



2021-2023 Knox County Community Health Improvement Plan

October 2021

A guide to improving the health and well-being of the residents of Knox County, Ohio. A collaborative community effort convened by the Knox Health Planning Partnership, with funding from the Knox County Health Department and assistance from the Center for Public Health Practice at the Ohio State University.



Public Health
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Executive Summary

In 2021, a community health assessment (CHA) was completed in Knox County to evaluate the health issues and health status of the county's population. In 2021, in an effort to improve the health of Knox County, community stakeholders were convened by the Knox Health Planning Partnership (KHPP) and the Knox County Public Health (KPH) 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 Knox County.

29 community partners participated in the development of the CHIP. The Center for Public Health Practice at the Ohio State University's College of Public Health was retained by KPH 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 the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. The approved health priorities for Knox County are: Behavioral Health, Access to Care, and Community Health and Resource Literacy.

Following priority selection, work groups created individual work plans to address each priority and members were charged with drafting work plans to address the health issues. The work plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The work groups 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 importance of Policy, System, and Environmental Changes, 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 October 2021. Knox County is fortunate to have a large group of dedicated community members that will oversee the implementation and evaluation of the CHIP until the next planning cycle commences in 2023.

Mission and Vision Statement

The Mission of Knox Health Planning Partnership: Improving health and quality of life by mobilizing partnerships and taking strategic action in Knox County.

The Vision of Knox Health Planning Partnership: Making healthy happen in Knox County through collaboration, prevention and wellness.

Letter from the Health Official

The Knox Health Planning Partnership (KHPP) is pleased to present the 2021 Knox County Community Health Improvement Plan. The plan and its strategic goals are the result of a strong partnership between dedicated community partners working together to improve the health and well-being of Knox County residents.

The health priorities addressed in the plan were selected based on data from the 2021 Community Health Assessment (CHA). The process of conducting a Community Health Assessment and, subsequently, designing a Community Health Improvement Plan (CHIP) occurs every three years in Knox County. By conducting a health assessment, we can identify the health needs of Knox County residents. The data gathered in the CHA, provides the foundation from which KHPP develops strategies to address the priority health issues. The 2021 CHIP is focused on three priority areas: Mental Health & Substance Abuse, Access to Care, and Health and Resource Literacy

Through collaboration with Illuminology - a Columbus, OH, based research group, The Ohio State University Center for Public Health Practice, and Kenyon College we have made every effort to assure that both the CHA and CHIP contain valid and reliable data and that the strategies develop are equitable in their action steps and desired outcomes.

It is the hope of KHPP that this plan will serve as a valuable tool to assist us in our efforts to improve the health and well-being of Knox County residents. It is also our hope that this plan will foster new collaborative opportunities, initiate new quality programs, and strengthen existing ones to improve the lives of Knox County residents.

Special thank you to Karen Hines, Ph.D., Orié Kristel Ph.D., Kelly Brag, MPH, CHES, Shaun Golding, Ph.D., and Kenyon College's Sociology 375 class for this work on the Community Health Assessment and Community Health Improvement Plan.

And lastly, thank you to you – our community, for filling out surveys, answering the call for opinions, and voicing your vision for a healthy, vibrant Knox County.

With gratitude,



Julie Miller, RN, MSN
Knox County Health Commissioner

Introduction

In 2021, the Knox Health Planning Partnership (KHPP), convened a group of community partners to lead a Community Health Assessment (CHA) that provided a comprehensive evaluation of the health status and issues that exist among the county's population. Upon the completion of the CHA, KHPP again engaged its community partners to gather inputs to inform a vision of health for Knox 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 (CHIP) is comprehensive and long term and details actions steps that will be used by organizations as they implement project, programs, and policies. A list of participating individuals and organizations is located in [Appendix C](#).

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. Detailed work plans that include measurable goals, objectives, action steps, assets and resources and evidence-based strategies for each priority are located in [Appendix A](#). This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.

The Process

KHPP, in partnership with the Knox Public Health, was responsible for providing oversight for the CHIP development process and contracted with the Center for Public Health Practice in the Ohio State University's College of Public Health (CPHP) to serve as lead facilitator. In that role, CPHP designed the overall CHIP development process, as well as organized and led CHIP project meetings. The overall CHIP process occurred over the course of four months. Figure 1 shows the timeline of CHIP development. Because of the COVID-19 pandemic, the process was modified to allow for maximum community participation while keeping everyone as safe as possible.



Figure 1: Knox County CHIP development timeline

29 community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP. The process began with a virtual meeting for the



Figure 2: Visioning Jamboard

planning group to discuss the community's vision of health as well as select the health priorities. After this meeting, an online survey was distributed to the planning group to assure that those who could not participate in the virtual Visioning and Prioritization session were able to contribute to the approval of the vision and approve the priorities.

A community's vision of health helps to define what health means to that community. The visioning discussion involved answering a series of questions asking the planning group to identify what a healthy community means to them, what they picture when they envision a healthy community, and what definition of a healthy community best captures their vision of health. Figures 2 and 3 include inputs generated during the vision process. Figure 2

is from the online whiteboard that was used during the virtual meeting and Figure 3 is a word cloud of the common words generated from the process.

Based on this conversation and input generation, Knox County defines a healthy community as one that includes access to optimal mental and physical health for all residents, a place that families can succeed, and where residents feel a sense of connectedness and community.

