



ERIE COUNTY  
DEPARTMENT OF HEALTH

# Erie County Department of Health

## Strategic Plan

2012-2015

**Erie County Department of Health  
Strategic Plan  
Table of Contents**

Introduction.....3

Vision, Mission, and Values.....3

Methodology.....4

Assessments.....5

Community Health Assessment

Community Themes

Forces of Change—Identification of External Sources of Impact on the ECDH

Local Public Health System Assessment

Analysis of Strengths, Weaknesses, Opportunities and Threats.....13

Strategic Priorities.....15

Strategic Issues .....17

Strategic Plan.....Appendix 1

Community Health Improvement Plan.....Appendix 2

Table of Strengths, Weaknesses, Opportunities and Threats.....Appendix 3

Contributors.....Appendix 4

## **Introduction**

As part of its ongoing commitment to high quality public health services to the residents of Erie County, the Erie County Department of Health (also referred to as ECDH or “the Department”) has updated its strategic plan to achieve goals and objectives in an effort to enhance community health over the next three (3) years. The goals and objectives of the plan encompass internal mechanisms to enhance performance, programmatic issues that include environmental health, chronic disease, wellness, and prevention as well as the infrastructure critical to the future provision of public health services. As described throughout this document, the goals and objectives as well as action steps and the timeframe are based upon: previous experience; the 2011 Erie County Health Profile; the 2012 Community Health Needs Assessment; an analysis of strengths, weaknesses, opportunities and threats; and resources available to carry-out the Plan (Appendix 1).

The Department designed and has been committed to a process that has engaged local health care providers and representatives of numerous other area agencies. While referenced throughout this discussion, the process is depicted on pages 6-8.

## **Vision, Mission and Values**

The Vision, Mission and Values help to lay the foundation upon which the Plan is based. The Vision expresses ideal state to which the Department aspires. The Mission communicates purpose and the Values are the principles that will guide the Department with regard to its commitment to the community, the quality of services it provides, the manner in which it treats people and, finally, its work norms. The following Vision, Mission and Values have been adopted:

### **Vision**

*The people of Erie County enjoy good health in a safe and healthy environment.*

The above was selected to communicate how the ECDH and the community will look in the future. It is the ideal state, which the Agency aspires to create. The process for developing this Vision involved the County Executive and Director of Administration of Erie County, the Board

of Health, Steering Committee, the ECDH Management Group and Staff with finalization by Management.

### Mission

*To preserve, promote and protect the health, safety and well-being of the people and the environment of Erie County.*

This abbreviated, yet purposeful, version of the Department's previous Mission provides a clear statement of why it exists and the value it brings to the community.

### Values

*Collaboration: We value our culture of participation, building strong partnerships across our agency and within our community.*

*Integrity: We are committed to operating in a manner so that the agency is perceived to be credible, reliable and one on which the community can depend.*

*Ethical: We are accountable, moral and just to ourselves, each other and the public we serve.*

*Quality: Through our individual and collective efforts, we deliver excellence and high value programs and services.*

*Equality: We treat all persons – colleagues and clients – with respect, transparency and sensitivity.*

The Values were agreed upon as principles that should guide the service of the Department to the community. They are the underlying assumptions with regard to delivering quality programs, the manner in which clients are treated and the norms by which staff will conduct its work.

### Methodology

The Department applied a modified version of the Mobilizing for Action and Planning Partnerships (MAPP) process in the development of its strategic plan. MAPP is a community-driven interactive strategic planning process that consists of four assessments to identify community health opportunities and challenges to improve community health. These

assessments include a Community Health Assessment, Identification of Community Themes, Forces of Change, and a Local Public Agency Service Assessment. A Steering Committee provided guidance and assisted by conducting sections of the strategic assessments. Staff of ECDH also assisted throughout the initiative. The MAPP Roadmap is shown in Figure 1.

The planning process included an exercise whereby key participants provided their perceptions of strengths and weaknesses of the Department as well as opportunities and threats – external to the Department – that warrant due consideration in planning for the future. Pages 13-15 present an analysis of the SWOTs; see Appendix 3 for a complete tabulation. Additionally, see page 11 for a discussion of Forces of Change, which opportunities and threats help to inform, and pages 15-16 for a discussion of the Community Health Improvement Plan (Appendix 2).



Figure 1: MAPP Roadmap; Source: National Association of County and City Health Officials

The following table provides a summary of the meetings of respective groups involved in the development of the Vision, Mission, Value Statements and SWOTs.

**Erie County Department of Health**  
**Summary of Process to Develop Vision, Mission, Value Statements and SWOTs**  
**June – November 2012**

When	Who	What
June 28	Board of Health	Meeting with members of the Board of Health to share the who, what, and why of the strategic planning process.
August 8	Director	Meeting of Consultant and Director to address strategic plan, community health assessment and community health improvement plan
August 23	County Administration	Meeting with the County Executive and Director of Administration to obtain input on the Vision and Mission of the ECDH and to address the question – in the form of Opportunities and Threats: “What will be happening in the next 3-5 years that will change the operations of ECDH?”
August 28	Management Group	Orientation of the Managers (Executive Staff), including definitions and examples of: Vision, Mission, and Value Statements. The Group initiated its development of Vision, Mission, and Value Statements for the ECDH.
September 25	Management Group	The results of previous discussions were presented to and reviewed by the Management Group. Additionally, the SWOTs was initiated whereby the Managers identified issues that they perceive to be strengths and weaknesses as well as environmental or external issues that are deemed likely to present opportunities and threats to the ongoing operations of the ECDH.
October 2	Staff-at-Large	Two (2) sessions were held at which time Staff considered and/or proposed amendments to the Vision, Mission and Value Statements that had been drafted by the Management Group. Further, the above-referenced SWOTs activity was conducted whereby Staff was provided their perceptions of strengths, weaknesses, opportunities and threats.
October 23	Management Group	The Vision, Mission and Value Statements (reflecting the preferences of each group) and SWOTs (combining those which were itemized by County Administration, the Management Group, Staff and Stakeholders) were presented to the Management Group. Edits were made.
October 25	Board of Health	Results of all of the above were presented to the Board of Health.
November 13	Management Group	Meeting at which the Group began to formulate goals, objectives, actions, timeframe – all based on the results of the process to-date.

**Erie County Department of Health**  
**Summary of Community Health Needs Assessment Process**

When	Who	What
Sept. 21, 2011	CHNA Steering Comm.	CHNA organizational meeting ; Continued BRFSS planning
Nov. 16, 2011	CHNA Steering Comm.	Identified five community wide focus groups - three rural locations, one Erie City, and one Erie County; Continued planning the BRFSS
March 21, 2012	CHNA Steering Comm.	BRFSS results were reviewed
March 26, 2012	CHNA Steering Comm.	Meeting was dedicated to identifying five appropriate questions for the focus groups
March 29, 2012	North East, PA community leaders and residents	Conducted the Northeast County focus group
April 12, 2012	Girard, PA community leaders and residents	Conducted the West County focus group
April 16, 2012	Corry, PA community leaders and residents	Conducted the Southeast County focus group
April 18, 2012	CHNA Steering Comm.	Discussed content of assessment; reviewed preliminary focus group results; identified two populations for targeted
May 1, 2012	Erie City, PA community leaders and residents	Conducted the Erie City focus group
May 3, 2012	Erie County, PA community leaders and residents	Conducted the Erie County focus group
May 9, 2012	Refugee, immigrant, migrant worker interpreters	Conducted the first of two targeted population focus group
May 16, 2012	CHNA Steering Comm.	Reviewed the results of completed focus groups; Discussed what type and which source of hospital utilization data should be used for the needs assessment
June 25, 2012	CHNA Steering Comm.	Focus group results were updated; Hospital utilization data to be included in the assessment was selected
June 26, 2012	African American females	Conducted the second of two targeted population focus group
July 23, 2012	CHNA Steering Comm.	Reviewed drafts of the needs assessment; Scheduled two meeting dates to complete SWOT and health issue prioritization

Aug. 13, 2012	CHNA Steering Comm.	SWOT analysis; Part I of prioritization process
Aug. 16, 2012	CHNA Steering Comm.	Part II of prioritization process
Aug. 27, 2012	CHNA Steering Comm.	Reviewed prioritization outcomes; reviewed themes identified in the focus groups; selected a date for the large community forum presentation of the community health needs assessment
Sept. 24, 2012	CHNA Steering Committee	Identified four Strategic Health Issues for Erie County; identified community organizations to invite as partners in the CHIP; reviewed plans for the large community forum
Oct. 15, 2012	CHNA Steering Comm.	Reviewed the agenda for the large community forum; reviewed the power point presentation for the large community forum; considered next steps for community
Oct. 22, 2012	Erie County community leaders and residents	Large group community forum; presentation of assessment results to the community at large
Dec. 11, 2012	CHNA Steering Comm. and community partners	Organizational meeting to begin health improvement planning and implementation for Erie County

## Assessments

### Community Health Assessment

The development of the Community Health Assessment was led by the Department and involved numerous representatives of the community. Data for the report were collected from multiple sources including Bio-statistics of ECDH, the Pennsylvania Department of Health, the U. S. Census, along with adult and youth Behavioral Risk Factor Surveillance System (BRFSS)<sup>1</sup> surveys. The Community Health Assessment sets forth the demographics, health and disease indicators, and environmental measures, along with an analysis of the corresponding statistics. Statistics are derived from the years 2008 to 2010. See Appendix 2, pages 5 – 13, for a complete report and assessment of the status of the community’s health. Below are some of the salient facts from the Assessment:

- Socioeconomic, racial, ethnic, and gender disparities remain a clear and overarching challenge to improving community health among the residents of Erie County.

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<sup>1</sup> Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System 2011 Annual Survey*. Atlanta: Office of Surveillance, Epidemiology, and Laboratory Services.

- Erie County continues to experience an increase in racial and ethnic diversity with 88.2% White, 7.2% Black, and 3.4% Hispanic of either race.
- The “resettled refugee” population, in Erie County, continues to increase. From October 1, 2010 to September 30, 2011, Erie County received 26% (790) of the 3,026 newly arrived Pennsylvania refugees, making it the single largest resettlement community in the Commonwealth that year.
- 17.4% of the residents live below the poverty level. Racial and ethnic disparities of those living below the poverty level are evident with 14.4% White, 44.7% Black, and 31.6% Hispanic. 24.7% of those residents were under the age of 18.
- From 2008-2010, the infant mortality rate in Erie County was 9.2 deaths per 1,000 live births (7.1, White; 25.4, Black) as compared to 7.3 deaths per 1,000 live births in Pennsylvania.
- The leading cause of death was heart disease.
- Erie County residents had higher levels of chlamydia, giardiasis, chronic hepatitis b, salmonellosis, and tuberculosis than did the State and/or Nation. A higher level of tuberculosis infections was found in newly resettled refugees.
- Chronic disease prevalence in Erie County is comparable to State and national standards.
- In areas where the County, State, and nation conducted the same measurements, Erie County preventative health practice statistics are comparable. With respect to annual mammograms and flu shots, Erie County statistics exceed those in Pennsylvania and the nation.
- Five food deserts were identified in Erie County: three in the City of Erie, one in Albion, and one in Edinboro.
- With respect to risky health behaviors, Erie County exceeds the State and nation in binge drinking and smoking. Consumption of fruit and vegetables is significantly lower (less than half) than State and national rates as is the amount of exercise performed.
- With regard to healthy behaviors, Erie County teens have tried alcohol less than other teens in Pennsylvania and the nation. More adults are using seatbelts (83% of Erie County residents as compared with 77% in the State) and more have quit using tobacco than in prior years.
- Overweight and obesity rates, 36% and 29% -- respectively, are comparable to those at the State and national levels.

- 19% of adults have been diagnosed with a depressive disorder at some point in their lives; 17% have been diagnosed with an anxiety disorder; 32% report being worried about money; 36% of youth (grades six through twelve) reported feeling depressed or sad most days during the past year (2009 Erie County Pennsylvania Youth Survey) compared with 32% at the State level.
- Statistics regarding quality of life are comparable to those of the State and nation.
- Based on available data, health care access for residents was comparable to the State and nation with the exception of the uninsured population, with the nation being reported at 18% and the County and State 13% and 14%, respectively. The portion of residents utilizing Medicaid was higher in Erie County (22%) as compared with the Pennsylvania (17%).

### Community Themes

Community themes were identified using face-to-face communication in the form of focus group activities. Seven (7) focus groups were held throughout the County. One large (1) session was conducted to obtain information from groups representing various agencies. Four (4) smaller group sessions were conducted in locations throughout the County (Corry, Erie, Girard, and North East). Two (2) targeted focus groups were conducted with residents; one (1) group included the “English as a Second Language” population of immigrants, migrant workers, and refugees, the other was comprised of African American women.

All defined health holistically as a combination of mind, body, and spirit. Common themes identified included lack of personal and community resources such as health insurance, ability to pay for services and supplies, transportation, dentists who provide care to the uninsured and underinsured, low health literacy, and lack of culturally and linguistically competent care. The groups identified the need for a central source of information and programming. All recognized the importance of education in attaining and maintaining a healthy lifestyle.

Members of the targeted population set indicated that their respective cultural groups practice a “navigator” approach to obtaining necessary services. Trust of providers and the health care system was identified as an essential component of wellness. The African-American group identified involvement and engagement of community leaders as a necessity for achieving a healthy community.

### Forces of Change—Identification of External Sources of Impact on the ECDH

Forces of change are important because they impact, either directly or indirectly, the health and quality of life in the community and the overall effectiveness of a local health department. Public health is constantly affected by the outside world. In developing strategic thinking, consideration must be given to determine how these forces will affect programs and organizations. Thus, participants were asked to identify those forces they believe will affect public health and the health of the community over the next five years. This assessment was conducted with the input of ECDH staff and community members who represented various organizations. The Steering Committee for the Community Health Needs Assessment was provided a list of questions for consideration. Responses were elicited using facilitated discussion. The Committee identified community and personal health on a holistic level with consideration and concern regarding the impact of external forces on mind, body, and spiritual wellness.

Briefly, members of the Committee anticipate that the local public health system will be required to do more with less, an increase in collaboration among community members will be essential, and community efforts must focus on selected health indicators. Migration, into and out of the community, will impact changes in the ethnic makeup of the population. External forces such as legislation (Health Care Reform Act), technology, politics, the economy, the environment, and ethics are seen as moderators of some of the changes. Specific local issues that have been identified include an aging population, the influx of refugees, a high poverty rate, and economic uncertainty due to possible loss of local employers. The implementation of electronic health records throughout existing health delivery systems is expected to have the potential to influence decisions that will affect population health. As mentioned, County Administration, the Board of Health as well as Staff also contributed to this assessment in the form of the SWOT analysis. A common theme among all groups was the need for collaboration and partnership throughout the community to organize and deliver services.

### Local Public Health Agency Service Assessment

There are many organizations within Erie County that provide a wide range of public health-related services, programs, and opportunities for residents of the County. Nine community organizations, including law enforcement and education, have partnered to address tobacco

issues within the county. They include: Greater Erie Community Action Committee, Coalition Pathways, Community Health Net, Stairways Behavioral Health, Millcreek Township Police Department, the American Cancer Society, Harborcreek School District, Lake Erie College of Osteopathic Medicine School of Pharmacy, and the Erie County Department of Health which is also the regional program manager for the Northwest Pennsylvania Tobacco Control Program.

The Junior League of Erie offers a hands-on “Kids in the Kitchen” nutrition program and also partners with the Erie County Department of Health, the Regional Chamber and Growth Partnership, the Second Harvest Foodbank of Northwest PA, the Sisters of Saint Joseph Neighborhood Network, and other community organizations on the Access to Healthy Foods Committee.

Nutrition and physical activity are addressed by the YMCA, LifeWorks Erie, the Wellsville Program, the Penn State Cooperative Extension, the Erie County Diabetes Association, Early Connections (an early childhood focused organization), Kid’s Cafes, individual hospital health and wellness initiatives, and individual health plans and insurance providers. Physical activity is the focus of the Erie Walks Initiative and the Let’s Move Outside: Erie County Recreational Passport Initiative. Additionally, Erie County offers over six hundred recreational and nutritional opportunities which are listed under the Bundle Up! Program, the Eat Fresh! Program, the Go Fish! Program, the Go to (Sports) Camp! Program, the Golf! Program, the Join! Program, the Lace Up! Program, the Play at the Park! Program, the Play in the Water! Program and the Roll! Program.

