



# 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, prenatal care?

The MAPP Oversight Committee will oversee 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:

#### 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.

### COMMUNITY VISION:

#### “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

### STRATEGIC ISSUE I:

After months of engagement and work, the following strategic issues were identified to be of highest priority to Northern Kentucky residents.

#### **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, 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

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.

### **MAPP OVERSIGHT COMMITTEE:**

#### **THE MAPP OVERSIGHT COMMITTEE WILL:**

- Appoint MAPP Implementation Team chairs
- Assist with recruiting Implementation Team membership
- 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 1:

#### 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 – VISION: THRIVING PEOPLE LIVING IN A VIBRANT COMMUNITY

The MAPP Leadership Team's first task was to develop a vision that would guide the MAPP process to achieve the

### 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 (2008), 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 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

**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. These scores represent only the level of service provided and not the quality of the service.

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:

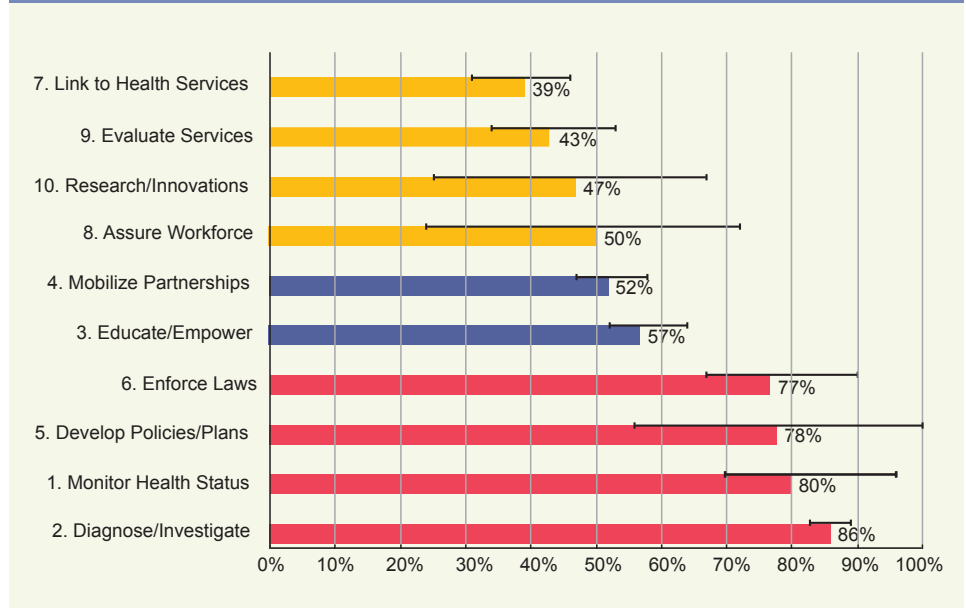
Priority #1: Link people to needed personal health services and assure the provision of health care when otherwise unavailable (Essential Service #7).

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.*

**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.

**ASSESSMENT 3:  
COMMUNITY THEMES  
AND STRENGTHS**

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. This survey 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, where as 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
<b>High Satisfaction</b>	<b>Strengths</b>	<b>Opportunities</b>
	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
<b>Low Satisfaction</b>	<b>Weaknesses</b>	<b>Threats</b>
	Job opportunities	Vibrant business districts
	Stream, pond and river quality	Public transportation
	Drug and alcohol abuse	Community centers
	Local leaders response to your concern	Locally-owned businesses
	Public areas free of litter	Participation in neighborhood activities

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

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

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.

### 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 event. This phase was completed at a strategic planning 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.

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



## PARTICIPANTS, continued

### COMMUNITY PARTICIPANTS, continued:

<b>Jeff Eger</b>	Sanitation District No. 1
<b>Marianne Burke</b>	Senior Services of Northern Kentucky
<b>Barbara Gunn</b>	Senior Services of Northern Kentucky
<b>William Scheyer</b>	SouthBank Partners
<b>David Bailey</b>	St. Elizabeth Healthcare
<b>Kim Boyer</b>	St. Elizabeth Healthcare
<b>Kathy Cook</b>	St. Elizabeth Healthcare (retired)
<b>John Dubis</b>	St. Elizabeth Healthcare
<b>Maureen Hebert</b>	St. Elizabeth Healthcare
<b>Marc Hoffman</b>	St. Elizabeth Healthcare (retired)
<b>Rosanne Niels</b>	St. Elizabeth Healthcare
<b>Emily Prabell</b>	St. Elizabeth Healthcare
<b>Holly Smith</b>	St. Elizabeth Healthcare
<b>Karla Webb</b>	St. Elizabeth Healthcare
<b>Rosana Aydt</b>	St. Vincent de Paul Pharmacy of Northern Kentucky
<b>Jim Visconti</b>	St. Vincent de Paul Pharmacy of Northern Kentucky
<b>Jennifer Chubinski</b>	The Health Foundation of Greater Cincinnati
<b>Pat O'Connor</b>	The Health Foundation of Greater Cincinnati
<b>Judith Warren</b>	The Health Foundation of Greater Cincinnati
<b>Dennis Hetzel</b>	The Kentucky Enquirer
<b>Judi Gerding</b>	The Point/ARC
<b>Sister Margaret Stallmeyer</b>	Thomas More College
<b>Mac McArthur</b>	Transitions, Inc.
<b>Beth Burks</b>	U.S. Customs and Border Patrol
<b>Correy Eimer</b>	United Way of Greater Cincinnati
<b>Leshia Lyman</b>	United Way of Greater Cincinnati
<b>Amy Roberts</b>	United Way of Greater Cincinnati
<b>Sonya Turner</b>	United Way of Greater Cincinnati
<b>Charles Wright</b>	United Way of Greater Cincinnati
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#### **Mobilizing for Action through Planning and Partnerships**

National Association of County and City Health Officials  
[www.naccho.org/topics/infrastructure/mapp](http://www.naccho.org/topics/infrastructure/mapp)

#### **National Public Health Performance Standards Program**

Centers for Disease Control and Prevention  
[www.cdc.gov/od/ocphp/nphpsp/](http://www.cdc.gov/od/ocphp/nphpsp/)

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#### **MAPP Leadership Team**

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