DELIVERED BY:

Moxley PUBLIC HEALTH


# 2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

## Knox County, Ohio

Published November 2024

Knox Health Planning Partnership

# TABLE OF CONTENTS

# A NOTE FROM
# KNOX HEALTH PLANNING PARTNERSHIP

The Knox Health Planning Partnership (KHPP) strives to bring together people and organizations to improve community wellness. The community health assessment process is one way the health department and its partners can live out its mission. In order to fulfill this mission, these partners must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the community's needs and prioritizing those needs for impact. In 2024, KHPP partnered with Moxley Public Health and community-based organizations to conduct a comprehensive Community Health Assessment (CHA) to identify priority health issues and evaluate the overall current health status of the health department's service area. These findings were then used to develop an Improvement Plan (CHIP) to describe the response to the needs identified in the CHA report.

The 2024-2026 Knox County CHIP would not have been possible without the help of numerous Knox County organizations, acknowledged on the following pages. It is vital that assessments such as this continue, so partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. KHPP believes that together, Knox County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. KHPP is grateful for those individuals who are committed to the health of the community, and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,

**Zach Green**
Health Commissioner
Knox Public Health

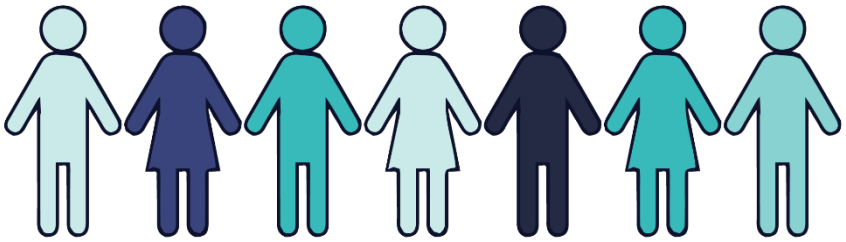
# ACKNOWLEDGEMENTS

This Improvement Plan (CHIP) was made possible thanks to the collaborative efforts of the Knox Health Planning Partnership (KHPP), community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this strategic plan.

## KHPP WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

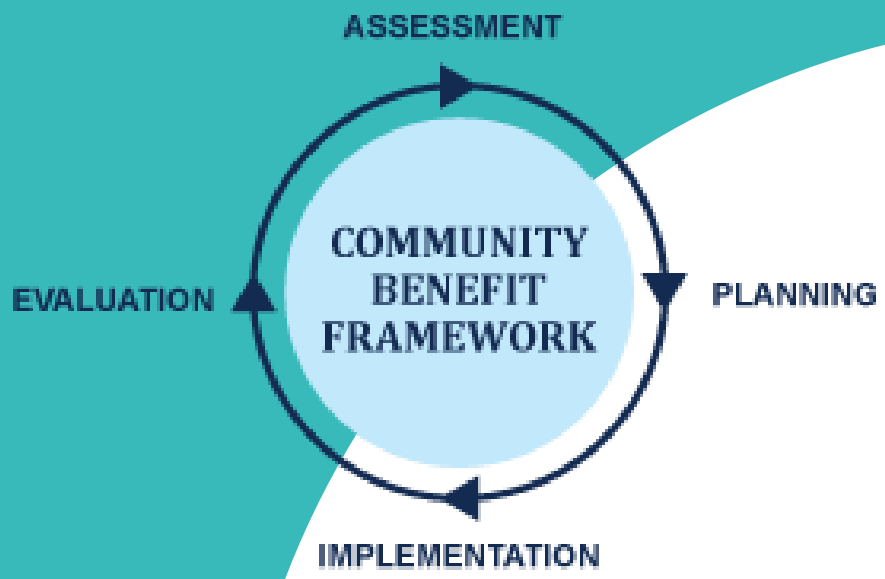
Anew Behavioral Health
Ariel Foundation
City of Mount Vernon
Conway's Pharmacy
Fiesta Mexicana
Fredericktown Emergency Medical Services
Interchurch Social Services of Knox County
Kenyon College
Kno-Ho-Co-Ashland Community Action Commission
Knox Community Hospital
Knox County
Knox County Area Development Foundation
Knox County Board of Developmental Disabilities
Knox County Chamber of Commerce
Knox County Department of Job and Family Services
Knox County Emergency Management Agency
Knox County Family & Children First Council
Knox County Head Start
Knox County Pride Alliance
Knox County Sheriff's Office
Knox Public Health
Mental Health & Recovery Board of Licking & Knox Counties
Mount Vernon City School District
Mount Vernon First Church of the Nazarene
Mount Vernon Nazarene University
New Directions Shelter
Ohio District 5 Area Agency on Aging
Ohio State University Extension Office
Pathways of Central Ohio
Riverside Recovery Services
Sanctuary Community Action
Station Break Senior Center
The Freedom Center
The Main Place
Winter Sanctuary Homeless Shelter
YMCA of Mount Vernon

The 2024-2026 Improvement Plan (CHIP) report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments/CHNAs and Improvement Plans (CHIPs)/Implementation Strategies.