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



Figure 3: Word Cloud of Visioning Inputs

Developing Priorities

Identifying Health Priorities

The planning group engaged in large and small group processes during a virtual meeting to analyze the CHA in order to determine the most pressing health issues impacting Knox County. Planning group members applied the following criteria to identify health priorities:

1. What is the magnitude of this health issue? Does the health issue impact a high number of residents or high percentage of the population?
2. What is the seriousness of this health issue? Does the health issue lead to premature death or serious illness across the population?
3. What is the feasibility of having a positive impact on this health issue? Given the current state of the community's health system, are the resources needed to address the health issue available or easily attainable?
4. What is the impact of the health issue on vulnerable populations? Considering

Knox County	Ohio SHIP	National Priorities (HP 2030)
Behavioral Health	Mental Health and Addiction	Drug and Alcohol Use Mental Health and Mental Disorders
Access to Care	Access to Care	Healthcare Access and Quality
Community Health and Resource Literacy	Community Conditions	Education Access and Quality

Figure 3: Knox County CHIP alignment with state and national priorities.

the social determinants of health, does the health issue disproportionately impact health equity and affect certain subpopulations or geographic areas within the community?

5. How does this health issue align with Ohio's priorities? Does the health issue align with the current State Health Improvement Plan (SHIP) priorities? See Figure 3 for CHIP alignment with state and national priorities.

After carefully considering the assessment data and the above criteria, the planning group determined that the most pressing health priorities in Knox County are:

1. Behavioral Health
2. Access to Care
3. Community Education

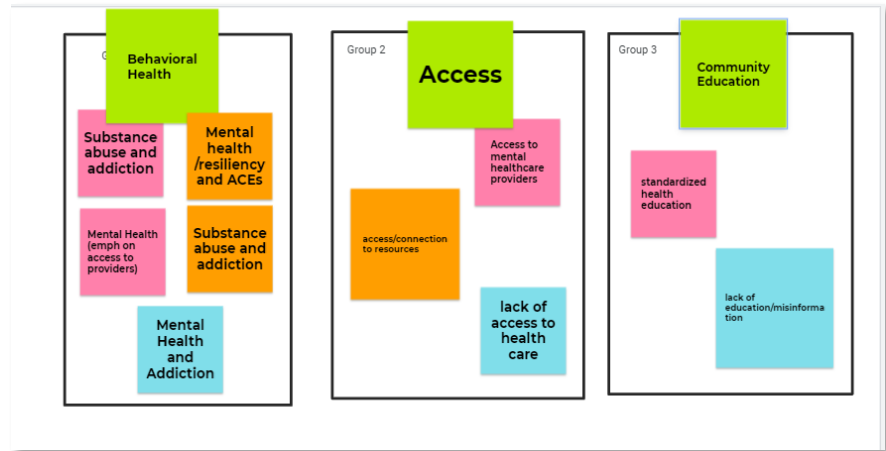


Figure 4: Prioritization Jamboard

An overview of these priorities, including a summary of the goals and objectives, is located in the next section of the CHIP.

Work Plan Creation

Following the identification of priorities, work groups were formed to create work plans that will address the approved health priorities over the next three years. The groups initially met in person in July 2021 and went through a series of facilitated activities to assist with the generation of a priority definition. Work groups were given information on the social determinants of health and how those impact health outcomes. The groups also discussed why impacting the community at the policy, system, and environmental change level could impact health outcomes by impacting those social determinants of health. Then, the groups conducted a root cause analysis on the health priorities. During this activity, the work groups generated potential root causes for the identified health priorities, focusing on what causes related to existing policies, systems, environmental factors, and resources were currently in the community and what policies, systems, environmental factors, and resources were needed in the community. Following the root cause analysis, groups conducted a gap analysis of the priority in order to show where gaps in services and initiatives might exist. Work groups then used the results of both the root cause analysis and the gap analysis to generate goals. The priority definitions and goals can be found in the next section of this report.

Due to the evolving nature of the COVID-19 pandemic, planning occurred in both an online and in-person format. During these meetings work groups identified key measures for each goal to serve as outcome measures for the plan. Measurable objectives, with associated action steps, time frame, and responsible parties were also developed to achieve the goals. Groups were encouraged to continue to consider vulnerable populations and policy changes throughout the

planning process. A formal definition of what concepts and frameworks work groups were asked to consider during the generation of the work plans follows:

The Social Determinants of Health are factors in a community that impact health outcomes. They include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status. Addressing health issues at the social determinant of health level can help communities address underlying health inequities in the community. This can lead to more equitable health outcomes. Figure 5 defines the Social Determinants of Health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations




Figure 5: *The Social Determinants of Health as defined by the Kaiser Family Foundation.* Source: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Policy, System, and Environmental Changes are sustainable changes that when implemented that make the context in which someone lives healthier. Policy changes refer to changes made at the legislative level. Systems changes are changes to the rules in the way people and organizations operate. Environmental changes are changes to the physical environment that people live in. These changes often require a governing board or rule making body to approve them and result in opportunities for healthy choices being easily available to all. Work groups considered policy changes that would most greatly impact vulnerable populations and address the causes of higher risks on those populations

The Health Impact Pyramid is a data visualization and concept that 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. Changes to policy, systems, and environments are located towards the bottom. Groups were asked to consider addressing community health needs towards the bottom of the pyramid, while still recognizing that there is value impacting the community at all levels. This is due to the fact that, although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized at all intervention levels. Figure 6 displays the Health Impact Pyramid.

