COMMUNITY HEALTH IMPROVEMENT PLAN
SUMMIT COUNTY, OHIO










2017

Letter from the Health Commissioner, ADM & SCCHI

Summit County Public Health (SCPH) and its community partners released Summit County's first Community Health Improvement Plan (CHIP) in 2011. Since that time, a diverse coalition of community organizations, nonprofits, hospitals, healthcare providers, schools, faith leaders, businesses, elected officials and community residents have shown an impressive willingness to work together to improve the health and well-being of the Summit County community. The coordinated efforts of this robust network have undoubtedly improved the lives of countless Summit County residents.

Though we have made significant progress over the past several years, there is still much work to be done. Summit County continues to face evolving threats to public health, including high infant mortality rates, significant chronic disease burden and the growing opiate epidemic. SCPH, the Alcohol Drug and Mental Health Board, and the Summit Coalition for Community Health Improvement (SCCHI) are committed to working together to find creative and effective solutions to these challenges. By bringing together a diverse coalition of dedicated partners, thoughtfully analyzing available data, and engaging with the residents of Summit County, we are optimistic that we can achieve the goals set forth in this CHIP. The following document is the result of a coordinated effort by a broad range of partners to identify the most pressing issues affecting the well-being of Summit County residents, and a plan through which we may work to ensure that our community is a place where all women, men, children and families can thrive.

The following plan was developed utilizing the Mobilizing Action through Planning and Partnerships (MAPP) framework. Over 60 community partners worked over several months to collect and analyze data, identify priority issues, and plan evidence-based interventions to be implemented over the next 3 years. Though the goals and strategies contained in this document were selected through this rigorous process, we recognize that the CHIP is a living document that must be capable of responding to the evolving needs of the community. Building new partnerships and identifying new opportunities will be critical to achieving our goals. We invite all members of the Summit County community to join us in this important effort.

Sincerely,

Donna Skoda
Health Commissioner,
Summit County Public Health

Jerry Craig
Executive Director,
Alcohol, Drug & Mental Health Board

Hattie Tracy
Chair, Summit County Coalition
for Community Health Improvement

The 2017 Summit County Community Health Improvement Plan is available online at:
www.scphoh.org

The CHIP would not have successfully been completed without the hard work and dedication from many committed community partners. The Summit Coalition for Community Health Improvement (SCCHI) provided hours of insight, expertise and feedback. Additionally, many agency representatives and community members participated in numerous surveys, focus groups and forums. We would like to thank the following agencies:

Akron Area YMCA
Akron Canton Regional Foodbank
Akron Children's Hospital
Akron Metropolitan Area Transportation Study
Akron Metropolitan Housing Authority
Akron Region Interprofessional Area Health Education Center
Akron Summit Community Action, Inc.
Akron Summit County Public Library
American Cancer Society
Asian Services in Action, Inc.
AxessPointe Community Health Center
Child Guidance and Family Solutions
City of Akron
Cleveland Clinic Akron General
Community Health Center
Community Legal Aid
County of Summit
County of Summit Alcohol Drug Addiction and Mental Health Services Board
Hattie Larlham
Infoline, Inc.
International Institute of Akron
Mature Services
Mustard Seed Market & Café
Northeast Ohio Medical University
Ohio Guidestone
Open M
OSU Extension
Project Learn of Summit County
Summa Health System
Summit County DD Board
The Blick Center
The Ohio Affiliate of Prevent Blindness
U.S. Representative Marcia Fudge
U.S. Senator Sherrod Brown
United Way of Summit County

SCCHI

SUMMIT COALITION *for* COMMUNITY HEALTH IMPROVEMENT

Additional Community Partners

Akron Community Foundation
Akron Fire Department
Akron Police Department
Akron Pregnancy Services
Akron UMADAOP
Akron Urban League
Baby 1st Network
Barberton Community Pregnancy Center
Battered Women's Shelter
Buckeye Health Plan
CANAPI
CareSource
Catholic Charities
Community Support Services
Crossroads Hospice
Direction Home
EMS Pastors
FameFathers
Furnace Street Mission
Goodwill Industries of Akron
Greenleaf Family Center
IBH Recovery Center
Interfaith Caregivers
Jewish Family Services
Kent State University
Metro RTA
Minority Behavioral Health Group
Mobile Meals
Mt. Calvary Baptist Church
Oriana House
Paramount Healthcare
Planned Parenthood
Project Ujima
Saber Healthcare Group
State and Federal Communications
Summit County Adult Protective Services
Summit County Children's Services
Summit County Common Pleas Court
Summit County Juvenile Court
Summit County Probate Court
Summit County WIC
Summit Education Initiative
Summit Food Coalition
The House of the Lord
The Medicine Shoppe Pharmacy
The University of Akron
United Healthcare
Victims Assistance Program
Women's Endowment Fund

Community Plans

The CHIP does not replace or supersede any concurrent action planning document produced by the health department or any of our community partners. Though SCPH has been the organization responsible for organizing and coordinating the community health improvement process, it does not own the process nor is it the sole organization responsible for CHIP implementation. In fact, we embarked on the community health improvement process intent on developing a CHIP that complemented the various other action planning efforts and/or documents produced by governmental and community partners.

SCPH's commitment to this effort, as part of a larger movement to develop collaborative partnerships with community stakeholders, can be seen through its work to build community capacity to address key population health issues which took place concurrently to the Community Health Assessment (CHA) and CHIP development processes. Work in these areas yielded the following report documents and programmatic focus areas, some of which were used to help inform the CHIP: Health in All Policies Community Engagement Report; Summit 2020 Priority Indicators Report; 2015 Health and Health Disparities Report; Environmental Health PACE-EH Report; The Growing Older Adult System: Priorities and Opportunities Final Report; Opiate Task Force Strategic Plan; Suicide Prevention Coalition Strategic Plan.

PHAB Standards & Requirements

The SCPH CHIP was developed through a process that meets all Public Health Accreditation Board (PHAB) standards.

Standard 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan

Requirements:

- Desired measurable outcomes or indicators of health improvement and priorities for action
- Considerations of social determinants of health, causes of higher risks and poorer health outcomes and health inequities
- Plans for policy and system level changes for the alleviation of identified causes of health inequity. Policy changes may address social and economic conditions that influence health and health equity including housing, transportation, education, job availability, safety and zoning
- Designation of the individuals and organizations that have accepted responsibility for implementing strategies

2016 Community Health Assessment (CHA)

The Community Health Assessment was conducted throughout 2016 and released at the State of the County's Health in December of 2016. The CHA was compiled with the assistance, guidance and feedback of the Summit Coalition for Community Health Improvement (SCCHI). Approximately 200 indicators were selected and reviewed. Additionally, many efforts to engage community stakeholders, agency staff, partners and community members throughout 2014-2016 can be captured in graphic above.

Alignment with State Health Improvement Plan

In May 2017, the State of Ohio released its 2017-2019 State Health Improvement Plan (SHIP). Starting in 2017, local health departments and tax-exempt hospitals are required to submit their existing community health improvement plans and community health needs assessments to the Ohio Department of Health. Submissions should identify which priorities, indicators and strategies align with the SHIP.

SCPH has aligned with three priority areas selected by the state (Maternal & Infant Health, Mental Health & Addiction, and Chronic Disease) and has selected two additional population-focused priority areas: Aging Population and Adolescent Health.

Further aligning with the SHIP, SCPH has adopted the framework that identifies cross-cutting factors that influence health status across all five priority areas. These are: Healthcare System and Access; Social Determinants of Health; Public Health System, Prevention & Health Behaviors; and Health Equity. The SHIP describes each as the following:

Health Equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of healthcare disparities.

This icon denotes a strategy that is likely to reduce health disparities

Social Determinants of Health: Conditions in the social, economic, and physical environments that affect health and quality of life.

Public Health System, Prevention & Health Behaviors: The public health system is comprised of governmental agencies and non-governmental organizations working to promote health and prevent disease and injury within entire communities or population groups. Prevention addresses health problems before they begin. Health behaviors are actions people take to keep themselves healthy, or actions people take that may harm their health or the health of others. These behaviors are influenced by family, community and broader social, economic and physical environment.

Healthcare System & Access: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

SCPH has also aligned with some of the strategies identified in the SHIP. These strategies are evidenced-based and deemed as “best practice” through a thorough, systematic review of available research.

This icon denotes alignment with the Ohio SHIP

Priority Selection

State of the County's Health - December 2016

Results of the 2016 Community Health Assessment were presented to the public during the annual State of the County's Health address held in December 2016. During this meeting, community members were asked, via a survey, which public health issues facing Summit County they believed were most critical to address. The following table shows the results of this survey.