Over thirty community organizations, including the American Heart Association, the Erie County Diabetes Association, and the American Cancer Society, focus on prevention and treatment of heart disease, hypertension, diabetes, and cancer. Additionally, the Erie County Cancer Task Force, with members representing both health care and health prevention organizations, focuses on cancer health literacy.

Currently, there are twenty-four organizations and facilities within Erie County that address alcohol and drugs, twenty-six organizations and facilities that provide emergency and crisis intervention, sixty-nine organizations and facilities that address a variety of health concerns,

twenty-six organizations that provide information and referral services, six organizations that address language and communication problems, and thirty organizations and facilities that provide mental health and mental retardation services.

As part of its community programming, the United Way of Erie County hopes to identify and implement a community health initiative aligned with the Community Health Assessment. The Erie Community Foundation, which offers competitive grants to community groups, has introduced Erie Vital Signs, a website that includes health statistics, as a tool for grant seekers. A School Based Health Center has opened in an inner city school, the Pathways Program for diabetes control and prevention is in progress within the Erie community, General Electric Transportation has introduced a collaborative initiative to focus on health literacy and health cost containment, and Gannon University, an urban school, focuses efforts on the inner city neighborhoods surrounding its campus.

### **Analysis of the Strengths, Weaknesses, Opportunities and Threats**

A SWOTs analysis is integral to the strategic planning process in that it provides a structured tool for individuals to consider the strengths and weaknesses internal to the organization and opportunities and threats outside of the organization. SWOTs were identified by asking questions, such as, though not limited to:

- What is the financial picture? What are the Department's resources, assets and opportunities?
- How is the Department doing? What are its strengths and weaknesses? Are internal processes meeting the needs of its clients?
- What is going on at the state and national levels that may impact the Department/community?
- What is the capacity of the Department to do the work now and in the future? What types of learning and growth are important to Staff as well as for the Department?

Identification of the SWOTs helped to form the strategic issues. Through a facilitated process, County Administration and Management and Staff of the Department offered their perceptions of *strengths* – characteristics of the Department that give it an advantage; *weaknesses*, which place

the Department at a disadvantage; *opportunities* or external chances to improve performance; and *threats* – those elements in the external environment that pose difficulty to the Department.

To assist with the analysis and creating the foundation from which goals would be developed, SWOTs were broadly categorized by: Human Resources, Programs/Services, Community/Client-Related, Organizational, Financial, Regulatory and Other. The following discussion represents selected SWOTs that came out as significant and helped to provide the basis for many of the Plan's objectives:

*Human Resources* – The professionalism and the commitment of the Staff were repeatedly identified as strengths. As is sometimes the case, when, obtaining the perceptions, staff satisfaction was deemed by some to be strength while the lack of staff satisfaction was cited as a weakness. Concern was expressed about the lack of opportunities for staff development and, specifically, funds for graduate work. “Cross-training” (i.e., the lack of) was distinguished as a weakness just as it was mentioned as an opportunity. Given the *Financial* threats, addressed below, it is worth noting that one of the most specific weaknesses cited within the *Human Resources* category was “lack of professional grant writers.”

*Programs and Services* – While the Department is deemed to exhibit numerous strengths and limited weaknesses in this category, numerous opportunities and threats were identified. This fact is key in relation to the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) and, further, the foundation for Goal 2 of the Plan (“To improve the health status of the population”) and its corresponding objectives and actions. For example, several of the strategic issues brought forward by the CHA – such as lifestyle behavioral change chronic disease prevention and control – may, in fact, be impacted by expansion of community education (cited as an opportunity). Thus, among the objectives of the above-referenced goal is to implement health promotion and education strategies of the CHIP. See Appendix 2 for CHIP.

*Community/Client-Related* – This is another category of numerous strengths and few weaknesses for the Department. However, it is a case in which strengths are also seen as opportunities and, thus, should be exploited. While some consider the Department to have strong relationships with the community, numerous related opportunities were mentioned, such as, though not limited to: collaborations with other agencies, partner with external organizations, strategic alliances. This

is another example, in analysis of the SWOTs, it was natural to consider the *Financial* category. As funding is already limited and there is the threat of further budget reductions, it is incumbent upon the Department to engage the community – at large as well as providers of services. In fact, among the objectives of Goal 3 (“...a highly functioning public health system...”) is that of developing a group of community agencies that will assume responsibility for implementing the CHIP. While the Department is poised to lead the effort, the participation of other agencies is essential.

*Financial* – Limited funding/budget reductions and the fact that other agencies may be applying for the same grants were cited as threats, while private funding and grants were cited as opportunities. As seen in the details of this Plan, Goal 1 (“To improve the ability of the Erie County Department of Health to carry out its Mission”) has a related objective to secure diverse and sustainable funding; one of the actions, required to achieve that objective is that of conducting a public awareness campaign, as a lack of understanding of what public health does was cited as a weakness.

Again, the SWOTs have provided a framework for organizing and considering the information that informed the larger picture. The results of the SWOTs were critical to determining the issues for which goals and objectives have been developed – the focus of the Department’s efforts for the next 3 years. A table of the SWOTs, by category, can be found in Appendix 3.

### **Strategic Priorities of the Community Health Improvement Plan**

Led by the Erie County Department of Health, a Steering Committee consisting of staff of the ECDH, leadership of acute care hospitals, Community Health Net (the federally qualified health center serving Erie County), the Erie Community Foundation, Highmark Corporation, and the Northwest Pennsylvania Area Health Education Center participated in the 2012 Erie County Health Needs Assessment. Page 3 of Appendix 2 lists partners and stakeholders. The various exercises conducted in the assessment yielded identification of Strategic Issues and Priority Indicators. Four strategic issues were identified: Lifestyle Behavior Change, Chronic Disease Prevention and Control, Cancer Prevention and Early Detection, and Mental Health.

The strategic issues and their corresponding priority indicators are shown below.

#### *Lifestyle Behavior Change*

- tobacco use and smoking during pregnancy
- physical activity
- nutrition
- alcohol use

#### *Chronic Disease Prevention and Control*

- heart disease
- obesity
- hypertension
- diabetes and pre-diabetes
- chronic obstructive pulmonary disease (COPD)
- asthma
- COPD/Adult Asthma Preventable Hospitalizations

#### *Cancer Prevention and Early Detection*

- lung cancer
- breast cancer
- prostate cancer
- cervical cancer

These cancers, listed above, have been identified as strategic issues. While the cancers with the highest mortality rates are monitored, ECDH epidemiologists monitor all cancers on a regular basis and alert leadership of changes that alter or should alter the Department's activities.

#### *Mental Health*

- poor mental health
- suicide
- financial distress

Statistics from the 2011 BRFSS show an increase in the number of individuals reporting mental health related symptoms. The City of Erie is presently the second highest in relation to all cities in which refugees resettle throughout the Commonwealth. Behavior health risk related to their flight is known to be high for this population. Mental health is an important factor in

improvement and self-management of physical health. Lastly, there is a lack of reliable sources of mental health statistics. It is believed that further engagement of local organizations will help to improve everyone's understanding as well as services to those with behavioral health issues.

Overarching challenges related to the strategic issues and priority indicators were identified as poverty, disparities, aging population, medical and dental health professional shortages to care for those who are uninsured and underinsured, health-related transportation, health literacy, and lack of a central source of information and referral.

### **Strategic Issues for the Erie County Department of Health**

Based on the Community Health Assessment and its resulting Community Health Improvement Plan, the analysis of SWOTs and the Department's current programming and legislative mandates, three (3) over-arching goals have been deemed key to the Strategic Plan (Appendix 1) – guiding the direction of the Department:

#### **Goal 1:**

- *To improve the ability of the Erie County Department of Health to carry out its Mission.*

Five (5) objectives critical to accomplishing these goals are:

- Become accredited by the Public Health Accreditation Board
- Implementation of a performance management plan
- Implementation of a quality improvement plan
- Implementation of a workforce development plan
- Securing diverse sustainable and flexible funding

Public health department accreditation has been developed in an effort to improve service, value, and accountability to stakeholders. Accreditation declares that a health department has an appropriate mission and purpose and can demonstrate that it will continue to accomplish its mission and purpose. Further, it is a means for a health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The ECDH is committed to quality and performance improvement on an ongoing basis and seeks to meet the “gold standards” as set forth by the Accreditation Board.

While the majority of the objectives are those cited as necessary for accreditation, the need to address and secure sustainable funding is essential for the Department to fulfill its Mission. As mentioned in the SWOTs discussion, the actions associated with the funding-related objective include conducting a public awareness campaign. This particular action is a response to the SWOTs analysis as it is believed that there is not a true appreciation and/or understanding of public health and that which the Department does and can do for the population.

Goal 2:

- *To improve the health status of the population.*

Three (3) objectives developed to achieve this goal are:

- Implementations of programs with focus on the priorities set forth in the Community Health Improvement Plan
- Address strategic issues, identified in the Community Health Improvement Plan, through health promotion and education
- Conduct surveillance activities to measure changes in health behaviors and health status

The Department's current Program Plan will be coupled with the Community Health Improvement Plan toward achieving improved health status. Specific health promotion and educational activities shall include, though not necessarily be limited to: conducting tobacco prevention and cessation, increasing opportunities for physical activity, increasing awareness of and access to healthy foods, providing leadership to the Cancer Prevention Task Force, and conducting suicide prevention activities for schools and community agencies. Data relevant to health behaviors and health status will be collected and analyzed on an ongoing basis.

Goal 3:

- *Development and leadership of a highly functioning public health system, which optimizes the health of the residents of Erie County.*

Two (2) objectives have been identified as critical to the development of a system that will ultimately ensure access to high quality services leading to optimal health status of the population.

- Development of a working group of community agencies committed to carrying out the Community Health Improvement Plan
- Work with community leaders to create a “gold standard” system for public health

As resources are likely to be increasingly limited, it has become correspondingly critical for stakeholders to collaborate. Based on its Mission as well as leadership status and credibility within the community, it is appropriate and natural for the Health Department to lead this effort. Having organized the Steering Committee during the community health assessment process, the Department will identify and invite additional agencies to work together to address Goal 3.

See page 21 for a “strategy map” – a single page depiction of the Plan – reflecting the Mission, Values, Goals and Objectives. See Appendix 1 for the detailed Plan, which illustrates the specifics of each goal, including: quantifiable and time-specific objectives, corresponding actions to be taken, identification of the individual(s) and/or groups responsible for ensuring each action and the measures by which progress will be monitored. The “Strategic Plan” will guide the activity of the Erie County Department of Health through 2015. The Plan will be monitored, on an ongoing basis, and be amended as deemed appropriate.

#### **Linkages with the Community Health Improvement Plan**

The Community Health Improvement Plan is very much incorporated into and stands as a key component of the Strategic Plan. Specifically, Goal 2 of the Plan pertains to improvement of the health status of the population. The objectives of this goal clearly define programming as well as timeframe, assignment of roles and responsibilities, and measures to determine progress in achieving the goal. The Community Health Improvement Plan is contained in Appendix 2.

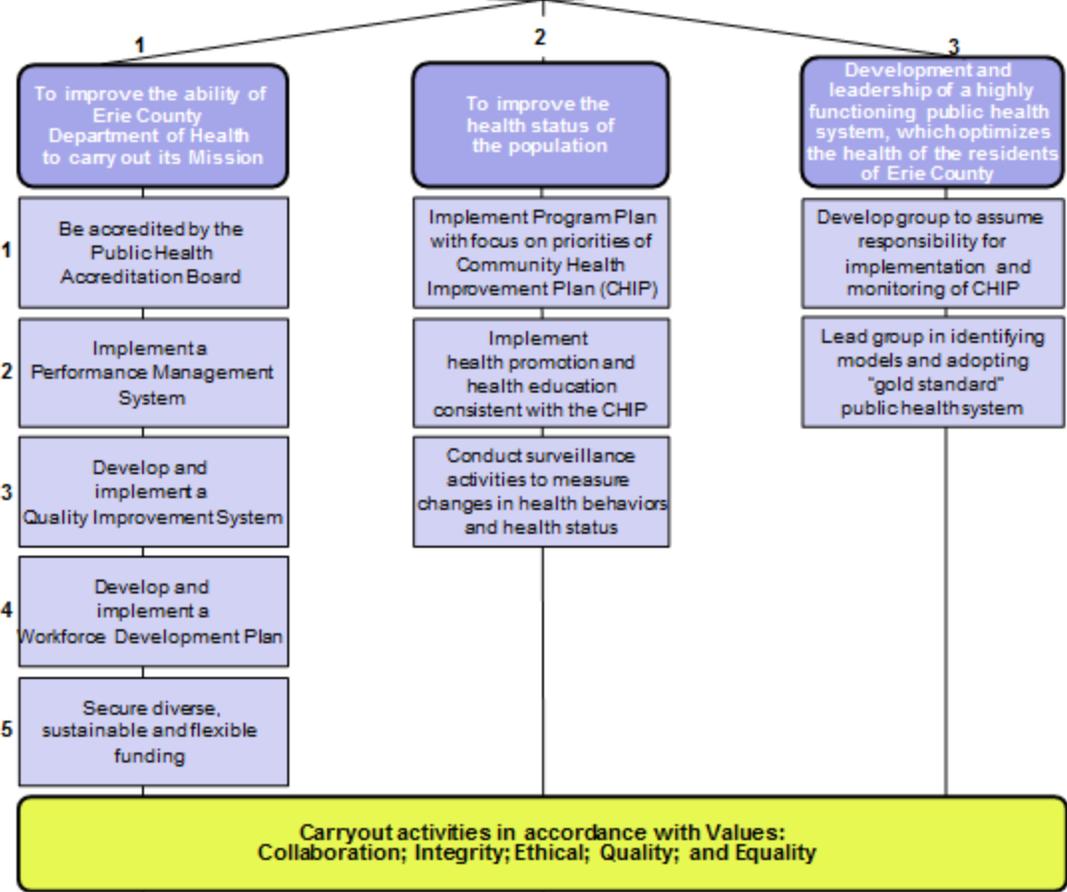
#### **Linkages with the Quality Improvement Plan**

Goal 1 of the Strategic Plan establishes the development and implementation of a Quality Improvement Plan to aid the Department in carrying out its Mission. Additional linkages between the Strategic Plan and the Quality Improvement Plan, as well as roles and

responsibilities of the Department, will be detailed in the Quality Improvement Plan. Examples of linkages are contained in Goal 3: Development and leadership of a highly functioning public health system that optimizes the health of the residents of Erie County. Objectives related to that Goal include monitoring the progress of the public health system using PDSA (Plan Do Study Act) cycling.

**Erie County Department of Health  
Strategic Map: 2012-2015**

To preserve, promote and protect the health, safety and well-being of the people and the environment of Erie County



## **APPENDICES**

**Appendix 1:** Strategic Plan

**Appendix 2:** Community Health Improvement Plan

**Appendix 3:** Table of Strengths, Weaknesses, Opportunities and Threats

**Appendix 4:** Contributors to the Strategic Plan

# **Appendix 1**

## **The Strategic Plan**

**Appendix 1**  
**Erie County Department of Health**  
**Strategic Plan 2012-15**

**Vision** – The people of Erie County enjoy good health in a safe and healthy environment.

**Mission** – To preserve, promote and protect the health, safety and well-being of the people and the environment of Erie County.

