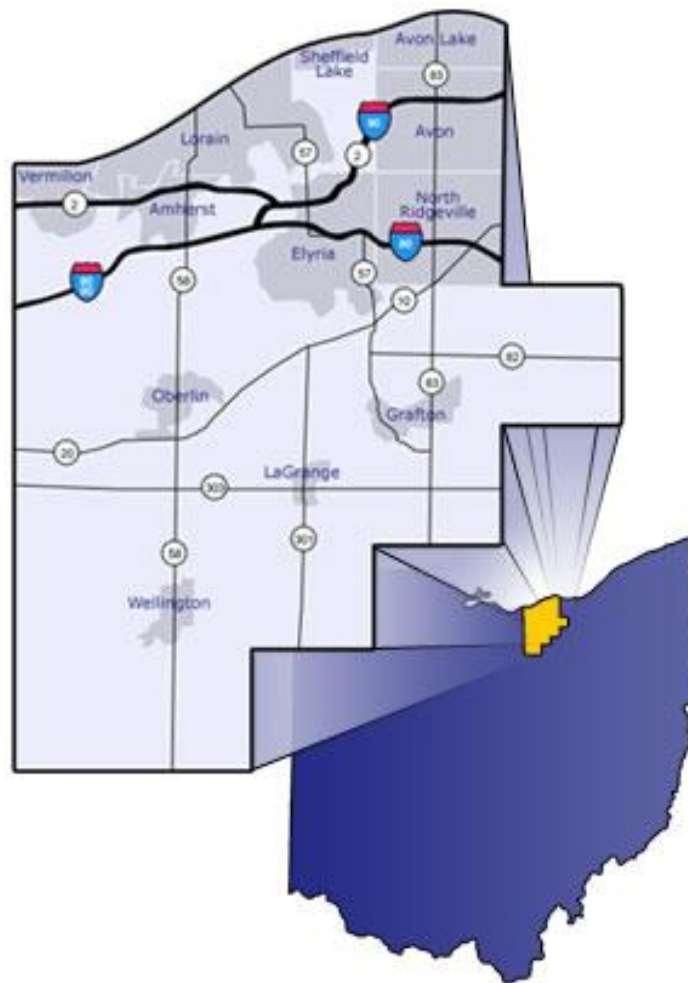


LORAIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2014 - 2019



Released December 18, 2014

Revised August 10, 2018

Lorain County Community Health Improvement Plan

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Lorain County Community Health Improvement Plan

Purpose

The purpose of the Lorain County Community Health Improvement Plan (CHIP) is to

- Provide guidance to community partners for improving the health of residents
- Identify the CHIP priorities for the county and possible strategies
- Address measurable outcomes for health improvement
- Monitor progress of CHIP priorities

Lorain County CHIP Process

The Lorain County CHIP process began shortly after the unveiling of the Community Health Assessment (CHA) results in August 2012. In an effort to prioritize health issues in the county, Lorain County Public Health (LCPH), formerly the Lorain County General Health District, commissioned the Public Services Institute (PSI) of Lorain County Community College to assist with community engagement and facilitation of the CHIP process. LCPH personnel assisted PSI with community engagement sessions in September and October 2012. During the sessions, data from the CHA were shared with participants, and following the presentation, a facilitated discussion was held to gain feedback on key health issues, area of progress within the community, and areas needing improvement. In total, thirty-four (34) engagement sessions were conducted with various groups in the community. PSI was also commissioned by the University Hospitals Elyria Medical Center, formerly Elyria Memorial Hospital Regional Medical Center, and Mercy Health to conduct a health needs assessment through key stakeholder interviews. Twenty-eight (28) in-depth interviews were conducted between October and November 2012. Information gleaned from the engagement sessions and stakeholder interviews was used to formulate a set of draft strategic priorities and initiatives for the county. To view PSI's complete reports for the community engagement sessions and stakeholder interviews, see Appendix A: Community Health Improvement Plan Community Engagement Results and Appendix B: Health Needs Assessment Results of Stakeholder Interviews.

On December 10, 2012, approximately one hundred partners from organizations throughout the county attended the initial Lorain County Community Health Summit held at Lorain County Community College. The purpose of the Summit was to process and prioritize draft value statements and strategic goals for the development of a countywide CHIP. The event was the culmination of activities initiated in 2011, which included the Lorain County CHA conducted by the Hospital Council of Northwest Ohio, a community summit in August 2012 to unveil the data from the CHA, community engagement sessions, and stakeholder interviews. A presentation of the data from the community engagement sessions and stakeholder interviews was given by PSI, and following the presentation, participants were asked to consider a series of draft value statements. Comments from each table were captured by a recorder, and the comments were reviewed by PSI via a network which allowed for real-time analysis of discussions. After the value statements portion, participants were asked to provide feedback on possible strategic goals, which were drafted from the engagement sessions and interviews. Participants rated goals on a scale of 1 to 9 using keypad polling, with 1 being most important and 9 being least important. PSI analyzed the keypad polling results to determine the strategic goals that would become the CHIP priorities. To view PSI's report from the Summit, see Appendix C: Lorain County Health Summit Summary of Roundtable Discussions & Priorities to Inform the Development of a Community Health Improvement Plan.

Following the Community Health Summit in December 2012, the CHIP Steering Committee was formed to narrow CHIP priorities and develop objectives, measures, and performance targets. The Committee met in

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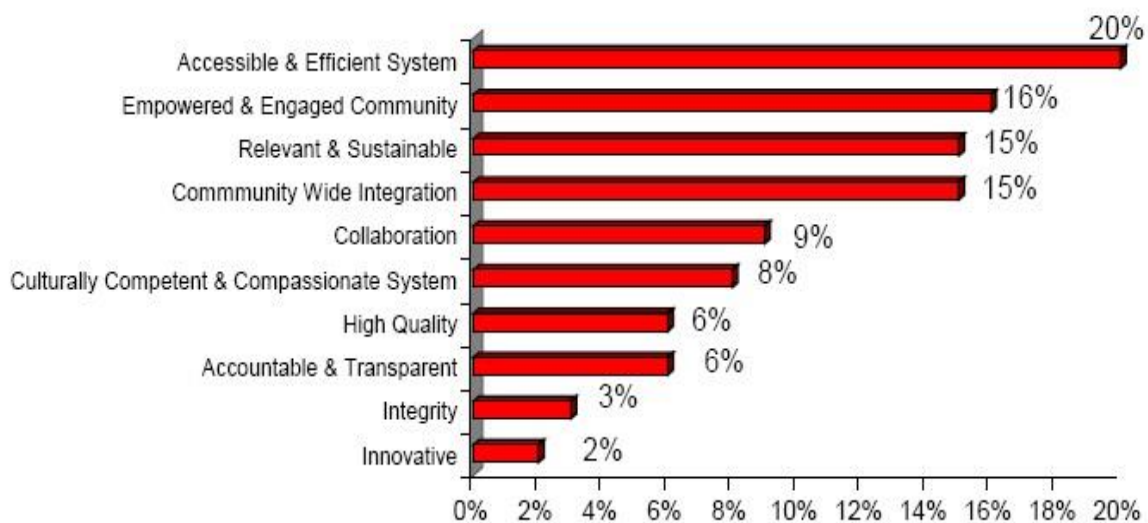
2013 and 2014 to complete this work. The Lorain County CHIP Priorities and Inventory of Programs was completed in July 2014, and in an effort to share the work with community partners, a second Community Health Summit was scheduled for August 7, 2014 at Lorain County Community College. The purpose of the Summit was to familiarize community partners with the five CHIP priorities, describe work that had been completed on the priorities, discuss next steps, and invite partners to join CHIP Priority Teams. Priority teams were responsible for developing implementation strategies to reach the objectives outlined in the document and measuring the progress to ensure performance targets are met.

CHIP Priority Teams began meeting in late 2014 to develop strategies, and implementation began in 2015. Progress was tracked by the Coordinating Agency and reported back at quarterly CHIP Steering Committee meetings. Additionally in 2015, the CHIP Steering Committee commissioned the second comprehensive CHA. The adult surveys were conducted by the Hospital Council of Northwest Ohio in fall and winter 2015. Youth data for the CHA was taken from the PRIDE Surveys conducted by the Alcohol and Drug Addiction Services Board of Lorain County and Communities That Care of Lorain County in late 2014. The new CHA data was shared with community partners in May 2016, along with progress updates from the CHIP Priority Teams.

Value Statements

During the Community Health Summit in December 2012, participants prioritized value statements for the CHIP that will help guide our efforts throughout our improvement process. Draft value statements were projected on the screen, and participants selected their top three statements using keypad polling. The prioritization of value statements is listed below.

Prioritization of Draft Value Statements



The finalized value statements are:

Accessible and Efficient Systems

We strive for accessible care and delivery of all health-related services.

Empowered and Engaged Community

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We believe in engaging and empowering individuals to take ownership of their health now and into the future.

Relevant and Sustainable

We commit to a system that is relevant to community needs and sustainable into the future.

Community-Wide Integration

We value an integrated and coordinated approach to health education, prevention, and delivery of care.

Collaboration

We believe collaboration will create a stronger and more productive system of care.

Culturally Competent and Compassionate System

We show dignity, respect, compassion, and responsiveness to those we serve.

High Quality

We commit to quality and embrace excellence.

Accountable and Transparent

We take responsibility for our actions as health care providers and are accountable to our community.

Integrity

We value honesty and truthfulness across our system of care and with those we serve.

Innovation

We believe creativity and innovation will help address our most pressing issues.

CHIP Priorities

At the December 2012 summit, strategic goals drafted from the community engagement sessions and stakeholder interviews were introduced to participants. The participants were then asked to prioritize those goals. Keypad polling was used, so participants could rank the draft goals based on what they felt were most important and least important to the community. The results of the keypad polling are listed below, and the top five strategic goals became the priorities for the Lorain County CHIP. Those priorities are

- 1. Improve Access to Care**
- 2. Expand Coordinated Education and Prevention Services**
- 3. Improve Weight Issues and Obesity Among Adults and Children**
- 4. Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children**
- 5. Improve Mental Health of Seniors, Adults, and Children**

Steering Committee

To drive improvements in the county, a CHIP Steering Committee was formed after the Community Health Summit in December 2012. Meetings are held on a quarterly basis and facilitated by Lorain County Public

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Health. Currently, Lorain County CHIP Steering Committee members include representatives from the following agencies:

- Alcohol and Drug Addiction Services Board of Lorain County
- Cleveland Clinic Avon Hospital
- Lorain County Board of Mental Health
- Lorain County Health & Dentistry
- Lorain County Metro Parks
- Lorain County Public Health
- Mercy Health
- University Hospitals Elyria Medical Center

The Steering Committee took the five CHIP priorities, narrowed them, developed objectives, and created measures and performance targets for each. Coordinating organizations were identified for each priority. The coordinating organizations' responsibilities included creating a team of community partners to assist with the priority, scheduling and facilitating meetings with the team, creating interventions and programs that will help the team reach its objectives, and reporting progress to the Steering Committee.

CHIP Priority	Coordinating Organizations
Improve Access to Care	Lorain County Health & Dentistry, Mercy Health, and University Hospitals Elyria Medical Center
Expand Coordinated Education and Prevention Services	Lorain County Public Health
Improve Weight and Obesity Among Adults and Children	Lorain County Metro Parks, Lorain County Public Health
Reduce Alcohol, Tobacco, and Drug Abuse Among Children and Adults	Alcohol and Drug Addiction Services Board of Lorain County, University Hospitals Elyria Medical Center
Improve Mental Health Among Seniors, Adults, and Children	Lorain County Board of Mental Health

CHIP Priority Teams

At the Community Health Summit in August 2014, the Steering Committee introduced the Lorain County CHIP priorities and invited community partners to join a CHIP Priority Team. The role of the Priority Team is to develop implementation strategies to reach priority objectives and measure the progress of programs and initiatives to ensure performance targets are met. Teams began meeting in late 2014 and started implementation of strategies in 2015. Below are the Lorain County CHIP Priority Teams' membership lists.

CHIP Priority 1: Improve Access to Care	
Coordinating Agencies	Lorain County Health & Dentistry, Mercy Health, University Hospitals Elyria Medical Center
Team Members	Alzheimer's Association, Beech Brook, Bellefaire JCB, City of Elyria, City of Lorain, Cleveland Clinic, Far West Center, Hospice of the Western Reserve, Lorain County Alcohol and Drug Abuse Services (LCADA), Lorain County Children and Families Council, Lorain County Children

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CHIP Priority 1: Improve Access to Care	
	Services, Lorain County Free Clinic, Lorain County Public Health, Nord Family Foundation, Wesleyan Village

CHIP Priority 2: Expand Coordinated Education and Prevention Services	
Coordinating Agencies	Lorain County Public Health
Team Members	Big Brothers Big Sisters of Lorain County, City of Elyria, Cornerstone Pregnancy Services, Family Planning Services of Lorain County, Greater Victory Church, Lorain County Alcohol and Drug Abuse Services (LCADA), Lorain County Board of Mental Health, Lorain County Free Clinic, Lorain YWCA, Mercy Hospitals Parish Nursing and Resource Mothers, Mount Zion Church, Ready Set Go...to Kindergarten, University Hospitals Elyria Medical Center, YES (Youth Empowerment Services) Zone

CHIP Priority 3: Improve Weight and Obesity Among Adults and Children	
Coordinating Agencies	Lorain County Metro Parks, Lorain County Public Health
Team Members	Catholic Charities, City of Elyria, Hospice of the Western Reserve, Lorain County Community College, Lorain County Township Trustees (Huntington and Wellington Townships), Lorain County YMCA, Mercy Health, Oberlin House of the Lord Church, United Way of Greater Lorain County

CHIP Priority 4: Reduce Tobacco, Alcohol and Drug Abuse Among Adults and Children	
Coordinating Agencies	Alcohol and Drug Addiction Services Board of Lorain County, University Hospitals Elyria Medical Center
Team Members	Communities That Care of Lorain County , Educational Services Center of Lorain County, El Centro de Servicios Sociales, Lorain County Alcohol and Drug Abuse Services (LCADA), Lorain County Community College, Lorain County Public Health, Lorain County Sheriff's Office, Mercy Health

CHIP Priority 5: Improve Mental Health Among Seniors, Adults, and Children	
Coordinating Agencies	Lorain County Board of Mental Health
Team Members	Alzheimer's Association, Beech Brook, Cleveland Clinic , Far West Center, Gathering Hope House, Lorain County Alcohol and Drug Abuse Services (LCADA), Lorain County Children Services, Lorain County Office on Aging, Lorain County Public Health, Nord Family Foundation, Oberlin House of the Lord Church, The Nord Center, Visiting Angels

CHIP Priority 1: Improve Access to Care

Health Assessment Data

Improving access to care in Lorain County ranked as the top priority for community health improvement. According to the 2011 Lorain County Community Health Assessment, an average of 11% of Lorain County residents did not have health care coverage, increasing to 21% for adults under the age of 30 and 24% of those with incomes less than \$25,000. The top five reasons included job loss/change of employers, inability

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to pay insurance premiums, employer did not offer coverage or stopped offering coverage, shift to part-time or temporary work, and ineligibility due to age or leaving school. The table below shows the percentage of adults without health care coverage for various areas in Lorain County and compares them to the state and national percentage.

Location	Percentage of Adults Without Health Care Coverage
Lorain County - Averaged	11%
Lorain County Rural Areas	8%
Lorain County Suburban Areas	7%
City of Elyria	16%
City of Lorain	14%
Ohio	13%
United States	15%

Ohio and United States data from 2010 BRFSS

The 2011 CHA also reported 20% of Lorain County adults could not see a doctor when needed at some time in the past year due to cost, increasing to 32% for those with incomes less than \$25,000. At the same time, 52% of adults had one particular doctor or health care professional they go to for routine medical care, but 16% did not have a particular doctor or health care professional.

The results of the 2015 CHA mirrored the 2011 CHA results in terms of the percentage of adults without insurance. The assessment showed 11% of Lorain County residents did not have insurance. The percentage of uninsured adults under the age of 30 rose from 21% in 2011 to 26% in 2015. The percentage of uninsured Lorain County adults with incomes less than \$25,000 decreased slightly from 24% in 2011 to 23% in 2015.

State and National Priorities

Improving access to care is a top priority for Ohio and the nation. The Ohio 2012-2014 State Health Improvement Plan considered it one of the two main priorities under Service Improvements. The goal is to “establish, support, and promote policies and systems to identify and reduce barriers that prevent access to appropriate health care for all Ohioans.” (Ohio 2012-2014 State Health Improvement Plan. October, 2012). State strategies include

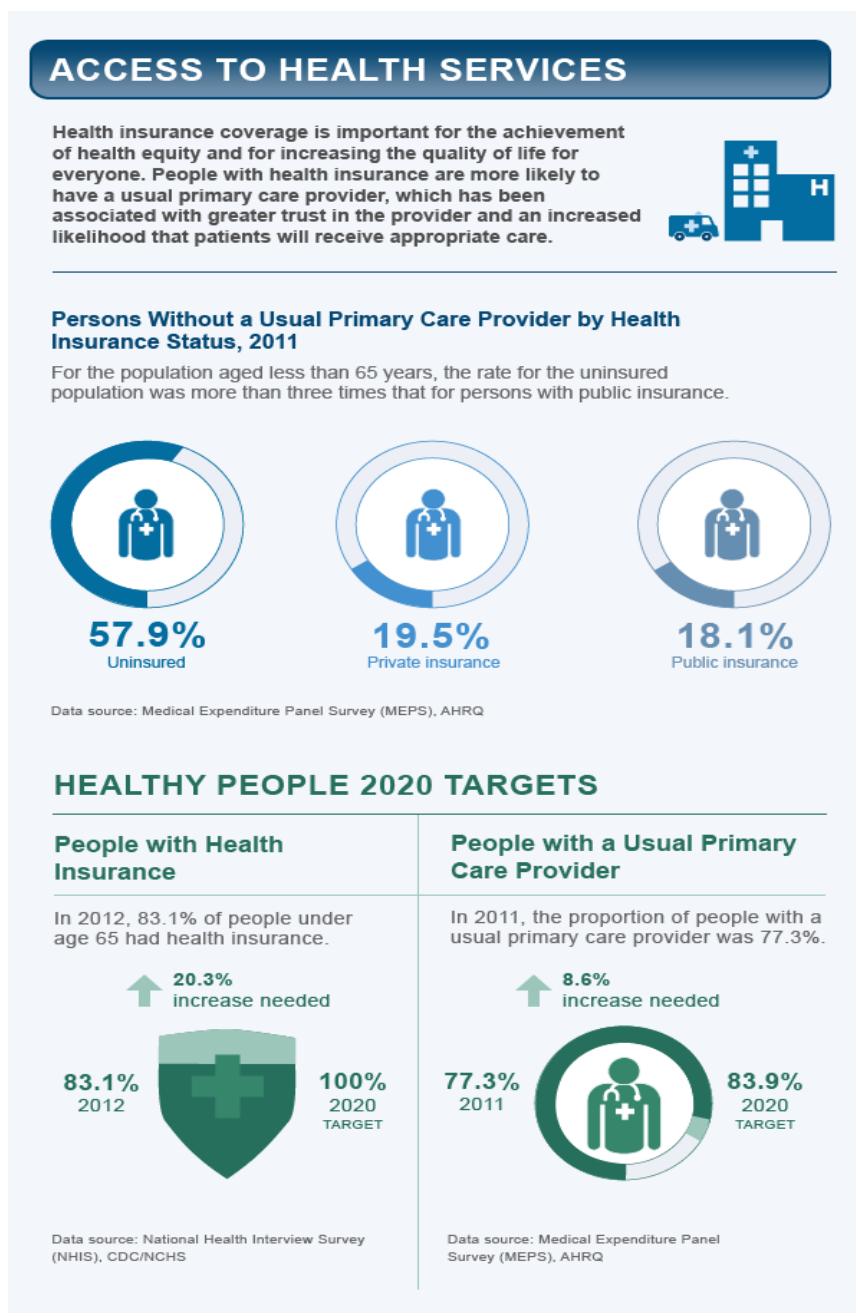
- Ensuring all Ohioans have a patient-centered medical home that assists them in navigating the health care system and is integrated with all providers to provide continuity of care.
- Equipping consumers to be full partners in their health care.
- Increasing the number, diversity, distribution, and cultural competency of the health care workforce.
- Strengthening the safety net system.

It is also one of the four strategic priorities of the 2013-2014 Ohio Department of Health (ODH) Strategic Plan. The priority is listed as Expand Patient-Centered Medical Home (PCMH) model across Ohio, and the action steps that will accompany this priority are

- Implement and evaluate statewide PCMH Education Pilot Program (House Bill 198).
- Establish comprehensive statewide healthcare workforce data system.
- Increase number and diversity, and improve distribution of healthcare workforce.
- Promote expansion of innovative models of health care delivery as access points for all Ohioans.

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Healthy People 2020 established access to health services as one of their twelve topic areas, and two of their leading health indicators for that topic are similar to priorities identified for Lorain County. Those are *AHS-1 Increase the proportion of persons with health insurance* and *AHS-3 Increase the proportion of persons with a usual primary care provider* (Access to Health Services, Healthy People 2020. December, 2010). Healthy People 2020 has set an ambitious target for the percentage of people under the age of 65 who have health insurance. By the year 2020, the goal is to have 100% of those people insured. In 2012, 83.1% of people under the age of 65 had health insurance, requiring a 20.3% increase to reach the target. Healthy People 2020 also hopes to increase the percentage of people with a usual primary care provider to 83.9%. Based on data collected in 2011, the percentage was 77.3%. The infographic below was taken from the Healthy People 2020 website.



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Lorain County Objectives, Measures, and Performance Targets

The CHIP Steering Committee identified two overarching objectives to improve access to care, developed goals for each objective, adopted measures, and set performance targets to reach by 2019.

CHIP Priority 1: Improve Access to Care			
Objective	Goals	Measures	Performance Targets
Strengthen network of patient-centered medical homes	<ul style="list-style-type: none"> • Strengthen network of patient-centered medical home activities 	<p>2011: 52% of adults had one doctor or healthcare professional they go to for routine medical care, 31% had more than one, and 16% did not have one doctor to see on a routine basis</p> <p>2015: 52% of adults had one doctor or healthcare professional they go to for routine medical care, 29% had more than one, and 18% did not have one doctor to see on a routine basis</p>	Help 4,586 adults obtain a medical home (or acquire at least one doctor to see on a routine basis) for a 2% rate of decrease in those who do not have a medical home; reduction from 16% to 14% by 2019
Reduce barriers for access to care	<ul style="list-style-type: none"> • Improve access to dental services • Help more adults (under age 30, low income, and adults living in the urban areas of Elyria and Lorain) obtain medical insurance and maximize use of their insurance plans • Make prescriptions more accessible • Support initiatives that reduce barriers to transportation • Promote coordinated transitional care management services including those following inpatient hospital stays 	<p>Location and hours of operation for health care providers</p> <p>2015: Transportation barriers assessment completed and used as baseline for county transportation data and hours of operation and location for health care providers. Top transportation barriers were: No ride, car trouble, no car, no gas money, no public transportation, ride not on time, ride unreliable, no money, no license, weather, no car/shares car.</p>	Gather baseline data

Current Programs and Interventions to Improve Access to Care

- Certified Application Counseling services for residents who need assistance applying for health care coverage through the Health Insurance Marketplace
- Lorain County Drug Repository program and medication assistance programs offered through hospitals
- Taxi-vouchers and transportation services available
- Parish Nursing and Resource Mothers programs to connect with clients in the community

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- Prenatal and newborn home visiting programs
- Financial assistance programs for hospital services
- In-home counseling for mental health and alcohol and drug treatment services

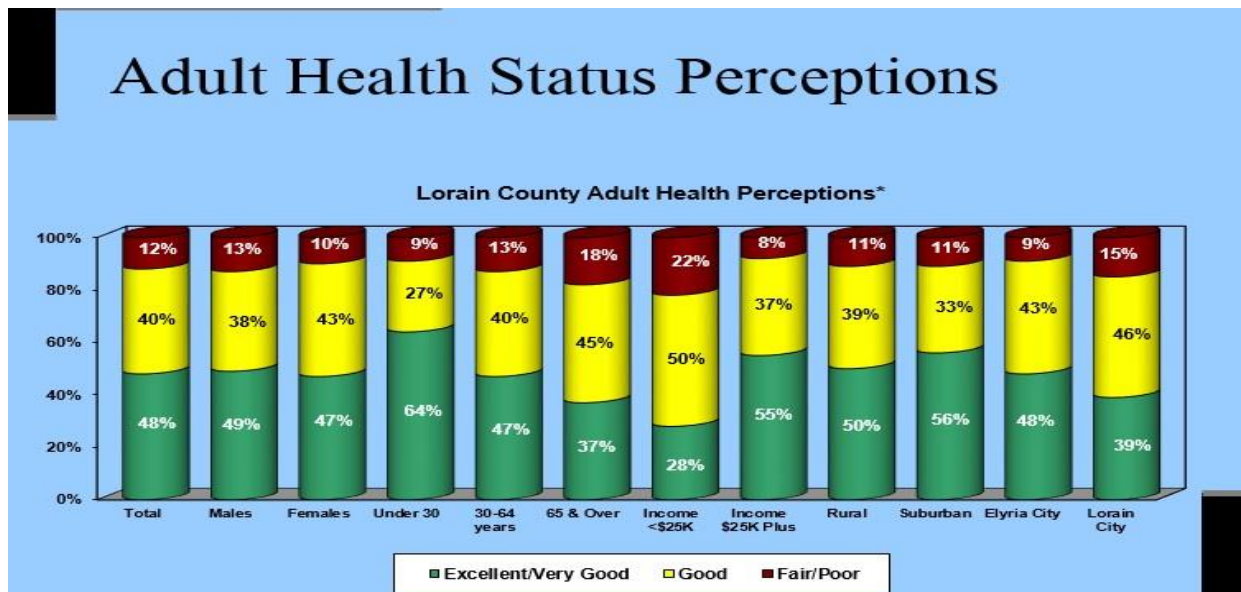
Possible Future Programs and Interventions to Improve Access to Care

- Open a permanent medical facility in public housing in Elyria and expand to include pediatrics, obstetrics and prenatal care, adult medicine, and integrated behavioral health
- Recruit pediatric dentists for federally qualified health center and increase capacity by adding 1 full-time equivalent general dentist with surgery residency
- Integrate Resource Mothers with OB/GYN practices to provide coverage in southern Lorain County
- Hire additional Certified Application Counselors
- Establish satellite offices for mental health services in underserved areas
- Use of Lorain County Metro Parks locations for medical screenings and programs
- Advocate for countywide public transportation and/or transportation for medical purposes
- Expand Lorain County Health & Dentistry

CHIP Priority 2: Expand Coordinated Education and Prevention Services

Health Assessment Data

According to the 2011 Lorain County CHA, almost half of Lorain County adults rated their health as excellent or very good (48%), while 12% described their health as fair or poor, compared to 16% of Ohio adults and 15% of U.S. adults. Adults with incomes less than \$25,000 were more likely to rate their health as fair or poor, and adults with higher incomes rated their health as excellent or good (55%).



