GALLIA COUNTY
Community Health Improvement Plan
January 2017 – December 2020

Funded by the Gallia County General Health District.
Written in partnership with Center for Public Health Practice at The Ohio State University’s College of Public Health.
Executive Summary

In 2016, a community health assessment (CHA) was completed in Gallia County to evaluate the health issues and health status of the county’s population. In an effort to improve the health of Gallia County, community stakeholders were convened by the Gallia County Health Department (GCHD) to examine the results of the CHA and develop a Community Health Improvement Plan (CHIP). The CHIP is a long term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Gallia County.

Twenty-six community partners participated in the development of the CHIP. The Center for Public Health Practice located in the College of Public Health at The Ohio State University was retained by GCHD as the facilitator. Community partners were tasked with providing inputs to inform a vision for health and examining the data provided in the CHA along with their knowledge of the community to select health priorities. Health priorities selected by community partners included:

Substance Abuse and Access to Care.

Workgroups were formed for each priority and members were charged with drafting action plans to address the health issues. The action plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The workgroups considered several overarching principles as they further refined the health priorities and created action plans. The principles included the tiers of the health impact pyramid, the concepts of evidence based public health practice, and priority alignment with Ohio’s State Health Improvement Plan.

Implementation of the CHIP will begin in 2017. On an annual basis, GCHD will publish a report outlining progress made towards accomplishing the goals outlined in the action plan and reconvene community partners to discuss progress and necessary revisions. The original group of community partners will be invited to continue to serve as the CHIP steering committee providing ongoing guidance and support for implementation and future revisions. The composition of this group will be expanded and maintained as this work progresses. The CHIP is slated to be implemented over a four-year period. Following the next CHA in 2019-2020, the community health improvement planning process will begin again.
Vision Statement

Gallia County:

A safe, educated, and healthy community!
Letter from the Health Commissioner

In keeping with the objective of improving community health through collaboration and community action, it is my pleasure to present the 2017-2020 Gallia County Community Health Improvement Plan (CHIP). This plan will serve as a roadmap to improving the health and wellbeing of all residents of Gallia County.

This plan reflects 24 months of collaborative work with multiple community agencies, residents, and stakeholders to complete the Gallia County Community Health Assessment and Community Health Improvement Plan. Using the data from the 2016 Gallia County Community Health Assessment, along with community stakeholder meetings, priority health issues were identified for Gallia County. Stakeholder workgroups were formed for each priority, the Health Impact Pyramid was reviewed, and action plans were created to target the priority areas with evidenced based objectives and actions.

The Community Health Improvement Plan is data driven with baselines and targets to monitor progress. This plan is a “living document” and will be implemented over the next three years. The plan will be reviewed annually to reflect accomplishments and new areas of need; both the 2016 Community Health Assessment and 2017-2020 Community Health Improvement Plan are available at galliaocohealth.org for community members to review and submit feedback.

Our county is fortunate to have multiple agencies and residents that are committed to collaborating and improving the health and future for all Gallia County residents. I would like to personally thank The Center for Public Health Practice located in the College of Public Health at The Ohio State University for their continuous support and facilitation of the Community Health Assessment and Community Health Improvement Plan. I would also like to thank my dedicated and exceedingly competent staff for their hard work in all program areas to improve our county and residents in it. I encourage all Gallia County residents to contribute to this effort and join the Gallia County Health Department and multiple community partners in working towards a healthier Gallia County.

Sincerely,

Gerald E. Vallee, MD
Health Commissioner/Medical Director
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Introduction

In 2016, Gallia County Health Department (GCHD), working with community partners, completed a Community Health Assessment (CHA) that provided a comprehensive evaluation of the health status and issues that exist among the county’s population. In order to address the major health issues identified in the CHA, GCHD engaged a wide range of community partners to gather inputs to inform a vision of health for Gallia County, review the CHA data, select health priorities based on the data, and collectively create a plan of action to address these. The Community Health Improvement Plan is comprehensive and long term and details actions steps that will be used by organizations as they implement project, programs, and policies.