*Note: Issues with an asterisk were determined to be "cross-cutting factors" which broadly affect the health and well-being of the entire population. These were excluded from consideration as priorities due to their wide scope. However, SCCHI and the Summit County community are committed to addressing these larger social and economic issues on an ongoing basis.

Priority Areas of Concern	Percent
Mental Health & Addiction	25.15%
Social Determinants*	17.54%
Maternal & Child Health	11.11%
Healthcare System & Access (including access for special populations)*	8.77%
Equity*	8.19%
Elderly / Aging Population	7.60%
Public Health System, Prevention & Health Behaviors*	7.60%
Chronic Disease	5.85%
Child / Adolescent Health	4.68%
Communicable Disease	2.92%
Environmental Health	0.58%

SCCHI utilized the results of this community feedback, supporting epidemiological data, and consideration of state and regional priorities to inform the selection of the five priority areas. The final five priorities were vetted and selected by SCCHI during the January 2017 meeting where the SHIP's model was also adopted.

Strengths, Weaknesses, Opportunities & Threats (SWOT)

SWOT analyses were conducted in each of the priority areas to identify common themes among priority areas, as well as challenges needing to be addressed through thoughtful community health improvement planning.

Goals & Strategies

Goals and strategies were compiled, reviewed and agreed upon by SCCHI during the first half of 2017. SWOT analyses were completed for each priority area and where applicable, goal and strategy development took place within community coalitions that already existed for the purpose of reducing duplication.

Adolescent Health The community's greatest asset in determining the needs of adolescents is the Youth Risk Behavior Survey (YRBS), first completed in 2013, and set to be repeated in 2018. This survey has provided valuable insight into the types of risk and protective factors that are prevalent among Summit County youth. Strategies implemented based on the first iteration of the YRBS will be evaluated for effectiveness, and where necessary, changed based on needs. Currently, there are a wide variety of programs and services for this population but it is recognized that coordination of these activities is lacking. SCCHI will utilize the YRBS to determine the best next steps in determining programmatic needs for adolescents. In the meantime, the goal will be to improve upon strategies that are evidence-based and proven to make a difference.

Aging Population goals and strategies were determined by the Senior Independent Living Coalition which has existed to coordinate responses to the needs of older adults for over a decade. This work built upon a series of stakeholder meetings hosted by the Akron Community Foundation to identify priorities and opportunities to address this growing population.

Chronic Disease SCPH has a Chronic Disease Prevention Unit that works to implement Policy, Systems and Environmental (PSE) changes at the community level to prevent the onset of chronic conditions. Many strategies in the CHIP are developed and implemented by this unit in conjunction with community partners.

Maternal and Infant Health strategies and goals were determined by the OEI –Better Birth Outcomes group which had already mobilized around infant mortality initiatives. A coordination meeting took place in April 2017 where community partners were asked to submit workplans detailing their programs and initiatives aimed at addressing Summit County's infant mortality rate. SCPH compiled these workplans in order to determine what types of services existed, common measures, and potential gaps.

Mental Health and Addiction strategies are coordinated through the Alcohol Drug Addiction and Mental Health Services Board and related subsidiaries, Opiate Task Force and the Suicide Prevention Coalition, both of which have strategic plans in existence.

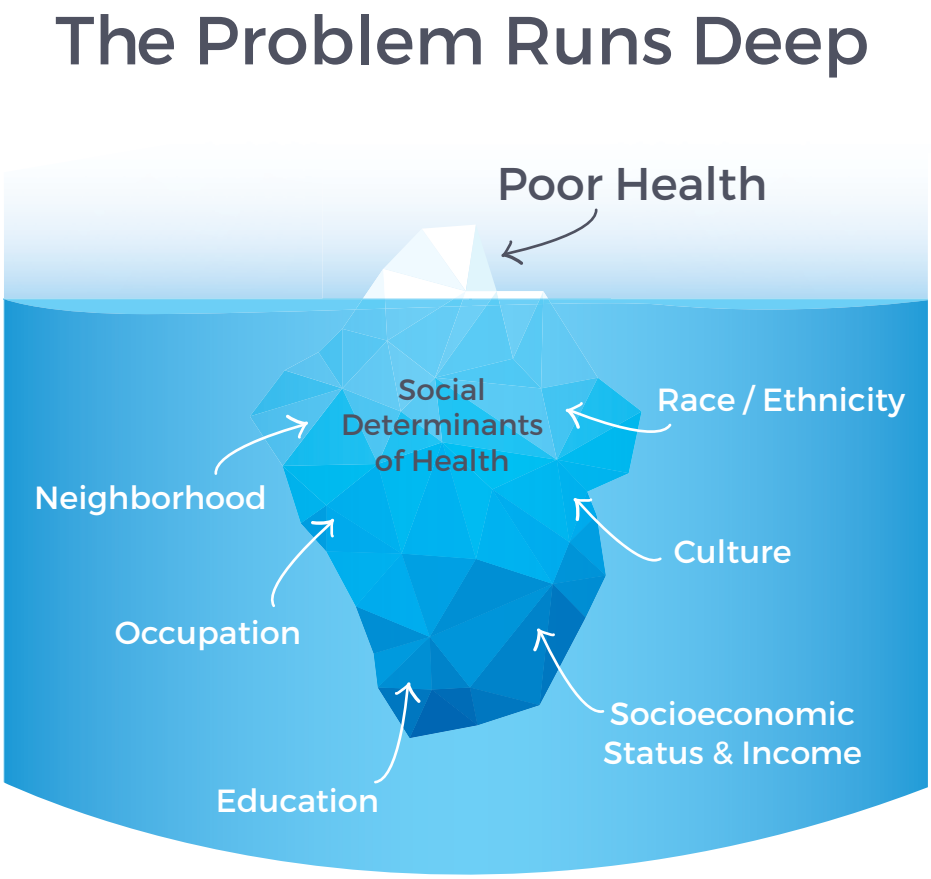
CHIP 2020 Targets CHIP targets were adopted, where applicable, from current targets for community health improvement. Many targets are derived from Summit 2020 Priority Indicators and/or Healthy People 2020 goals and objectives. When a target was not previously determined, SCPH applied a goal of 10% improvement, based on the target-setting methodology seen across many national Healthy People 2020 objectives. Targets can be found in the Outcome Measures section of this document.

Next Steps The CHIP was designed to assist in coordinating action through community health improvement planning. With the completion of this plan, SCCHI enters the action phase of the MAPP process. This phase includes the planning, implementation, and evaluation of the action plans for each of the five identified priority areas. These action plans outline the activities, key partners, and evaluation measures for each priority issue.

Achieving improved health outcomes will take time as the community transitions from planning to coordinated action. SCCHI will formally evaluate the progress made toward goals each year and will release an annual update detailing progress. Throughout the year, however, SCCHI will monitor progress and update the plan as needed. SCCHI may need to reevaluate strategies based on changing resources and leverage assets to assure that goals are met. The action phase is an ongoing process that allows SCCHI to evaluate the effectiveness of its efforts and adjust its course as community health needs evolve.

A Broader Context: **The Social Determinants of Health**

Though this community health improvement plan outlines specific targeted interventions to address priority populations, the Summit County Coalition for Community Health Improvement recognizes that addressing broader socioeconomic factors will be critical to improving the health of the entire Summit County population. SCCHI has approached the CHIP planning process with this in mind, prioritizing strategies that foster healthful communities through policy, systems and environmental changes. These broad community-wide interventions help to provide increased access to opportunities to be healthy where we live, work and play.

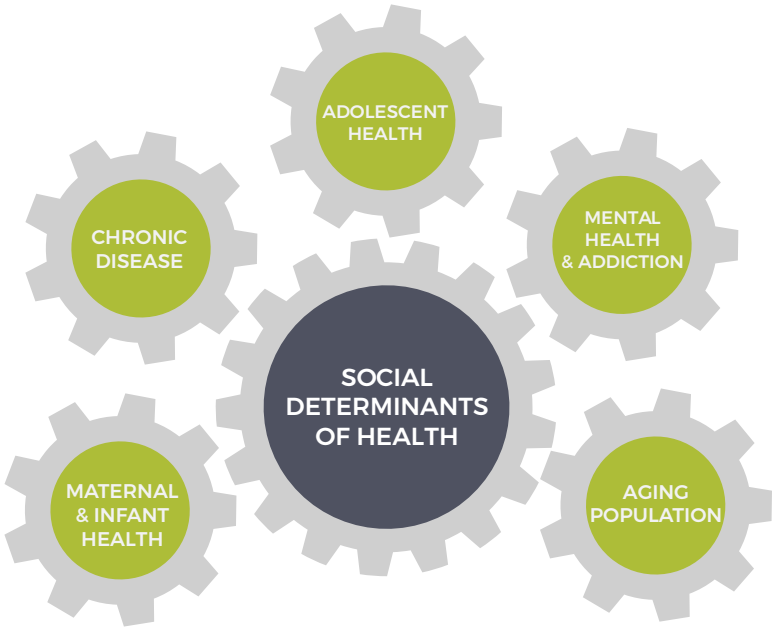


As previously noted, SCCHI has established five priorities in the CHIP: adolescent health, the aging population, chronic disease, maternal and infant health, and mental health and addiction. Though this focus on particular life stages or conditions has been established, Summit County is committed to pursuing additional cross-cutting strategies to promote health and health equity for all Summit County residents.

