



Vision for a Healthy and Vibrant Community

EXECUTIVE Summary

VISION FOR A HEALTHY AND VIBRANT COMMUNITY

Leshia Lyman and Tim Rawe, Chairs

“Northern Kentucky will be recognized, both nationally and internationally, as a great place to live,” is one of Vision 2015’s goals. One of the strategies to achieve this goal is to conduct a health and social needs assessment and planning process.

The Northern Kentucky Health Department facilitated the Mobilizing for Action through Planning and Partnerships strategic planning process with Vision 2015 and Cincinnati Children’s Hospital Medical Center. The MAPP process uses four unique assessments to determine community priorities. The four assessments are Community Health Status, Local Public Health System, Community Themes and Strengths, and Forces of Change.

While Vision 2015 extends across nine counties, this assessment focused on the four counties served by the Northern Kentucky Health Department. These are Boone, Campbell, Grant and Kenton counties. More than 200 individuals and 120 organizations participated in the assessments and nearly 2,000 residents responded to a community survey.

To achieve the vision, “Thriving people living healthy lifestyles in a vibrant community,” four strategic issues were developed. Those issues are:

STRATEGIC ISSUE I: How does the region improve access to primary care, mental health services, substance abuse services and dental services to low-income families in the most cost effective and coordinated manner?

STRATEGIC ISSUE II: How can we achieve a defined and measurable collaborative effort between businesses, government and non-profit sectors to comprehensively address the interrelated issues facing our community?

STRATEGIC ISSUE III: How do we make real change in the nutrition and physical activity choices families make that affect their children’s health?

STRATEGIC ISSUE IV: How can we best provide education and awareness activities to improve lifestyle choices that impact health, i.e. smoking, nutritious foods, physical activity, preventative or regular health care and prenatal care?

The MAPP Oversight Committee will supervise the implementation of the goals for each of these strategic issues until the year 2015 or until all of the goals for the vision of a healthy community are achieved.

The MAPP planning process was partially funded by a grant from the Foundation for a Healthy Kentucky. The foundation was created in 2001 to address the unmet health care needs of Kentucky.

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The Vision

A HEALTHY AND VIBRANT COMMUNITY

MAPP LEADERSHIP TEAM

Leshia Lyman, Co-Chair
Tim Rawe, Co-Chair

Charles Alexander*
David Bailey
Jennifer Chubinski
Kara Clark*
Kathy Cook
Pat Dressman
John Dubis
Chris Goddard

Brenda Gosney
Marc Hoffman
Barbara Howard
G. Edward Hughes
Steven R. Katkowsky, M.D.
Kirk Kavanaugh*
George Kent
Darrell Link
John Mays
Ed Muntel
Colleen O'Toole

Trisha Rayner*
Donald Saelinger, M.D.
William Scheyer*
Blair Schroeder
Lisa Simpson, M.B.*
Sister Margaret Stallmeyer*

* Assessment work group and
committee chairs or co-chairs

VISION 2015 — HEALTH AND SOCIAL NEEDS ASSESSMENT

COMMUNITY VISION

Goal

Northern Kentucky will be recognized, both nationally and internationally, as a great place to live.

Strategy

Conduct ongoing health and social assessments and implement a comprehensive regional approach to meet and fund those needs.

“THRIVING PEOPLE LIVING HEALTHY LIFESTYLES IN A VIBRANT COMMUNITY”

Community Values

- Responsible and healthful lifestyle choices
- Green space and recreation opportunities throughout our community
- Air, water and environmental quality
- Wellness initiatives in schools, the workplace and the community at large
- Access to a health care system that encompasses wellness and sick care
- Technology and quality improvement practices for efficient and effective health care
- Resources for safety net services
- A holistic approach to addressing health problems

*Responsible and healthful lifestyle
choices contribute to a thriving,
vibrant community.*



The Plan

STRATEGIC ISSUES AND GOALS

The Northern Kentucky Health Department facilitated the Mobilizing for Action through Planning and Partnerships strategic planning process with Vision 2015 and Cincinnati Children's Hospital Medical Center. After months of engagement and work, the following strategic issues were identified to be of highest priority to Northern Kentucky residents.

