Union County Community Health Improvement Plan

2018-2020

2021-2023*

Developed 2017

*extended for another 3-year cycle due to COVID

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OVERVIEW

This document constitutes the Union County Community Health Improvement Plan (CHIP) that was developed by a Steering Committee convened by the Union County Health Department. The Steering Committee met four times during 2017. The meetings were facilitated by Ken Slenkovich, Assistant Dean of the Kent State University College of Public Health. The CHIP Steering Committee's purpose was to produce a set of health improvement priorities and associated strategies that would address some of the most serious health problems currently affecting Union County residents.

What is a Community Health Improvement Plan?

A CHIP "is an action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community."1 CHIPs are intended to lay out a vision describing the characteristics of a community that, if realized, would improve the health status of the residents of that community. CHIPs are also designed to provide concrete strategies for realizing the vision of a healthy community. As such, they are intended to be used, implemented, and routinely referred to by the partner organizations. CHIPS that remain on the shelf contribute little toward improving the health of a community.

How was the Union County CHIP developed?

Utilizing a modified Mobilizing for Action through Planning and Partnerships process (MAPP), the process of establishing health improvement priorities for Union County began by conducting a Strengths, Weakness, Opportunities and Threats Analysis (SWOT). The SWOT identified the community's capacity to effectively address health issues, areas where the community is lacking sufficient capacity, as well as opportunities for the community to strengthen its health improvement capacity and potential challenges that might impede progress in improving health. For example, ….…..

As a second step in the CHIP process, the Steering Committee reviewed the findings and recommendations that resulted from the Union County Community Assessment (CHA) that was conducted in 2015, and updated in 2016 to include data from the 2016 Youth Risk Behavior Survey. The CHA identified a set of health and social issues that were determined to be important factors impacting the quality of life of Union County residents. The Steering Committee used these findings as its starting point to select the health improvement Priority Areas described in this report. After considerable discussion of each of the findings from the assessment, committee members were asked to vote to select the five priorities they felt should be included in a health improvement plan and receive targeted attention by community organizations over the next three years. In addition to voting by committee members, community members were asked to provide comments and/or vote to assist in the selection of the health priorities. Upon review, the top five priorities were the same for committee members and

community members. This alignment of priorities by both the Steering Committee and community members is important because it demonstrates that the views of health and social professionals is consistent with the experience of community residents.

A small group committee was established for each of the following priority areas: Infant Mortality, Youth Health, Mental Health, and Frequent Users of Health Services. The committees were presented with data from the CHA specific to their priority area. Based on the data, measurable indicators were identified by the committees. These indicators will be used to track progress over the next three years to determine how effectively the strategies described below improve the health of community residents. In addition, Union County Health Department (UCHD) staff developed an inventory of evidence-based practices (EBPs) to address the specific indicators. EBPs are practices, policies, and other health improvement strategies that have been demonstrated to be effective after careful analysis. There are several resources that have compiled EBPs that UCHD staff reviewed including, the Centers for Disease Prevention and Control's (CDC) Community Guide, County Health Rankings, Substance and Mental Health Services Administration (SAMSHA), and the Ohio State Health Improvement Plan. The committees then met to discuss the CHA data and recommend strategies from the recommended EBP inventory.

Small group recommendations were presented to the Community Health Improvement Plan Steering Committee. The strategies were reviewed, modified as necessary, and ultimately approved by the Steering Committee. The Steering Committee also determined which community organizations were most appropriate to take the lead on implementing the strategies, as well as organizations that would serve as collaborating partners. Indicators and strategies were further refined by the small groups to determine the outcomes that were desired, and to formulate action plans for the individual strategies.

The final CHIP will be released to the general public and stakeholders. A public comment period will be open for any possible modifications to the plan. Following the public input period, the CHIP will be approved by the Steering Committee and also approved/adopted by the partner organization's governing entities such as the Union County Board of Health, Union County Commissioners, Council for Union County Families, school boards, Mental Health & Recovery Board, etc.

Progress on the Community Health Improvement Plan will be monitored and measured by the Union County Health Department. The Steering Committee will be convened for in-person meetings twice a year in January and July. Small groups will be asked to meet as needed to accomplish strategies or at least twice a year during quarters opposite of the Steering Committee (April and October).

IMPLEMENTATION OF THE CHIP

The success of this effort depends upon several factors. One of the most important success factors is a shared understanding of and commitment to the plan's vision, goals, and objectives by a wide range of community organizations, leaders, and residents. No single organization can improve the health of an entire community.

Often it is left to the local health department, hospital, or other health related organization to implement programs and provide services aimed at improving people's health status. The flaw in this approach is that most community health problems are caused by complex interactions between a variety of causal and risk factors that are beyond the capacity of health organizations to address alone. At the root of many of the most serious health problems such as chronic disease and substance abuse

are social determinants – poverty, low levels of education, lack of familial and/or social support systems, poor housing and other environmental conditions. If they are not adequately addressed, these "upstream" factors can produce or exacerbate health problems for large numbers of community residents who live in neighborhoods that are most impacted by social factors.