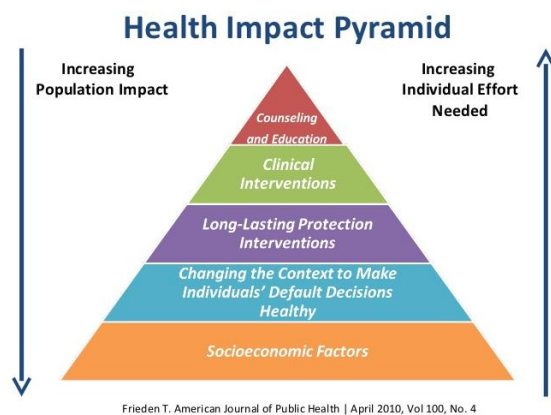


Figure 6: *The Health Impact Pyramid* Source: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.185652>

Evidence Based Public Health Practices are interventions that are based in scientific reasoning and use data and information systems to systematically implement programs with proven

efficacy. They have been evaluated and have shown evidence that they are effective in changing behavior and health outcomes within populations.

Groups also considered a list of assets and resources that was generated by the planning group. The purpose of these is to give the groups existing community assets to leverage in order to assure the CHIP is successful. That list is located in [Appendix B](#).

The following pages include an overview of the priorities and the goals and objectives outlined during CHIP development that will improve the health of Knox County.



Images: Community members convening to develop CHIP work plans

Our Plan to Address the Priorities

Priority: Behavioral Health



Why is this a priority? A community's ability to thrive is directly impacted by the mental health of its residents. Residents facing mental health issues are impacted by myriad related issues, including negative unrelated health outcomes, reduced productivity, and a lack of connectedness to the community. In Knox County, there is a lack of sustainable programming to assist those with mental health conditions and stigma around both having a mental health issue and seeking help for a mental health issue. This is due not to a lack of existing programs, but to an overextended provider network. According to the 2021 Knox County Community Health Assessment, 47.4% of Knox County residents have experienced an ACE and 11% reported having four or more ACEs.

Our plan: We will work to increase the community's knowledge of Adverse Childhood Experiences (ACEs), which are a number of events in childhood that increase your risk for negative health outcomes, including negative mental health outcomes as an adult. We will also increase our community's resilience, as we know that people who are resilient can mitigate the impact of those ACEs. In addition, we will address the mental health crisis at the policy level in Knox County by creating policies around training and education so that the community is more aware of the signs and symptoms of mental health disorders and substance abuse. Finally, to address mental health among our most vulnerable, the youth of our community, we will work to reduce youth substance use.

Indicator	Knox County
Residents reporting having poor mental health day(s)	59.7%
2020 Annual Narcan distribution	142 doses
Diagnosed with e depressive disorder	20.1%
Diagnosed with an anxiety disorder	22.2%

Members of the planning group are aware that mental health and substance use is an issue that impacts the community in many ways and are aware of existing efforts that exist in the community that are dedicated to improving these issues in the community. This CHIP serves to augment, and not complete or replicate the efforts of those current plans. To that end, this CHIP aligns with the Mental Health and Recovery of Knox and Licking Counties plan, which focuses

specifically on improving the lives of Knox County residents by targeting the behavioral health system. For more information on this plan, please contact [Mental Health and Recovery for Licking and Knox Counties](#). [A detailed CHIP work plan, including metrics and timeline, is located in Appendix A.](#)

Vulnerable populations impacted by CHIP: Rural communities, Youth, LGBTQIA+

Goals: Increase evidence-based mental health education in Knox County, Decrease stigma surrounding accessing behavioral healthcare in Knox County; Decrease stigma surrounding accessing behavioral healthcare; Reduce youth substance use

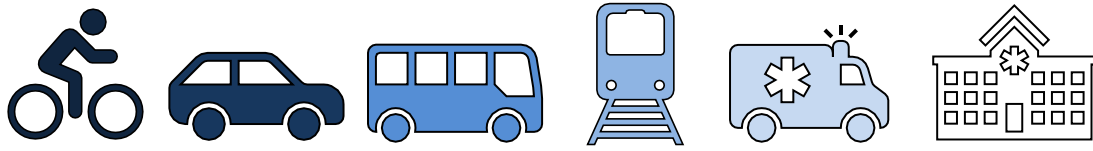
Key Measure(s): Reduction of residents reporting at least once ACE; Residents delaying behavioral care; Age of first substance use

Objectives:

- By December 31, 2023, implement a plan to coordinated Trauma Informed Care education plan in Knox County.
- By December 31, 2023, use the Knox County Faith Based Coalition to provide evidence based behavioral health education to five church congregations.
- By December 31, 2023, increase crisis calls by 10% by providing training to increase knowledge of mental health in Knox County.*
- By December 31 ,2023, conduct 3 trainings to increase access to behavioral health care.
- By December 31, 2023, host Showings of "Not So Different" to engage the community in conversation about access to care, stigma, and recovery.
- By December 31, 2023, Knox County Students will implement a peer led plan to reduce substance use.
- By December 31, 2023, implement a campaign to change parental attitudes about substance use in youth.

**Objectives include policy change impacting vulnerable populations*

Priority: Access to Care



Residents Say: Access to Care is impacted lack of transportation and a need to leave the county to seek specialty care.

