

Impact Objective: Increase self-management, education and awareness surrounding diabetes to create healthy behavior changes in adults.					
SMART Objective: By March 2018, the Chronic Disease Task Force will increase the number of patients completing diabetes education courses as evidenced by the increase of 2 ADA certified sites in Clark County.					
Evaluation: Evaluation will show 2 ADA certified sites.					
Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
Create an outline of tasks that need to be completed to reach the goal - how do we complete these tasks?		Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
1. Identify sites interested in becoming ADA certified		Dee Rocking Horse Staff CDTF	Complete by 6/20/2016	Letter of Intent	<ul style="list-style-type: none"> • Rocking Horse Center (RHC) • Springfield Regional Medical Center • Rocking Horse Center clinics • Mercy Memorial
2. Research the certification process - Application, staffing, cost, approval process, submit to ADA, RHC representative		Dee CDTF	Complete by 10/20/2016	Notes Letter of Intent	
3. Identify instructor(s) and Program Coordinator		CDTF	Complete by 10/20/2016	Signed MOU	
4. Identify dietician to partner with RHC		Dee RHC SRMC	Complete by 10/20/2016	Signed MOU	<ul style="list-style-type: none"> • Leslie Edmunds • CMHP Dietician
5. Identify teaching sites - Ensure that they are accessible - Spanish speakers/translators available		CDTF	Complete by 10/20/2016	Signed MOU	
6. RHC and SRMC begin internal referrals		RHC Staff SRMC Staff	By 11/1/2016	Referrals	

7. Begin teaching courses	Instructors RHC	11/2016	Course sign in sheets, other completed documents	
8. Streamline billing process and financial assistance	RHC	11/2016	Informational page on financial assistance	
9. Community Education - Press release, local media outreach, social media	CCCHD PIO CDTF Local Media Outlets	12/2016	Press releases, social media posts, articles	
10. Repeat process for site expansion	CDTF	When ready		

Impact Objective: Positively impact the health and wellness of children with asthma by decreasing the number of asthma attacks serious enough to require emergency room services by identifying and reducing the number of environmental triggers in the patient housing AND by enhancing clinical care by providing information on those triggers to the clinical care providers.

SMART Objective: By March 2019, the Chronic Disease Task Force will decrease the number of asthma attacks that require emergency room services or treatment by implementing home-based environmental assessments/interventions.

Evaluation: Increased number of clinical care provider-ordered home-based environmental assessments and decreased number of emergency room visits.

Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
Create an outline of tasks that need to be completed to reach the goal - how do we complete these tasks?		Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
1. Research current practices	a) Review successful evidence-based practices	Group Anne Kaup-Fett	Complete by Dec 2016		
	b) Review existing CCCHD assessment	Anne Kaup-Fett	Complete by Aug 2016	Attend meeting Update checklist and form	<ul style="list-style-type: none"> Anne - attend Healthy Homes mtg in Cincy on 06-09-16. Anne - updated CCCHD checklist and report form.
	c) Produce a map overlay showing schools in identified zip codes.	Anne Kaup-Fett	Complete by Dec 2016	Provide map	<ul style="list-style-type: none"> Gabe Jones ASAP
	d) Review existing physician/hospital procedures	Jessica Saunders Deb Jacobs	Complete by Dec 2016	Provide data Provide info on coding practices	<ul style="list-style-type: none"> Jessica - compare ER data from Dayton Childrens with ER data from Spfd. Regional. Deb - check on "coding" practices at Spfd. Regional to ensure proper asthma diagnoses.