In the 2015 Lorain County CHA, the percentage of adults who rated their health as excellent or very good was 47%. There was an increase in the percentage of adults who rated their health as fair to poor (14% in 2015 as opposed to 12% in 2011). There was also a rise in the percentage of adults who rated their mental health as not good on four or more days in the previous month (20% in 2011 to 27% in 2015).

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In terms of preventive health in 2011, 55% of adults visited a doctor for a routine check-up in the past year. Forty-five percent (45%) had received a flu shot, and 29% received a pneumonia shot, which increased to 68% for those 65 years and older. Additionally, 53% of women ages 40 and older had a mammogram, and 58% of men ages 50 and older had a Prostate-Specific Antigen (PSA) test.

In 2015, 64% of adults visited a doctor for a routine check-up in the past year, up from 55% in 2011. Fifty-four percent (54%) received a flu shot in the past year, and 30% of adults received the pneumonia shot in their lifetime. There was an increase in the percentage of women ages 40 and older who received a mammogram in the past year (61% in 2015), and 76% of men ages 50 and older had a Prostate-Specific Antigen (PSA) test in their lifetime.

Although not addressed in the 2011 Lorain County CHA, infant mortality data had been collected and analyzed. Lorain County saw a drop in infant mortality from 13.1 deaths per 1,000 live births in 1990 to 6.8 deaths per 1,000 live births in 2008. However, the infant mortality rate for African Americans was 24.1 compared to 4.2 for white infants. The Hispanic infant mortality rate was 9.0 compared to the non-Hispanic rate of 6.5 (Lorain County Health and Well-being Fact Book. August 2010).

The Ohio Department of Health released the 2016 Ohio Infant Mortality Data: General Findings in 2017. Lorain County's infant mortality rate dropped to 4.5 deaths per 1,000 live births. County-specific data on infant mortality rates by race and ethnicity were not available in the report.

State and National Priorities

According to the 2014 Ohio Infant Mortality Data: General Findings, the overall infant mortality rate for Ohio was 6.8 deaths per 1,000 live births. The rate for white infants was 5.3 deaths per 1,000 live births, below both the national rate and Healthy People 2020 target, but the infant mortality rate for African American infants was nearly triple that rate (14.3 deaths per 1,000 live births).

Table 1: Ohio Infant Mortality Rate, 2014 (Number of Deaths per 1,000 Live Births)

Group	2013	2014	National Rate (2013)*
All Races	7.4	6.8	6.0
Race			
White	6.0	5.3	5.1
Black	13.8	14.3	11.2
American Indian	**	**	7.6
Asian/Pacific Islander	**	**	4.1
Ethnicity			
Hispanic	8.8	6.2	5.3
Non-Hispanic***	7.3	6.9	6.1

* Most recent national data available, except for 2014 infant mortality rate for all races.

** Rates based on fewer than 20 infant deaths are unstable and not reported.

*** Non-Hispanic births and deaths include those of unknown ethnicity.

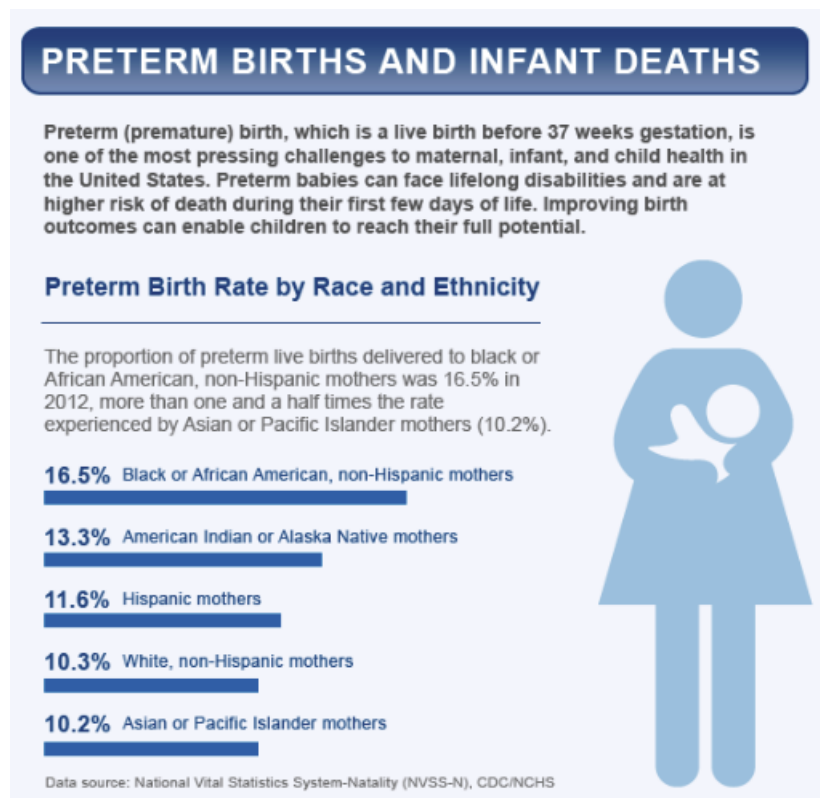
The Ohio 2012-2014 State Health Improvement Plan addressed infant mortality and developed strategies to improve the rate. Those strategies are

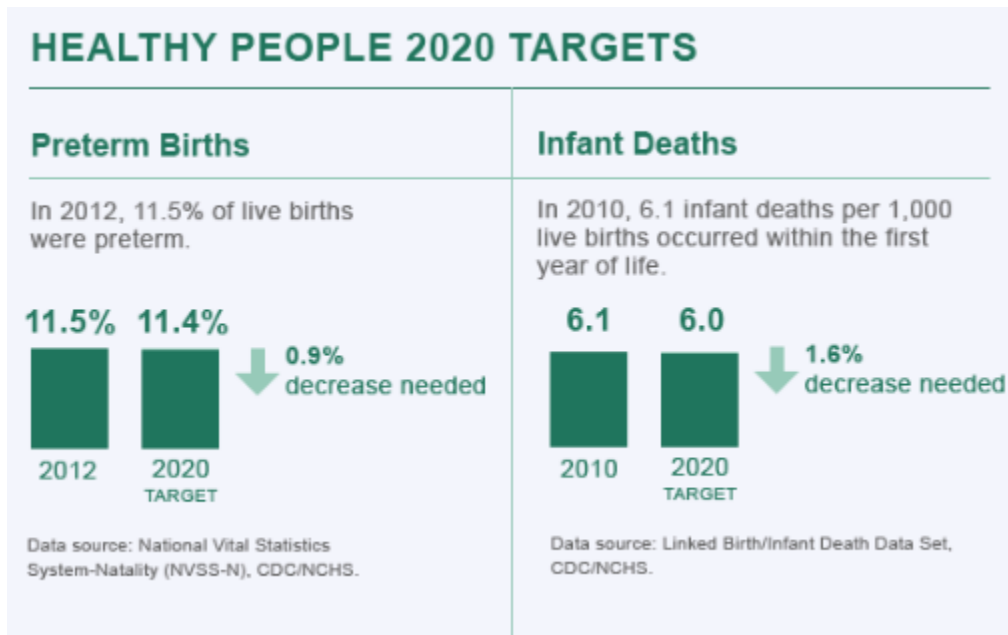
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- Implement or provide access to an evidence-based care coordinated model, emphasizing communities at highest risk, to public and private providers who impact birth outcomes, including patient-centered medical homes.
- Implement and spread quality improvement initiatives via the Ohio Perinatal Quality Collaborative to all public and private systems to reduce infant mortality and birth outcome disparities.
- Partner with Ohio Injury Prevention Partnership and Child Injury Action Group to implement the actions.
- Continue the decreasing trend in birth rate among 13-19 year olds in Ohio.
- Address the effects of racism and the impact of racism on infant mortality.
- Reduce the percentage of women who smoke during pregnancy.

Additionally, decreasing infant mortality is listed as a priority in the 2013-2014 Ohio Department of Health (ODH) Strategic Plan. ODH and its partners plan to decrease the number of infant deaths by reducing low birth weight deliveries, reducing sleep-related deaths, and preventing birth defects.

Maternal, Infant, and Child Health is also one of the topic areas for Healthy People 2020. Leading health indicators for this topic are infant deaths and preterm births. In 2010, the U.S. infant mortality rate was 6.1 deaths per 1,000 births. The Healthy People 2020 target is 6.0. The target for preterm births is 11.4% for 2020, and the percentage in 2012 was 11.5% of births. Of the thirty-two objectives that are related to Maternal, Infant, and Child Health, the ones that align most closely with Lorain County priorities are *MICH-1 Reduce the rate for fetal and infant deaths*, *MICH-10 Increase the proportion of pregnant women who receive early and adequate prenatal care*, and *MICH-20 Increase the number of infants who are put to sleep on their backs* (Maternal, Infant, and Child Health, Healthy People 2020. December, 2010).





Lorain County Objectives, Measures, and Performance Targets

The CHIP Steering Committee focused on infant mortality. Although the 2014 Lorain County rate was below the state average (6.1 deaths versus 6.8 deaths per 1,000 births), there remains great disparity among minority populations. Additionally, the inclusion of a CHIP priority to reduce infant mortality rates seemed a sensible choice considering the work that has already been initiated in the county prior to the creation of the CHIP.

CHIP Priority 2: Expand Coordinated Education and Prevention Services			
Objective	Goals	Measures	Performance Targets
Reduce infant mortality rate	<ul style="list-style-type: none"> Improve maternal and child health to reduce infant mortality rates 	<p>2012: Infant mortality rate for those less than 1 year old was 6.8 deaths per 1,000 live births for Lorain County (Ohio Vital Statistics)</p> <p>2014: Infant mortality rate for those less than 1 year old was 6.1 deaths per 1,000 live births for Lorain County (Ohio Vital Statistics)</p> <p>2015: Infant mortality rate for those less than 1 year old was 5.9 deaths per 1,000 live births (Ohio Vital Statistics)</p> <p>2016: Infant mortality rate for those less than 1 year</p>	Reduction of infant mortality rate to 5.0 deaths per 1,000 births by 2019

CHIP Priority 2: Expand Coordinated Education and Prevention Services			
Objective	Goals	Measures	Performance Targets
		old was 4.5 deaths per 1,000 live births (Ohio Vital Statistics)	

Current Programs and Interventions to Reduce Infant Mortality

- County-wide safe sleep campaign
- Maternal Depression Task Force to connect mothers with needed services
- Early childhood mental health interventions aimed to help parents understand and nurture children
- Implementation of Ohio Infant Mortality Reduction Program targeting African Americans
- Mercy Resource Mothers program
- Newborn home visiting programs at local health departments
- Child immunization clinics
- Cribs for Kids partner organizations in the county
- Lorain County Child Fatality Review Board to review all child deaths, identify prevention efforts, and make recommendations to prevent future deaths
- Expansion of community health worker programs to reach additional at-risk populations
- Breastfeeding education, support groups, and peer helper programs
- Smoking cessation programs for pregnant women

Possible Future Programs and Interventions to Reduce Infant Mortality

- Expansion of Resource Mothers program
- Increased promotion of child birth education classes
- Application for pilot funds through the Office of Health Transformation to establish the Centering Model in the federally qualified health center (FQHC) to reduce infant mortality
- Addition of obstetrics and prenatal services at Elyria FQHC sites
- Integration of behavioral health at FQHCs into obstetrics and pediatric medial teams targeting girls and women ages 15 to 50

CHIP Priority 3: Improve Weight and Obesity Among Adults and Children

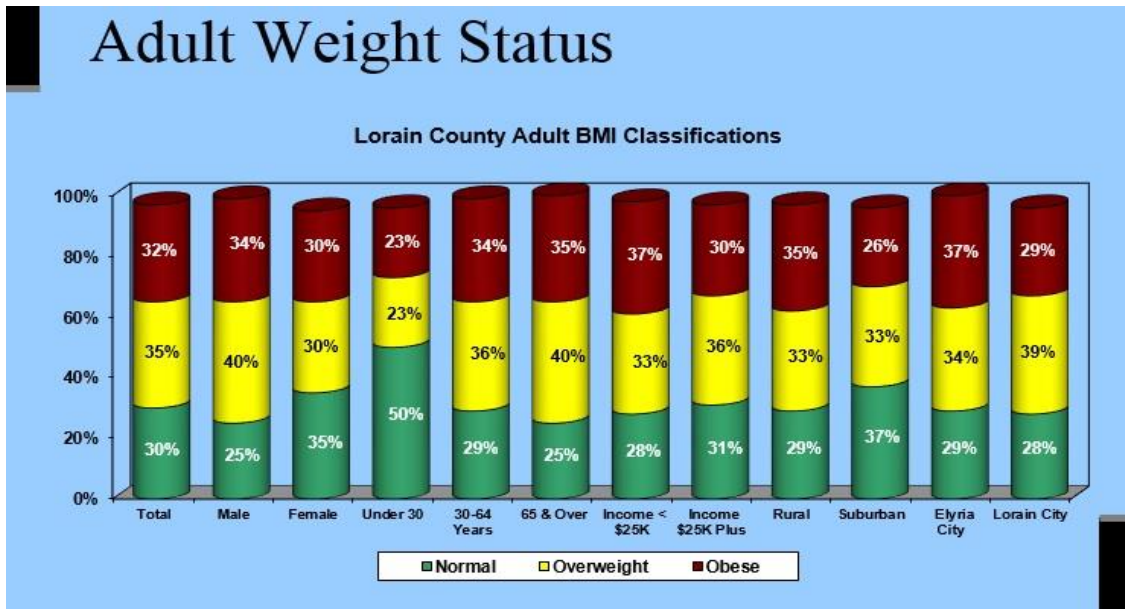
Health Assessment Data

The 2011 Lorain County Community Health Assessment identified that 67% of adults were overweight or obese based on body mass index, with nearly one out of every three adults classified as obese (32%). The percentage of obese residents for Lorain County was higher than both the Ohio average (30%) and national average (28%) captured from the 2010 Behavioral Risk Factor Surveillance System. The 2015 Lorain County CHA showed an increase in the percentage of adults who were overweight and obese based on body mass index. Sixty-nine (69%) of Lorain County adults were considered overweight or obese, with 32% overweight and 37% obese. Again, the county percentages were higher than both the state (33%) and national (30%) averages, taken from the 2014 Behavioral Risk Factor Surveillance System.

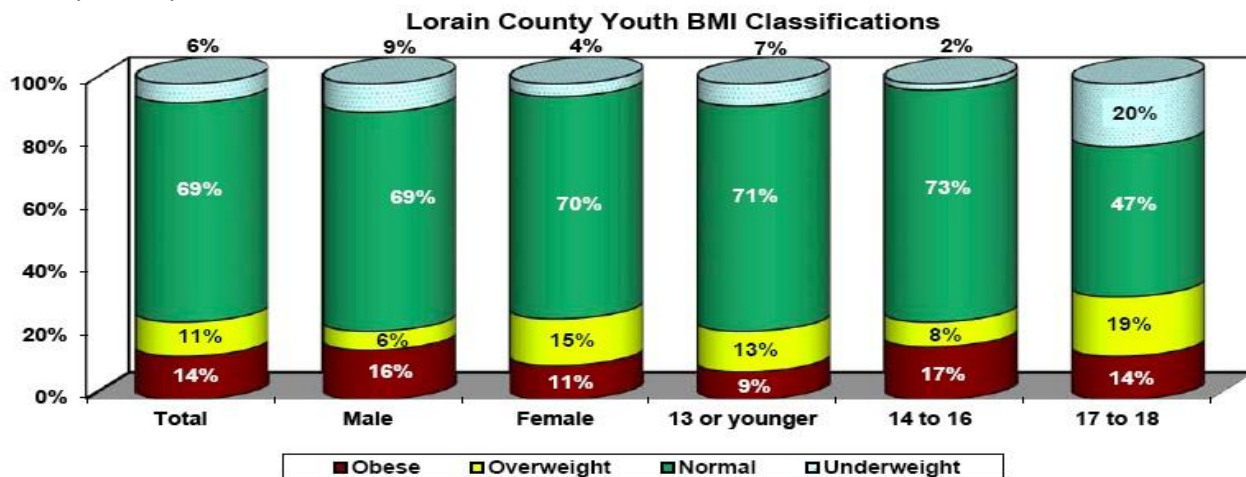
Additionally, the 2011 CHA reported that 56% of Lorain County adults engaged in physical activity for at least 30 minutes three or more days in the past week; however, approximately one-fifth of adults (21%) did not engage in any physical activity the past week, including those unable to exercise. The 2015 data showed a

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smaller percentage of Lorain County adults engaging in physical activity for 30 minutes three or more days in the past week (53%), and 23% did not engage in any physical activity in the past week.



The 2011 CHA indicated 11% of youth were overweight and 14% were obese based on body mass index by age. Sixty-five percent (65%) of Lorain County youth participated in at least 60 minutes of physical activity at least three or more days in the past week, but 15% reported that they did not participate in any physical activity in the past week.



State and National Priorities

Although it was not listed as a priority focus area in the Ohio 2012-2014 State Health Improvement Plan, reducing obesity is one of the strategic priority focus areas for the 2013-2014 Ohio Department of Health (ODH) Strategic Plan. The plan calls for a reduction in obesity, especially childhood obesity, by enhancing the quality of nutrition and physical activity in daycare centers, schools, and communities throughout the state. Currently, work is being done through the Creating Healthy Communities program, which is funded through the Centers for Disease Control and Prevention’s Preventive Health and Health Service Block Grant. ODH’s Bureau of Healthy Ohio also received a grant from the Office of Health Transformation to develop statewide health and wellness approaches to prevent childhood obesity. The three statewide approaches are

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- Increase the number of early childhood education centers with policies on nutrition and physical activity.
- Create a multi-sectorial approach engaging parents of children 0-5 years in evidence-based health and wellness education materials through home visits.
- Enhance the Ounce of Prevention materials and train pediatricians on delivering evidence-based messages during well-child visits, to include nutrition /physical activity/ and parenting information.

The goal of Healthy People 2020 in regards to physical activity is to “improve health, fitness, and quality of life through daily physical activity.” They plan to accomplish this through a variety of objectives, and the ones that most closely resemble Lorain County CHIP priorities are *PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity* and *PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity* (Physical Activity, Healthy People 2020, December, 2010).



Lorain County Objectives, Measures, and Performance Targets

To reduce Lorain County’s overweight and obesity rates, the CHIP Steering Committee is focusing efforts to increase physical activity among adults and children, and the goal is to increase physical activity by 5% for both groups.

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CHIP Priority 3: Improve Weight and Obesity Among Adults and Children			
Objective	Goals	Measures	Performance Targets
Increase rates of physical activity among adults and children	<ul style="list-style-type: none"> Increase awareness of and access to affordable venues for fitness and recreational activities at community and neighborhood levels 	<p>2011: 2/3 of adults were overweight (35%) or obese (32%)</p> <p>2011: 1/4 of youth were overweight (11%) or obese (14%)</p> <p>2011: 56% of adults engaged in physical activity for 30 min 3 or more days; 29% for 5 or more days per week</p> <p>2011: Participation in 60 min of physical activity by youth - 65% on 3 or more days; 46% on 5 or more days; 24% everyday</p> <p>2014: 12% of 6th graders, 9% of 8th graders, and 11% of 10th graders did not participate in any physical activity on at least 1 day in the past week</p> <p>2015: Over 2/3 of adults were overweight (32%) or obese (37%)</p> <p>2015: 53% of adults engaged in physical activity for 30 min 30 or more days; 30% for 5 or more days per week; 23% were not participating in any physical activity</p>	<p>Increase rates of physical activity among adults by 5% (11,464 more adults) by 2019</p> <p>Increase rates of physical activity among youth by 5% (1,516 more youth ages 12-18) by 2019</p>

Current Programs and Interventions to Improve Weight and Obesity Among Adults and Children

- United We Sweat collaboration for no-cost physical activity opportunities
- Creating Healthy Communities grant programs including school gardens and school-based community walking paths
- Discounted memberships for various groups at local fitness centers
- Collaborations with farmer’s markets and community gardens
- Removal of vending machines at federally qualified health center (FQHC) in Lorain
- Healthy lifestyle presentations and cooking demonstrations

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- Lorain County Walks program and Lorain County Fit Walks in Amherst, Elyria, Grafton, Lorain, Oberlin, North Ridgeville, and South Amherst
- Worksite wellness programs
- Collaboration with schools to increase access to fresh fruits and vegetables

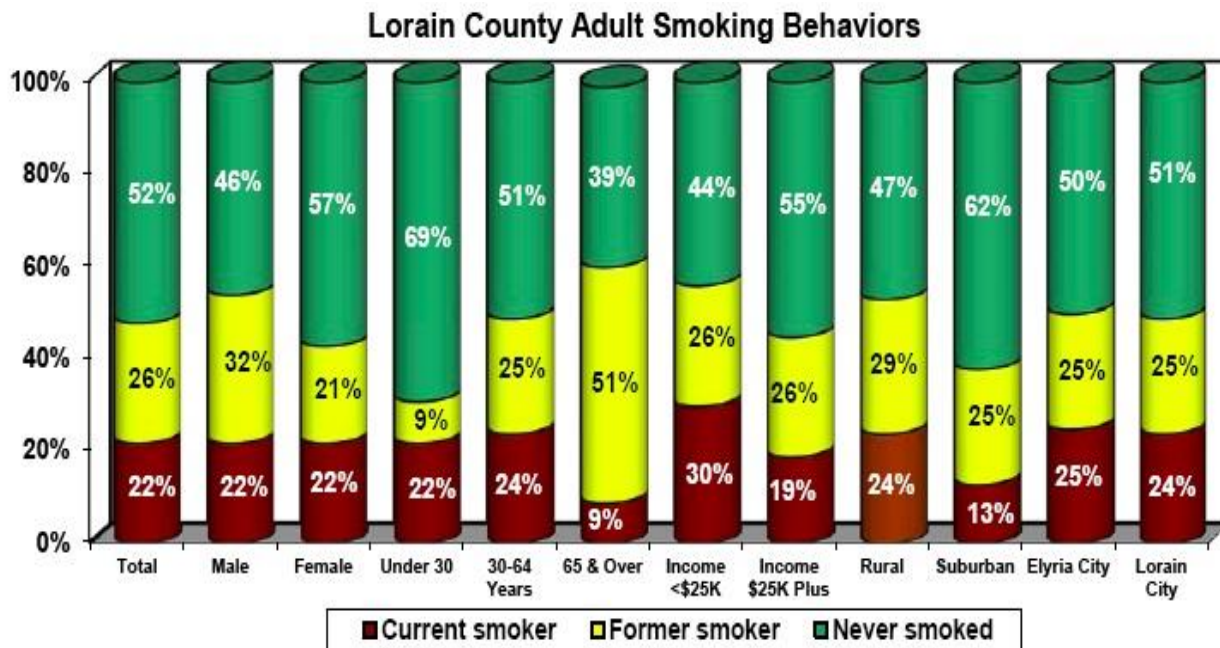
Possible Future Programs and Interventions to Improve Weight and Obesity Among Adults and Children

- Expansion of no-cost/low cost exercise classes
- Expansion of trails to increase availability of no-cost exercise
- Fitness center incentives for weight loss and healthy diet
- Publication of calorie counts at local restaurants
- Addition of 1 full-time equivalent dietitian to work among four FQHC sites
- Increase number of farmer’s markets in the county

CHIP Priority 4: Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children

Health Assessment Data

The 2011 Lorain County CHA identified more than one-fifth (22%) of Lorain County adults were current smokers (those who indicated they smoked at least 100 cigarettes in their lifetime and currently smoke all or some days), and 26% were considered former smokers (smoked at least 100 cigarettes in their lifetime but now do not smoke). The 2010 BRFSS reported a current smoking prevalence rate of 23% for Ohio and 17% for the U.S. The 2015 Lorain County CHA data showed 22% of Lorain County adults were current smokers. There was a decrease in the number of former smokers from 26% in 2011 to 23% in 2015.



