CLARK COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

2020 - 2022

Public Health

Prevent. Promote. Protect.

This plan was published by the Clark County Combined Health District (CCCHD) on behalf of the Clark County Community Health Improvement Steering Committee.

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PHAB

Advancing public health performance

Contents

Letter to the Community

Charles Patterson
Health Commissioner

Clark County Combined Health District

As the community embarked on this cycle of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), there were two enhancement goals in mind: 1) increase shared ownership of the planning and implementation process; 2) recognize and emphasize the role of social determinants of health.

As part of this intentional effort, the Clark County Community Health Improvement Steering Committee was formed. This group is comprised of stakeholders throughout the community and includes representatives from mental health, addiction services, developmental disabilities, education, transportation, healthcare, local government, local foundations, child and family welfare, higher education institutions, and senior services.

The Steering Committee provides oversight and guidance to the formation, implementation, and evaluation of the CHIP, a systems level plan which addresses health issues identified through review of data. Specifically, the Steering Committee sets priorities, identifies existing community assets, directs the use of new or additional resources, and supports projects, programs, and policies that improve the health of the population.

There are six values that influence the activities of the Committee: collaboration, engagement, prioritization, quality, communication, and creativity. The relevance of these values became self-evident as our public health system was abruptly faced with the emergency of the SARS-CoV2 virus.

As the response to COVID-19 monopolized resources in every sector, it became necessary for the community to collaborate to find creative solutions to the issues further exposed by the pandemic. Social determinants such as housing, transportation, education, economics, and access to healthcare have always been contributing factors to health disparities within our community, and the added strain of COVID-19 exacerbated these vulnerabilities once again.

It has become clear that if we want to see meaningful improvements in the health priorities selected in this CHIP, we must focus not only on individual behavior, but on improving the environments and systems.

For the 2020 – 2022 CHIP, the Steering Committee selected Mobilizing for Action through Planning and Partnership (MAPP) as a national

Continued

model for community health planning. Through this process, the Steering Committee has identified three priority topics, three social determinants of health of particular concern, and three supportive capacities in need of development.

The three priority topic areas are Mental Health and Substance Abuse, Chronic Disease Prevention and Management, Maternal, Infant and Sexual Health. Three social determinants of health that have been highlighted include Transportation, Housing and Trauma. Three areas of supportive capacities to be further developed and strengthened during this cycle are Data, Communication and Policy/Health Equity.

The Steering Committee has partnered with existing workgroups and community coalitions who are already working to address the priority areas. Each group was invited to meet with the Steering Committee to review their strategic plans, as well as the successes and challenges that each group has experienced. Together, the working groups and the steering committee selected specific, measurable objectives for inclusion in the CHIP.

The result is a robust roadmap for the community to follow and support through 2022 as part of the mission to improve the community's health. We invite everyone to participate in the implementation of this ambitious Community Health Improvement Plan.

Charles Patterson
Health Commissioner

Our Values

Collaboration

Engagement

Prioritization

Quality

Communication

Creativity

Our Vision

Our vision is to help create a healthy Clark County. A healthy Clark County is a thriving community that recognizes, values & pursues health & overall wellness.

Our Values In Action

Collaboration

We value partnership and inclusion and as a result, anticipate mutually reinforcing activities that align with our unified goals & vision.

Engagement

We will empower and engage the best of our organizations to build relationships and trust that drives forward new opportunities and results.

Prioritization

Prioritization is a sensitivity to the most pressing needs and a recognition that our collaborative efforts create greater impact and momentum when unified.

Quality

Quality is our expectation as an end result, for the wellness of our community.

Communication

Communication is key to empower, engage and partner in our community, to build trust with community members.

Creativity

Creativity is necessary to find new and different solutions to existing community challenges, envisioning new ideas for the betterment of our community.

What This Means

This means we value relationships, partnerships and collaborations that unify and advance our priorities.

We believe our unified priorities will infuse a quality output that results in fresh, creative solutions to our community health challenges.

With these new priorities and creative solutions in mind, it is our hope to better communicate with each other, instilling the value of good health and how to achieve it as a thriving, connected community.

Acknowledgments

The Community Health Improvement Plan (CHIP) is a result of collaborative community participation. In addition to the CHA/CHIP Steering Committee members listed below, contributors include multiple task force and coalition partners, as well as individual community members.