**Values** – Collaboration. Integrity. Ethical. Quality. Equality.

<b>Goal 1</b>					
To improve the ability of the Erie County Department of Health to carry out its Mission.					
Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End date		
1.1 Be accredited by the Public Health Accreditation Board (PHAB).	1.1a Assess readiness; complete online orientation; submit Statement of Intent.	1/1/12	12/31/12	Vogt	Completed Readiness Questionnaire; Online Orientation certificates; SOI receipt from PHAB
	1.1b Submit application and fee	12/15/12	1/15/13	Glass / Vogt	Receipt from PHAB
	1.1c Complete applicant training.		2/28/13	Vogt	Certificate of Attendance
	1.1d Gather evidence to reflect ECDH's compliance w/ standards and measures.	1/1/12	6/30/13	Vogt / Accred. Team / AHEC	Documents stored in Mind Manager; Written record of Standards met/not met; docs uploaded into PHAB website
	1.1e Schedule and prepare for PHAB site visit	3/31/13	8/31/13	Vogt / Accred Team	Written schedule of PHAB meetings w/managers; staff; BOH; others
	1.1f Complete annual reports and improvements as recommended by PHAB		December annually	Vogt / Accred Team	Written annual reports

<b>Goal 1 – Continued</b>					
To improve the ability of the Erie County Department of Health to carry out its Mission.					
Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End Date		
1.2 Implement a performance management plan.	1.2a Establish performance management team and identify team leader.	1/1/12	4/30/12	Glass / Mgmt Team	List of team members; name of team leader
	1.2b Identify indicators to measure progress toward achieving objectives.	5/1/12	7/31/12	Bolash and PM Team	Completed Strategy Map
	1.2c Identify areas where achieving objs requires focused quality improvement processes.	9/1/12	Ongoing	Bolash and PM Team	Written list of QI projects
	1.2d Apply performance management plan to tracking of strategic plan.	12/1/12	Ongoing	Glass / Mgmt Team	Written tracking document
1.3 Develop and implement a quality improvement plan.	1.3a List and prioritize problems/processes to address, based on review of standards and measures and input from Perf. Mgt. Team.	12/1/12	1/31/13	Vogt / Bolash with input from Management Team and PM Team	Written QI Plan
	1.3b Implement PDCA cycle for a minimum of 3 of the identified priorities.	January annually	December annually	Mgr with primary responsibility for selected priority	Completed QI form(s) that describe problem, improvement process, and outcome(s)
	1.3c Revise QI Plan.	December annually	January annually	Vogt / Bolash with input-Mgmt/PM Teams	Revised QI Plan

**Goal 1 – Continued**

To improve the ability of the Erie County Department of Health to carry out its Mission.

Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End Date		
1.4 Develop and implement a workforce development plan	1.4a Identify training needs based on Core Competencies and employee interests.	December annually	January annually	Vogt / PAPHTC	Written summary of identified training needs
	1.4b Create training plan that outlines priority courses for both mgrs. and staff.	December annually	January annually	Vogt / with input from Mgmt Team and PAPHTC	Written training plan
	1.4c Implement training plan.	January annually	December annually	Vogt / / PAPHTC	Record of the number and types of training offered; number participants (employees)
	1.4d Review / evaluate training plan.	December annually	December annually	Vogt /	Written summary of prior year training plan with recommendations for future plan.
1.5 Securing diverse, sustainable and flexible funding.	1.5a Explore grant writer.	June 2013	Per Status	Glass	PartnerSHIP/hire
	1.5b Research and report on non-traditional funding opportunities.	February 2013	Ongoing	Glass/Vogt	Review and explore grant and/or program opportunities.
	1.5c Conduct a public awareness campaign	September 2013	Ongoing	Glass/Intern	Contact 2 local colleges for class support.
	1.5d Seek funding opportunities consistent w/ priorities of CHIP.	December 2013	Ongoing	Glass/Board	Sec 1.5b

**Goal 2**

To improve the health status of the population.

Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End date		
2.1 Implement an annual Program Plan, with focus on the priorities identified through the Community Health Assessment (CHA) and included in the Community Health Improvement Plan (CHIP)	2.1a Define services mandated under PA Act 315.	January annually	February annually	Glass, with input from Mgmt Team	Mandated services included in Prog. Plan(s)
	2.1b Incorporate selected strategic issues & priority indicators from CHA into Program Plan.	February annually	March annually	Vogt / Mgmt Team	Strategic Issues & Priority Indicators clearly identified in Program Plan(s)
	2.1c Complete activities as described in Program Plan.	January annually	December annually	Mgmt Team	Written review of prior year Program Plan
2.2 Implement health promotion and education strategies designed to address key Strategic Issues and selected Priority Indicators (as described in the Community Health Improvement Plan (CHIP))	2.2a Conduct tobacco prevention and cessation activities.	July annually	June annually	Bolash/NW Regional Tobacco Control Program and Partners	Reports submitted to PADOH and PHMC.
	2.2b Lead initiatives designed to increase opportunities for, and participation in physical activity.	July annually	June annually	Safe & Healthy Communities staff and partners	Reports submitted to PADOH
	2.2c Lead initiatives designed to increase access to, and awareness of healthy foods.	July annually	June annually	Safe & Healthy Communities staff and partners	Reports submitted to PADOH
	2.2d Provide leadership for the Cancer Prevention Task Force; coordinate with the NWRTCP to address lung cancer.	July annually	June annually	Beckes and ACS	Meeting minutes; written strategic plan
	2.2 e Conduct suicide prevention education, training, and technical assistance to schools and community agencies.	July annually	June annually	Injury Prevention staff	Reports submitted to PADOH

**Goal 2 – Continued**

To improve the health status of the population.

Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End date		
2.3 Conduct surveillance activities to measure changes in health behaviors and health status	2.3a Conduct BRFSS.	July 2014	June 2015	Bukowski	Written report
	2.3b Analyze updated morbidity and mortality data for Priority Indicators identified in the CHA/CHIP.	January annually	December annually	Bukowski / Quirk	Written health status indicator report(s)

**Goal 3**

Development and leadership of a highly functioning public health system, which optimizes the health of the residents of Erie County.

Objectives	Action Steps	Proj. Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End date		
3.1 Develop a working group of community agencies that will take responsibility for implementing the CHIP, and monitoring progress	3.1a Provide leadership for the creation and activities of the working group.	11/11/12	Ongoing	Glass/Bukowski	Concurrence; quarterly progress
	3.1b Broaden the steering committee involved with the CHA, to include other agencies	11/11/12	Ongoing	Glass/Bukowski	Per 3.1a; results
	3.1c Identify agencies or organizations that will take responsibility for each of the Priority Indicators identified in the 2012 CHA	11/11/12	6/30/13	Glass/Bukowski	Partial complete 12/12
	3.1d Meet quarterly to track progress on CHIP	11/11/12	Ongoing	Glass/Bukowski	Establish quarterly report system.
	3.1e Revise assignments annually as needed	12/31/13	Ongoing	Glass/Bukowski	Establish review date.
3.2 Work with community leaders identified in 3.1 above to create and adopt a “gold standard” model for the public health system in Erie County; monitor progress toward the standard.	3.2a Research regions in which health status of the population is outstanding; examine the public health systems of those areas.	1/1/13	12/31/13	Glass/PartnerSHIP	Review data; report

**Goal 3 – Continued**

Development and leadership of a highly functioning public health system, which optimizes the health of the residents of Erie County.

Objectives	Action Steps	Projected Timeframe		Primary Responsibility	Measure of Progress
		Start Date	End Date		
3.2 (continued)	3.2c Create a model (map or schematic) that represents a highly functioning public health system and present to steering committee and workgroup described in 3.1		3/31/14	Glass/PartnerSHIP	Assemble, distribute, discuss document
3.3 Coordinate efforts with other key organizations for the purpose of improving communication and collaborations and reducing duplication and fragmentation of efforts.	3.3a Actively participate in at least two environmental and/or food-related coalitions or councils (e.g. Regional Science Consortium; Presque Isle Bay Advisory Committee)	1/15/13	Ongoing	Tobin	Meeting minutes and emails that that illustrate participation, coordination, and collaboration
	3.2b Actively participate in at least two coalitions or councils whose mission relates to public health/quality of life issues (e.g. Erie Together; Destination Erie)	1/15/12	Ongoing	Glass; Management Team	Meeting minutes and emails that that illustrate participation, coordination, and collaboration
	3.2c Work with Erie Community Foundation to ensure consistency between CHIP and Vital Signs project.	1/13/12	Ongoing	Glass/Bukowski	Complete; continue as Vital Signs panelists

## **Appendix 2**

### **Community Health Improvement Plan**

**Erie County, Pennsylvania**

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**ERIE COUNTY  
COMMUNITY HEALTH  
IMPROVEMENT PLAN**

**2012 - 2013**

ERIE COUNTY  
DEPARTMENT OF HEALTH  
**[ecdh.org](http://ecdh.org)**



## Table of Contents

<a href="#">Table of Contents</a> .....	33
<a href="#">Community Partners and Stakeholders</a> .....	35
<a href="#">Introduction</a> .....	36
<a href="#">Vision</a> .....	36
<a href="#">Community Health Status Assessment</a> .....	37
<a href="#">Demographics</a> .....	37
<a href="#">Maternal, Infant, and Child Health</a> .....	38
<a href="#">Mortality</a> .....	38
<a href="#">Cancer</a> .....	39
<a href="#">Injury</a> .....	40
<a href="#">Childhood Injury</a> .....	40
<a href="#">Infectious Diseases</a> .....	41
<a href="#">Chronic Disease Prevalence</a> .....	42
<a href="#">Preventive Health Services</a> .....	42
<a href="#">Health Risk Behaviors</a> .....	43
<a href="#">Mental and Behavioral Health</a> .....	43
<a href="#">Health-Related Quality of Life</a> .....	44
<a href="#">Health Care Access</a> .....	44
<a href="#">Health Care Providers</a> .....	45
<a href="#">Community Themes and Strengths Assessment</a> .....	45
<a href="#">Forces of Change Assessment</a> .....	46
<a href="#">Local Public Health System Assessment</a> .....	47
<a href="#">Strategic Issue Identification</a> .....	49
<a href="#">Community Health Improvement Plan</a> .....	51
<a href="#">Strategic Issue: Lifestyle Behavior Change</a> .....	51

<a href="#">Tobacco Use</a> .....	51
<a href="#">Physical Activity</a> .....	52
<a href="#">Nutrition</a> .....	53
<a href="#">Strategic Issue: Mental Health</a> .....	53
<a href="#">Suicide</a> .....	53
<a href="#">Appendix A: Tobacco Use</a> .....	55
<a href="#">Appendix B: Physical Activity</a> .....	62
<a href="#">Appendix C: Nutrition</a> .....	66
<a href="#">Appendix D: Suicide</a> .....	72

## Community Partners and Stakeholders

Adagio Health (Erie County)  
American Cancer Society  
American Diabetes Association  
American Heart Association  
Asbury Woods Nature Center  
Baldwin Brothers Realty  
Booker T. Washington Center  
Boy Scouts of America  
Chronic Disease Prevention Program  
City of Erie Police Department  
City of Erie School District  
Coalition Pathways  
Community Health Net  
Community-At-Large Members  
Coroner  
Corry Chamber of Commerce  
Corry Memorial Hospital  
Corry Police Department  
County of Erie, Mental Health and Mental Retardation  
Divine Connections  
Erie Children's Advocacy Center  
Erie City Council  
Erie Community Foundation  
Erie County Board of Health  
Erie County Cancer Task Force  
Erie County Care Management  
Erie County Department of Health  
Erie County Diabetes Association  
Erie County District Attorney Office  
Erie County Medical Society  
Erie Gay News (LGBT population)  
Erie Housing Authority  
Erie Mental Health Association  
Erie Reader  
Erie Regional Chamber and Growth Partnership  
Erie Yesterday  
Eriez Magnetics  
Fairview Township  
Gannon University  
Gannondale School for Girls  
Gaudenzia  
General Electric Transportation Health Initiative  
Girard Borough  
Girl Scouts of America  
Goodell Gardens  
Great Lakes Institute of Technology  
Greater Erie Community Action Committee (GECAC)  
Harborcreek Supervisor  
Health America Insurance (Coventry Healthcare)  
Highmark Blue Cross Blue Shield  
John F. Kennedy Center  
Junior League of Erie  
Lake Erie College of Osteopathic Medicine (LECOM)  
LECOM School of Pharmacy  
Lilly Broadcasting  
Martin Luther King Center  
Mercyhurst Civic Institute  
Mercyhurst University  
Millcreek Community Hospital  
Millcreek Police Department  
Mission Empower  
Mothers Against Teen Violence  
Multicultural Community Resource Center  
NAMI of Erie County (National Alliance on Mental Illness)  
Northeast Chamber of Commerce  
Northwest Pennsylvania Area Health Education Center  
Northwest Savings Bank  
Northwest Tri-County Intermediate Unit 5  
NWPAs Tobacco Control Program  
Office of Children and Youth  
Office of the Pennsylvania Attorney General  
Ophelia Project  
Perseus House  
Regional Cancer Center  
Safe & Healthy Communities  
Saint Benedict Adult Education Program  
Saint Vincent Health System  
Second Harvest Food Bank  
Sisters of St. Joseph Neighborhood Network  
Stairways Behavioral Health  
Trinity Center  
Union Township  
United Healthcare  
United Way of Erie County  
UPMC Hamot  
UPMC Insurance  
Veteran's Affairs Medical Center  
VisitErie  
Waterford Township  
Whole Foods Cooperative  
Women's Care Center

## Introduction

In order to more effectively address the health needs of Erie County residents, community partners and stakeholders joined to form a collaborative committee. The Erie County Department of Health was identified as the lead agency and the Mobilizing for Action through Planning and Partnerships (MAPP) model was selected as the community health improvement planning model (Figure 1).

Figure 1. MAPP Planning Process



The MAPP process relies on four assessments to provide the information needed to develop strategic issues, goals, strategies, and action plans for the community. These assessments are: 1) Community Health Status Assessment, which provides quantitative and qualitative data about the health needs of residents, 2) Community Themes and Strengths Assessment, which helps to identify issues and topics of interest to the community, 3) Forces of Change Assessment, which identifies current or future issues that may affect the community or public health system, and 4) Local Public Health System Assessment, which identifies organizations that contribute to the public's health.

## Vision

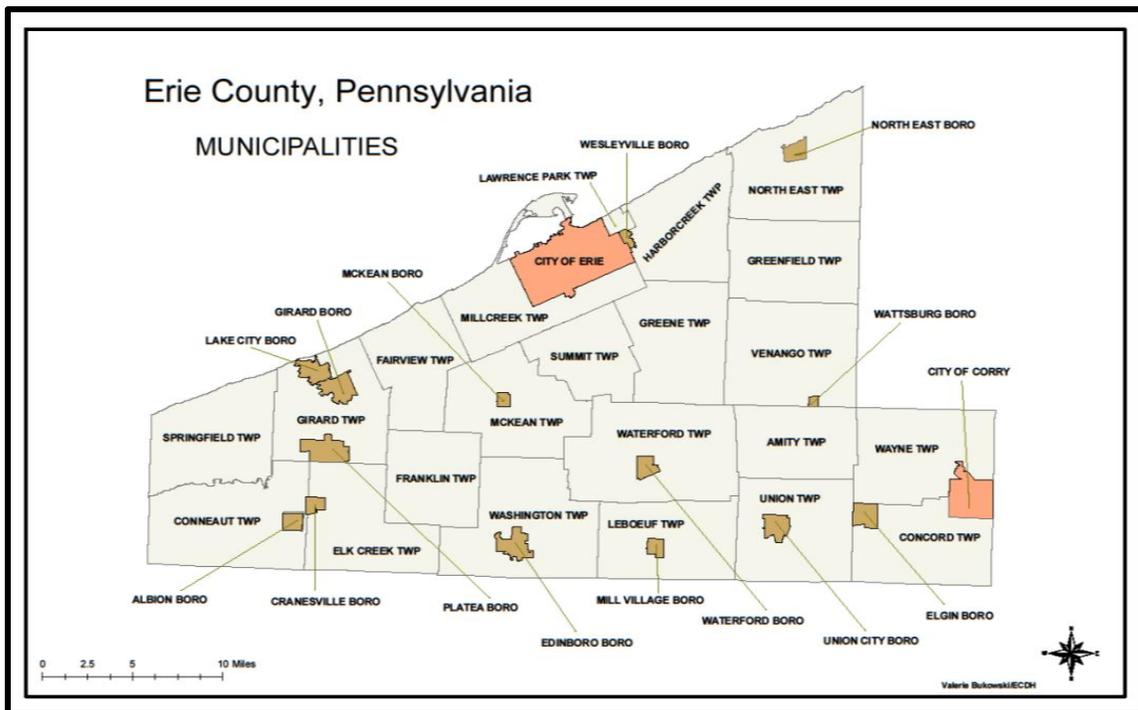
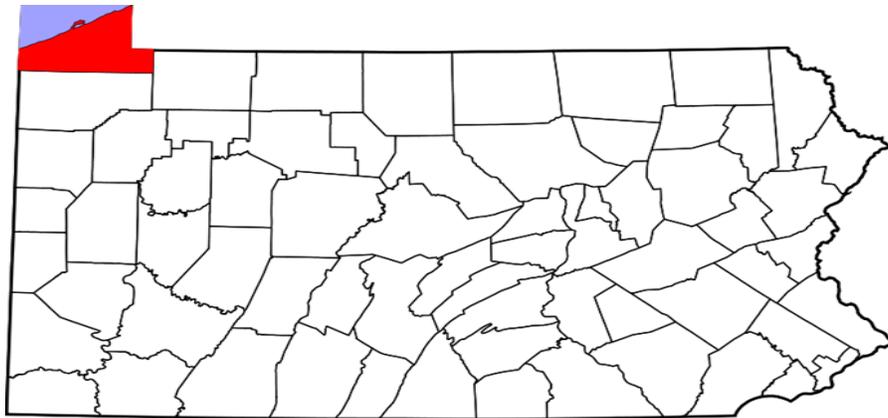
Wellness in mind, body, and spirit.