What makes it difficult to mitigate the negative health consequences of "upstream" factors is that it requires a multidisciplinary team approach involving organizations and individuals with diverse skills, knowledge, and resources. In this regard it is helpful to think of the public health system as encompassing all of the health, social, educational, and civic organizations that have a role to play in improving the community's health as depicted in the diagram below. Working together and in partnership with residents, these organizations can implement effective strategies that will result in improved health status for the community.
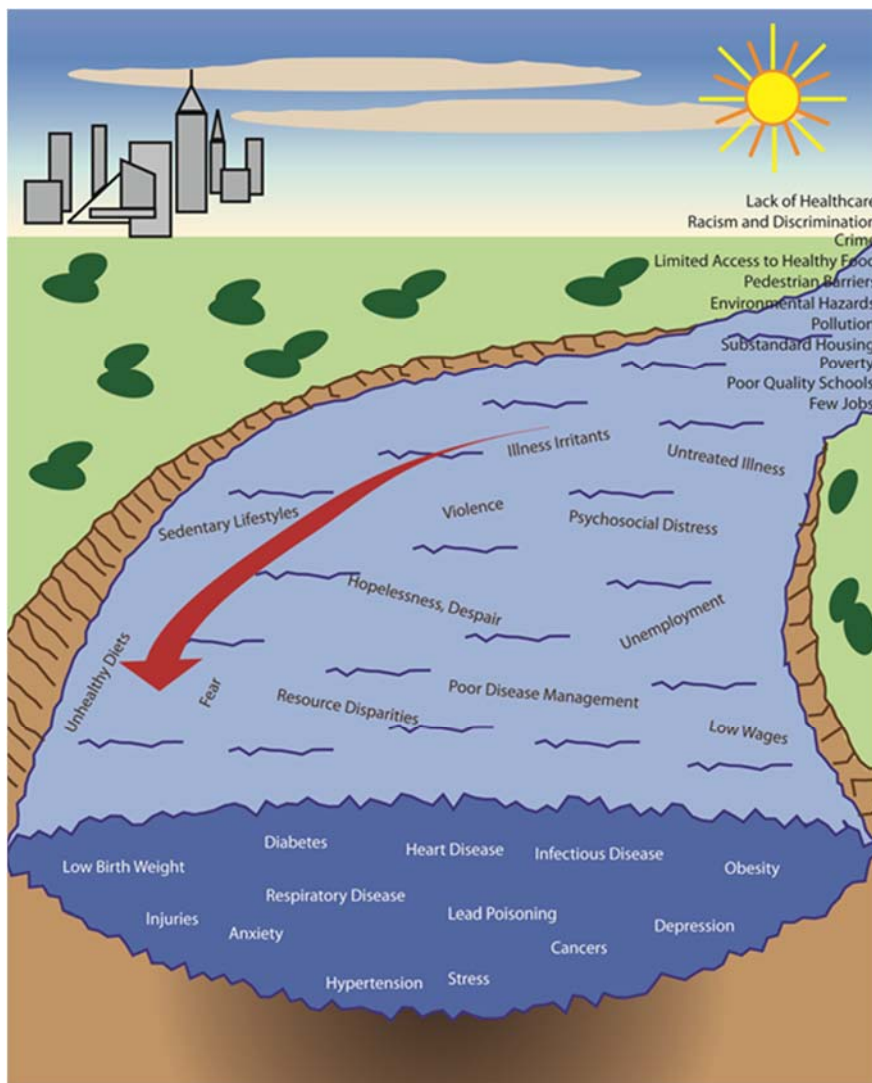
The Public Health System Diagram
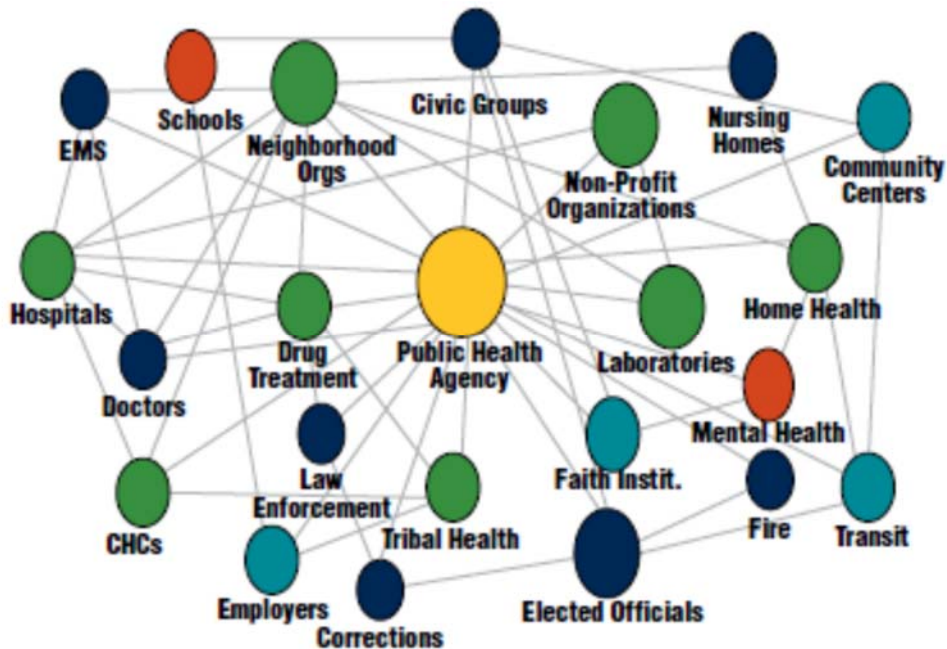
COMMUNITY PRIORITY AREAS, GOALS, OBJECTIVES, AND STRATEGIES