CHA/CHIP Steering Committee Members

Clark County Combined Health District

Clark County Commissioners

Clark County-Springfield Transportation Coordinating Committee

City of Springfield

Clark County Family and Children First Council

Community Health Foundation

Developmental Disabilities of Clark County

Educational Service Center

Mental Health & Recovery Board of Clark, Greene, and Madison Counties

Mental Health Services for Clark and Madison Counties

Mercy Health - Springfield

Ohio Valley Surgical Hospital

Rocking Horse Community Health Center

Springfield Foundation

Springfield Metropolitan Housing Association

United Senior Services

Wittenberg University

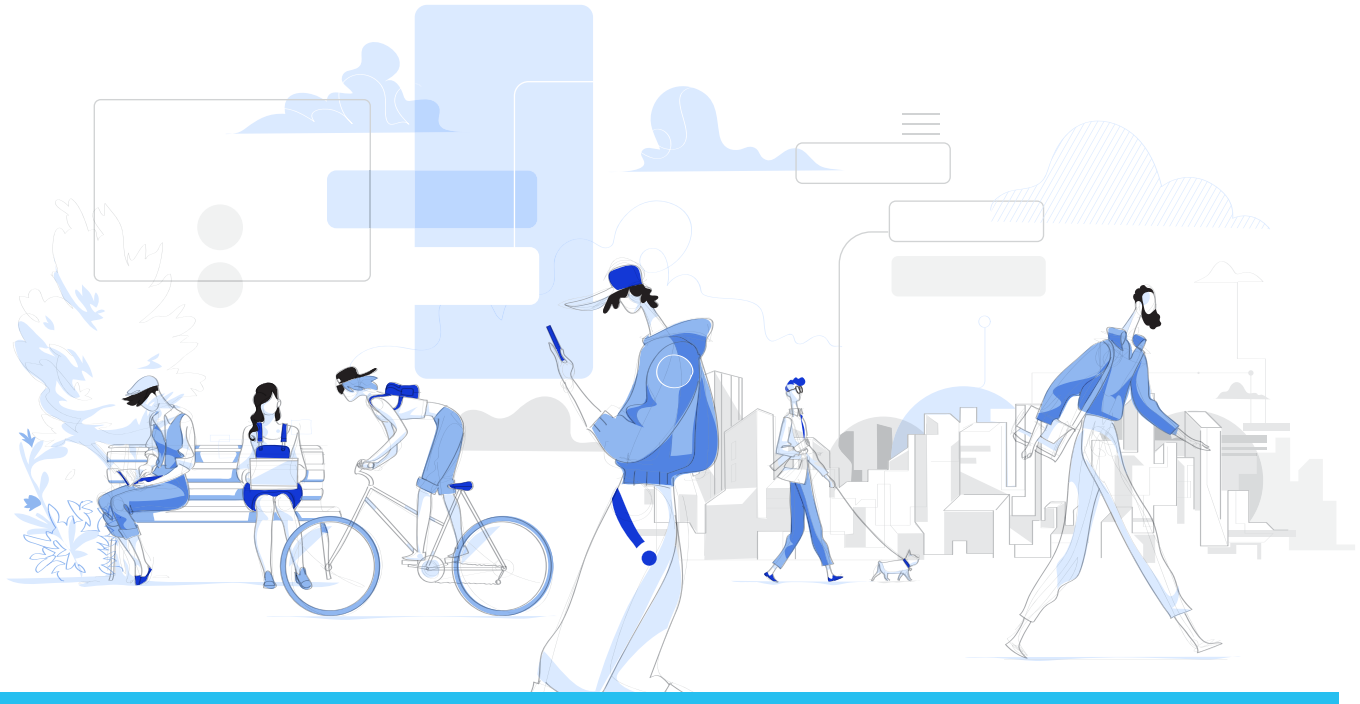
How to Use this Document

This document was designed to be used by all community members to learn about and be participants in advancing positive health outcomes in our community; It informs programming, drives collaboration & partnership, and informs funders & community members to contribute.

In the pages that follow, you will find a timeline that describes the creation of this document as well as the data and context in which it was created. It also includes supporting details about goals and metrics for each of the prioritized areas. Progress towards these goals will be updated in 2022.

If you would like to be more involved, this document may inform where and how you can get involved.

For more information or questions regarding this document, please email health@ccchd.com.



Timeline of Creating the Community Health Improvement Plan (CHIP)

May - June 2018	**Community Engagement** • Engagement with local officials and residents through community meetings. **Community Themes & Strengths Assessment:** • Reviewed health data and gathered input on needs and the prioritization of needs from community members .
February - April 2019	**Steering Committee Inception** • Planning, recruitment and formation of the Clark County Community Health Steering Committee. • Selection of Mobilizing for Action through Planning and Partnership (MAPP) as a process model for the Community Health Assessment and Health Improvement Plan.
May - July 2019	**Assessments** • Planning and implementation of the **Community Health Status Assessment**; used existing data sources to compile reports descriptive of Clark County. • Completion of **Forces of Change Assessment** with Community Partners; identified forces, policies, that impact health and wellness in Clark County. • Completion of **Local Public Health Systems Assessment**; evaluated the Local Public Health Systems performance in the 10 Essential Services for Public Health.
July - October 2019	**Issue Identification and Prioritization** • Steering Committee reviewed results of assessments and selected draft priorities. • Community members were asked to review the draft priority issues and provide input; feedback was reviewed by Steering Committee and changes made accordingly.
October - December 2019	**Improvement Plan** • In response to the identified priority areas, the steering committee identified existing community efforts that have been working on the issues identified in the Community Health Assessment.

Timeline of Creating the Community Health Improvement Plan (CHIP)

December 2019	**Publication of the Clark County Community Health Assessment (CHA).**
December 2019 - February 2020	**Selection of Improvement Plan Objectives** • Steering Committee met with various workgroups and taskforces to review their existing strategic plans and to select objectives and strategies to be included in the CHIP.
February 2020 - March 2021	**Community Response to SARS-CoV-2**
March - June 2021	**(Continued) Selection of Improvement Plan Objectives** • Continued with process of jointly selecting objectives through discussions with existing collaborations who are addressing the priority issues.
September 2021	**Publication of the Clark County Community Health Improvement Plan (CHIP)**
September 2021 - December 2022	**Monitoring and Evaluation of Strategic Objectives** • Steering Committee will evaluate progress, review new data and forces of change impacting priority areas, and provide technical support or assist with resource allocation when necessary.

CHIP Priority

Priority Selection

To identify strategic issues, the Community Health Assessment (CHA) Steering Committee worked both as a group and independently to identify the most important health-related issues facing the Clark County community.

After reviewing the preliminary data collected during the CHA, the members of the CHA Steering Committee wrote down the most important data points and issues that were brought to light through data review. These ideas were then grouped into categories based on the Robert Wood Johnson Foundation's County Health Rankings. Together, these categories developed the framework of the Clark County CHA Priorities.

The draft priority topics included Behavioral/Mental Health, Chronic Disease Prevention, and Maternal/Infant Health and Sexual Health. Within each priority topic, specific desired outcomes were identified, such as a decrease in cancer incidence.

While reviewing the data, the following elements emerged: health equity, social determinants of health, including access to care, and health behaviors & prevention. Because issues in these categories often impact multiple outcomes, they were listed as "cross-cutting" factors.

