Long wait times to see providers at the free clinic
- Care deserts
- Inconvenient locations
- High cost of care, medications, medical supplies, and equipment

Community Is Less Physically Active

- Due to technology like social media and video games, kids don't play outside anymore
- Lack of affordable places to exercise
- Lack of sidewalks in some communities

Community Resources are Not Being Accessed

- Programs and services not offered in accessible places
- Residents are unaware of what services and programs exist

3. Prioritization of Health Priority Areas

3.1 Prioritization Process

Based on the 16 Lake County health concerns identified in the 2019 Lake County Community Health Needs Assessment, the 2019 Lake County Community Health Needs Assessment Steering Committee met on August 29, 2019 to prioritize these concerns based upon the (1) number of people affected, (2) individual and community impact, and the (3) local capacity to address, in accordance with both Internal Revenue Service Section 501 (r)(3) and Public Health Accreditation Board Standards and Measures, Version 1.5, Measure 5.2.1 L (required documentation 1e). A scale from one to ten was utilized for each of the three domains (Table 6), and were defined as follows:

Number of People Affected: How many individuals does the problem affect, either directly or indirectly?

Individual and Community Impact: What are the consequences to both individuals and the community if this issue is not addressed or improved? Consider existing and potential physical, mental, social, and economic consequences.

Local Capacity to Address: Are there existing organizations, resources, and workforce to address this issue? Are there opportunities for new or enhanced collaborative partnerships?

Table 6. *Mean Health Concern Prioritization Scores*

Health Concern	Number of People Affected	Individual and Community Impact	Local Capacity to Address	Total Mean Score
Diabetes	8	9	8	25
Obesity	8	8	8	24
Mental Health	8	8	7	23
High Blood Pressure	8	8	7	23
Drug Overdose Deaths	7	8	8	23
Heart Disease	8	8	7	23
Limited Access to Healthy Foods	7	8	7	22
Access to Care	6	7	8	21
Alcohol Abuse	5	7	7	19
Preventable Teen Deaths	6	7	6	19
Fast Food Restuarant Density	7	7	4	18
Preventable Hospitalizations	6	6	6	18
Alcohol-related Driving Deaths	5	6	6	17
Alzheimer's Disease	5	6	6	17
Alcohol-related Deaths	4	6	6	16
Fall Deaths	5	5	5	15

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

Based on the health concern prioritization scoring process, and in conjunction with the results from the Forces of Change, LPHSA, and Community Themes and Strengths Assessments, a total of seven health priority outcomes, pertaining to two priority health topics, were selected by the 2019 Lake County Community Health Improvement Plan Steering Committee for inclusion in the 2020 to 2022 Lake County Community Health Improvement Plan (Table 7).

Table 7. *2020 to 2022 Lake County Community Health Improvement Plan Priority Topics and Outcomes*

Lake County CHIP Priority Topics	Chronic Disease	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths

As such, Lake Health and Lake County General Health District, in conjunction with Lake County community partner agencies, will allocate resources, personnel, and expertise to collectively impact chronic disease and mental health and addiction, in order to reduce diabetes, heart disease, hypertension, obesity, suicide death, substance use disorder, and drug overdose deaths among Lake County residents.

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.1 Diabetes

Percentage of adults 20 years of age and older who have ever been told by a doctor that they have diabetes.

> "Being diabetic and on insulin is a very, very **expensive** deal; and insurance companies, there's only 2 companies that make it, and their prices are almost identical to each other, and insurance only picks up so much."
>
> -Focus Group Participant

National, State, and Local Data*

*Community Commons 2015

N/A	9%	10%	9%

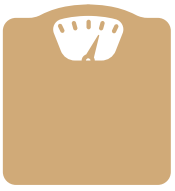
2019 Resident Survey Results

16% of residents reported having **DIABETES**

High Risk Profile**

**Lake County 2019 Community Health Needs Assessment Resident Survey

Caucasian male



Overweight or obese

Advancing age

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.2 Heart Disease

Percentage of Medicare fee-for-service population with heart disease.

Greater than 1 in 3 American adults have heart disease, and **more than half** are 60 years of age or older.*

*Mozaffarian et al. 2016

National, State, and Local Data**

**Community Commons 2015

Healthy People 2020			
N/A	27%	27%	28%

2019 Resident Survey Results

9% reported having ***heart disease***

High Risk Profile***

***McClelland et al. 2015, Mozaffarian et al. 2016,
Lake County 2019 Community Health Assessment Resident Survey

- Advancing age
- Smoking
- Diabetes
- Overweight or obese
- High cholesterol
- Caucasian male

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.3 High Blood Pressure

Percentage of Medicare fee-for-service population with high blood pressure.

Upwards of **100 million** Americans currently have **high blood pressure**, or hypertension, and high blood pressure is a considerable **risk factor** for heart disease, stroke, heart failure, kidney disease, and all-cause mortality.*

*Shah and Stafford 2018

National, State, and Local Data**

**Community Commons 2015

27% 55% 57% 56%

2019 Resident Survey Results

40%

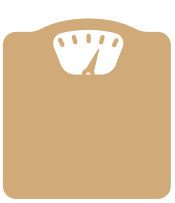
of residents reported having

HIGH BLOOD PRESSURE

High Risk Profile***

***Lake County 2019 Community Health Needs Assessment Resident Survey

African American males



Overweight or obese

Advancing age

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.4 Obesity

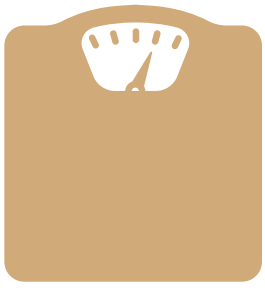
Percentage of adults 20 years of age and older who self-report that they have a Body Mass Index (BMI) greater than 30.

> "I think the biggest problem is getting people to realize there is a problem. I have two granddaughters…the 23 year-old is **obese**. She's now diabetic. She doesn't realize what this is going to do **later on down the line.**"
>
> -Focus Group Participant

National, State, and Local Data*

*Centers for Medicare Services 2015

2019 Resident Survey Results



41% of residents *surveyed* were **OBESE** (BMI values >30)

High Risk Profile**

**Lake County 2019 Community Health Needs Assessment Resident Survey

40 to 49 years old

Higher among minorities

Increases with lower education

Male

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.5 Suicide Deaths

Age-adjusted suicide rate per 100,000 population.