The CHIP Steering Committee selected five Priority Areas based on a review of the community health needs assessments:
1. Infant Mortality
2. Youth Health
3. Mental Health
4. Access to Care: Frequent/Super Users of the Health Care System (cross-cutting)
5. Workforce Development (cross-cutting)

Priorities #4 & 5 were identified as cross-cutting issues which impact all priority areas.

After reviewing the findings from the needs assessments, a multi-voting process was used by the facilitator to select the priorities. Committee members were asked to consider the following criteria before casting their votes:

Pragmatic (manageable number, proven interventions exist, affordable, strategies can be replicated, outcomes can be measured)
      Question to consider:
            Can we do something to address this priority?

Consequential (# people affected, large disparities, negative trends, broad implications, root/upstream causes, persistence)
      Questions to consider:

Will it make a difference if we address this priority?
What will be the consequences of not addressing this priority?

Community Support (consensus, commitment, engagement)
  Question to consider:
    Are there sufficient resources that can be dedicated to this priority?

GOALS, OBJECTIVES (indicators), AND STRATEGIES

For each Priority Area, the Committee developed a health improvement goal with associated measurable objectives and strategies to achieve the goal and its objectives. The goals state the broad health improvement aims the CHIP is intended to produce. The objectives represent specific health improvement targets that provide a means to measure the community's progress toward meeting the broad goals. The strategies are activities that community organizations and individuals will implement over the next three years to achieve the objectives and meet the goals. Together, the goals, objectives and strategies provide a "roadmap" showing the path toward improving the health of Union County residents in order to realize the vision of becoming "the healthiest county in Ohio."

It is the intention of the CHIP Steering Committee to use this roadmap to guide the implementation phase of the CHIP. The Committee will monitor the community's progress, support the many activities that will take place during implementation, and conduct an evaluation in three years to determine the extent to which the health of Union County residents has improved as a result of the CHIP process.

INFANT MORTALITY

Ensuring that the youngest members of a community are given a healthy start in life is one of the most important commitments a community can make to its residents. The infant mortality rate is often used as a proxy for assessing how healthy a community is. (http://jech.bmj.com/content/57/5/344.long.) It could also be argued that ensuring that infants are born healthy is/should be one of the highest priorities of every community.

Current rates for these health concerns are given below:
- Infant mortality rate is 6.4 deaths per 1,000 live births (5 year trend). ODH Vital Stats
- Of the women whose prenatal care was known, 46.4% reported receiving care during their first trimester. ODH Vital Stats
- 10.3% of births were pre-term or very pre-term. ODH Vital Stats
- Maternal smoking rate of 14.60%. ODH Vital Stats
- Obesity rate for women of 34%. CHA
- Neonatal Abstinence Syndrome Rate of 16.2. OMHAS
- Teen birth rate of 12.34 per 1,000 births. ODH Vital Stats
- Rate of Marijuana Use for Reproductive

2018-2020 Infant MortalitySHIP

Topic	Indicator	Strategy	Lead
Maternal Substance Use	Neonatal Abstinence Syndrome	Investigate feasibility of MOMS (Maternal Opiate Medical Support Program) in Union CountyEBP http://momsohio.org/	MH&RB
	Marijuana Use		
	Maternal Tobacco Use		
	NAS, Marijuana Use, Maternal Tobacco Use	Inventory use and implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) among all providers in Union CountyEBP	*Memorial Health*