<p>2. Engage strategic partners to develop an effective home-based environmental assessment program</p> <ul style="list-style-type: none"> a) Local physician(s) b) Springfield Regional Medical Center – Deb Jacobs c) Rocking Horse Center d) Ohio Valley Surgical Hospital e) CCCHD f) Dayton Children’s Hospital g) RAPCA – Kelli Steward h) ThinkTV i) WSU Center for Healthy Communities / School of Nursing j) School Nurse – School-Based Asthma Therapy <p>Group will meet bimonthly to assess program on the same day each month for easier meeting.</p>	<p>Group Deb Jacobs</p>	<p>Complete by Dec 2016</p>	<p>Provide list</p> <p>Provide written policy for home-based environmental assessment</p> <p>Provide written inspection form and report form</p>	<ul style="list-style-type: none"> • Deb – compile a list of “champions” in identified clinics and physicians offices. • Ensure that existing documents include needed information.
<p>3. Implementation</p> <ul style="list-style-type: none"> a) Identify target audience by age group & area b) Determine best way to contact and persuade “Champions” c) Provide referral system for care providers d) Determine if a release form is needed. e) Conduct assessments f) Provide assessment reports to care providers g) Facilitate environmental remediation, if possible h) Conduct follow-up activities, such as a follow-up visit, to check on progress and provide, as much as possible, needed services or materials. 	<p>Group</p> <p>Deb, Anne and Samantha</p> <p>Jessica</p> <p>Anne (contact Susan Bayliss)</p> <p>Anne and Samantha</p>	<p>Complete by Dec 2016</p> <p>Complete by Dec 2016</p> <p>Complete by Dec 2016</p> <p>Complete by Dec 2016</p> <p>Start By January 2017</p>	<p>Identify target audience via clinic/physician lists or maps</p> <p>Decide on one or more contact methods</p> <p>Provide usable referral system for care providers</p> <p>Conduct assessments, collect data, and provide recommendations</p>	<ul style="list-style-type: none"> • 1° audience = children • 2° audience to fulfill SMART objective = other age groups as requested • Jessica – will provide a copy of the “referral guideline from Dayton Children’s.
<p>4. Evaluation</p> <ul style="list-style-type: none"> a) Solicit feedback to evaluate program and assure that goals of program are being met 	<p>Group Anne and Samantha</p>	<p>Complete by Mar 2019</p>	<p>Collect and record data for research purposes</p>	

b) Compare Clark County and Montgomery County data for research purposes				<ul style="list-style-type: none">• Consideration of feedback mechanisms incorporated in IAQ report
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Impact Objective: Positively impact the health and wellness of children with asthma by decreasing the number of asthma attacks serious enough to require emergency room services by identifying and reducing the number of environmental triggers in the patient housing AND by enhancing clinical care by providing information on those triggers to the clinical care providers.

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1. Research current practices					
a) Review successful evidence-based practices		Group Anne Kaup-Fett	June 2016 June 2016		<ul style="list-style-type: none"> Anne - attend Healthy Homes mtg in Cincy on 06-09-16.
b) Review existing CCCHD assessment		Anne Kaup-Fett	June 2016	Attend meeting	<ul style="list-style-type: none"> Anne - updated CCCHD checklist and report form.
				Update checklist and form	<ul style="list-style-type: none"> Anne – will do ASAP
c) Ask Gabe to produce a map overlay showing schools in identified zip codes.		Anne Kaup-Fett	July 2016	Provide map	<ul style="list-style-type: none"> Jessica - compare ER data from Dayton Childrens with ER data from Spfd. Regional.
d) Review existing physician/hospital procedures		Jessica Saunders Deb Jacobs	July 2016	Provide data	<ul style="list-style-type: none"> Deb - check on "coding" practices at Spfd. Regional to ensure proper asthma diagnoses.
				Provide info on coding practices	
2. Engage strategic partners to develop an effective home-based environmental assessment program		Group Deb Jacobs	July 2016	Provide list	<ul style="list-style-type: none"> Deb – compile a list of "champions" in identified clinics and physicians offices.
a) Local physician(s)					
b) Springfield Regional Medical Center – Deb Jacobs					
c) Rocking Horse Center				Provide written policy for home-based	

<ul style="list-style-type: none"> d) Ohio Valley Surgical Hospital e) CCCHD f) Dayton Children’s Hospital g) RAPCA – Kelli Steward h) ThinkTV i) WSU Center for Healthy Communities / School of Nursing j) School Nurse – School-Based Asthma Therapy 			<p>environmental assessment</p> <p>Provide written inspection form and report form</p>	<ul style="list-style-type: none"> • Ensure that existing documents include needed information.
<p>3. Implementation</p> <ul style="list-style-type: none"> a) Identify target audience by age group & area b) Determine best way to contact and persuade “Champions” c) Provide referral system for care providers d) Determine if a release form is needed. e) Conduct assessments f) Provide assessment reports to care providers g) Facilitate environmental remediation, if possible h) Conduct follow-up activities, as requested. 	<p>Group</p> <p>Deb, Anne and Samantha</p> <p>Jessica</p> <p>Anne (contact Susan Bayliss)</p> <p>Anne and Samantha</p>	<p>June 2016</p> <p>July 2016</p> <p>July 2016</p> <p>July 2016</p>	<p>Identify target audience via clinic/physician lists or maps</p> <p>Decide on one or more contact methods</p> <p>Provide usable referral system for care providers</p> <p>Conduct assessments, collect data, and provide recommendations</p>	<ul style="list-style-type: none"> • 1° audience = children • 2° audience to fulfill SMART objective = other age groups as requested • Jessica – will provide a copy of the “referral guideline from Dayton Children’s.
<p>4. Evaluation</p> <ul style="list-style-type: none"> a) Solicit feedback to evaluate program and assure that goals of program are being met b) Compare Clark County and Montgomery County data for research purposes 	<p>Group</p> <p>Anne and Samantha</p>		<p>Collect and record data for research purposes</p>	<ul style="list-style-type: none"> • Consideration of feedback mechanisms incorporated in IAQ report