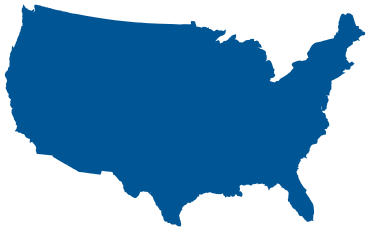
> If I'm overweight and they're laughing at me, I'm going to be **depressed** because I want to fit in or I want to feel pretty. So nobody's making me feel pretty because mom's not at home, and I just feel alone. Then the next thing you know, you're bullied so much, and then **they take their own lives.**

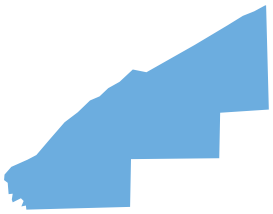
-Focus Group Participant

National, State, and Local Data*

*CDC WONDER 2017

Healthy People 2020





10	14	15	14
per 100,000	per 100,000	per 100,000	per 100,000

2019 Resident Survey Results

On average
Lake County
residents ***reported***
5.5 days
of poor
mental health
in the past ***month***

High Risk Profile**

**Swedler et al. 2012, Lo et al. 2013, Curtin et al. 2016

Teen males are at higher risk for fatal accidents, homicide deaths, and suicide

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.6 Substance Use Disorder

Nationally, more than **two million years** of life were lost to an alcohol-related death among individuals 20 years of age and older between 2006 and 2010.*

*Naimi et al. 2019

2019 Resident Survey Results

31% *identified* ***alcohol-related dealth*** as a **HEALTH CONCERN** in ***Lake County***

High Risk Profile**

**Naimi et al. 2019

Approximately **1 in 3** ***premature*** **DEATHS** *among 50-64 year olds* is ***alcohol-related***

2019 Resident Survey Results

78% of residents *identified* ***drug overdose deaths*** as a **HEALTH CONCERN** in ***Lake County***

High Risk Profile***

***LCGHD 2018

Single

Caucasian male

25 to 54 years old

Labor, maintenance, or trade occupation

3. Prioritization of Health Priority Areas

3.2 Community Health Priority Areas

3.2.7 Drug Overdose Death

Age-adjusted unintentional drug overdose death rate per 100,000 population.

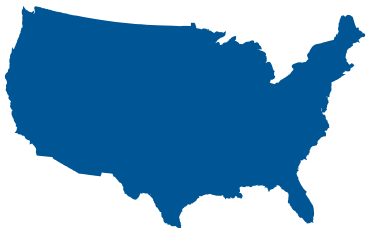
> "I think if you talk to any of our first responders they will tell you the **drug** and alcohol problems in our country are pretty bad. You know you have kids that are putting hash marks on their arm when they are brought back from **overdose**. Our response and approach isn't right."

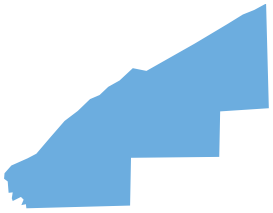
-Focus Group Participant

National, State, and Local Data*

*CDC 2017, ODH 2017

Healthy People 2020





11	22	42	44
per 100,000	per 100,000	per 100,000	per 100,000

2019 Resident Survey Results

78% 100%

of residents ***and*** of community leaders ***identified drug overdose deaths*** as a **HEALTH CONCERN** in ***Lake County***

High Risk Profile**

**LCGHD 2018

Single

Caucasian male

25 to 54 years old

Labor, maintenance or trade occupation

3. Prioritization of Health Priority Areas

3.3 Local, State, and National Alignment

National Prevention Strategy

The National Prevention Strategy was developed in 2011 with the aim to guide the United States in the most effective and achievable means for improving health and well-being. The strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

The 2020 to 2022 Lake County Community Health Improvement Plan aligns with five of the seven National Prevention Strategy Priorities (Table 8), which include tobacco-free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being.

Table 8. *2020 to 2022 Lake County Community Health Improvement Plan Alignment with National Prevention Strategy Priorities*

Lake County CHIP Priority Topics	Chronic Disease	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths
Corresponding National Prevention Strategy Priorities	1. Healthy eating 2. Active living	1. Tobacco-free living 2. Preventing drug abuse 3. Mental and emotional well-being

3. Prioritization of Health Priority Areas

3.3 Local, State, and National Alignment

Healthy People 2020

Healthy People is an initiative established in 1990 that provides science-based ten-year national objectives for improving the health of Americans. Now nearing the end of its third decade, Healthy People has established benchmarks and tracked progress over time, in order to encourage collaborations across community sectors, empower individuals toward making informed health decisions, and measure the impact of prevention strategies. Several Healthy People 2020 objectives aligned with the 2020 to 2022 Lake County Community Health Improvement Plan (Table 9).

Table 9. *2020 to 2022 Lake County Community Health Improvement Plan Alignment with Healthy People 2020*

Lake County CHIP Priority Topics	Chronic Disease	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths
Corresponding Healthy People 2020 Objectives	**Diabetes** D-1: Reduce the annual number of new cases of diagnosed diabetes in the population D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes **Heart Disease** HDS-2: Reduce coronary heart disease deaths HDS-5: Reduce the proportion of persons in the population with hypertension **Nutrition and Weight Status** NWS-9: Reduce the proportion of adults who are obese NWS-10: Reduce the proportion of children and adolescents who are obese	**Mental Health and Mental Disorders** MHMD-1: Reduce the suicide rate MHMD-2: Reduce suicide attempts by adolescents **Substance Abuse** SA-12: Reduce drug-induced deaths SA-19: Reduce the past year non-medical use of prescription drugs

3. Prioritization of Health Priority Areas

3.3 Local, State, and National Alignment

Ohio State Health Improvement Plan

The 2017 to 2019 Ohio State Health Improvement Plan, based on the 2016 Ohio State Health Assessment, provides state and local stakeholders, including local health departments, hospitals, and other community partners who participate in health improvement planning with a strategic menu of priorities, objectives, and evidence-based strategies designed as a comprehensive framework to improve both health and economic vitality. The plan outlines the strategic outcomes that the state will monitor annually, including improved health status, and reduction in the premature death rate.