*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

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The percentage of Lorain County mothers who smoked during pregnancy was higher than the state percentage. In 2010, the percentage in Lorain County was 29% as opposed to the state percentage of 18% (ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010).

In 2011, the CHA identified that 14% of Lorain County youth ages 12-18 were current smokers, having smoked within the last 30 days, and the percentage increased to 18% for those ages 17-18. Of the youth who currently smoked, 60% indicated that they have tried to quit. The 2011 Youth Risk Behavior Survey (YRBS) reported that 21% of Ohio youth ages 12-18 were current smokers, and 18% of U.S. youth were current smokers.

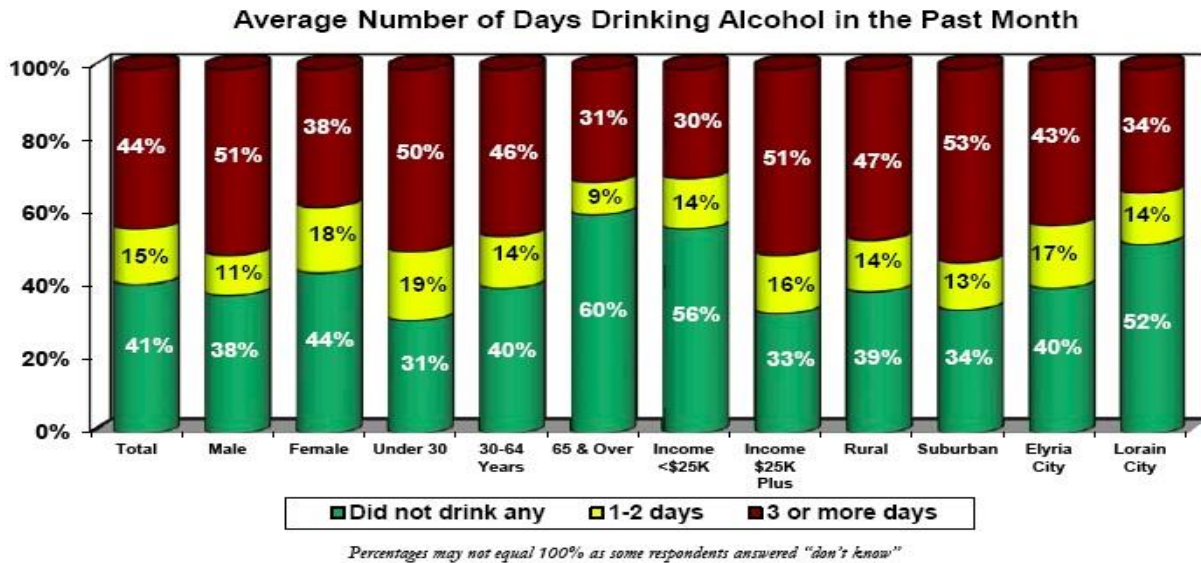
2011 Youth Comparisons	Lorain County 2011 (6 th – 12 th)	Lorain County 2011 (9 th – 12 th)	Ohio 2011 (9 th – 12 th)	U.S. 2011 (9 th – 12 th)
Ever tried cigarettes	31%	41%	52%	45%
Current smokers	14%	19%	21%	18%
Used chewing tobacco or snuff in past month	4%	6%	12%	8%
Tried to quit smoking	60%	68%	56%	50%

Data from the PRIDE Surveys conducted in 2014 showed 2% of 6th graders, 10% of 8th graders, and 17% of 10th graders smoked cigarettes in the past year. The percentage of youth who identified themselves as current smokers was 2% of 6th graders, 7% of 8th graders, and 11% of 10th graders.

The 2011 CHA reported 13% of Lorain County adults were considered frequent drinkers, which means they consumed alcohol an average of three or more days per week, per CDC guidelines, and 59% of adults had at least one alcoholic beverage in the past month. The 2010 BRFSS reported current drinker prevalence rates at 53% for Ohio and 54% for the U.S. The 2015 Lorain County CHA data showed 16% of Lorain County adults were considered frequent drinkers, and 61% of adults had at least one alcoholic beverage in the past month. The 2011 CHA findings for youth alcohol consumptions found that 53% of Lorain County youth had consumed at least one drink of alcohol in their life, increasing to 85% for those 17-18. More than one-quarter (27%) of Lorain County youth ages 12-18 and 52% of those 17-18 had at least one drink in the last 30 days.

2011 Adult Comparisons	Lorain County 2011	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	59%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	23%	17%	15%

Lorain County Community Health Improvement Plan



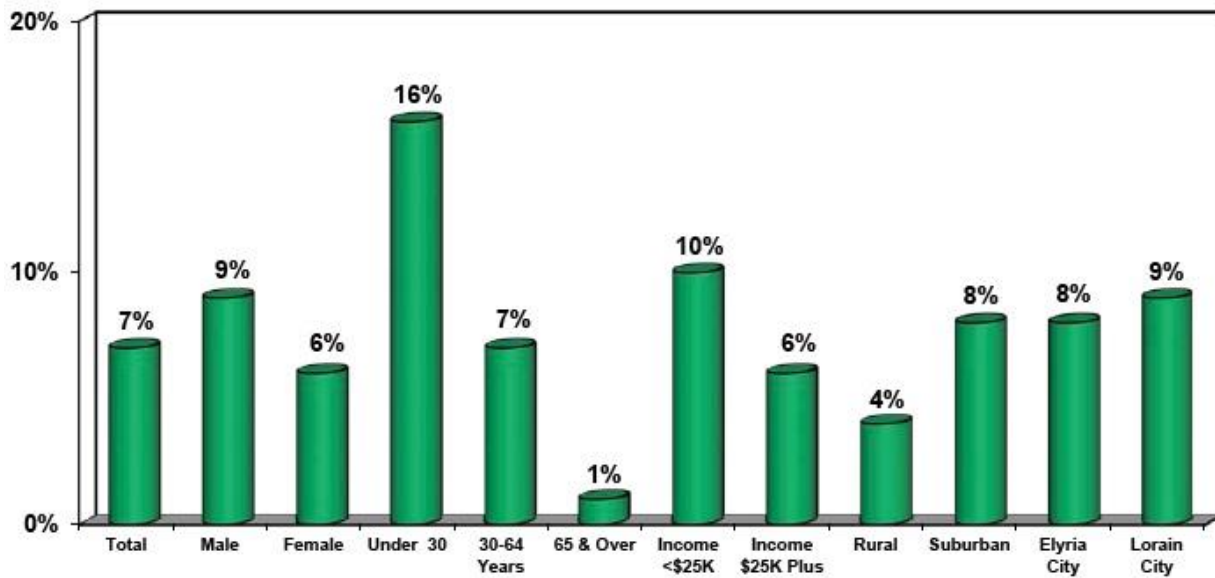
2014 PRIDE data showed 4% of 6th graders, 19% of 8th graders, and 40% of 10th graders had alcohol in the past year. Additionally, 2% of 6th graders, 10% of 8th graders, and 22% of 10th graders identified themselves as current drinkers.

2011 Youth Comparisons	Lorain County 2011 (6 th – 12 th)	Lorain County 2011 (9 th – 12 th)	Ohio 2011 (9 th – 12 th)	U.S. 2011 (9 th – 12 th)
Ever tried alcohol	53%	69%	71%	71%
Current drinker	27%	40%	38%	39%
Binge drinker	14%	20%	24%	22%
Rode with someone who was drinking	22%	24%	21%	24%
Drank and drove	17%	16%	7%	8%

Drug use and abuse is widely underreported in assessments of this nature. The 2011 CHA reported that 7% of Lorain County adults had used marijuana in the last six months, and 1% of Lorain County adults reported using some other type of recreational drug, such as cocaine, heroin, or methamphetamines. Sixteen percent (16%) of Lorain County youth have used marijuana in the last 30 days, compared with a prevalence of 24% of Ohio youth and 23% for U.S. youth as reported in the 2011 YRBS.

2015 Lorain County CHA data reported on drug use in Lorain County. Ten percent (10%) of Lorain County adults used marijuana in the last six months, and 2% of adults reported using another type of recreational drug. These numbers increased from the 2011 survey data. Marijuana use for youth in the past month, according to the 2014 PRIDE survey, was 2% for 6th graders, 7% for 8th graders, and 13% for 10th graders.

Lorain County Adult Marijuana Use in Past 6 Months



2011 Youth Comparisons	Lorain County 2011 (6 th - 12 th)	Lorain County 2011 (9 th - 12 th)	Ohio 2011 (9 th - 12 th)	U.S. 2011 (9 th - 12 th)
Youth who used marijuana in the past 30 days	16%	24%	24%	23%
Ever used methamphetamines	3%	5%	6%*	4%
Ever used cocaine	4%	6%	7%	7%
Ever used heroin	3%	5%	3%	3%
Ever used steroids	3%	5%	4%	4%
Ever used inhalants	11%	11%	12%**	11%
Ever misused medications	14%	22%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property in past year	15%	18%	24%	26%

*2007 YRBS Data

**2005 YRBS Data

Heroin and opiate use has been on the rise in Lorain County. The Lorain County Coroner reported an increase in the number of opiate-related deaths between 2010 and 2013. The Ohio Office of Criminal Justice Services issued a 2012-2013 Lorain County Opiate Related Death report, and between 2012 and 2013, there were 127 accidental overdose deaths in Lorain County. Of those deaths, 106 (83%) were associated with heroin and/or other opiate use. There were 49 accidental opiate overdose deaths in 2012 and 57 deaths in 2013 (2012-2013 Lorain County Opiate Related Deaths, Ohio Office of Criminal Justice Services. 2014). In 2015, the Lorain County Coroner reported that there were 65 deaths related to heroin and opiates.

State and National Priorities

Ohio recognized the devastation of the opiate epidemic as opiates accounted for 63% of the state’s 1,544 overdose deaths in 2010. In 2011, the Ohio Department of Alcohol and Drug Addiction Services was responsible for leading efforts in the state, and the Governor’s Cabinet Opiate Action Team was formed. The

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Opiate Action Team was comprised of five separate teams - Professional Education, Treatment, Public Education, Enforcement, and Recovery Supports. The Action Team worked together with major state organizations to reduce opiate addiction and overdose with an interdisciplinary approach. Ohio strengthened its laws and regulations on how controlled substances were prescribed with House Bill 93, which was signed by Governor Kasich on May 20, 2011. Ohio also made a big step in reducing the number of opiate overdose deaths when Governor Kasich signed House Bill 170 into law on March 11, 2014. The law expanded access of the medication naloxone hydrochloride to law enforcement and family and friends of opioid users.

Curbing tobacco use is one of the priorities of the 2013-2014 Ohio Department of Health (ODH) Strategic Plan. Ohio plans to do this by

- Helping those who currently use tobacco quit, especially through the use of the Ohio Tobacco Quit Line.
- Ensuring those who do not smoke refrain from starting.
- Helping to protect all Ohioans from secondhand smoke through the enforcement of the Smoke-free Workplace Act, which was voted into law in November 2006.

Reducing tobacco and substance abuse are priorities for Healthy People 2020. The goal set for tobacco use is to “reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.” The substance abuse goal is to “reduce substance abuse to protect the health, safety, and quality of life for all, especially children.” The objectives for those two priorities that most closely relate to Lorain County CHIP priorities are listed below (Tobacco Use and Substance Abuse, Healthy People 2020. December, 2010).

Reduce Substance Use and Abuse

- *SA-12 Reduce drug induced deaths*
- *SA-19 Reduce the past-year nonmedical use of prescription drugs*

Reduce Tobacco Use

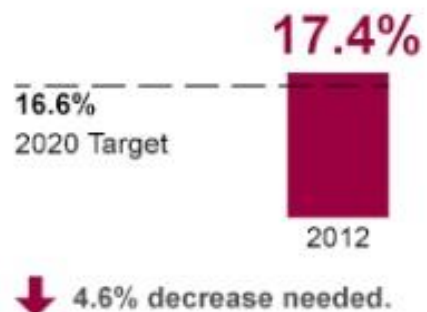
- *TU-1 Reduce tobacco use by adults*
- *TU-2 Reduce tobacco use by adolescents*
- *TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults*

Healthy People 2020 Targets

Alcohol and Illicit Drug Use

17.4% of adolescents aged 12-17 years reported use of alcohol or any illicit drugs during the past 30 days in 2012.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.



Healthy People 2020 Targets

Adolescent Cigarette Smoking

15.7% of adolescents in grades 9 through 12 smoked cigarettes in the past 30 days in 2013.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.

16.0%
2020 Target

15.7%



2013



Target has been met.

Adult Cigarette Smoking

17.9% of adults aged 18 years and older were current cigarette smokers in 2013 (age adjusted).

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

12.0%
2020 Target

17.9%



2013



33.0% decrease needed.

Lorain County Objectives, Measures, and Performance Targets

The Lorain County CHIP Steering Committee plans to tackle smoking rates among adults and children and opiate deaths in the county, as these were deemed priority areas for improvements.

CHIP Priority 4: Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children			
Objective	Goals	Measures	Performance Targets
Reduce incidence of smoking among youth and adults	<ul style="list-style-type: none"> Reduce incidence of smoking in Lorain County Improve alcohol, tobacco, and other drugs education within schools 	<p>2009: 29% of Lorain County mothers smoked during pregnancy (Ohio Vital Statistics)</p> <p>2010: 29% of Lorain County mothers smoked during pregnancy (Ohio Vital Statistics)</p> <p>2011: 22% of Lorain County adults were current smokers; higher among rural areas (29%), Elyria (25%), and Lorain (25%) versus suburbs (13%)</p> <p>2015: 22% of Lorain County adults were current smokers; higher among urban areas (27%) and rural</p>	<p>Reduce the incidence of smoking among youth by 2% by 2019 (607 fewer youth ages 12-18, 174 fewer youth ages 17-18)</p> <p>Reduce the incidence of smoking among adults by 2% by 2019 (4,586 fewer adults)</p>

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CHIP Priority 4: Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children			
Objective	Goals	Measures	Performance Targets
		<p>areas (20%) versus suburbs (14%)</p> <p>2011: 14% of youth ages 12-18 smoked within the past 30 days; 18% for those ages 17-18 (Lorain County CHA)</p> <p>2014: 2.0% of 6th graders, 7.4% of 8th graders, and 10.7% of 10th graders smoked in the past 30 days (Communities That Care Core Measure Analysis)</p> <p>2016: 0.7% of 6th graders, 3.1% of 8th graders, and 7.0% of 10th graders smoked in the past 30 days (Communities That Care Core Measure Analysis)</p>	
Reduce the number of heroin and opiate-related deaths	<ul style="list-style-type: none"> • Reduce misuse of prescription pain medication in Lorain County • Increase capacity for treatment and recovery supports 	<p>2013: 67 confirmed deaths from heroin/opiates (Lorain County Coroner’s Office)</p> <p>2015: 65 confirmed deaths from heroin/opiates (Lorain County Coroner’s Office)</p> <p>2016: 131 confirmed accidental drug overdose deaths (Lorain County Coroner’s Office)</p> <p>2017: 132 confirmed accidental drug overdose deaths (Lorain County Coroner’s Office)</p>	Reduce overdose deaths from heroin and opiates by 25% within 3 years by the end of 2017 (17 fewer deaths)

Current Programs and Interventions to Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children

- Tobacco-free campuses and tobacco-free hiring policies at worksites and schools
- Drug-free workplace training and worksite wellness programs
- Naloxone availability to local first responders, including police department personnel
- Naloxone available to community members through walk-in clinics at Lorain County Public Health
- SOLACE (Surviving Our Loss And Continuing Everyday) support group for family members struggling with addiction in their families and advocacy training for family members of addicts

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- Semi-annual drug takeback days in partnership with Lorain County Drug Task Force and U.S. Drug Enforcement Administration
- Police departments with 24/7 drop boxes for unused medication and/or drugs
- Inpatient addiction counseling services offered at hospitals
- Expansion of local community task force groups to address addiction in their specific communities and town hall meetings to seek solutions for addiction issues
- Communities That Care of Lorain County, which is Lorain County's Drug Free Community Coalition
- Collaboration in schools to increase practice drug testing policies, increased evidence-based prevention program curriculum for earlier grades, and training of school personnel
- Per state regulation, a complete continuum of treatment and recovery support for opiate-addicted individuals inclusive of ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication assisted treatment, peer mentoring, residential treatment services, recovery housing, and twelve-step approaches
- Peer supporters who engage addicts on their path to recovery

Possible Future Programs and Interventions to Reduce Alcohol, Tobacco, and Drug Abuse Among Adults and Children

- Increase the number of organizations that are tobacco-free
- Development of a prescription medication tool kit for medical professionals, school personnel, and parents
- Increase the number of substance abuse screenings for adolescents at pediatric medical care centers and schools
- Increase the number of faith based leaders to engage their communities about addiction and support
- Implement a modified Police Assisted Addiction Recovery Initiative
- Assist schools with education compliance from the Ohio Department of Education for health curriculum on prescription medications, abuse, addiction, and its relation to the opiate epidemic
- Advocacy for detoxification centers in Lorain County
- Addition of on-site screeners for substance abuse and chemical dependency at federally qualified health center
- Partnership and sponsorship to allow fitness facility access as a reward for detoxification services
- Invest in Medication Assistance Therapy

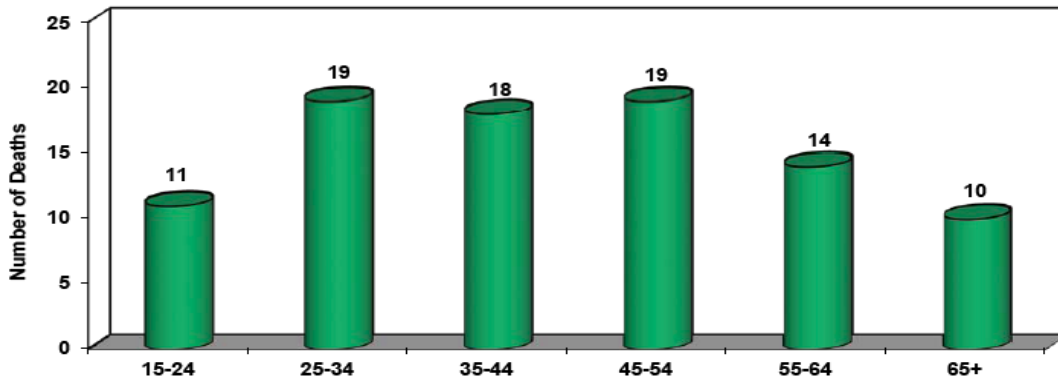
CHIP Priority 5: Improve Mental Health of Seniors, Adults, and Children

Health Assessment Data

According to the 2011 Lorain County CHA, one in every five adults (20%) rated their mental health as not good on four or more days in the previous month, and the rate was higher for adults ages 19-29 (29%). Four percent (4%) of Lorain County adults considered attempting suicide, increasing to 10% of those under the age of 30. Less than 1% of adults attempted suicide. Adults who needed assistance with a loved one's or their depression, anxiety, or emotional problems cited various reasons for not using such programs, with the top reasons being cost (23%), had not thought about it (21%), and high co-pay or deductible (12%).

Lorain County Community Health Improvement Plan

**Lorain County Number of Suicide Deaths By Age Group
2006-2008
Total Deaths = 91**



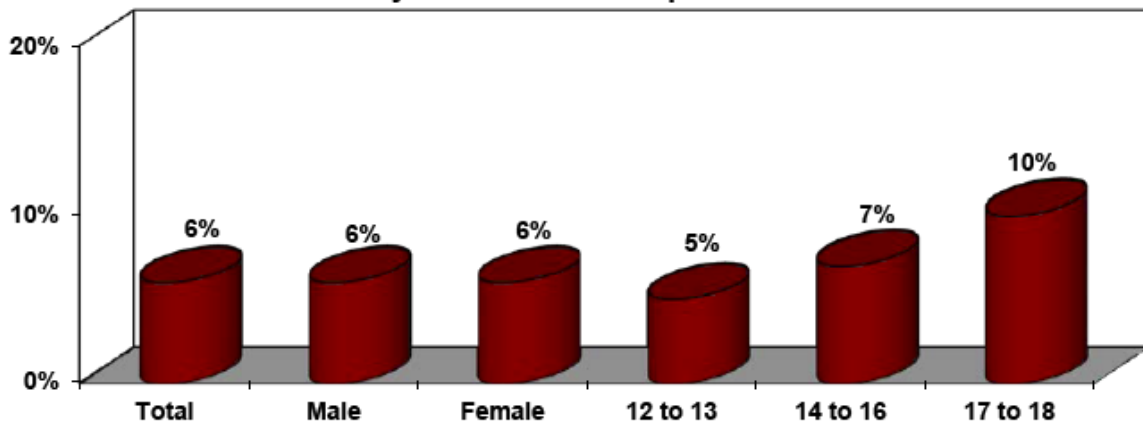
(Source: ODH Information Warehouse, updated 4-15-10)

2015 Lorain County CHA data showed 20% of Lorain County adults had a period of 2 or more weeks where they felt sad, blue, or depressed. Three percent (3%) of adults considered attempting suicide, and 1% of adults reported attempting suicide. The Lorain County Coroner provided information on suicide deaths, and in 2015, 38 adults and no youth completed suicide. Please note this data does not include Lorain County residents who died outside of Lorain County, as that data has not been made available.

In 2011, more than one-fifth (22%) of Lorain County youth ages 12-18 said they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities. The 2011 YRBS reported that rate at 27% for Ohio and 29% for the U.S. Lorain County youth also reported that 11% seriously contemplated suicide in the past year, compared with the 2011 YRBS rate of 14% for Ohio and 16% for the nation. Six percent (6%) of youth actually attempted suicide, compared to 9% for Ohio youth and 8% for U.S. youth.

2011 Youth Comparisons	Lorain County 2011 (6 th -12 th)	Lorain County 2011 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered suicide	11%	12%	14%	16%
Youth who had attempted suicide	6%	7%	9%	8%

Lorain County Youth Who Attempted Suicide in Past 12 Months



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2014 PRIDE Survey data showed 20% of 6th graders, 27% of 8th graders, and 36% of 10th graders felt sad or hopeless almost every day for 2 or more weeks in a row. Additionally, 8% of 6th graders, 15% of 8th graders, and 17% of 10th graders seriously considered suicide in the past year. Five percent (5%) of 6th graders, 7% of 8th graders, and 6% of 10th graders actually attempted suicide in the past year.

State and National Priorities

The State of Ohio identified behavioral health as one of its nine priorities for the 2012-2013 Ohio State Health Improvement Plan. The plan states that strategies and action steps are in development and will integrate physical and behavioral health.

In October 2014, a survey report was released by the Ohio Mental Health and Addiction Services titled *Behavioral Health Priorities Survey: A Statewide Survey of System Stakeholder Preferences*. The survey, completed in August 2014, identified behavioral health (both mental and substance abuse) priorities endorsed by stakeholders in Ohio's behavioral health community for strategic planning purposes. The table below was taken from that report and prioritized mental health needs gathered from the survey comments (*Behavioral Health Priorities Survey: A Statewide Survey of System Stakeholder Preferences*. Office of Quality, Planning, and Research. Ohio Mental Health and Addiction Services. October 2014).

Table 2. Prioritized MH Treatment Needs based on coded comments. (n = 850 mentions)		
Theme	# of Comments	%
Access to Treatment	353	42
Access to Affordable Medication	96	11
Case Management	92	11
Multi-System Coordination	78	9
Inpatient Treatment	55	6
Crisis Stabilization Services	51	6
Integrated Care	48	6
Dual Disorders Treatment	31	4
Better Screening and Assessment	26	3
More Availability of Intensive Treatment Options (IDDT, ACT, IHBT)	19	2

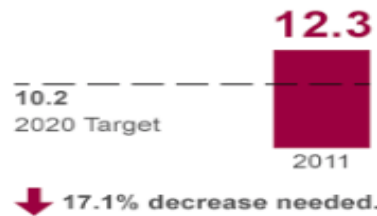
In Healthy People 2020, mental health and suicide are selected as priority focus areas, and objectives have been developed. The objectives that fit with Lorain County CHIP priorities are as follows: *MHMD-1 Reduce the suicide rate*, *MHMD-2 Reduce suicide attempts by adolescents*, *MHMD-6 Increase the proportion of children with mental health problems who receive treatment*, and *MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment* (Mental Health and Mental Disorders, Healthy People 2020. December, 2011).