INTRODUCTION

# WHAT IS AN IMPROVEMENT PLAN (CHIP)?




An **Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For health departments, the Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB).

KNOX HEALTH PLANNING PARTNERSHIP

# OVERVIEW
# OF THE PROCESS

In order to develop an Improvement Plan (CHIP), Knox Health Planning Partnership (KHPP) followed a process that included the following steps:

**STEP 1: Plan and prepare for the CHIP.**

**STEP 2: Develop goals/objectives and identify indicators to address health needs.**

**STEP 3: Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.**

**STEP 4: Select approaches with community partners.**

**STEP 5: Integrate CHIP with community partner, health department, and hospital plans.**

**STEP 6: Develop a written CHIP.**

**STEP 7: Adopt the CHIP.**

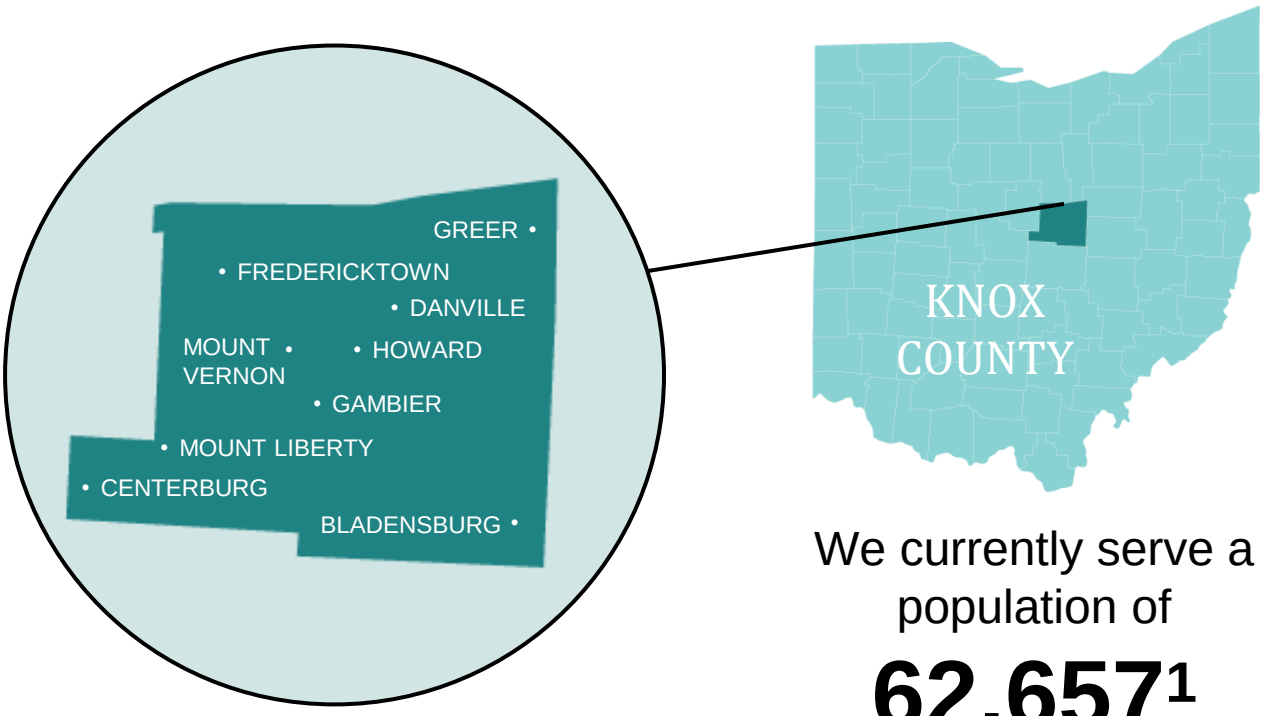
**STEP 8: Update and sustain the CHIP.**

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

**THE 2024-2026 KNOX COUNTY CHIP MEETS ALL PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REGULATIONS.**

# DEFINING THE KNOX COUNTY **SERVICE AREA**

For the purposes of this report, Knox County defines their primary service area as being made up of Knox County, Ohio.