The Ohio State Health Improvement Plan identifies three priority topics, and ten associated priority outcomes, which include:

1. Mental Health and Addiction

- Reduce depression
- Reduce suicide
- Reduce drug dependency and abuse
- Reduce drug overdose deaths

2. Chronic Disease

- Reduce heart disease
- Reduce diabetes
- Reduce child asthma

3. Maternal and Infant Health

- Reduce preterm births
- Reduce low birth weight
- Reduce infant mortality

The Ohio State Health Improvement Plan also identifies four cross-cutting factors that address multiple health outcomes to assist state and local stakeholders in selecting impactful strategies. These outcomes include:

1. Social determinants of health

2. Public health system, prevention, and health behaviors

3. Healthcare system and access

4. Equity

3. Prioritization of Health Priority Areas

3.3 Local, State, and National Alignment

Per Ohio State Health Improvement Plan guidance, community health improvement plans are required to align with the Ohio State Health Improvement Plan by:

- Selecting at least two priority topics that align with local community health needs assessment findings.
- Selecting at least one priority outcome indicator within each selected priority topic.
- Selecting at least one cross-cutting strategy relevant to each selected priority outcome, and at least one cross-cutting outcome indicator relevant to each selected strategy.

As evident from Table 10, the 2020 to 2022 Lake County Community Health Improvement Plan closely aligned with 2017 to 2019 Ohio State Health Improvement Plan priorities.

Table 10. *2020 to 2022 Lake County Community Health Improvement Plan Alignment with the 2017 to 2019 Ohio State Health Improvement Plan*

Lake County CHIP Priority Topics	Chronic Disease	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths
Corresponding 2017 to 2019 Ohio SHIP Priority Outcomes	1. Reduce heart disease 2. Reduce diabetes	1. Reduce suicide 2. Reduce drug dependency and abuse 3. Reduce drug overdose deaths

The 2019 Lake County Community Health Improvement Plan Steering Committee utilized both the chronic disease and mental health and addiction community strategy and indicator toolkits in the 2017 to 2019 Ohio State Health Improvement Plan to select evidence-based strategies targeting each of the priority outcomes, as well as cross-cutting strategies to impact multiple areas. These strategies, as well as their corresponding outcome indicators, are identified in the work plans outlined in the sections four, five, and six of this report.

3. Prioritization of Health Priority Areas

3.4 Social Determinants of Health and Health Inequity

Social determinants of health refers to economic, social, and environmental factors that may impact an individual's health, including but not limited to current income, social status, education, neighborhood characteristics and physical environment, social support networks, access to healthcare, and access to healthy food. When these factors result in poor health, health disparities are inherently created. Disparities that disproportionately effect certain population groups, referred to as health inequities, represent an unfair allocation of resources and opportunities, further perpetuating negative economic, social, and environmental factors. Health inequity is complex, and increases in complexity when multiple social determinants of health negatively effecting an individual's health are met with limited resources and opportunities.

Given this link, the following 2020 to 2022 Lake County Community Health Improvement Plan strategies incorporate policy and/or environmental changes, in order to positively impact social determinants of health and reduce the prevalence of health inequity in Lake County (Table 11).

Table 11. *2020 to 2022 Lake County Community Health Improvement Plan Strategies Impacting Social Determinants of Health*

Strategy Areas	Policy Change (Programmatic or Organizational)	Environmental Change
Increase the number of smoke-free environments	✓	✓
Food insecurity screening and referral	✓	
Improved access to primary care	✓	
Establishment of a county Healthy Homes workgroup	✓	✓

4. Priority Area I: Chronic Disease

4.1 Community Strategies

Following the prioritization process conducted on August 29, 2019, priority topic workgroups were assembled based on a given agency's ability to impact either chronic disease or mental health and addiction in Lake County. As such, the 2019 Lake County Chronic Disease Workgroup was established to identify community strategies to achieve the identified chronic disease priority outcomes. The 2019 Lake County Chronic Disease Workgroup met on September 11, September 25, and October 9, 2019.

Workgroup meetings focused on identifying county and agency resources, programming, and personnel available to effectively reduce diabetes, heart disease, high blood pressure, and obesity in Lake County. Additionally, agencies discussed how current resources might be utilized collaboratively to support innovative community programming. Based on these meetings, 16 chronic disease strategy areas were selected (Table 12).

Table 12. *2020 to 2022 Lake County Community Health Improvement Plan Chronic Disease Strategy Areas*

Lake County CHIP Priority Topics	Chronic Disease
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity
Chronic Disease Strategy Areas	1. Increase the number of smoke-free environments. 2. Improved linkage to tobacco cessation support. 3. Tobacco and mass vaping communication. 4. Intensive tobacco cessation services for people with behavioral health conditions, including tobacco cessation by behavioral health providers. 5. Promote the integration of school-based gardens. 6. Creation of a healthy restaurant menu item initiative. 7. Creation of a healthy food pantry shopping list. 8. Food nutrition education programming in food pantries. 9. Increased availability of nutrition prescriptions. 10. Food insecurity screening and referral. 11. WIC farmers' markets programs. 12. Promotion of existing community walking and bike paths. 13. Improved linkage to the YMCA Diabetes Prevention Program. 14. Increased availability of physical activity prescriptions. 15. Improved access to primary care. 16. Establishment of a county Healthy Homes workgroup.