Impact Objective: Fluoridate the community water supply / Decrease the number of Clark County residents with poor oral health.					
SMART Objective: By March 2018, the Chronic Disease Task Force will decrease the number of Clark County residents with tooth decay leading to extraction as evidenced by the fluoridation of the public water supply.					
Evaluation: Fluoridation of community water supply.					
Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
Create an outline of tasks that need to be completed to reach the goal. a) How do we complete these tasks?		Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
1. Research and development <ul style="list-style-type: none"> Collect data Facts and myths Developing infographic and/or fact sheet Discussions with local businesses in seek of support 		CCCHD CCCHD Intern	May – August 2016	Infographic/Fact Sheet Compiled data	<ul style="list-style-type: none"> Intern has started working on data collection and developing materials CCCHD Board of Health voted to support the task force in this effort.
2. Contact local manufactures regarding impact of fluoride on business processes <ul style="list-style-type: none"> Intern sets up appointments 		CCCHD CCCHD Intern	May – September 2016	Notes from meetings	
3. Create marketing plan for distribution of outreach materials, presentations, etc.		Task Force Members	July –August 2016	Notes from meetings	
4. Utilize research and development materials to conduct outreach <ul style="list-style-type: none"> Businesses, Civic Groups, etc. Social Services Professionals Which groups are on board to support the effort? Which groups need more education? 		Task Force Members	September 2016- January 2017	Outreach materials	

<p>5. Utilize research and development materials to conduct education</p> <ul style="list-style-type: none"> • Professionals • Social Services • Businesses, civic groups, etc. • General public 	<p>Task Force Members CCCHD Intern</p>	<p>January 2017- May 2017</p>	<p>Educational materials Photos of outreach efforts</p>	
<p>6. Fluoridation ordinance in front of city commission</p>	<p>Task Force Members CCCHD Health Commissioner</p>	<p>July 2017</p>	<p>Copy of fluoridation ordinance</p>	
<p>7. Fluoridation ordinance on the ballot for vote</p>	<p>City Commission Task Force Members</p>	<p>November 2017</p>	<p>Meeting Agenda</p>	

Impact Objective: Increase care coordination for Congestive Heart Failure patients.					
SMART Objective: By March 2018, the Chronic Disease Task Force will decrease the number of readmissions among unaffiliated Congestive Health Failure patients within 30-90 days of discharge as evidenced by the establishment of Primary Care Providers/Medical Homes for 50% of patients.					
Evaluation: Documentation will show the establishment of Primary Care Providers/Medical Homes for 50% of patients.					
Process Objectives	Related Activities	Person/Agency Responsible	Specific Dates	Evaluation Measures	Notes
Create an outline of tasks that need to be completed to reach the goal. b) How do we complete these tasks?		Who is responsible for each activity?	What is our timeline?	How will we know we've completed each task?	Keep track of progress and any other notes here.
1) Collect data <ul style="list-style-type: none">Number of patients discharged with CHFHow many have a PCPHow many don't have a PCPWhat are the admission criteriaWhat are the discharge criteria		Marianne Potina/CMHP	June 2016 – August 2016	Data	
2) Establish Case Manager for CHF patients		Springfield Foundation	August 2016 – October 2016	Position Description	
3) Establish procedure for CHF patients <ul style="list-style-type: none">At admission call designated person at RHC1 physicians has two spots/weekMake a home health referral		Task Force Members	October 2016 – February 2017	Written policy/procedure for CHF patients	
4) Track metrics <ul style="list-style-type: none">WeightMedication complianceSymptoms		Case Manager	February 2017 – March 2018	Tracking materials/data	
5) Track readmissions <ul style="list-style-type: none">30, 60 and 90 days		Case Manager	February 2017- March 2018	Tracking materials/data	