STRATEGIC ISSUE I

HOW DOES THE REGION IMPROVE ACCESS TO PRIMARY CARE, MENTAL HEALTH SERVICES, SUBSTANCE ABUSE SERVICES AND DENTAL SERVICES TO LOW-INCOME FAMILIES IN THE MOST COST EFFECTIVE AND COORDINATED MANNER?

- Are there opportunities for better integration of services?
- Can we maximize the integration of services?
- Can we reduce the number of children without health insurance?
- Can we increase access to sign up for KCHIP at the Health Department and other community sites in Northern Kentucky?
- Does the region work to encourage, recruit and retain an adequate number of health practitioners in primary care, oral health and mental health?

Goal 1: Reduce financial barriers to health care

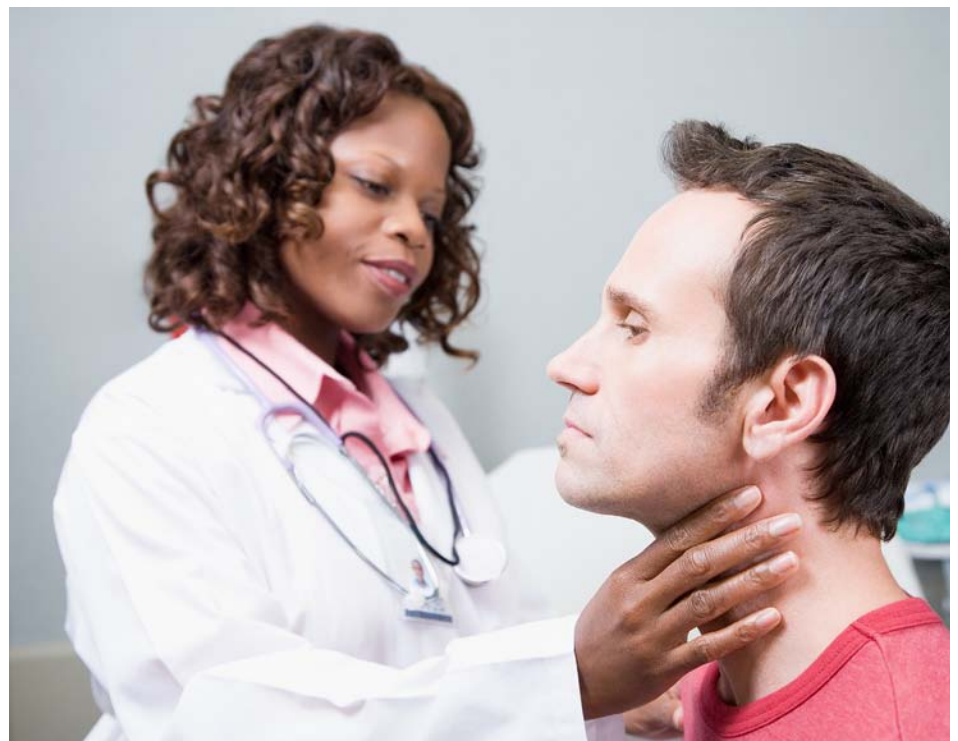
Goal 2: Inform and challenge cultural beliefs that impede access

Goal 3: Increase the pool of health care providers

Goal 4: Integrate health care to provide preventive to long-term care

Goal 5: Expand enrollment in KCHIP and Medicaid

Improved access to primary care, mental health services, substance abuse services and dental services to low-income families is a high priority to Northern Kentucky residents.



STRATEGIC ISSUE II

HOW CAN WE ACHIEVE A DEFINED AND MEASURABLE COLLABORATIVE EFFORT BETWEEN BUSINESSES, GOVERNMENT AND NON-PROFIT SECTORS TO COMPREHENSIVELY ADDRESS THE INTERRELATED ISSUES FACING OUR COMMUNITY?