# Community Health Status Assessment

## Demographics

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie and covers 802 square miles of land and 756 square miles of water (Figure 2). The 2010 U.S. Census reported a total population of 280,566 with 80.0% urban, 20.0% rural, 50.8% female, 49.2% male, 22.7% under age 18, 35.4% aged 18 to 44, 27.3% aged 45 to 64, 14.6% aged 65 and above, 88.2% White, 7.2% Black, and 3.4% Hispanic of any race. Approximately 36.3% (101,786 individuals) resided in the City of Erie. The median age was 38.6 years.

Figure 2. Erie County, Pennsylvania Maps



In 2010, 9.4% of the civilian labor workforce aged 16 and above were unemployed. Of all residents, 17.4% lived below the poverty level, 23.7% were eligible for Medical Assistance, 19.5% participated in the Supplemental Nutrition Assistance Program (SNAP), and 9.6% had no health insurance coverage. Of all residents living below the poverty level, 14.4% were White, 44.7% were Black, 31.6% were Hispanic, and 24.7% were under age 18. Of all residents aged 25 and above, 9.8% had less than a high school diploma (9.0% White, 18.3% Black, and 30.6% Hispanic) while 23.4% had a bachelor's degree or higher (23.9% White, 13.7% Black, and 14.1% Hispanic).

Erie County is the leading refugee resettlement county in Pennsylvania. From October 1, 2010 to September 30, 2011, 790 (26%) of the 3,026 newly arrived Pennsylvania refugees settled in Erie County while from October 1, 2011 to March 31, 2012, 377 (29%) of the 1,299 newly arrived Pennsylvania refugees settled in Erie County.

### **Maternal, Infant, and Child Health**

During the period 2008 to 2010, there were 9,891 births in Erie County for a crude birth rate of 11.8 births per 1,000 population. Of these births, 77.3% occurred to women aged 20-34, 11.3% occurred to women aged 15-19, and 49.5% were to unmarried mothers. The general fertility rate was 58.0 births per 1,000 females aged 15-44.

From 2008-2010, 8.9% (8.3% for PA) of Erie County live births were classified as low birth weight (7.6% White, 16.2% Black, and 9.8% Hispanic), 74.8% (70.9% for PA) were to mothers who received first trimester prenatal care (78.1% White, 60.1% Black, and 66.3% Hispanic), and 72.7% (83.5% for PA) were to mothers who did not smoke during their pregnancy (72.4% White, 70.7% Black, and 76.1% Hispanic). From 2008-2010, the infant mortality rate in Erie County was 9.2 (7.3 for PA) deaths per 1,000 live births (7.1 White and 25.4 Black).

### **Mortality**

Table 1 lists the leading causes of death for Erie County residents from 2008 to 2010.

Table 1. Erie County Leading Causes of Death, 2008-2010

Erie County and Pennsylvania, 2008-2010											
Cause of Death	Total		Male		Female		White		Black		PA
	Deaths	Rate	Rate								
All Causes of Death	8,062	791.6	3,786	930.3	4,276	687.3	7,648	770.2	386	1,042.1	779.6
Heart Disease	2,107	199.9	1,014	250.4	1,093	163.7	2,005	192.4	93	271.9	195.3
Cancer (Malignant Neoplasms)	1,861	189.1	940	226.2	921	164.2	1,769	185.4	88	240.0	183.8
Chronic Lower Respiratory Diseases	455	44.4	215	54.1	240	38.8	447	44.5	8	n/a	39.9
Stroke (Cerebrovascular Diseases)	429	40.4	155	39.0	274	40.9	400	37.8	28	92.1	40.1
Accidents (Unintentional Injuries)	317	35.0	199	48.8	118	23.4	310	37.7	7	n/a	40.4
Alzheimer's Disease	261	23.1	67	17.4	194	26.0	256	22.7	4	n/a	20.6
Diabetes Mellitus	240	24.3	125	30.7	115	19.0	219	22.6	20	56.7	20.4
Nephritis, Nephrotic Syndrome, & Nephrosis	227	21.5	95	23.9	132	20.4	213	20.6	14	n/a	18.6
Influenza & Pneumonia	160	17.5	81	20.1	113	15.6	187	17.0	7	n/a	14.6
Suicide (Intentional Self-Harm)	110	12.7	91	21.7	19	NA	104	13.2	5	n/a	11.9
Septicemia	107	10.6	41	9.8	66	11.2	101	10.3	5	n/a	13.9
Chronic Liver Disease & Cirrhosis	79	8.1	45	9.9	34	6.6	77	8.1	2	n/a	7.7
Essential Hypertension & Hypertensive Renal Disease	63	6.1	25	5.9	38	5.7	57	5.7	6	n/a	6.1
Parkinson's Disease	58	5.5	31	8.0	27	3.9	58	5.6	0	n/a	7.1
In situ, Benign, & Uncertain Neoplasms	52	5.3	33	8.2	19	NA	50	5.2	2	n/a	5.1

Notes: Age-adjusted rates are per 100,000 population, 2008-2010; n/a = Not available

## Cancer

A total of 1,861 Erie County residents died from cancers (primary malignant neoplasms) during the period 2008 to 2010, for a corresponding age-adjusted death rate of 189.1 deaths per 100,000 population (183.8 for PA). The death rate was 226.2 for males and 164.2 for females. During 2008-2010, Erie County's five leading cancer mortality sites were: (1) bronchus and lung (27.4% of all deaths), (2) colon and rectum (8.5%), (3) female breast (7.7%), (4) pancreas (6.0%), and (5) prostate (5.7%).

There were a total of 4,602 new cancer cases (primary invasive cancers and in situ urinary bladder cancers) diagnosed among Erie County residents during 2007-2009, for a corresponding age-adjusted cancer incidence rate of 483.9 cases per 100,000 population (507.7 for PA). The incidence rate was 543.2 for males and 449.8 for females. During 2007-2009, Erie County's five leading cancer incidence sites were: (1) female breast (14.5% of all diagnoses), (2) bronchus and lung (14.2%), (3) prostate (13.7%), (4) colon and rectum (9.4%), and (5) urinary bladder (4.5%).

## **Injury**

From 2005 to 2009, there were a total of 745 deaths due to injury among all Erie County residents for a crude rate of 50.9 deaths per 100,000 population (58.8 for PA). Of the total injury deaths, 71.5% were unintentional (accidents) injury deaths, 22.6% were suicides, 4.0% were homicides, 1.9% were undetermined, and 68.2% occurred to males. Seniors (those aged 65 and above) had both the highest number of deaths (230) and highest death rate (114.3 deaths per 100,000 population) among reported age group categories. The leading causes of injury death among Erie County residents were poisonings (178 deaths), motor vehicle traffic accidents (137), unintentional falls (129), and firearm-related events (94). Overall, 121 (68.0%) of the 178 poisoning deaths were accidental drug poisonings, and 80 (85.1%) of the 94 firearm-related events were suicides.

In 2009, there were a total of 2,630 hospitalizations due to injury in Erie County for a crude rate of 849.3 hospitalizations per 100,000 population (1,020.4 for PA). Of the total injury hospitalizations, 81.7% were due to accidents, 11.1% were due to self-inflicted injuries, 3.4% were due to assault injuries, and 3.8% were undetermined. Seniors had both the highest number of hospitalizations (1,195) and the highest hospitalization rate (2,919) among reported age group categories. The three leading causes of injury hospitalization in Erie County were unintentional falls (1,185), poisonings (379), and motor vehicle traffic accidents (129). Most unintentional fall hospitalizations (71.9%) occurred in seniors. Overall, 61.7% of poisoning hospitalizations were due to self-inflicted poisonings.

## **Childhood Injury**

From 2000 to 2009, there were a total of 59 deaths due to injury among Erie County children (14 years of age and younger). Of the 59 total injury deaths, 81.4% were unintentional (accidents), 10.2% were homicides, 6.8% were suicides, and 1.7% undetermined. Motor vehicle traffic accidents, drownings, and suffocations were the three leading causes of childhood injury deaths.

From 2000 to 2009, there were a total of 1,239 hospitalizations due to injury among Erie County children aged 0 to 14 with an age-specific injury hospitalization rate of 228.6 per 100,000 (292.6 for PA). Overall, 86.6% hospitalizations were due to accidents, 6.5% were due to self-inflicted injuries, 4.0% were due to assault injuries, and 2.8% were undetermined. Of the 81 self-inflicted injuries, 79 occurred in children aged 10 to 14 years with 42 (53.2%) of these due to self-inflicted poisonings. From 2000 to 2009, the leading causes of childhood injury hospitalization in Erie County were falls, motor vehicle traffic accidents, and poisonings.

## Infectious Diseases

Select reportable and communicable diseases for Erie County, Pennsylvania, and the U.S. (2010) are listed in Table 2.

Table 2. Erie County Infectious Diseases, 2010

Reportable and Communicable Diseases Erie County, PA, & U.S., 2010						
	Erie County		Pennsylvania		United States	
	Cases	Rate*	Cases	Rate*	Cases	Rate*
AIDS <sup>^</sup>	14	5.0	621	4.9	n/a	
ARBOVIRAL DISEASES, DOMESTIC						
WEST NILE ENCEPHALITIS (NEUROINVASIVE) <sup>^</sup>	0	0	19	0.1	629	0.2
WEST NILE FEVER (NON-NEUROINVASIVE) <sup>^</sup>	0	0	9	0.1	392	0.1
CAMPYLOBACTERIOSIS <sup>^</sup>	25	8.9	1,751	13.8	n/a	
CHLAMYDIA <sup>^</sup>	1,152	411.0	47,518	374.1	1,307,893	426.0
CRYPTOSPORIDIOSIS <sup>^</sup>	1	0.4	490	3.9	8,944	2.9
CYCLOSPORIASIS <sup>^</sup>	0	0	0	0.0	179	0.1
ESCHERICHIA COLI, SHIGA TOXIN PRODUCING (STEC) <sup>^</sup>	0	0	161	1.3	5,476	1.8
ENCEPHALITIS, OTHER	2	0.7	2		n/a	
GIARDIASIS <sup>^</sup>	20	7.1	789	6.2	19,811	6.5
GONORRHEA <sup>^</sup>	170	60.7	12,883	101.4	309,341	100.8
GUILLAIN BARRE <sup>^^</sup>	2	0.7	54	0.4	n/a	
HAEMOPHILUS INFLUENZA, INVASIVE, ALL AGES <sup>^</sup>	5	1.8	227	1.8	3,151	1.0
HEPATITIS A <sup>^</sup>	2	0.7	54	0.4	1,670	0.5
HEPATITIS B, ACUTE <sup>^</sup>	2	0.7	74	0.6	3,374	1.1
HEPATITIS B, CHRONIC <sup>^</sup>	15	5.4	1,470	11.6	n/a	
HEPATITIS C, ACUTE <sup>^</sup>	7	2.5	26	0.2	849	0.3
HEPATITIS C, PAST OR PRESENT <sup>^</sup>	218	77.8	9,342	73.5	n/a	
HISTOPLASMOSIS	0	0	n/a		n/a	
HIV (non-AIDS)	9	3.2	1,017	8.0	n/a	
HIV and AIDS	23	8.2	1,638	12.9	35,741	11.6
INFLUENZA <sup>^^</sup>	30	--	n/a		n/a	
LEGIONELLOSIS <sup>^</sup>	7	2.5	324	2.6	3,346	1.1
LISTERIOSIS <sup>^</sup>	0	0	46	0.4	821	0.3
LYME DISEASE <sup>^</sup>	55	19.6	3,810	30.0	30,158	9.8
MEASLES <sup>^</sup>	0	0	2	0.0	63	0.0
MENINGITIS, MENINGOCOCCAL DISEASE/N. MENINGITIDIS <sup>^</sup>	0	0	26	0.2	833	0.3
MENINGITIS, OTHER BACTERIAL	1	0.4	153	1.2	n/a	
MENINGITIS, VIRAL/ASEPTIC <sup>^</sup>	6	2.1	494	3.9	n/a	
MUMPS <sup>^</sup>	0	0	69	0.5	2,612	0.9
PERTUSSIS (WHOOPING COUGH) <sup>^</sup>	8	2.9	980	7.8	27,550	9.1
RESPIRATORY SYNCYTIAL VIRUS <sup>^</sup>	188	--	n/a		n/a	
RUBELLA (GERMAN MEASLES) <sup>^</sup>	0	0	0	0	5	0.0
SALMONELLOSIS <sup>^</sup>	84	30.0	1,902	15.1	54,424	17.9
SHIGELLOSIS <sup>^</sup>	0	0	777	0.7	14,786	4.9
STAPHYLOCOCCUS AUREUS, VANCOMYCIN RESISTANT <sup>^</sup>	0	0	n/a		n/a	
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A <sup>^</sup>	6	2.1	333	2.6	5,279	1.7
STREPTOCOCCUS PNEUMONIAE, INVASIVE <sup>^</sup>	12	4.3	542	4.3	16,569	5.4
STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG RESISTANT	9	3.2	n/a		n/a	
STREPTOCOCCUS PNEUMONIAE, INVASIVE, NONREISTANT	3	0.0	n/a		n/a	
SYPHILIS, PRIMARY and SECONDARY <sup>^</sup>	4	1.4	369	2.9	13,774	4.5
SYPHILIS, EARLY LATENT <sup>^</sup>	2	0.7	355	2.8	n/a	
SYPHILIS, LATE and LATE LATENT	1	0.4	259	2.1	n/a	
SYPHILIS, CONGENITAL <sup>^</sup>	0	0	3	0.0	377	0.1
SYPHILIS, UNKNOWN LATENT	0	0	21	0.2	n/a	
TOXIC-SHOCK SYNDROME, STREPTOCOCCAL <sup>^</sup>	0	0	6	0.0	142	
TOXIC-SHOCK SYNDROME, STAPHYLOCOCCAL OR UNSPECIFIED <sup>^</sup>	0	0	5	0.0	82	
TOXOPLASMOSIS	1	0.4	46	0.4	n/a	
TUBERCULOSIS DISEASE <sup>^</sup>	5	1.8	238	1.9	11,182	3.7
TUBERCULOSIS INFECTION	333	118.8	n/a		n/a	
VARICELLA ZOSTER (CHICKENPOX) <sup>^</sup>	16	5.7	1,149	9.1	15,427	5.1
YERSINIA <sup>^</sup>	1	0.4	14	0.1	n/a	

\*Rate per 100,000 population unless otherwise indicated; Previous year pop. used for Erie County and U.S. calculations; Current year pop. used for PA calculations

<sup>^</sup>Reported cases with CDC-defined case classification status

<sup>^^</sup>Reported cases with PA DOH-defined case classification status

## Chronic Disease Prevalence

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, chronic disease statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 3.

