Community Health Improvement Plan

Springdale Health Department

Adopted on 09/29/2017
Revised on 09/29/2017
Executive Summary

The Community Health Improvement Plan is intended to address priority health issues identified by the Springdale community members and community partners, and is supported by the 2016 Springdale Community Health Assessment. The plan was developed for the purpose of improving health for Springdale residents. Three health priorities were recognized by the community: Health Literacy, Access to Healthcare, and Addiction. The goals, objectives, and strategies for each health topic identified are outlined in this document.

Process Used

Springdale’s Community Health Improvement Plan was developed using features from the Mobilizing for Action through Planning and Partnerships (MAPP, NACCHO, 2000) tool, as well as elements from the Assessment Protocol for Excellence in Public Health (APEX-PH, NACCHO, 1991). Due to limited available staff and the relatively small community population, only certain components were utilized.

Community Health Status Assessment

The Community Health Assessment for Springdale was developed in 2016 to further examine the city’s health disparities through census data and community surveys (the survey was a convenience survey as opposed to a random survey). Springdale has a total population of 11,205 residents, 53% of which are female and 47% male. The largest age group in the city are those between 20-29 years old with a growing elderly population. 20.5% of Springdale citizens live in poverty, most of whom are of white race or Hispanic/Latino heritage, female, unemployed and/or do not have a
high school degree. From 2000 to 2010, Springdale’s Hispanic population grew by 450%.

A total of 139 surveys were completed via Facebook, Survey Monkey, distributed to individuals passing through the municipal building lobby, and by means of communal events such as Springdale’s Chamberlain Park Block Party. The survey participants and results, fittingly reflect the census data. High blood pressure, respiratory conditions, diabetes, and cancer were among the top health concerns identified from the survey.

Community Involvement

Each week from July 18, 2017-September 5, 2017, the Springdale Health Department hosted Community Health Improvement Committee (CHIC) meetings with the intent of obtaining input from a wide variety of community residents and partners. These meetings were open to the public.

The Community Health Assessment reflects Springdale’s population as being rich in elderly and Hispanic residents. Due to these findings, we aimed to have representatives from each demographic populace attend the Community Health Improvement Committee meetings. Our efforts to embody Springdale’s demographics were a success and have been documented.
Meeting Attendees:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Kalos</td>
<td>Meeting Facilitator</td>
</tr>
<tr>
<td>Autumn Smith</td>
<td>City of Springdale Health Department (Intern)</td>
</tr>
<tr>
<td>Becky Carrasco</td>
<td>Humana Unidos NRG</td>
</tr>
<tr>
<td>Charles N. Woode</td>
<td>The Healthcare Connection</td>
</tr>
<tr>
<td>Christi Valentini-Lackner</td>
<td>Prevention First</td>
</tr>
<tr>
<td>Dale Foley</td>
<td>Resident</td>
</tr>
<tr>
<td>Dan Gierse</td>
<td>City of Springdale Health Department (Intern)</td>
</tr>
<tr>
<td>Debra Boggs</td>
<td>City of Springdale Health Department</td>
</tr>
<tr>
<td>Denise Jones</td>
<td>Higher Ground Ministry (House of Favor)</td>
</tr>
<tr>
<td>Don Rahe</td>
<td>Crossing at the Parks/resident</td>
</tr>
<tr>
<td>Ella Jergens</td>
<td>Springdale Health Department</td>
</tr>
<tr>
<td>Greg Karle</td>
<td>City of Springdale Parks and Recreation</td>
</tr>
<tr>
<td>Jay Dennis</td>
<td>City of Springdale Parks and Recreation</td>
</tr>
<tr>
<td>Jean Hicks</td>
<td>City of Springdale Health Department</td>
</tr>
<tr>
<td>John D. Sullivan</td>
<td>The Healthcare Connection- Lincoln Heights</td>
</tr>
<tr>
<td>Keenan Riordan</td>
<td>Springdale Police Department</td>
</tr>
<tr>
<td>Kitty Wilking</td>
<td>Resident</td>
</tr>
<tr>
<td>Mahesh Bhupalam</td>
<td>Transamerica Financial Advisors</td>
</tr>
<tr>
<td>Matt Clayton</td>
<td>City of Springdale Health Commissioner</td>
</tr>
<tr>
<td>Mike Mathis</td>
<td>Springdale Police Department</td>
</tr>
<tr>
<td>Minister Dennis Bedford</td>
<td>Higher Ground Ministry (House of Favor)</td>
</tr>
<tr>
<td>Pastor Tim Kufeldt</td>
<td>Daysprings Pastor/resident</td>
</tr>
<tr>
<td>Paul Breidenbach</td>
<td>AFL-CIO</td>
</tr>
<tr>
<td>Randy Henson</td>
<td>Vineyard Cincinnati Church</td>
</tr>
<tr>
<td>Rita Hart</td>
<td>Springdale Board of Health Member/resident</td>
</tr>
<tr>
<td>Ron Fettig</td>
<td>Refugees Organization</td>
</tr>
<tr>
<td>Sallye Bonner</td>
<td>Higher Ground Ministries</td>
</tr>
<tr>
<td>Sandra Estrada M.</td>
<td>World Financial Group</td>
</tr>
<tr>
<td>Susan Wyder</td>
<td>Princeton Closet President/ resident</td>
</tr>
<tr>
<td>Tom Lindsey</td>
<td>Springdale Fire Department</td>
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</tbody>
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*Individual names and organizational affiliations are provided for identification purposes only and does not imply agreement or endorsement of the opinions expressed in this plan*
During the first two meeting thirteen health concerns were identified by the Community Health Improvement Committee. The CHIC was to number the health issues from 1-10, 1 being the most concerning, 10 being the least concerning.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Average Vote</th>
<th>Health Issue</th>
<th>Average Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Access to Healthcare</td>
<td>5.4</td>
<td>B. Mobility to Seniors</td>
<td>9.2</td>
</tr>
<tr>
<td>C. Drug Usage (opiates)</td>
<td>5.5</td>
<td>D. Lack of Availability to exercise equipment</td>
<td>5.7</td>
</tr>
<tr>
<td>E. Obesity</td>
<td>6.5</td>
<td>F. Transportation</td>
<td>7.4</td>
</tr>
<tr>
<td>G. Unhealthy home/living</td>
<td>7.4</td>
<td>H. Health Literacy (children, language, knowledge)</td>
<td>4.1</td>
</tr>
<tr>
<td>I. Mental health/wellness (stress)</td>
<td>5.9</td>
<td>J. Promoting healthy living</td>
<td>7.5</td>
</tr>
<tr>
<td>K. Inactivity</td>
<td>6.6</td>
<td>L. Isolation/lack of social interactions</td>
<td>8.5</td>
</tr>
<tr>
<td>M. Poor Diet</td>
<td>7.2</td>
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<td></td>
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</table>