- Goal 1:** Develop a consortium of government, business and non-profits who speak as one voice for the well-being of this community regarding health and human services issues
- Goal 2:** Develop an advocacy program to speak in one voice
- Goal 3:** Identify current utilization of health and human service resources in Boone, Campbell, Grant and Kenton counties
- Goal 4:** Build public will for change

STRATEGIC ISSUE III

HOW DO WE MAKE *REAL* CHANGE IN THE NUTRITION AND PHYSICAL ACTIVITY CHOICES FAMILIES MAKE THAT AFFECT THEIR CHILDREN’S HEALTH?

- Can school nutrition and physical activity policies optimize child health?
 - Can Northern Kentucky grow in a manner that protects and enhances environmental quality and provides convenient access to facilities promoting an active lifestyle?
 - Can we develop community wellness centers, possibly using libraries, schools and senior centers to focus on whole person wellness health (using Campbell County Senior Center as a model)?
 - What health programs will be offered in wellness centers?
- Goal 1:** Decrease obesity and unhealthy lifestyle choices among children
 - Goal 2:** Create access to healthy lifestyle choices through a coordinated community system
 - Goal 3:** Change community and workplace policies to increase access to healthy lifestyle choices

STRATEGIC ISSUE IV

HOW CAN WE BEST PROVIDE EDUCATION AND AWARENESS ACTIVITIES TO IMPROVE LIFESTYLE CHOICES THAT IMPACT HEALTH, I.E. SMOKING, NUTRITIOUS FOODS, PHYSICAL ACTIVITY, PREVENTATIVE OR REGULAR HEALTH CARE AND PRENATAL CARE?

- Goal 1:** People of all ages and backgrounds will demonstrate lifestyle choices that contribute to healthy, vibrant lives and ultimately a thriving community

Promoting positive changes in the nutrition and physical activity choices families make that affect their children’s health is an important issue to the Northern Kentucky community.



What's Next?

IMPLEMENTATION PLAN

MAPP OVERSIGHT COMMITTEE

The MAPP Leadership Team will become the MAPP Oversight Committee for the implementation of the MAPP Action Cycle. It will promote the implementation of the plan by organizing MAPP Implementation Teams for each of the four strategic issues.

THE MAPP OVERSIGHT COMMITTEE WILL:

- Appoint MAPP Implementation Team chairs
- Assist with recruiting Implementation Team members
- Review the action plans to identify opportunities for collaboration, better efficiency and areas of duplication
- Monitor implementation of action plans
- Engage media and other support for the implementation process
- Evaluate the results of the action plans and suggest areas for modification and improvement
- Coordinate activities with Vision 2015 and the Health Department

MAPP IMPLEMENTATION TEAMS

THE MAPP IMPLEMENTATION TEAMS WILL:

- Invite participation of community stakeholders
- Develop objectives that are achievable, measurable and time limited
- Research best practices and science-based approaches to achieve objectives
- Conduct a feasibility study and develop a business plan to assure sustainability
- Identify revenue sources to implement objectives
- Develop action plans that clearly identify what, when, and how each objective will be accomplished and who will be responsible for implementation
- Implement the action plans
- Monitor progress and outcomes
- Report progress to the MAPP Oversight Committee

Periodically, the MAPP Oversight Committee will evaluate and report progress to the Regional Stewardship Council of Vision 2015, to the Northern Kentucky District Board of Health and to the community.



History

HOW DID WE GET HERE?

COLLABORATION BETWEEN NORTHERN KENTUCKY HEALTH DEPARTMENT AND VISION 2015

The Northern Kentucky Health Department has collaborated with Vision 2015 and its predecessor Forward Quest since 1996 with the publication of the *Northern Kentucky Community Health Plan 1996*. The Master Health Plan for Northern Kentucky 2005 completed the Quest objective to “establish a Healthy Community Task Force to develop a master plan for working toward a positive state of health and to develop initiatives to achieve these objectives.”