Community members then provided feedback about the draft priorities. The draft priorities were shared through verbal presentation, electronically via survey, and remotely by feedback stations. At all encounters, respondents were asked, *"How well do the Clark County Community Health Assessment Priorities represent what you feel are the main health-related concerns in the community?"* as well as a series of optional demographic questions. Complete feedback methodology and results can be found in the 2019 Clark County CHA.

Final Selection

After considering feedback from the community members, the priorities were finalized (Figure 1). Priority Topic titles were edited to better reflect the efforts that need to be made in order to improve the stated outcomes, which were explicitly labeled to dissolve confusion that was expressed during feedback sessions. The final priority topics included Mental Health and Substance Use, Chronic Disease Prevention and Management, and Maternal/Infant Health and Sexual Health.

Additionally, a greater emphasis was placed on Health Equity in the final version of the Priorities. In this version, Health Equity was depicted as an umbrella encompassing cross-cutting factors that, when addressed, decrease disparities. Goals and strategies were formulated during the Community Health Improvement Plan process for each of the priority topics.

Figure 1

Clark County Community Health Assessment Priorities

Priority Topics

Priority topics include Mental Health & Substance Use, Chronic Disease Prevention & Management, and Maternal/Infant Health & Sexual Health. Under each priority topic, specific desired outcomes are identified.

Desired Outcomes

Mental Health & Substance Use

- ↓ Suicide rate
- ↓ Overdoses

Chronic Disease Prevention & Management

- ↓ Cancer Incidence
  - Breast
  - Lung & Bronchus
  - Melanoma of the Skin
- ↑ Oral health
- ↓ Heart disease rate
- ↓ Diabetes rate
- ↓ Obesity rate
- ↓ Chronic lower respiratory disease rate
- ↓ Addiction

Maternal/Infant Health & Sexual Health

- ↓ Preterm births
- ↑ Prenatal care
- ↓ STD rate
- ↓ Teen pregnancy

Health Equity

The Robert Wood Johnson Foundation defines health equity as giving everyone a fair and just opportunity to be as healthy as possible. Health Equity encompasses factors that, when addressed, decrease disparities.

Cross-Cutting Factors

These factors impact all three priority topics. The three cross-cutting factors include Social Determinants of Health, Access to Care, and Health Behaviors & Prevention. Addressing these factors will move our community closer to health equity.

Health Equity

Social Determinants of Health

- Housing
  - Affordable
  - Safe/Healthy
- Education
- Economics
  - Income inequality
  - Poverty
  - Employment

Access to Care

- Transportation
  - Access
  - Availability
- Health Resource Availability
  - Dental care
  - Mental health
  - Primary care

Health Behaviors & Prevention

- Physical Activity
- Food Availability & Education
- Tobacco Product Use
- Health Risk Prevention
  - Injuries
  - Environment

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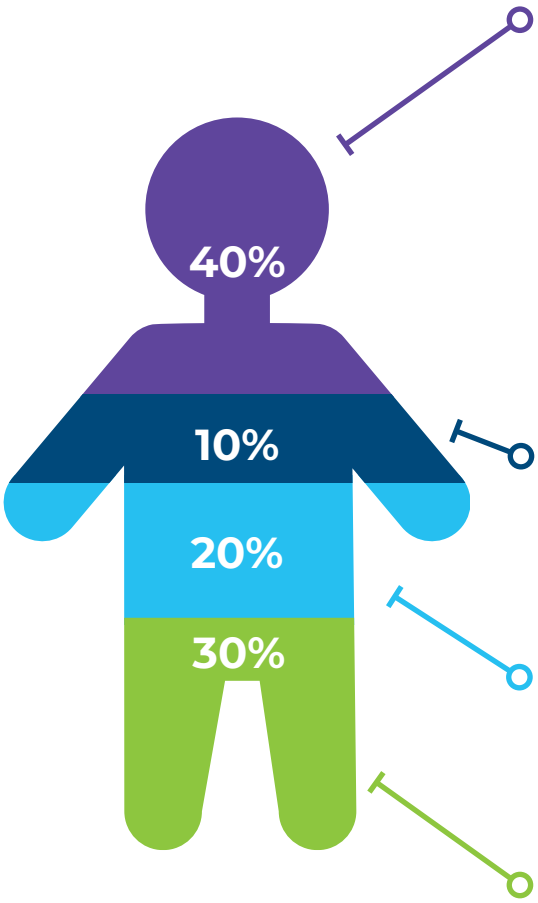
Social Determinants of Health

Social determinants of health (SDOH) are the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 6 domains: Economic stability, education access and quality, health care access and quality, neighborhood and built environment, food access and quality, and social community context.

These social determinants of health are linked to a lack of opportunity and resources to maintain and improve health. Taken together, SDOH are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between populations.

For example, rates of obesity and heart disease, which are high in Clark County, would have historically been blamed on individual behavior but we now know that the SDOH play an integral role in those health issues (Figure 2). A physical environmental cause of obesity and heart disease is the lack of access to healthy food. As of 2015, the percent of the population in Clark County who have low income and do not live close to a grocery store was 11%. This is higher than the percent of Ohio's population with low income and low access (7%). Clark County residents with low income and low access to food are located centrally within the City of Springfield and the southwest corner of the county. This issue was exacerbated by the closing of Kroger on South Limestone in the winter of 2019.

FIGURE 2



SOCIOECONOMIC FACTORS

Economic Stability	Food Access & Quality	Education Access & Quality	Social Community Context
• Employment • Income • Expenses • Debt • Medical Bills • Support	• Hunger • Access to Healthy Options	• Literacy • Language • Early Childhood Education • Vocational Training • Higher Education	• Social Integration • Support Systems • Community Engagement

NEIGHBORHOOD AND BUILT ENVIRONMENT

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability

HEALTHCARE ACCESS AND QUALITY

- Health Coverage
- Provider Availability
- Providers Linguistic and Culture Competency

HEALTH BEHAVIORS

- Tobacco Use
- Substance Use
- Diet & Exercise
- Sexual Activity

HEALTH OUTCOMES

Mortality, Morbidity, Life Expectancy

Policy, Systems & Environment

Policy, systems and environmental (PSE) change approaches seek to go beyond programming and into the systems that create the structures in which we work, live and play. PSEs are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community. PSE change strategies are designed with sustainability in mind.