Healthy People 2020 Targets

Suicide

12.3 suicides per 100,000 population (age adjusted) in 2011

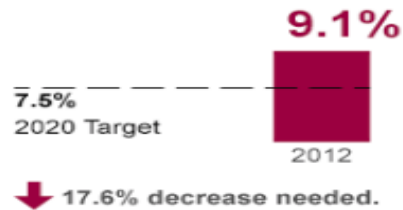
Data source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Population Estimates, Census.



Major Depressive Episodes

9.1% of adolescents reported having had a MDE in the past 12 months in 2012

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.



Lorain County Objectives, Measures, and Performance Targets

To make an impact on this priority, the Lorain County CHIP Steering Committee plans to implement strategies to improve access to mental health care across the continuum and reduce suicides in adults and youth.

CHIP Priority 5: Improve Mental Health of Seniors, Adults, and Children			
Objective	Goals	Measures	Performance Targets
Improve access to the continuum of mental health care among adults	<ul style="list-style-type: none"> Improve access to the continuum of care Enhance the quality of mental health services 	<p>2011: 17% of adults reported obstacles that interfered with their ability to get needed mental health services for themselves or their families</p> <p>2014: mental health providers ratio 1,570:1 (2014 County Health Rankings, Robert Wood Johnson Foundation)</p> <p>2015: 15% of adults reported obstacles that interfered with their ability to get needed mental health services for themselves or their families</p>	Reduce the incidence of adults not seeking or securing mental health services when needed by 5% by 2019
Reduce suicide	<ul style="list-style-type: none"> Reduce the incidence of suicide in Lorain County adults and youth 	<p>Number of suicides reported by Lorain County Coroner*</p> <p>2013: 50 adults and 4 youth (under the age of 19 years) completed suicide</p>	<p>Reduce deaths by suicide by 25% by 2019 (approximately 14 fewer deaths)</p> <p>Reduce rate of youth suicide attempts by 5% by 2019 (91 youth)</p>

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CHIP Priority 5: Improve Mental Health of Seniors, Adults, and Children			
Objective	Goals	Measures	Performance Targets
		<p>2014: 27 adults and 3 youth (under the age of 19 years) completed suicide</p> <p>2015: 37 adults and 1 youth (under the age of 19 years) completed suicide</p> <p>2016: 43 adults and 0 youth (under the age of 19 years) completed suicide</p> <p>2017: 57 adults and 3 youth (under the age of 19 years) completed suicide</p> <p>Number of youth reporting suicide attempts in the past 12 months:</p> <p>Sixth Grade Students 2014: 8% , 2016: 9%</p> <p>Eighth Grade Students 2014: 12% , 2016: 6.9%</p> <p>Tenth Grade Students 2014: 10.8% , 2016: 10%</p> <p><i>* Please note the suicide data is based only on those who the Lorain County Coroner determines have died by suicide. Lorain County residents who die by suicide in another county are not included, so numbers underestimate the total number of suicides by Lorain County residents.</i></p>	

Current Programs and Interventions to Improve Mental Health of Seniors, Adults, and Children

- Lorain County Suicide Prevention Coalition
- Emergency Stabilization services for mental health
- Training and support programs for the community in general and school staff in particular, including Applied Suicide Intervention Skills Training (ASIST)
- Online mental health screening available
- Inpatient behavioral health services offered at local hospitals
- 24-Hour Crisis Hotline coordinated through Lorain County Mental Health Board

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- National Alliance on Mental Illness (N.A.M.I) Lorain County, a support agency for families, friends, and those with mental illnesses

Possible Future Programs and Interventions to Improve Mental Health of Seniors, Adults, and Children

- Expand mental health services in schools and child care centers
- Implementation of navigator program at El Centro de Servicios Sociales, Inc. to assist all residents in connecting to appropriate mental health services. The program is staffed by a bilingual clinician.
- Use of Parish Nursing program to promote suicide prevention
- Creation and implementation of a Loss Team to provide support to those impacted by suicide
- Integration of behavioral health services into primary care for obstetrics/women's health and pediatrics for girls and women ages 12-50 at Lorain FQHC site and public housing site
- Increased promotion of mental health services available in the county
- Pursue opportunities to develop a mental health workforce, including a training program for entry-level mental health workers through Lorain County Community College
- Develop and test cross-agency quality assessment processes for enhancing mental health services

To view a more complete listing of programs or interventions, see Appendix D: Lorain County CHIP Priorities and Inventory of Programs and Appendix E: Lorain County CHIP Goals and Objectives.

Tracking and Evaluation

The five Lorain County CHIP Priority Teams are responsible for developing and implementing programs and interventions that will make an impact on their specific priority for the county. Teams have the flexibility to set their meeting schedules and strategies; however, the CHIP priority coordinating agency must complete the Lorain County CHIP Tracking Form following the meetings or complete official meeting minutes. The tracking form or meeting minutes are sent to team members as well as Lorain County Public Health for tracking purposes. To view the tracking form, see Appendix F: Lorain County CHIP Tracking Form.

The tracking form captures the following information:

- Members present at the meeting
- Primary meeting purpose(s)
- Intended meeting outcomes
- Meeting agenda topics and notes
- Team action steps, including the responsible party and timeframes

At quarterly CHIP Steering Committee Meetings, CHIP Priority Team Coordinating Agencies share progress on the five CHIP priorities since the last meeting. This progress is taken from the CHIP Tracking Forms. The purpose of sharing at the quarterly Steering Committee meetings is to bring awareness to the group regarding the specific priorities and identify areas for further coordination among partner agencies.

Annual, Lorain County Public Health will complete a CHIP Annual Report that outlines work completed on the Lorain County CHIP priorities. It will include programs and interventions that have been accomplished in the past year, as well as the plan for the following year. The report will also provide the most recent data on the CHIP priority performance measures, if available, to evaluate progress in meeting the measure. This report will be shared with all Lorain County CHIP partners and will be posted on Lorain County Public Health's CHIP webpage.

Lorain County Community Health Improvement Plan

Conclusions

Other Agency Plans

The Lorain County CHIP is the overarching strategy to drive health improvements in Lorain County. Partner organizations should use it as a guide when considering their individual strategic plans and incorporate priorities where applicable. With the work completed by the CHIP Priority Teams following the Lorain County CHIP and work completed by individual agencies as part of their strategic plans, we expect to see an improvement in the overall health and wellness of Lorain County residents.

Review of Plan

The Lorain County CHIP will be reviewed yearly by the Lorain County CHIP Steering Committee and revisions will be made, as necessary, based on progress of the five priorities. It will also be revised based on new CHA data, as well as updated local, state, and national data. The revised plan will be shared with CHIP partners and posted on Lorain County Public Health's CHIP webpage. The CHIP will be rewritten every five years following the requirements of the Public Health Accreditation Board and will be based on data obtained from the most current CHA. Creation and revision dates are listed in the table below.

Date	Modification	Person(s) Responsible
December 18, 2014	Completion of Lorain County CHIP	David Covell, Stephanie Lesco
June 27, 2016	Annual CHIP revision	Stephanie Lesco
August 10, 2018	Annual CHIP revision	Stephanie Lesco

COMMUNITY HEALTH IMPROVEMENT PLAN

COMMUNITY ENGAGEMENT RESULTS

Prepared for:
Lorain County General Health District
9880 South Murray Ridge Road
Elyria OH 44035

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December 2012

I. INTRODUCTION

The Public Services Institute (PSI) of Lorain County Community College was commissioned by the Lorain County General Health District to assist with community engagement as part of a larger process to develop a Community Health Improvement Plan (CHIP). Health District personnel assisted with outreach to community stakeholders and scheduling of small group conversations. PSI provided facilitator training to Health District personnel and attended all engagement sessions to serve as recorders and overall repository for information obtained through the community engagement process.

The overall intent was to provide factual information gleaned from the recent health assessment conducted by the Hospital Council of Northwest Ohio (HCNO) to community stakeholders, develop shared understanding of the information, identify areas of progress for the community, identify key issues for Lorain County, and to discover areas needing improvement that would impact large numbers of people as well as areas needing improvement that would help address disparities between groups of people. Information gleaned from the engagement sessions is being used to formulate a set of strategic priorities (or goals) and initiatives to improve the health status of Lorain County.

A total of 34 engagement sessions were conducted within approximately 5-6 weeks. Attempts were made to ensure a broad cross section of stakeholders throughout the community. Outreach deliberately targeted the urban areas of the county, suburban communities, and rural areas of Lorain County. The following is a list of all organizations who hosted a community conversation.

LC Maternal & Child Health Consortium
Communities That Care
Community Health Assessment Report Unveiling
Grafton Village Council Meeting
LC Board of Developmental Disabilities Service & Support Administration Meeting
Lorain County Prevention Connection
Live Healthy Oberlin
Live Healthy Lorain County
Wellington Administration
Oberlin Management Team
Wellington Village Administration
Ohio State Highway Patrol
Live Healthy Lorain County Partners
Family Planning Service
Safe Community Coalition
Lorain County General Health District Volunteer Training Day
Oberlin City Schools/Administration Meeting
Lorain County Children & Families Council
Metro Parks Key Leaders
Build a Better Community Committee (B2C2)
Clearview Schools
Columbia Schools
North Ridgeville Department Heads
Keystone Board of Education
Black River Remedial Action Plan
County Guidance Counselors
County High School Principals
Avon Health Committee
Police Chiefs
Lorain County General Health District
School Nurse Meeting
Amherst City Schools/Administrative Team Meeting
Lorain City Continuum of Care
Lorain County Superintendent's Meeting

II. DETAILED ANALYSIS

HEALTHY COMMUNITY WE DESIRE:

➤ Collaborative Leadership

- "Total health picture, not a silo approach"
- "Leaders on the same page"
- "Collaboration with companies"
- "Bring in organizations and sectors not traditionally represented"
- "More support from local and small businesses"
- "Collaboration between schools and police"
- "Collaboration and communication between agencies"
- "Partnerships involving many providers within the community to facilitate change and promote health"
- "Breaking down barriers in a complex system of services – agency coordination"
- "Coordination and collaboration – work together to recognize problems and strategically deal with them; reduce competition to provide necessary services and case management"
- "Flow of medical information is a problem across providers"
- "Very fragmented in our county"
- "No fragmentation in county between urban, rural, suburban areas"
- "Public health agencies share resources and collaborate"
- "More linkages and coordination with social services"

➤ Physically Active Community (and an environment to promote)

- "More affordable venues for healthy activities"
- "Places for activity – playgrounds, exercise, etc"
- "Physical activity programs in partnership with Metro Parks"
- "Environment that promotes healthy lifestyles – feeling of being safe, walking trails, farm markets for fresh produce"
- "Physical education in schools"
- "Promote biking, walking"
- "Walkable communities"
- "Exercise friendly environment"
- "Safe community so kids can play outside"
- "Safe community with sidewalks"
- "Safe routes to schools; sidewalks"
- "Safe, walkable communities"
- "Make communities more livable"
- "Access to affordable fitness centers and incentives to use them"
- "Access to outdoor parks and recreation"
- "Overall community fitness"
- "Bike trails to connect communities"
- "Walking trails"
- "Walking path at parks"
- "More indoor recreational facilities"
- "Push forward with more trails and connectivity"
- "Churches having programs for physical activity"
- "Active community with plenty of recreational opportunities"
- "Recreational programs and opportunities available to the entire community"
- "Model our community after Durango Colorado which has plenty of walking paths, healthy restaurants – people adapt to their built environment"

➤ Emphasis on Nutrition/Fresh Foods

- "Access to healthy food"
- "Lower prices on veggies"
- "More grocery stores"
- "Better options in grocery stores – nutrition"
- "More farmers markets"
- "Calories noted on all restaurant menus"
- "Access to fresh foods for everyone"
- "Farmers markets available to everyone"
- "Community gardens for produce and education"
- "Access to fruits and veggies"
- "Healthier food options for entire county versus certain communities like Oberlin and Avon Lake"
- "Healthier lunches in schools"
- "Better options for school lunches"
- "Healthy vending machines"
- "See our farmlands as an asset for our county – utilize it for healthy food options"
- "Too many chain restaurants – more access to healthier foods"
- "Community gardens to build a sense of community"
- "More healthy fast food choices"
- "More farmer markets with locally grown food"
- "Increase accessibility and number of fruits/vegetables"
- "Affordable produce"
- "Elimination of sodas and unhealthy snacks in the schools"
- "Extend lunch period to allow students the time to properly eat their food and make healthier choices"
- "Improved school lunches"
- "Rid of fast food and obesity issues addressed"
- "Educate people on calorie content"
- "Reduction in obesity rates"
- "Deal with obesity"
- "Community based gardens providing access to affordable fruits and vegetables"

➤ Accessible & Affordable Services

- "Access to services"
- "Health care for all individuals"
- "Must have medical homes"
- "Medical homes – one physician"
- "People visit doctors instead of ER"
- "Affordable services – care"
- "Low cost dental clinics"
- "Affordable dental care"
- "Easy dental care access"
- "Lower cost prescriptions"
- "Easily accessible or centralized health care"
- "Access to services – more mobile screenings, transportation to healthcare services, affordable care"
- "Mobile units of healthcare with traveling physicians to reach broad population"
- "Access to quality, affordable healthcare"
- "Access to medical providers"
- "Access to healthcare for the uninsured/underinsured"

"Everyone has insurance"
"Develop a network of primary care county wide"
"Transportation to and from medical appointments"
"Need to reduce barriers like transportation, child care, or elderly supports like dial a ride"
"Overall transportation and public transit improvements"
"A better transportation system for the county"
"Wellness focused"

➤ Preventative Health Care

"Prevention"
"Preventative Health"
"Preventative care = screenings, education, maternal and child health, vaccinations"
"Accessible healthcare emphasizing prevention"
"Better access to preventive healthcare like flu shots, diabetes, pneumonia, and immunizations"
"Mandatory parenting education"
"Diabetes education and prevention"

➤ Informed & Engaged Community

"More knowledgeable about healthcare system"
"More educational health fairs"
"Culinary and nutrition education for everyone"
"Education about health issues and solutions"
"Parents and students are well informed about healthy living"
"Consistent messages to everyone"
"Engaged community"
"Volunteerism"
"People actively involved"
"Where people are engaged"
"Strong values for healthy living"
"People behaving in ways that support their health"
"Involving the community in all aspects of health"
"Informed community"
"People coming together as a community"

➤ Drug Free/Smoke Free Community

"County needs a detoxification center. Young adults are dying and only center is in the county jail"
"More smoke-free establishments in Lorain County"
"Access to pain pills and related addictions are addressed"
"Drug education in schools"
"Embrace PD's use of technology to curtail drug abuse, sales and distribution"
"Control abuse of providers and client abuse"
"Address smoking"
"Eliminate smoking from family areas"
"Less drug use in county – rise in heroin is curtailed"
"Fewer people self medicating"
"Fewer kids using drugs because they are depressed"
"Reduce smoking and tobacco use"
"Smoke free community"

➤ Comprehensive Health & Physical Education in Schools

"Increase physical activity in schools"
"Progressive curriculum regarding health issues"
"Develop standards for health curriculum – OH has none"
"More physical education in the schools"

"More sex education in schools"
"Comprehensive health education in the schools"

➤ Care for the Elderly

"Provide funding for case management services for the elderly between hospital and home care"
"Affordable health care for the elderly"
"More choices for hospice care"

➤ Greater Support for Mental Health

"Community mental health centers"
"More access to mental health prevention and treatment services throughout the county"
"Acts on mental health issues properly"
"Greater support for mental health"
"Mental health is often forgotten especially in low income communities"
"Easier access to mental health services"

AREAS OF PROGRESS TO BUILD UPON

➤ Collaboration

- "SOLACE is new and parents are becoming active"
- "Group to get automatic external defibrillator in all schools"
- "County health working in public schools"
- "Lorain City Schools realizing need for social services"
- "Collaborations across domains, agencies, topics – "finding common ground"
- "Collaboration between social service, health services, medical hospitals"
- "Counselors in the ER"
- "Hospital using Free Clinic"
- "Useful collaboration is happening overall"
- "More holistic health model"
- "Useful resources and environmental system changes"

➤ Environment for Physical Activity

- "Development of Lakeview Park"
- "Lorain County Metro Parks; Splash Zone; Walking Trails"
- "Great park system"
- "Efforts to provide walking paths"
- "Metro Parks is positive"
- "More recreational centers"

➤ Nutrition Programs

- "Healthy Food initiative is strong with community buy-in"
- "Community gardens, farmers markets growing"
- "School lunches improving"

➤ Innovative, Data Driven Approaches

- "Innovative, new ideas – ways of doing things"
- "Identification of problems and admitting we have problems"
- "Using data to drive our process"
- "Data more accessible to anyone in the community"
- "Methodologies in service delivery – more efficient practices"
- "New strategies for long term bang"

➤ ATOD Programs

- "Greater publicity and awareness about opiate issues"
- "Connecting substance abuse issues with primary health"
- "ATOD prevention and policy development; ATOD prevention in every school district – School Liaison Program"
- "LCADA and EMH partnership around addiction"
- "Teen alcohol program in school"
- "Deterrents to smoking"
- "Many initiatives in county to reduce smoking"
- "Smoking cessation programs"
- "NAD Camp program to counter overdoses (a medication reversal program)"

➤ Preventative Care

- "Immunization clinics"
- "Bringing in more vaccinations at no or low cost"
- "Vaccination clinics are low cost and help people save money"
- "Pre-natal care is improving"
- "Infant mortality rate improving"
- "Breast feeding programs in county"
- "Parish Nursing and Resource Mothers through Mercy"

➤ Support for Mental Health

- "Mental Health levy passes every time"
- "Soon the state will combine Alcohol and Drug Addiction Services and Mental Health"

➤ FQHC

- "Elyria office of FQHC"
- "FQHC attracting more money"

AREAS FOR IMPROVEMENT TO IMPACT A LARGE NUMBER OF PEOPLE

➤ ATOD (including Prescription Drug Abuse) & Mental Health

- "Doctor prescriptions provided too loosely"
- "Inform and educate public on storage of medications"
- "Substance abuse – more rehabilitative resources"
- "Alcohol abuse in all areas of the county"
- "Educating youth about alcohol, drugs, sex, mental health"
- "Starting education programs for youth at an earlier age – sex, drinking, drug use"
- "Total drug misuse and abuse education for all populations"
- "Drinking and driving education for youth"
- "More policy enforcement of illegal issues"
- "Increased education for youth about sexual behavior, drugs, smoking"
- "Sex education"
- "Youth don't understand alcohol use and risk behaviors"
- "Earlier education of youth"
- "Sex education for youth"
- "Youth education and prevention for long term change"
- "Focus on youth risk behaviors"
- "Tobacco use leads to more medical problems"
- "Alcohol in 18 years and under population"
- "Smoking cessation"
- "LACADA education"
- "Ala-teen services"
- "Alcohol and drug prevention programs lacking for teens"
- "Stigma attached to mental health, drug and alcohol addiction – eliminate stigma"
- "Reducing adult binge drinking"
- "Heroin use among teens and young adults is high and out-ranks marijuana use – must be tackled"
- "Tobacco free campuses"
- "Focus on alcohol, specifically binge drinking"
- "Address prescription and heroin abuse"
- "Drug overdose needs tackled"
- "Prescription drug abuse"
- "Helping teens with mental health"
- "Easier access to mental health services – less paper work"
- "Easier access to mental health services"
- "Provide mental health service counselors directly in schools"
- "Increase mental health services"

➤ Parental Education & Engagement

- "Engagement – getting parents involved"
- "Figuring out ways to get parents involved/engaged"
- "Parent involvement with children"
- "Educating parents on children health risks"
- "More education for parents on risky behaviors of youth"
- "Educating parents about what is happening at earlier ages"
- "How to get parents involved – parent-student education"
- "Improving parental education and awareness – communication"
- "Parental boot camps"
- "Getting parents involved; incentives for parents to be educated"
- "Get parents more involved in their children's lives"
- "Need more parental education programs dealing with adolescents"

➤ Collaboration

- "Collaborations that are coordinated"
- "Reaching consensus on needs and solutions"
- "Strengthen collaborative process and partnerships in the community"
- "Education through workplaces"
- "Multi faceted approaches to reach people at the neighborhood level – student councils, PTAs, etc"
- "Involve churches and worksites"
- "Workplace initiatives/benefits for employees"
- "Partner with the Cleveland Clinic"
- "Health information exchange between physicians"
- "Get County Health District, LCCC and Cleveland YMCA in a joint venture to create a facility that is centrally located"
- "Collaboration – connect resources available"

➤ Preventative Health Care

- "Preventative health focus"
- "Keeping those currently well, well"
- "Education on importance of screenings and health maintenance"
- "More affordable preventative screenings"
- "More clear recommendations on preventative screenings"
- "Individual health assessments"
- "Focus on low income and subsidized populations through regular check ups"
- "Health requirements for youth to enter schools similar to vaccinations"
- "Use preventative care to institute policies that encourage annual exams"
- "Doctors too busy with sick patients – need more preventative care"
- "Provide incentives for people to get physicals"
- "More education at worksite on diabetes prevention"
- "Better communication to public concerning immunization clinics"

➤ Obesity

- "Obesity"
- "Obesity rate"
- "Decrease obesity"
- "Obesity – this disease leads to other disease"
- "Weight"
- "Good nutrition education to help prevent obesity"
- "Education regarding consequences of obesity"
- "Support groups for those trying to lose weight"
- "Lack of physical activity among youth"
- "Contradiction between overweight-obese and those who see themselves as healthy"
- "Target obesity to impact a large number of people"
- "67% of people are obese or overweight yet 88% report their health is good"
- "If obesity numbers went down, health would improve overall, productivity would improve, medical costs would go down"
- "Childhood obesity is far reaching into the community. Schools are cutting PE. Establishments are cutting out outside activities like skateboarding due to liability issues. Need more activities for children"
- "Lack of physical activity and heavy use of electronic devices are ridiculous – get kids out of the house moving around"
- "Reduce obesity"
- "Education on nutrition and physical activity"
- "Physical activity is a must"

- "Oberlin is the only community that allows kids to exercise"
- "Fitness places have programs that begin at 9:00 am, that doesn't work for working parents"
- "People don't have the money to join facilities"
- "Only 1/3 of our employees use our work out facility that is available to them"
- "People need to realize you can work out from home – it doesn't need to be expensive"
- "Infrastructure changes to promote walking, biking"
- "Access to lower cost recreation"
- "Need community based recreation facilities"
- "Weight issue – go the county fair – you see so many overweight people"

➤ Nutrition & Fresh Foods

- "Making healthy food accessible and affordable"
- "Affordability of healthy foods and simple recipes"
- "Green technologies"
- "Engage more youth in healthy diets, exercise"
- "Addressing nutrition/healthy weight"
- "Improving vending machine options in all public places"
- "Restaurants getting in on nutrition, posting calorie counts for food; encouraging people to eat healthier"
- "Low income families tend to eat high sugar foods"
- "Healthier food choices at restaurants"
- "Lower cost quality foods and access to fresh fruits. Prepackaged foods are high in salt and fat"
- "More programs on how to prepare healthy meals"
- "Healthier food comes at a higher cost –reduce it through community gardens. When houses are torn down in the cities, put in gardens"
- "Not so many fast food restaurants"
- "More community garden-farmer markets"
- "Promote family dinner time"
- "Educate people how to eat healthy on a low budget"
- "Promote community urban gardens"
- "Make changes in school cafeteria menus"

➤ Transportation

- "Transportation is biggest problem in our county"
- "Increased funding for transportation"
- "Mass transportation for school or health"
- "Public transportation"
- "Transportation – transit, ride share, Lorain County Transit Coalition"
- "Need transportation for people to get to services or get active"
- "Transportation infrastructure needs to be addressed"
- "Transportation!"
- "More public transportation"

➤ Health Care & Insurance Access

- "Access to health care insurance"
- "Health care available for those without insurance"
- "Health insurance for uninsured"
- "Multiple points of access to get services including more services in the rural areas of the county"
- "Access to healthcare"
- "Access to free or affordable dental care"
- "Inner cities have greater access to programs"
- "Dental issues – allow accessibility to dental service through Medicaid"

- "Put volunteer nurses and physicians in schools to provide health screening and dental check-ups"

➤ Address Education/Employment/Poverty

- "Employment opportunities – correlation between poverty and health"
- "Reduce poverty"
- "Educational levels"
- "Jobs"
- "Increasing jobs"
- "Living wages to address health disparities for people with <\$25K in income"
- "Government grants to help with higher education"
- "Address unemployment"

➤ Change Attitudes, Behaviors, Values

- "Changing mindsets is long term proposition"
- "Getting people to see long term affects of behaviors"
- "Instilling values so people can do things on their own – empowerment"
- "Changing belief systems"
- "Thinking needs to change – 88% think they have good health. That's not right"
- "There needs to be a cultural shift in the perception of good health county wide"

➤ Schools as Community Access Points

- "Policy development within schools"
- "Getting schools to reconnect to families"
- "Relate other subjects in schools like writing, math, science to health topics"
- "Programs in health within schools"
- "Get schools to better connect with people – better partnerships between community and schools"

➤ Ensure Health Services for the Elderly

- "Addressing health of the aging population"
- "Advocacy for elderly population for coordinating their health care"
- "Minimize isolation among seniors"