The *Master Health Plan* was a summary of more than 10 years of community health planning and initiatives to improve community health. In March 2008, the Health Department published the *Ten-Year Review of the Master Health Plan* for Northern Kentucky. This review measured several indicators for each of the 14 priority issues identified in the *Master Health Plan*. This review indicated progress had been made on many of the objectives, but was inconclusive for many others.

One of Vision 2015’s Healthy Communities strategies is to, “conduct ongoing health and social assessments and implement a comprehensive regional approach to meet and fund those needs.” The health and social needs of Northern Kentucky should periodically be reassessed and plans revised to reflect changes in the community.

In 2008, Vision 2015 and the Health Department began organizing for a new health and social needs assessment. The Health Department is nationally recognized for MAPP leadership, dating back to its selection as a demonstration site in 2000. The Health Department agreed to facilitate the Vision 2015 strategy and the MAPP model was selected as the best tool for completing this task.

Vision 2015 extends across nine counties in Northern Kentucky. The Health Department serves Boone, Campbell, Grant and Kenton counties. Three Rivers District Health Department serves Carroll, Gallatin, Owen and Pendleton counties. Three Rivers is completing the MAPP process in the four counties it serves independently of the Northern Kentucky process.

All health and social needs assessment data contained in this report is for the four counties served by the Northern Kentucky Health Department. They are Boone, Campbell, Grant and Kenton counties.



The Process

MAPP STRATEGIC PLANNING PROCESS

The Mobilizing for Action through Planning and Partnerships strategic planning process was partially funded by a grant from the Foundation for a Healthy Kentucky. The foundation was created in 2001 to address the unmet health care needs of Kentucky. Additional support was provided by Vision 2015, Cincinnati Children's Hospital Medical Center and the hospital's Child Policy Research Center. The MAPP process has six phases.

PHASE I

PHASE I – ORGANIZE FOR SUCCESS AND DEVELOP PARTNERSHIPS

Vision 2015, the Health Department and other community leaders organized the MAPP Leadership Team as the guiding force for the MAPP process.

PHASE II

PHASE II – CREATE A VISION

The MAPP Leadership Team's first task was to develop a vision that would guide the MAPP process to achieve the vision "Thriving people living healthy lifestyles in a vibrant community."

PHASE III

PHASE III – FOUR ASSESSMENTS

The MAPP Leadership Team reviewed the results from four community assessments. These assessments are Community Health Status, Local Public Health System, Community Themes and Strengths, and Forces of Change. The results of the assessments were used to develop priority issues and strategies to address those issues. The four assessments and the results of those assessments are summarized below.

ASSESSMENT 1: COMMUNITY HEALTH STATUS

The **Community Health Status** assessment work group evaluated health and social indicators and analyzed supporting local data. This assessment answers the questions: "How healthy are our residents?" and "What does the health status of our community look like?" The starting point for this work group was the *Ten-Year Review of the Master Health Plan for Northern Kentucky*. The work group used this report and analyzed a number of data sources including the United Way *State of the Community* report, Kentucky Kids Count *2008 County Data Book* and the Kentucky Institute of Medicine's *The Health of Kentucky, A County Assessment*.

Cincinnati Children's Hospital Child Policy Research Center helped analyze this data and produced the report *Child Health in Northern Kentucky* specifically for the MAPP process. The Community Health Status assessment benefited from this in-depth assessment of child health in Northern Kentucky which used parent focus groups and analysis of various datasets to generate information on children's healthy development including birth outcomes, healthy living, behavioral and oral health, and access to care.

The results of the Community Health Status Assessment provided the MAPP Leadership Team with an understanding of the community's health status and ensured that the community's priorities were based on specific health status issues. Each identified issue was rated for size, severity and the effectiveness of possible interventions. This assessment identified the top priority health and social needs.

**ASSESSMENT 1:
COMMUNITY HEALTH
STATUS, continued**

Results

The top five ranked regional issues are listed below.