Table 3. Chronic Disease Prevalence

Chronic Disease Prevalence*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
ARTHRITIS DIAGNOSIS (Including rheumatoid, gout, lupus, or fibromyalgia)	30	31	26
ASTHMA DIAGNOSIS	12	14	14
CANCER SURVIVORS	12	10	n/a
HEART ATTACK (Age 35+)	6	6	4
HEART DISEASE (Age 35+)	7	6	4
STROKE (Age 35+)	5	4	3
HIGH CHOLESTEROL	39	39	37
EVER HAD CHOLESTEROL CHECKED	79	82	81
CHOLESTEROL CHECKED IN PAST FIVE YEARS	76	79	77
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	7	n/a	5
DIABETES DIAGNOSIS	10	10	9
PRE-DIABETES DIAGNOSIS	6	n/a	n/a
HYPERTENSION DIAGNOSIS	31	31	29
TAKES HYPERTENSION MEDICATION	79	80	n/a

\*Reported values are for adults aged 18 and above unless otherwise noted  
n/a indicates not available  
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

## Preventive Health Services

Based on the BRFSS, preventive health service statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 4.

Table 4. Preventive Health Services

Preventive Health Service Utilization*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
ANNUAL MAMMOGRAM (Females Age 40+)	67	58	n/a
ANNUAL CLINICAL BREAST EXAM (Females Age 40+)	67	62	n/a
ANNUAL PAP TEST	60	n/a	n/a
SIGMOIDOSCOPY and COLONOSCOPY IN PAST FIVE YEARS (Age 50+)	62	n/a	n/a
FECAL OCCULT BLOOD TEST (FOBT) IN PAST TWO YEARS (Age 50+)	18	n/a	17
ANNUAL PSA BLOOD TEST (Males Age 40+)	52	56 (Age 50+)	n/a
ANNUAL DIGITAL RECTAL EXAM (Males Age 40+)	42	47 (Age 50+)	n/a
ANNUAL FLU SHOT (Age 65+)	70	n/a	67
ANNUAL FLU SHOT (Age 50+)	60	56	n/a
ANNUAL FLU SHOT (Age <18)	45	n/a	n/a
PNEUMONIA VACCINATION (Age 65+)	73	71	67
DENTAL VISITS	70	71	70

\*Reported values are for adults aged 18 and above unless otherwise noted  
n/a indicates not available  
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

## Health Risk Behaviors

Based on the BRFSS, health risk behavior statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 5. Erie County has five food deserts. Three are in the City of Erie, one is in Albion Borough (western Erie County), and one is in Edinboro Borough (southern Erie County).

Table 5. Health Risk Behaviors

Health Risk Behaviors* Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
BINGE DRINKING	19	15	15
HEAVY DRINKING	6	4	5
CHRONIC DRINKING	6	6	n/a
DRINKING AND DRIVING	4	3	n/a
YOUTH ALCOHOL USE, EVER TRIED	46	49	n/a
YOUTH ALCOHOL USE, PAST-30-DAY USE	22	26	n/a
YOUTH BINGE DRINKING	12	14	n/a
YOUTH MARIJUANA, EVER TRIED	17	20	n/a
YOUTH MARIJUANA, PAST-30-DAY USE	10	11	n/a
FRUIT AND VEGETABLE CONSUMPTION (Five or more times per day)	10	24	24
NO LEISURE TIME PHYSICAL ACTIVITY	28	26	24
SEAT BELT USE	83	77	85
CURRENT CIGARETTE SMOKER	23	18	17
QUIT SMOKING ONE OR MORE DAYS IN PAST YEAR	57	55	n/a
SMOKELESS TOBACCO	4	2	n/a
YOUTH CIGARETTE USE, EVER TRIED	26	26	n/a
YOUTH CIGARETTE USE, PAST-30-DAY USE	10	11	n/a
YOUTH SMOKELESS TOBACCO USE, EVER TRIED	13	12	n/a
YOUTH SMOKELESS TOBACCO USE, PAST-30-DAY USE	7	6	n/a
OBESE (BMI ≥ 30)	29	29	28
OVERWEIGHT (BMI = 25.0-29.9)	36	37	36

\*Reported values are for adults aged 18 and above unless otherwise noted  
n/a indicates not available  
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys; 2009 Erie County and Pennsylvania Youth Survey

## Mental and Behavioral Health

Based on the 2011 Erie County BRFSS, 19% of Erie County adults aged 18 and above have ever been diagnosed with a depressive disorder, 17% have ever been diagnosed with an anxiety disorder, and 32% reported being worried about money. Based on the 2009 Erie County Pennsylvania Youth Survey (PAYS), 36% of students in grades six through twelve reported feeling depressed or sad most days in the past year (32% for PA).

## Health-Related Quality of Life

Based on the 2011 Erie County BRFSS, health-related quality of life statistics for Erie County (2011, 2007), Pennsylvania (2010, 2007), and the U.S. (2010) are listed in Table 6.

Table 6. Health-Related Quality of Life

Health-Related Quality of Life*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
FAIR or POOR HEALTH	17	16	15
POOR PHYSICAL HEALTH	36	36	n/a
POOR MENTAL HEALTH	33	33	n/a
ACTIVITY LIMITED 1+ DAYS IN PAST MONTH DUE TO POOR PHYSICAL/MENTAL HEALTH	21	n/a	21
USUAL ACTIVITY LIMITED DUE TO ARTHRITIS OR JOINT SYSTEMS	43	42	n/a
USE SPECIAL EQUIPMENT DUE TO HEALTH PROBLEMS	8	8	8
RARELY OR NEVER GET NEEDED EMOTIONAL SUPPORT**	8	7	n/a
SATISFIED or VERY SATISFIED WITH THEIR LIFE**	93	94	n/a

\*Reported values are for adults aged 18 and above unless otherwise noted  
 \*\*2007 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey  
 n/a indicates not available  
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

## Health Care Access

Based on the 2011 Erie County BRFSS, health care access statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 7.

Table 7. Health Care Access

Health Care Access*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
NO HEALTH INSURANCE	13	14	18
MEDICAID RECIPIENTS	22	17	n/a
CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	6	7	n/a
NO PERSONAL HEALTH CARE PROVIDER	10	11	n/a
ROUTINE CHECKUP IN PAST TWO YEARS	86	n/a	n/a
LACK OF NEEDED CARE DUE TO COST	13	11	n/a
LACK OF NEEDED MEDICATION DUE TO COST	12	n/a	n/a

\*Reported values are for adults aged 18 and above unless otherwise noted  
 n/a indicates not available  
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

## **Health Care Providers**

Erie County is serviced by seven hospitals (four acute care facilities, two specialty hospitals, and a Veterans Affairs Medical Center) and a pediatric specialty facility. There are 599 physicians and 142 dentists who provide direct patient care in Erie County. Of the physicians, 89% accept Medicaid and 94% accept Medicare. Of the dentists, 13% accept Medicaid and 11% accept Medicare.

Three geographic areas within Erie County have been designated as Medically Underserved Areas (MUA), one geographic area has been designated as a Primary Medical Care Health Professional Shortage Area, and the entire low income population of Erie County has been designated as a Dental Health Professional Shortage Population. Erie County is serviced by one Federally Qualified Health Center (FQHC) and two Rural Health Clinics/Centers. The Multi-Cultural Health Evaluation Delivery System (MHEDS) provides health services to refugees and is the designated primary care service provider in Erie for the Keystone Migrant Farmworker Program.

## **Community Themes and Strengths Assessment**

Because Erie County consists of one large city (the City of Erie), one small city (the City of Corry), several large metropolitan suburbs, and many small rural communities, five community focus groups were held in various locations throughout the county to glean perceptual information from a representative cross-section of county residents. Overall, one large Erie County focus group and four smaller community focus groups were conducted. Invitations were sent to a diverse list of community organizations including nonprofit, religious, law enforcement, government, education, health care, social service, mental health, and advocate groups.

Two targeted focus groups were also conducted. One was for refugee, migrant worker, and immigrant interpreters and one was for African-American women.

Common themes revolved around the presence or absence of personal and community resources including: health insurance and/or the ability to pay for services and supplies, transportation to health appointments, dentists who provide service to the uninsured and underinsured, health literacy, the need for culturally and linguistically competent care and

services, and the need for a unified approach to health and a central source of information and programming for health and health care services.

All groups commented on the lack of adequate financial resources to enable more services, but all recognized the lack as a universal issue related to current economic times in the area. The leadership groups expressed the desire to work together to obtain funding for programming rather than compete for scarce resources. Health and overall success were attributed to education and the ability to utilize education to earn a family sustaining wage. The targeted focus groups identified cultural and linguistic barriers. They also indicated that their respective cultural groups practice a “navigator” approach to helping each other with obtaining appropriate services. Trust of providers and the health care system was identified as a necessary component for health management. The African-American focus group commented that community leaders must be involved and engaged in the efforts.

## **Forces of Change Assessment**

At a regularly scheduled committee meeting that preceded the prioritization process, members of the Community Health Needs Assessment (CHNA) Steering Committee were given a list of questions for consideration and then asked for their input. A facilitated discussion elicited targeted responses. The questions and corresponding responses are listed below.

### **Community Health Impact**

- What are important characteristics of a healthy community for all who live, work, and play here?
  - Mind, body, and spirit wellness of residents
- How do you envision the local public health system in the next five years?
  - Leaner; doing more with less
  - Increased collaboration among community members
  - Focused community efforts on selected health indicators

### **External Forces and Issues**

- What is occurring or might occur that affects the health of our community or the local public health system?
  - Forces: Trends - Patterns over time such as migrations in and out of a community
  - Factors - Discrete elements such as ethnic population, urban setting
  - Events - One-time occurrences such as passage of new legislation
  - Issues: Social, economic, political, technological, environmental, scientific, legal, ethical, and organizational factors.
    - Aging population

- Influx of refugees
- High poverty rate
- Health Care Reform Act and its implications
- Economic uncertainty (possible loss of local employers)

**Challenges and Opportunities**

- What specific challenges/threats/barriers or opportunities are generated by these occurrences?

*Challenges*

- Electronic health/medical records
- More providers may be needed (especially primary care providers)
- Dental care, especially for low income population
- Less reimbursement but more services
- Quality based (performance) payment

*Opportunities*

- School based health centers in schools located in neighborhoods with high risk residents
- More people will be insured
- Minimal increase of Medicaid recipients
- Women’s preventive services per the Affordable Care Act

**Local Public Health System Assessment**

There are many organizations within Erie County that provide a wide range of services, programs, and opportunities for county residents.

Nine community organizations, including law enforcement and education, have partnered to address tobacco issues within the county. They are: Greater Erie Community Action Committee, Coalition Pathways, Community Health Net, Stairways Behavioral Health, Millcreek Township Police Department, the American Cancer Society, Harborcreek School District, Lake Erie College of Osteopathic Medicine School of Pharmacy, and the Erie County Department of Health which is also the regional program manager for the Northwest Pennsylvania Tobacco Control Program.

The Junior League of Erie offers a hands-on “Kids in the Kitchen” nutrition program and also partners with the Erie County Department of Health, the Regional Chamber and Growth Partnership, the Second Harvest Foodbank of Northwest PA, the Sisters of Saint Joseph

Neighborhood Network, and other community organizations on the Access to Healthy Foods Committee.

Nutrition and physical activity are addressed by the YMCA, LifeWorks Erie, the Wellsville Program, the Penn State Cooperative Extension, the Erie County Diabetes Association, Early Connections (an early childhood focused organization), Kid's Cafes, individual hospital health and wellness initiatives, and individual health plans and insurance providers.

Physical activity is the focus of the Erie Walks Initiative and the Let's Move Outside: Erie County Recreational Passport Initiative. Additionally, Erie County offers over six hundred recreational and nutritional opportunities which are listed under the Bundle Up! Program, the Eat Fresh! Program, the Go Fish! Program, the Go to (Sports) Camp! Program, the Golf! Program, the Join! Program, the Lace Up! Program, the Play at the Park! Program, the Play in the Water! Program, and the Roll! Program.

Over thirty community organizations, including the American Heart Association, the Erie County Diabetes Association, and the American Cancer Society, focus on prevention and treatment of heart disease, hypertension, diabetes, and cancer. Additionally, the Erie County Cancer Task Force, with members representing both health care and health prevention organizations, focuses on cancer health literacy.

Currently, there are twenty-four organizations and facilities within Erie County that address alcohol and drugs, twenty-six organizations and facilities that provide emergency and crisis intervention, sixty-nine organizations and facilities that address a variety of health concerns, twenty-six organizations that provide information and referral services, six organizations that address language and communication problems, and thirty organizations and facilities that provide mental health and mental retardation services.

As part of its community programming, the United Way of Erie County hopes to identify and implement a community health initiative aligned with the Community Health Status Assessment. The Erie Community Foundation, which offers competitive grants to community groups, has introduced Erie Vital Signs, a website that includes health statistics, as a tool for grant seekers. A School Based Health Center has opened in an inner city school, the Pathways Program for diabetes control and prevention is in progress within the Erie community, General Electric Transportation has introduced a collaborative initiative to focus on health literacy and health cost containment, and Gannon University, an urban school, focuses efforts on the inner city neighborhoods surrounding its campus.

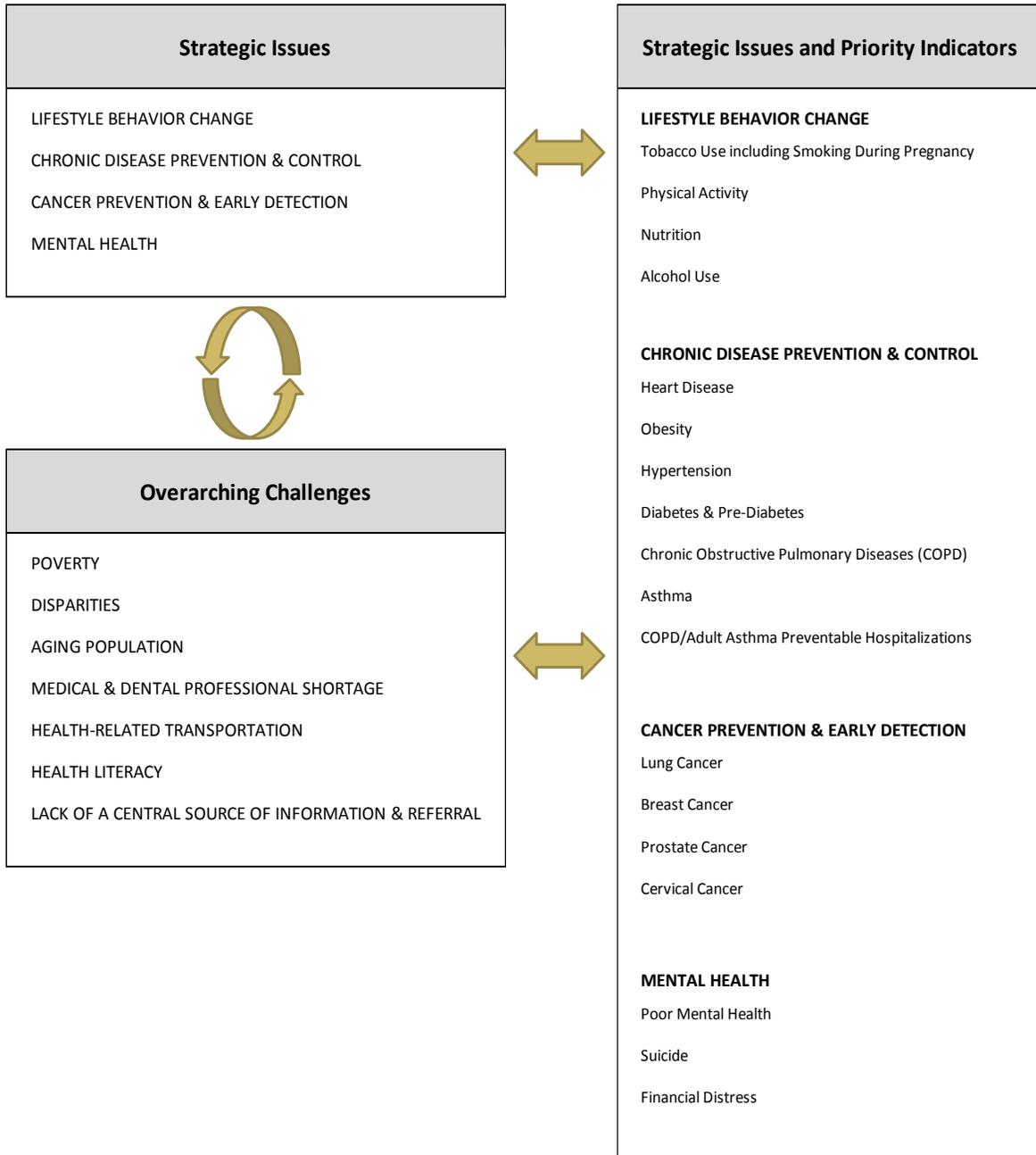
## Strategic Issue Identification

In order to identify areas of need within Erie County, a prioritization matrix of health indicators was developed using information from the Health Needs Assessment. In addition to county, state, national, Healthy People 2020, and peer county statistics for the indicators, the matrix also included columns to identify the indicator as a CDC health status indicator, a Robert Wood Johnson Foundation health ranking indicator, an identified county focus group indicator, an indicator currently being addressed by other community organizations, and an indicator associated with disparities. Trending changes were also noted. Epidemiologists reviewed the data in the Assessment and identified over 150 indicators for consideration in the prioritization process.