We currently serve a population of

**62,657**[1]

| KNOX COUNTY SERVICE AREA | | | |
|---|---|---|---|
| **GEOGRAPHIC AREA** | **ZIP CODE** | **GEOGRAPHIC AREA** | **ZIP CODE** |
| Bladensburg | 43005 | Greer | 44628 |
| Butler | 44822 | Howard | 43028 |
| Centerburg | 43011 | Martinsburg | 43037 |
| Danville | 43014 | Mount Liberty | 43048 |
| Frazeysburg | 43822 | Mount Vernon | 43050 |
| Fredericktown | 43019 | Utica | 43080 |
| Gambier | 43022 | Walhonding/Newcastle | 43843 |

# KNOX COUNTY
# AT-A-GLANCE

Knox County's population is **62,657**. The populations of both Knox County and Ohio **increased** in the past 10 years[1]

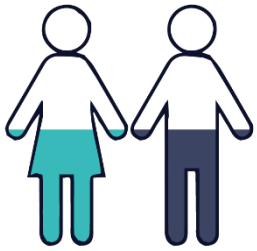
**+3%** KNOX COUNTY

**+2%** OHIO

Knox County is ranked **21st of 88** ranked counties in Ohio, according to social and economic factors (with 1 being the best), placing it in the **top 25%** of the state's counties[2]

---

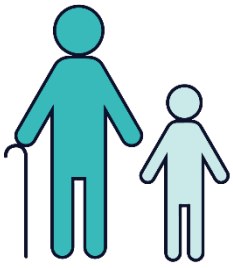
The % of males and females is **approximately equal**[3]



**50%** **50%**

**8%**

of Knox County residents are **veterans**, slightly higher than the state rate[3]



Youth ages 0-19 and seniors 65+ make up

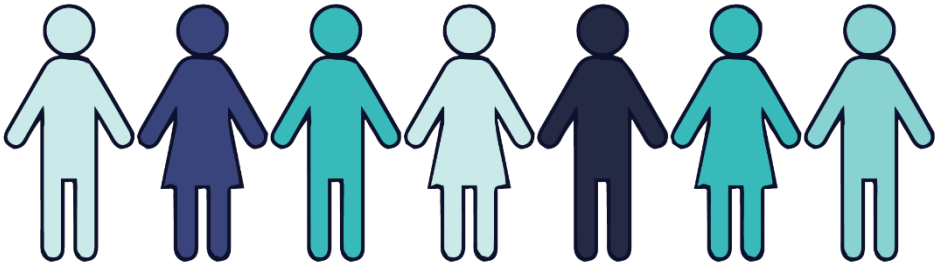
**42% of the population**

In the Knox County service area, nearly **1 in 5 residents are age 65+**[3]

---

**94%** of the population in the Knox County service area **speaks only English. 1% are foreign-born**[3,4]

The **majority (94%)** of the population in Knox County identifies as **White** as their only race[2]



**94%** WHITE RESIDENTS

**2%** HISPANIC OR LATINO RESIDENTS

**1%** BLACK/ AFRICAN AMERICAN

**0.03%** AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

**0.5%** ASIAN RESIDENTS

**0.0%** NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

**3%** MULTI-RACIAL/ OTHER RESIDENTS

---

The life expectancy in Knox County of **77.0 years is 1.4 years longer** than it is for the state of Ohio[5]

**1 in 250**

Knox County residents will **die prematurely**, which is lower than the Ohio state rate[5]

# PRIORITY HEALTH NEEDS
# FOR KNOX COUNTY

## 1 BEHAVIORAL HEALTH

Knox County has many fewer mental health providers relative to its population compared to Ohio. 41% of survey respondents say that community mental healthcare access is lacking[2]

In the community member survey, more than half (53%) of respondents reported substance use as a top health concern

## 2 ACCESS TO CARE

Knox County has **less access** to both **primary and dental care** providers than Ohio[2]

**NEARLY 1 IN 4**

Knox County area residents **did not have a routine checkup** in the past year[2]

## 3 HOMELESSNESS/HOUSING INSECURITY

67% of community member survey respondents report affordable housing as a resource needed in the community

The number of affordable and available units per 100 very-low-income renters in Knox County is only 27, vs. 44 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness[6]

STEP 1

# PLAN AND PREPARE FOR THE IMPROVEMENT PLAN (CHIP)

## IN THIS STEP, KNOX HEALTH PLANNING PARTNERSHIP:

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE CHIP
- ENGAGED BOARD AND EXECUTIVE LEADERSHIP
- REVIEWED COMMUNITY HEALTH ASSESSMENT

KNOX HEALTH PLANNING PARTNERSHIP

# PLAN AND PREPARE FOR THE 2024-2026 KNOX COUNTY IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the 2024 Knox County Community Health Assessment (CHA). (Available at https://www.knoxhealth.com/index.php/administration/knox-health-planning-partnership). Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data was collected through key informant interviews with **24** experts from various organizations serving the Knox County service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A *community member survey* was distributed via a QR code and link with **1,241** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and to identify health disparities present in the community. Finally, there were **8** focus groups held across the county, representing a total of **58** community members from priority populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs, and prioritize health needs. More detail on methodology can be found in the 2024 Knox County CHA Report.

> **The improvement plan (CHIP) deals with the "how and when" of addressing needs. While the community health assessment considers the "who, what, where and why" of community health needs, the CHIP takes care of the how and when components.**
>
> ***- Catholic Health Association***

STEP 2

# DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS

## IN THIS STEP, KNOX HEALTH PLANNING PARTNERSHIP:

- DEVELOPED GOALS FOR THE IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHA
- SELECTED INDICATORS TO ACHIEVE GOALS

KNOX HEALTH PLANNING PARTNERSHIP

# OVERVIEW
# OF THE PROCESS (CONTINUED)

## Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

The Knox Health Planning Partnership (KHPP) desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, KHPP used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Knox County Community Health Assessment (CHA).