1. Healthy living and healthy weight
2. Access to mental health services
3. Substance abuse recovery services
4. Access to oral and dental health services
5. Access to health primary care

The assessment work group reviewed these priorities and analyzed the root causes and underlying commonalities. From this analysis the following priority health and social needs in Northern Kentucky were identified as:

- 1. Integrate services including primary care, mental health and oral health**
- 2. Provide accessibility to services including funding, location and transportation**
- 3. Accept personal responsibility for lifestyles**
- 4. Increase the number of providers for mental health and dental health for low-income residents**

In addition to the four-county regional assessment, each individual county also completed an assessment using a similar process. The ranking of regional issues using priority setting worksheets is listed above for comparison to county-specific assessments, with many differences and similarities among them. Access to mental health services ranked among the top five in all of the county assessments. Obesity and healthy weight ranked among the top 10 in all counties. Access to primary care ranked high in three of the four counties and number one in Boone and Grant counties. The top five issues for each county assessment are indicated in Table 1.

TABLE 1 - COUNTY PRIORITIES				
Rank	Boone	Campbell	Grant	Kenton
1	Access to primary care	Access to mental health services	Access to primary care like an FQHC*	Healthy living and healthy weight
2	Families in poverty	Parenting skills and child care	Lack of recreational opportunities	Access to primary care
3	Oral and dental health	Healthy living and healthy weight	Smoke-free community	Mental health, depression and suicide
4	Mental health and depression	Growing needs of the aging population	Access to mental health and substance abuse services	Oral and dental health, especially senior dental health
5	Smoking and tobacco	Transportation	Healthy living and healthy weight	Heart disease

* Federally Qualified Health Center

**ASSESSMENT 2:
LOCAL PUBLIC
HEALTH SYSTEM**

The **Local Public Health System** assessment work group used the National Public Health Performance Standards assessment of the services provided by the community public health system. This assessment, developed by the Centers for Disease Control and Prevention, answers the questions: “What are the components, activities, competencies and capacities of our local public health system?” and “How are the essential services being provided to our community?” The Local Public Health System assessment focuses on all organizations and entities within the community that contribute to the public’s health.

Table 2 lists the 10 Essential Services that every community should expect regardless of where they reside in the country. Table 3 indicates the level of service provided in the community for each essential service. The total score for each service is the result of the rating by community service providers for each of several indicators. Each indicator was rated for the level of service provided. The possible scores were none, minimal, moderate, significant and optimal.

TABLE 2 - THE 10 ESSENTIAL PUBLIC HEALTH SERVICES	
1	Monitor health status to identify community health problems
2	Diagnose and investigate health problems and health hazards
3	Inform, educate and empower people about health issues
4	Mobilize community partnerships to identify and solve health problems
5	Develop policies and plans that support individual and community health efforts
6	Enforce laws and regulations that protect health and ensure safety
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8	Assure a competent public and personal health care workforce
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10	Research for new insights and innovative solutions to health problems

Results

The strengths of the Local Public Health System are diagnosing and investigating health problems and health hazards (Essential Service #2) and monitoring health status to identify community health problems (Essential Service #1). Developing policies (Essential Service #5) and enforcing laws (Essential Service #6) also scored high.

The weaknesses of the Local Public Health System were identified and prioritized. The top priorities are:

Priority #1: Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Service #7).