What is Policy Change?

Policy change includes policies at the legislative or organizational level. For example, institutionalizing new rules or procedures as well as passing laws, ordinances, resolutions, mandates, regulations, are all examples of policy change efforts. Government bodies *(federal, state, local level)*, school districts and schools, park districts, healthcare organizations *(hospitals, health systems)*, worksites, and other community institutions all have and make policies.

Examples include:

- Changing local zoning ordinances so that corner markets can display produce outdoors.
- Provision of county or city public land (or previously vacant land) for green spaces or farmers' markets.
- Establishing healthy concession stand policies in local parks or recreation facilities.

What is Systems Change?

Systems change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. Often systems change focuses on changing infrastructure within a school, park, worksite, or health setting or instituting processes or procedures at the system level that ensure a healthier workplace.

Examples include:

- Screening for hunger in hospitals and developing ongoing mechanisms to refer hungry residents to food.
- Connecting emergency food providers with local growers in a sustainable way.
- Creating a certification process for school bake sales to ensure they are in line with school wellness policy.

What is Environmental Change?

Environmental change is change made to the physical environment. Physical *(Structural changes or programs or service)*, social *(a positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice)*, and economic factors *(presence of financial disincentives or incentives to encourage a desired behavior)* influence people's practices and behaviors. While related to the environment, such changes are not isolated to a few households or individuals, but instead reflect a population- focused effort.

Examples include:

- Incorporating sidewalks, paths, pedestrian friendly intersections, and recreation areas into community design (complete streets policy).
- Availability of healthy food choices in restaurants or cafeterias.
- Increase in acceptance of limiting candy as rewards in classrooms across a school district.

Community Coalition and Task Forces

Community coalitions play a key role in improving the health of Clark County by working to address identified health priorities. Coalitions promote coordination and collaboration of community stakeholders to make efficient use of limited community resources. By connecting multiple sectors of the community in a comprehensive approach, community coalitions can achieve real outcomes.

Each group working within Clark County has developed a workplan that acts as a road map in achieving their goals. These workplans inform the CHIP. Many strategies follow evidenced-based approaches and best practices. The key components to an evidenced-based approach include making decisions based on the best available scientific data, using this information to mobilize, engage the community in decision making, conduct sound evaluation, and share what is learned. An evidence-based approach has many direct and indirect benefits, including better program and policy outcomes, and more efficient use of resources.

The Clark County Community Health Ecosystem (Figure 3) shows which groups are working within each health priority and illustrates how the groups relate to one another. The four main components of the ecosystem are Social Determinants of Health (SDOH) committees, Supportive committees, health priority coalitions, and the Clark County Community Health Steering Committee.

Although each group functions independently, there is two-way communication among all four components. For example, the SDOH committees are concerned with addressing three major social determinants in Clark County: trauma, housing, and transportation. These committees will help inform the health priority coalitions' strategies as well as be impacted by emerging issues brought forward by the coalitions.

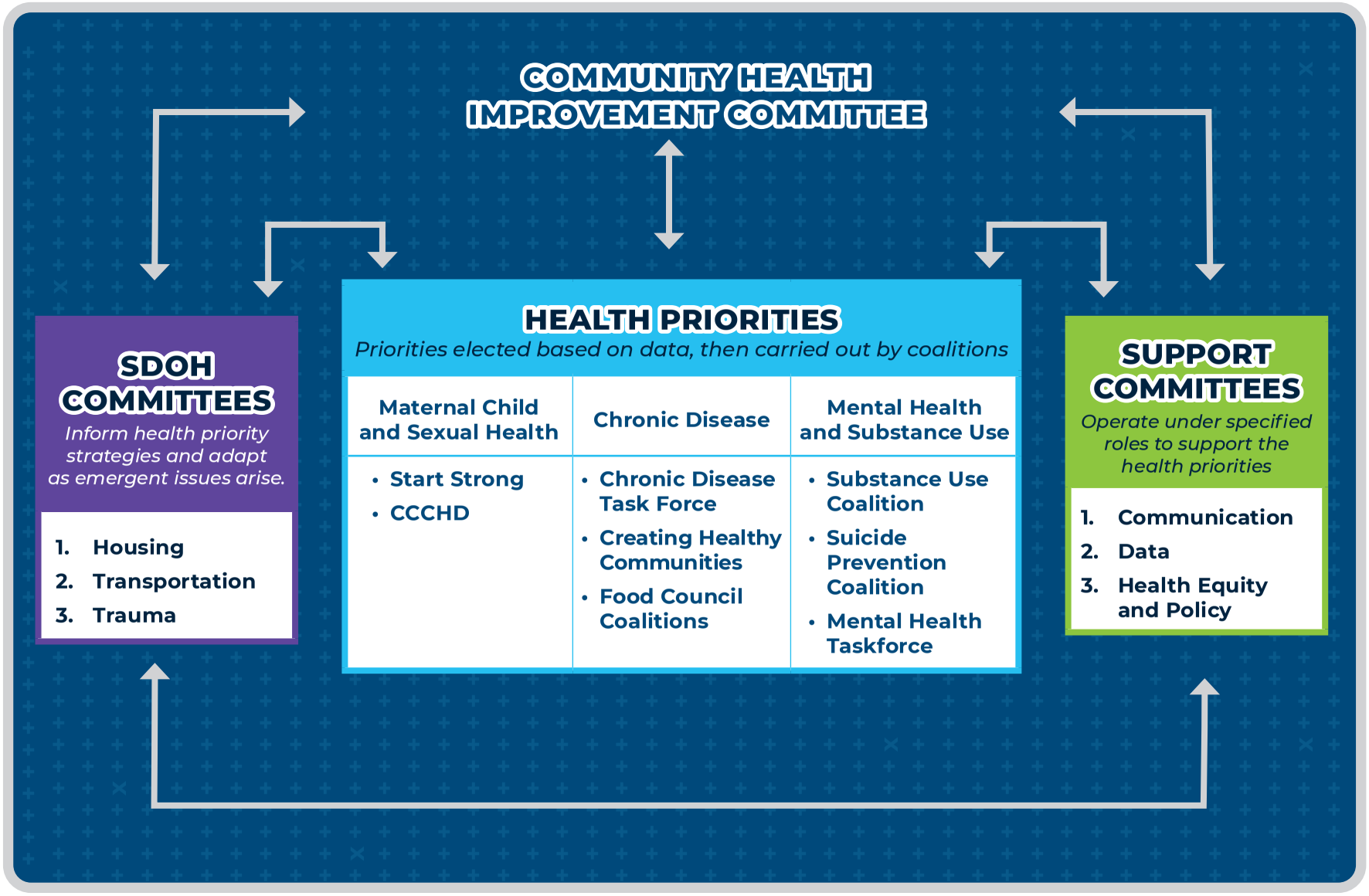
The identified health priority areas were selected by the Clark County Community Health Steering Committee based on data and community input. Strategies for health improvement are being carried out by coalitions in each of the three priorities. The Steering committee provides community guidance for the coalitions working on the health priorities.