AREAS FOR IMPROVEMENT TO ADDRESS DISPARITIES BETWEEN GROUPS OF PEOPLE

➤ Access to Health Care for General Population

- "Access to affordable health"
- "Accessibility – bring more medical services to the people"
- "Increase more neighborhood medical facilities"
- "Access to screenings and awareness of needs among general population"
- "Access to dental care"
- "Access to preventative services and treatment"

➤ Health Care Access for Low Income, Uninsured, & Underinsured

- "Incentives for physicians to take on lower income population"
- "Focus on low income populations"
- "Public assistance population"
- "Lower income population can only afford certain kinds of foods"
- "Focus on uninsured or underinsured"
- "Uninsured issues need to be addressed"

➤ Health Care Access for Rural Areas of County

- "FQHC in southern part of county due to lack of health services"
- "Southern Lorain County needs more services. Concentration seems to be in northern part of county"
- "Address barriers between two urban centers, rural and suburban – how to draw together"
- "Northern part of the county has the most programs. We need to get information out to help the southern part of the county"
- "Rural areas are different"

➤ Health Care Access for African American and Hispanic Populations

- "African American mothers"
- "Diabetes in Hispanic population"
- "Educate minority populations through churches"
- "Health insurance for young adult males"
- "Breakdown access barriers for African Americans and Hispanic population"
- "Culturally appropriate approaches to prevention and healthy behaviors"

➤ Transportation, Language Barriers, Education Levels

- "Transportation"
- "Reduce transportation barriers"
- "Address transportation issues"
- "Need public transportation"
- "Improve public transportation"
- "Good transportation to get people where they need to go for services"

➤ Address ATOD Among Youth & Young Adults

- "Drug and alcohol use among youth and young adults"
- "Youth education"
- "Youth values"
- "Need programs to connect different groups of teens"
- "Change the path for teens – break the cycle"
- "School is where you can reach kids – teach them life skills"
- "Alcohol, drug and tobacco use – many in their twenties don't have insurance to cover"
- "Pain meds are pushed too much in Urgent Care Centers"
- "Continue to teach about dangers of teen drinking and smoking"

➤ Pregnant Teens

- "GRADS programs being cut for pregnant teens and fathers will probably be gone in a year or 2"

➤ Health Care Access for Seniors

- "Senior health care and preventative services"
- "Special bus program for seniors"
- "Minimize isolation among the elderly"

➤ Smokers in Lorain County

- "More smoking cessation programs"

➤ Unwed Mothers

- "Focus on unwed mothers"

➤ Nutrition & Physical Activity

- "Continue to get rid of pop machines in schools, analyze school lunches"
- "Families can impact students eating behaviors, video gaming habits"
- "Junk food versus sustainability, growing gardens and cooking own food"
- "What do kids who get free lunch at school eat during the summer?"
- "Access to fruits and vegetables"
- "More nutritional school lunches with a variety of fruits and vegetables"
- "Nutrition education in the schools"
- "Make healthy foods more accessible"
- "It is all about choice. Festivals sell fried foods because that is what people buy. In some cultures, the norm is fried chicken. We were brought up thinking if we cleaned our plates, a child wouldn't starve in China. Break the cycle"
- "Use existing buildings for youth activities"
- "Participation in sports is too expensive – make more affordable"
- "Have accessible recreation facilities"
- "More schools going to pay to play – fewer exercise opportunities for those who cannot afford"
- "Places where people can get low cost healthy foods"
- "Community gardens – provide cooking demonstrations"

➤ Other

- "Education levels"
- "Living wages to address service access (fresh food, recreation, health care)"
- "Language barriers"
- "Bridge the language barrier"

ACTION TO BE TAKEN

"Start talking about it and start being about it"

"Just do it"

"Build partnerships"

"Keep going to groups like this"

"During this planning phase, it is good you are talking with communities"

"Transportation"

"Nutrition education"

"Utilize teen peer groups, especially for teen obesity"

"Allocate more money to preventative education"

"Educate"

"Educate people"

"Use social media to get the word out"

"Get the information out there. Keep talking and things will come out positive"

"Public promotion of where resources exist – let the public know where to find help"

"Schools to take more active role"

"Doctors to go into schools"

"Community center at schools"

"Workplaces offer wellness incentive programs"

"Tobacco free campuses"

ENVISIONING THE YEAR 2025

➤ General Improved Health

- "Barriers are reduced"
- "Community is healthier"
- "Large public health emphasis"
- "Reformed health care"
- "A change in the norm of health"
- "Cultural shift in the perception of health"
- "Change in mindsets"
- "We model cities like Toronto and areas of California"
- "Healthy choices provided at all events"
- "Incentives exist for people who want to be healthy"

➤ Holistic Approaches

- "Holistic approach to health care"
- "Collaboration"
- "More providers who take Medicaid"

➤ Healthcare is Accessible

- "Healthcare is more accessible"
- "Medical expenses would be less"
- "Increased access to health care services and insurance"
- "Clear health care choices established"
- "Universal access to health care, physical facilities, screenings, fruits and vegetables"
- "Transportation is available"
- "Better transportation system"

➤ Physically Active Community

- "More active activity will be incorporated into our daily lives including longer work lunches, more vacation time, physical fitness within workplace, more time to be good parents, to cook, to teach our children"
- "Improved exercise programs and fitness opportunities for all"
- "Physical activity is higher than expected"
- "People exercising more and eating healthy"
- "Fewer overweight people"
- "Better eating habits"
- "Lower body weights"
- "People start exercising when they are young so they can't imagine living without it when they get older"
- "People understand what they consume has to be balanced with exercise"

➤ Dramatic Reduction in Obesity

- "Smoking and obesity reduced by 50%"
- "Reduction in obesity"
- "Decrease in obesity"
- "People are thinner"
- "Fewer overweight people"
- "Consistent robust series of farmers' markets"
- "Infrastructure that supports healthy lifestyles – culture"
- "Farmers markets everywhere"

➤ Smoke Free Community

- "No smoking in public places"
- "Reduction of risk factors – better eating habits, weight loss, and fewer smoking"
- "Target smoking"

➤ Fewer Youth Engaging in Risky Behaviors

- "Risky behaviors among youth addressed and has prevented adult risky behavior"
- "Youth programs that get them involved at a younger age"
- "Fewer teen pregnancies"
- "Bullying, suicide, drug use and teen sexual behavior numbers have dropped"
- "Teen pregnancies down"
- "Reduced teen pregnancies"

➤ Strong Education & Prevention Programs

- "Prevention"
- "Less incidence of preventable diseases and preventable issues"
- "Clear prevention measures and messaging in place"
- "Education programs prevent chronic diseases"
- "Health prevention programs in place"
- "Better sex education for seniors, children and families"
- "Preventive medicine has improved diabetes, heart disease, and ultimately death rates"
- "Increased health screenings in high rises and assisted living facilities"
- "Education has improved the areas of concern"
- "Sex education is back in schools"
- "Organizations like LCADA partner with schools to educate youth about drugs"
- "After school programs are available"
- "Preventative measures in place to reduce diabetes, heart disease"

➤ Fewer People Using ER's for Primary Care

- "Fewer people going to hospitals and more going to primary care doctor"
- "Decrease in number of people seeking medical assistance in the ER's - not used as primary care facilities"

➤ Other

- "Improved death rates from cancers and cardiovascular concerns"
- "Diabetes rate is down"

- "Decrease in infant mortality"

- "More flexibility in our work schedules to achieve life balance"
- "People work less hours"

- "Lower unemployment and working wage"
- "Fewer uninsured"

"If we keep doing what we are doing, nothing will change. We have to change. Change is hard but essential"

<p style="text-align: center;">High Impact – Little Currently Done</p>	<p style="text-align: center;">Low Impact - Little Currently Done</p> <ul style="list-style-type: none"> Tobacco prevention Coordination of agency resources Prescription drug and heroin abuse Making our communities walkable Focus on southern Lorain County Unwed mothers Teen pregnancy Teen suicide Substance abuse Youth leisure time and effects
<p style="text-align: center;">High Impact – Lot Currently Done</p> <ul style="list-style-type: none"> Substance abuse prevention Tobacco prevention Prescription drug abuse Collaboration; community partnerships Chronic disease management Preventative Care/Education Diabetes Education & Awareness Programs Mental health services Nutritional food distribution (Second Harvest, Meals on Wheels, etc) More incentives for healthy lifestyles from employers Flu clinics Sharing of home grown produce Employment improving 	<p style="text-align: center;">Low Impact – Lot Currently Done</p> <ul style="list-style-type: none"> Collecting data Collaboration Money going to fire and police Indoor recreation High numbers of working age people on disability AToD Educational opportunities Obese/overweight (22 and under)

III. DRAFT STRATEGIC PRIORITIES

1. Improve Access to Care

SAMPLE INITIATIVES:

- Strengthen network of patient-centered medical home activities
- Pursue blended or multi-payer payment and delivery models
- More low cost dental clinics
- Targeted and innovative programs to ensure care for low-income, uninsured, or underinsured outside of emergency rooms
- Affordable prescription programs
- Advocate for public transportation improvements county-wide
- Extend programs like Parish Nursing and in-home care programs

2. Expand Coordinated, Preventative Health & Wellness Programs

SAMPLE INITIATIVES:

- Coordinated screening and wellness programs across organizations
- Periodic newspaper columns by health care professionals
- Consistent messaging to public
- Targeted, culturally appropriate information dissemination
- Correct misinformation
- Incentivize employer/employee wellness programs
- More focus on injury and violence prevention
- More immunization/vaccination clinics at popular locations or key community access points like Wal Mart, churches, senior centers, schools)
- Expand health fairs
- Tobacco free workplaces

3. Address Weight Issues & Obesity Among Adults & Children

SAMPLE INITIATIVES:

- More affordable and incentivized venues for fitness/recreational activities
- Expand access to fresh fruits and vegetables (farmer markets, community gardens, etc.)
- Partner with Metro Parks to connect communities through walking/biking paths
- Expand nutrition programs community-wide (schools, churches, workplace)
- Encourage calorie counts on all restaurant menus
- Implement strategies to make healthy choices, easy choices

4. Improve Chronic Disease Management

SAMPLE INITIATIVES:

- Physician-led, multi-disciplinary disease management teams (dietitians, nurses, diabetes educators, etc.)
- Help patients with chronic disease navigate and access coordinated health services
- Stronger medication management
- Extend care management services following hospital stays

5. Reduce Alcohol, Tobacco, and Drug Use/Abuse Among Adults & Children

SAMPLE INITIATIVES:

- Improve AToD education within schools
- Expand smoke free environments to additional public places like hospitals, colleges, and other public venues
- Use technology to curtail drug abuse, sales, and distribution
- Reduce heroin use/abuse
- Control access to pain pills through physicians
- More detoxification centers in County

6. Improve Maternal, Infant, & Early Child Health

SAMPLE INITIATIVES:

- Implement effective strategies to improve infant mortality and low birth weight
- Improved access to nutrition programs and medical monitoring throughout pregnancy
- Strategies to reduce risky behaviors during pregnancy
- Lead testing among children

7. Use Collaborative Leadership Approach to Advocate/Enforce Public Policies & Develop Resources

SAMPLE INITIATIVES:

- Strengthen partnerships among health care professionals
- Build partnerships between health care professionals and local governments
- Greater physical presence in schools among public health officials, medical professionals, behavioral health professionals and others
- Build stronger relationships with community based groups (serving as key community access points like employers, churches, etc)
- Engage in resource sharing and other practices to ensure efficient health system
- Leverage federal and state financial resources
- Continuously develop public and private health care workforce

8. Continuously Assess, Track, & Evaluate the Health Status of Lorain County

SAMPLE INITIATIVES:

- Obtain and maintain data which is easily accessible to all
- Develop a community score card to share progress widely
- Monitor progress towards measurable outcomes
- Engage community to identify, prioritize, solve additional problems
- Evaluate interventions to inform continuous improvement

9. Protect People from Health Problems & Hazards

SAMPLE INITIATIVES:

- Participate in emergency response systems
- Plan for management of emergencies
- Maintain policies and technology for urgent communications/electronic data exchange
- Ensure protection from environmental hazards (Sewage treatment system inspections, beaches/pool inspections, etc.)
- Prevent spread of communicable diseases (disease surveillance, restaurant inspections, etc.)
- Protect public from food, water, airborne disease outbreaks

10. Focus on Mental Health of Adults, Seniors, & Teens

SAMPLE INITIATIVES:

- Implement strategies to reduce teen suicide rates
- Minimize paper work associated with mental health services
- Easier access to mental health services
- More community mental health centers

Health Needs Assessment

Results of Stakeholder Interviews

Prepared for:

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December 2012

I. INTRODUCTION

The Public Services Institute of Lorain County Community College was commissioned by Elyria Memorial Hospital and Mercy Regional Medical Center to design, conduct, and analyze the results of stakeholder interviews with approximately 30 professionals throughout Lorain County and surrounding areas. The 2010 Affordable Care Act requires 501(c) (3) hospitals to assess health related needs from a community perspective once every three years. The stakeholder interviews were designed to satisfy this need and to build upon a host of additional activity occurring throughout Lorain County including a comprehensive set of surveys conducted by the Hospital Council of Northwest Ohio (HCNO) and a series of community engagement sessions to develop shared understanding around the data and to identify and prioritize key assets and issues for the community. The overall intent of the stakeholder interviews was to prioritize health related needs on severity of problems, size of populations affected, community capacity to address pressing issues, and availability of data to track and monitor outcomes. This report summarizes results of the stakeholder interviews.

II. DETAILED SUMMARY OF FINDINGS

A. Nature of Service Providers & Geographic Scope of Services

A total of 28 in-depth interviews (IDIs) were conducted between October and November 2012. Respondents were deliberately selected to represent a cross section of community leaders including health care providers, funding entities (such as Alcohol and Drug Addiction Services Board and the Mental Health Board), not-for-profit health and social service providers, schools, faith based organizations, philanthropy and others. While most providers serve Lorain County (about half of all organizations interviewed), many serve smaller areas within the county such as the City of Lorain, City of Elyria, southern portion of the county, north eastern portion of the county, or a specific school district within the county. Additionally, many of those interviewed provide services into western Cuyahoga County or are also serving Huron County, Erie County, Sandusky County and Seneca County.

Table 1: Organization and Geographic Scope of Services Provided

Organization Name	Geographic Scope
1. Cornerstone Among Women	Lorain County and the western suburbs of Cuyahoga County
2. Child Care Resource Center	Lorain, Huron, Erie, Seneca and Sandusky Counties
3. Oberlin Community Center	southern Lorain County that includes Oberlin, Wellington, and surrounding townships
4. Pathways Counseling & Growth Center	Lorain County and beyond. Primarily Lorain County, but we do have people coming from neighboring counties
5. Elyria City Health Department	city of Elyria
6. Lorain County Free Clinic	Lorain County and eastern Erie County
7. Lorain County General Health District	All of the Townships and Villages in Lorain County in addition to the contracting cities of Amherst, Avon, North Ridgeville, Oberlin and Sheffield Lake
8. Board of Mental Health	Responsible for Lorain County
9. LaGrange United Methodist Church	The same as that for the Keystone school district – from southern Elyria to Penfield Township, from Belden, going down 301 and 303 to Pittsfield twp, includes the entirety of Lagrange Twp, Penfield Twp, and Carlisle Twp.
10. United Way of Lorain County	All of Lorain County plus Florence Twp. and Vermillion Twp in Erie County
11. The Nord Center	Lorain County residents and residents of neighboring counties with insurance
12. Immigrant Worker	Statewide & Rural

13. Lorain City Health Department	The City of Lorain and under contract to the City of Avon Lake
14. The Alcohol & Drug Addiction Services Board of Lorain County (ADAS)	The scope is countywide
15. Sacred Heart Chapel, Lorain	Lorain county-wide
16. Murray Ridge	Lorain County residents
17. Haven House	Lorain County residents, may also have outsiders dropped off by police
18. Mt. Olivet C&MA Church	Countywide is the population we serve
19. Genesis House	We predominately provide services to victims of Lorain County, but that can bleed into neighboring counties
20. Nord Family Foundation	Primary is Lorain County, 60%, remaining 40 to other communities across the counties Denver, Columbia SC, Penn Yan, NY, Boston MA.
21. Lorain County Catholic Charities	Lorain County
22. Wellington Office on Aging	Residents of Wellington. The bus service is limited to the village limits as far as day to day service goes. On Wednesday we offer trips all over and anyone can go from townships or other cities
23. Lorain County Community Action Agency	Lorain County.
24. Church of the Open Door	Our scope is whole County, but primarily the northern part
25. Health and Dentistry	Historically the primary location has been the City of Lorain, mainly Central and South Lorain (zip codes, 44052 and 44055) but that is changing. In the past year, 15% of clients have been from Elyria. There are no residence requirements. As a response, a site is scheduled to open in Elyria in 2013
26. Red Cross	Locally, the whole County
27. The Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)	Lorain County
28. Oberlin College and Pentecostal Congregation	Membership from as far east as Akron, north to Cleveland, Northeast Ohio

B. Target Populations Served & Most Pressing Issues Affecting Target Populations

Table 2 describes the populations served by organizations and the most pressing issues facing their clients. A plurality of organizations represented in the stakeholder interviews serve low income residents exclusively. However, a broad array of other populations were represented including seniors, minority populations, single parents, pregnant females, school age children, children and adults with mental illness, immigrant workers, families who have experienced domestic violence, church congregations/members, and the general public.

Numerous economic, social, mental/emotional, cultural and environmental factors were identified when key informants were asked to describe the cause of issues facing clients served. Lack of education, the economy (or employment access), and high rates of poverty were described frequently as root causes of issues impacting clients served. However, many other issues were identified. This included health care access issues like lack of affordable health insurance, a poor or limited public transportation system within Lorain County, and issues associated with information access. Cultural issues were also referenced. As an example, some discussed acceptance within minority communities of having multiple partners and children out of wedlock (particularly within the African American population). Social norms, like the “generation of parents who see nothing wrong” with supplying children with alcohol and cigarettes were identified as was the breakdown in family structure. And, the physical or “built” environment was discussed as a barrier as well. This included lack of affordable opportunities and venues for physical activity. Government funding cuts were associated with root causes in areas like caregiver services for the elderly. Mental health issues were also a common topic of conversation.

Table 2: Target Populations and Most Pressing Issues Affecting Clients

Population(s) Served	Most Pressing Issues	Cause of Issues
1. Low income women	Lack of ability to get pre-natal care and services dealing with pregnancy-related illnesses	The inability to provide adequate income for themselves
2. Low income	Funding	The state has a rating system “Step Up To Quality”. A 1-3 star rating. In order to improve quality, it costs. We’re aiming for quality teachers and smaller ratio.
3. Low income	It is economic and health related. The services we provide helps support them in those areas	It is economic and health related
4. Medicaid-related clients; the lower middle class	Issues-Poverty, unemployment, lack of education, and lack of access to services	Poverty is the #1 cause. Then unemployment, lack of education, and lack of access to services
5. Low income, single parents, pregnant females, general population	Economy, lack of education	The elder population remembers the way it used to be. I have been here 51 years and have seen ideas wither on the vine as people think things will never be any better. They just say “Oh well.” People think things are just the way they are and don’t try to change them. People are scared with what is happening in the community i.e. break-ins
6. Adults 19-65 (20% African American, 18% Hispanic, and the balance Caucasian). Our typical patient is female 35-55 and usually employed part time, having 1 or 2 jobs. –	Chronic disease management and hypertension, asthma, diabetes, and cardiology are the issues. Employment, transportation and having access to affordable health insurance are also important issues for those we serve.	It’s an economic situation. Lack of education. Getting kids to stay in school. Too many deaths due to overdose. There is high infant mortality rate among African Americans. They are generally poor and more relaxed about getting pregnant frequently and from multiple partners. There are many single parent families. There is no social deterrent. We have to give structure to go to school and succeed. With the coming of the Affordable Care Act, gaps will need to be filled in the mental health area as it ties into primary care. That’s a big piece; counseling and medication. People have to pick and choose which basic needs are being met. Another big storm on the horizon is the problem of obesity and the lack of exercise to maintain a sense of wellness
7. School Age and Pre-school Children Adult Population, General Population	Developing healthy behaviors Preventing and managing Chronic Diseases Preventing the degradation of the environment	The opportunity and motivation to adopt healthy behaviors through the built (physical) environment. 2. Emphasis on proper nutrition and physical activity early in life to establish healthy behaviors
8. Adults with severe and persistent mental illness; Children and adolescents with severe emotional disturbances; Individuals in a psychiatric crisis; Those with mild to moderate mental illness	Achieve higher level of treatment compliance, stay with meds, etc. Trauma informed care, improve systems ability to incorporate that into treatment regime, have been victims or witness of violence Reduce suicides through education, awareness, working with Nord Center; reduce response time for Crisis system.	Access issues—transportation is a very large problem. Social stigma related to mental illness; help people understand it is a disease, not a character flaw. Problems are pervasive. Stigma prevents people from getting help when they need it
9. Aging Population; Families	Exercise and medical testing. Tai chi exercise for arthritis. Lab draws blood pressure Healthy lifestyle, dealing with stress, five minute health moment one Sunday service in every 4, January diet and weight loss, four weeks in evenings	Information access; people are so active with social activities they neglect their health
10. Middle school students	Developing knowledge and	Education – Children from at risk families arrive at

<p>& Low wage workers with families at 200% poverty level</p>	<p>understanding of health issues and development issues that support their growth and avoid risky behaviors</p> <p>Financial stability, healthy weight, access to integrated medical home</p>	<p>kindergarten ready to be successful in school. Intermediate and middle-school students (5th-8th grade) improve their health knowledge, develop communication and life skills and avoid specific risky behaviors, leading to safer schools and positive social environments that improve both educational and social outcomes. Income -- Low-wage workers with family incomes under 200% of the federal poverty level; increase income, build savings and gain assets to improve financial stability. 3. Health --Low-wage workers with family incomes under 200% of the federal poverty level decrease risk factors for metabolic syndrome (obesity, heart disease and diabetes). Low-wage workers with family incomes under 200% of the federal poverty level receive comprehensive health screening (mental health, substance use and somatic health) and are connected to an integrated health medical home. Use data, community conversations. Impact advisory councils, Board considers all through lens of own values and perspectives.</p>
<p>11. Severely emotionally disabled children; Severely mentally disabled adults</p>	<p>Lack of resources-limited resources</p> <p>Lack of resources-limited resources</p>	<p>Limited resources/treatment stemming from the ongoing economic issues and significant budget cuts that have always prevailed over this population, directly affecting services provided. Ongoing stigma and lack of education/understanding/awareness of society causing substantial barriers to treatment</p>
<p>12. Rural immigrants & farm workers</p>	<p>Immigration, including enhanced enforcement. Limited English proficiency barriers. Education (76% of all farm workers do not finish HS) Economic-earn per year under \$14,000</p>	<p>Social, economic, mental</p>
<p>13. Entire community-birth to death</p>		<p>Loss of funding. The economic downturn. Deterioration of neighborhoods</p>
<p>14. Families; Individuals; Adolescents; School-aged youth</p>	<p>Funding</p> <p>Lack of funding for indigent populations</p> <p>Social norms</p> <p>Social norms</p>	<p>Social norms- the generation of parents who see nothing wrong with drinking with their children. The Heroin problem- where people have switched from other drugs to heroin due to low cost of heroin. This problem is across the county not just the urban areas. One of the barriers is service providers simply responding to funding without looking at the bigger picture of other issues affecting the individuals they're serving-treating the whole person. A lack of the prevention side to work together to change the social norms and mind set about substance use. A lack of closer connection and collaboration between mental health, substance abuse and physical health</p>
<p>15. Puertorician Mexican; Elder population; Young folks</p>	<p>Lack of long-range planning</p> <p>Lack of health insurance & difficulties of living as undocumented</p> <p>High incidence of heart disease-diabetes</p> <p>Not thinking about health insurance because they think they don't need it being young</p>	<p>Undocumented status makes it difficult to access services including health services. Cost of health insurance puts it beyond reach for most people. The mind set is about prevention. Sometimes they drop the insurance because they are not sick without thinking about the future</p>
<p>16. Over 2000 with developmental disabilities</p>	<p>Individuals with developmental disabilities still living at home and requiring comprehensive care which is costly</p>	<p>Long lists for residential support. Caregiver burden due to lack of funds. Aging care givers who lack the ability to provide all the needed care and worse when the care givers or parents pass away. Barriers to access to care, to MEDCAID. Lack of transport for the care givers resulting in caregivers not being able to follow through with care, e.g. doctors or dental appointments</p>
<p>17. Individuals in poverty, though not exclusively.</p>	<p>The cycle of trying to meet basic needs: rental, food, etc. We</p>	<p>The downward spiral has been happening over a long period. Over a long time things have been getting worse.</p>

	provide childcare. We have a seniors program. 0-3 yr old through Help Me Grow	Government control keeps people from getting jobs, for example the former felonies. Wages for the past 20 years have not kept up with inflation
18. 350 church members monthly	Food ministry Bread, pastries ministry; Open produce market; Distributed to church members and food ministry	Mental health issues, lack of education, special education issues, unemployment, felony charges, lack of motivation
19. People experiencing domestic violence; disabled, youth/teens	Criminal justice system and advocates. Lack of affordable housing. Gap in care for supported housing Affordable accessible healthcare and prescription options. Accessibility to de-tox services and treatment Advocate for people with disabilities Prevention education work	It's economic. Lack of livable wage. Jobs for entry level livable wage. Power and control dynamics of a physical relationship. Lack of strong social support systems. Lack of good transportation. We don't have solid public transportation in Lorain County
20. Indirect low and moderate income citizens; Economically disadvantaged; General public	Funding cutbacks from other sources; increasing demand for services Basic needs; food, shelter Basic needs; food, shelter General access to services	Funding cutbacks, changes in government funding, depressed econ environment, lower charitable giving, increased demand
21. Pregnant women to elderly, we cover everyone	All tied to families living in poverty and unemployment. Causes people to seek more assistance from our services i.e. utilities and food prescriptions	Unemployment. Increase in mental health issues. Health issues cause people not to be able to work
22. Older adults age 60+	Healthcare and transportation	Because of the location in our county. While we do have some medical facilities like lab, everything is at northern end of county.
23. Low and moderate income 200% of poverty level through children head start readiness; Seniors	More than just child development, adult development comprehensive services, health screening, advocate assigned, address unemployment, older children need aftercare those needs met Weatherization program, utility assistance HEAP, PIP PLUS—6% of income USDA grant-given meals, breakfast lunch and snack in early Head Start age 3, then 3-5 in regular Head Start	Overall lack of economic growth, loss of entry level jobs, change in family conditions, and reality for family of four two adult working adults need 232% of poverty level. What does it cost to raise a child? Anything under \$27 / hour is not sufficient
24. Older adults through elderly care; Young families; Newly retired; Unemployed-underemployed	Safety-isolation, healthcare, living expenses Jobs, parenting, child health Jobs, the retired jumping right back into another job whether it is working at Wal-Mart or somewhere else, financial planning, general health Jobs, healthcare, basic needs, relationship support	Broken relationships of all kinds. Family structure has been eroded. Negative effects of children growing up in one-parent households. There is a whole generation of people who don't know how to keep relationships, resulting in negative mental and health consequences
25. Low income-uninsured, including Medicare, children-pediatrics, adults, pregnant women	Lack of financial resources, lack of social support, chronic illness, lack of education, inability to recruit providers that is, physicians, dentists, nurse practitioners, etc.	No insurance, limited financial resources, lack of transportation, lack of family support-many single headed households, few job opportunities due to lack of education, bad housing, disorganized neighborhoods-deteriorating neighborhoods, hopelessness, loss of pride, safety

		concerns/high crime rate, poor mental/emotional health/outlook
26. General Population; Entire County	Lack of community resiliency; people are unprepared for disasters	Language barriers especially among the Hispanic population. Lack of information about environmental risks-people don't realize the potential risks that exist and the need to prepare for them
27. African American & Hispanic populations plus anyone else that comes in	Lack of employment, lack of education, lack of medical services, lack of mental health services, domestic violence	Lack of employment, lack of education, lack of medical services, lack of mental health services, domestic violence. A lack of a lot of things seems to cause a lot of people to be angry. There's a lot of anger. Anger Management class is always full
28. Predominantly African American, white, Latino, visitors, mix of age ranges, infancy to 70's	Range and quality available health care, employment for younger men and criminal justice system (members and their families)	Age, job options, economy, criminal justice charges and fees, transport to work