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Increase the number of smoke-free environments in Lake County by supporting the adoption of at least three smoke-free policies for indoor areas, outdoor areas, and smoke-free multi-housing units.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Work places,K-12 public and private schools, colleges, multiunit housing, public areas.	Number of smoke-free policies created and adopted in Lake County.	Identify target area stakeholders and decisions makers. Schedule meetings, educate stakeholders, and advocate for policy change. Support the adoption of at least one smoke-free policy in Lake County.	Identify target area stakeholders and decisions makers. Continue to schedule meetings, educate stakeholders, and advocate for policy change. Support the adoption of at least one additional smoke-free policy in Lake County.	Identify target area stakeholders and decisions makers. Continue to schedule meetings, educate stakeholders, and advocate for policy change. Support the adoption of at least one additional smoke-free policy in Lake County.
Indicator(s) to Measure Impact of Strategy 1. Adults exposed to secondhand smoke-all environments (BRFSS) 2.Tobacco-free policies enacted in Lake County (LCGHD)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Mentor Local School Districts, Painesville City Local School Districts, Lake County Agencies and Businesses, Lake County Public Outdoor Areas (parks and recreation), Lake County Municipalities, Western Willoughby Chamber of Commerce, Mentor Area Chamber of Commerce, Eastern Lake County Chamber of Commerce					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Improve linkage to tobacco cessation support services for Lake County residents seeking cessation services by increasing the number of organizations providing Quitline or cessation referrals.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Healthcare Providers, Social Service Organizations, Partner Agencies, Schools, Faith-based Organizations, Etc. Tobacco users, female, ages 30-59, <high school education, income <20k annually.	Number of referral organizations. Number of client referrals. Number of Quitline calls by Lake County residents.	Provide provider education on cessation services to increase number of referring organizations. Monitor Quitline calls.	Continue provider education on cessation services to increase number of referring organizations. Continue to monitor Quitline calls. Implement client follow-up system. Evaluate activities and modify as needed.	Continue provider education on cessation services to increase number of referring organizations. Continue to monitor Quitline calls. Continue client follow-up system Continue to evaluate activities and modify as needed.
Indicator(s) to Measure Impact of Strategy 1. Adult smoking rate (BRFSS) 2. Quit attempts (adult) (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake-Geauga Recovery Center, Lake County Drug Addiction and Mental Health Services Board, Lake Health, Lake Geauga Ashtabula Tobacco Prevention Coalition					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Implement a mass communication plan in Lake County to address tobacco use, including vaping.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Healthcare providers, social service organizations, addiction treatment centers, work places, school staff, students, parents of youth, etc. Tobacco users, female, < age 30, income < 20k annually, < associate's degree.	Number of events that vaping information is shared. Number of presentations provided to priority population groups. Utilization of My Life My Quit service for youth.	Establish partnership with priority population to create messaging and identify appropriate messaging strategies. Implement identified strategies. Evaluate effectiveness of strategies and modify as needed.	Continue identified strategies. Evaluate effectiveness of strategies and modify as needed.	Continue identified strategies. Continue to evaluate effectiveness of strategies and modify as needed.
Indicator(s) to Measure Impact of Strategy 1. Adult Smoking (BRFSS) 2. Youth all-tobacco use (OYTS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake-Geauga Recovery Center, Lake County Drug Addiction and Mental Health Services Board, Lake Health, Lake Geauga Ashtabula Tobacco Prevention Coalition, Lake County Free Clinic, Laketran, Mentor and Painesville local school districts					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Expand access to evidence-based tobacco cessation treatments and medications, including individual, group, and phone counseling (including Quitline) to Lake County tobacco users and those seeking behavioral health services by providing cessation services onsite.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Healthcare providers, social service organizations, addiction treatment centers, work places, etc. Tobacco users, female, ages 30-59, <high school education, income <20k annually, uninsured, those lacking transportation.	Number of clients receiving treatment. Number of Quitline calls. Number of clients successful using medications. Number of cessation providers in Lake County. Number of agencies trained to provide or refer treatment.	Establish partnerships to provide cessation on-site for both uninsured and insured clients. Quarterly tracking of Quitline calls, clients seen by LCGHD, as well as provider partners.	Provide cessation treatment on-site for clients, including individual or group, refer to the Quitline, and refer to doctor for medications if necessary. Continued quarterly tracking of Quitline calls, clients seen by LCGHD as well as provider partners.	Evaluation of implemented cessation treatment programs with established partners. Report on progress.
Indicator(s) to Measure Impact of Strategy 1. Adult smoking rate (BRFSS) 2. Quit smoking attempts (adult) (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Implement school vegetable gardens in at least three new Lake County schools.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
The Bar Athletics	Lake County school-aged children.	Number of new school vegetable gardens implemented. Number of new community partnerships created.	Pilot school vegetable garden at Willoughby-Eastlake Success Academy. Seek additional school partners to expand program. Explore funding opportunities to expand pilot. Evaluate success of pilot program.	Implement school vegetable garden at Willoughby-Eastlake Success Academy and one additional school. Continue to seek additional school partners to expand program. Continue to explore funding opportunities to expand pilot. Continue to evaluate success of program.	Implement school vegetable garden at Willoughby-Eastlake Success Academy and two additional schools. Continue to seek additional school partners to expand program. Continue to explore funding opportunities to expand pilot. Continue to evaluate success of program.
Indicator(s) to Measure Impact of Strategy 1. Youth Vegetable Consumption (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Success Academy, Live Well Willoughby, Motivate Lake County, Lake County General Health District, Lake Health					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Creation of a Lake County healthy restaurant menu entrée item initiative priced at $10 or less.					
Aligned to Ohio SHIP ☐Yes ☒No			**Aligned to HP 2020 ☒Yes ☐No**		
Type of Strategy* ☒SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities ☐Yes ☒No**		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
HChoices	Lake County residents with an annual household income less than $20,000, residing in areas of high fast food and convenience store density.	Number of Lake County restaurants adopting a healthy menu item. Number of healthy menu entrees sold.	Recruit Lake County restaurants to participate in the healthy menu entrée initiative. Provide menu guidance on potential healthy restaurant menu entrée options.	Inventory Lake County restaurants participating in the healthy restaurant menu item initiative. Disseminate participating restaurants by way of local media, and a designated social media hashtag. Continue to recruit Lake County restaurants and provide menu guidance.	Identify and total Lake County restaurants participating in the healthy restaurant menu item initiative. Continue to inventory Lake County restaurants participating in the healthy restaurant menu item initiative. Continue to disseminate participating restaurants by way of local and social media. Continue to recruit Lake County restaurants and provide menu guidance.
Indicator(s) to Measure Impact of Strategy 1. Total number of participating Lake County restaurants (HChoices program data) 2. Total number of healthy menu entrée items sold (Restaurants) 3. Total number of social media hashtags (Social media platforms)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Motivate Lake County, Lake County restaurants, Mentor Area Chamber of Commerce, Willoughby Western Lake County Chamber of Commerce, Eastern Lake County Chamber of Commerce					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Amend United Way of Lake County's current food pantry "most wanted items" lists to include healthy food options.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
United Way of Lake County	Lake County residents with income < $20,000 seeking assistance from Lake County food pantries.	Number of food pantries using healthy food option list. Pounds of food donated identified as healthy foods.	Amend current food pantry list. Educate food pantry personnel on revised list. Measures the number of pounds of healthy food donated during the Feed Lake County food drive.	Revisit food pantry list and revise as needed. Continue to measure the number of pounds of healthy food donated during the Feed Lake County food drive.	Continue to revisit food pantry list and revise as needed. Continue to measure the number of pounds of healthy food donated during the Feed Lake County food drive.
Indicator(s) to Measure Impact of Strategy 1. Percentage of Lake County residents with food insecurity (Feeding America)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lake Health, Lake County Food Pantries					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Expand Nutrition Education and Voucher Program to at least three additional Lake County food pantry locations.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lifeline	Low-income residents and senior citizens with income <$20k and those seeking assistance from Lake County food pantries.	Number of new food pantries hosting the Food Nutrition Education and Voucher Program. Number of participating clients.	Identify potential new program locations. Confirm new and existing class locations. Expand nutrition classes to at least one new Lake County food pantry or senior center nutrition site. Evaluate activities and modify as needed.	Continue to identify potential new program locations. Continue to confirm new and existing class locations. Continue to expand nutrition classes to at least two additional Lake County food pantry or senior center nutrition site. Continue to evaluate activities and modify as needed.	Confirm existing class locations. Evaluate activities and modify as needed.
Indicator(s) to Measure Impact of Strategy 1. Percentage of Lake County residents with food insecurity (Feeding America)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lifeline, Lake County Council on Aging, Lake Health, United Way of Lake County, Lake County, Lake County food pantries, Lake County Senior Centers					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Increase the availability of physician nutrition prescriptions among Lake Health patients with diabetes, heart disease, and/or high blood pressure.					
Aligned to Ohio SHIP ☐Yes ☒No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☐PHS, Pr, & HB ☒HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake Health	Lake Health patients with one or more chronic disease, including heart disease, diabetes, and/or high blood pressure.	Number of patients receiving nutrition prescriptions. Number of patients compliant with nutrition prescriptions.	Diabetes patients: Inpatient and PH coordinators implement screening process for assessing nutrition status. Refer patients for nutrition prescriptions that meet criteria. Ambulatory and wellness CDE teams follow referred patients to assess compliance.	Diabetes and heart disease patients: Assess programmatic effectiveness, and revise as needed. Inpatient and PH coordinators continue to implement screening process to assess nutrition status. Continue to refer patients for nutrition prescriptions that meet criteria. Ambulatory and wellness CDE teams continue to follow referred patients to assess compliance.	Diabetes, high blood pressure, and heart disease patients: Continue to assess programmatic effectiveness and revise as needed. Inpatient and PH coordinators continue to implement screening process to assess nutrition status. Continue to refer patients for nutrition prescriptions that meet criteria. Ambulatory and wellness CDE teams continue to follow referred patients to assess compliance.
Indicator(s) to Measure Impact of Strategy 1. Fruit and vegetable consumption (BRFSS) 2. Hypertension (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Motivate Lake County, HChoices					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Screen Lake Health patients for food insecurity and provide referrals as appropriate.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☒SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake Health	Lake Health patients with one or more chronic disease, including heart disease, diabetes, and/ or high blood pressure.	Number of patients screened for food insecurity. Number of patients screened as high-risk for food insecurity. Number of patients referred for post-discharge 2-week meal program.	Diabetes patients: Inpatient and PH coordinators implement screening process to assessing food availability. Refer patients for post-discharge two week meal program. Assure qualifying patients receive meals. Connect patient to community services.	Diabetes and heart disease patients: Assess programmatic effectiveness and revise as needed. Inpatient and PH coordinators continue to implement screening process for assessing food availability. Continue to refer patients for post-discharge two week meal program. Continue to assure qualifying patients receive meals. Continue to connect patient to community services.	Diabetes, hypertension, and heart disease patients: Continue to assess programmatic effectiveness and revise as needed. Inpatient and PH coordinators continue to implement screening process for assessing food availability. Continue to refer patients for post-discharge two week meal program. Continue to assure qualifying patients receive meals. Continue to connect patient to community services.
Indicator(s) to Measure Impact of Strategy 1. Ability to afford food (USDA) 2. Access to grocery store (NHANES) 3. Fruit and vegetable consumption (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake County food pantries					