**Figure 1: Ohio State Health Improvement Plan (SHIP) Framework**

**Equity**

Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

**Priorities**

The SHIP identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

**What shapes our health and well-being?**

Many factors, including these **3 SHIP priority factors***:

**Community Conditions**
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

**Health Behaviors**
- Tobacco/nicotine use
- Nutrition
- Physical activity

**Access to Care**
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

**How will we know if health is improving in Ohio?**

The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

**Mental Health & Addiction**
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

**Chronic Disease**
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

**Maternal, Infant & Child Health**
- Preterm births
- Infant mortality
- Maternal morbidity

**All Ohioans achieve their full health potential**
- Improved health status
- Reduced premature death

**Vision:**
**Ohio is a model of health, well-being, and economic vitality**

**Strategies**

The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

** These factors are sometimes referred to as the social determinants of health or the social drivers of health.*

Next, with the data findings from the community health assessment process, Knox Health Planning Partnership (KHPP) used the following guidelines/worksheet to choose priority health factors and priority health outcomes (worksheet/guidelines continued to next page).

# ALIGNMENT WITH PRIORITIES AND INDICATORS

**STEP 1:** Identify at least one priority factor and at least one priority health outcome.

| PRIORITY FACTORS | PRIORITY HEALTH OUTCOMES |
|---|---|
| ☑Community Conditions | ☐ Mental Health and Addiction |
| ☑Health Behaviors | ☑Chronic Disease |
| ☑Access to Care | ☑Maternal and Infant Health |

**STEP 2:** Select at least 1 indicator for each identified priority factor.

| PRIORITY FACTORS | |
|---|---|
| **COMMUNITY CONDITIONS** | |
| **TOPIC** | **INDICATOR NAME** |
| Housing Affordability and Quality | ☑Affordable and Available Housing Units |
| Poverty | ☐ Child Poverty |
| | ☐ Adult Poverty |
| K-12 Student Success | ☐ Chronic Absenteeism (K-12 students) |
| | ☐ Kindergarten Readiness |
| Adverse Childhood Experiences | ☑Adverse Childhood Experiences (ACEs) |
| | ☑Child Abuse and Neglect |
| Food Insecurity | ☐ Food Insecurity |
| Environmental Conditions | ☐ Air Quality |
| | ☐ Water Quality |
| **HEALTH BEHAVIORS** | |
| **TOPIC** | **INDICATOR NAME** |
| Tobacco/Nicotine Use | ☐ Adult Smoking |
| | ☐ Youth All-Tobacco/Nicotine Use |
| Nutrition | ☐ Fruit Consumption |
| | ☐ Vegetable Consumption |
| Physical Activity | ☐ Child Physical Activity |
| | ☐ Adult Physical Activity |
| **ACCESS TO CARE** | |
| **TOPIC** | **INDICATOR NAME** |
| Health Insurance Coverage | ☑Uninsured Adults |
| | ☑Uninsured Children |
| Local Access to Healthcare Services | ☑Primary Care Health Professional Shortage Areas |
| | ☑Mental Health Professional Shortage Areas |
| Unmet Need for Mental Health Care | ☑Youth Depression Treatment Unmet Need |
| | ☑Adult Mental Health Care Unmet Need |

# ALIGNMENT WITH PRIORITIES AND INDICATORS (CONTINUED)

**STEP 2 (continued):** Select at least 1 indicator for each identified priority health outcome.

| PRIORITY HEALTH OUTCOMES | |
|---|---|
| **MENTAL HEALTH AND ADDICTION** | |
| **TOPIC** | **INDICATOR NAME** |
| Depression | ☑Youth Depression |
| | ☑Adult Depression |
| Suicide Deaths | ☑Youth Suicide Deaths |
| | ☑Adult Suicide Deaths |
| Youth Drug Use | ☑Youth Alcohol Use |
| | ☑Youth Marijuana Use |
| Drug Overdose Deaths | ☑Unintentional Drug Overdose Deaths |
| **CHRONIC DISEASE** | |
| **TOPIC** | **INDICATOR NAME** |
| Heart Disease | ☑Coronary Heart Disease |
| | ☑Premature Death – Heart Disease |
| | ☑Hypertension |
| Diabetes | ☑Diabetes |
| Harmful Childhood Conditions | ☑Child Asthma Morbidity |
| | ☑Child Lead Poisoning |
| **MATERNAL AND INFANT HEALTH** | |
| **TOPIC** | **INDICATOR NAME** |
| Preterm Births | ☑Preterm Births |
| Infant Mortality | ☑Infant Mortality |
| Maternal Morbidity/Mortality | ☑Severe Maternal Morbidity/Mortality |