The survey of community members and community agency representatives conducted during the 2016 State of the County's Health address event showed strong community-wide support for the pursuit of interventions and strategies to address the social determinants of health. The social determinants of health, access to the healthcare system, health equity, and the overall public health system were all identified as primary areas of concern in our community. SCCHI and the Summit County community are committed to addressing these broad social and economic factors as we plan and coordinate interventions to improve health in Summit County.

A Broader Context: **The Social Determinants of Health**

The following is a list of strategies that SCCHI has identified as potential interventions addressing the broader social determinants of health that may contribute to poor health outcomes within Summit County. These strategies are meant to promote overarching policy, systems and environmental changes that will have a positive impact on all five priority issues and beyond.



These strategies are considered evidence-based best practices to promote public health. Though this list has been carefully compiled and is supported by research, it is not meant to be an exhaustive list. Summit County will continue to identify additional opportunities and will leverage new partnerships to pursue impactful strategies aimed at creating healthier, more equitable communities.

EVIDENCE-BASED BEST PRACTICES

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Increase access to quality healthcare		
Expand access to health services in youth and adolescent populations through expansion of school based health centers		
Improve access to comprehensive primary care through integration of medical home model		
Expand health insurance outreach and enrollment for individuals who are not covered by an employer		
Identify strategies to ensure safety net services continue to be accessible to the Medicaid expansion population regardless of changes in healthcare legislation		

Work to ensure affordable, quality housing is available for all Summit County residents		
Provide opportunities for low-income residents to become homeowners through low income housing tax credits		
Provide eligible low- and very low-income families with assistance in covering the cost of rental housing through subsidies and vouchers		

Work to ensure affordable, quality housing is available for all Summit County residents		
Offer home improvement loans and grants including lead abatement, rehabilitation		
Enhance service-enriched housing to improve physical and behavioral health outcomes		
Provide financial and housing education and counseling to prevent foreclosures among Summit County homeowners		

Provide early childhood supports		
Increase access to child care subsidies among low-income families to assist with obtaining and maintaining gainful employment		
Expand early childhood home visiting programs to provide parents with information, support and training regarding child health, development and care		
Increase the number of preschools and licensed childcare providers in Summit County rated three stars or higher by Step Up To Quality		

Increase educational attainment		
Increase high school graduation rates		
Increase the number of children rating advanced or accelerated on 3rd grade reading proficiency test		
Increase kindergarten readiness		

Employment, Income & Poverty		
Assist eligible families in obtaining earned income tax credits through programs that provide free tax filing assistance		
Employment programs such as vocational training for adults and transitional jobs; jobs and training for the reentry population		
Provide educational opportunities on financial empowerment such as credit and credit repair strategies, strategies to eliminate debt, developing wealth and assets and planning for retirement		
Advocate for policies that reduce predatory lending		

Local / Regional built environment changes to support active living and social connectedness		
Develop community scale urban design land use policies (such as Complete Streets) that include bike and pedestrian infrastructure		
Expand green spaces and parks through renovating or enhancing under-utilized recreation areas, or rehabilitating vacant lots, abandoned infrastructure or brownfields		
Ensure the health and equity impacts are considered when making policies regarding the built environment		

Smoke-free environments		
Expand smoke-free policies in public spaces such as schools, parks and worksites		

PRIORITY ISSUE:

Adolescent Health

Adolescent Health

Background

Adolescence is a unique developmental time in the lifespan of every individual. Many lifestyle behaviors that contribute to or reduce risk for chronic disease and disability in adulthood are developed in adolescence. There is also an evident need to address mental health and addiction early in adolescence to mitigate risk, bolster protective factors and to get people to resources and treatment sooner rather than later. High-need populations (aging out of foster care, those in juvenile justice system) face unique challenges requiring further intervention. According to the advocacy organization Children's Rights, "without family or any other dependable adults to rely on for assistance, these young people are at high risk of homelessness, joblessness, illness, incarceration, welfare dependency, early childbearing and sexual and physical victimization."

Statement of Need

According to the 2013 Youth Risk Behavior Survey, nearly one-fourth (23.2%) of high school students reported being given tobacco in the past 30 days. However, as with middle school students, significantly fewer say they actually smoked cigars or cigarettes (16.2% and 13.5%, respectively), or used smokeless tobacco (7.6%). The YRBS also indicated that 28.9% of high school students reported using marijuana before the age of 18 and 15.6% reported using prescription pain relievers without a prescription.

A total of 42.0% of high school students report having ever had sexual intercourse. Nearly one-third (30.7%) are currently sexually active. The percent saying they have ever had sexual intercourse is very low in 7th and 8th grades (2.3% and 2.6%, respectively) but rises to more than one-in-five by 9th grade. The percent saying they have ever had sexual intercourse rises grade by grade until it reaches more than 61% in 12th grade. One-in-five high school students (20.5%) who say they are sexually active also say that they used alcohol or drugs before their most recent sexual intercourse.

Just over 15% of high school students say they have carried a weapon during the past 30 days. Males were three times more likely to carry a weapon than females (22.9% and 7.5%, respectively). Nearly 13% of high school students report being forced into a sexual act at some point in their lifetime. Just over 8% say they have been the victim of dating violence. One-fifth of high school students (20.6%) say they have been bullied on school property during the past 12 months. One-in-six (16.0%) have been bullied away from school property, while a similar proportion (17.1%) report being electronically bullied. As with middle school school students, weight was the most frequent reason for being bullied mentioned by high school students (33.2%). Unlike middle school, however, the percentage of high school students who were bullied because of their gender, race or ethnicity, sexual orientation, or religion were much higher (7.4%, 16.4%. 10.5%, and 11.5%, respectively).

Nearly one-in-six middle and high school students (15.4% and 14.2%, respectively) say they have suffered a blow to the head that produced significant symptoms such as headaches, blurred vision, or vomiting. Nearly 12% of high school students rarely or never wear a seatbelt.

A higher percentage (17.9%) rode with a driver who had been drinking alcohol during the past 30 days. In addition, 9.3% of high school students who had driven a vehicle during the 30 days before the survey say they drove when drinking alcohol. More than two-thirds of high school students who had driven a vehicle during the 30 days before the survey (37.3%) said they texted or emailed while driving.

Nearly 13% of high school students were considered obese, while an additional 16% were overweight. As with middle school, the percentage of high school students who described themselves as slightly or very overweight was comparable to the percentages of those who actually were (30.5% described themselves as slightly or very overweight vs. a combined 29% who were overweight or obese).

ADOLESCENT HEALTH **OVERALL AIM**
Ensure all adolescents reach optimal health and wellness for the successful progression to adulthood

Adolescent Health Goal 1 Reduce rates of substance use and abuse			
Current Strategies	**Lead Partner(s)**		
1.1 Advocate for passage of T21 policy initiative	SCPH, Community Legal Aid		
1.2 Provide evidence-based curriculum Say it Straight to Summit County youth and young adults	SCPH, CANAPI, Catholic Charities, Akron UMADAOP, International Institute		
1.3 Train educators in the PAX Good Behavior Game to promote self-regulation in elementary school students that result in positive academic and behavioral health outcomes	ADM		
Opportunities for Expansion / Enhancement			
Provide school-aged youth with caring supportive adults as an additional resiliency building resource through mentoring programs			
Provide the opportunity for peer to peer education, skill-building and positive socialization or youth			
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors			
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)			

Adolescent Health Goal 2 Reduce risky sexual behaviors			
Current Strategies	**Lead Partner(s)**		
2.1 Provide evidence-based program curriculum Say it Straight to youth and young adults 13-24	SCPH, CANAPI, Catholic Charities, Akron UMADAOP, International Institute		
2.2 Provide evidence-based program curriculum Reducing the Risk to foster care and juvenile justice systems (high risk youth)	SCPH, Juvenile Court, Summit County Children's Services		
2.3 Increase awareness of full-range efficacy-based contraceptive options including LARC	SCPH, Akron Children's Hospital, Cleveland Clinic Akron General		
Opportunities for Expansion / Enhancement			
Provide school-aged youth with caring supportive adults as an additional resiliency building resource through mentoring programs			
Provide the opportunity for peer-to-peer education, skill-building and positive socialization or youth			
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors			
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)			