**SDH Social Determinants of Health;*

PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors;

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Increase fruit and vegetable consumption in WIC participants by improving participation in Lake-Geauga WIC's Farmers Market Program.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake-Geauga WIC	WIC program participants (women and children meeting established income guidelines).	Number of farmers' markets hosting WIC booths onsite. Number of farmers' market vouchers distributed per WIC clinic location. Number of farmers' market vouchers redeemed per clinic site. Number of educational materials distributed.	Identify farmers' markets taking place in program. Make contact with market managers and confirm dates for WIC to distribute vouchers onsite. Develop marketing strategy to engage WIC clients. Monitor educational events that are conducted. Evaluate WIC redemption reports.	Continue to make contact with market managers and confirm dates for WIC to distribute vouchers onsite. Update marketing strategy as needed. Conduct at least two interactive market activities and one food demonstration. Continue to monitor educational events. Continue to evaluate WIC redemption reports.	Continue to make contact with market managers and confirm dates for WIC to distribute vouchers onsite. Continue to update marketing strategy as needed. Continue to conduct at least two interactive market activities and one food demonstration. Continue to monitor educational events. Continue to evaluate WIC redemption reports.
Indicator(s) to Measure Impact of Strategy 1. Fruit and vegetable consumption among WIC clients (WIC Program Data) 2. Fruit consumption adult (BRFSS) 3. Vegetable consumption (BRFSS)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lake-Geauga WIC, Painesville Farmer's Market, Mentor Farmers' Market, Eastlake Farmers' Market, Willoughby Farmers' Market					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors;*

HCS & A Healthcare System and Access.