Why is this a priority? Adequate access to healthcare is integral to a community's ability to achieve optimal health and quality of life. In Knox County, there are multiple reasons why access to care is limited for our residents. One such reason is that the county lacks adequate transportation to allow people to see providers. According to the 2021 Knox County Community Health Assessment, this is a major concern the residents of Knox County have. Another reason for a lack of access is currently a lack of providers to meet the needs of the population, as evident in the 2021 Knox County Community Health Assessment, which includes a resident to provider ratio for physicians of 1:960 and for psychiatrists of 1:12,296, as compared with 1:172 and 1:3,297 respectively for the State of Ohio. A provider ratio is a measure of

Provider Ratio	Knox County	Ohio
Physicians	1:960	1:172
Psychiatrists	1:12,296	1:3,297

how many providers there are per resident, so for the information given above, every physician in Knox County is serving 960 residents, and every psychiatrist in Knox County is serving 12,297 residents. The more providers a community has per person, the better the community's access to care. A poor provider ratio can result in negative health outcomes by not allowing people to properly and efficiently address physical and mental health issues prior to the onset of more severe or chronic conditions.

Our plan: We will work with our partners and leverage our existing resources to increase access to existing transportation by increasing Non-Emergency Transportation (NET) voucher distribution and usage. We will also work to increase transportation options by increasing daily service, access to private transportation providers and aligning with the [Get Healthy Knox County Active Transportation Plan](#). We will address the provider ratio by working to increase access to both primary care and behavioral health providers. In order to augment the existing services, we do have, we will increase the healthcare system capacity by establishing a community health worker (CHW) program in Knox County. CHWs are training to help patients navigate complex medical and social systems to assist with accessing care. [A detailed CHIP work plan, including metrics and timeline, is located in Appendix A.](#)

Vulnerable populations impacted by CHIP: Low income, un/underinsured

Goals: Increase access to transportation; Increase access to care

Key measures: Increase in non-emergency transportation vouchers distributed and redeemed, Decrease in residents reporting access to care barriers

Objectives:

- By December 31, 2023, increase Non-Emergency Transportation vouchers redeemed by 20%.*
- By December 31, 2023, increase Knox Area Transit operation to 7 days a week*.
- By December 31, 2023, increase transportation options in Knox County.
- By December 31, 2022, identify a community partner to employ Community Health Workers.*
- By December 31, 2023, increase unique behavioral health services utilization by 10%.*
- By December 31, 2023, conduct assessment of access to care issues.

**Objectives include policy change impacting vulnerable populations*

Priority: Community Health and Resource Literacy Education



In Knox County there is a lack of awareness of resources



In Knox County the teen pregnancy rate is 35.5 per 1,000.



In Knox County, broadband internet is unreliable.

Why is this a priority? One of the most important things a community can do to improve its health is to educate itself on health issues. In Knox County, community members lack an awareness of resources and access to educational opportunities that impact health behaviors and overall health outcomes. This leads to negative health outcomes by limiting access to care and information to base health decisions on. In addition, the youth of our community are at an increased risk of negative health outcomes due to the lack of state mandated health education standards in Ohio. This leads to myriad issues, as evidenced by the fact that Knox County has higher rates of many chronic health conditions in children than the state. In addition, the teen pregnancy rate among 15–19-year-olds is 35.5 per 1,000 (2021 Knox County CHA). Finally, according to the 2021 Knox County CHA, 13% of residents lack access to the internet.

Our plan: We will work to increase access to information and services by enhancing residents' awareness to resources. By increasing educational opportunities, we will enhance teenagers' access to accurate and high-quality health education and increase knowledge of the services available in Knox County. We will advocate for infrastructure improvements to connect residents with high-speed broadband internet. By leveraging our existing resources to increase access to and awareness of existing community resources and education, we will improve the health and quality of life in Knox County. [A detailed CHIP work plan, including metrics and timeline, is located in Appendix A.](#)

Vulnerable populations impacted by CHIP: Youth, Un/underinsured

Goals: Increase educational opportunities for community members of all ages; Increase awareness of resources; Increase access to broadband internet

Key Measures: Decrease in teen pregnancy rate; Decrease in community members reporting low utilization of resources

Objectives:

- By December 31, 2023, implement community health education plan focusing on youth. By June 30, 2022, create a county resource navigator position.*
- By December 31, 2023, Knox County will have conducted two community resources forum.
- By December 31, 2022, implement advocacy campaign to assure broadband access to all of Knox County.
- By December 31, 2023, implement educational awareness campaign around broadband access in Knox County.

*Objectives include policy change impacting vulnerable populations

Tracking Our Performance

We understand that the community and the needs of the community will change. To that end, we acknowledge that our plan may need to be adjusted as the community that we serve changes. We will review the plan at least quarterly and adjust any goals and objectives as applicable.

Objective	Adjustment	Person Responsible

Next Steps and Call to Action

Knox Health Planning Partnership (KHPP) will continue to monitor the CHIP on a regular basis over the next three years. The work plans located in [Appendix A](#) identifies the agencies and individuals responsible for implementing each of the objectives outlined in this CHIP. KHPP will collect monitoring frequency updates from each responsible party in order to gauge the progress of the CHIP. Goals and objectives will be monitored to assure that timeframe targets are being met. To allow the CHIP to evolve with the community, goals and objectives will be adjusted or amended if needed. KHPP will publicly release an annual update, highlighting the success of the CHIP and providing any information on major changes that have been made.

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Knox County, contact Carmen Barbuto at 740-392-2200, ext 2239 or visit [KHPP online](#).