	Prenatal Smoking Cessation	Inventory providers and implement the 5 A's (Ask, Advise, Assess, Assist and Arrange) or 3 A's and R for patients of childbearing years (females and males)[EBP]	UCHD
Reproductive Life Planning	Prenatal Care during 1st Trimester	Implement evidence based programs on reproductive life planning and family planning (target health providers for females and males)*[EBP]	UCHD
	Teen birth rate		
	Preconception Health (obesity, diet, exercise)		
	Pregnancy prevention		
Safe Sleep	Infant Mortality	Develop and implement a sustainability plan for Cribs for Kids program*[EBP]	UCHD; *Memorial Health*

*denotes strategies which address disparate populations
[EBP] denotes evidence-based practice
[SHIP] denotes alignment with OH State Health Improvement Plan

YOUTH HEALTH

Improving the health of youth is critically important to improving the overall health of a community. Many of the health problems that are experienced by adults are the result of conditions and lifestyle patterns that began early in life. For example, research has shown that among adult smokers in the U.S., 88% began smoking before they turned 18 years old
and almost no one begins smoking after the age of 25 years.
(https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/)

Data for youth living in Union County shows that there is room for improvement of youth health in several areas including drug and alcohol abuse, tobacco use, suicide and associated mental health risk factors, and sexual risk behaviors.

Current rates for these health concerns are given below:
Based on the 2016 Union County Youth Risk Behavior Survey;
- 22.10% of students thought about attempting suicide,
- 13% of students made a plan for suicide
- 7.5% of students made a serious suicide attempt
- 18.9% of students intentionally harmed themselves
- 12.70% of students reported having sex prior to 18 years of age
    - 17.9% of students reported having 4 or more sexual partners
    - 19.3% of students reported being forced to have sexual contact or intercourse when they did not want to do so
    - 5.2% of students reported drug use prior to sexual intercourse

2018-2020 Youth Health

Topic	Indicator	Strategy	Lead
Sexual Behaviors	Delay initiation of sexual behavior	Evaluation and pilot of computer-based intervention (CDC Positive Choices) through schools*EBP	UCHD; Schools
	Teen births (IM)	Develop a feasibility study for a school-based health clinic in Union County*EBP	UCHD; North Union; Fairbanks
	Low birth rates (IM)		
	Depression		

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Mental Health	Depression/Stress	Investigate depression/screening tool or Red Flags curriculum for implementation in Union County schools[EBP]	Schools; MH&RB
Workforce	Referral to MH services	Implement Mental Health First Aid training for all school staff for grades 5-12 and School Resource Officers*[EBP]	MH&RB; Civic Center

*denotes strategies which address disparate populations
[EBP] denotes evidence based practice

MENTAL HEALTH

Current rates for these health concerns are given below:
- Union County has a Neonatal Abstinence Syndrome Rate of 16.2. *Ohio Mental Health & Addiction Services*
- Behavioral Health Providers (ratio)- 960:1. *County Health Rankings 2017*
- Based on the *2015 Union County Community Assessment*
  - % of Union County adults who rated their mental health as not good on 4 or more days in the previous month was 24%.
  - % of Union County residents who reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation was 25%.

Drug Overdose Deaths (M=male)	2007- 5 (4M) 2008- 9 (7M) 2009- 8 (5M) 2010- 9 (5M) 2011- 8 (4M) 2012- 4 (3M) 2013- 4 (2M) 2014- 5 (4M) 2015- 5 (2M) 2016- 7 (4M)	Union County Coroner data

2018-2020 Mental Health

Topic	Indicator	Strategy	Lead
Access to Care	Depression; Suicide; Super User data; Referral to MH services	Implement "Wraparound" Services for adults	MH&RB; CUCF
		Develop and implement awareness campaign/referral network for MH Hotline (include neighboring community/regional resources); train HR staff on benefits of EAPs and MH resources	MH&RB (United Way; 211)
		Develop feasibility plan for Mental Health Mobile Unit*[EBP]	MH&RB

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Workforce Development	Provider ratio	Develop and implement a plan to attract more private Mental/Behavioral Health providers*	MH&RB
	EMS run data	Implement Mental Health First Aid for first responders*_EBP_	MH&RB; EMS
Transportation	Access (Barriers) to Care	Implement transportation action plan including securing funds for a mobility manager and additional providers (IM)*	UCATs; UCHD
Youth MH/Substance Use (Carry over from 2013-16 CHIP)		Convene all organizations and coalitions serving youth in the county to assess barriers to services and develop a plan to coordinate and improve services using evidence-based tools.	*CUCF*
		Conduct an assessment of youth serving organizations to determine their capacity to implement evidence-based interventions.	*CUCF*
		Promote the use of evidence-based interventions. (including providing training on evidence-based programs)	*CUCF*

		Develop and implement a communication and engagement plan to reach parents of youth to inform them of health-related programs and the importance of parental support using employers, social media, mass media, and other means	CUCF
		Include youth in planning	CUCF