Based on the information in this matrix, the Steering Committee used a problem importance worksheet to rate each indicator using a Likert scale of 1 to 10 (with 10 being highest) as to the magnitude of the problem, the seriousness of the problem, its comparison to benchmarks, the feasibility of addressing the problem, and the availability of resources. Scores for each indicator were calculated and the indicators were then ranked according to the results. The results identified thirty-six indicators to be further considered as priorities. Using the community resource list developed for the Public Health Systems Assessment, the Steering Committee identified eighteen final priority indicators.

Based on these indicators, four strategic health issues were identified for Erie County. They are lifestyle behavior change, chronic disease prevention and control, cancer prevention and early detection, and mental health. Additionally, seven overarching challenges were targeted. These are issues that impact the health of Erie County residents and should be considered in any community-based health action plan. They are poverty, disparities, the aging population, medical and dental professional shortage, health-related transportation, health literacy, and lack of a central source of information and referral. Finally, the priority health indicators were categorized within a specific strategic issue (Table 8).

Table 8. Erie County Strategic Issues, Overarching Challenges, and Priority Indicators



## Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a blueprint for achieving improved community health. It begins with community partners and stakeholders joining in a collaborative dialogue to develop goals and strategies for the strategic issues identified in the community health needs assessment. The priority indicators and overarching challenges are used as guides. These final goals and strategies describe what the group wants to achieve and how they plan on doing it. The results are action plans that use best practice programs to provide measurable and effective interventions within the community.

Under the leadership of the Erie County Department of Health, the CHNA Steering Committee has begun to dialogue with several key community organizations. Even though final action plans for all the strategic issues have not yet been developed, several programs are in progress.

These programs focus on tobacco use, physical activity, nutrition, and suicide. The first three program areas are particularly powerful, as they directly address our first Strategic Issue, Lifestyle Behavior Change, and they have the potential to impact on two of the other Strategic Issues (Chronic Disease Prevention and Control and Cancer Prevention and Early Detection) as well as a number of other Priority Indicators, including Heart Disease, Obesity, Hypertension, Diabetes, Chronic Obstructive Pulmonary Diseases, and Lung Cancer. Plans for these programs are described below, and in further detail in the Appendices.

### Strategic Issue: Lifestyle Behavior Change

#### Tobacco Use

The Erie County Department of Health and its community partners plan to encourage tobacco-free living through policy, systems, and environmental changes in three key areas: prevention, cessation, and smoke-free public places. Below are the specific objectives we hope to achieve by December 31, 2013:

**Objective #1:** Increase the number of worksites receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30.

**Objective #2:** 100% of tobacco retail outlets will receive an ACT 112 enforcement compliance check.

**Objective #3:** Increase/maintain the number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor spaces from 11 to 16.

**Objective #4:** Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350.

**Objective #5:** Increase the number of successful fax referrals (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40, (with emphasis on women of child-bearing age).

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Tobacco Control Program. More information, including action plans and a list of community partners, is included in Appendix A.

## **Physical Activity**

The Erie County Department of Health and its community partners plan to implement policies and environmental changes that support residents in achieving increased physical activity. Below are the specific objectives we hope to achieve by December 31, 2013:

**Objective #1:** Implement Safe Routes to School program in at least 2 City of Erie Schools.

**Objective #2:** Increase the number of bicycle friendly businesses in the City of Erie by 4.

**Objective #3:** Increase the number of Complete Streets strategies in City of Erie traffic planning by 1.

**Objective #4:** Increase the number of trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program by 3.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners, is included in Appendix B.

## **Nutrition**

The Erie County Department of Health and its partners plan to implement policies, programs, and environmental changes that support residents in achieving a healthy diet. Below are the specific objectives we hope to achieve by December 31, 2013:

**Objective #1:** Increase the number of healthy corner stores in the City of Erie Food Deserts by 2.

**Objective #2:** Increase the number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts by 2.

**Objective #3:** the Healthy Food Policy Council will propose a healthy food/beverage policy to local government officials for adoption.

**Objective #4:** Erie County will pursue Bronze level awards for the national Let's Move! Cities, Towns and Counties program, sponsored by the National League of Cities.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners, is included in Appendix C.

## **Strategic Issue: Mental Health**

### **Suicide**

The Erie County Department of Health and its community partners plan to implement evidence-based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth. Below are the specific objectives we hope to achieve by December 31, 2013:

**Objective #1:** Work with a minimum of 2 school districts to provide suicide prevention education to students, using an evidence-based curriculum.

**Objective #2:** Work with a minimum of 2 school districts to train school district staff on an evidence-based suicide prevention program.

**Objective #3:** Work with a minimum of 3 colleges, universities, or technical schools to provide suicide prevention education and outreach to students and resident assistants.

**Objective #4:** Establish a suicide prevention task force with a minimum of 6 suicide prevention advocates and experts.

**Objective #5:** Increase the number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Violence and Injury Prevention Program. More information, including action plans and a list of community partners, is included in Appendix D.

## Appendix A: Tobacco Use

### 2012-2013 IMPLEMENTATION PLAN

**STRATEGIC ISSUE:** Lifestyle Behavior Change

**PRIORITY AREA:** Tobacco Use (Including Smoking During Pregnancy)

**GOAL:** Encourage tobacco-free living through prevention, cessation, and promotion of smoke-free public places

<b>PERFORMANCE MEASURES:</b> How We Will Know We are Making a Difference		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Number of worksites educated about the benefits of having a worksite tobacco policy</i>	<i>Program Records maintained by NW TCP</i>	<i>Annual</i>
<i>Percent of retail outlets receiving Act 112 enforcement compliance checks</i>	<i>Same as above</i>	<i>Annual</i>
<i>Number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor space</i>	<i>Same as above</i>	<i>Annual</i>
<i>Number of tobacco users who enroll in counseling services from the PA Free Quitline</i>	<i>Statistical Reports provided by Quitline</i>	<i>Annual</i>
<i>Number of successful fax referrals (resulting in an enrollment/completed intake) to the PA Free Quitline</i>	<i>Statistical Reports provided by Quitline</i>	<i>Annual</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Decrease the percentage of adults aged 18 and above who smoke cigarettes from 23% to 21% by December 31, 2014.</i>	<i>BRFSS</i>	<i>Triennial</i>
<i>Decrease smoking during pregnancy from 27.3% to 24.3% by December 31, 2014.</i>	<i>Birth Certificates</i>	<i>Annual</i>
<i>Maintain the proportion of retail outlets that receive enforcement compliance checks at 100% through 2014.</i>	<i>Program records maintained by NW TCP.</i>	<i>Annual</i>
<i>Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350 by December 31, 2013.</i>	<i>Program records maintained by NW TCP.</i>	<i>Annual</i>

## **ALIGNMENT WITH STATE/NATIONAL PRIORITIES**

### **Healthy People 2020: Tobacco Use**

#### Tobacco Use

1. TU–1 Adult tobacco use
2. TU–3 Initiation of tobacco use
3. TU–4 Smoking cessation attempts by adults
4. TU–5 Adult success in smoking cessation
5. TU–6 Smoking cessation during pregnancy

#### Health Systems Change

6. TU–9 Tobacco screening in health care settings
7. TU–10 Tobacco cessation counseling in health care settings

#### Social and Environmental Changes

8. TU–11 Exposure to secondhand smoke
9. TU–12 Indoor worksite smoking policies
10. TU–19 Enforcement of illegal sales to minors laws
11. TU–20 Evidence-based tobacco control programs

### **National Prevention Strategy: Tobacco Free Living**

1. Support comprehensive tobacco free and other evidence-based tobacco control policies.
2. Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act)
3. Expand use of tobacco cessation services.
4. Use media to educate and encourage people to live tobacco free.

**Pennsylvania:** This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Tobacco Control Program.

## **COMMUNITY PARTNERS**

Adagio Health (Erie County)  
American Diabetes Association  
American Heart Association  
Booker T. Washington Center  
City of Erie Police Department  
Community Health Net  
Corry Police Department  
Erie County Care Management  
Erie County District Attorney Office  
Erie County Medical Society  
Erie Gay News (LGBT population)  
Erie Housing Authority  
Erie Mental Health Association  
Gannon University, Nursing Program  
Gaudenzia  
GECAC  
Great Lakes Institute of Technology  
Health America Insurance (Coventry Healthcare)

Highmark Insurance  
John F. Kennedy Center  
Lake Erie College of Osteopathic Medicine  
Martin Luther King Center  
Mercyhurst University, Nursing Program  
Millcreek Community Hospital  
Millcreek Police Department  
Multi-cultural Resource Center  
Northwest Tri-County Intermediate Unit  
Regional Cancer Center  
Saint Benedict Adult Education Program  
Saint Vincent Health System  
Stairways Behavioral Health  
UPMC Hamot  
UPMC Hamot Women's Hospital  
UPMC Insurance  
VA Medical Center

## TOBACCO USE ACTION PLANS

<b>OBJECTIVE #1:</b> By December 31, 2013, increase the number of worksites receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> Centers for Disease Control and Prevention				
<b>Evidence Base:</b> <a href="http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html">http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html</a>				
<b>Policy Change (Y/N):</b> Y				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate 100% of businesses with a CIAA exception about the benefits of voluntary adoption of an indoor tobacco free policy.	June 2013	Kelly Kidd, NWPA TCP	Increased knowledge about the benefits of a tobacco free workplace.	
Encourage tobacco free policy adoption to businesses participating in worksite cessation, TFST, YLAP and Fax to Quit initiatives.	Ongoing through December 2013	Kelly Kidd, NWPA TCP —Fax to Quit and worksite cessation  Amanda Harkness, NWPA TCP —YLAP and TFST	Increased knowledge about the benefits of a tobacco free workplace.	
Provide technical assistance to worksites interested in strengthening or developing a tobacco free policy.	Ongoing through December 2013	Kelly Kidd, NWPA TCP	Adoption of a new or strengthened tobacco free workplace policy	
Recognize the implementation of tobacco free policy change through earned media.	Ongoing through December 2013	Kelly Kidd, NWPA TCP	Increased awareness of tobacco free workplace; affecting social norms	
Provide worksite tobacco free policy technical assistance to those identified in the needs assessment as interested in policy change.	December 2013	Kelly Kidd, NWPA TCP	Increased knowledge about the benefits of a tobacco free workplace.	

**TOBACCO USE ACTION PLANS (cont'd)**

<b>OBJECTIVE #2:</b> By December 31, 2013, 100% of tobacco retail outlets will receive an ACT 112 enforcement compliance check.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> Centers for Disease Control and Prevention				
<b>Evidence Base:</b> CDC's <i>Best Practices for Comprehensive Tobacco Control Programs—2007</i>				
<a href="http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_SectionA_I.pdf">http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_SectionA_I.pdf</a>				
<b>Policy Change (Y/N):</b> N				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Work with enforcement agents/agencies to address barriers to conducting at least one Act 112 enforcement compliance check at each tobacco retail location.	June 2013	Joy Henry, NWPA TCP	100% of tobacco retail outlets in the northwest region will receive an ACT 112 enforcement compliance check.	
Ensure that 100% of enforcement providers and youth are trained to conduct ACT 112 enforcement compliance checks according to DTPC guidelines, using DTPC approved materials.	June 2013	Joy Henry, NWPA TCP	100% of enforcement providers and youth are trained to conduct ACT 112 enforcement compliance checks	
100% of retailers in violation of ACT 112 will receive DTPC approved compliance education materials, once they are made available by DTPC.	Ongoing through September 2013	Joy Henry, NWPA TCP	100% of retailers in violation of ACT 112 will receive DTPC approved compliance education materials	
100% of retailers that do not violate ACT 112 will receive a currently available DTPC letter of compliance	Ongoing through September 2013	Joy Henry, NWPA TCP	100% of Retailers that do not violate ACT 112 will receive a letter of compliance	

## TOBACCO USE ACTION PLANS (cont'd)

<b>OBJECTIVE #3:</b> By December 31, 2013, increase the number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor spaces from 11 to 16.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> <i>Penn State Cooperative Extension – Young Lungs at Play</i>				
<b>Evidence Base:</b> <a href="http://extension.psu.edu/healthy-lifestyles/young-lungs">http://extension.psu.edu/healthy-lifestyles/young-lungs</a>				
<b>Policy Change (Y/N):</b> Y				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Promote Young Lungs at Play to 100% of NWPA municipalities and school districts.	Ongoing through December 2013	Amanda Harkness, NWPA TCP	Increased education about and elimination of exposure to secondhand smoke, social norms change.	
Provide technical assistance to 100% of municipalities and school districts that are interested in adopting smoke-free outdoor ordinances, policies, and resolutions.	Ongoing through December 2013	Amanda Harkness, NWPA TCP	Increased education about and elimination of exposure to secondhand smoke, social norms change.	
Recognize the adoption of smoke-free outdoor ordinances, policies and resolutions through earned media, as appropriate/permitted.	Ongoing through December 2013	Amanda Harkness, NWPA TCP	Increased awareness of harms of tobacco uses and secondhand smoke exposure, social norms change	
Follow-up with all Young Lungs at Play locations to provide any technical assistance, monitor progress and address any issues/concerns.	Ongoing through December 2013	Amanda Harkness, NWPA TCP	Increased knowledge and support regarding the benefits of maintaining tobacco-free environments	
Identify current Young Lungs at Play 'champions' to assist with promotion efforts to new municipalities.	Ongoing through December 2013	Amanda Harkness, NWPA TCP	Increased awareness and support among communities to establish smoke/tobacco free areas to protect the health and welfare of children and adults.	