This report begins with a brief description of the process used to engage community and stakeholders in the development of the CHIP. Following the summary of the process, there is a section for each identified priority. This document lists the goals and key measures selected for each health priority accompanied by data that is evidence of its significance. A more detailed action plan that includes objectives, action steps, assets and resources and evidence based strategies for each priority is available upon request. This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP. A list of key terms and acronyms can be found in Appendix B.

The Process

Gallia County Health Department was responsible for providing oversight for the CHIP development process. GCHD contracted with The Ohio State University’s (OSU) College of Public Health Center for Public Health Practice to serve as lead facilitator. In that role, OSU designed the overall CHIP development process, as well as organized and led CHIP project meetings.

Timeline

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<tr>
<td>May 2016</td>
<td>Community Health Assessment completed &amp; released</td>
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<tr>
<td>September 2016</td>
<td>Prioritization meeting, including visioning and priority setting</td>
</tr>
<tr>
<td>October-November 2016</td>
<td>Workgroup formation, action plan creation</td>
</tr>
<tr>
<td>January 2017</td>
<td>CHIP released</td>
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Twenty-six community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP, which occurred over a three-month period. The process began by the planning group undergoing a visioning process where they determined the ideal future state of health in Gallia County. This process served to guide the development of the CHIP by giving the
The planning group crafted the following vision for Gallia County:

**Gallia County: A safe, educated, and healthy community!**

Following the visioning process, the planning group developed priorities and created the actions plans that compromise the work of the CHIP.

### Developing Priorities

After an extensive review of the data from the CHA and using their knowledge of the community, the planning group discussed possible health priorities for the County. Selection criteria included:

1. Magnitude of issue – how big is the problem in Gallia County?
2. Severity of issue – is it a leading cause of death?
3. Impact of issue on vulnerable populations – does it impact populations like minorities, children, and the elderly more than the general population?
4. Is the issue a greater problem in Gallia County than in the State of Ohio?
5. Feasibility to impact the issue – do we have the resources and ability to create positive change?

In addition to the criteria above, Ohio’s State Health Improvement Plan priorities were presented. Special consideration is being taken across the state of Ohio to align local Community Health Improvement Plans with the State Health Improvement Plans to improve resource allocation for health improvement. The 2017 SHIP priorities are Mental Health and Addiction, Maternal and Infant Health, and Chronic Disease. See Figure 1 for CHIP alignment with state and national priorities.

Through a process based in small group work followed by a facilitated large group discussion to reach consensus, the planning group selected the following as the two highest priority health issues in Gallia County:

**Substance Abuse and Access to Care**

Workgroups were established for each priority area. Through subsequent meetings and further analysis of the data, the workgroups further refined the issues and crafted goals aimed at improving Opioid Abuse and Access and Utilization of Care.

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1Access to Care was considered as a factor in all three Ohio SHIP Priorities
Once goals statements were developed for each priority, the workgroups turned their attention to creating the objectives to achieve those goals. The workgroups were also tasked with considering the Health Impact Pyramid, Policy, Systems, and Environmental (PSE) Changes and evidence based public health practices when determining objectives.

The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health.

Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when strategies are implemented at all intervention levels (Frieden, 2010).

PSE Changes are those changes to a community that create sustainable change. They impact things like regulations and procedures, the rules of an organization, and the physical environment. PSE changes are ones that focus on the broadest sections of the Health Impact Pyramid.

In addition to considering the health impact pyramid, the workgroups were encouraged to consider selecting evidence based public health practices to craft an action plan to most effectively achieve their goals. EBPHP are tested programs, policies, and interventions that are proven to be most effective in successfully changing behavior. They create sustainable changes that improve health. To support this work, OSU provided workgroup members with menu of potential EBPHP that addressed the community’s chosen priority issues.
Priority 1: Substance Abuse

**Goal:** Decrease the number of Gallia County residents that use opioids.

**Key Measures:** Decrease from 55 to 45 the number of overdose-related phone calls to 911 in 2016.

Substance abuse, particularly opioids, is a leading health concern in Gallia County. The 2016 Community Health Assessment discovered that:

- In Gallia County, six unintentional drug overdose deaths were recorded in both 2014 and 2015;
- Only about half (56%) of the 2015 Gallia County Community Health Survey respondents were aware of help provided by the community for people struggling with an addiction; and
- Of the Gallia County residents seeking treatment through its locations in 2014, 37% listed prescription opioids as their drug of choice and 26% listed heroin as their drug of choice.