*denotes strategies which address disparate populations

EBP denotes evidence based practice

SHIP denotes alignment with OH State Health Improvement Plan

MENTAL HEALTH

ACCESS TO CARE: FREQUENT/SUPER USERS

Data:

Binge Drinker (5 or more for males; 4 or more for females)	19%	17%	17%	CHA- self-reported 2015
Medication Misuse	14%			CHA- self-reported 2015
Unintentional Overdose Death Rate age adjusted	8.9	15		ODH Vital Stats-2013

2018-2020 Access to Care

Topic	Indicator	Strategies	Lead
Super Users	EMS runs	Evaluate community paramedic pilot program and investigate further implementation*EBP	Marysville Div of Fire
	ED visits which could have been handled by primary care	Implement HUB Model*EBP	UCHD
	Transportation is reported as a barrier for service	Expand the transportation infrastructure	County Commissioners, UCHD

*denotes strategies which address disparate populations
EBP denotes evidence based practice

Appendix I: Partners

The following individuals were instrumental in the development of the Union County Community Health Improvement Plan:

Name	Agency
Al Channel, President	Union County Board of Health
Amy Stephens, Director of Quality and Case Management	Memorial Health
Bob Humble, Superintendent	Fairbanks Local School District
Brad Gilbert, Director	Union County Emergency Management Agency
Doug Matthews, Health Planner	Union County Health Department
Dr. Victor Trianfo, Vice President	Memorial Health
Eric Richter, Administrator	Union County Commissioners
Gaybrielle Hastings, Director	The Richwood Civic Center
Heather Hertzel, Health Planner	Union County Health Department/Centers for Disease Control & Prevention Associate (PHAP)
Holly Novak, Branch Manager	Interim Health/Neighbor to Neighbor
Holly Zweizig, Prevention Coordinator	Mental Health & Recovery Board of Union County
Jason King, Director	Council for Union County Families
Jason Orcena, Health Commissioner	Union County Health Department
Jay Riley, Chief	City of Marysville, Division of Fire
Jonathan Langhals, Asst Superintendent	Marysville Exempted Village School District
Kara Brown, Director	Union County Board of Developmental Disabilities
Kathy Brown, Deputy Director	Union County Emergency Management Agency
Ken Slenkovich, Asst Dean	Kent State University (Facilitator)
Lynnette Focht, Chair	Union County Wellness Consortium (Marysville Exempted Village School District)
Mary Salimbene Merriman, Epidemiologist	Union County Health Department
Michelle Anderson, Membership Director	Union County Family YMCA
Phil Atkins, Director	Mental Health & Recovery Board of Union County
Rebecca Honaker, Health Planner	Union County Health Department
Richard Baird, Superintendent	North Union Village Schools
Rick Roush, Emergency Preparedness Coordinator	Union County Health Department
Rita Monroe, Community Member	Village of Richwood/Union Star Board Member
Rochelle Twinning, Director	Bridges, a Community Partnership
Rod Goddard, Chief/Trustee	Allen Twp Fire Department/Claiborne Township
Scott Jerew, Mayor	Village of Richwood
Shari Marsh, Director	United Way of Union County
Shawn Sech, Director of Health Promotion and Planning	Union County Health Department
Sue Ware, Director	Union County Job and Family Services
Terri Sproull, Community Member	Marysville
Terry Emery, Administrator	City of Marysville
Thomas Fletcher, Community Outreach and Engagement Manager	Lower Lights Christian Health Center

PARTNERS

Tina Knotts, Tourism and Marketing Director	Union County Chamber of Commerce
Tony Brooks, Deputy Chief	City of Marysville, Division of Police
Virginia Valentin, Sr. Director of Central OH Programs and Partnerships	Ohio University, Dublin Campus
Zach Colles, Epidemiologist	Union County Health Department

PARTNERS

Appendix II: Timeline

October 27, 2015:   Union County Community Assessment (CHA) released

August 23, 2016:   CHA Committee meet to determine priorities based on report for CHIP

December 14, 2016:   CHIP- Meeting One

- Review of current CHIP progress
- Recommendations of CHA committee for Health Priorities
- SWOT Analysis
- Voting on Health Priorities

January 31, 2017:   CHIP- Meeting Two

- Summary of Health Priority voting
- Correlation of Health Priorities to SHIP
- CHIP Visioning and Goal Setting (referred to small committees)

Aug – Sept, 2017:   CHIP Workgroups meet to identify evidence-based strategies

September 21, 2017:   CHIP- Meeting Three

- Review of small group recommendations for three-year goals

October 31, 2017:   CHIP- Meeting Four

- Review of small group recommendations for 2018 workplans
- Completion of the Local Public Health System Assessment Gallery Walk

Appendix III: Terminology

ODH- Ohio Department of Health

OMHAS- Ohio Mental Health and Addiction Services

SBIRT- Screening, Brief Intervention and Referral to Treatment, a mental and behavioral health screening tool.