# ADDRESSING THE **HEALTH NEEDS**

The 2024 Community Health Assessment (CHA) identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked as follows through the community member survey (1,241 responses from community members).

| COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY |
|---|
| **#1 Substance use** (alcohol and drugs) |
| **#2 Housing and homelessness** |
| **#3 Access to healthcare** (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.) |
| **#4 Income/poverty and employment** |
| **#5 Access to childcare** |
| **#6 Food insecurity** (e.g. not being able to access and/or afford healthy food) |
| **#7 Adverse childhood experiences** (e.g. child abuse, mental health, family issues, trauma, etc.) |
| **#8 Crime and violence** |
| **#9 Transportation** (e.g. public transit, cars, cycling, walking) |
| **#10 Nutrition and physical health/ exercise** (includes overweight and obesity) |
| **#11 Education** (e.g. early childhood education, elementary school, post-secondary education, etc.) |
| **#12 Tobacco and nicotine use** (e.g. smoking and vaping) |
| **#13 Environmental conditions** (e.g. air and water quality, vector-borne diseases) |
| **#14 Internet/wifi access** |
| **#15 Preventive care and practices** (e.g. screenings, mammograms, vaccinations) |

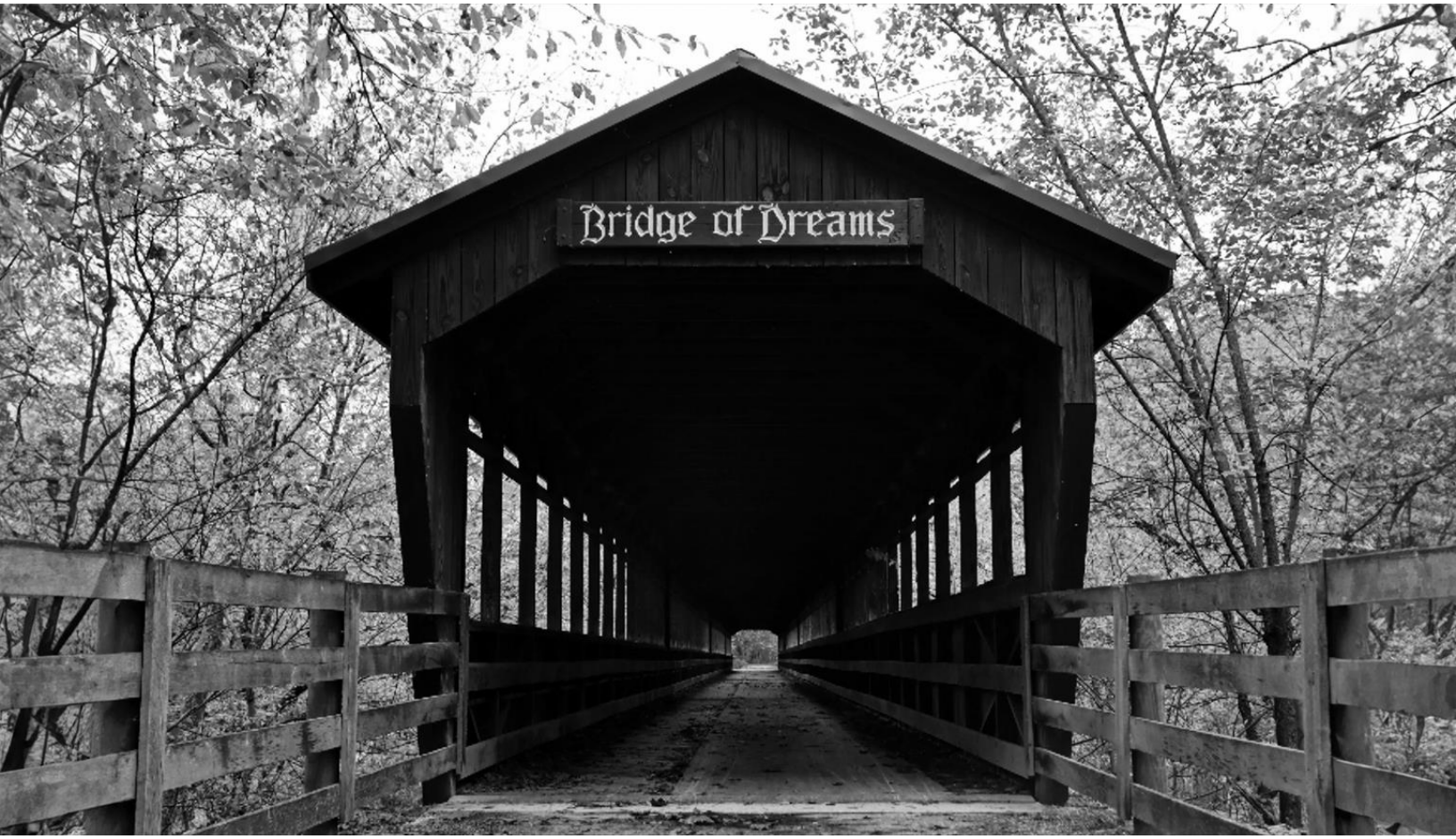
| HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY |
|---|
| **#1 Mental health** |
| **#2 Chronic diseases** (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.) |
| **#3 Maternal, infant, and child health** (e.g. pre-term births, infant mortality, maternal mortality and morbidity) |
| **#4 HIV/AIDS and Sexually Transmitted Infections (STIs)** |