Despite several existing policy and system-based programs to address the issue in Gallia County (i.e. drug court, Project DAWN, Opiate Task Force), substance abuse remains a priority. To augment and enhance existing programs, residents need better education and awareness of existing services to increase healthy decisions and behaviors. To this end, the community will collaborate on objectives that pertain to implementing programs and interventions that increase opportunity for healthy decision making among residents in order to leverage existing community efforts to reduce substance use. In addition, the community will implement evidence based programs that impact youth substance use initiation.

**Objectives:**

Implement mass media campaign focusing on current and future preventative service programs related to substance abuse in Gallia County by December 31, 2020.

Implement the Community Connectors program in Gallia County by December 31, 2020.

Implement policy change to Syringe Exchange Program by December 31, 2018.

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2 Local Data Source: Gallia County EMS

3 Evidence based public health practice
Priority 2: Access to Care

Goal: Increase utilization of primary care services by Gallia County residents.

Key Measure: Increase from 66% to 72%, the number of residents reporting a usual primary care provider by December 2020.  

Having access to quality health care, including prevention services, has a great impact on overall health. The 2016 Community Health Assessment discovered that:

- In Gallia County, only two-thirds (67%) of residents say primary care services are easily accessible;
- Almost 39% of Gallia County residents report that it would take 30 minutes or longer to travel to a hospital, urgent care, or emergency room; and
- Only 33% of Gallia County residents say that mental health care services are easily accessible.

Gallia County has a significant number of existing primary care resources available in the community but residents are not accessing them. Through the work of the CHIP, residents’ awareness and utilization of existing primary care resources and services will be increased. This will be accomplished through collaboration among existing providers, increasing both the availability and accessibility of primary care services. Programming, interventions, and initiatives will be target areas of the county where primary care utilization is lowest.

Objectives:

Distribute primary care resource guide to 5% of High Risk Gallia County residents based on socioeconomic and insured status by January 2020.

Implement mass media campaign focused on importance and utilization of primary care by January 31, 2019.

Implement a Comprehensive Primary Care Plus (CPC+) Program in Gallia County by January 2020.

34.7% of Gallia County residents reported not having a usual primary care provider*.  

*Holzer CHNA, 2016

Local Data Source: Holzer CHNA
Summary & Next Steps

The 2016 Gallia County Community Health Improvement Planning process aimed to identify the most pressing health issues in Gallia County and bring stakeholders together to collaborate and create a plan to address those issues. This plan presents priorities and associated goals and objectives to improve the health of Gallia County. A more detailed work plan that includes goals, objectives, action steps, timelines, and responsible parties is available as a separate document.

To provide structure, a charter has been established that outlines the roles and responsibilities of the community in regards to the CHIP and provides an organizational structure to support implementation moving forward. This charter can be found in Appendix D.

The plan will be monitored and updated annually to reflect accomplishments and new areas of need. Gallia County residents and community organizations are encouraged to participate in this process. Agencies and organizations are also encouraged to align their agency strategic plans to this plan where appropriate.
Appendix A: List of Planning Committee/Workgroup Members