YRBS- Youth Risk Behavior Survey, conducted in Union County every two years. This document references data from the 2016 assessment.

UCHD- Union County Health Department

CHIP- Community Health Improvement Plan

SWOT- Strength, Weakness, Opportunity and Threat Analysis

CHA- Community Health Assessment; In Union County this is a Community Assessment which was completed in 2015; http://uchd.net/health-statistics#CommAssmt

EBP- evidence-based practice

CDC- Center for Disease Prevention and Control

SAMSHA- Substance Abuse and Mental Health Services Administration

Public Health System are all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.

Infant Mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.

Neonatal Abstinence Syndrome (NAS) is a withdrawal syndrome of infants after birth caused by in utero exposure to drugs of dependence.

Maternal Opiate Medical Support Program (M.O.M.S) is a program for pregnant women and moms that struggle with opioid use. A whole care team of doctors and other staff work with women to understand their needs and support them.

SHIP- State Health Improvement Plan- similar to the CHIP, but completed on a state level https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHIP_02072017.pdf?la=en

Red Flags is a school-based suicide prevention program.

Mental Health First Aid (MHFA) is a national program to teach the skills to respond to the signs of mental illness and substance use. www.mentalhealthfirstaid.org

HUB Model- find definition and find link

Appendix IV: SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was completed during the Community Health Improvement Plan meeting on December 14, 2016. This summary was shared and used during discussion to determine health priorities.

Strengths	Weaknesses
Organizations willing to collaborate	Lack of diversity (e.g. political views, religious views)
Number of organizations at the table	Easy to be marginalized here if not mainstream
Senior population (in terms of resources, wisdom, and volunteer hours)	Large portion of population works outside of the county - can't reach them because they're not tuned into local media, don't go to doctors locally, don't shop locally, etc.
Low unemployment rate	
Attention to prevention	
Good data	
Existing/established groups working on priority areas	Growth occurs separate from the center of Union County- Dublin less connected to Union County & identifies with Columbus/Franklin County
Neighbor to Neighbor program	
Schools (go above and beyond; high marks for what they do; involved)	Group of folks that are highly connected, but there are those outside who are not connected, which means that it is the same people at the table for each meeting & initiative
Churches (numerous and active) & hope center	
County hospital not part of large system- interested in what happens locally	
Expanding county; economic growth from new businesses	Poverty
Nice parks	Limitations & restrictions on grant funding
Geographic location	Can't prove need in grant applications due to lack of diversity
Social services entities have funding	
Manageable problems (not overwhelming compared to Columbus or other large health districts)	Limited employment opportunities at a living wage
	'Invisible' needs (due to shame, or less visible problems)
Proximity to higher education (Ohio University Dublin campus is entirely health focused)	Band-Aid solutions/temporary solutions vs. permanent solutions
First responders	Senior citizens/aging population
Good administrative structure in county	Lack of information (knowledge of services available)
Size- northern and southern regions of union county collaborate well	
Professionalism and expertise in governing agencies- resources to move on these issues within county if mobilized	Trouble retaining educated youth, "brain drain"
	Lack of entertainment in Union County
Senior services and health department	Family oriented community (if you don't fit that mold, it's hard to find things to do)
Active coalitions and committees	Lack of media
Lack of silo mentality- people happy to step outside of "their lane" to help others if it is for the good of the county	
Quick to mobilize if needed	
Strong sense of community	

Same day & walk-in services at Health
   Department
Education level of population
Family oriented community

Opportunities
33 corridor (smart mobility)
Growth in Jerome, Plain City, Marysville
Educational opportunities to inform seniors
Ohio University campus
Hospital expansion
Large companies
Marysville Industrial Park
Grow footprint of FQHC
Neighbor to Neighbor concept
Engage more residents, youth & adults
Expand awareness of mental health
New political administration?

Threats
Regionalism- threat of us becoming absorbed by
   Columbus
New political administration impacts on funding
Failing of tax levies
Disconnection of people who don't identify with
   Union County
Growth expansion (we are meeting needs now-
   but we may exceed capacity)
Isolation of communities
Severe storms/disaster threat
Medical marijuana legislation

SWOT ANALYSIS

Appendix V: Community Health Assessment Recommendations to CHIP

The Union County Community (Health) Assessment, a sub group of the Community Health Improvement Plan reviewed and provided the following health priority recommendations to the greater CHIP group. A report was provided for each health topic reviewing existing data and gaps and barriers to accurate data in Union County. This information was presented during the first CHIP meeting on December 21, 2016. CHIP members were asked vote on their top priorities based on the information presented.