C. Organizational Priorities

All stakeholders were asked if they had a formal and current strategic plan for their organization and if so, to describe their current strategic goals and how these priorities were determined. If they had no formal strategic plan in place, they were also asked to describe current priorities and how these were determined. Overall, all organizations except for four (or 86%) indicated they have an updated strategic plan in place. Some organizations described various aspects of organizational development as their greatest priority. This included succession planning, board development, shared services with other organizations, and overall fund development. Organizational sustainability and resource development are definitely high priorities for many. Education and prevention services were also identified as strategic goals for many as were medical care and treatment services.

Table 3: Organizational Priorities

Yes – Current Strategic Goals and How Determined
We continue to do what we're doing; providing medical services; especially for the unplanned pregnancy. Our strategic plan now encompasses the desire on our part to go out to clients. We have a mobile medical ultrasound unit. We have the ability to provide education out in the community; we call it 'Center Without Walls'.
Focused on content standards mandated through the state.
We have a 3 year strategic plan. The priority area is board development; to advance the board. Diversity in the funding base. Monitor programs' effectiveness. Set priorities. Monitor progress in achieving goals.
Human resources; the major goal in the next three years is succession planning and succession planning related to board members. We need to bring in new people to bring up to leadership roles. They revised the code of regulations so they could stay more than five years. Marketing-developing a marketing plan that should be available the first of next year. Business development-have a church leadership plan and build relationships with county congregations. Office location-looking to see where else in the County to open satellite centers. Southern Lorain County has no mental services. We are looking into medication services as we have no psychiatrist on board. That limits us to refer people out for evaluations. Financial stability-looking to develop annual appeal and three year projection for planning services.
We are a work in progress. We meet every year. We have shared services. The next strategic plan will be meeting the needs of the urban population of two cities; an urban health district. The cultures are different; they need each other. Funds will be shared. Neither has had a levy that passed. People just don't know what they do; no matter what we explain. It will be more infrastructure and less clinical. We will make sure services are available in the community health center that will be opening in our community. There is a glaring need for this as indicated by the number of uninsured going to the ER. People just don't know what we do; we do home visits, but the numbers sound very low. We offer wrap around with families and parents of medical difficulty; at risk children. Those visits aren't drop-in.
Yes, and soon we will need to update it. We're in an environment that's changing. The board, membership and stakeholders will need to look at all areas. What will the role of the Free Clinic be? Will we have to change some patient eligibility requirements; the last 20 years has been treating the uninsured. There is also the need for sustainability. What areas of development do we need to make sure the mission is out there for the community? Where will we get our funds? Liability and sustainability are huge priorities. We need to keep our doors open and define what our patient base will look like in 3-5 years.
Parish nurse ministry 3 or 4 on team with Mercy, breast cancer, hart disease, colonoscopies, very organized plan

Education – Children from at risk families arrive at kindergarten ready to be successful in school. Intermediate and middle-school students (5th-8th grade) improve their health knowledge, develop communication and life skills and avoid specific risky behaviors, leading to safer schools and positive social environments that improve both educational and social outcomes.
2.Income -- Low-wage workers with family incomes under 200% of the federal poverty level increase income, build savings and gain assets to improve financial stability. 3. Health --Low-wage workers with family incomes under 200% of the federal poverty level decrease risk factors for metabolic syndrome (obesity, heart disease and diabetes). Low-wage workers with family incomes under 200% of the federal poverty level receive comprehensive health screening (mental health, substance use and somatic health) and are connected to an integrated health medical home. Use data, community conversations. Impact advisory councils, Board considers all through lens of own values and perspectives.
The strategic goal of The Nord Center is to provide comprehensive behavioral health care services to our consumers/families and the community we serve.
Statewide Immigrant Leadership Council has 53 members. This assures that IWP’s work is indeed addressing the needs immigrants themselves find critical to their success in the United States. The Statewide Council chooses seventeen of its members to serve on IWP’s governing board, joining six institutional board members from faith, legal, and farm worker service organizations.
Develop resources to support all priorities. Provide preventive healthcare services. Form partnerships. Educate the public. Strengthen capacity of our workforce. Communicate strategies. These were determined through focus groups assisted by PSI
Goals: Invest in programs for treatment and prevention driven by treatment strategy. Promote continuum of care. Establish partnerships with others. Use data for continuous improvement. Create effective approaches for engaging clients.
The strategic plan was crafted with input from the staff and the advisory council. The goals are to re-organize the larger church into smaller church communities and a better life long approach to faith formation
Stay up to date with capital needs. Maintain properties and programs. Build collaborative with other agencies to make referrals when needed
There’s a new process we started this year. We entered 100 years of service. To continue to have an impact on the lives of people we serve.
Currently creating a new three-year strategic plan.
Five strategic goals- we call them the 5 Bs: 1.Build- we encourage our people to build relationships in the community. 2.Bring- bring to an event or place where they can feel or receive the love of Christ. 3. Belong- they may feel a sense of belonging. 4. Believe- they have an opportunity to believe in Jesus Christ as Savior and Lord. 5.Become-they begin their own adventure of becoming like Christ, in turn they start their own circle of Building, Bringing etc
Strategic plan was a facilitated planning session of board and management team. 6 strategies came out of it and are: 1. Customer service; 2. Clinical quality; 3. Workforce & organizational development; 4. Site development- expanding and relocating; 5. Service expansion- e.g. to include pharmacy, vision, etc; 6. Financial sustainability.
Looking to build community awareness about disaster preparedness. Ensure wide support for disaster preparedness including corporate partnerships to be able to respond to catastrophic events. Input for these goals came from the board of directors, the regional and national
The strategic plan was established with the board and consultant input. Three main strategies: 1. Board enhancement. 2. Increasing funding. 3. Hiring of degreed staff with human services training.
No – Current Priorities and How Determined
Most of the priorities of the organization designed to prevent disease, disability and environmental degradation and are derived from the statutory requirements from the State of Ohio, State and National Public Health Standards, and an understanding and development the essential public health services from the science of public health improvement.
Made some stabs, but would have to say no, we never got where we wanted to go. Had to plan for response to funding cuts. Core services for three top populations – psychiatry, medications, case management, crisis services, housing for 1st group, provide primary care when needed to group 1
It’s on the agenda since I’m a new director. Criminal justice advocacy. Community wide prevention. Youth advocates. Based on needs of population served and research about domestic violence
Healthcare and transportation. We continue to try to bring additional healthcare services to the community. As the population continues to age, these problems will continue and explode.

D. Prioritization of Issues

While most were aware, all interview respondents were informed that a health assessment for our community had been conducted for Lorain County in 2011 by the Hospital Council for Northwest Ohio (HCNO) and that this recent data, along with trend and comparative data, were aggregated into a Health Status report for Lorain County by the Public Services Institute of Lorain County Community College. The interview team then shared some of the key findings with respondents asked them to score each area on overall severity of the problem, size of the population(s) affected, community capacity to address the issue, and availability of data to track and monitor outcomes. This exercise produced the following results.

1. Access to Care

In 2011, 20% of adults in Lorain County could not see a doctor when they needed due to cost. Most likely not to see a doctor were low income individuals (<\$25K). Also, 16% did not have one doctor to see on a routine basis. About half of the population, 52%, had one primary medical provider they go to routinely while others had multiple providers.

Table 4: Access to Care

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition (7.4%)	1 = <5% (7.4%)	1 = Community has a well-coordinated approach in place (3.7%)	1= No ability (3.7%)
2= Not very serious – causes illness but no long term or widespread impact	2=5%-9% (3.7%)	2 = Community efforts address the need – mostly uncoordinated (29.6%)	2= Little ability - most qualitative, perception based, anecdotal (29.6%)
3=Somewhat serious – can become widespread if not addressed (18.5%)	3=10%-14% (7.4%)	3 = A few independent efforts address the need (59.3%)	3= Some ability – baseline available (51.9%)
4=Serious – indirect link to serious conditions (40.7%)	4=15%-19% (25.9%)	4 = Need is addressed by efforts outside the community (3.7%)	4= Good ability – baseline available with some on-going evaluations (11.1)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (33.3%)	5=> 20% (55.6%)	5 = Not currently addressed at all (3.7%)	5= Excellent ability (3.7%)
Mean = 4.00	Mean = 4.19	Mean = 2.74	Mean = 2.81

2. Preventive Health Care

In 2011, 55% of adults had visited a doctor for a routine checkup in the past year while 45% had a flu shot. 60% of adults (and 77% of youth) had visited a dentist or dental clinic in the past year compared to 72% of Ohio adults and 70% of US adults.

Table 5: Preventive Health Care

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition	1 = <5% (3.7%)	1 = Community has a well-coordinated approach in place (7.4%)	1= No ability (3.7%)
2= Not very serious – causes illness but no long term or widespread impact (7.4%)	2=5%-9% (7.4%)	2 = Community efforts address the need – mostly uncoordinated (33.3%)	2= Little ability - most qualitative, perception based, anecdotal (25.9%)
3=Somewhat serious – can become widespread if not addressed (22.2%)	3=10%-14% (11.1%)	3 = A few independent efforts address the need (40.7%)	3= Some ability – baseline available (51.9%)
4=Serious – indirect link to serious conditions (44.4%)	4=15%-19% (18.5%)	4 = Need is addressed by efforts outside the community (11.1%)	4= Good ability – baseline available with some on-going evaluations (14.8%)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (25.9%)	5=> 20% (59.3%)	5 = Not currently addressed at all (7.4%)	5= Excellent ability (3.7%)
Mean = 3.89	Mean = 4.22	Mean = 2.78	Mean = 2.89

3. Maternal and Child Health

-In 2008, no first trimester prenatal care had risen in Lorain County to 33% (this is most pronounced in women under 25, African American, and Hispanic women)

-12% of females in Lorain County had no prenatal care throughout their entire pregnancy (which is lower than the state at 12.7% and the nation at 16.8%)

-Births to unmarried mothers is increasing (44% in 2008). The unmarried rate of births among White women rose to 38.6% in 2008 and is higher than Cuyahoga Count. The unmarried birth rate for African American mothers is 82%

-In 2009, 29% of Lorain County mothers smoked during pregnancy (which is 10% higher than the Ohio rate)

Table 6: Maternal & Child Health

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition (3.8%)	1 = <5% (8.0%)	1 = Community has a well-coordinated approach in place (12.0%)	1= No ability
2= Not very serious – causes illness but no long term or widespread impact (3.8%)	2=5%-9% (16.0%)	2 = Community efforts address the need – mostly uncoordinated (32.0%)	2= Little ability - most qualitative, perception based, anecdotal (15.4%)
3=Somewhat serious – can become widespread if not addressed (23.1%)	3=10%-14% (16.0%)	3 = A few independent efforts address the need (36.0%)	3= Some ability – baseline available (50.0%)
4=Serious – indirect link to serious conditions (30.8%)	4=15%-19% (16.0%)	4 = Need is addressed by efforts outside the community (20.0%)	4= Good ability – baseline available with some on-going evaluations (30.8%)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (38.5%)	5=> 20% (44.0%)	5 = Not currently addressed at all	5= Excellent ability (3.8%)
Mean = 3.96	Mean = 3.72	Mean = 2.64	Mean = 3.23

4. Alcohol, Tobacco, and Other Drug Use

-In 2011, 13% of adults were frequent drinkers, 22% smoked cigarettes (those with incomes <\$25K were most likely to smoke, 7% used marijuana (19-29 year olds and those with low incomes were most likely users), and 11% admitted to medication misuse (with highest incidence rates among those with income below \$25K).

-In 2011, 53% of youth had tried alcohol (increasing to 85% of 17-18 year olds) while 27% had a drink within the last 30 days (increasing to 52% of 17-18 year olds). 14% of youth were smokers, 16% had used marijuana at least once within last 30 days, and 14% used medications not prescribed for them or took them to feel good or get high (increasing to 31% of 17-18 year olds). 15% of all youth were offered, sold or given drugs by someone on school property in the past year.

Table 7: Alcohol, Tobacco and Other Drug Use

Severity: ADULTS	Size of Population Affected: ADULTS	Community Capacity: ADULTS	Ability to Monitor/Evaluate: ADULTS
1= Not a serious health condition	1 = <5%	1 = Community has a well-coordinated approach in place	1= No ability (3.8%)
2= Not very serious – causes illness but no long term or widespread impact (7.7%)	2=5%-9% (7.7%)	2 = Community efforts address the need – mostly uncoordinated (15.4%)	2= Little ability - most qualitative, perception based, anecdotal (23.1%)
3=Somewhat serious – can become widespread if not addressed (26.9%)	3=10%-14% (30.8%)	3 = A few independent efforts address the need (57.7%)	3= Some ability – baseline available (57.7%)
4=Serious – indirect link to serious conditions (30.8%)	4=15%-19% (26.9%)	4 = Need is addressed by efforts outside the community (15.4%)	4= Good ability – baseline available with some on-going evaluations (11.5%)
5= Very serious – direct connection to long-term illness and/or other co-	5=> 20% (34.6%)	5 = Not currently addressed at all (11.5%)	5= Excellent ability (3.8%)

morbidity, high mortality, presents a public health issue (34.6%) Mean = 3.92	Mean = 3.88	Mean = 3.23	Mean = 2.88
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Severity: YOUTH	Size of Population Affected: YOUTH	Community Capacity: YOUTH	Ability to Monitor/Evaluate: YOUTH
1= Not a serious health condition 2= Not very serious – causes illness but no long term or widespread impact 3=Somewhat serious – can become widespread if not addressed (28.0%) 4=Serious – indirect link to serious conditions (32.0%) 5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (40.0%) Mean = 4.12	1 = <5% 2=5%-9% (4.0%) 3=10%-14% (32.0%) 4=15%-19% (36.0%) 5=> 20% (28.0%) Mean = 3.88	1 = Community has a well-coordinated approach in place (4.0%) 2 = Community efforts address the need – mostly uncoordinated (16.0%) 3 = A few independent efforts address the need (52.0%) 4 = Need is addressed by efforts outside the community (20.0%) 5 = Not currently addressed at all (8.0%) Mean = 3.12	1= No ability (4.0%) 2= Little ability - most qualitative, perception based, anecdotal (20.0%) 3= Some ability – baseline available (56.0%) 4= Good ability – baseline available with some on-going evaluations (16.0%) 5= Excellent ability (4.0%) Mean = 2.96

5. Weight Status

-In 2011, 56% of adults engaged in physical activity for at least 30 minutes 3 or more days a week while 21% of adults did not engage in any physical activity.) 67% of adults were overweight (35%) or obese (32%)

-In 2011, 65% of youth participated in at least 60 minutes of physical activity 3 or more days in the past week while 46% did so on 5 or more days and 24% did so every day. 25% of youth were overweight (11%) or obese (14%)

Table 8: Weight Status

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition 2= Not very serious – causes illness but no long term or widespread impact (3.7%) 3=Somewhat serious – can become widespread if not addressed (18.5%) 4=Serious – indirect link to serious conditions (25.9%) 5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (51.9%) Mean = 4.26	1 = <5% 2=5%-9% 3=10%-14% (3.7%) 4=15%-19% (18.5%) 5=> 20% (77.8%) Mean = 4.74	1 = Community has a well-coordinated approach in place (7.4%) 2 = Community efforts address the need – mostly uncoordinated (14.8%) 3 = A few independent efforts address the need (55.6%) 4 = Need is addressed by efforts outside the community (11.1%) 5 = Not currently addressed at all (11.1%) Mean = 3.04	1= No ability (3.8%) 2= Little ability - most qualitative, perception based, anecdotal (34.6%) 3= Some ability – baseline available (34.6%) 4= Good ability – baseline available with some on-going evaluations (19.2%) 5= Excellent ability (7.7%) Mean = 2.92

6. Mental Health and Suicide

-In 2011, 20% of adults rated their mental health as not good on four or more days in the previous month. 4% of adults said they had considered suicide while 11% of youth said the same. The Lorain County Board of Mental Health served 23% of the population in 2007-2009 (and 79% of persons under 200% poverty) which is higher than Ohio rates (19% for persons of all incomes and 63% for those under 200% poverty).

Table 9: Mental Health & Suicide

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition	1 = <5% (4.0%)	1 = Community has a well-coordinated approach in place (16.0%)	1= No ability
2= Not very serious – causes illness but no long term or widespread impact (8.0%)	2=5%-9% (8.0%)	2 = Community efforts address the need – mostly uncoordinated (32.0%)	2= Little ability - most qualitative, perception based, anecdotal (12.0%)
3=Somewhat serious – can become widespread if not addressed (24.0%)	3=10%-14% (28.0%)	3 = A few independent efforts address the need (32.0%)	3= Some ability – baseline available (44.0%)
4=Serious – indirect link to serious conditions (44.0%)	4=15%-19% (16.0%)	4 = Need is addressed by efforts outside the community (16.0%)	4= Good ability – baseline available with some on-going evaluations (40.0%)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (24.0%)	5=> 20% (44.0%)	5 = Not currently addressed at all (4.0%)	5= Excellent ability (4.0%)
Mean = 3.84	Mean = 3.88	Mean = 2.60	Mean = 3.36

7. Teen Births

2001-2007 average teen birth rates were 37.5 per 1,000 which is slightly lower than the state (40.5 per 1,000)

Table 10: Teen Births

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition (4.0%)	1 = <5% (25.0%)	1 = Community has a well-coordinated approach in place	1= No ability
2= Not very serious – causes illness but no long term or widespread impact (8.0%)	2=5%-9% (8.3%)	2 = Community efforts address the need – mostly uncoordinated (28.0%)	2= Little ability - most qualitative, perception based, anecdotal (16.0%)
3=Somewhat serious – can become widespread if not addressed (36.0%)	3=10%-14% (29.2%)	3 = A few independent efforts address the need (60.0%)	3= Some ability – baseline available (64.0%)
4=Serious – indirect link to serious conditions (44.0%)	4=15%-19% (16.7%)	4 = Need is addressed by efforts outside the community (4.0%)	4= Good ability – baseline available with some on-going evaluations (16.0%)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (8.0%)	5=> 20% (20.8%)	5 = Not currently addressed at all (8.0%)	5= Excellent ability (4.0%)
Mean = 3.44	Mean = 3.00	Mean = 2.92	Mean = 3.08

8. Leading Causes of Death

-Heart disease and stroke accounted for 28% of all adult deaths from 2006-2008.

-In 2011, 6% of adults reported chest pain compared to 4% of Ohioans. 6% reported having a heart attack (compared to 4% of Ohio adults. 2% reported a stroke compared to 3% of Ohioans. 35% were diagnosed with high blood pressure (higher than Ohio at 32% and nation at 29%). 36% were also diagnosed with high cholesterol which was lower than the state and nation.

-Asthma and other respiratory disease was the 3rd leading cause of death in the county between 2006-2008. In 2011, 14% of adults said they were diagnosed with asthma which is the same rate as Ohio and the nation. 22% of Lorain youth said they had been diagnosed with Asthma.

-Diabetes was the 7th leading cause of death from 2006-2008. In 2011, 13% of adults reported they were diagnosed with diabetes (higher than Ohio and the nation)

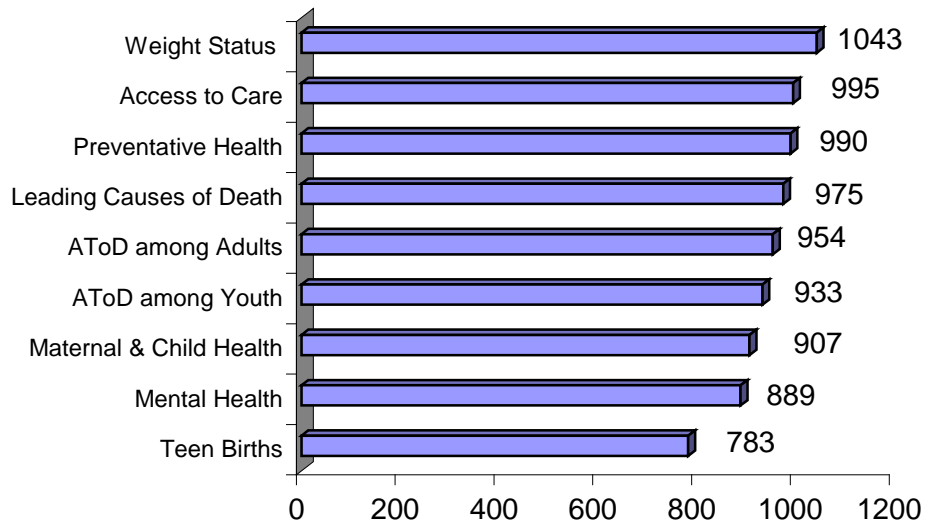
Table 11: Leading Causes of Death

Severity	Size of Population Affected	Community Capacity	Ability to Monitor/Evaluate
1= Not a serious health condition	1 = <5% (3.8%)	1 = Community has a well-coordinated approach in place (7.7%)	1= No ability
2= Not very serious – causes illness but no long term or widespread impact (7.7%)	2=5%-9% (11.5%)	2 = Community efforts address the need – mostly uncoordinated (30.8%)	2= Little ability - most qualitative, perception based, anecdotal (19.2%)
3=Somewhat serious – can become widespread if not addressed (15.4%)	3=10%-14% (7.7%)	3 = A few independent efforts address the need (46.2%)	3= Some ability – baseline available (50.0%)
4=Serious – indirect link to serious conditions (34.6%)	4=15%-19% (19.2%)	4 = Need is addressed by efforts outside the community	4= Good ability – baseline available with some on-going evaluations (23.1%)
5= Very serious – direct connection to long-term illness and/or other comorbidity, high mortality, presents a public health issue (42.3%)	5=> 20% (57.7%)	5 = Not currently addressed at all (15.4%)	5= Excellent ability (7.7%)
Mean = 4.12	Mean = 4.15	Mean = 2.69	Mean = 3.19

The Public Services Institute assigned weights to each of the criteria using guidelines developed by the North Central Region of Ohio for conducting community health assessments for critical access hospitals. The weights to develop composite scores were as follows:

- Size of population weight = 4
- Severity of health need = 3
- Outcomes data = 2
- Community capacity = 1

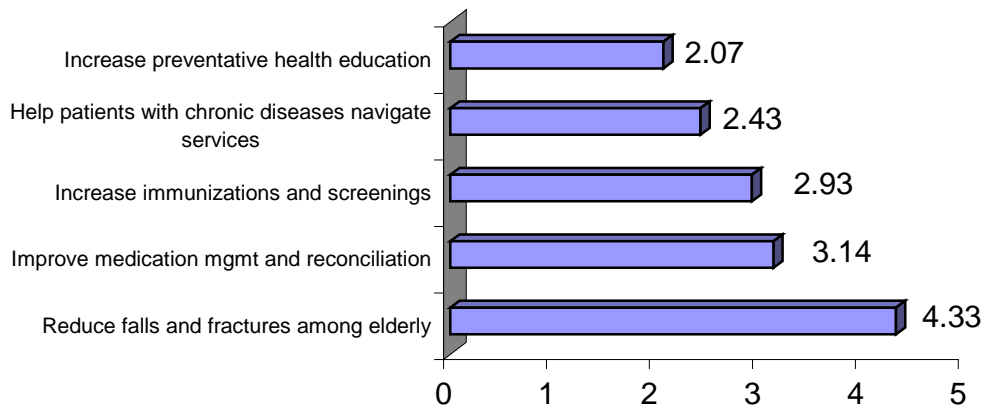
Overall Composite Scores



E. Prioritization of Ohio Public Health Strategies

All stakeholders were asked to rank order public health strategies developed by the state of Ohio from 1-5 where 1 is most important and 5 is least important for Lorain County. Increasing preventative health education ranked number one while helping patients with chronic diseases navigate health services ranked number two and increasing immunizations and health screenings ranked number three.