# ADDRESSING THE **HEALTH NEEDS**

From the significant health needs, Knox Health Planning Partnership (KHPP) chose health needs that considered the health department and community partners' capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department and community partners' priorities.

## THE 3 PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2024-2026 IMPROVEMENT PLAN (CHIP) ARE:

**Priority Area 1: Behavioral Health**
**Priority Area 2: Access to Care**
**Priority Area 3: Homelessness/Housing Insecurity**



STEPS 3 & 4

# CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS

## IN THESE STEPS, KNOX HEALTH PLANNING PARTNERSHIP:

- SELECTED APPROACHES/ STRATEGIES TO ADDRESS KNOX COUNTY SERVICE AREA PRIORITIZED HEALTH NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN IMPROVEMENT PLAN (CHIP) REPORT

KNOX HEALTH PLANNING PARTNERSHIP

# #1 PRIORITY AREA
# BEHAVIORAL HEALTH

*(includes substance abuse, mental health, and adverse childhood experiences (ACEs))*

## STRATEGIES

| | | |
|---|---|---|
| Increase awareness of BH (behavioral health) services to help normalize and reduce stigma related to behavioral health care and increase access to care. | Collectively share information on BH resources and activities to increase awareness – college collaborations, community collaborations, and increase potential workforce. | Increase collaboration, strengthen resources, and improve access for parent support and education to reduce ACEs and increase resiliency focusing on vulnerable populations. |

## PARTNERS

| | | |
|---|---|---|
| Knox Public Health (KPH), Get Healthy Knox, 211/Pathways of Central Ohio, Behavioral Healthcare Partners (BHP), Knox County Community Health Center (CHC), Mend Psychiatry, Anew Behavioral Health, Responding to addiction class, New Directions Prevention Committee | Mental Health and Recovery for Licking and Knox Counties (MHRLK) | Knox County Head Start, New Directions, Parent Coalition (Parent Support Initiative, Touchpoints, Knox Health Planning Partnership (KHPP), Starting Point, Juvenile Court, Specialized Alternatives for Families and Youth (SAFY - POPS program), Trauma Informed Care Committee, The Freedom Center, Ohio Commission on Fatherhood |

## PRIORITY POPULATIONS

| | | |
|---|---|---|
| Parents/guardians, seniors, low-income residents | All populations | Parents/guardians, low-income residents, vulnerable populations |

**DESIRED OUTCOMES OF STRATEGIES**

- ↑ Education and awareness on mental health
- ↓ Mental health stigma
- ↑ Access to mental health and substance abuse care and support

**OVERALL IMPACT OF STRATEGIES**

- ↑ Mental health
- ↑ Quality of life
- ↓ Substance abuse
- ↓ Mental health and substance abuse emergency department visits and hospitalizations
- ↓ Overdose deaths
- ↓ Suicides
- ↓ Psychological distress and depression

**ALL KNOX COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #2 PRIORITY AREA ACCESS TO CARE

*(e.g. doctors, hospitals, specialists, medical appointments, oral/dental healthcare, vision care, mental healthcare, etc.); includes preventive care and practices, maternal, infant & child health, chronic diseases (e.g. heart disease, stroke, hypertension, diabetes, cancer and respiratory problems)*

## STRATEGIES

| | | | |
|---|---|---|---|
| Increase education about navigating the health care system, accessing programs, insurance education, and financial literacy. (When to seek care, where to receive care, and what care is needed). | Increase community education on preventive care practices through the use of multiple media outlets. | Increase the number of CHWs (community health workers) in the community across multiple organizations. | Increasing knowledge on transportation to medical care facilities including Knox Community Hospital, Knox Public Health, dialysis, urgent care. |

## PARTNERS

| | | | |
|---|---|---|---|
| High Schools, Knox County Career Center, Kenyon College, Mount Vernon Nazarene University, North Central State College, Central Ohio Technical College, United Way, Senior Centers | New Directions, Knox Community Hospital, Knox Public Health (KPH), Kno-Ho-Co-Ashland Community Action Commission Health Services | KPH, Community Health Access Project (CHAP), Area Agency on Aging, Women, Infants, and Children (WIC), Starting Point | Knox County Mobility Management, Knox Area Transit (KAT), Job and Family Services Non-Emergency Transportation (NET) Program, Station Break Transportation, Elite Medical Transportation |