Appendix A: Work Plans

Behavioral Health Work Plan

<p>Priority #1: Behavioral Health</p> <p>A community's ability to thrive is directly impacted by the mental health of its residents. Residents facing mental health issues are impacted by myriad related issues, including negative unrelated health outcomes, reduced productivity, and a lack of connectedness to the community. In Knox County, there is a lack of sustainable programming to assist those with mental health conditions and stigma around both having a mental health issue and seeking help for a mental health issue. This is due not to a lack of existing quality programs, but to an overextended provider network We will work to increase the community's knowledge of Adverse Childhood Experiences (ACEs), which are a number of events in childhood that increase your risk for negative health outcomes, including negative mental health outcomes, as an adult. According to the 2021 Knox County Community Health Assessment, 47.4% of Knox County residents have experienced an ACE and 11% reported having four or more ACEs. We will also increase our community's resilience, as we know that people who are resilient can mitigate the impact of those ACEs. In addition, we will address the mental health crisis at the policy level in Knox County. Finally, to address mental health among our most vulnerable, the youth of our community, we will work to increase the age of first use.</p>					
<p>Alignment with State and National Priorities</p>	<p>Ohio SHIP Priority: Mental Health and Addiction</p>				
	<p>Health People 2030: Mental Health and Mental Disorders; Drug and Alcohol Use</p>				
<p>Goal 1.1: Increase evidence based mental health education in Knox County. <i>Key Measure(s): 47.7% of Knox County residents report having at least one ACE (2021 Knox County Community Health Assessment)</i> <i>Policy Changes needed to achieve Goal: 1.1.3</i></p>					
Objectives	Measure	Action Steps		Lead Agency	Partner(s) in Success
<p>Objective 1.1.1: By December 31, 2023, implement a plan to coordinated Trauma Informed Care education plan in Knox County.</p>	<p>Baseline: no current coordination plan</p>	<ul style="list-style-type: none"> • Establish baseline of what is currently occurring • Create plan to coordinate current efforts. Consider: <ul style="list-style-type: none"> ○ Continue to educate about ACEs using the Resilience film. ○ Host book studies (mentioned in previous session, no other details provided) 		<p>Mental Health and Recovery for Licking and Knox Counties (MHR)</p>	<p>Resiliency Team Knox Public Health</p>

	Target: implemented plan	<ul style="list-style-type: none"> ○ Provide follow up contact for community members who have taken the ACEs survey to access if they need help with access to care ○ Provide trauma informed trainings and information to community ○ Create system to collaborate on efforts ○ Create communication plan to inform community partners of efforts <ul style="list-style-type: none"> ● Implement plan ● Evaluate efforts 		
Objective 1.1.2: By December 31, 2023, use the Knox County Faith Based Coalition to provide evidence based behavioral health education to five church congregations.	Baseline: 0 Target: 5	<ol style="list-style-type: none"> 1. Connect with Recovery Ohio to plan for coalition building process 2. Host informational summit with support from Governor's Office to educate pastors and faith leadership about the importance of coalition building and evidence based behavioral health education <ol style="list-style-type: none"> a. Provide train the trainer with Echo Ohio training 	Mental Health and Recovery for Licking and Knox Counties (MHR)	Knox Public Health Knox Substance Abuse Action Team (KSAAT)
Objective 1.1.3: By December 31, 2023, increase crisis calls by 10% by providing training to increase knowledge of mental health in Knox County.	Baseline: TBD Target: Baseline+10%	<ol style="list-style-type: none"> 1. Establish baseline 2. Provide QPR trainings <ol style="list-style-type: none"> a. Train at least 300 people in Knox County in QPR. b. Increase number of gatekeeper trainers in the county (will provide additional partners) c. Obtain funding from Ohio Suicide Prevention Foundation to implement more trainings d. Begin media campaign about the risk of suicide in the community and trainings available to prevent suicide e. Provide at least 1 training per quarter of QPR with a goal of reaching 300 community members 3. Provide Mental Health First Aid trainings <ol style="list-style-type: none"> a. Provide at least 1 training per quarter of MHFA with a goal of reaching 150 b. Collaborate with Extension to combine effectiveness tracking 4. Provide eCOMPASS trainings <ol style="list-style-type: none"> a. Conduct train the trainer on eCOMPASS b. Provide at least 1 training per quarter of eCOMPASS with a goal of reaching 150 community members 	Knox County Suicide Prevention Coalition	Mental Health and Recovery for Licking and Knox Counties (MHR) Knox Substance Abuse Action Team (KSAAT) OSU Extension Knox Public Health

		<ul style="list-style-type: none"> c. Use pre and posttest to measure increased understanding about addiction, stigma, and self-care <ul style="list-style-type: none"> 5. Recruit at least one new organization to pass a policy to include training 6. Assure focus on vulnerable populations, including: <ul style="list-style-type: none"> a. Rural community, b. Youth, and c. LGBTQI+ 		Farm Bureau
<p>Goal 1.2: Decrease stigma surrounding accessing behavioral healthcare in Knox County. <i>Key Measure(s): Community members stated a delay in seeking care (2021 Knox County Community Health Assessment – qualitative data)</i> <i>Policy Changes needed to achieve Goal: 1.2.1</i></p>				
Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
<p>Objective 1.2.1: By December 31, 2023, conduct 3 trainings to increase access.</p>	<p>Baseline:</p> <p>Target: 3 annual trainings</p>	<ul style="list-style-type: none"> • Determine what trainings to offer. Consider different types of trainings, including: <ul style="list-style-type: none"> ○ SBIRT ○ Billing and Coding ○ Annual KSAAT community training ○ Others as needed • Determine what populations to train <ul style="list-style-type: none"> ○ Recruit one new organization to institute training policy • Implement trainings • Evaluate effectiveness 	Knox Substance Abuse Action Team (KSAAT)	Mental Health and Recovery for Licking and Knox Counties (MHR)
<p>Objective 1.2.2: By December 31, 2023, host Showings of “Not So Different” to engage the community in conversation about access to care, stigma, and recovery.</p>		<ul style="list-style-type: none"> • Provide at least 1 training per quarter of NSD with a goal of reaching 150 community members <ul style="list-style-type: none"> ○ Focus on vulnerable populations, including the faith community and rural populations • Use pre and posttest to measure increased understanding about resources, stigma, and recovery 	Mental Health and Recovery for Licking and Knox Counties (MHR)	