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Promotion of existing community walking and bike paths within Lake County municipalities.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☒SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
HChoices	All Lake County residents.	Number of walking and bike paths identified. Number of walking and bike paths mapped with GIS. Number of walking and bike paths promoted in their respective political subdivision.	Create an inventory of existing Lake County community walking and bike paths for each political subdivision.	Create a centralized community resource for the identified walking and bike paths. Identify a dissemination strategy to promote identified community walking and bike paths within their respective political subdivision.	Actively promote identified walking and bike path resources.
Indicator(s) to Measure Impact of Strategy 1. Access to exercise opportunities (CHR) 2. Physical inactivity (BRFSS) 3. Physical activity during the past 7 days for a total of at least 60 minutes per day (NHANES)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake County GIS, Lake Metroparks, Lake County General Health District, Lake County's 23 political subdivisions					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Increase referrals to the Lake County YMCA's Diabetes Prevention Program (DPP).					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County YMCA	Adults (18+) with BMI values of 25+ who: Have a blood test result in the prediabetes range within the past year; Are at high risk for type 2 diabetes based on the Prediabetes Risk Test; Are not pregnant.	Number of program referrals. Total participants enrolled in program. Total participants completing program.	Identify current list of referral partners. Provide education to new referral organizations. Increase referrals over 2019 baseline.	Engage existing referral partners. Continue to provide education to new referral organizations. Increase referrals over 2020 referral count.	Continue to engage existing referral partners. Continue to provide education to new referral organizations. Increase referrals over 2021 referral total.
Indicator(s) to Measure Impact of Strategy 1. Diabetes (Community Commons/BRFSS) 2. Adult Obesity (Community Commons/BRFSS) 3. Adult Healthy Weight (BRFSS) 4. Physical inactivity (adult) (Community Commons/NCCDPHP/BRFSS) 5. Fruit Consumption (adult) (BRFSS) 6. Vegetable Consumption (adult) (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake County General Health District, Lake County Free Clinic, Signature Health, Lake County Physicians					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Lake Health clinician-provided physical activity prescriptions.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☐PHS, Pr, & HB ☒HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake Health	Lake Health patients with one or more chronic disease, including heart disease, diabetes, and/ or high blood pressure.	Number of patients receiving physical activity prescriptions. Number of patients compliant with physical activity prescriptions.	Diabetes patients: Inpatient and PH coordinators implement screening process for assessing physical activity status. Refer patients meeting criteria to cardiac, pulmonary rehabilitation, and/ or wellness campus for assessment. Provide patient with physical activity prescription. Assess patient compliance.	Diabetes and heart disease patients: Assess programmatic effectiveness and revise as needed. Inpatient and PH coordinators continue to implement screening process to assess physical activity status. Continue to refer patients meeting criteria to cardiac, pulmonary rehabilitation, or wellness campus for assessment and prescription. Continue to assess patient compliance.	Diabetes, high blood pressure, and heart disease patients: Continue to assess programmatic effectiveness and revise as needed. Inpatient and PH coordinators continue to implement screening process to assess physical activity status. Continue to refer patients meeting criteria to cardiac, pulmonary rehabilitation, or wellness campus for assessment and prescription. Continue to assess patient compliance.
Indicator(s) to Measure Impact of Strategy 1. Physical inactivity (BRFSS) 2. Physical activity during the past 7 days for a total of at least 60 minutes per day (NHANES)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Motivate Lake County					

**SDH Social Determinants of Health;*

PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors;

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Improve access to comprehensive primary care among Lake Health patients with heart disease, diabetes, high blood pressure, and/or a mental or behavioral health diagnosis.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☐PHS, Pr, & HB ☒HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake Health	Lake Health patients with one or more chronic disease, including heart disease, diabetes, high blood pressure, and/or a mental orbehavioral health diagnosis.	Number of uninsured patients presenting to acute care settings. Number of insured patients presenting to acute care settings. List of community-based care coordination services available.	Identify uninsured patients presenting to acute care settings. Refer patients to insurance counselors and social workers. Assist patients with insurance enrollment and assure completion. Develop and implement two community-based care coordination strategies.	Assess initiative effectiveness. Continue to identify uninsured patients presenting to acute care settings. Continue to refer patients to insurance counselors and social workers, and ensure enrollment completion. Continue to implement two community-based care coordination strategies.	Continue to assess initiative effectiveness. Continue to identify uninsured patients presenting to acute care settings. Continue to refer patients to insurance counselors and social workers, and ensure enrollment completion. Continue to implement two community-based care coordination strategies.
Indicator(s) to Measure Impact of Strategy 1. Uninsured adults (ACS) 2. Unable to see a doctor due to cost (BRFSS) 3. Regular doctor or healthcare provider (BRFSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Lake County Job and Family Services					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

4. Priority Area I: Chronic Disease

4.2 Work Plans

Strategy: Establish a Healthy Homes Workgroup in Lake County convening local building, zoning, and city officials to review and revise local housing regulations and policy.					
Aligned to Ohio SHIP ☐Yes ☒No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☒SDH ☐PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☒Yes ☐No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Residents of Lake County.	Number of political subdivisions represented. Number of existing policy and/or regulation gaps identified. Number of new or revised policies and/or regulations proposed. Number of changes adopted by political subdivisions.	Determine appropriate committee members and convene committee. Determine scope of problem, gaps, or antiquated policies. Identify target areas.	Identify potential intervention strategies. Engage appropriate policy makers in writing or revising associated policies.	Implement strategy or policy changes identified in year two.
Indicator(s) to Measure Impact of Strategy 1. Number of policy changes/revisions adopted by political subdivisions (LCGHD Data)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lake County Building Department, Lake County Planning Commission, Lake County Port Authority, Lake County Job and Family Services, Fair Housing Resource Center, Representatives from Lake County's 23 political subdivisions, Fire Departments					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

5. Priority Area II: Mental Health and Addiction

5.1 Community Strategies

Following the prioritization process conducted on August 29, 2019, priority topic workgroups were assembled based on a given agency's ability to impact either chronic disease or mental health and addiction in Lake County. The 2019 Lake County Mental Health and Addiction Workgroup was established to identify community strategies to achieve the identified mental health and addiction priority outcomes.