Community Health Needs in Union County

- Maternal and Child Health
  - Preconception Health (Neonatal Abstinence Syndrome)
  - 0-5 years of age (health, readiness, childcare, support & network)
- Mental Health and Addiction
  - Neonatal Abstinence Syndrome
  - Younger population with increasing mental health issues (early identification in schools, pre-k and elementary)
  - Suicide Behaviors (while number are lower than state and national average, how do we maintain being below trend)
  - Adult binge drinking
  - Medical marijuana use
  - Opiate use (combination of prescriptions) (OARRs data)
- Chronic Disease
  - Obesity (general population and also special populations and health disparities)
  - Physical Activity
  - Nutrition
  - General Education (correlation between healthy days but overweight from Community Assessment)
  - Tobacco use- specifically when looking at health disparities
  - Arthritis (why are rates so high)
- Transportation (see further notes below)
- Youth Health
  - Sexual Behavior
  - Sleep hygiene /school start times
  - Cyber Bullying/Bullying (PAXs)
- Access to Care (Senior and general population)
  - Home health needs vs. resources
  - Frequent users of the system (10% of clients use 80% of system)
- Workforce Development- Professional needs (current needs vs. capacity)
  - Community Healthcare Worker/ Hub Model
  - Lack of specific professions like gerontologists, psychologist, etc.
- Housing
  - Affordable Housing
  - Services model
  - Lack of shelter
  - Mental Health needs
  - County definition of "homeless"

Appendix VI-IX: Health Topic Action Plans

Appendix VI: 2018 Infant Mortality Action Plan

Goal: Decrease maternal substance use.

Indicators:
- Decrease the maternal tobacco smoking rate from 14.9% to 12%. (Data: *ODH Vital Stats*)
- Decrease the Neonatal Abstinence Rate in Union County from 16.2 to 12.0 (*Data: OMHAS http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_NAS_2009_to_2013.pdf*)
- Decrease the Union County Health Department Prenatal Clinic illicit substances biomarker for cannabinoids from 37.1% to 20% (Data: *Millennium Health report from UCHD and Ohio for 2016*)

Strategy #1: Inventory use and implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) among all providers in Union County

Action Step	Who is Responsible	Completion Date
Inventory current health care providers in Union County to ascertain how many are currently utilizing SBIRT	UCHD	4/30/2018
Implement SBIRT training	MH&RB	12/31/2019
Evaluate intervention	UCHD	12/31/2020

Appendix VII: 2018 Youth Health Action Plan

Goal: Improve youth health

Indicators:
- Decrease teen depression rates (high and moderate risk combined) as reported on UC YRBS 2016 from 39.7% to 36%. (Data: UC YRBS)
- Increase the # of school staff trained in Mental Health screening (SBIRT and MHFA combined) from X to Y by 2020.
- Decrease teen STIs rate from 598.08 per 100,000 from 2014 to 2016 to 575.00 per 100,000 from 2018 to 2020 (Data: ODRS)
- Decrease from 12.70% to 10% the number of teens reporting onset of sexual intercourse prior to age 18 years of age. (Data: UC YRBS)
- Decrease the number of teens reporting having four or more sexual partners from 17.9% to 15% (Data: UC YRBS)
- Decrease the number of teens who report being forced to have sexual intercourse from 19.30% to 15% (Data: UC YRBS)*

*Committee is recommending YRBS committee further investigate this data.

Strategy: Investigate depression/screening tool or Red Flags curriculum for implementation in Union County schools

Action Step	Who is Responsible	Completion Date
Investigate expansion of school based mental health navigator through Maryhaven for Fairbanks School District	MH&RB; Maryhaven; Fairbanks School District	06/30/2018
Investigate expansion of SBIRT implementation for all school code violations	MH&RB; Schools	06/30/2018
Investigate Signs of Suicide (SOS) booster class implementation into high school classes (Social Studies or English) for North Union and Marysville High Schools	MH&RB; North Union and Marysville High Schools	12/31/2018

Strategy: Implement Mental Health First Aid training for all school staff for grades 5-12 and School Resource Officers

Action Step	Who is Responsible	Completion Date
Develop MHFA course for school staff (online courses and/or short/brief modules)	MH&RB (ONG personnel)	8/30/2018

Pilot the course	MH&RB (ONG personnel); schools	12/30/2018
Update course based on pilot	MH&RB (ONG personnel)	3/30/2019
Implement MHFA course among all three districts	MH&RB (ONG personnel); schools	12/31/2020

Strategy: Investigation of School-based care model (replicated from Access to Care)

Action Step	Who is Responsible	Completion Date
Develop research proposal	UCHD & committee	03/31/2018
Collect appropriate data	UCHD & schools	12/31/2018
Data analysis	UCHD	03/31/2019
Issue recommendations and report	UCHD & Committee	09/30/2019

Strategy: Evaluation and pilot of computer-based intervention (CDC Positive Choices) through schools

Action Steps	Who is Responsible	Completion Date
Investigate curriculum(s) for possible use (CDC Positive Choices)	UCHD	7/30/2018
Develop implementation plan for schools	UCHD	12/30/2018
Conduct pilot implementation with evaluation of course for students/parents	UCHD; Schools	5/30/2019
Update implementation plan based on pilot	UCHD	8/30/2019
Implement curriculum district wide	UCHD; Schools	05/30/2020

ACTION PLANS

Appendix VIII: 2018 Mental Health Action Plan

Goal: Improve efficiency, delivery, and coordination of mental health services in Union County.