It was agreed upon by the Springdale Health Department and the CHIC that many of the categories could be combined for community benefit and for ease of implementation such as incorporating the topic of healthier eating into the topic of health literacy. The top three health concerns voted on by the committee were Addiction, Access to Healthcare, and Health Literacy (see results above). Through the next several weeks of meetings, the community continued to provide their feedback on these health concerns, and how to appropriately address them.
Community Themes and Strengths and Forces of Change Assessments

The Community Health Improvement Committee developed a list of municipal strengths and weaknesses, and outlined positive and negative changes occurring in Springdale. Each of these factors could affect the Community Health Improvement Plan implementation process.

Community Themes and Strengths

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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</thead>
<tbody>
<tr>
<td>• Public Services</td>
<td>• No grocery store</td>
</tr>
<tr>
<td>– Fire Department</td>
<td>• Limited gathering areas (no downtown)</td>
</tr>
<tr>
<td>– Recreational Center</td>
<td>• Lack of hotels (operation)</td>
</tr>
<tr>
<td>– Recycling</td>
<td>• Fear of authority</td>
</tr>
<tr>
<td>– Brush pick-up</td>
<td>– i.e. Deportation</td>
</tr>
<tr>
<td>• Parks</td>
<td>• Cultural issues</td>
</tr>
<tr>
<td>• Convenient shopping</td>
<td>– i.e. Male dominant society within Hispanic and Latino cultures</td>
</tr>
<tr>
<td>• Small town feel</td>
<td></td>
</tr>
<tr>
<td>• Surrounding Hospitals/ERs</td>
<td></td>
</tr>
</tbody>
</table>

Forces of Change

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Growing population</td>
<td>• Communication/literacy with non-English speakers</td>
</tr>
<tr>
<td>• Growing schools</td>
<td>• Community (building/houses) has stopped growing</td>
</tr>
<tr>
<td>• New schools</td>
<td></td>
</tr>
</tbody>
</table>
Root Causes

The root causes for each strategic issue were outlined by community members at the Community Health Improvement Committee meetings using fishbone diagrams. Fishbone diagrams intend to use “cause and effect” brainstorming methods to better understand the issue at hand and to develop objectives and strategies for the health matter.

- Policies
  - WIC/food stamps knowledge
  - Growing fruits/vegetables at apartments
    - Working with Bureaucracy
  - Lack of cultivation knowledge
  - Affordability of growing equipment
  - Psychological support
  - Food diversity

- Process
  - Lack of affordable fruits/vegetables
  - Workshops
  - Lack of grocery stores/food
  - Community gardens?