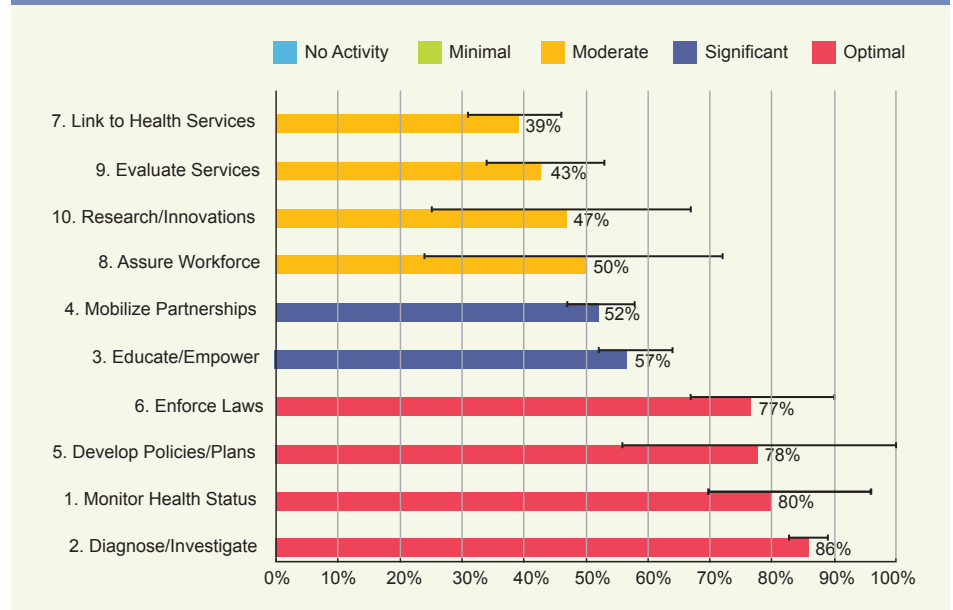
Priority #2: Mobilize community partnerships to identify and solve health problems (Essential Service #4).

**ASSESSMENT 2:
LOCAL PUBLIC
HEALTH SYSTEM
continued**

The bar represents the variance among the sub-indicators for each essential service area. The percent is the percent of the maximum possible score for each essential service and indicates the total score for all the sub-indicators. These scores represent only the level of service provided and not the quality of the service.

**ASSESSMENT 3:
COMMUNITY THEMES
AND STRENGTHS**

TABLE 3 - SCORES FOR THE ESSENTIAL PUBLIC HEALTH SERVICES



From Table 3 workforce development (Essential Services #8), evaluating programs (Essential Service #9) and research (Essential Service #10) all scored lower than the second priority, mobilizing community partners. However, the assessment work group reasoned that mobilizing the community will be a necessary service to improve in order to accomplish the other priorities identified in the MAPP process. Thus, it was rated as a higher priority. These scores represent only the level of service provided and not the quality of the service.

The **Community Themes and Strengths** assessment work group looked at the social and support assets of the community, answering the questions: “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?”

The Community Themes and Strengths assessment is a vital part of a community health improvement process. During this assessment, community thoughts, opinions and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents.

This assessment used an online and paper convenience sampling survey of nearly 2,000 residents to identify community themes and strengths. It was developed for this assessment and the results were analyzed by Cincinnati Children’s Hospital Child Policy Research Center. The Community Themes and Strengths assessment identified strengths, weaknesses, opportunities and threats in the community. The community rated 41 indicators for both importance and satisfaction. These indicators included public places, the environment, education, crime and safety, neighborhood involvement and the economy.

**ASSESSMENT 3:
COMMUNITY THEMES
AND STRENGTHS,
continued**

Results

The most important issues in the immediate neighborhood were roads, crime and housing. Each of these categories had a variety of concerns. Roads included traffic, road conditions, parking and observing traffic laws. Crime included a variety of conditions involving personal and property safety. Drug and alcohol abuse were categorized separately.

While crime was a big concern, as noted above, crime is not seen as an immediate threat and most reported being satisfied with the effectiveness of law enforcement services in the community.

The issue of housing included both the availability of affordable housing, the level of maintenance of property (especially from absentee landlords) and the high number of property foreclosures in the neighborhood.

Most of the concerns in the region related to the economy. First among these issues were employment and the shrinking availability of jobs. The economy in general was also a major concern. Other significant concerns were good schools, availability and affordability of health care and uncontrolled growth and development.

Items such as sidewalks, social capital, infrastructure and availability of child care were seen as neighborhood issues, whereas economic and government issues were seen more as regional issues.

Table 4 indicates the top five results from the community survey based on the categories below.