Goal 1.3: Reduce youth substance use				
Key Measure(s): Increase in age of first use (Knox County PRIDE Data)				
Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 1.3.1: By December 31, 2023, Knox County Students will implement a peer led plan to reduce substance use.	Baseline: 0 Target: implemented plan	<ul style="list-style-type: none"> • Engage students. Include groups such as: • TAC Students, 4H, Farm Bureau youth, FFA, and Scouts. • Create a cohesive plan for all of Knox County. <ul style="list-style-type: none"> ○ Determine what should be included in plan. <ul style="list-style-type: none"> ▪ Methods of education ▪ Messaging ▪ Distribution ○ Implement plan ○ Evaluate effectiveness 	Knox Substance Abuse Action Team (KSAAT)	OSUE New Directions Scout leaders Farm Bureau Youth School FFA Leadership
Objective 1.3.2 By December 31, 2023, implement a campaign to change parental attitudes about substance use in youth.		<ul style="list-style-type: none"> • Create educational campaign for all of Knox County. <ul style="list-style-type: none"> ○ Target parents in congregations ○ Determine what should be included in plan. <ul style="list-style-type: none"> ▪ Methods of education ▪ Consider: <ul style="list-style-type: none"> • Utilized evidence-based education • Program: Hidden in Plain Sight (evidence-based program – KSAAT – virtual or in person) ▪ Messaging ▪ Distribution ○ Implement plan • Evaluate effectiveness 	Mental Health and Recovery for Licking and Knox Counties (MHR)	<i>Faith Based Coalition</i> Knox Substance Abuse Action Team (KSAAT)

Access to Care Work Plan

Adequate access to healthcare is integral to a community's ability to achieve optimal health and quality of life. In Knox County, there are multiple reasons why access to care is limited for our residents. One such reason is that the county lacks adequate transportation to allow people to see providers. According to the 2021 Knox County Community Health Assessment, this is a major concern the residents of Knox County have. We will work with our partners and leverage our existing resources to increase access to existing transportation by increasing Non-Emergency Transportation (NET) voucher distribution and usage. We will also work to increase transportation options by increasing daily service and access to private transportation providers. Another reason for a lack of access is currently a lack of providers to meet the needs of the population, as evident in the 2021 Knox County Community Health Assessment, which includes a resident to provider ratio for physicians of 1:960 and for psychiatrists of 1:12,296, as compared with 1:172 and 1:3,297 respectively for the State of Ohio. This can result in negative health outcomes by not allowing people to properly and efficiently address physical and mental health issues prior to the onset of more severe or chronic conditions. We will address this by working to increase access to both primary care and behavioral health providers. In order to augment the existing services we do have, we will increase the healthcare system capacity by establishing a community health worker (CHW) program in Knox County. CHWs are training to help patients navigate complex medical and social systems to assist with accessing care.

Alignment with State and National Priorities	Ohio SHIP: Access to Care
	Health People 2030: Healthcare Access and Quality

Goal 2.1: Increase access to transportation
Key Measure(s): Number of net vouchers distributed, number of net vouchers redeemed
Policy changes needed to achieve goal: 2.1.1; 2.1.2

Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 2.1.1: By December 31, 2023, increase Non-Emergency Transportation vouchers redeemed by 20%.	Baseline: TBD Target: Baseline +20%	<ul style="list-style-type: none"> • Establish baseline <ul style="list-style-type: none"> ◦ Track how many vouchers issued? Redeemed? • Assess why are vouchers not redeemed • Research KAT operation, barriers to provided needed service • Determine steps to increase NET vouchers: <ul style="list-style-type: none"> ◦ If NET vouchers are not being used, do we want to provide NET vouchers? • Educate community: <ul style="list-style-type: none"> ◦ Who qualifies for NET? ◦ Do they know about NET? ◦ Is education needed? • Work with CHAP: <ul style="list-style-type: none"> ◦ Accountability – why are they not showing up to appointments? 	Ohio State University – Extension	Jobs and Family Services Knox County Mobility Management

Objective 2.1.2: By December 31, 2023, increase Knox Area Transit operation to 7 days a week.	Baseline: Current service M-F 6a-7p, Sa 8-5 Target: Service 7 days a week	<ul style="list-style-type: none"> Meet with KAT to discuss any expansion plans already planned: <ul style="list-style-type: none"> Are they moving to a 7-day service? Also work towards increase hours of operation Work with KAT to pass policy around 7 day a week service Research other transportation options exist: What other avenues for transportation should we offer besides KAT? 	Knox Public Health – Creating Health Communities	Knox Area Transit
Objective 2.1.3: By December 31, 2023, increase transportation options in Knox County.	Baseline: 2021 Knox County CHA report includes residents reporting transportation as being a barrier to access to care Target: No reports of Access to care issues for Knox County residents	<ul style="list-style-type: none"> Align with Get Healthy Knox County Active Transportation Plan <ul style="list-style-type: none"> Support active transportation efforts Create policy change around active transportation Research other private transportation options in Knox County Consider feasibility of supporting other private transportation options, such as Lyft and Uber 	Knox Public Health – Creating Health Communities	Knox County Mobility Management
Goal 2.2: Increase access to care in Knox County <i>Key Measure(s): Community members reporting barriers to access to care</i> <i>Policy Changes needed to achieve goal: 2.2.1</i>				
Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 2.2.1: By December 31, 2022, identify a community partner to employ Community Health Workers.	Baseline: 0 Target:1	<ul style="list-style-type: none"> Work with current CHAP hub Meet with FQHC, KPH about employing CHW (organizational policy change) <ul style="list-style-type: none"> Need to find out who to meet with Meeting would serve to explain program and tell about benefits, find out how program could be utilized, generate list of potential CHW employers Assure Spanish speaking CHWs 	Area Agency on Aging 5	Knox Public Health First Church of the Nazarene