Indicators:
- Reduce hospitalization rate of adults for mental health crisis
- Increase coordination between service providers to improve patient experience and outcomes
- Increase utilization of MH Hotline by 3%

Strategy: Implement "Wraparound" service for adults.

Action Steps	Who is Responsible	Completion Date
Investigate and develop program for adult "Wraparound" (include transition from young adult; determining qualifiers, transitioning out, method for measuring success, etc.)	MHRB/Maryhaven, Wings, (Council)	6/30/2018
Training for partners		9/30/2018
Pilot and evaluate "Wraparound" program with 3-5 adults. (Recommendation for one to be a transition client)		3/31/2019
Implementing adult "Wraparound" program countywide.		Ongoing

Strategy 2: Develop and implement awareness campaign/referral network for MH hotline (includes neighboring community/regional resources).

Action Steps	Who is Responsible	Completion Date
Determine target audience, budget, content, and methods for awareness campaign for the MH hotline.	County PIOs group	3/31/2018
Implement awareness campaign for MH Hotline.	MH&RB	12/31/2018
Track and document reach of awareness campaign and usage of hotline.	County PIOs group	12/31/2018
Evaluate effects of the awareness campaign and determine if additional steps, ongoing marketing is needed.	MH&RB; County PIOs group	2/28/2019

Strategy: Implement Mental Health First Aid training for law enforcement and EMS

Action Step	Who is Responsible	Completion Date
Develop MHFA course for first responders	MH&RB (ONG personnel)	03/31/2018
Schedule courses	MH&RB (ONG personnel);	05/31/2018
Implement MHFA course for first responders	MH&RB (ONG personnel);	12/31/2018
Evaluate effectiveness for staff training	MH&RB (ONG personnel);	06/30/2019

ACTION PLANS

Appendix IX: 2018 Access to Care Action Plan

Goal: Decrease the unnecessary use of health care resources (i.e. EMS, ED) through the implementation of care coordination model.

Indicators:
- Reduce EMS runs for non-emergent conditions from 9-12% (2014 and partial 2015 data) to 6%
- Reduce ED visits which could have been managed/prevented through management of population health interventions/social determinants of health from 530 in 2014 to 475 in 2020. (Data: Memorial Health ED visit)
- Memorial post-hospitalization outreach (requested from Memorial)
- 60 day hospitalization rate (requested from Memorial)

Strategy 1: Pilot Community Health Worker Care Coordination Model (HUB)
HUB definition and explanation (set up guide) can be found here:
https://innovations.ahrq.gov/sites/default/files/Guides/CommHub_QuickStart.pdf
Note*: A hybrid version of a HUB may need to be considered to better align with community need and UCHD/partner capacity.

Action Step	Who is Responsible	Completion Date
Develop BA agreements with limited Community Health Worker agencies providing services as identified in Pathways Hub model, i.e. MFD, HMG, etc.	UCHD	03/31/2018
Develop routing structure and data collection tool.	UCHD	03/31/2018
Pilot model	UCHD	12/31/2018
Issue report	UCHD	03/31/2019

Strategy 2: Transportation Access (cross-cutting)
(reference Transportation CHIP committee plan)

Action Steps	Who is Responsible	Completion Date
Expand the transportation infrastructure by adding a Mobility Manager	County Commissioners; UCHD	1/31/2018
Expand the transportation infrastructure by adding an additional transportation provider	Transportation Committee	1/31/2018

Strategy 3: Support Paramedicine pilot through MFD

Action Step	Who is Responsible	Completion Date
Measure the number of community paramedicine visits annually	Marysville Div of Fire (MDF)	12/31/2018
Quantify the success of the program by those patients that no longer meet the super-user definition (call less than 10 times per year for EMS) in the year following the paramedicine intervention	MDF	03/31/2018
Develop feasibility study of expanding the program throughout Union County in 2019	MDF	12/31/2019

Strategy 4: Investigation of School-based care model

Action Step	Who is Responsible	Completion Date
Develop research proposal	UCHD & committee	03/31/2018
Collect appropriate data	UCHD & schools	12/31/2018
Data analysis	UCHD	03/31/2019
Issue recommendations and report	UCHD & Committee	09/30/2019

ACTION PLANS