The 2019 Lake County Mental Health and Addiction Workgroup met on the following dates:

October 9, 2019

October 21, 2019

Workgroup meetings focused on identifying county and agency resources, programming, and personnel available to effectively reduce suicide deaths, substance use disorders, and drug overdose deaths in Lake County.

Based on these meetings, five mental health and addiction strategy areas were selected (Table 13).

Table 13. *2020 to 2022 Lake County Community Health Improvement Plan Mental Health and Addiction Strategy Areas*

Lake County CHIP Priority Topics	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths
Mental Health and Addiction Strategy Areas	1. Increase school-based suicide awareness and education programs. 2. Promote suicide crisis hotlines and cell phone-based support. 3. Local suicide coalition support of evidence-based strategies. 4. Enhanced utilization of and education regarding Medication-assisted Treatment (MAT). 5. Enhanced naloxone access and training.

5. Priority Area II: Mental Health and Addiction

5.2 Work Plans

Strategy: Expand school-based suicide awareness and education programs (e.g. GAHTAH, Ending the Silence, Motivational Speakers) in all Lake local K-12 schools.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Alcohol, Drug Addiction, and Mental Health Services Board	Lake County elementary, middle, and high school students.	Number and types of schools engaged (e.g. public/private, elementary, middle, and high). Number and percentage of students participating.	Contact school personnel and confirm presentations. Provide presentations to four public school districts and one private school district. Evaluate effectiveness and acquire feedback.	Continue to contact school personnel and confirm presentations. Provide presentations to seven public school districts and two private school districts. Continue to evaluate effectiveness and acquire feedback.	Continue to contact school personnel and confirm presentations. Provide presentations to all public school districts and all private schools. Continue to evaluate effectiveness and acquire feedback.
Indicator(s) to Measure Impact of Strategy 1. Suicide deaths (Vital Statistics, CDC WONDER) 2. Suicide ideation (youth) (YRBSS)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lake County Suicide Prevention Coalition, Crossroads Health , David J. Flood, NAMI of Lake County					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

5. Priority Area II: Mental Health and Addiction

5.2 Work Plans

Strategy: Initiate a county-wide suicide prevention and awareness campaign for suicide crisis hotlines and cell phone-based support (i.e. National Crisis Text Line, Lake County Crisis Hotline, #988).

Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Alcohol, Drug Addiction and Mental Health Services Board	School districts, business community, faith-based groups, civic organizations, public offices, libraries, shopping malls, and other public areas.	Number of organizations displaying information. Number of promotional activities per support method. Number of texts to National Crisis Line. Number of calls to Lake County Crisis Line. Number of service referrals. Number of Lake County #988 calls.	Engage local companies to display information. Purchase bus ads/ other advertising opportunities. Distribute promotional material at all community event resource tables. Create campaign to increase awareness of Lake County Crisis Line.	Continue to expand number of companies displaying information. Continue with advertising campaign. Continue to distribute promotional materials.	Continue to expand number of companies displaying information. Continue with advertising campaign. Continue to distribute promotional materials.

Indicator(s) to Measure Impact of Strategy

1. Suicide deaths (Vital Statistics, CDC WONDER)
2. Suicide ideation (adult) (NSDUH)
3. Suicide ideation (youth) (YRBSS)

Policy Change Necessary for Strategy Success ☒Yes ☐No

Partnering Organizations

Suicide Prevention Coalition, Alcohol, Drug Addiction and Mental Health Services Board, Crossroads Health, NAMI of Lake County, Signature Health, Torchlight Youth Mentor Alliance, Windsor-Laurelwood Center for Behavioral Medicine, Lifeline, Lake Health, Womensafe, Cleveland Rape Crisis Center, Catholic Charities of Lake County, Lake-Geauga Recovery Centers, Lake County Schools, Churches, political subdivisions

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

5. Priority Area II: Mental Health and Addiction

5.2 Work Plans

Strategy: Suicide Prevention Coalition will engage businesses, churches, and civic organizations in evidence-based training (i.e. Question, Persuade, Refer (QPR)).					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Alcohol, Drug Addiction, and Mental Health Services Board	Business community, faith-based groups, civic organizations, and public officers.	Number and types of organizations engaged. Number of gatekeepers trained.	Contact organizations to confirm trainings. Provide 12 trainings to Lake County organizations. Evaluate effectiveness and acquire feedback.	Continue to contact organizations to confirm trainings. Provide 18 trainings to Lake County organizations. Continue to evaluate effectiveness and acquire feedback.	Continue to contact organizations to confirm trainings. Provide 24 presentations to Lake County organizations. Evaluate effectiveness and acquire feedback.
Indicator(s) to Measure Impact of Strategy 1. Suicide deaths (Vital Statistics, CDC WONDER) 2. Suicide ideation (adult) (NSDUH) 3. Suicide ideation (youth) (YRBSS)					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Suicide Prevention Coalition, Lake County Chambers of Commerce, Lake County Churches, Lake County Law Enforcement Departments					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