## PRIORITY POPULATIONS

| | | | |
|---|---|---|---|
| 25-34 year olds, vulnerable populations (i.e. homeless, aging/elderly, disabled, low-income, un/under-insured) | Younger adults, vulnerable populations (i.e. homeless, aging/elderly, disabled, low-income, un/under-insured) | Older adults, pregnant people, infants, families with babies | Those without reliable transportation |

**DESIRED OUTCOMES OF STRATEGIES**

- ↑ Increase access and utilization of non-emergency healthcare services and existing healthcare resources
- ↑ Access to primary care, screening, and routine checkups
- ↑ Access to maternal, infant, and child healthcare
- ↓ Delayed care

**OVERALL IMPACT OF STRATEGIES**

- ↑ Health status
- ↑ Quality of life
- ↑ Prevention and management of chronic diseases
- ↓ Emergency department visits and hospitalizations
- ↓ Unmet care needs
- ↓ Premature mortality and morbidity

**ALL KNOX COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #3 PRIORITY AREA HOMELESSNESS/ HOUSING INSECURITY

## STRATEGIES

| | | |
|---|---|---|
| Policy advocacy - Create clear, data-driven resources for educating our City Council members and County Commissioners toward policy development that promotes affordable housing options. | Create a policy that makes life skill literacy attached to qualifying for affordable housing. | Create public review forum for landlords and tenants (similar to AirBnB/Uber where tenants can review landlords and landlords can review tenants). |

## PARTNERS

| | | |
|---|---|---|
| Housing Initiative, Knox County Area Development Foundation (KCADF), Housing Steering Team, Township councils, United Way, County Commissioners, Mid Ohio Regional Planning Commission, Coalition on Homelessness and Housing in Ohio (COHHIO) | Habitat for Humanity, KCADF, U.S. Department of Housing and Urban Development (HUD)/State of Ohio, Knox County Career Center, The Freedom Center, United Way, workplace CEOs, New Directions | KCADF, Landlord Association, Habitat for Humanity, Realtors Association |

## PRIORITY POPULATIONS

| | | |
|---|---|---|
| Individuals/families living in housing insecurity (>30% of income spent on housing), specifically in low-income pockets | Low-income, high-risk populations | Housing insecure renters/high risk tenants |

**DESIRED OUTCOMES OF STRATEGIES**

- ↑ Access to affordable and available housing
- ↑ Housing quality and safety
- ↑ Financial and life skill literacy

**OVERALL IMPACT OF STRATEGIES**

- ↑ Health status
- ↑ Quality of life
- ↑ Mental health
- ↓ Homelessness and precarious housing

**ALL KNOX COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# CURRENT RESOURCES
# ADDRESSING PRIORITY HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

**Access to Healthcare**
American Health Network
Centerburg Senior Services
Cleveland Clinic
CVS Pharmacy
Danville Family Dentistry
Family Urgent Care
Fosters Downtown Pharmacy
Hospice of Knox County
James Hospital
Kenyon College Health Center
Knox Community Hospital
Knox County Community Health Center
Knox County Dentistry
Knox Public Health
Kroger Pharmacy
Mid-Ohio Corporate Care
Muskingum Valley Health Centers
Ohio Health
Salvation Army of Mount Vernon
Sanctuary Community Action
Starting Point
Walmart Pharmacy
Women, Infants, and Children (WIC)

**Community & Social Services**
Centerburg Senior Services, Inc.
Churches
Food for the Hungry
Fostering Family Ministry
Fredericktown Community Foundation
Interchurch Social Services of Knox County
Kno-Ho-Co Ashland Community Action Commission
Knox Alliance for Racial Equality (KARE)
Knox County Board of Developmental Disabilities

**Community & Social Services (continued)**
Knox County Chamber of Commerce
Knox County Pride Alliance
Knox County Sheriff's Office
Knox Health Planning Partnership
Mount Vernon Diversity Club
Recreational programs
Sanctuary Community Action
Station Break Senior Center
Teen Advisory Council Youth Program
The Ariel Foundation
United Way of Knox County

**Education**
Central Ohio Technical College
Kenyon College
Knox County Head Start
Knox Educational Center
Mount Vernon Nazarene University
Ohio State University Extension Office – Knox County
Public Library of Mount Vernon & Knox County
Public schools
Spectrum Internet Assist Program

**Employment**
Knox County Department of Job & Family Services
Opportunity Knox Employment Center/Ohio Means Jobs Knox County

**Food Insecurity**
Famers' markets
Food pantries
Mid-Ohio Farmacy
SNAP (Supplemental Nutrition Assistance Program)/food stamps

**Housing & Homelessness**
Knox Metropolitan Housing Authority
New Directions Domestic Abuse Shelter and Rape Crisis Center
The Main Place
Winter Sanctuary Homeless Shelter