Adolescent Health Goal 3 Reduce youth violence (including self-inflicted)			
Current Strategies	**Lead Partner(s)**		
3.1 Provide evidence based program curriculum Say it Straight to youth and young adults 13-24	SCPH, CANAPI, Catholic Charities, Akron UMADAOP, International Institute		
3.2 Develop a strategic plan to reduce youth violence in identified high-risk zip codes	City of Akron, Project Ujima		
3.3 Develop capacity to address youth violence through partnership with American Institute of Research Youth Violence Prevention Technical Assistance grant	SCPH		

Adolescent Health Goal 3 Reduce youth violence (including self-inflicted)		
Opportunities for Expansion / Enhancement		
Provide the opportunity for peer-to-peer education, skill-building and positive socialization for youth		
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors		
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)		

Adolescent Health Goal 4 Reduce unintentional injuries			
Current Strategies	**Lead Partner(s)**		
4.1 Safe Kids Coalition: Identify and recruit members/member organizations that represent underserved sectors of the community	Akron Children's Hospital		
4.2 Safe Kids Coalition: Annually, implement at least one population-specific, culturally appropriate program to address high risk areas	Akron Children's Hospital		
4.3 Safe Kids Coalition: Implement the Return to Learn program in one school	Akron Children's Hospital		

Adolescent Health Goal 5 Reduce the proportion of adolescents who are overweight or obese			
Current Strategies	**Lead Partner(s)**		
5.1 Develop Akron Active Transportation Master Plan including bike and pedestrian infrastructure	City of Akron		
5.2 Educate Summit County communities about Complete Streets concepts within the broader framework of Health in All Policies	Various county jurisdictions		
5.3 Participate in Safe Routes to School Travel Plan development in funded Summit County communities	Various county jurisdictions		
5.4 Work with corner stores in identified food deserts to offer healthy produce at competitive prices	SCPH		
5.5 Increase the number of healthy checkout lanes in grocery stores	SCPH		
5.6 Increase the number of food pantries in Summit County that use the client choice model of food distribution	Akron Canton Regional Foodbank		

Adolescent Health Goal 5 Reduce the proportion of adolescents who are overweight or obese		
Opportunities for Expansion / Enhancement		
Apply for Safe Routes to School funding in additional Summit County communities		
Structure recess breaks to include inclusive physical activity opportunities		
Adopt policies that identify minimum amounts of recess		
Incorporate physical activity breaks into classroom settings		
Enhance school based physical education and extracurricular activities for physical activity		
Expand and enhance school-based nutrition programs offering affordable, healthy food items to students		
Expand farm-to-school and community gardening programs at schools within Summit County		

PRIORITY ISSUE:

Aging Population

Aging Population

Background

It is estimated that there are 10,000 older adults who turn 65 every day in in the United States, a trend that is expected to continue for the next 13 years (Pew Research Center, 2010). There are several implications for a growing population of older adults as identified by the Akron Community Foundation's 2015 Creating Measurable Community Impact report. First and foremost, capacity among service providers will be required to grow in order to address the needs of this population in order to avoid waiting lists. Consequently, the demand for caregivers and transportation will increase. Secondly, there will be older employees in the workforce and a growing number of retirees. Lastly, a growing older adult population will impact tax collections as income taxes, expenditures and property taxes decline as people age.

Statement of Need

The founding leaders of the Senior Independent Living Coalition envisioned the Coalition's role to be one of optimizing the self-sufficiency and independence of all older adults, with an emphasis on alleviating the impact of poverty, reducing the incidence of elder abuse and neglect, and maintaining senior health. In 2016, 9.7 residents age 60 or over were the victims of elder abuse, neglect or exploitation per 1,000 persons age 60 and over. Seniors who are abused, neglected or exploited suffer great physical and emotional harm, leaving them at greater risk for premature death, depression, anxiety, post-traumatic stress disorder, and other psychological problems. Seniors are also at an increased risk to experience a fall which directly impacts one's ability to live independently and remain in the community. In 2016, 59.7% of all emergency room visits for people age 65 and older were classified as a fall-related injury. Furthermore, falls are the second biggest cause of accidental death; of the 599 deaths due to accidental falls in 2006 and 2015, 85% were by people over age 65. Managing the healthcare of vulnerable population is complex and costly especially for those with a fixed income. Only about 8% of seniors are currently in poverty. While the senior poverty rate is low, the number of seniors living near poverty is not. According to the Kaiser Family Foundation, half of all people on Medicare were living on less than $23,500 per year in 2013. Racial disparities also impact senior poverty. According to Kaiser, "the official poverty rate in 2013 was nearly three times larger among Hispanic adults than among white adults ages 65 and older (20% versus 7%) and two and half times larger among black adults ages 65 and older (18%).

AGING POPULATION **OVERALL AIM**
Optimize the self-sufficiency and independence of all older adults, with an emphasis on alleviating the impact of poverty, reducing the incidence of elder abuse and neglect, and maintaining senior health

Aging Population Goal 1
Reduce the incidence of elder abuse, neglect, self-neglect and financial exploitation

Current Strategies	Lead Partner(s)		
1.1 Increase education and awareness and reporting on elder abuse, neglect, self-neglect and financial exploitation for social service providers and mandatory reporters	SILC		
1.2 Improve tracking and data collection within the system of service providers	SILC		
1.3 Increase the criminal investigation and prosecution of those who abuse, neglect and exploit elders in Summit County	SILC		
Opportunities for Expansion / Enhancement			
Develop elder abuse screening tool to be utilized in primary care and social service settings			

Aging Population Goal 2
Reduce unintentional injuries

Current Strategies	Lead Partner(s)		
2.1 Create SILC subcommittee to serve as Fall Prevention Coalition	SILC		
2.2 Develop strategic plan to address safety issues for older adults to prevent unintentional injuries	SILC		
Opportunities for Expansion / Enhancement			
Increase the number of older adults who are physically active through community wide physical activity campaigns			

Aging Population Goal 3
Improve coordination of programs and services for older adults

Current Strategies	Lead Partner(s)		
3.1 Develop a centralized intake process for older adult programs and services	Direction Home		
3.2 Maintain and grow network of service providers to share best practices, resources and ideas via SILC meetings	SILC		
Opportunities for Expansion / Enhancement			
Develop key awareness messages related to issues facing older adults in Summit County			

Aging Population Goal 4 Improve access to healthy foods			
Current Strategies	**Lead Partner(s)**		
4.1 Expand enrollment into the Senior SNAP program	Summit County Department of Job and Family Services		
4.2 Work with corner stores in identified food deserts to offer healthy produce at competitive prices	SCPH		
4.3 Implement healthy checkout lanes in grocery stores	SCPH		
4.4 Increase the number of food pantries in Summit County that use client choice model of food distribution	Akron Canton Regional Foodbank		
Opportunities for Expansion / Enhancement			
Increase the number of community gardens in senior residential facilities			
Increase access to affordable, health food retail options			
Increase number of farmers' markets that accept SNAP / EBT payment options			
Expand EBT programs which incentivize the purchase of healthy food items			

Aging Population Goal 5 Normalize advanced care planning			
Current Strategies	**Lead Partner(s)**		
5.1 Increase awareness of the need for ACP discussions and the number of people who discuss medical treatment wishes and decision making with their loved ones, designate a DPA-HC, and/or complete advance directives	Summit County Probate Court, SCPH		
5.2 Monitor state and federal legislative changes and court rulings that may affect advance care planning and decision-making	Summit County Probate Court, SCPH		
Opportunities for Expansion / Enhancement			
Increase the number of advanced care planning events where assistance is available to complete advanced directives			
Encourage employers to integrate advanced care planning into regular employee education			

PRIORITY ISSUE:

Chronic Disease

Chronic Disease

Background

Chronic diseases and conditions such as heart disease, stroke and diabetes, are among the most common, costly and preventable of all health problems. Chronic conditions are overwhelmingly caused by health risk factors such as obesity and smoking. Policy, systems and environmental strategies, as well as addressing the social determinants of health can make a large impact on risk factors, and the ultimate progression to chronic disease.

Statement of Need

In Summit County, approximately 26% of the population is obese. Ohio adults who are obese have a 2.5 times higher estimated prevalence of heart disease and a 4.9 times higher estimated prevalence of diabetes than adults who are a normal weight. Addressing obesity happens at both the individual and community level. Physical activity and access to healthy food can directly impact chronic disease risk factors and prevalence.