		<ul style="list-style-type: none"> • Discuss Community Health Navigator position with Mayor (specific to Mount Vernon) 		
<p>Objective 2.2.2: By December 31, 2023, increase new behavioral health patients by 10%.</p>	<p>Baseline: TBD</p> <p>Target: Baseline+10%</p>	<ul style="list-style-type: none"> • Establish baseline of new patients • Increase providers to help reduce wait time to be seen <ul style="list-style-type: none"> ○ Determine steps to do this ○ Assess current providers for capacity to bring on new counselors ○ Investigate telehealth options (Ex. Better Help – investigate grants for this) • Educational campaign to increase utilization: <ul style="list-style-type: none"> ○ Educate public about new service providers • Stigma reduction campaign (have community leaders speak on their own experiences with seeking care) • Look for alignment with Behavioral Health Work Group Plan (Priority#1) 	<p>Knox Health Planning Partnership</p>	<p>Knox Community Hospital</p> <p>Knox Public Health</p>
<p>Objective 2.2.3: By December 31, 2023, conduct assessment of access to care issues.</p>	<p>Baseline: 0</p> <p>Target: 1</p>	<ul style="list-style-type: none"> • Conduct assessment of why access to care is an issue. Consider: <ul style="list-style-type: none"> ○ Provider ratio ○ Wait times ○ Transportation issues ○ Insurance/coverage ○ Knowledge of how to access to healthcare system ○ Assess potential location for health department and FQHC to determine where to best serve underserved population • Create plan to increase access based on results of assessment • Implement plan • Evaluate 	<p>Knox Public Health</p>	

Community Health and Resource Literacy Work Plan

One of the most important things a community can do to improve its health is to educate itself on health issues. In Knox County, community members lack an awareness of resources and access to educational opportunities that impact health behaviors and overall health outcomes. This leads to negative health outcomes by limiting access to care and information to base health decisions on. We will work to increase access to information and services by enhancing residents' awareness to resources. In addition, the youth of our community are at an increased risk of negative health outcomes due to the lack of state mandated health education standards in Ohio. This leads to myriad issues among youth, as evidenced by the fact that Knox County has higher rates of many chronic health conditions in children than the state. In addition, the teen pregnancy rate, which among 15–19-year-olds is 35.5 per 1,000 (2021 Knox County Community Health Assessment). By increasing educational opportunities for youth, we will enhance teenagers' access to accurate and high-quality health education. Finally, according to the 2021 Knox County Community Health Assessment, 13% of residents lack access to the internet. We will advocate for infrastructure improvements to connect residents with high-speed broadband internet. By leveraging our existing resources to increase access to and awareness of existing community resources and education, we will improve the health and quality of life in Knox County.

Alignment with State and National Priorities	Ohio SHIP: Community Conditions
	Health People 2030: Community

Goal 3.1: Increase educational opportunities for community members of all ages
Key Measure(s) Teen pregnancy rate of 35.5/1000 (2021 Knox County Community Health Assessment)

Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 3.1.1: By December 31, 2023, implement community health education plan focusing on youth.	Baseline: no plan Target: 1 plan implemented	<ul style="list-style-type: none"> • Establish baseline • Create plan: <ul style="list-style-type: none"> ○ Determine what groups to work with. Consider: <ul style="list-style-type: none"> ▪ Parent groups ▪ Community agencies ▪ Youth based organizations ▪ Schools ○ Research scientifically based curricula or programs to provide age-appropriate sexual health education ○ Determine methods of education and distribution of information ○ Implement plan 	New Directions (Teen Advisory Council)	United Way (funding) KPH

Goal 3.2: Increase awareness of community resources

Key Measure(s): Community partners reporting the populations who they work with are infrequent users of health care resources (2021 Knox County Community Health Assessment – qualitative data)

Policy changes needed to achieve goal: 3.2.1

Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 3.2.1: By June 30, 2022, create a county resource navigator position.	Baseline: no current navigator position Target: Navigator position established and funded	<ul style="list-style-type: none"> • Secure funding and identify lead agency • Develop position description. Consider the following needs <ul style="list-style-type: none"> ○ Position needs social work background, or related experience ○ Position will help navigate community resources and social services ○ Will work with, but not overlap with, community health worker program <ul style="list-style-type: none"> ▪ Work with Access to Care group to assure that there are no redundancies • Recruit and hire. • Develop training plan • Evaluate 1 year after full implementation • Develop and utilize tracking system (Head Start can assist with tracking) 	United Way	Family and Children First Council Head Start Help Me Grow Access to Care work group
Objective 3.2.2 By December 31, 2023, Knox County will have conducted two community resources forum.	Baseline: 0 forums Target: 2	<ul style="list-style-type: none"> • Choose dates • Identify and secure agencies • Hold forum 	United Way	Family and Children First Council

Goal 3.3: Increase access to high quality, affordable broadband internet service

Key Measure(s): 13% of residents lack internet service (2021 Knox County Community Health Assessment)