5. Priority Area II: Mental Health and Addiction

5.2 Work Plans

Strategy: Implement MAT in the Lake County Jail.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☐PHS, Pr, & HB ☒HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Crossroads Health	Individuals incarcerated in Lake County jail with diagnosis of moderate to severe substance use disorder (highest priority are those with opioid, alcohol, and stimulant-related SUD); Individuals with court orders to receive treatment.	Number of individuals receiving withdrawal management comfort medications. Number of individuals receiving MAT. Number of individuals engaging in treatment post-release. Number of individuals with evidence of follow through with aftercare instructions. Number of Individuals re-entering jail program within one year.	Create gatekeeper program to screen all individuals entering jail. Provide withdrawal management comfort medications and MAT. Refer individuals for treatment post-release. Integrate intensive outpatient therapeutic treatment with the withdrawal management comfort medications and/or any MAT order by providers.	Continue gatekeeper program to screen all individuals entering jail. Continue to provide withdrawal management comfort medications and MAT. Continue to refer individuals for treatment post-release. Maintain and re-evaluate program for evidentiary expansion based on utilization and compliance.	Continue gatekeeper program to screen all individuals entering jail. Continue to provide withdrawal management comfort medications and MAT. Continue to refer individuals for treatment post-release. Ensure evidence-based practices are incorporated into the intensive outpatient treatment program.
Indicator(s) to Measure Impact of Strategy 1. Drug dependence or abuse (NSDUH)					
Policy Change Necessary for Strategy Success ☒Yes ☐No					
Partnering Organizations Lake County Jail, Lake County Alcohol, Drug Addiction and Mental Health Services Board					

**SDH Social Determinants of Health;*

PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors;

5. Priority Area II: Mental Health and Addiction

5.2 Work Plans

Strategy: Increase naloxone access to high-risk populations via Project Dawn.					
Aligned to Ohio SHIP ☒Yes ☐No			**Aligned to HP 2020** ☒Yes ☐No		
Type of Strategy* ☐SDH ☒PHS, Pr, & HB ☐HCS & A			**Identified as Likely to Decrease Disparities** ☐Yes ☒No		
Lead Agency	**Priority Population**	**Measure of Success**	**Year I Activities**	**Year II Activities**	**Year III Activities**
Lake County General Health District	Intravenous drug users, specifically single men, ages 25-54 years old, currently employed in a labor, maintenance or trade occupation; family members of those with opiate use disorder; general population.	Number of Project DAWN distribution sites. Number of naloxone kits distributed. Number of refill kits distributed.	Implement currently established Project DAWN clinics at LCGHD and Signature Health. Expand clinics to non-traditional partners. Expand Project DAWN to organizations that provide addiction and behavioral counseling services.	Implement an online distribution program. Expand Project DAWN Clinics to workplaces where overdoses are more likely to occur. Expand Project DAWN by including street outreach efforts to those that are transient/ homeless and actively using drugs.	Expand Project DAWN by providing naloxone kits to the Lake County Quick Response Team for clients. Partner with harm reduction programs in the county to distribute naloxone.
Indicator(s) to Measure Impact of Strategy 1. Number of new naloxone community distribution sites (Project Dawn program data).					
Policy Change Necessary for Strategy Success ☐Yes ☒No					
Partnering Organizations Crossroads Health, Signature Health, Windsor Laurelwood Center for Behavioral Medicine, MIMI Magazine, SMART Recovery, The Emerald Jenny Foundation, Lake Geauga Recovery Centers, Mentor Public Library, Morely Public Library, National Alliance for Mental Illness (NAMI), Ohio State Extension Office (OSU), Ravenwood, Relink.org, St. James Church, Meister Media, Clean Start Recovery, Project HOPE, Lake Humane Society, and Lincoln Electric, Sunbright USA Inc, Libra Industries, Trailer Component Manufacturing Inc, Mum Industries, Peloton Manufacturing Corp, Core Manufacturing, Ssc Controls, Paragon Power Inc, Manning and Associates, Technical Manufacturing Solutions, Flexible Manufacturing, Buyers Products, Cleveland Construction Inc, JJO Construction, Kline Construction Corporation, Lake Erie Roofing and Construction					

**SDH Social Determinants of Health; PHS, Pr, & HB Public Health System. Prevention, and Health Behaviors; HCS & A Healthcare System and Access.*

6. Priority Area III: Strategies Impacting Chronic Disease and Mental Health and Addiction

6.1 Community Strategies

While the included strategies identified by both the 2019 Lake County Chronic Disease Workgroup and 2019 Lake County Mental Health and Addiction Workgroup were selected based on their given priority topic, several of the included strategies impact both chronic disease and mental health and addiction. These comprehensive strategies are included in Table 14.

Table 14. *2020 to 2022 Lake County Community Health Improvement Plan Strategy Areas Impacting Chronic Disease and Mental Health and Addiction*

Lake County CHIP Priority Topics	Chronic Disease	Mental Health and Addiction
Lake County CHIP Priority Outcomes	1. Reduce diabetes 2. Reduce heart disease 3. Reduce high blood pressure 4. Reduce obesity	1. Reduce suicide deaths 2. Reduce substance use disorders 3. Reduce drug overdose deaths
Lake County CHIP Strategies Impacting Chronic Disease and Mental Health and Addiction	1. Increase the number of smoke-free environments. 2. Improved linkage to tobacco cessation support. 3. Tobacco and vaping mass communication. 4. Intensive tobacco cessation services for people with behavioral health conditions, including tobacco cessation by behavioral health providers. 5. Creation of a healthy food pantry shopping list. 6. Food nutrition education programming in food pantries. 7. Food insecurity screening and referral. 8. WIC farmers' markets programs. 9. Promotion of existing community walking and bike paths. 10. Increased availability of physical activity prescriptions. 11. Improved access to primary care. 12. Establishment of a county Healthy Homes workgroup.	

7. Progress Reporting and Plan Revision

Lead organizations will convene partners and meet as appropriate, in order to guide implementation and monitor progress towards their identified strategy. Process measures, which have been identified for each included strategy, will be monitored by the lead organization on a progress update work plan during the course of strategy implementation. Lake County General Health District will retain responsibility for the annual monitoring of secondary data sources pertaining to both priority outcome indicators, and indicators intended to measure the impact of identified strategies.

All 2020 to 2022 Lake County Community Health Improvement Plan partner organizations, community stakeholders, and interested community members will meet quarterly to report progress toward identified strategies, discuss opportunities to revise or enhance current strategies, and review any emerging Lake County health trends. Annually, the group will review emerging Lake County health data, collected either by a partner organization or as part of the annual progress update, and determine if revisions to priority areas or selected strategies is warranted. A Lake County Community Health Improvement Plan Progress Update will be issued annually by Lake County General Health District, and widely distributed.