**TOBACCO USE ACTION PLANS (cont'd)**

<b>OBJECTIVE #4:</b> By December 31, 2013, Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350. Baseline of 253 Is Jan – Dec 2011 Quitline calls for Erie.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> Treating Tobacco Use and Dependence				
<b>Evidence Base:</b> <a href="http://www.ahrq.gov/path/tobacco.htm#Clinic">http://www.ahrq.gov/path/tobacco.htm#Clinic</a>				
<b>Policy Change (Y/N):</b> N				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Promote the PA Free Quitline through earned and paid media throughout the region.	June 2013	Nicole Bolash / NWPAs TCP	Increased awareness of PA Free Quitline services	
Promote the PA Free Quitline through Worksite, TFST, Fax to Quit and CIAA initiatives; local worksite cessation classes; coalition trainings; and subcontractors that service patients/clients in all 13 counties.	Ongoing through December 2013	Kelly Kidd / NWPAs TCP  (worksite, CIAA, and F2Q)   Amanda Harkness  (TFST and coalition)	Increased awareness of PA Free Quitline services	
Focus promotional efforts on PADOH identified disparate populations and young adults throughout NWPAs.	Ongoing through December 2013	All tobacco staff	Increased awareness of PA Free Quitline services in disparate populations and young adults	

<b>OBJECTIVE #5:</b> By December 31, 2013, Increase the number of successful fax referrals (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40 (with emphasis on women of child-bearing age).				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> Treating Tobacco Use and Dependence				
<b>Evidence Base:</b> <a href="http://www.ahrq.gov/path/tobacco.htm#Clinic">http://www.ahrq.gov/path/tobacco.htm#Clinic</a>				
<b>Policy Change (Y/N):</b> N				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes

Implement Fax to Quit initiatives as directed by PA DOH Tobacco Control Program (DTPC).	Ongoing through December 2013	Kelly Kidd / NWPA TCP	Increased successful fax referrals to the PA Quitline	
Promote awareness of the Fax to Quit initiative to healthcare providers in NWPA. Provide technical assistance with skills related to screening and brief intervention.	Ongoing through December 2013	Kelly Kidd / NWPA TCP	Increased awareness of initiative and successful fax referrals to the PA Quitline	
Provide brief intervention education to healthcare providers as appropriate.	Ongoing through December 2013	Kelly Kidd / NWPA TCP	Increased successful fax referrals to the PA Quitline	
Act as liaison between healthcare providers and DTPC to address/discuss success and concerns.	Ongoing through December 2013	Kelly Kidd / NWPA TCP	Increased successful fax referrals to the PA Quitline	
Partner with the Erie County Cancer Control Task Force to address tobacco cessation/brief intervention 5 A's and 2 A's/R training in physician offices in Erie County.	Ongoing through December 2013	Cancer Control Task Force	Increased number of partners that have knowledge of evidence-based cessation methods	
Provide 5 A's and 2 A's/R training and technical assistance to physician offices and clinics in Erie County.	Ongoing through December 2013	Cancer Control Task Force	Increased number of physicians that have knowledge of, and use, evidence-based cessation methods; Increased successful fax referrals to the PA Quitline	
Provide cessation/ brief intervention materials and resources to physician offices and clinics in Erie County.	Ongoing through December 2013	Cancer Control Task Force	Increased number of physicians that use evidence-based cessation methods; Increased successful fax referrals to the PA Quitline	

## Appendix B: Physical Activity

### 2012-2013 IMPLEMENTATION PLAN

**PRIORITY AREA:** Physical Activity

**GOAL:** Erie County will implement policies that support residents in achieving increased physical activity.

<b>PERFORMANCE MEASURES:</b> How We Will Know We are Making a Difference		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Number of schools that implement Safe Routes to Schools program</i>	<i>Safe and Healthy Communities Program Records</i>	<i>Annual</i>
<i>Number of bicycle-friendly businesses in the City of Erie</i>	<i>same</i>	<i>Annual</i>
<i>Number of Complete Street strategies implemented and/or number and type of infrastructure changes made</i>	<i>same</i>	<i>Annual</i>
<i>Number of new trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program; total number of participating trail communities in Erie County</i>	<i>same</i>	<i>Annual</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Decrease the percentage of adults aged 18 and above who participated in NO leisure-time physical activity from 28% to 26% by December 31, 2014.</i>	<i>BRFSS</i>	<i>Triennial</i>

### ALIGNMENT WITH STATE/NATIONAL PRIORITIES

**Healthy People 2020:** Physical Activity

1. PA–1 No leisure-time physical activity
2. PA–2 Adult aerobic physical activity and muscle-strengthening activity
3. PA–13 Active transportation—walking
4. PA–14 Active transportation—bicycling
5. PA–15 Built environment policies

**National Prevention Strategy:** Active Living

1. Encourage community design and development that supports physical activity.
2. Facilitate access to safe, accessible, and affordable places for physical activity.
3. Support workplace policies and programs that increase physical activity.

**Pennsylvania:** This implementation plan is consistent with the priorities of the Pennsylvania Department of Safe and Healthy Communities Program.

## COMMUNITY PARTNERS

Asbury Woods Nature Center  
 Boy Scouts of America  
 Corry Chamber of Commerce  
 Erie Community Foundation  
 Erie Reader  
 Erie Yesterday  
 Eriez Magnetics  
 Fairview Township  
 Girard Borough  
 Girl Scouts of America

Goodell Gardens  
 Harborcreek Supervisor  
 Highmark  
 Lilly Broadcasting  
 Northeast Chamber of Commerce  
 Northwest Savings Bank  
 Union Township  
 VisitErie  
 Waterford Township

## PHYSICAL ACTIVITY ACTION PLANS

<b>OBJECTIVE #1:</b> By December 2013, implement Safe Routes to School program in at least 2 City of Erie Schools.				
<b>BACKGROUND ON STRATEGY</b>				
<p><b>Source:</b> Leadership for Healthy Communities Advancing Policies to Support Healthy Eating and Active Living: Action Strategies Toolkit – A Guide for Local and State Leaders Working to Create Healthy Communities and Prevent Childhood Obesity, Robert Wood Johnson Foundation</p> <p><b>Evidence Base:</b> <i>Recommended Strategy by US Department of Transportation, Federal Highway Administration</i></p> <p><b>Policy Change (Y/N):</b> Yes</p>				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Schedule meetings with City of Erie School District Administrators to discuss viability of the Safe Routes to School program in District.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Schools partnering on Safe Routes to School initiative	Schools are interested, seeking approval of district wide policy.
Provide technical assistance to the District to develop an outreach plan to schools.	December 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Outreach plan developed for school district	
Partner with at least 2 schools to complete walkability audits; and participate in the Safe Routes to School program	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	2 schools recruited to implement the Safe Routes to School program	
Promote the City of Erie School District and participating schools via media; and community	December 2013	Kim Beers/ECDH Safe and Healthy Communities	Increase awareness and support of the project	

events.		Program		
Evaluate the increase in number of walking/bicycling students; and report on types of Safe Routes to School policies adopted.	December 2013	Kim Beers/ECDH Safe and Healthy Communities Program	A measurement of the # of students walking/bicycling to school; and # of policies adopted.	

### PHYSICAL ACTIVITY ACTION PLANS (cont'd)

<b>OBJECTIVE #2:</b> By December 2013, increase the number of bicycle friendly businesses in the City of Erie by 4.				
<b>BACKGROUND ON STRATEGY</b>				
Source: <a href="http://www.activelivingbydesign.org">http://www.activelivingbydesign.org</a>				
Evidence Base: <i>Recommended as acceptable intervention strategy by Pennsylvania Department of Health</i>				
Policy Change (Y/N): Yes				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Schedule meetings with 4 City of Erie businesses to discuss bicycle friendly business initiative and assess interest in becoming bicycle friendly.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and support of the project; 4 participating businesses	
Provide technical assistance to encourage businesses to adopt bicycle friendly business policy, procedure or environmental change.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	4 businesses recruited to implement Bicycle Friendly activities	2 participating businesses as of 12/2012
Promote participating bicycle friendly businesses via media, and Bike Erie events.	June 2013	Kim Beers/ECDH & Bike Erie Coalition	Increase awareness and support of the project.	
Evaluate the increase in number of bicycling employees; or customers.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	A measurement of # of people bicycling as a result of active living by design strategy.	

<b>OBJECTIVE #3:</b> By December 2013, increase the number of Complete Streets strategies in City of Erie traffic planning by 1.				
<b>BACKGROUND ON STRATEGY</b>				
Source: <a href="http://www.nplanonline.org/nplan/products/what-are-complete-streets-factsheet">http://www.nplanonline.org/nplan/products/what-are-complete-streets-factsheet</a>				
Evidence Base: <i>Recommended as acceptable intervention strategy by Pennsylvania Department of Health</i>				
Policy Change (Y/N): Yes				
<b>ACTION PLAN</b>				

Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Schedule presentations with local County MPO to provide an overview of the Complete Streets program.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and support of the project.	
Schedule meetings with City and County traffic planners to provide an overview of bicycling and walking projects and assess interest in adopting Complete Streets policies.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and support of the project.	Complete
Encourage local government to adopt at least one new ordinance that mandates new streets shall be designed to enhance traffic safety for bicyclists and pedestrians.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Ordinance or support of future plans to include Active Living/Complete Streets	City of Erie Traffic Engineer is considering feedback from Bicycle Erie Coalition and discussed Peach and State Street bike lane possibilities
Promote the strategies via media, businesses, and community advocacy groups.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and support of the project.	
Evaluate the strategies selected for implementation and any infrastructure changes planned as a result.	December 2013	Kim Beers/ECDH Safe and Healthy Communities Program	A measurement of strategies selected; and # of infrastructure changes made as a result.	

<b>OBJECTIVE #4:</b> By December 31, 2013, Increase the number of trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program by 3				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> CDC				
<b>Evidence Base:</b> <a href="http://www.cdc.gov/chronicdisease/resources/publications/aag/healthy_communities.htm">http://www.cdc.gov/chronicdisease/resources/publications/aag/healthy_communities.htm</a>				
<b>Policy Change (Y/N):</b> Yes				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Schedule meetings with a minimum of 3 townships/boroughs to provide an overview of the project and assess interest in becoming a trail community.	June 2013	Laura Beckes/ECDH and community partners	Increase awareness and support of the project.	

Provide technical assistance to townships/boroughs in mapping a walking/biking trail in their community.	June 2013	Laura Beckes/ECDH and community partners	Map of new hiking/biking trails	
Promote the trails via media, township events, businesses, and schools.	Ongoing through October 2013	Laura Beckes/ECDH and community partners	Increase awareness and support of the project.	
Evaluate the program via Let's Move Outside! website.	November 2013	Laura Beckes/ECDH and community partners	A measurement of # of people who registered on the website, walked trails, and participated in the program.	

## Appendix C: Nutrition

### 2012-2013 IMPLEMENTATION PLAN

**STRATEGIC ISSUE:** Lifestyle Behavior Change

**PRIORITY AREA:** Nutrition

**GOAL:** Erie County will implement policies that support residents in achieving a healthy diet.

<b>PERFORMANCE MEASURES:</b> How We Will Know We are Making a Difference		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Number of healthy corner stores in the City of Erie Food Deserts</i>	<i>Safe and Healthy Communities Program Records</i>	<i>Annual</i>
<i>Number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts</i>	<i>Same as above</i>	<i>Annual</i>
<i>Number of healthy food/beverage policies proposed to local government officials by Healthy Foods Policy Council; number of policies adopted</i>	<i>Same as above</i>	<i>Annual</i>
<i>Number of Bronze level awards received for the national Let's Move! Cities, Towns and Counties program.</i>	<i>Same as above</i>	<i>Annual</i>
<i>Number of venues promoting My Plate; number of Play spaces mapped</i>	<i>Same as above</i>	<i>Annual</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Increase the percentage of adults aged 18 and above who eat five or more servings of fruits and/or vegetables per day from 10% to 12% by December 31, 2014.</i>	<i>BRFSS</i>	<i>Triennial</i>

### ALIGNMENT WITH STATE/NATIONAL PRIORITIES

**Healthy People 2020:** Nutrition and Weight Status

#### Healthier Food Access

1. NWS-4 Retail access to foods recommended by Dietary Guidelines for Americans

#### Food and Nutrient Consumption

2. NWS-14 Fruit intake
3. NWS-13 Vegetable intake

**National Prevention Strategy:** Healthy Eating

1. Increase access to healthy and affordable foods in communities.
2. Improve nutritional quality of the food supply.
3. Help people recognize and make healthy food and beverage choices.

**Pennsylvania:** This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program.

**COMMUNITY PARTNERS**

- |   |  |
|---|--|
| Erie City Council                                       | Member-at-Large (Anne Schmitt, food-growing expertise) |
| Erie County Board of Health                             | Mercyhurst Civic Institute                             |
| Erie County Department of Health                        | Saint Vincent Health System                            |
| Erie Regional Chamber and Growth Partnership            | Second Harvest Food Bank                               |
| Gannon University                                       | Sisters of Saint Joseph Neighborhood Network           |
| Junior League of Erie                                   | Whole Foods Cooperative                                |
| Member-at-Large (Bill Welch, community health advocate) |  |

**NUTRITION ACTION PLANS**

<b>OBJECTIVE #1:</b> By December 2013, increase the number of healthy corner stores in the City of Erie Food Deserts by 2.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. <a href="http://www.cdc.gov/mmwr">www.cdc.gov/mmwr</a>				
<b>Evidence Base:</b> Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.				
<b>Policy Change (Y/N):</b> Yes – Environmental Change				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Assess local corner stores for healthy food options.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	# of store assessments completed	
Schedule meetings with at least 2 store owners to discuss healthy corner store strategies and assess interest levels.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and encourage program participation	
Provide technical assistance to participating stores to encourage farm to store partnership; and WIC healthy foods participation.	June 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase in # of produce venues accessible; local foods provided; and/or # of stores participating and promoting WIC Healthy Foods	
Promote program efforts via media and community events.	December 2013	Kim Beers/ECDH Safe and Healthy Communities Program	Increase awareness and support of the project	
Evaluate the increase in number of participating stores; and number	December 2013	Kim Beers/ECDH Safe and Healthy	# of participating stores and # of customers	

of customers impacted by changes.		Communities Program	reached	
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## NUTRITION ACTION PLANS (cont'd)

<b>OBJECTIVE #2:</b> By December 2013, increase the number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts by 2.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. <a href="http://www.cdc.gov/mmwr">www.cdc.gov/mmwr</a>				
<b>Evidence Base:</b> Communities should increase availability of affordable healthier food and beverage choices in public service venues				
<b>Policy Change (Y/N):</b> Yes – Systems Change				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Schedule meeting with Second Harvest Food Bank to assess viability of a Food Storage Cooler Project.	June 2013	Kim Beers	Increase awareness and encourage participation/support of program	Complete
Purchase food storage coolers for 13 food pantry locations in select high need census tracts and food desert areas.	June 2013	Kim Beers	13 coolers implemented and utilized at food pantries	Complete
Provide technical assistance to Second Harvest Food Bank by providing educational materials and acting as a resource to schedule various chronic disease related presentations at the sites.	June 2013	Kim Beers	Build capacity of food pantry sites to act as access points for fresh fruits/vegs in food desert and high need census tracts.	In Progress
Promote the program efforts via media and community events.	June 2013	Kim Beers/ECDH and Healthy Foods Policy Council	Increase awareness and encourage support of the program.	
Evaluate consumption of foods and number of actively participating sites.	December 2013	Kim Beers/ECDH and Healthy Foods Policy Council	Increase in # of participants consuming fresh fruits/veg. in food desert areas; maintain sites	

## NUTRITION ACTION PLANS (cont'd)

<b>OBJECTIVE #3</b> By June 2013, a Healthy Food Policy Council will propose a healthy food/beverage policy to local government officials for adoption.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> NACCHO/PLCM Recommendation; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. <a href="http://www.cdc.gov/mmwr">www.cdc.gov/mmwr</a>				
<b>Evidence Base:</b> Communities Should Participate in Community Coalitions or Partnerships to Address Obesity p. 21; Communities should increase availability of affordable healthier food and beverage choices in public service venues				
<b>Policy Change (Y/N):</b> Yes				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Schedule meetings with Healthy Foods Policy Council to review potential policy changes for the community.	June 2013	Kim Beers/ECDH	Potential policies reviewed	
Identify at least one (1) policy pertaining to active living and healthy eating which a local community coalition shall propose to local government for review.	June 2013	Kim Beers/ECDH and Healthy Foods Policy Council	Policy selected for proposal to local government	
Provide Technical Assistance to Healthy Foods Policy Council, by taking minutes, organizing meetings, and advising on strategies.	June 2013	Kim Beers/ECDH	# of Healthy Food Policy Council meetings, minutes, and # of presentations given	
Promote efforts of local coalition and any local government action via media and community events.	June 2013	Kim Beers/ECDH and Healthy Foods Policy Council	Increase awareness and support of the program efforts.	
Evaluate number/type of policies proposed and/or selected by local government.	June 2013	Kim Beers/ECDH And Healthy Foods Policy Council	# of policies proposed/selected by local government	