Planning Committee

Brittany Hively, Gallia County Health Department
Tyler Schweickart, Gallia County Health Department
Melissa Conkle, Gallia County Health Department
John McKean, Gallia County Health Department
Dr. James Magnussen, Gallia County Board of Health
James Baird, Gallia County Board of Health
Brent Saunders, Gallia County Commissioner
Connie Montgomery, Area Agency on Aging
Susan Rogers, RSVP of the Ohio Valley
Buffy Terry, RSVP of the Ohio Valley
Darren Price, Ohio EMA
Sherry Daines, Gallia County 911/EMA
Tim Miller, EMA
Mary McCord, American Red Cross
Jeff Boyer, Gallipolis City Police Chief
MarJean Kennedy, Holzer Health System
Angela Stowers, The Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS)
Eugene Greene, Gallipolis City Manager
Lora Jenkins, Family and Children First Council
Joe Browning, Gallia County Sheriff

Workgroup Members

Access to Care: Brittany Hively, Gallia County Health Department; Melissa Conkle, Gallia County Health Department; Dr. Gerald Vallee, Gallia County Health Department; Karrie Davison, Holzer Health System; MarJean Kennedy, Holzer Health System; Connie Montgomery, Area Agency on Aging; Lisa Carroll, Family Children First Council; Eli DeLille, Health Services Advisory Group; Kelly Velazquez, United Health Care Community Plan

Substance Abuse: Tyler Schweickart, Gallia County Health Department; John McKean, Gallia County Health Department; Tasha Alvaro, Gallia County Health Department; Angela Stowers, ADAMHS Board; Lora Jenkins, Family and Children First Council; Sherry Daines, Gallia County 911/EMA.
Appendix B: Key Terms and Acronyms

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

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

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

GCHD – Gallia County Health Department

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

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

ODH – Ohio Department of Health

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

PHAB – Public Health Accreditation Board; the accrediting organization for local, state, and tribal public health in the United States.

SHIP – State health improvement Plan; a CHIP completed at the State level.
**Appendix C: Action Plans**

### Priority #1: Substance Abuse

Substance abuse, particularly opioids, is a leading health concern in Gallia County. Despite myriad programs to address the issue, it remains a priority for the community. To augment and enhance existing programs, residents need better education and awareness of existing services to increase healthy decisions and behaviors. To this end, the community will collaborate on implementing programs and interventions that increase opportunity for healthy decision making among residents in order to leverage existing community efforts to reduce substance use. In addition, the community will implement evidence based programs that impact youth substance use initiation.

#### Goal 1.1: Decrease the number of Gallia County residents that use opioids.

**Key Measure(s):** 55 overdose-related phone calls to 911 in 2016 (Target: 45)

Local Data Source: Gallia County EMS

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<th>Objectives</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
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<tr>
<td><strong>Objective 1.1.1:</strong> Implement mass media campaign focusing on current and future preventative service programs related to substance abuse in Gallia County by Dec. 31, 2020.</td>
<td>1) # of campaigns Baseline: 0 2) Potential reach (social media, newspaper, mailings, community health events) Baseline: 0 Data Source: GCHD social media analysis, newspaper circulation</td>
<td>1) Develop resource guide. 2) Establish plan for campaign messages. 3) Develop timeline for message delivery.</td>
<td>Start: Jan. 2018 End: Dec. 2020</td>
<td>Tyler Schweickart (Holzer Representative)</td>
</tr>
<tr>
<td><strong>Objective 1.1.2:</strong> Implement a Community Connectors program in Gallia County by Dec. 31st, 2020.</td>
<td>1) # of programs. Baseline: 0 2) Initiation of substance use. Baseline: Unknown Data Source: Community Connectors 3) School attendance and program participation. Baseline: Unknown Data Source: Gallipolis City Schools; Gallia County Local Schools</td>
<td>1) Identification of community partners. 2) Contact Field of Hope. 3) Define implementation steps 4) Explore funding options to support sustainability. 5) Monitor program for success.</td>
<td>Start: Jan. 1st, 2017. End: Dec. 31st, 2020.</td>
<td>Latasha Álvaro (Field of Hope Representative)</td>
</tr>
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**Priority #2: Access to Care**

*Gallia County has a significant number of existing primary care resources available in the community. Despite this, 34.7% of Gallia County residents reported not having a usual primary care provider (Holzer CHNA, 2016). Residents’ awareness and utilization of existing primary care resources and services will be increased. This will be accomplished through collaboration among existing providers, increasing both the availability and accessibility of primary care services. Programming, interventions, and initiatives will be target areas of the county where primary care utilization is lowest. (Lowest socioeconomic and insured status).*

**Goal 2.1: Increase utilization of primary care services by Gallia County residents**

**Key Measure:** 66% of residents reporting a usual primary care provider  
(Baseline: 66%; Target: 72.6%; HP2020 Objective: 83.9%)

Local data source: Holzer CHNA every 3 years, GCHD surveys collected every year to analyze and adjust targets.