- **Community strengths** rated highly important and high in satisfaction
- **Community weaknesses** rated high in importance but low in satisfaction
- **Opportunities** ranked low in importance, but high in satisfaction
- **Potential threats** ranked low in importance and low in satisfaction

TABLE 4 - STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS		
	High Importance	Low Importance
High Satisfaction	Strengths	Opportunities
	Public libraries	Social interaction with neighbors
	Safety, in general	Volunteerism with local organizations
	Preschool programs	Child care facilities
	Violence or threat of violence	Adult learning and continuing education
	Overall education	Participation in fundraising events
Low Satisfaction	Weaknesses	Threats
	Job opportunities	Vibrant business districts
	Stream, pond and river quality	Public transportation
	Drug and alcohol abuse	Community centers
	Local leaders response to citizen concern	Locally-owned businesses
	Public areas free of litter	Participation in neighborhood activities

**ASSESSMENT 3:
COMMUNITY THEMES
AND STRENGTHS,
continued**

Table 5 indicates that most residents are satisfied or very satisfied with the overall quality of life in Northern Kentucky but seems to indicate that it is a slightly better place to raise children than it is as a place to grow old.

TABLE 5 - QUALITY OF LIFE			
NEIGHBORHOOD	#	%	
Overall quality of life			
Very satisfied	391	28	
Satisfied	862	61	
Dissatisfied	122	9	
Very dissatisfied	35	2	
As a place to raise children			
Excellent	472	34	
Good	550	39	
Fair	251	18	
Poor	105	7	
Don't know	30	2	
As a place to grow old			
Excellent	354	25	
Good	578	41	
Fair	300	21	
Poor	157	11	
Don't know	23	2	
NORTHERN KENTUCKY REGION			
Overall quality of life			
Very satisfied	334	24	
Satisfied	924	65	
Dissatisfied	138	10	
Very dissatisfied	15	1	



**ASSESSMENT 4:
FORCES OF CHANGE**

The **Forces of Change** assessment work group looked at the current social, economic and political trends in the community that will support or hinder the achievement of the Vision 2015 goals. During the assessment, participants answered the questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” The Forces of Change assessment results in a comprehensive, but focused, list of key forces and describes their impacts.

Results

- 1. Rising health care costs** are making it harder for employers to provide insurance, and some are increasing the cost to the employees. Fewer people can afford insurance on their own. Related forces are increasing chronic diseases like dementia among seniors, diabetes, obesity and people improperly using hospital emergency rooms for ordinary medical needs.
- 2. The current economic crisis** is creating an increase in the population living in poverty. There is a diminished capacity for government to fund programs and private funds are shrinking while people’s needs are increasing. There is an increasing need for public transportation for certain populations such as seniors and those with special needs.
- 3. Early childhood needs** are increasing like dental care, obesity and quality child care. Related forces are a lack of personal accountability for health and wellness and a culture promoting increasing obesity.
- 4. New needs of the aging population** are increasing such as unemployment, health care and housing. Related forces include elder care and the growth of the senior citizen population. There is an increasing lack of providers in health care, particularly in certain specialties.

PHASE IV

PHASE IV - IDENTIFY STRATEGIC ISSUES

This phase was accomplished by inviting all of those who had participated on the MAPP Leadership Team and assessment work groups to a two day strategic planning retreat. This phase was completed at the retreat on June 11, 2009, based on the results of the four assessments and guided by the MAPP vision.

PHASE V

PHASE V - IDENTIFY STRATEGIES

This strategic plan was developed from the issues identified on the second day of the planning retreat on June 15, 2009. The strategies are based on the identified priority issues identified in Phase IV and on suggestions from the four assessment work groups.

PHASE VI

PHASE VI - ACTION CYCLE

This phase involves developing implementation teams to initiate the strategies identified in the plan. These teams will develop and execute the action steps necessary to achieve the identified goals (see What’s Next for more details).

Participants

IN THE MAPP PLANNING PROCESS

COMMUNITY PARTICIPANTS

A total of 210 community members participated on the MAPP Leadership Team, assessment work groups, county assessment teams (not listed) and retreat participants. These participants represent more than 120 community organizations. Organizational affiliations are for identification only and do not imply an endorsement of this plan. Affiliations are listed for the time of participation and may not represent current affiliation status. Please forgive any inadvertent omissions in documenting participation.