- People
  - Senior citizens
  - Low socio-economic status
  - New residents/immigrants
  - Parents
  - Food pantries lacking fresh fruit/vegetables
  - Supplying soil/containers etc..
  - Willows Education Center

- Lifestyle
  - Environment
  - Organizations

Health Literacy
### Policies

**Disposal of needles**

- Gateways lead to addiction later

- Mostly adults

- Seniors may start with pain pills

- Hispanic community abuse more than opiates (alcohol)

- More non-residents

### Process

**Self Medication**

- Availability of heroin

- Education in schools

- Coroners office

- Police

- EMS/hospitals

### People

**Accidental OD from seniors**

- Systemic issues

- Gateway Drugs

- Peers

### Lifestyle

- Telejoint

- Environment

- Organizations

**Abuse of Opiates**

**Addiction**

### Lack of Access to Healthcare

- Do not know where to go for services

- Transportation to services

- Periodic services

- Costly

- Few mobile services

- Gateways lead to addiction later

- Mostly adults

- Seniors may start with pain pills

- Hispanic community abuse more than opiates (alcohol)

- More non-residents

### Policies

**Health Insurance**

- More health screenings

- Mens health

- Low socio-economic status

- Seniors

### Process

- No central list of resources

- Inaccuracy of free BP machines

- Lack of knowledge of availability of services

### People

- Lack of Access to Healthcare
Goals, Objectives, and Strategies

The goals, objectives, and strategies for each Springdale health concern were all discussed and outlined through the Community Improvement Committee as seen below.

Health Priority #1: Increase Health Literacy

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Lead Role and Community Partners</th>
</tr>
</thead>
</table>
| Increase opportunities for physical activities and knowledge of diet | Increase the knowledge of healthy lifestyles by 5% in Springdale’s youth by the year of 2022 | - Involve community churches  
- Semi-annual sports camps  
- Safe playing areas  
- Sponsor walks with incentives  
- Parents and children both involved with events  
- Plastic tub gardens at apartments/community gardens | - Community churches  
- Schools  
- Parks and Rec.  
- Apartments  
- Healing Center  
- Higher Ground Ministry  
- YMCA  
- Healthcare Connection  
- Local health organizations/businesses |
| Advance the usage of technology to provide Springdale residents with health information | Increase access to health related data for Springdale residents by 10% by the year of 2022 | - Cell phone application for Health Department  
- Newsletters, brochures, etc…  
- Social media |
Health Priority #2: Increase Access to Healthcare

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Lead Role and Community Partners</th>
</tr>
</thead>
</table>
| Increase Springdale’s residents confidence in utilizing health insurance | Increase the knowledge of how to obtain and how to use health insurance by 5% in Springdale residents by the year of 2022 | - Target areas of highly relevant populations  
- Newsletters, posters, brochures | - Willows Work Group  
- Springdale Health Department  
- Healing Center  
- Healthcare Connection |
| Increase Springdale’s residents confidence in utilizing healthcare services in Springdale area | Increase knowledge of where to go for health care services by 8% in Springdale residents by the year of 2022 | - Update/edit healthcare referral list  
- Provide incentives to improve involvement  
- Reach out to organizations  
- 3 educational sessions per year with target audiences  
  a) Open to non-specific populations  
  b) Have sessions in a mutual location  
- Target areas of highly relevant populations  
- Newsletters, posters, brochures | - Princeton Schools  
- Fire Department  
- Parks and Rec.  
- Su Casa  
- Compass  
- Churches (Higher Ground Ministry, Church of Naz., Catholic charities)  
- Apartment complexes (Willows, Colony)  
- Walgreens  
- Unions |
### Health Priority #3: Addiction Prevention

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Lead Role and Community Partners</th>
</tr>
</thead>
</table>
| **Prevent the Slope to Addiction** | Increase health cognition regarding addiction to promote healthy behaviors by 5% over the next 5 years  
Increase interactions between community partners and residents |  
- Provide information by educating the public and professionals about heroin and prescription drug issues  
- Build skills, connected to trust and communication  
- Education on decision making and coping mechanisms |  
- Hotel/motel committee  
- Higher Ground Ministries  
- Fire Department  
- Police Department  
- Healing Center  
- Prevention First members  
- Cincinnati Addiction Treatment (CAT) House |
| **Provide Needed Treatment to Those Suffering from Addiction** | Recruit treatment options for Springdale residents by 25% over the next 5 years |  
- Strengthen relationships with treatment providers |  
- Talbert House  
- Methadone clinic Psychologist  
- Healthcare Connection |
| **Reduce Harm Caused by Addiction** | Increase Springdale’s residents self-efficacy in following laws by 5% in the next 5 years  
Increase knowledge of harm reduction in Springdale residents by 5% over the next 5 years |  
- Increase community support and education efforts  
- Provide overdose education and prevention services |  
- DARE Officer |
Health Improvement Plan Implementation

Implementing the strategies discussed during the CHIC meetings will involve further meetings to discuss where to get started. Sub-committees will be developed for the topics of Addiction, Access to Healthcare, and Health Literacy, as to where the implementation plan will begin. The sub-committees will each have a committee chair, who is in charge of planning the meetings and delegating roles of organizations and individuals.

Timeline

Over the next five years, The City of Springdale aims to appoint implementation teams to develop the implementation plan. In the summer of the next five years, the SHD will convene a joint meeting of the three implementation teams to review progress and revise plans as needed.

Evaluation Plan

The implementation team will report progress on their Implementation Plans to the Springdale Health Department. The Springdale Health Department will then post the progress on their website allowing for reviews. The Community Health Improvement Plan and the Implementation Plans will be modified annually as needed. This will be accomplished by convening annual joint meetings of the implementation teams and Springdale Health Department to review progress.

Appendices