In Summit County, the percent of adults who are 20 years of age and older who reported no leisure-time physical activity was approximately 24%. Although 91% of Summit County residents reported to be living reasonably close to a location for physical activity such as parks or recreational centers, access can be hindered by cost or other environmental factors. Low income communities have been found to have poorly maintained sidewalk and street infrastructure, high rates of crime and increased dangers for traffic.

Access to healthy foods is an essential factor in decreasing chronic disease rates. Poor nutrition is a major risk factor for many chronic conditions. In Summit County, about 12% of the population lives in a food desert. Food deserts consist of areas where fresh vegetables, fruits and other healthy foods are sparse due to lack of farmers markets, grocery stores and other retail establishments that can provide these foods to residents. Almost a third of the residents have to drive more than 10 minutes to get to a store that sells groceries. The breakdown of retail food establishments consists of a large percentage of gas stations/ convenience stores, followed by grocery stores, specialty stores and warehouses. Additionally, over half (55%) of the restaurants in Summit County are classified as fast food. This equates to a large percentage of Summit County residents who are unable to access healthy, adequate foods whether it be from stores or restaurants.

CHRONIC DISEASE **OVERALL AIM**
Reduce chronic disease burden among Summit County residents

Chronic Disease Goal 1 Reduce the prevalence of tobacco use			
Current Strategies	**Lead Partner(s)**		
1.1 Pass T21 Legislation to increase the sale age of tobacco items to 21	SCPH, Community Legal Aid		
1.2 Expand access to evidence-based tobacco cessation treatments (Baby & Me Tobacco Free)	SCPH		
1.3 Implement smoke-free policies in multi-unit housing complexes	AMHA		
1.4 Work with communities to pass smoke-free places legislation (e.g. parks)	SCPH		
1.5 Conduct education and awareness campaign with Summit County youth (STAND)	SCPH		
Opportunities for Expansion / Enhancement			
Increase the sale price of tobacco products			
Continue to monitor the public health research consensus on the health impact of electronic cigarettes and vaping devices			

Chronic Disease Goal 2 Increase physical activity opportunities			
Current Strategies	**Lead Partner(s)**		
2.1 Develop Akron Active Transportation Master Plan including bike and pedestrian infrastructure	City of Akron		
2.2 Educate Summit County communities about Complete Streets concepts within the broader framework of Health in All Policies	Various county jurisdictions		
2.3 Identify Summit County worksites to participate in the adoption of active commute supports	SCPH		
2.4 Participate in Safe Routes to School Travel Plan development in funded Summit County communities	Various county jurisdictions		
Opportunities for Expansion / Enhancement			
Apply for Safe Routes to School funding in additional Summit County communities			
Structure recess breaks to include inclusive physical activity opportunities			
Adopt policies that identify minimum amounts of recess			
Incorporate physical activity breaks into classroom settings			
Enhance school based physical education and extracurricular activities for physical activity			

Chronic Disease Goal 2 Increase physical activity opportunities		
Opportunities for Expansion / Enhancement		
Implement shared/joint use agreements to allow community access to opportunities for physical activity		
Expand activity programs for older adults		
Develop free community fitness programs and community-wide physical activity campaigns		
Recruit additional stakeholders to the Akron Active Transportation Planning committee		
Support the passage of Complete Street Policies in additional Summit County jurisdictions		

Chronic Disease Goal 3 Increase access to healthy foods			
Current Strategies	**Lead Partner(s)**		
3.1 Work with corner stores in identified food deserts to offer healthy produce at competitive prices	SCPH		
3.2 Increase the utilization of WIC benefits among recipients	Summit County WIC		
3.3 Implement Healthy Checkout Lanes in grocery stores	SCPH		
3.4 Increase the number of food pantries in Summit County that use the client choice model of food distribution	Akron Canton Regional Foodbank		
Opportunities for Expansion / Enhancement			
Expand and enhance school based nutrition programs offering affordable, healthy food items to students			
Expand farm-to-school and community gardening programs at schools within Summit County			
Increase number of farmers' markets that accept SNAP / EBT payment options			
Expand EBT programs which incentivize the purchase of healthy food items			

Chronic Disease Goal 4 Increase access to healthy foods			
Current Strategies	**Lead Partner(s)**		
4.1 Increase prediabetes screening and DPP referrals by health care providers	YMCA		
4.2 Expand provider training opportunities to promote enhanced hypertension screening and management protocols	SCPH		
Opportunities for Expansion / Enhancement			
Increase prediabetes screening and referral			
Encourage providers to use a standardized prediabetes risk assessment for enhanced prediabetes screening, identification and referral			
Promote hypertension screening and follow up			
Improved access and adherence to antihypertensive medications using Medication Therapy Management (MTM) by pharmacists			
Incorporate chronic disease management into team-based care coordination (Pathways HUB, Community Health Workers)			
Encourage providers to promote increased patient use of community-based nutrition and physical activity resources			

Chronic Disease Goal 5 Reduce the burden of pediatric asthma through community-level interventions			
Current Strategies	**Lead Partner(s)**		
5.1 Offer smoking cessation education and resources for patients and families	Akron Children's Hospital, SCPH		
5.2 Ameliorate substandard housing to reduce environmental risks	SCPH, AMHA, County of Summit		
5.3 Use Medical Legal Partnership as appropriate for landlord-tenant issues	Akron Children's Hospital, Summa Health System Community Legal Aid		
5.4 Improve medication management and compliance through education, care coordination, home health and technology	Akron Children's Hospital		
Opportunities for Expansion / Enhancement			
Improve and standardize screening protocols to identify patients with asthma			
Leverage school health strategies for identification of unidentified and poorly controlled asthmatics			

PRIORITY ISSUE:

Maternal & Infant Health

Background

Infant mortality is defined as the death of a child before their first birthday. The infant mortality rate (IMR) is calculated by dividing the number of infant deaths during a time period by the number of live births during that same time period. The leading causes of infant mortality in Summit County in the last ten years were prematurity, sleep-related death, congenital defects, and other causes (which include a variety of accidental, medical and undetermined causes). Safe sleep practices and prevention of premature births are important interventions in the efforts to reduce infant death in Summit County.

One promising method for reducing premature births is providing progesterone therapy to women with high-risk pregnancies. Between 2011 and 2016, almost 60% of high-risk pregnant women received progesterone therapy.

Statement of Need

Based on data from 2006 to 2015, the average infant mortality rate (IMR) in Summit County was 7.4 per 1,000 live births. This rate exceeds the Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births. Racial disparities in the infant mortality rate exist in Summit County. From 2006 to 2015, the IMR for whites was 5.7, and the black IMR was more than double that rate at 12.6. Over 40% of infant deaths were due to premature birth, and black women in Summit County are also disproportionately affected by early birth. This disparity can also be seen in the racial demographics of Summit County births and infant deaths. From 2006-2015, 21% of all Summit County infants were identified as black on the birth certificate, yet 37% of infant deaths were identified as black. In addition, infant mortality rates are highest in the areas of Summit County which have the highest proportions of black residents.

MATERNAL & INFANT HEALTH **OVERALL AIM**
Reduce infant mortality in Summit County

Maternal & Infant Health Goal 1 Reduce preterm birth rate			
Current Strategies	**Lead Partner(s)**		
1.1 Increase screening of high-risk pregnant women for progesterone treatment	Akron Children's Hospital, Cleveland Clinic Akron General, Summa Health		
1.2 Support healthy birth spacing by increasing awareness of the full range of efficacy-based contraceptive options including LARC	SCPH		
1.3 Expand access to Summit County home visiting programs to identify needs and improve pregnancy outcomes	AMHA, ASCA Inc., AxessPointe, Greenleaf Family Center, Summit County Board of DD		
Opportunities for Expansion / Enhancement			
Expand centering programs			
Train primary care and women's health providers to provide patient counseling on the full range of efficacy-based contraceptive options			
Provide preconception health interventions that provide information about the risks and benefits of behaviors that affect a woman's health before, during and after pregnancy			
Ensure LARC are available to all women regardless of cost			
Develop a universal screening tool for all pregnant women in Summit County			

Maternal & Infant Health Goal 2 Reduce sleep-related deaths			
Current Strategies	**Lead Partner(s)**		
2.1 Expand Cribs for Kids program through awareness and toolkits to address safe sleep habits for parents and babies	Akron Children's Hospital		
2.2 Utilize Summit County home visiting programs to educate parents on safe sleep practices	AMHA, ASCA Inc., AxessPointe, Greenleaf Family Center, Summit County Board of DD		
2.3 Expand outreach to faith-based community by providing standardized education on safe sleep practices to parish nurses	Minority Behavioral Health Group, Mount Calvary Baptist Church		