Connie Drews	Alzheimer's Association of Greater Cincinnati
Steve Olding	Alzheimer's Association of Greater Cincinnati
Clarissa Rentz	Alzheimer's Association of Greater Cincinnati
Lindsay Peterson Clanton	American Cancer Society
Shawn Cox	American Cancer Society
Paula McIntosh	American Red Cross Cincinnati Area Chapter
Marlene Wilmot Gerding	BAWAC Inc. Community Rehabilitation Center
Ken Schmidt	BAWAC Inc. Community Rehabilitation Center
Jim Ball	Boone County Animal Care and Control
Becky Reiter	Boone County Animal Care and Control
Judge Gary Moore	Boone County Fiscal Court
Susan Rich	Boone County Fiscal Court
Kirk Kavanaugh	Boone County Human Services
Kevin Costello	Boone County Planning Commission
Stephen Ogden	Boone County Schools
Mary Dickey	Boone County Solid Waste
Dawn Denham	Boone County Success by 6
Talia Frye	Brighton Center, Inc.
Denise Govan	Brighton Center, Inc.
Beth Hodge	Brighton Center, Inc.
Anita Prater	Brighton Center, Inc.
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Joel Griffith	Cabinet for Health and Family Services (retired)
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Blair Schroeder	Cincinnati Children's Hospital Medical Center
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Sister Mary Jo Hummendorf	Congregation of Divine Providence
Robert Hassman	Cors and Bassett, Inc.
Elaine Bolte	Covington Independent Public Schools
Meredith Potter	Covington Independent Public Schools
Clara Mulberry	Crittenden City Council
Bernice Courtenay	CSX Transportation, Inc.
Jennifer Jorgenson	Family Nurturing Center of Kentucky
Enid Grant	Family Service of Northern Kentucky
Anna Stark	Family Service of Northern Kentucky
Tim Rawe	Fifth Third Bank (retired)
Charles Alexander	First World Architects Studio
Jackie Freeman	Gateway Community and Technical College
G. Edward Hughes	Gateway Community and Technical College
Holly Knauf	Gateway Community and Technical College
Rhonda Schlueter	Grant County School District
Barbara Gutman	Grant County Extension Office
Patty Poor	Grant County Extension Office
Tabatha Fryman	Grant County Fiscal Court

COMMUNITY PARTICIPANTS, continued

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Pat O'Connor	The Health Foundation of Greater Cincinnati
Judith Warren	The Health Foundation of Greater Cincinnati
Dennis Hetzel	The Kentucky Enquirer
Judi Gerding	The Point/ARC
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Mac McArthur	Transitions, Inc.
Beth Burks	U.S. Customs and Border Patrol
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Leshia Lyman	United Way of Greater Cincinnati
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Sonya Turner	United Way of Greater Cincinnati
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William Lambeth	Vision 2015
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Linda Young	Welcome House of Northern Kentucky
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Laura Kinney	Women's Crisis Center
Phyllis Konerman	Women's Crisis Center (retired)

OTHER PARTICIPANTS

The participants in the four county Community Health Status assessments, student interns and guests are not included in this report.

PROJECT STAFF

Vision 2015

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More Information

OR TO GET INVOLVED

CONTACT

If you are interested in more information or wish to be involved in the implementation, please contact:

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Vision 2015

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Web site: www.vision2015.org
E-mail: info@vision2015.org

Mobilizing for Action through Planning and Partnerships

National Association of County and City Health Officials
www.naccho.org/topics/infrastructure/mapp

National Public Health Performance Standards Program

Centers for Disease Control and Prevention
www.cdc.gov/od/ocphp/nphpsp/

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MAPP Leadership Team
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These assessment results, issues and strategies represent the collective work of the MAPP Leadership Team, committees, and retreat participants and do not necessarily reflect the opinion of the board of Vision 2015, the Northern Kentucky District Board of Health or any member organization.

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