Public Health Priorities



Lorain County Health Summit

Summary of Roundtable Discussions & Priorities to Inform the Development of a Community Health Improvement Plan (CHIP)



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January 2013

I. INTRODUCTION

A Community Summit was held in Lorain County on December 11, 2012 at Lorain County Community College. The overall intent of the event was to process and prioritize draft value statements and strategic goals towards the development of a Community Health Improvement Plan for the county. The Summit was a culmination of activities initiated in 2011 which included a community health assessment conducted by the Hospital Council of Northwest Ohio (HCNO), a summary report on the current health status of Lorain County compiled by the Public Services Institute (PSI), a Community Summit in August 2012 to share and process results of the health assessment, a series of 35 community engagement sessions conducted by PSI, the County General Health District, and the Alcohol and Drug Addiction Services Board (ADAS), and a series of stakeholder interviews completed by PSI on behalf of Mercy Regional Medical Center and Elyria Memorial Hospital to drill into health assessment findings and begin thinking about priorities for the community.

The Summit began with opening remarks from hospital executives within Lorain County. Initial remarks were followed by a presentation of engagement and stakeholder interview results by the Public Services Institute. Participants were then asked to consider a series of draft value statements at roundtables. All comments were recorded on lap top computers at each roundtable and reviewed by a Theme Team via a network established by the College to enable real time analysis of discussions (versus the traditional approach of recording comments on flip charts which then must be deciphered and entered to a document for circulation after discussions occur). After participants processed the draft value statements, they were asked to spend time thinking about and reacting to a set of possible strategic goals (which were strategically developed using assessment findings along with results of community engagements sessions). Key pad polling was utilized at the end of Summit to prioritize value statements and strategic priorities for Lorain County.

About 100 people representing a variety of sectors including public health, hospitals, private physicians, not for profit organizations, school districts, local government, business, and philanthropy participated in the Summit. This report summarizes discussions and key pad polling results. The next step is for organizations throughout Lorain County to utilize this information in the development of their own strategic plans which ultimately should have alignment with the broader Community Health Improvement Plan for the entire county.

II. DETAILED FINDINGS

A. Discussion & Prioritization of Value Statements

Listed below are the draft value statements posed to participants of the community Summit for their consideration.

DRAFT VALUE STATEMENTS

Sustainable & Relevant

- We commit to a state of the art system that is relevant to community needs and sustainable into the future

Empowered and Engaged Community

- We believe in engaging and empowering individuals to take ownership of their health now and into the future

Accessible and Efficient System

- We strive for accessible care and efficient delivery of all health related services

Community-Wide Integration

- We value an integrated and coordinated approach to health education, prevention, and delivery of care

Compassionate System

- We show dignity, respect, compassion, and responsiveness to those we serve

High Quality

- We commit to quality and embrace excellence

Accountability and Transparency

- We take responsibility for our actions as health care providers and are accountable to our community

Innovation

- We believe creativity and innovation will help address our most pressing problems

Collaboration

- We believe collaboration will create a stronger and more productive system of care

Integrity

- We value honesty and truthfulness across our system of care and with those we serve

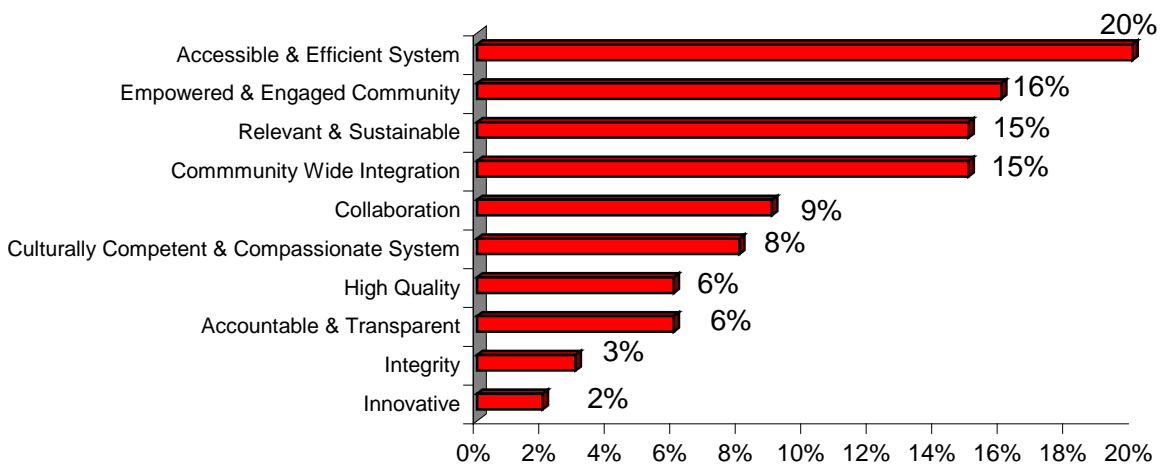
Participants were asked to discuss what, if anything, should be added to the list of prospective value statements and what they would change or modify in how draft value statements were written. The following represents key themes resulting from this discussion.

- Add “good stewardship of public funds”
- Define “state of the art” more concisely
- “State of the art” is too cliché
- Omit the “state of the art system” phrase
- Commit to reaching underserved populations within the county within the “empowered and engaged community” value statement
- Add “commitment to providing culturally competent staff to interact and serve diverse communities” or something about “commitment to serving in a culturally sensitive” way
- “Cultural competence” needs to be addressed in a separate value statement or added to another value statement
- Add “cultural competence” to the “compassionate” system bullet – state as “we show dignity, respect, compassion and cultural sensitivity to those we serve”
- Modify the “systems change” value statement to include “we support systemic change in our community that confronts root causes of health problems”
- Add a value statement about “value and commitment to prevention and education”

- Add a statement as follows: “we value integrated and coordinated approaches to health education, prevention, and delivery of care”
- Add “education to the “empowered and engaged” statement; maybe “we believe in engaging and empowering individuals to take ownership of their health now and into the future through comprehensive “education”
- Omit the “now and into the future” phrase within the “empowered and engaged” statement
- Add something to the “sustainability” value statement about adequate and sustainable funding
- Within the “accessible and efficient system” value statement, address “financial support for systems to assure residents county-wide receive the same quality of services”
- For the “accessible and efficient system” add a piece about affordability; something like “we strive for cost-effective, accessible care and efficient delivery of all health related services”
- Change title to “Accessible, Efficient, & Cost Effective System” to read as follows: “we strive for accessible care, efficient and cost effective delivery of all health related services”
- Address “capacity” within the accessibility value statement
- Add something about commitment to data driven or outcome based approaches
- Add something about “outcomes” to the “accountability” value statement
- Consider “we take responsibility for our actions as health care providers and are accountable to our community “
- For the innovation value statement, include “creativity and innovation will address our most pressing problems”
- Add “create a stronger more unified system of care” to the “collaboration” value statement
- Add “realistic” to the mix
- Combine some value statements as follows: “we strive for affordable, unrestricted, innovative, efficient, and quality service delivery of all health related services”
- Put “sustainable” and “relevant” together
- Add “compassionate system within integrity”
- Under “compassionate system” change the word “show” to “demonstrate”
- Put accountability and transparency together

Participants were also asked to identify their top three value statements using key pad polling. Results were as follows:

Prioritization of Draft Value Statements



B. Discussion & Prioritization of Strategic Priorities

Below are the set of draft strategic priorities all participants were asked to consider.

DRAFT STRATEGIC PRIORITIES

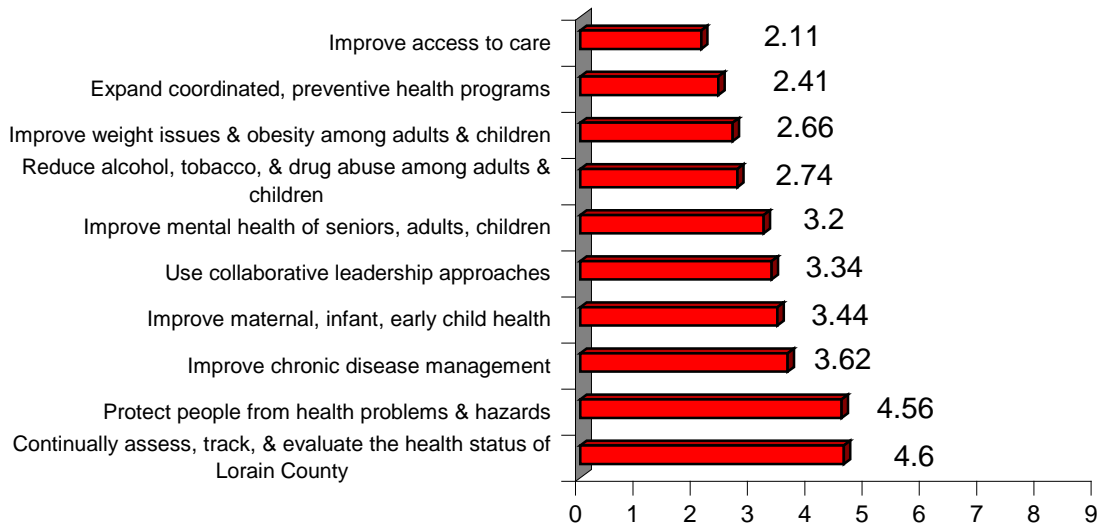
- 1. Improve Access to Care**
SAMPLE INITIATIVES:
 - Strengthen network of patient-centered medical home activities; Pursue blended or multi-payer payment and delivery models; More low cost dental clinics; Targeted and innovative programs to ensure care for low-income, uninsured, or underinsured outside of emergency rooms; Affordable prescription programs; Advocate for public transportation improvements county-wide; Extend programs like Parish Nursing and in-home care programs
- 2. Expand Coordinated, Preventative Health & Wellness Programs**
SAMPLE INITIATIVES:
 - Coordinated screening and wellness programs across organizations; Periodic newspaper columns by health care professionals; Consistent messaging to public; Targeted, culturally appropriate information dissemination; Correct misinformation; Incentivize employer/employee wellness programs; More focus on injury and violence prevention; More immunization/vaccination clinics at popular locations or key community access points like Wal Mart, churches, senior centers, schools); Expand health fairs; Tobacco free workplaces
- 3. Address Weight Issues & Obesity Among Adults & Children**
SAMPLE INITIATIVES:
 - More affordable and incentivized venues for fitness/recreational activities; Expand access to fresh fruits and vegetables (farmer markets, community gardens, etc.); Partner with Metro Parks to connect communities through walking/biking paths; Expand nutrition programs community-wide (schools, churches, workplace); Encourage calorie counts on all restaurant menus; Implement other strategies to make healthy choices, easy choices
- 4. Improve Chronic Disease Management**
SAMPLE INITIATIVES:
 - Physician-led, multi-disciplinary disease management teams (dietitians, nurses, diabetes educators, etc.); Help patients with chronic disease navigate and access coordinated health services; Stronger medication management; Extend care management services following hospital stays
- 5. Reduce Alcohol, Tobacco, and Drug Use/Abuse Among Adults & Children**
SAMPLE INITIATIVES:
 - Improve alcohol, tobacco, and drug abuse education within schools; More smoke-free establishments throughout county; Use technology to curtail drug abuse, sales, and distribution; Reduce heroin use/abuse; Control access to pain pills through physicians; More detoxification centers in County
- 6. Improve Maternal, Infant, & Early Child Health**
SAMPLE INITIATIVES:
 - Implement effective strategies to improve infant mortality and low birth weight; Improved access to nutrition programs and medical monitoring throughout pregnancy; Strategies to reduce risky behaviors during pregnancy; Lead testing among children
- 7. Use Collaborative Leadership Approach to Advocate/Enforce Public Policies & Develop Resources**
SAMPLE INITIATIVES:
 - Strengthen partnerships among health care professionals; Build partnerships between health care professionals and local governments; Greater physical presence in schools among public health officials, medical professionals, behavioral health professionals and others; Build stronger relationships with community based groups (serving as key community access points like employers, churches, etc.); Engage in resource sharing and other practices to ensure efficient health system; Leverage federal and state financial resources; Continuously develop public and private health care workforce
- 8. Continuously Assess, Track, & Evaluate the Health Status of Lorain County**
SAMPLE INITIATIVES:
 - Obtain and maintain data which is easily accessible to all; Develop a community score card to share progress widely; Monitor progress towards measurable outcomes; Engage community to identify, prioritize, solve additional problems; Evaluate interventions to inform continuous improvement;
- 9. Protect People from Health Problems & Hazards**
SAMPLE INITIATIVES:
 - Participate in emergency response systems; Plan for incident management; Maintain policies and technology for urgent communications/electronic data exchange; Ensure protection from environmental hazards (restaurant inspections, beaches/pool inspections, etc.); Prevent spread of communicable diseases; Protect from food, water, air born outbreaks
- 10. Focus on Mental Health of Adults, Seniors, & Teens**
SAMPLE INITIATIVES:
 - Implement strategies to reduce teen suicide rates; Minimize paper work associated with mental health services; Easier access to mental health services; More community mental health centers

Like the value statements, all participants were provided the opportunity to discuss what they would change or modify in how draft strategic priorities were written and what, if anything, they would like to see added to the list of possible priorities. While participants were asked to focus on strategic priorities overall (versus sample initiatives), many offered suggestions for initiatives within each goal as well. In fact, most comments centered on sample initiatives versus strategic priorities. The following ideas resulted from this discussion:

- Add “education” to the “preventative health and wellness programs” priority
- Add “more low cost dental clinics” under the prevention priority
- Delete “wellness programs” within the preventative health priority
- Add “coordinate screening programs” under preventative health priority
- Add “delay initiation of sexual activity among youth” as an initiative
- Include “sexually transmitted diseases” within the prevention priority
- Include an initiative about partnerships with physical activity centers for reduced rates for low income families
- Add “identify and develop partnerships with local healthcare providers to incorporate health clinics within the workplace, schools, and other locations
- Add “expand physician support” so patients have more access to care
- Don’t use the word “programs”, use “initiatives” instead (within the prevention priority)
- Under “weight issues and obesity”, add an initiative about creating a built environment where physical activity is readily accessible
- Rewrite obesity priority as follows: “Improve weight issues and obesity among adults and children”
- Add an initiative to “increase taxes on unhealthy foods”
- Add “physical activity access in low income areas”
- Under “improved access to care”, add emphasis on support offered in the home environment
- Under “improved access to care” add “school based health clinic to provide preventative and wellness access for children/youth”
- Add “greater presence in schools” under the improved access to care priority
- Add “improved case management across health care providers”
- “Improved coordination and transitional case management” needs to be a priority
- Include “extended care management services following inpatient hospital stays”
- Add “advanced practice nursing with physician led teams”
- Include “expanded support to people who are attempting to quit smoking” under alcohol, tobacco and drug abuse priority
- Include initiative to “educate children in 5th and 6th grades about alcohol, tobacco, drug use”
- Include a focus on senior health and programs
- Add an initiative about collaboration with faith-based and business community under the collaborative leadership priority
- Add an initiative about partnerships with schools as a community access point for education and prevention efforts
- Use the word “continually” versus “continuously” for the assess, track, evaluate health status priority
- Instead of “physician led teams” use “multidisciplinary teams”
- Rewrite mental health priority as follows: “Improve mental health of seniors, adults, and teens”
- Add “cultural competency training for those assisting with mental health
- “So many priorities, you lose sense of them being strategic”
- “Plenty of priorities to work with, no need to add anything”

Key pad polling of strategic priorities produced the following results:

Prioritization of Strategic Goals
(1= most important; 9= least important)
Lower score = most important for Lorain County to Consider for
CHIP



LORAIN COUNTY INVENTORY OF Programs

I. IMPROVE ACCESS TO CARE								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>I.A. Strengthen network of patient-centered medical home activities</p> <p>In 2011, 52% of adults had one doctor or healthcare professional they go to for routine medical care, 31% had more than one and 16% did not have one doctor to see on a routine bases</p>	<p>Work with other agencies and organizations to link people to medical homes</p>	<ul style="list-style-type: none"> - Collaborate with agencies and other community-based organizations to link people to medical homes. - Facilitate access to ACA by providing information 	<ul style="list-style-type: none"> - Continue care to all individuals regardless of their ability to pay - Ensure Primary Care Physician Coverage for designated Health Professionals Shortage Areas and Medically Underserved Areas - Track and measure D5 compliance with identified patients at employed physician offices 	<ul style="list-style-type: none"> - Expand network of primary care physicians. - Continue collaboration with Lorain County Health & Dentistry for the establishment of the Elyria clinic sites 				<ul style="list-style-type: none"> -Serve as medical home to persons of all ages regardless of income or insurance status -Accept referrals from CHIP partners and other community agencies -Open, in 12/14, a permanent medical facility in Public Housing (Wilkes Villa) and expand services to include pediatrics, OB and prenatal care, adult medicine and integrated behavioral health -Add OB/women’s health to E. River location -Maintain NCQA Level III PCMH designation for 3 sites and apply for PCMH recognition in 3/15 for WV site -Seek competitive funds in 10/14 for New Access Point medical/dental satellite site in Oberlin to serve central and southern Lorain County -Explore opportunity for residency clinic at Broadway or E. River sites -Add patient portal to electronic health records (12/14)
<p>I.B. Improve access to dental services</p> <p>In 2011, 60% adults and 77% youth had visited a dentist in the past year; Per RWJ: Ratio of population to dentists was 2,373:1 (1,928:1 in Ohio, & 1,516:1 nationally)</p>		<p>Provide school based dental sealant program.</p>						<ul style="list-style-type: none"> -Recruit pediatric dentist and expand services to children (11/14) -Increase capacity and service offering by hiring additional 1.0 FTE general dentist with surgery residency -Work with DentaQuest Institute to enhance programs and services -Investigate dental residency program

I. IMPROVE ACCESS TO CARE								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>I.C. Help more adults (under age 30, low income, and adults living in the urban areas of Lorain and Elyria) obtain medical insurance and maximize use of their insurance plans</p> <p>- In 2011, 11% of adults did not have health care insurance (13% in Ohio/15% nationally) - More likely to be uninsured were adults under age of 30, income less than \$25,000 & adults in Elyria and Lorain - Per RWJ: 15% of population under age 65 was without health insurance</p>	<p>Help more uninsured and under-insured obtain medical insurance</p>	<p>Provide opportunities on regular basis for Navigator to be available in lobby on clinic days and on free clinic evenings.</p>	<ul style="list-style-type: none"> - Expand hospital eligibility Link Program (H.E.L.P.) - Increase Health Fairs throughout LC - Expand Parish Nursing Program - Expand Resource Mothers Program - Explore implementation of Nurse Navigator Program - Integrate Resources Mothers Program with established OB/GYN Practice to provide coverage for poor and underserved in Southern part of LC 	<ul style="list-style-type: none"> - All patients are screened by an agent to identify potential Medicaid eligibility and assist with meeting the requirements of the enrollment process. - Continue to screen all patients for eligibility in the hospital's financial assistance program. 	<ul style="list-style-type: none"> - Brief Interventions –Motivational Interviewing, Incentives, Medication Assisted Therapy - Identify physician(s) to implement SBIRT for alcohol among teens - Identity physician(s) to provide Naloxone (Narcan) – community – based model 	<ul style="list-style-type: none"> -All patients are screened at community mental health agencies to identify potential Medicaid eligibility and eligibility for the Board's sliding fee scale. -Patients in need are provided with assistance regarding Medicaid or ACA enrollment. - 		<ul style="list-style-type: none"> -Establish processes to assist eligible LCH&D patients to access expanded Medicaid; implement presumptive eligibility at all sites -Develop Certified Application Counselor positions and hire/train 2 .0 FTE to educate and support patients and larger community to federal Marketplace options -Create informational flyers, brochures and postcards re: Medicaid expansion and ACA for internal and external use -Partner with other agencies and Uninsured Coalition to host/attend enrollment events throughout Lorain County
<p>I.D. Help make prescriptions more affordable</p>		<p>Participate and publicize the County Drug Repository program</p>	<ul style="list-style-type: none"> - Continue to offer Medication Assist. Prog. Explore utilization of telemedicine in rural & urban parts of LC 	<p>Continue Recover Rx program; run Pharmacy Healthcare Solutions and Amerisource Bergen medication assistance</p>		<p>Continue to provide assistance with the purchase of psychotropic medicines by mental health consumers with significant need through the Central Pharmacy.</p>		<ul style="list-style-type: none"> -Continue to offer federal 340B Reduced Drug Pricing program to LCH&D patients at Walgreens stores in Lorain and Elyria -Investigate interest of other national chains to participate with LCH&D in 340B program -Continue use of pharmacy assistance and drug repository programs
<p>I.E. Reduce barriers for access to care (including transportation barriers and access to health care for seniors)</p>	<p>Expand health screenings, immunizations, and other services for senior citizens</p>	<p>Work with City of Elyria and Parks and Rec Dept to increase preventive services available for seniors. Increase communication through various media about availability of senior services</p>	<ul style="list-style-type: none"> - Continue to offer taxi-voucher s - Advocate for county-wide public transportation - Increase utilization of Welcome to Medicare Initiative Allen Medical Center - Promote bone density screenings for seniors through PCP and at health fairs - provide education on keeping the elderly safe at home 	<p>Continue to market community educational events to seniors, which often include health screenings (e.g. Mall Walkers, Coffee, Tea and Me series and health professional presentations at area senior living facilities)</p>	<p>Transportation services for clients</p>	<ul style="list-style-type: none"> -Continue to support the provision of home and community based mental health services -Work with community partners to establish satellite offices in underserved areas of Lorain County. 	<p>Partner with organizations to potentially use LCMP facilities for screenings, etc.</p>	<ul style="list-style-type: none"> -Where feasible and where need exists, expand services at existing sites and add sites when funding is available -Assist patients to use Medicaid MCP no-cost transportation services to health appointments -Provide taxi vouchers

I. IMPROVE ACCESS TO CARE								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>I.F. Expand coordinated transitional case management services including those following inpatient hospital stays</p>		<ul style="list-style-type: none"> - Provide case management for at risk prenatal population. - Provide new born home visits through OIMRI and HMG. - Expand newborn home visits to all infants born to Elyria parents. - Explore with EMH a PHN home visit pilot program that would facilitate hospital to home transition and reduce re-admission rates. - Pilot case management program to support compliance with discharge instructions. 	<ul style="list-style-type: none"> - Operate a follow-up discharge phone call program, to ensure compliance with discharge instructions Allen Medical Center – develop a checklist for discharge to be used by care members as an assessment of home safety for the elderly 	<ul style="list-style-type: none"> - Continue to offer nursing and therapy services through our skilled Home Health Care agency. - Continue current disease specific transitional care programs and expand to address additional conditions. 	<ul style="list-style-type: none"> - Continue adolescent treatment through in-home family counseling - Recovery coaches to address client needs (treatment, engagement, recovery support) 	<ul style="list-style-type: none"> - Continue to provide home and community based (CPST) services for youth and adults with significant mental health symptoms -Continue to offer crisis liaison services to link youth to appropriate mental health services youth immediately mental health crisis evaluations. -Use updated waitlist report to ensure that hospitals and medical providers are aware of how mental health services can be accessed on a timely basis. 		<ul style="list-style-type: none"> -Keep open same day appointment slots for acute visits -Increase outreach to hospitals' emergency departments and social services; provide up to date brochures for patients needing medical home

