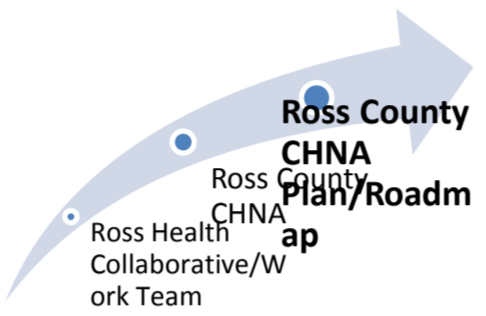


Partners for a Healthier Ross County A3

Project Name:	Health and Wellness	Project Start Date:	42005	Future State / Target
Team Leads:	M. Long / K. Jones	Champion:	Ross County Health District	Future state is to have a structured committee of Ross County partners who work collaboratively to assess community health needs and develop plans of action to address the needs.
Sponsor:	Adena Health System Ross County Health District	Team Members:	Ross County Health District Hopewell Health Centers Adena Health System Paint Valley Mental Health Community Action Veterans Administration Hope Clinic United Way of Ross County Chillicothe City Schools Ross County Schools Glatfelter Employee Health ODJFS OSU Extension Ohio University-Chillicothe	



Background Case Reason/Need/Issue

No coordinated effort around collaborative needs assessment

- Health needs assessments completed by individual agency
- Some conflicting data in individual reports
- No comprehensive or regularly updated county health assessment
- No collaborative voicing of community health related infrastructure needs
- Health rankings (factors and outcomes) are not improving

Implementation Plan / Execution (Who, What, When, Status)

Task	Who	J-15	F-15	M-15	A-15	M-15	J-15	J-15	A-15	S-15	O-15	N-15	D-15	J-16	F-16	M-16	A-16	M-16	J-16	J-16	A-16	O-16	N-16	D-16
Partnership																								
Research best practices and identify CHNA model	RCHD/AHS																							
Revise partnership structure within coordination committee	RCHD/AHS																							
Identify team members	RCHD/AHS																							
Develop senior advisory council	Steering Committee																							
Gain senior leadership support	Steering Committee																							
MAPP PROCESS																								
Phase 1 Completion	Steering Committee																							
Phase 2 Completion	Steering Committee																							
Phase 3 Completion	Steering Committee																							
Phase 4 Completion	Steering Committee																							
Phase 5 Completion	Steering Committee																							
Phase 6 Completion	Steering Committee																							

Current State

Current state of health for Ross County Ohio population

- 1.) Service area in lowest OH quartile for health parameters: Health Outcomes/Health Factors
- 2.) Ross County mortality rate from cardiovascular disease is at 250.1 as compared with surrounding counties at 210.23 Ohio 191.7.

Agency requirements for health data collection and reporting

- 1.) RCHD required by ODH and PHAB to complete community health assessment for accreditation by December 2016
- 2.) AHS required by ACA and IRS to complete community health needs assessment for 990 schedule H by December 2016
- 3.) FQHC required by NACHC to complete community health assessment every 3 years

Problem Analysis

<p align="center">Strengths</p> <ul style="list-style-type: none"> - Strong presence and network of healthcare providers including public health, hospitals, FQHCs, mental and behavioral health providers - Agencies have dedicated human resources to working to complete health needs assessments - Strong food security network and partnership with MOFB - Current desire to work together 	<p align="center">Weakness</p> <ul style="list-style-type: none"> - Ineffective community health council-no clear charter, key objectives and visible metrics - Absence of organizational sponsorship - Unclear community health partnership between public health, hospitals, FQHCs, wellness, mental and behavioral health providers - No community health programming measurement system in place
<p align="center">Opportunity</p> <ul style="list-style-type: none"> - Completion of a collaborative, comprehensive community health needs assessment - Create a group of senior advisors supported by a coordination team to further engage the local and state community in healthy behaviors - Create the model community health platform which demonstrates improved health outcomes and cost savings - Create a community based coalition with funding to implement broadbased strategies over the next decade 	<p align="center">Threats (Potential)</p> <ul style="list-style-type: none"> - Reluctance of some agency representatives to work together - Making the committee too large to function efficiently or effectively - Failure to broadly impact health will not help the goal of improved health outcomes

Follow-Up / Metrics / Results /

- 85% community agency/organization participation/PHRC Coordination Committee Roster
- 100% completion of Quarter 1 objectives / meeting schedule and attendance by 8/30/15
- 100% completion of Quarter 2 objectives / primary and secondary data collection outline 11/30/15
- 100% completion of Quarter 3 objectives / community survey and work plan complete 6/30/16
- 100 % completion of Quarter 4 objectives/ Full collaborative CHNA execution plan complete by 12/31/16