The Steering Committee is also responsible for guiding the creation of the Clark County Community Health Assessment (CHA) and the implementation of the Community Health Improvement Plan (CHIP). The committee has a vision for a thriving community that recognizes, values, and pursues health and overall wellness. This can be accomplished through partnerships that unify and advance the objectives of the CHA and CHIP. Cohesive priorities inspire creative solutions to health challenges.

FIGURE 3

Health Improvement Ecosystem

There is bidirectional communication & influence between and within all groups.



Goals & Measures

A SMART goal is used to guide the goal setting process and helps focus efforts to increase the likelihood of achieving positive outcomes. SMART is an acronym that stands for **Specific, Measurable, Attainable, Relevant, and Time-Bound.** SMART goals are in place to assist the Clark County Community Health Steering Committee to clearly communicate intended impact of the work, identify gaps and opportunities for improvements, and systematically monitor progress within the chosen health priorities.

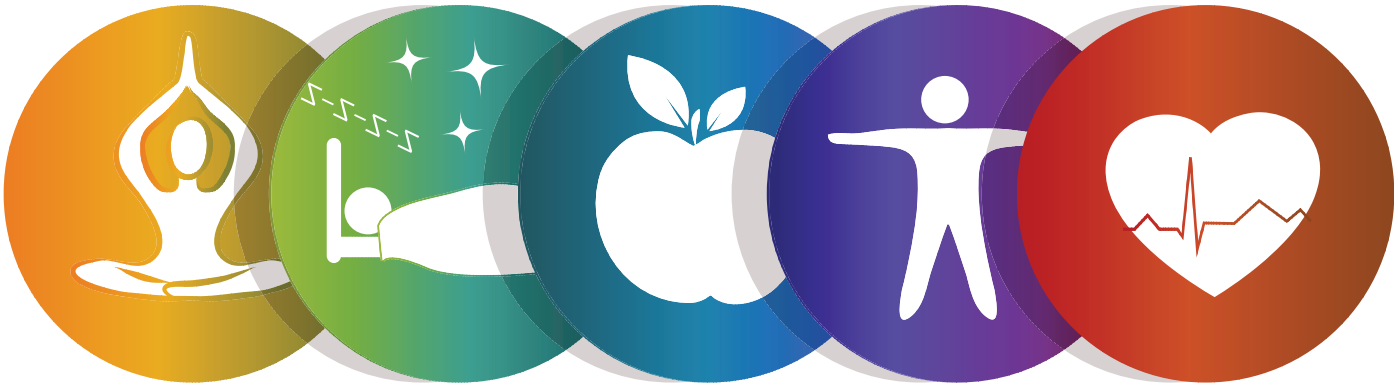
Each health priority has an SMART data goal (chosen from the Community Health Assessment or other data source) and SMART process objectives (chosen from community coalition workplans). The community coalitions will report back to the steering committee on progress of the process objectives.

Current Goals & Measures

1. Maternal, Child & Sexual Health

2. Chronic Disease

3. Mental Health & Substance Use



Chronic Disease Prevention

Chronic diseases are the leading causes of death in Clark County. They are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. The most common chronic diseases include heart disease, cancer, and diabetes. Many chronic diseases are caused by a short list of health behaviors: tobacco use, poor nutrition, lack of physical activity and excessive alcohol use.

We also know that where a person lives, their income level, and their race can be predictive factors for chronic disease. These societal inequities can make it more difficult for some individuals to adopt healthy lifestyles. We strive to address both individual behavior and the societal inequities to help our residents live healthier, longer lives.

Goal: Decrease adult tobacco use in Clark County from 26% to 21% by December 31, 2022.

- *Adult Smoking measure from 2021 County Health Rankings*
- *The Tobacco Taskforce is the main group responsible for working towards this goal.*

Process Objectives
Pass one tobacco policy in local jurisdiction by December 31, 2021.
Increase number of tobacco cessation providers from 1 to 2 in Clark County by December 31, 2021.
Increase number of “Alternative to Suspension” tobacco education classes from 1 school to 2 schools by December 31, 2021.

Goal: Decrease the percentage of adults who report no leisure time physical activity from 30% to 26% by December 31, 2022

- *Physical inactivity measure from 2021 County Health Rankings*
- *The Creating Health Communities Coalition is the main group responsible for working towards this goal.*

Process Objectives
Increase the availability and access to physical activity by improving one park in the Promise Neighborhood by December 31, 2021.