Maternal & Infant Health Goal 2 Reduce sleep-related deaths		
Opportunities for Expansion / Enhancement		
Educate older adults on safe sleep practices		
Expand access to pack-n-plays regardless of income levels so that every baby born in Summit County has a safe place to sleep		

Maternal & Infant Health Goal 3 Reduce the number of pregnant women who use alcohol, tobacco or other drugs			
Current Strategies	**Lead Partner(s)**		
3.1 Expand access to evidence-based tobacco cessation treatments (Baby & Me Tobacco Free/ Moms Quit for Two)	SCPH		
3.2 Implement smoke-free policies (T21, smoke-free multi-unit housing, smoke-free places)	AMHA, Community Legal Aid, SCPH		
3.3 Promote and expand Centering Pregnancy Programs for opiate-addicted mothers	Summa Women's Health		
Opportunities for Expansion / Enhancement			
Increase the number of residential treatment beds for pregnant women			
Remove barriers that impede access to covered cessation treatments such as cost sharing and prior authorization			
Promote increased utilization of covered treatment benefits by tobacco users			

Maternal & Infant Health Goal 4 Ensure early access into prenatal care			
Current Strategies	**Lead Partner(s)**		
4.1 Utilize Summit County home visiting programs to connect mothers and families to health insurance coverage	AMHA, ASCA Inc., AxessPointe, Greenleaf Family Center, Summit County Board of DD		
4.2 Ensure eligible clients are enrolled into Medicaid	Summit County Department of Job and Family Services		

Maternal & Infant Health Goal 5 Reduce maternal stress			
Current Strategies	**Lead Partner(s)**		
5.1 Raise awareness of institutional racism and implicit bias through expansion of Everyday Democracy framework and dialogue circles	Project Ujima		
5.2 Engage fathers through enrollment into Precious Cargo and Boot Camp for New Dads programs	Cleveland Clinic Akron General, FameFathers		
5.3 Expand access to birth and parenting programming including breastfeeding supports	Akron Children's Hospital, Cleveland Clinic Akron General, SCPH WIC, Summa Health		
5.4 Increase awareness and screening for postpartum depression	ADM, SCPH		
Opportunities for Expansion / Enhancement			
Expand centering programs that offer increase social support for pregnant women			

PRIORITY ISSUE:

Mental Health & Addiction

Mental Health & Addiction

Background

According to the World Health Organization, mental health is defined as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. It is estimated that only approximately 17% of US adults are considered to be in a state of optimal mental health. Furthermore, evidence is emerging that positive mental health is associated with a number of improved health outcomes. Inversely, mental disorders, especially depressive disorders, are strongly related to the occurrence of chronic diseases such as diabetes, cancer, cardiovascular disease, asthma and obesity.

The American Psychological Association defines addiction as a chronic disorder with biological, psychological, social and environmental factors influencing its development and maintenance. About half the risk for addiction is genetic. Genes affect the degree of reward that individuals experience when initially using a substance (e.g., drugs) or engaging in certain behaviors (e.g., gambling), as well as the way the body processes alcohol or other drugs. Heightened desire to re-experience use of the substance or behavior, potentially influenced by psychological (e.g., stress, history of trauma), social (e.g., family or friends' use of a substance), and environmental factors (e.g., accessibility of a substance, low cost) can lead to regular use/exposure, with chronic use/exposure leading to brain changes.

County of Summit ADM Board

The County of Summit ADM Board is responsible for planning, funding, monitoring, and evaluating treatment and prevention services for people who experience alcoholism, drug addiction and/or mental illness. The ADM Board does not provide any direct service, but contracts with local agencies to provide quality, affordable services for people in need who are uninsured, under-insured, or require services that may not be covered under existing healthcare plans. The ADM Board also actively invests in prevention and education activities in an effort to reduce the likelihood of or delay the onset of behavioral health problems (i.e. substance abuse, mental illness, suicide and problem gambling).

On an annual basis, the ADM Board funds services and supports for over 16,000 Summit County residents in need of treatment for mental health and substance abuse issues across the lifespan. The Board also funds prevention services to over 11,000 people with a high concentration on child and adolescent programs.

Statement of Need

There were 213 deaths due to drug overdose in 2015; there are 300 and counting for 2016. While the battle with the opiate/heroin epidemic in Summit County continues, data from 2012-2016 shows that alcohol was the top contributing drug for those entering the ADM system (44%), with opiates/heroin at 35% and marijuana at 21%. For youth receiving services in 2015, marijuana was the leading at 79%, with alcohol at 11% and opiates at 10%.
One in five adults experience a mental health issue in a given year (NAMI) and one in twenty-five adults in our country live with a serious mental illness, such as schizophrenia, bipolar

disorder, or major depression (Mentalhealth.gov). These numbers equate to over 100,000 and over 21,000 Summit County respectively. In 2015, Depressive Disorder was the most common disorder for females and the third most common for males in the ADM system. The ADM Board continues to collaborate with business, faith, grassroots, government, those with lived experience, and others to address the needs of the community.

MENTAL HEALTH & ADDICTION **OVERALL AIM**
Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Summit County residents

Mental Health & Addiction Goal 1 Reduce overdose deaths			
Current Strategies	**Lead Partner(s)**		
1.1 Increase access to detoxification services	ADM/Oriana House		
1.2 Increase access to addiction residential treatment beds	ADM/IBH Recovery Center		
1.3 Decrease delay in accessing assessment services through the ADM Addiction Hotline	ADM, ASCA, Inc.		
1.4 Increase the number of law enforcement agencies in Summit County carrying Narcan	SC Opiate Task Force		
1.5 Decrease the doses of opioids dispensed per capita in Summit County through medical and clinical education	ADM/Oriana House/NEOMED		
1.6 Decrease access to unused prescription medications via Drug Take Back Days, DUMP sites and the Deterra Project	SCCP, SCPH		
1.7 Increase the number of communities deploying Quick Response Teams post-overdose for follow-up and referral	ADM, Oriana House, SCPH, Community Health Center, Local First Responders		
1.8 Through Project DAWN, provide free office- and community-based access to the overdose reversal drug Naloxone	ADM, SCPH, ESR		
1.9 Expand the needle exchange program	SCPH		
1.10 Facilitate community education, collaboration and coordination of services through the Summit County Opiate Task Force	ADM		
1.11 Promote the Gloves Up Awareness Campaign to increase awareness of the new addiction help line	ADM		
1.12 Increase use and access to Medication Assisted Treatment	ADM		

Mental Health & Addiction Goal 1 Reduce overdose deaths		
Opportunities for Expansion / Enhancement		
Expand service enriched housing for people with behavioral health conditions		
Integrate behavioral health services into school-based health centers		
Develop universal prevention programs to promote mental wellbeing and addiction prevention through Multi-tiered Systems of Support (MTSS)		
Expand mentoring programs		
Provide the opportunity for peer-to-peer education, skill building, and positive socialization for youth		
Provide programming in school setting aimed at increasing academic performance and preventing risky behaviors		
Expand out-of-school time programming that supports positive activities for youth during high risk times such as after school and during school breaks		
Expand school-based violence prevention programs		

Mental Health & Addiction Goal 2 Reduce suicide deaths			
Current Strategies	**Lead Partner(s)**		
2.1 Improve care and outcomes for individuals at risk of suicide in health care systems through the Zero Suicide Initiative	ADM		
2.2 Expand access through the promotion of the Crisis Text Line	ADM		
2.3 Facilitate coordination of local resources, increase awareness of suicide as a public health problem, and educate the community to recognize suicide risk factors through the Suicide Prevention Coalition (SPC)	Suicide Prevention Coalition (SPC)		
2.4 Promote Man Therapy Campaign	ADM		
2.5 Provide Collaborative Assessment & Management of Suicidality (CAMS) training for clinicians	ADM		
2.6 Provide Assessing and Managing Suicide Risk (AMSR) Training for behavioral health professionals	ADM		
Opportunities for Expansion / Enhancement			
Increase screening for clinical depression for all patients 12 and over using a standardized screening tool			

Mental Health & Addiction Goal 2 Reduce suicide deaths		
Opportunities for Expansion / Enhancement		
Increase screening for suicide for patients 12 and over using a standardized screening tool		
Integrate information about depression and suicide screening and treatment into primary care curriculum		
Educate primary care providers on depression/suicide screening tools and evidence-based treatments such as cognitive behavioral therapy		
Educate providers on trauma-informed care concepts through increased opportunities for training and adoption of a universal screening tool		
Develop universal school-based suicide awareness and education programs		