II. EXPAND COORDINATED EDUCATION, & PREVENTION SERVICES

Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>II.A. Increase coordination of screening and wellness initiatives across service providers county-wide (including immunization clinics and health fairs)</p> <p>In 2011, 55% of adults had visited a doctor for routine checkup while 45% had a flu shot. 29% had a pneumonia shot, increasing to 68% for those 65 and over</p>	<ul style="list-style-type: none"> - Develop stronger relationships and networks with private physicians for the purpose of education and prevention - Strengthen health and wellness efforts in worksites - Expand education and prevention efforts in schools and child care centers 	<ul style="list-style-type: none"> - Provide immunization clinics for uninsured, underinsured persons in Lorain County. - Develop public private relationships to enable expansion of PH prevention into the worksites and city government. - Explore utilization of community based sites for such activities as immunizations, prevention and wellness education. - Explore alternative service delivery models for adult and pediatric immunizations. - Explore innovative ways to better serve immunization needs through collaboration with the County Health District 	<ul style="list-style-type: none"> - Expand Health Education Program in community around nutrition/exercise - Increase awareness of Parish Nursing sponsored screenings - Expand Preventive Health Education Programs & Screenings around mammograms, PSA test & flu shots - Expand screenings for leading causes, i.e. high cholesterol and blood pressure - Expand Stroke, Diabetes education Programs Allen Medical Center - identify evidence-based practices for improving health and wellness and affecting change - increase public awareness of the need for immunizations and preventative disease screenings 	<ul style="list-style-type: none"> - Continue participation in annual Lorain County Medical Society Community Health Fair, held at the EMH Avon Campus in 2013 - Enhance the promotion of numerous hospital sponsored community screenings such as those for cancer, hypertension, diabetes and pulmonary disease. - UH Elyria Medical Center Medworks offers annual flu immunizations at area businesses - Continue participation in established community health fairs. 	<p>Recovery Coaches available , Problem Gambling Screening</p>	<ul style="list-style-type: none"> -Promote free on-line mental health screening for adults and older adolescents. -Collaborate with public partners to have mental health screening included in health fairs. -Continue to work with medical providers to encourage annual mental health screening. 	<p>Partner to allow further expansion education and prevention efforts in LCMP facilities</p>	<ul style="list-style-type: none"> -Engage with health districts and other agencies to host/attend more health fairs each year -Educate patients at every visit as to benefits of recommended immunizations -Implement preventive initiatives (inquiry, education and support) for patient population as per HRSA (tobacco use, obesity, immunizations, cervical/colorectal cancer screens, depression and dementia screens, sealants) -Monitor, measure and report, by life cycle, LCH&D outcomes on required preventive measures -Identify opportunities to collaborate with CHIP, and other partners, to support patients' prevention efforts -Determine feasibility to add 1.0 FTE Diabetes Care Manager -Work with state association to implement measures to improve outcomes for diabetes and colorectal screenings

II. EXPAND COORDINATED EDUCATION, & PREVENTION SERVICES								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>II.B. <i>Improve coordination of public education and communication efforts county-wide including targeted, culturally appropriate information dissemination</i></p> <p>In 2011, almost half (48%) of LC adults rated their health as excellent or very good while 12% described their health as fair or poor compared to 16% of Ohio adults & 15% of US adults</p>	<ul style="list-style-type: none"> - Unify messaging among health agencies and organizations to maximize resources and impact - Adapt approaches to traditional environmental health programs to the needs of the community 	<ul style="list-style-type: none"> - Publish twice monthly nutrition articles in C.T and monthly articles in Senior News. - Customize message and medium to meet the unique needs of the various segments of the community - Expand use of and expertise in social media to better reach a variety of targeted audiences. - Unify messaging among health agencies and organizations to maximize resources and impact 	<ul style="list-style-type: none"> - Leverage knowledge of aligned primary care physicians/specialists to develop a speaker's bureau & knowledge repository - Develop quarterly educational sessions for community 	<p>Medical Minute health education messages on WEOL radio recorded by physicians and other healthcare professionals</p>	<ul style="list-style-type: none"> - HealthTalk in Morning Journal (every other week) - Life's Little Instructions with CTC tidbits (daily) WOBL/WDLW - Substance abuse related information, parent engagement, suicide prevention ; Partner with Suicide Prevention Coalition, Problem Gambling, Fatherhood Collaboration - marijuana dangers - peer resistance building to teens/pre-teens; social media (marketing for 18-25 year olds) –emphasize high risk alcohol use 	<ul style="list-style-type: none"> -Continue to provide weekly updates regarding the availability of specific community mental health services (including bilingual services). -WOBL/WDLW radio spots focused on mental health issues and on the services within the community mental health network -Creation and dissemination of brochures regarding Maternal Depression, Suicide Prevention, and other public mental health issues. -Free Community Educations: <i>Mental Health First Aide</i> and Applied Suicide Intervention Skills Training 	<p>Partner where applicable.</p>	<ul style="list-style-type: none"> -Increase targeted outreach activities to increase public awareness as to sites and services -Use billboards and radio spots for particular emphasis -Prepare materials (flyers, brochures, post cards, posters) for use community-wide to introduce new providers and services (optometry, pediatric dentistry, public housing site) -Update Facebook page daily -Reconstruct website for easier use -Post events and activities at Loraincounty.com -Seek opportunities for public speaking -Engage with Lorain City Schools
<p>II.C. <i>Improve maternal and child health to reduce infant mortality rates</i></p> <p>2012: Infant mortality rate for less than 1 year olds was 7.3 per 1,000 live births for Lorain County</p>	<p>Continue to improve maternal, infant and child health programs to lower infant mortality rates in the community</p>	<ul style="list-style-type: none"> - Explore new approaches for maternal, infant and child health; Expand new born home visits - Implement the Ohio Infant Mortality Reduction Program targeting pregnant African Americans - Provide OIMRI case management for eligible families; - - Partner with members of the OIMRI advisory group to increase younger girl's self-esteem; - Become a Cribs for Kids organization - Continue to distribute Back to Sleep Palm Cards 	<ul style="list-style-type: none"> - Expand Resource Mothers Program Allen Medical Center - Several strategies around medication management and reconciliation Promote higher participation in child birth education classes through increased promotion and access - Develop clinical integration strategies that reward population management services 	<p>Adopt University Hospitals Health System best practices in the treatment of pediatric and obstetric patients.</p>		<ul style="list-style-type: none"> -Continue to support the Maternal Depression Taskforce efforts connect mothers with needed services -Continue to support early childhood mental health intervention services aimed at helping parents understand and nurture their young children. 		<ul style="list-style-type: none"> -Explore/implement Centering Model of pregnancy -Apply for pilot funds through Office of Health Transformation to establish Centering Model to reduce infant mortality (1/15) -Add OB/prenatal services at both Elyria FQHC sites ASAP -Increase OB/women's health hours at Broadway (1/15) -Participate in Fatherhood initiative each June -Implement tracking of OB patient visits and conduct timely outreach to increase adherence -Integrate behavioral health into OB/pediatrics medical teams targeting girls and women ages 12-50; screen, evaluate, briefly treat on site and refer to external resources as needed (12/14) -Increase engagement of Resource Mothers with LCH&D OB patients

III. IMPROVE WEIGHT ISSUES & OBESITY AMONG ADULTS & CHILDREN								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>III.A. Increase awareness of, and access to, affordable venues for fitness and recreational activities at community and neighborhood levels</p> <p>- In 2011, 2/3 of adults were overweight (35%) or obese (32%); 1/4 of youth were overweight (11%) or obese (14%) - In 2011, 56% of adults engaged in physical activity for 30 min 3 or more days; 29% for 5 or more days per week; - 2011 Participation in 60 min of physical activity by youth: 65% on 3 or more days; 46% on 5 or more days; 24% everyday</p>	Work with community partners to create environments that promote increased physical activity	Work with community partners and city administration to create environments that promote physical activity	Increase availability of low/no cost exercise classes	Continue to provide discounted memberships to various groups at the EMH Center for Health & Fitness			<ul style="list-style-type: none"> - Plan and construct more trails to increase availability of low/no cost exercise - Seek partners and sponsors to allow LCMP to offer fitness facility access as reward for weight loss/healthy diet (similar to Save Our Sons) 	<ul style="list-style-type: none"> - Know what is available in the community for no- or low-cost exercise and educate primary care teams to assist patients to participate - Cross promote activities hosted by CHIP and other partners
<p>III.B. Expand access to fresh fruits and vegetables</p> <p>In 2011, 8% of adults ate 5 or more servings of fruit/vegetables per day compared to 13% of youth. 89% of adults ate 1-4 servings per day compared to 80% of youth</p>	Work with community partners to promote and improve access to healthy foods	<ul style="list-style-type: none"> - Work with schools to improve quality of foods in vending machines - Promote community gardens and local farmer market; promote fresh vegetable/fruit desserts. 					Continue to explore and develop opportunities for farm markets in LCMP facilities.	<ul style="list-style-type: none"> - Investigate with CHIP partners opportunities to host farmers markets at Grove and Broadway sites each summer (3/15) - Refer to dietician onsite at LCH&D 1 day/week - Explore feasibility to hire 1.0 FTE dietician to work among 4 LCH&D sites (1/15)
<p>III.C. Expand nutritional education programs</p>		Utilize the ECHD Nutritionist to provide education throughout the county to various audiences.	<ul style="list-style-type: none"> - Increase number of Health Education programs, emphasize culturally specific info - Increase participation of parishes in Parish Nursing Health Living Programs 	Continue to provide Healthy Lifestyle cooking demonstrations & nutrition presentations by a Certified Diabetes Educator and dietician				<ul style="list-style-type: none"> - Provide nutrition related education to patients
<p>III.D. Decrease Access to Unhealthy Foods</p>		Explore development of a survey of Elyria restaurants (which have calorie counts, and nutrition info); publish results					<ul style="list-style-type: none"> - Offer healthy alternatives in our fitness facilities. - Partner with concessionaires to offer healthy choices. 	<ul style="list-style-type: none"> - Vending machines removed from public access area at Broadway site

IV. REDUCE ALCOHOL, TOBACCO, & DRUG ABUSE AMONG ADULTS & CHILDREN

Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>IV.A. Reduce incidence of smoking in Lorain County</p> <p>- In 2009, 29% of mothers smoked during pregnancy - 10 % points higher than OH - In 2011, 22% of LC adults smoked cigarettes some or all days - higher among adults in rural areas (29%) and Elyria (25%) and Lorain (25%) versus suburbs (13%) - In 2011, 14% of youth ages 12-18 smoked (past 30 days); 18% for those 17-18</p>	<p>Unify messaging among health agencies and organizations to maximize resources and impact</p> <p>Expand education and prevention efforts in schools and child care centers</p>	<p>Enforces the no smoking policy for staff and public on Chestnut Street campus.</p> <p>Emphasize no –smoking with pregnant women through case management; promote the 1-800 number for pregnant women who want to quit smoking.</p>	<p>Continue to enforce its tobacco-free hiring policy and tobacco-free campus as well as foster non-smoking and smoking cessation among employees and patients.</p> <p>Explore opportunities to decrease the % of mothers in LC who smoke during pregnancy</p>	<p>Continue to enforce its tobacco-free hiring policy and tobacco-free campus as well as foster non-smoking and smoking cessation among employees and patients.</p>	<p>LCADA can provide drug-free workplace training</p>		<p>Continue to enforce its tobacco-free hiring policy and tobacco-free buildings. Explore the legalities of tobacco free parks.</p>	<p>-Inquire at each patient visit as to use of tobacco; provide educational materials and support to quit -Monitor and report performance on tobacco inquiry and cessation as per HRSA -Enforce no-smoking policy at each FQHC location</p>
<p>IV.B. Reduce misuse of prescription pain medication in Lorain County</p> <p>In 2011, 11% of all LC adults admitted to medication misuse in the past 6 months In 2011, 14% of LC youth used medications that were not prescribed for them, increasing to 31% for those over age of 17</p>				<p>All three EMH Emergency Department locations follow the pain medication prescribing guidelines issued by the Governor’s Cabinet Opiate Action Team in 2012.</p> <p>Started inpatient Addiction Consult Service in 2013.</p>	<p>- SOLACE support group, coalition focus on prescription medications - Communities That Care developing prescription medication toolkit for medical profession, school personnel, parents - Partner with law enforcement on Drug Take-Back days and drop-boxes for communities - Focus on “teen influencers” to address ATOD</p>			<p>-Maintain (and monitor) internal policy to limit prescription of pain medications -Refer chronic users to established pain management clinics -Require LCH&D providers to use OARRS (Ohio Automated Rx Reporting System) prior to narcotic prescribing -Consider onsite screeners from LCADA for substance abuse and chemical dependency -Integrated behavioral health team uses SBIRT</p>
<p>IV.C. More detoxification services</p>		<p>Advocate for detoxification center in Lorain County;</p> <p>Collaborate with county agencies to implement project Dawn. Educate Board, City Council, all staff about the project.</p>			<p>- Continue sub-acute detox services and ambulatory detox through Hot Spot funding - Add male beds for Lorain County clients - Invest in Medication Assisted Therapy (Suboxone with counseling, ambulatory detox and Tele-medicine) - Continue Project DAWN– 2 part Initiative with first responders and Narcan to LCADA clients</p>		<p>Seek partners and sponsors to allow LCMP to offer fitness facility access as reward for detox (similar to Save Our Sons)</p>	

IV. REDUCE ALCOHOL, TOBACCO, & DRUG ABUSE AMONG ADULTS & CHILDREN								
Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
IV.D. Improve ATOD education within schools	Expand education and prevention efforts in schools and child care centers	Facilitate Eye-Opener Sessions; Integrate PHN information with the school nurses –to provide preventive education as indicated. Participate as a trainer in the PREP program in Lorain County.			- School Focus, including School Liaison, evidence-based curriculum (reach out now); - Initial work with Lorain County Health District regarding Education Goal (intermediate and middle school students)			-Cross promote ATOD education and messaging to LCH&D patients
IV.E. Reduce Marijuana use in Lorain County In 2011, 7% of adults had used marijuana in the past 6 months. In 2011, 16% of youth (12-18) had used marijuana at least once in the past 30 days (28% for those over the age of 17)					- Substance Abuse Treatment and Prevention Programming to contract agencies - Focus on “teen influencers” to address underage alcohol, marijuana and prescription drug abuse issues			-Cross promote ATOD education and messaging to LCH&D patients -Integrated behavioral health team uses SBIRT- -Consider onsite screeners from LCADA for substance abuse and chemical dependency
IV.F. Reduce Alcohol use and abuse in Lorain County In 2011, 13% of adults were frequent drinkers; 39% were binge drinkers In 2011, 53% of youth had a drink of alcohol at some point in their lifetime; 27% had at least one drink in the past 30 days. (85% of 17-18 year olds had tried alcohol and 52% had a drink in the past 30 days)					- Focus on sober housing and recovery support services - Focus on “teen influencers” to address underage ATOD - Work with municipal courts for indigent drivers alcohol treatment; work with drug courts (family, juvenile, veterans) - Underage Drinking (work with local police departments for alcohol surveillance)			-Cross promote ATOD education and messaging to LCH&D patients -Integrated behavioral health team uses SBIRT -Consider onsite screeners from LCADA for substance abuse and chemical dependency

V. IMPROVE MENTAL HEALTH OF SENIORS, ADULTS, CHILDREN

Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center (MRMC)	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>V.A. <i>Reduce the incidence of suicide in Lorain County 50 adults and 4 youth completed suicide in 2013.</i> 11% of LC youth had seriously considered suicide in the past</p>	<p>Expand education and prevention efforts in schools and child care centers</p>	<p>- Promote self-esteem in teens through Ohio Infant Mortality Reduction Initiative (OIMRI) advisory committee - Integrate Edinburg test into all prenatal and postpartum programs. Refer clients to mental health services through perinatal depression task force.</p>	<p>Promote suicide prevention education through Parish Nursing program</p>	<p>Increase Emergency Department staff and patient awareness of existing community mental health resources for adolescents through collaboration with Lorain County Board of Mental Health</p>	<p>Continue to participate in Lorain County Suicide Prevention Coalition</p>	<p>-Continue to coordinate the Lorain County Suicide Prevention Coalition (supporting suicide prevention awareness activities) -Continue to support Emergency Stabilization Services -Provide training and support for community in general and for schools staff in particular, including Applied Suicide intervention Skills Training (ASIST) - Ensure that the community is aware of how to access mental health services on a timely basis, regardless of the ability to pay. -Create/implement a Loss Team to provide support and connection to services for loved ones impacted by a suicide.</p>	<p>Continue to educate and promote use of parks, coupled with health and fitness, as scientifically proven ways to improve mental health.</p>	<p>-Integrate behavioral health services into primary care team first in OB/women's health and pediatrics for girls and women ages 12-50 at Broadway and public housing sites (12/14) -Implement established screens for depression and post-partum depression (10/14)</p>
<p>V.B. <i>Improve access to the continuum of care</i> <i>Per RWJ: 64 Mental Health Providers with 4,711:1. Ratio of the county population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care in a given county.</i></p>		<p>Include mental health assessments in client interactions Collaborate with mental health programs and agencies to make services more available to community.</p>	<p>Develop community wide education program for behavioral health issues to promote increased awareness, education and understanding</p>		<p>Walk-through and paperwork reduction initiatives with contract agencies</p>	<p>-Promote on-line MH screening -Increase PR efforts to spread the message that community mental health services that are available regardless of one's ability to pay. -Support home/community based mental health services that can help to overcome geographic and transportation barriers -Pursue options to integrate physical and MH care in locations that are already accessible to clients. -Pursue opportunities to develop mental health workforce, including the development of a training program for entry level MH workers through LCCC.</p>		<p>-Integrate behavioral health services into primary care team first in OB/women's health and pediatrics for girls and women ages 12-50 at Broadway and public housing sites (12/14)</p>

V. IMPROVE MENTAL HEALTH OF SENIORS, ADULTS, CHILDREN

Goals	Lorain County General Health District	Elyria/Lorain Health Districts	Mercy Regional Medical Center (MRMC)	UH Elyria Medical Center	Alcohol and Drug Addiction Services Board	Board of Mental Health	Lorain County Metro Parks	Lorain County Health & Dentistry
<p>V.C. Enhance the quality of mental health services</p>	<p>Strengthen health and wellness efforts in worksites</p>		<ul style="list-style-type: none"> - Continue to provide inpatient/outpatient Behavioral Health Services at MRMC - Develop program for embedding Behavioral Health clinicians in Mercy Patient Centered Medical Homes - Develop effective/ efficient process to address Emergency Department patients with Behavioral Health needs - Foster state and local relationships 	<p>Continue to provide inpatient mental health services at UH Elyria Medical Center and also utilize UH EPAT (Emergency Psychiatric Team) to expedite admission throughout the UH health system.</p>		<p>Provide training/consultation to ensure that Community MH Clinicians are capable of utilizing those interventions that are most likely to be effective for treating mental health symptoms.</p> <p>Develop/test alternative clinical services funding model emphasizing positive outcomes</p> <p>Develop/test a cross-agency quality assessment process</p>		<p>-Include behavioral health clinical outcomes measures in Board-approved annual Continuous Quality Improvement Plan for regular monitoring, measuring and reporting</p>

Lorain County Community Health Improvement Plan (CHIP) Goals and Objectives

Goal	Objective	Measure(s)	Performance Target	Coordinating Organization(s)
Improve Access to Care	Strengthen network of patient-centered medical homes	2015: 18% of Lorain County adults did not have one doctor to see on a routine basis 2011: 16% of Lorain County adults did not have one doctor to see on a routine basis	Help 4,586 more adults obtain a medical home (or acquire at least one doctor to see on a routine basis) for a 2% rate of decrease in those who do not have a medical home (from 16%-14% by 2019).	Co-Coordinators: Lorain County Health & Dentistry (FQHC), Mercy Health, and University Hospitals Elyria Medical Center
	Reduce barriers for access to care	2015: Transportation barriers assessment completed; used as baseline for county transportation data and hours of operation and location for health care providers 2011: Baseline needed for location and hours of operation for health care providers	Gather baseline data	
Expand Coordinated Education and Prevention Services	Reduce infant mortality rate	2016: Infant mortality rate for less than 1-year-olds was 4.5 per 1,000 live births (Ohio Dept. of Health Vital Statistics) 2015: Infant mortality rate for less than 1-year-olds was 5.9 per 1,000 live births (Ohio Dept. of Health Vital Statistics) 2014: Infant mortality rate for less than 1-year-olds was 6.1 per 1,000 live births (Ohio Dept. of Health Vital Statistics) 2012: Infant mortality rate for less than 1-year-olds was 6.8 per 1,000 live births (Ohio Dept. of Health Vital Statistics)	Reduce infant mortality to 5.0 per 1,000 live births within 5 years (2019)	Coordinator: Lorain County Public Health
Improve Weight and Obesity	Increase rates of physical activity among youth and adults	2015: 53% of adults engaged in physical activity for at least 30 minutes 3 or more days a week while 23% of adults did not engage in any physical activity 2011: 56% adults engage in physical activity for 30 min. 3 or more days (29% 5 or more days per week)	Increase rates of physical activity among adults by 5% within 5 years (11,464 more adults) by 2019	Co-Coordinators: Lorain County Metro Parks and Lorain County Public Health
		2014: 70% of LC 6 th grade youth engage in 60 min. of physical activity on 3 or more days (52% 5 or more days; 30% everyday) 2014: 76% of LC 8 th grade youth engage in 60 min. of physical activity on 3 or more days (48% 5 or more days; 27% everyday) 2014: 73% of LC 10 th grade youth engage in 60 min. of physical activity on 3 or more days (48% 5 or more days; 25% everyday) 2011: 65% youth engage in 60 min. of physical activity on 3 or more days (46% 5 or more days; 24% everyday)	Increase rates of physical activity among youth by 5% within 5 years (1,516 more youth ages 12-18) by 2019	
Reduce Alcohol, Tobacco, and Drug Use/Abuse	Reduce incidence of smoking among youth and adults	2014: 2.0% of 6 th graders, 7.4% of 8 th graders, and 10.7% of 10 th graders smoked in the past 30 days (Communities That Care Core Measure Analysis)	Reduce the incidence of smoking among youth by 2% within 5 years (607 fewer youth 12-18; 174 fewer youth 17-18) by 2019	Coordinator: University Hospitals Elyria Medical Center

Lorain County Community Health Improvement Plan (CHIP) Goals and Objectives

Goal	Objective	Measure(s)	Performance Target	Coordinating Organization(s)
		2016: 0.7% of 6 th graders, 3.1% of 8 th graders, and 7.0% of 10 th graders smoked in the past 30 days (Communities That Care Core Measure Analysis)	Reduce the incidence of smoking among adults by 2% within 5 years (4,586 fewer adults) by 2019	
		2015: 22% adults smoke (20% in rural areas; 27% in urban areas) 2011: 22% adults smoke (29% in rural areas; 25% in Elyria and Lorain)		
	Reduce number of deaths from opiates/heroin	2017: 132 confirmed accidental drug overdose deaths (Lorain County Coroner) 2016: 131 confirmed accidental drug overdose deaths (Lorain County Coroner) 2015: 65 confirmed accidental drug overdose deaths (Lorain County Coroner) 2013: 67 confirmed accidental drug overdose deaths (Lorain County Coroner)	Reduce overdose deaths from opiates/heroin by 25% within 3 years (approximately 17 fewer deaths) by December 31, 2017	Coordinator: Alcohol and Drug Addiction Services Board of Lorain County
Improve Mental Health	Improve access to the continuum of mental health care among adults	2015: 15% of adults reported obstacles that interfered with their ability to get needed mental health services for themselves or their families 2011: 17% of adults reported obstacles that interfered with their ability to get needed mental health services for themselves or their families	Reduce incidence of adults not seeking/securing mental health services when needed by 5% by 2019	Coordinator: Lorain County Board of Mental Health
	Reduce suicide	2015: 3% of adults said they had considered suicide in the past year 2011: 4% of adults considered attempting suicide in the past year 2017: 57 adults and 3 youth completed suicide in Lorain County (Lorain County Coroner) 2016: 43 adults and 9 youth completed suicide in Lorain County (Lorain County Coroner) 2015: 37 adults and 1 youth completed suicide in Lorain County (Lorain County Coroner) 2014: 27 adults and 3 youth completed suicide in Lorain County (Lorain County Coroner)	Reduce deaths by suicide by 25% (approximately 14 fewer deaths) by 2019	
		2014: 8% 6 th grade youth attempted suicide; 15% 8 th grade; 17% 10 th grade (2014 PRIDE Survey) 2011: 6% of youth attempted suicide	Reduce rate of youth suicide attempts by 5% (91 youth) by 2019	

Lorain County Community Health Improvement Plan

Priority Team Meeting Tracking Form

Select CHIP Priority Team:

- | | | |
|---|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Infant Mortality | <input type="checkbox"/> Weight/Obesity |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Overdose Deaths/Drug and Alcohol | <input type="checkbox"/> Mental Health |

Date and Location of Committee Meeting:

Members in Attendance (attach sign-in sheet or list members' names and organizations):

Meeting Notes:

Agenda Topics	Notes <i>(Recurring themes, points of agreement or disagreement, etc.)</i>

Action Steps:

Action Step(s)	Responsible Partner(s)	Timeframe

Next Meeting Date and Location:

Individual(s) Completing this Form (name and organization):