## NUTRITION ACTION PLANS

<b>OBJECTIVE #4:</b> By June 2013, Erie County will pursue Bronze level awards for the national Let's Move! Cities, Towns and Counties program sponsored by the National League of Cities.				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> NACCHO/PLCM Recommendation; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. <a href="http://www.cdc.gov/mmwr">www.cdc.gov/mmwr</a>				
<b>Evidence Base:</b> Communities Should Participate in Community Coalitions or Partnerships to Address Obesity p. 21; Communities should increase availability of affordable healthier food and beverage choices in public service venues				
<b>Policy Change (Y/N):</b> Yes				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Propose and encourage enrollment of Let's Move Erie County to the County Executive	July 2012	Kim Beers/Laura Beckes	Erie County enrolled as Let's Move County	Complete
Identify all food vendors and contractors for County owned or operated venues that serve food, along with the dates when their contracts can be amended or renegotiated.	Sept. 2012	Laura Beckes/Kim Beers; Erie County government officials	Food vendors ID'd, capacity to renegotiate for availability of healthy food options for County patrons and employees	Complete; Andrea Parknow (County of Erie Wellness Coordinator) confirmed on 11.28.2012 per Kim Beers
Prominently display the My Plate message in County venues that serve foods	July 2013	Laura Beckes/Kim Beers; Erie County government officials	My Plate POD Prompts, to encourage employees to make the healthier choice	In Progress; Kim Beers proposed to Andrea Parknow
Work with Early Childhood Centers to promote healthy eating strategies in centers/continue partnership with Maternal Child Health Task Force re: Childhood Obesity	July 2013	Laura Beckes / ECDH; MCH Task Force	# of early childhood centers promoting healthy eating strategies; # of Maternal Child Health Task Force meetings attended	
Promote Erie County Let's Move! medals awarded via media and community events.	June 2013	Laura Beckes/ECDH	Increase awareness and support of County health initiatives; # of medals awarded and level	In Progress; Awarded 3 of 5 immediately after completion of enrollment
Evaluate the number of County venues promoting My Plate and number of play spaces mapped, etc.	June 2013	Laura Beckes/ECDH	# of venues promoting My Plate; and # of Play spaces mapped	Play spaces mapped via previous grant project (Kim Beers)

## Appendix D: Suicide

### 2012-2013 IMPLEMENTATION PLAN

**STRATEGIC ISSUE:** Mental Health

**PRIORITY AREA:** Suicide

**GOAL:** Implement evidence-based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth.

<b>PERFORMANCE MEASURES:</b> How We Will Know We are Making a Difference		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Number of school districts and students receiving suicide prevention education.</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>
<i>Number of school districts and teachers receiving training in suicide prevention.</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>
<i>Number of colleges, universities, or technical schools receiving suicide prevention education and outreach to students and resident assistants.</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>
<i>Number of suicide prevention advocates and experts involved in the Suicide Prevention Task Force.</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>
<i>Number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy; number adopting a new or revised policy</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Increase the number of school districts that adopt evidence based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth from 0 to 4 by December 31, 2014.</i>	<i>ECDH Injury Prev. Program Records</i>	<i>Annual</i>

### ALIGNMENT WITH STATE/NATIONAL PRIORITIES

**Healthy People 2020:** Mental Health Status Improvement

1. MHMD-2: Reduce suicide attempts by adolescents.

**National Prevention Strategy:** Mental and Emotional Well-being

1. Promote early identification of mental health needs and access to quality services.

**Pennsylvania:** This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Violence and Injury Prevention Program.

**COMMUNITY PARTNERS**

- |   |  |
|---|--|
| Baldwin Brothers Realty                                   | Multicultural Community Resource Center    |
| Children’s Advocacy Center Erie                           | Northwest Tri-County Intermediate Unit 5   |
| City of Erie School District                              | Office of Children and Youth               |
| Coalition Pathways  | Office of the Erie County Coroner          |
| Community Member-at-Large (Becky Ireson)                  | Office of the PA Attorney General          |
| County of Erie, Mental Health & Mental Retardation        | Ophelia Project                            |
| Erie County Department of Health                          | Perseus House                              |
| Erie City Council   | Saint Vincent Health System                |
| Gannondale School for Girls                               | Sisters of St. Joseph Neighborhood Network |
| Greater Erie Community Action Committee                   | Stairways Behavioral Health                |
| Lake Erie College of Medicine - School of Pharmacy Intern | Trinity Center                             |
| Mercyhurst University                                     | UPMC Hamot                                 |
| Mission Empower   | Women’s Care Center                        |
| Mothers Against Teen Violence                             |  |

**SUICIDE ACTION PLANS**

<b>OBJECTIVE #1:</b> <i>By December 31, 2013, work with a minimum of 2 school districts to provide suicide prevention education to students, using an evidence-based curriculum.</i>				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> SAMHSA				
<b>Evidence Base:</b> <a href="http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf">http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf</a>				
<b>Policy Change (Y/N):</b> NO				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Create and send a letter with an overview of the Erie County suicide prevention program to public and private high schools/middle schools in Erie County.	December 2012	Laura Beckes, ECDH Injury Prevention Program	Increased awareness about the suicide prevention program, including information on evidence-based curriculum	
Contact the IU5 to meet with guidance counselors, principals, and/or superintendents to further explain the program.	December 2012	Laura Beckes, ECDH Injury Prevention Program	Increased awareness about the suicide prevention program	
Schedule and conduct education to students	December 2013	Laura Beckes, ECDH Injury Prevention Program	Increase knowledge, attitudes, and awareness aimed at resulting in a decrease in suicide / suicide attempts	
Distribute pre/post surveys to students and create an aggregated report of results.	December 2013	Laura Beckes, ECDH Injury Prevention Program	Report of knowledge and attitudes re: suicide resources, warning signs, risk factors, etc.	

## SUICIDE ACTION PLANS (cont'd)

<b>OBJECTIVE #2:</b> <i>By December 31, 2013, work with a minimum of 2 school districts to train school district staff on an evidence based suicide prevention program</i>				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> SAMHSA				
<b>Evidence Base:</b> <a href="http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf">http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf</a>				
<b>Policy Change (Y/N):</b> NO				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create and send a letter with an overview of the Erie County suicide prevention program to high schools/middle schools in Erie County.	December 2012	Laura Beckes, ECDH Injury Prevention Program	Increased awareness about the suicide prevention program, including information on evidence-based curriculum	
Contact the IU5 to meet with guidance counselors, superintendents and principals to explain the program.	December 2012	Laura Beckes/Patty Puline, ECDH Injury Prevention Program	Increased awareness about the suicide prevention program	
Schedule and conduct training with school district staff	December 2013	Laura Beckes/Patty Puline, ECDH Injury Prevention Program	Increase knowledge, attitudes, awareness aimed at resulting in a decrease in suicide / suicide attempts	
Distribute pre/post survey to staff and create an aggregated report of results.	December 2013	Laura Beckes, ECDH Injury Prevention Program	Report of knowledge and attitudes re: suicide resources, warning signs, risk factors, etc.	

<b>OBJECTIVE #3:</b> <i>By December 31, 2013 work with a minimum of 3 colleges, universities, or technical schools to provide suicide prevention education and outreach to students and resident assistants.</i>				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> SAMHSA				
<b>Evidence Base:</b> <a href="http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf">http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf</a>				
<b>Policy Change (Y/N):</b> NO				
<b>ACTION PLAN</b>				
Activity	Target Date	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Contact colleges, universities, and technical schools via phone and/or email to provide an overview of the Erie County suicide prevention program.	December 2012	Laura Beckes/ECDH, Injury Prevention Program	Increased awareness about the suicide prevention program, including information on evidence-based curriculum	
Meet with colleges, universities, and technical schools to further explain	December 2012	Laura Beckes/ECDH, Injury Prevention	Increased support and awareness of the	

the program.		Program	suicide prevention program.	
Schedule and conduct education to students and resident assistants	December 2013	Laura Beckes/ECDH, Injury Prevention Program	Increase knowledge, attitudes, awareness aimed at resulting in a decrease in suicide / suicide attempts	
Distribute pre/post survey to students and create and aggregated report to report results.	December 2013	Laura Beckes/ECDH, Injury Prevention Program	Assess knowledge and attitudes regarding suicide resources and warning signs, etc.	

<b>OBJECTIVE #4:</b> <i>By December 31, 2012, establish a suicide prevention task force with a minimum of 6 suicide prevention advocates and experts.</i>				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> National Strategy for Suicide Prevention				
<b>Evidence Base:</b> <a href="http://www.sprc.org/library/nssp.pdf">www.sprc.org/library/nssp.pdf</a>				
<b>Policy Change (Y/N):</b> NO				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Contact suicide prevention advocates and experts via phone, email, and meetings to invite them to become a member of the task force.	December 2013	Patty Puline, ECDH Injury Prevention Program	Increased collaboration and support of suicide prevention efforts	
Schedule and conduct quarterly meetings	Ongoing	Patty Puline, ECDH Injury Prevention Program	Increased collaboration and support of suicide prevention efforts	
Review evidence based suicide prevention programs and make recommendations for use in Erie County	Ongoing	Task Force	Written recommendations	
Develop a long term strategy for reducing suicide in Erie County	Ongoing	Task Force	Decreased number of suicide attempts/suicides	

<b>OBJECTIVE #5:</b> <i>By December 31, 2013, increase the number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy.</i>				
<b>BACKGROUND ON STRATEGY</b>				
<b>Source:</b> National Governors Association on Best Practices				
<b>Evidence Base:</b> <a href="http://www.nga.org/files/live/sites/NGA/files/pdf/0504SUICIDEPREVENTION.pdf">http://www.nga.org/files/live/sites/NGA/files/pdf/0504SUICIDEPREVENTION.pdf</a>				
<b>Policy Change (Y/N):</b> YES				
<b>ACTION PLAN</b>				
<b>Activity</b>	<b>Target Date</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>

Educate high schools and middle schools guidance counselors, superintendents, and/or principals about the benefits of a voluntary adoption of a suicide prevention policy	December 2013	Laura Beckes, ECDH Injury Prevention Program	Increased knowledge of the benefits of a comprehensive suicide prevention policy	
Provide technical assistance to schools interested in strengthening or developing a suicide prevention policy.	December 2013	Laura Beckes, ECDH Injury Prevention Program	Adoption of a new or strengthened suicide prevention policy in schools	

## **Appendix 3**

### **Strengths, Weaknesses, Opportunities and Threats**

ERIE COUNTY DEPARTMENT OF HEALTH  
Strategic Planning 2012 - SWOTs

	STRENGTHS	WEAKNESSES
Human Resources	<p>Teamwork Some people (not all) Well educated Dedicated to community Knowledgeable staff Morale Flexibility Passion and caring Professionalism Commitment Management Productivity and efficiency Adapt well to change Qualified Hard workers Opportunities to increase skills/knowledge Adequate number Expertise/highly skilled Competency Attitude toward client population Sustainability Turnover Level of support from leadership Staff satisfaction</p>	<p>Lack of professional grant writers Apathy Staff retention and satisfaction Lack of cross training Lack of staffing Lack of qualified staff Workforce overload (taking on cut job duties) Union protecting the complacent workers Resistant to organizational change Public health expertise Lack of opportunities for staff development/growth No money for graduate work</p>
Programs/ Services	<p>Accessible Wide variety/range of quality services Culturally appropriate health education Preparedness Provision of essential services Injury prevention Less illness Efficiency/wait time to receive services</p>	<p>Program plan and development; input to gls and objs Silo approach to many services</p>
Community and Client-Related	<p>Increased community awareness of services Respectful of community health needs Reliable/respected source of information Agency that promotes healthy community Influencing health and environmental policy Caretaker of public's health Primary source for leadership in public health Provide well defined and understood community system Customer service Helping the community Strong relationships in community Good reputation Community partners/collaboration Relationship with media Health status of population Demographics Perceived credibility of ECDH</p>	<p>Community view: all we do is inspect restaurants General understanding of what PH is and does Lack of true appreciation Develop more public/private partnerships <u>Most</u> are welcome</p>

<p><b>Administrative/ Organizational</b></p>	<p>IT Data Electronic medical records Grant writing Immunization rates Institutional memory Good benefits Policies and procedures Communication between management and staff Management-union relations Educational opportunities Clear community activist for wellness</p>	<p>Administration/(County) support Uncertainty/sustainability/risks of budget cuts Financial management Decision matrix should be required for all cuts Doing more with less money Financially dependent Limited funds Grade scales/pay/low pay leads to turnover Clear articulation of agency priorities Lack of focus/try to be all things to all people Lack of qualified management Mgt. not always supportive of "grant" values (talk the talk, but don't walk the walk) One w/ BS shouldn't manage one w/ MS Too much red tape; forever to get anything done Requirement to report time and travel "Us v. them" mentality Internal partnerships; divisions are separate Outdated technology Interdepartment knowledge</p>
<p><b>Other</b></p>	<p>Logic model Needs assessment</p>	<p>Balance representation of BOH (injury prevention) No healthy vending choices Slow elevator and only one Too much fluff</p>

Oct-12

**ERIE COUNTY DEPARTMENT OF HEALTH**  
**Strategic Planning 2012 - SWOTs**

	OPPORTUNITIES	THREATS
<b>Human Resources</b>	Cross train Workforce development with Chamber	Job loss Brain drain Knowledge not always for the good of humanity Lack of staff flexibility
<b>Programs/ Services</b>	Chronic disease education Obesity Hepatitis C clinic Improvement in national county ranking Changes in delivery of care (e.g., school-based) Role of PH changing Education - provide to community Community interest in environment Increase in preventive health services coverage More research data on effects of diet/nutrition Rebuild relationships -- parents and children Genetic technology	No follow-up on air quality testing Media told services won't be affected by layoffs Lack of treating clinicians (HIV) Cost of meds Availability of vaccines Reductions in key programs Communicable diseases - treatment Lower vaccination rates -- may begin to see effects Limited access to healthcare Emerging infectious diseases Decline in primary care Technology Computer program alternatives
<b>Community</b>	Engage the community (for input, ideas, etc.) Promote awareness/understanding of what we do/why Positive media Partner w/ external orgs; help build their capacity to serve Partnerships Multiple universities Strategic alliances Collaborations w/ other agencies Globalization strengthens community Community more dependent on ECDH More public interest (technology assisted) Increased roles for FQHCs PH program at Mercyhurst Good working relationships w/ community agencies	Changing demographics Health dept. viewed "non-essential" by some county ldrs Lack of understanding & value of PH to community Inability for clients to support work done Changing values and expectations of community Lack of public knowledge of all services HD offers Angry clients Lack of appreciation Population disparity (globalization)
<b>Administrative/ Organizational</b>	Involve management in our job Public recognition of accreditation (strengthen dept., PR and funding) Limited understanding of accreditation by staff	County/State/Unions - work rules
<b>Financial</b>	Private funding opportunities Examine where money is so we can follow it Grants	Limited funding/cuts to programs Budget reduction and cuts (Federal, State and local) Other agencies seeking grants
<b>Government/ Regulatory Env.</b>	Outside voices during County Council mtgs. Advocacy w/ legislators Obama	Tax Reform Political environment/politicians/elected officials Local economy Next Administration Legal climate for clinicians Insurance changes w/ next Administration Smoking regulation enforcement County Executive/City Council Mitt Romney Obama "Rural" classification Lack of guidance on regulations Federal regulations create more work

Other	Institutional memory Mentors/mentoring program Good regional location Social media (Facebook, Twitter) Using website/updating info To be innovative	Global warming Human behavior (behavioral health, prison capacity, contagious diseases) The unforeseen future Evolving expectations of PH (globally & specifically) Toxic in ECDH office bldg. Security in bldg. Cost of bldg. No bicycle racks Generation gaps Privatizations Care of populous (don't care) Electromagnetic pulse radiation - Iran Someone going postal - employees or clients
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Oct-12

## **Appendix 4**

### **Contributors to the Strategic Plan**

**Contributors to the Erie County Department of Health 2012 Health Strategic Plan**

Erie County Department of Health

*Board of Health*

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