Goal: Decrease the percentage of population who lack access to healthy food in Clark County from 15% to 14% by December 31, 2022.

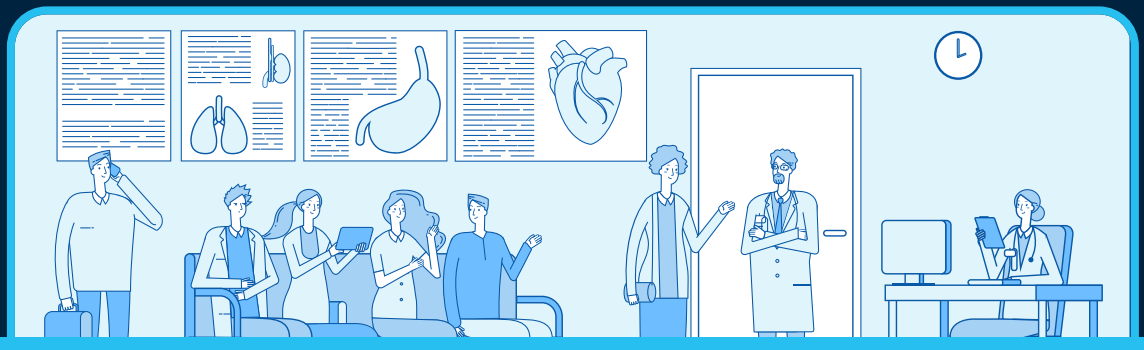
- *Food insecurity measure from 2021 County Health Rankings*
- *The Local Foods Council is the main group responsible for working towards this goal.*

Process Objectives
Increase access to healthy food options as evidenced by an increase in one Community Supported Agriculture program by December 31, 2021.
Create a County Comprehensive Food Plan by December 31, 2022.
Increase Community Garden Activity
• Increase number of individuals from 100-200 reached with gardening education programming by December 31, 2021.
• Increase number of pounds of food donated from 10,000 to 13,000 by December 31, 2022.
• Reach 1,500 students with hands-on opportunities to grow their own food by December 31, 2022.
Increase local food infrastructure
• Apply for and gain 501c3 status by December 31, 2021.
• Create a community garden coordinator position by December 31, 2022.

Goal: Decrease the diabetes associated mortality rate from 34.4 to 25.4 by December 31, 2022.

- *The Chronic Disease Taskforce is the main group responsible for working towards this goal.*
- *Diabetes data supplied by the 2019 Clark County Community Health Assessment.*

Process Objectives: Community Health Workers
Create a SDOH and Chronic Disease assessment to be used by Community Health Workers in Clark County by December 31, 2021.
Increase number of trained Community Health Workers from 6 to 12 by December 31, 2022.



Maternal/Infant Health and Sexual Health

Infant mortality is an important marker of the overall health of the community. The rate is regarded as a highly sensitive measure of population health because there is an association between the causes of infant mortality and other factors that influence health status of whole populations such as quality of the environment and access to healthcare.

Pregnancy and early life are critical times to ensure healthy development, address health risks and prevent future problems for women and their children. Their well-being determines the health of the next generation and can help predict the future public health challenges for families and communities.

The health of the community is also reliant on pre-conception and sexual health. Sexual health is defined as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the freedom from coercion, discrimination and violence.

Goal: **Reduce infant mortality rate from 6.8 to 5.7 by December 31, 2022**

- *Infant mortality rate calculated from the 2019 Ohio Department of Health Infant Mortality Report. Baseline rate is the five-year (2015-2019). Goal rate is 2018 US infant mortality rate, take from CDC.*
- *Start Strong Coalition is the main group responsible for working towards this goal.*

Process Objectives
Provide evidence-based services that aid in the reduction of preterm births from 11.79% to 10.25% by December 31, 2022.
• Increase implicit bias trainings.
• Reduce tobacco use during pregnancy.
Reduce the amount of sleep related infant deaths to 0 by December 31, 2022.
Increase the number of portable cribs provided to families from 225 per year to 250 per year by December 31, 2022.

Goal: Reduce the rate of teen births rate per 100,000 from 26.9 to 12.3 by December 31, 2022 (from age 12-17, 2019 CHA data)

Goal: Reduce the rate (number of cases per 100,000) of Chlamydia in Clark County from 619.1 to 543.4 by December 31, 2022.

• *Chlamydia rate from 2019 Clark County Community Health Assessment*

Process Objectives
Implement a promising or best practice for wide distribution of condoms in Clark County by December 31, 2022.
Increase delivery of evidenced based comprehensive sexual education programs in schools by 10% by December 31, 2022.
• Conduct community readiness assessment for comprehensive sexual education in schools and report results to CHA/CHIP Steering Committee by December 31, 2021.
• Conduct inventory of comprehensive sexual education programs currently administered in Clark County Schools by December 31, 2021.

Goal: Reduce the rate (number of cases per 100,000) of Syphilis in Clark County from 61.7 to 55.5 by December 31, 2022.

• *Syphilis rate from 2020 Clark County Syphilis Report from ODH. Target rate is 10% less than start.*

Process Objectives: Community Health Workers
Increase access to syphilis testing and treatment:
• Engage 10 providers through education initiatives about syphilis diagnosis and treatment by December 31, 2022.
• Collaborate with at least one location (urgent cares or hospital ERs) to provide rapid syphilis testing by December 31, 2022.
• Collaborate with at least one Substance Use Treatment Center to provide syphilis testing and treatment for patients by December 31, 2022.

Mental Health and Substance Use

Oftentimes, "health" is thought of as physical. In Clark County, we know health is much more than that. It also can mean that someone is depressed, anxious, or addicted to drugs or alcohol. These problems can decrease quality of life and negatively impact physical health. Just like heart attacks can cause premature death without proper care, illnesses like substance abuse or mental illness also can lead to early death through overdose and suicide.