Objectives	Measure	Action Steps	Lead Agency	Partner(s) in Success
Objective 3.3.1 : By December 31, 2022 implement advocacy campaign to assure broadband access to all of Knox County.	Baseline: 0 Target: 1	<ul style="list-style-type: none"> • Determine current status of legislative efforts <ul style="list-style-type: none"> ○ Gather data about access issues in county <ul style="list-style-type: none"> ▪ Meet with Rep Carfagna office to get this info ○ Determine how much of Knox County is without secure broadband ○ Determine population that is impacted • Create advocacy plan 	Knox Health Planning Partnership	Representative Carfagna

		<ul style="list-style-type: none"> • Implement plan 		
<p>Objective 3.3.2: By December 31, 2023, implement educational awareness campaign around broadband access in Knox County.</p>	<p>Baseline: 0 Target: 1</p>	<ul style="list-style-type: none"> • Plan campaign. Consider: <ul style="list-style-type: none"> ○ Avenues of education ○ Methods of distribution ○ Research public awareness of where free access exists • Implement campaign • Evaluate effectiveness 	<p>Knox Health Planning Partnership</p>	

Appendix B: Assets and Resources

- American Health Network
- Centerburg Senior Services
- CVS Pharmacy
- Danville Family Dentistry
- Family Urgent Care
- Fosters Downtown Pharmacy
- Interchurch Social Services
- Kenyon College Health Center
- Kno-Ho-Co Ashland Community Action Commission - Mount Vernon
- Knox Area Transit
- Knox Community Hospital
- Knox Community Hospital Pediatrics
- Knox Community Hospital Physician Services
- Knox County Board of Developmental Disabilities
- • Knox County Dentistry
- Knox Public Health
- Knox Metropolitan Housing Authority
- Mid-Ohio Corporate Care
- Salvation Army of Mount Vernon
- Sanctuary Community Action- Danville, OH
- Simona Moore CNP
- Starting Point
- Station Break Senior Center
- Winter Sanctuary Homeless Shelter
- Alcoholics Anonymous (AA)
- Behavioral Healthcare Partners (MHR) - Mount Vernon
- Celebrate Recovery - Green Valley Southern Baptist Church
- Crisis Text Line
- Groups Recover Together - Knox County
- Hospice of Knox County
- Kenyon College - Health and Counseling Center
- Knox Community Hospital – New Vision
- Knox Community Hospital Urgent Care
- Knox County Community Health Center – Mount Vernon
- Knox County Community Health Center – Danville
- Knox County Job & Family Services
- Knox County Sheriff's Office
- Knox Substance Abuse Action Team
- Mental Health & Recovery for Licking & Knox Counties
- Mount Vernon Police Department
- Narcotics Anonymous (NA)
- New Directions Domestic Abuse Shelter and Rape Crisis Center
- Riverside Recovery Services
- The Freedom Center

- The Main Place
- TouchPointe
- Ariel-Foundation Park - Mount Vernon City Parks
- Centerburg Senior Services, Inc.
- Fredericktown Community Foundation
- Kenyon College - Health and Counseling Center
- Knox Community Hospital
- Knox County Board of Developmental Disabilities
- Knox County Head Start
- Knox County Health Department - Get Healthy Knox County Coalition
- Mount Vernon City Schools
- OSU Extension/4H
- Sanctuary Community Action
- Station Break Senior Center
- The Main Place
- United Way of Knox County
- YMCA of Mount Vernon
- Escape Zolne
- Help Me Grow
- Knox County Family and Children First Council

Appendix C: Community Partners

CHIP Planning Group

Name	Agency
Carmen Barbuto	Knox Public Health
Julie Miller	Knox Public Health
Zach Green	Knox Public Health
Kay Spergel	MHR
Tina Cockrell	KSAAT
Colette Hart	Knox Co. FCFC
Tanner Cooper-Risser	OSU Ext. Office
Jen Odenweller	Ariel Foundation
Nick Clark	YMCA of MTV
Jan Thomas	Kenyon College Office of Community Partnership
Alice Hutzal Bateson	Knox Community Hospital
Judy Gregg	MVNU
Tami Ruhl	Get Health Knox Co.
Mayor Matt Starr	City of Mount Vernon
Jay Nixon	County Juvenile Court
Kelly Brenneman	United Way of Knox Co.
Thom Collier	Knox Co. Commissioners
Steve Oster	Knox Co. Board of DD
Scott Boone	Knox County JFS
Larry Hall	Community Member
Chris Smith	Kenyon College Health & Wellness Center
Joy Harris	Interchurch Social Services of Knox Co.
Lori Jones	New Directions

Susan McDonald	PPP/Resilience Team
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Behavioral Health Work Group

Name	Agency
Kay Spergel	Mental Health and Recovery of Knox and Licking Counties
Emily Morrison	Mental Health and Recovery of Knox and Licking Counties
Larry Hall	Community member
Susan McDonald	PPP/Resilience Team
Tina Cockrell	KSAAT

Access to Care Work Group

Name	Agency
Nicole Williams	Area Agency on Aging
Tami Ruhl	Knox Public Health
Zach Green	Knox Public Health
Alice Hutzal Bateson	Knox Community Hospital
Judy Gregg	MVNU
Tanner Cooper-Risser	Ohio State University-Extension
Joy Harris	Interchurch Social Services of Knox County

Community Education Work Group

Name	Agency
Kelly Brenneman	United Way
Peg Tazewell	Knox County Head Start
Tami Ruhl	Get Healthy Knox County
Julie Miller	Knox Public Health
Lori Jones	New Directions