**Mental Health & Addiction**
Alcoholics Anonymous (AA)
Art of Recovery
Behavioral Healthcare Partners
Celebrate Recovery - Crisis Text Line
Groups Recover Together - Knox County
Knox Substance Abuse Action Team (KSAAT)
Mental Health & Recovery for Licking & Knox Counties
Narcotics Anonymous (NA)
National Alliance for Mental Illness
Project DAWN (Deaths Avoided With Naloxone)
Riverside Recovery Services
The Freedom Center
TouchPointe

**Nutrition & Physical Health**
Get Healthy Knox County
YMCA of Mount Vernon

**Transportation**
Knox Area Transit (KAT)

STEPS 5-8

# INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPROVEMENT PLAN (CHIP)

## IN THIS STEP, KNOX HEALTH PLANNING PARTNERSHIP WILL:

- INTEGRATE CHIP WITH COMMUNITY PARTNER, HEALTH DEPARTMENT, AND HOSPITAL PLANS
- ADOPT THE CHIP
- UPDATE AND SUSTAIN THE CHIP

KNOX HEALTH PLANNING PARTNERSHIP

# KNOX COUNTY
# NEXT STEPS

The Community Health Assessment (CHA) and this resulting Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This CHIP explains how Knox Health Planning Partnership (KHPP) plans to address the selected priority health needs identified by the CHA.

This CHIP report was adopted by KHPP leadership in 2024.

This report is widely available to the public on the KHPP website:

https://www.knoxhealth.com/index.php/administration/knox-health-planning-partnership

Written comments on this report are welcomed and can be made by emailing: mmeleca@knoxhealth.com.

## EVALUATION OF IMPACT

KHPP will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. KHPP is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of KHPP's actions to address these significant health needs will be reported in the next scheduled CHA.

## ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since KHPP cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, KHPP will not directly address the remaining health needs identified in the CHA, including but not limited to crime and violence, income, poverty, and employment, access to childcare, food insecurity, nutrition an physical health, environmental conditions, education, transportation, tobacco and nicotine use, internet access, and HIV/AIDS and STIs. We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that KHPP cannot independently lead in order to address the other health needs identified in the 2024 CHA.

APPENDIX A

# PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)

## MEETING THE PHAB REQUIREMENTS FOR THE CHIP

The PHAB Standards & Measures serve as the official guidance for PHAB national public health department accreditation, and include requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.

KNOX HEALTH PLANNING PARTNERSHIP

APPENDIX B:

# PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST

| PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPs | | | |
|---|---|---|---|
| **YES** | **PAGE #** | **PHAB REQUIREMENTS CHECKLIST** | **NOTES/ RECOMMENDATIONS** |
| | | **MEASURE 5.2.1 A: Engage partners and members of the community in a community health improvement process.**<br>1. A collaborative process for developing the community health improvement plan (CHIP), which includes: | |
| ✓ | 4 | a. A list of participating partners involved in the CHIP process. Participation must include: i. At least 2 organizations representing sectors other than public health. ii. At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes. | |
| ✓ | 7-22 | b. Review of information from the community health assessment. | |
| ✓ | 19-21 | c. Review of the causes of disproportionate health risks or health outcomes of specific populations. | |
| ✓ | 12-17 | d. Process used by participants to select priorities. | |
| | | The CHIP process must address the jurisdiction as described in the description of Standard 5.2. | |
| | | **MEASURE 5.2.2 A: Adopt a community health improvement plan.**<br>1. A community health improvement plan (CHIP), which includes all of the following: | |
| ✓ | 19-21 | a. At least two health priorities. | |
| ✓ | 19-21 | b. Measurable objective(s) for each priority. | |
| ✓ | 19-21 | c. Improvement strategy(ies) or activity(ies) for each priority. i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it. ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities. | A detailed work plan (living document) has been developed that included strategies, SMART objectives, annual activities, indicators, partners, and priority populations. |
| ✓ | 22 | d. Identification of the assets or resources that will be used to address at least one of the specific priority areas. | |
| ✓ | 24 | e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities. | |
| | | The CHIP must address the jurisdiction as described in the description of Standard 5.2. | |

APPENDIX G

# REFERENCES



KNOX HEALTH PLANNING PARTNERSHIP

# APPENDIX G:
# REFERENCES

[1]U.S. Census Bureau, Decennial Census, P1, 2010-2020. http://data.census.gov/
[2]County Health Rankings & Roadmaps, 2024 Data Set, http://www.countyhealthrankings.org/
[3]U.S. Census Bureau, American Community Survey, DP05, 2021. http://data.census.gov/
[4]U.S. Census Bureau, American Community Survey, K202101, 2021. http://data.census.gov/
[5]U.S. Census Bureau, American Community Survey, S0101, 2020 & 2021. http://data.census.gov/
[6]U.S. Census Bureau, American Community Survey, S1601, 2020. http://data.census.gov/

KNOX HEALTH PLANNING PARTNERSHIP

Moxley PUBLIC HEALTH

www.moxleypublichealth.com
stephanie@moxleypublichealth.com