That's why it is important to help those who are in crisis now, but also focus heavily on evidence-based prevention strategies to stave off future crises. These efforts can significantly reduce deaths by suicide and overdose in Clark County and provide our communities with resilience and healthy coping skills.

No person is untouched by mental health or substance use concerns—whether personally or through their relationships. Addressing mental health and substance use problems can proactively help our communities get and stay well: now and into the future.

Goal: Reduce the rate (number of cases per 100,000) of overdose death from 46.2 to 36.4 by December 31, 2022.

- *Overdose death rate measure from the 2019 Clark County Drug Death Report*
- *The Substance Abuse Coalition is the main group responsible for working towards this goal.*

Process Objectives
Increase the number of individuals enrolled in the Substance Use Disorder (SUD) treatment programs by 10% from 880 to 968 by December 31, 2022.
A minimum of 50% of One2One participants will engage in at least one wrap around service by December 31, 2022.
Decrease the percent of Clark County high school students who report using:
• Alcohol from 52.7% to 42.7% by December 31, 2022.
• Cigarettes from 23.7% to 13.7% % by December 31, 2022.
• Electronic Vapor from 45.8% to 35.8% % by December 31, 2022.
• Marijuana from 37.2% to 27.2% % by December 31, 2022.

Goal: Reduce the rate (number of cases per 100,000) of suicide deaths from 19.6 to 15.2 by December 31, 2022.

- *Suicide death rate measure from the 2019 Suicide Death Demographics and Trends report from the Ohio Department of Health*
- *The Suicide Prevention Coalition is the main group responsible for working towards this goal.*

Process Objectives
Question. Persuade. Respond. (QPR) trainings will be offered to 3 organizations that serve the elderly (65+) population by December 31, 2022.
Question. Persuade. Respond. (QPR) trainings will be offered to 3 organizations that serve the male 45-64 population by December 31, 2022.
Clark County School Districts will identify and implement an evidence-based Suicide Prevention screening tool by December 31, 2022.

Goal: Reduce the number of reported poor mental health days in adults from 5.2 to 4.8 by December 31, 2022.

- *Reported poor mental health days from the 2021 County Health Rankings.*
- *The Mental Health Taskforce is the main group responsible for working towards this goal.*

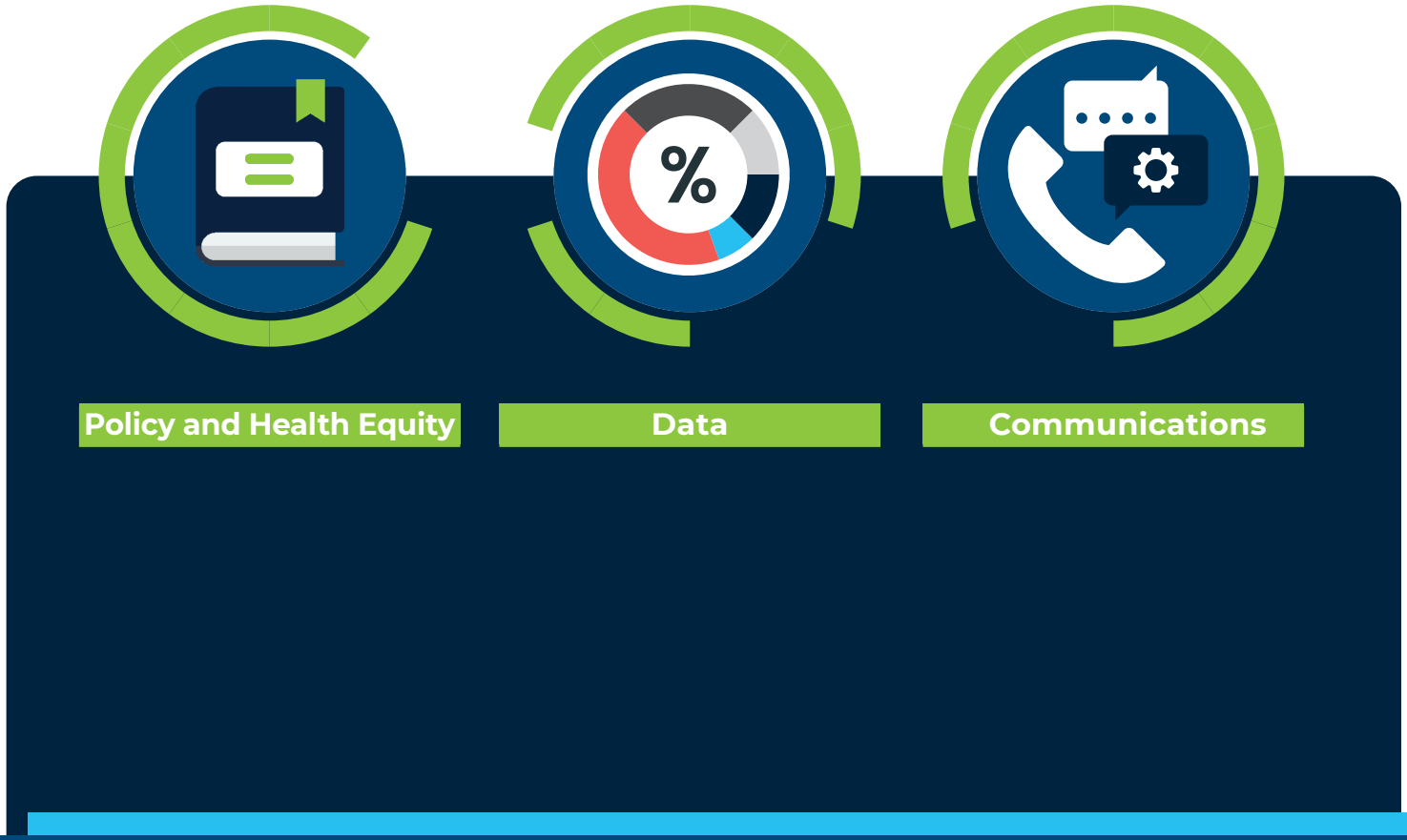
Process Objectives: Community Health Workers
Develop and share cumulative reports on PAX and BOTVIN implementation and their impact by December 31, 2021.
Implement assertive community treatment (ACT) and serve 50 adults by December 31, 2022.