Mental Health & Addiction Goal 3 Prevent or delay the onset of substance use or mental illness / increase the perception of risk of substance use and other risky behaviors			
Current Strategies	**Lead Partner(s)**		
3.1 Train educators in the PAX Good Behavior Game to promote self-regulation in elementary school students that result in positive academic and behavioral health outcomes	ADM		
3.2 Provide school-aged youth with caring supportive adults as an additional resiliency-building resource through mentoring programs	ADM, ICARE Mentoring, United Way		
Opportunities for Expansion / Enhancement			
Expand mentoring programs			
Provide the opportunity for peer-to-peer education, skill-building and positive socialization through youth-led prevention			
Provide programming in school setting aimed at increasing academic performance and preventing risky behaviors			
Expand out-of-school time programming that supports positive activities for youth during high risk times, such as after school and during school breaks			
Expand school-based violence prevention programs			

Mental Health & Addiction Goal 4 Reduce stigma and increase awareness of mental health and substance use disorders			
Current Strategies	**Lead Partner(s)**		
4.1 Promote the Change Direction Campaign to change the culture of mental health in Summit County	ADM		
4.2 Enhance community awareness of the opiate epidemic and provide education about addiction in general by providing local resources and a venue for problem solving and collaboration	Summit County Opiate Task Force		
4.3 Promote the Gloves Up Campaign to increase awareness of the new addiction help line	ADM		
4.4 Increase awareness of postpartum depression through Maternal Depression Network	ADM, SCPH		

Mental Health & Addiction Goal 5 Increase system training in evidence based practices which subsequently improve behavioral health outcomes			
Current Strategies	**Lead Partner(s)**		
5.1 Provide Cognitive Behavioral Therapy (CBT) Training for clinical and clinical supervisory staff	ADM		
5.2 Provide Community Reinforcement and Family Training (CRAFT) to help family members and paraprofessionals deal more effectively with loved-ones with addiction	ADM		
5.3 Provide Crisis Intervention Team (CIT) training for law enforcement and fire department first responders.	ADM		
5.4 Provide Collaborative Assessment & Management of Suicidality (CAMS) training for clinicians	ADM		
Opportunities for Expansion / Enhancement			
Expand membership of the Summit County Trauma Informed Care (TIC) Coalition			

OUTCOME MEASURES

Adolescent Health

AIM: Ensure all adolescents reach optimal health and wellness for the successful progression into adulthood

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
1. Reduce rates of substance use and abuse	1.1 Advocate for passage of T21 policy initiative 1.2 Provide evidence-based program curriculum Say it Straight to Summit County youth and young adults 1.3 Train educators in the PAX Good Behavior Game to promote self-regulation in elementary school students that result in positive academic and behavioral health outcomes	Youth smoking MS - (current user)	4.2%	-	10% Reduction	YRBS 2013
		Youth smoking HS - (current user)	13.5%	16.0%	10% Reduction	YRBS 2013
		Youth alcohol use MS - (last 30 days)	10.8%	-	10% Reduction	YRBS 2013
		Youth alcohol use HS - (last 30 days)	30.3%	16.6%	16.6%	YRBS 2013
		Alcohol or marijuana use HS - (last 30 days)	36.4%	16.6%	16.6%	YRBS 2013
2. Reduce risky sexual behaviors	2.1 Provide evidence-based program curriculum Say it Straight to Summit County youth and young adults 2.2 Provide evidence-based program curriculum Reducing the Risk to foster care and juvenile justice system (high-risk youth) 2.3 Increase awareness of the full-range of efficacy-based contraceptive options including LARC	Condom use MS	16.7%	-	10% Increase	YRBS 2013
		Condom use most of the time, always during last 3 months -HS	58.2%	10% improvement	10% Increase	YRBS 2013
		Had first sexual encounter before age 13 HS	6.8%	-	10% Reduction	YRBS 2013
		Never had sexual intercourse	58.0%	Increase the proportion of adolescents age 17 and under who have never had sexual intercourse	10% Increase	YRBS 2013
		Been pregnant or gotten someone pregnant HS	4.2%	-	10% Reduction	YRBS 2013
		Teen birth rate	9.1 per 1,000	Reduce pregnancies among adolescent females 15 to 17	10% Reduction	ODH, 2015

Adolescent Health

AIM: Ensure all adolescents reach optimal health and wellness for the successful progression into adulthood

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
3. Reduce youth violence (including self-inflicted)	3.1 Provide evidence-based program curriculum Say it Straight to Summit County youth and young adults 3.2 Develop a strategic plan to reduce youth violence in identified high-risk zip codes 3.3 Develop capacity to reduce youth violence through partnership with the American Institute of Research Youth Violence Prevention Technical Assistance grant	Engaged in physical fighting HS - (past 12 months)	25.5%	28.4%	10% Reduction	YRBS 2013
		Victim of dating violence HS - (past 12 months, all students)	8.4%	TBD	10% Reduction	YRBS 2013
		Bullied in past 12 months (electronic, on or off school property)	29.6%	17.9%	17.9%	YRBS 2013
		Carried weapon in past 30 days (gun, knife or club)	15.3%	4.6%	4.60%	YRBS 2013
		Engaged in intentional self-harm HS - (past 12 months)	19.0%	112.4 injuries per 100,000	10% Reduction	YRBS 2013
4. Reduce unintentional injuries	4.1 Safe Kids Coaltion: Identify and recruit members/member organizations that represent underserved sectors of the community 4.2 Safe Kids Coalition: Annually, implement at least one population-specific, culturally appropriate program to address high risk areas 4.3 Safe Kids Coalition: Implement the Return to Learn program in one school	Suffered a blow or jolt to the head	14.20%	-	10% Reduction	YRBS 2013
5. Reduce the proportion of adolescents who are overwieght or obese	See Chronic Disease Goals & Strategies 1-3	Obese - HS	12.90%	16.10%	10% Reduction	YRBS 2013
		Overweight -HS	16.30%	-	10% Reduction	YRBS 2013

Aging Population

AIM: Optimize the self-sufficiency and independence of all older adults, with an emphasis on alleviating the impact of poverty, reducing the incidence of elder abuse and neglect, and maintaining senior health.

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
1. Reduce elder abuse, neglect and exploitation	1.1 Increase education awareness and reporting on elder abuse, neglect and financial exploitation for home health workers, meal providers and other social service providers working with older adults 1.2 Improve tracking and data collection within the system of service providers 1.3 Increase the criminal investigation and prosecution of those who abuse neglect and exploit elders in Summit County	Rate of elder abuse, neglect and exploitation	9.7 per 1,000	-	6.0 per 1,000	SCPH APS, 2016
2. Reduce unintentional injuries	2.1 Create SILC subcommittee to serve as Fall Prevention Coalition 2.2Develop strategic plan to address safety issues for older adults to prevent unintentional injuries	Falls among senior citizens leading to death	39 per 100,000	47.0 per 100,000	10% Reduction	ODH,2 015
		ER visit rate resulting from falls among senior citizens	66.4 per 100,000	-	10% Reduction	SCPH, 2015
3. Improve coordination of programs and services for older adults	3.1 Develop a centralized intake process for older adult programs and services 3.2 Maintain and grow network of service providers to share best practices, resources and ideas via SILC meetings	Development of centralized intake hub for older adults	0	-	1	Direction Home/ G6
		Completion of CNA for Older Adults	0	-	1	Direction Home/SILC
		Development of outreach & education campaigns targeted at senior needs	0	-	TBD	Direction Home
4. Improve access to healthy foods	4.1 Increase enrollment in the Senior SNAP program for older adults 60+ See Chronic Disease Goal 3, Strategies 3.1, 3.3, 3.4	Number enrolled in the senior SNAP program	TBD	-	10% Increase	DJFS, 2017
		Percent of population living in food desert	11.9%	-	10% Reduction	SCPH/US Census, 2015
5. Normalize advance care planning	5.1 Participate in National Healthcare Decisions Month each April 5.2 Raise awarness of the importance of advance care planning through social media marketing campaign	Number of events promoting ACP	5	-	8	SCPH, 2016
		Development of social media marketing campaign	0	-	1	SCPH, 2016

Chronic Disease

AIM: Reduce chronic disease burden among Summit County residents

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
1. Reduce the prevalence of tobacco use	1.1 Pass T21 legislation to increase the sale age of tobacco items to 21 1.2 Expand access to evidence-based tobacco cessation treatments 1.3 Implement smoke-free policies in multi-unit housing complexes 1.4 Work with communities to pass smoke-free places legislation (e.g. parks) 1.5 Conduct education and awareness campaign with Summit County youth (STAND)	Adult smoking	21%	12%	12%	BRFSS 2014
2. Increase physical activity opportunities	2.1 Develop Akron Active Transportation Master Plan including bike and pedestrian infrastructure 2.2 Educate Summit County communities about Complete Streets concepts within the broader framework of Health in All Policies 2.3 Identify Summit County worksites to participate in the adoption of active commute supports 2.4 Participate in Safe Routes to School Travel Plan development in funded Summit County communities	Proportion of adults who engage in no-leisure time physical activity	24%	32.6%	10% decrease	CHR 2012
		Access to exercise opportunities	96%	-	10% increase	CHR 2014
		Number of complete streets policies passed in local jurisdictions	1	-	3	SCPH