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<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
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| Objective 2.1.1: Distribute primary care resource guide to 5% of High Risk Gallia County residents based on socioeconomic and insured status by January 1, 2020. | # Of guides distributed; number of downloads from website, etc. as percentage of total population. Baseline- 0 Goal- 5% of the population Approximately 1500 individuals reached with resource guide. Population: 30,763 (2010-2014 Census estimate) | - Collect socioeconomic and insured status data  
- Develop resource guide  
- Share/educate community partners on resource guide  
- Identify areas for distribution where utilization of primary care services is disproportionately low.  
- Establish plan for distribution (mail, web, social media, etc.) based on socioeconomic and insured status. | Start: 3/1/17  
Begin Distributing Guides: 1/31/2018  
End: 1/1/2020 | Holzer and GCHD |
| Objective 2.1.2: Implement mass media campaign focused on importance and utilization of primary care by January 31, 2019. | All components of campaign implemented. | - Develop resource guide  
- Share/educate community partners on resource guide  
- Establish plan for campaign message so all agencies involved are on the same page.  
- Develop timeline for distribution of media. (Radio, Social Media, Newspaper) | Start: 3/1/17  
End: 1/31/19 | GCHD |
| Objective 2.1.3: Implement a Comprehensive Primary Care Plus (CPC+) Program in Gallia County by January 1, 2020. | CPC+ will be fully implemented and serving patients. | - Plan approved  
- Implementation of program | Start: 5/6/2016  
Reevaluate: 1/1/2018  
End: 1/1/2020 | Holzer, Area Agency on Aging |
Fully implemented and serving patients.
Appendix D: Charter

Gallia County Community Health Improvement Plan Charter

Purpose

- Plan, implement, and evaluate a community-wide strategic community health improvement plan.

Objectives

- Expand and maintain a broad-based group of partners that include stakeholders and residents
- Plan, implement, and evaluate Community Health Improvement Plan initiatives to address strategic health-related priorities
- Gather ongoing data input from stakeholders and community members to inform future priorities
- Review and revise the Community Health Improvement Plan as necessary

Expected Outcomes

- A shared community vision for health
- A comprehensive understanding of health issues affecting the community
- Community health support for coordinated health improvement activities
- Enhanced collaboration and partnerships among system contributors

Gallia County: A safe, educated and healthy community!
CHIP Steering Committee

Chair: Gallia County Health Department

- Oversee implementation of Community Health Improvement Plan; including future revisions and updates
- Provide guidance to workgroups
- Identify resources; including financial support
- Communicate, educate, and promote this work throughout the community
- Maintain and expand community partnerships
- Meet in person annually for updates and revisions

Substance Abuse Workgroup

Chair: Gallia County EMS

- Identify objectives and strategies to address priority area
- Establish and maintain a work plan
- Assist with implementation and evaluation of strategies
- Identify and engage partners who are critical to implementation
- Gather additional data, as needed, to support work
- Identify resources; including financial opportunities for supporting implementation
- Provide updates on progress at advisory group meetings
- Meet monthly, or as needed

Access to Care Workgroup

Co Chair: Holzer Health System and Gallia County Health Department

- Identify objectives and strategies to address priority area
- Establish and maintain a work plan
- Assist with implementation and evaluation of strategies
- Identify and engage partners who are critical to implementation
- Gather additional data, as needed, to support work
- Identify resources; including financial opportunities for supporting implementation
- Provide updates on progress at advisory group meetings
- Meet monthly, or as needed