Cross-cutting Committees

The cross-cutting committees listed below represent existing or developing committees that are working on topics that impact all the health priorities or support the work of the other coalitions.

Supportive Committees

The Supportive committees are committees that will support the work of the other coalitions. These committees are still in development.



Social Determinants of Health Committees

The Social Determinants of Health committees are in various stages of development. The Trauma Steering Committee presented strategies and process objectives were chosen by the Clark County Community Health Community during the CHIP planning process. The Transportation and Housing committees are in development.

Trauma | **Transportation** | **Housing**

- Five Clark County organizations will commit to conducting a trauma informed assessment by December 31, 2022.
- Five Clark County organizations will develop an action plan for becoming more trauma informed by December 31, 2022.

Priority Alignment

The three priority topics along with the three selected social determinants of health align with health improvement initiatives at the state and national level. This alignment positions Clark County to benefit from resources such as funding, intentional data collection efforts, demonstrated evidence-based practices, complimentary policy change, as well as wide-spread campaigns and health promotion efforts. These factors contribute to an increased state of community readiness.

The table on the next page illustrates alignment between initiatives.

Alignment of Priorities with State and National Health Initiatives

Ohio State Health Improvement Plan 2020 – 2022 State Health Improvement Plan (SHIP) | Ohio Department of Health	Clark County Community Health Improvement Plan 2020 - 2022	Healthy People 2030 Healthy People 2030 | health.gov
• Unmet need for mental health care *(Access to care)* • Depression *(Mental health and addiction)* • Suicide *(Mental health and addiction)* • Drug overdose deaths *(Mental health and addiction)*	**Mental Health & Substance Use**	• Mental Health and Mental Disorders • Injury Prevention - Suicide • Drug and Alcohol Use
• Tobacco/nicotine use *(Health Behaviors)* • Nutrition *(Health Behaviors)* • Physical Activity *(Health Behavior)* • Local access to healthcare providers *(Access to Care)* • Heart disease and diabetes *(Chronic Disease)*	**Chronic Disease Prevention & Management**	• Tobacco Use • Nutrition • Physical Activity • Health Care • Diabetes
• Preterm birth and infant mortality *(Maternal and Infant Health)*	**Maternal/Infant Health & Sexual Health**	• Pregnancy and Childbirth • Sexually Transmitted Infections
• Adverse childhood experiences • (Community Conditions)	**Trauma**	• Adolescents- Trauma
• Housing affordability and quality • (Community Conditions)	**Housing**	• Housing and Homes
	Transportation	

Next Steps

The CHIP is a living document and is updated and republished every three years. As we have been working to complete this version, we remain mindful of the continuous improvement process and have begun to identify next steps to make this CHIP even more useful to our community.

Those steps include:

1. **Identify and incorporate goals and objectives for the transportation, housing, data, communication, and policy & equity committees.**
2. **Measure and report on progress towards goals and objectives of the CHIP.**
3. **Maintain an inventory of Community Assets and Resources that may impact the work of the CHIP.**
4. **Identify opportunities for alignment with other local strategic initiatives and plans.**

Acronyms and Useful Definitions

Acronyms

ACT: Assertive Community Treatment

CCCHD: Clark County Combined Health District

CDC: Centers for Disease Control and Prevention

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

MAPP: Mobilizing for Action through Planning and Partnership

ODH: Ohio Department of Health

PSE: Policy, Systems and Environmental Change

QPR: Question, Persuade, Respond Training

SDOH: Social Determinants of Health

SHIP: State Health Improvement Plan

SUD: Substance Use Disorder

Useful Definitions:

Assertive Community Treatment (ACT)	An evidence-based practice that offers customized, community-based services for people living with mental illness.
BOTVIN LifeSkills Training	An evidence-based substance abuse and violence prevention program used in schools and communities throughout the US and in 39 countries around the world. The main goals of the program are to teach prevention-related information, promote anti-drug norms, teach drug refusal skills, and foster the development of personal self-management skills and general social skills.
PAX Good Behavior Game	An evidence-based classroom intervention used by teachers to teach self-regulation. By reinforcing desirable behaviors and inhibiting unwanted behaviors, children develop agency and command to delay gratification and reduce impulsivity. This increase in pro-social behavior and self-regulation paves the way for remarkably better academic, behavioral, and lifetime outcomes. PAX also develops and strengthens peer networks to improve relationships now and in the future.
Substance Use Disorder (SUD)	A complex a condition in which there is uncontrolled use of a substance, despite harmful consequence.
Question, Persuade, Respond (QPR) Training	An evidence-based training that teaches people to recognize the warning signs of suicide crisis and how to question, persuade, and refer someone to help.

Additional Resources

2019 Clark County Community Health Assessment.
Retrieved from http://www.ccchd.com/ccchd/get-info/cha19.html

County Health Rankings and Roadmaps for Ohio.
Retrieved from https://www.countyhealthrankings.org/app/ohio/2021/overview

Clark County Substance Abuse Coalition.
Retrieved from https://clarkcountysac.com/

Healthy People 2030. Objectives and Data.
Retrieved from https://health.gov/healthypeople/objectives-and-data

Mobilizing for Action through Planning and Partnerships (MAPP).
Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

2020-2022 Ohio State Health Improvement Plan (SHIP).
Retrieved from https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf

Notes

Clark County Combined Health District

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