Chronic Disease

AIM: Reduce chronic disease burden among Summit County residents

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
3. Strengthen healthier food access and sales in retail and community venues	3.1 Work with corner stores in identified food deserts to purchase and supply healthy produce 3.2 Increase the utilization of WIC benefits among recipients 3.3 Implement healthy checkout lanes in grocery stores 3.4Increase the number of food pantries in Summit County that use the client choice model of food distribution	Percent of population living in a food desert	11.90%	-	10% decrease	ACS 2015
		Percent of issued WIC benefits that are utilized by clients	TBD	-	10% increase	SCPH
		Number of client choice pantries in Summit County	TBD	-	10% increase	SCPH
4. Increase access to standardized screening and evidence based treatment services	4.1 Increase prediabetes screening and DPP referrals by a health care provider 4.2 Expand provider training opportunities to promote enhanced hypertension screening and management protocols	Number of participants enrolled in a CDC-recognized DPP	TBD	-	10% increase	SCPH
5. Reduce the burden of pediatric asthma through community-level interventions	5.1 Offer smoking cessation education and resources for patients and families 5.2 Ameliorate substandard housing to reduce environmental risks 5.3 Use Medical Legal Partnership as appropriate for landlord-tenant issues 5.4 Improve medication management and compliance through education, care coordination, home health and technology	TBD	-	-	-	-

Maternal & Infant Health

AIM: Reduce the infant mortality rate in Summit County

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
1. Reduce preterm birth rate	1.1 Increase screening for high-risk pregnant women for progesterone treatment 1.2 Support healthy birth spacing by increasing awareness of the full-range of efficacy-based contraceptive options including LARC 1.3 Expand access to Summit County home visiting programs to identify needs and improve pregnancy outcomes	Preterm birth rate	11.70%	11.40%	11.40%	SCPH
		Percent of high-risk pregnant women on progesterone therapy	59.70%	-	10% increase	SCPH
2. Reduce sleep related deaths	2.1 Expand Cribs for Kids program through awareness and toolkits to address safe sleep habits for parents and babies 2.2 Utilize Summit County home visiting programs to educate parents on safe sleep practices 2.3 Expand outreach to faith-based community by providing standardized education safe sleep practices to parish nurses	Percent of infant deaths in Summit County that are sleep-related	15%	-	-	SCPH
3. Reduce the number of women who utilzed ATOD	3.1 Expand access to evidence-based tobacco cessation treatments (Baby & Me Tobacco Free/ Moms Quit for Two) 3.2 Implement smoke-free policies (T21, Smoke free multi-unit housing, smoke free places) 3.3 Promote and expand Centering Pregnancy Programs for Opiate addicted mothers	-	-	-	-	-

Maternal & Infant Health

AIM: Reduce the infant mortality rate in Summit County

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
5. Ensure early access into prenatal care	4.1 Utilize Summit County home visiting programs to connect mothers and families to health insurance coverage 4.2 Ensure eligible clients are enrolled into Medicaid 4.3 Increase first trimester enrollment into the Pathways Community Hub 4.4 Expand centering programs for high-risk populations (obesity, high BMI, opiate addicted)	First trimester prenatal care	72%	77.90%	77.90%	Ohio Department of Health 2015
5. Reduce maternal stress	5.1 Raise awareness of institutional racism and implicit bias through expansion of Everyday Democracy framework and dialogue circles 5.2 Engage fathers through enrollment into Precious Cargo and Boot Camp for New Dads programs 5.3 Expand access to birth and parenting programming including breastfeeding supports 5.4 Increase awareness and screening for postpartum depression	-	-	-	-	-

Mental Health & Addiction

AIM: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse for all Summit County residents

Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
1. Reduce overdose deaths	1.1 Increase access to detoxification services 1.2 Increase access to addiction residential treatment beds 1.3 Decrease delay in accessing assessment services (Addiction Help Line) 1.4 Increase the number of law enforcement agencies in Summit County carrying Narcan 1.5 Decrease the doses of opioids dispensed per capita in Summit County 1.6 Decrease access to unused prescription medications 1.7 Increase the number of communities deploying Quick Response Teams 1.8 Through Project DAWN, provide free office and community based access to the overdose reversal drug Naloxone 1.9 Continue to promote and expand the Needle Exchange program 1.10 Facilitate community education, collaboration and coordination of services 1.11 Promote the Gloves Up Awareness Campaign to increase awareness of the new addiction help line 1.12 Increase use and access to Medication Assisted Treatment	Percent of law enforcement agencies carrying Narcan	89%	-	100%	ADM
		Opioid doses per capita	11.86	-	-	ADM
		Percent of communities deploying Quick Response teams	65%	-	100%	ADM
		Unused prescriptions collected in lbs.	8159	-	-	ADM
		DAWN kits distributed	970	-	1000	ADM
		ADM providers that administer Medication-Assisted Treatment (MAT)	13	-	-	ADM

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Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
2. Reduce suicide deaths	2.1 Improve care and outcomes for individuals at risk of suicide in health care systems through the Zero Suicide Initiative 2.2 Expand access through the promotion of the Crisis Text Line 2.3 Facilitate coordination of local resources, increase awareness of suicide as a public health problem, and educate the community to recognize suicide risk factors through the Suicide Prevention Coalition (SPC) 2.4 Promote Man Therapy Campaign 2.5 Provide Collaborative Assessment & Management of Suicidality (CAMS) training for clinicians 2.6 Provide Assessing and Managing Suicide Risk (AMSR) Training for behavioral health professionals	Suicide rate	18 per 100,000 (2016)	-	0	ADM
3. Prevent or delay the onset of substance use or mental illness/ increase the perception of risk of substance abuse and other risky behaviors	3.1 Train educators in the PAX Good Behavior Game to promote self-regulation in elementary school students that result in positive academic and behavioral health outcomes 3.2 Provide school-aged youth with caring supportive adults as an additional resiliency-building resource through mentoring programs	See Outcome Measures for Adolescent Health Goals 1 & 2				

Mental Health & Addiction

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Goals	Strategies	Outcome Measures	Current	HP 2020 Target	CHIP 2020 Target	Source
4. Reduce stigma associated with mental health disorders and addiction	4.1 Promote the Change Direction Campaign to change the culture of mental health in Summit County 4.2 Enhance community awareness of the opiate epidemic and providing education about addiction in general by providing local resources and a venue for problem solving and collaboration through the Summit County Opiate Task Force 4.3 Promote the Gloves Up Campaign to increase awareness of the new addiction help line 4.4 Increase awareness of pospartum depression through the Maternal Depression Network	Percent of respondents in ADM Collaborative Poll identifying provision of Mental Health and Addiction services as "very important"	84%	-	-	ADM
5. Increase system training in evidence-based practices which subsequently improve behavioral health outcomes	5.1 Provide Cognitive Behavioral Therapy (CBT) Training for clinical and clinical supervisory staff 5.2 Provide Community Reinforcement and Family Training (CRAFT) to help family members and paraprofessionals deal more effectively with loved ones with addiction 5.3 Provide Crisis Intervention Team (CIT) training for law enforcement and fire department first responders. 5.4 Provide Collaborative Assessment & Management of Suicidality (CAMS) training for clinicians	Number of first responders trained in Crisis Intervention training	768	-	960	ADM
		Percent of ADM system agencies employing evidence-based treatment programs	88%	-	100%	ADM

ADOLESCENT HEALTH

STRENGTHS	WEAKNESSES
• CLCs • APS after school programming • Health education in public schools • Agencies that work together • Safe Kids Summit County • Strong, caring agencies • Resources • Partnerships • Focus on green space and walkable places • ACH Adolescent Health Division • ACH School Health Program • ADM Supported services for adolescents for mental health and addiction • Adolescent detox at Community Health Center • CANAPI • Youth diversion programs with Juvenile court • Planned Parenthood for contraception and medical care • Behavioral health services in school system • CIT trained officers • Hospital systems • Close proximity to universities for continuing education • APS Stem schools/ early start college / international baccalaureate • Many resources available for providers and parents about importance of HPV vaccine	• Instilling educational practices at younger age teaching qualities to aid in overall health • Capacity for afterschool programming • Funding mental health for teens • Pregnancy prevention • Violence prevention • Seems like focus on IM and unaware of programs for adolescents • Communication and coordination of resources • Adolescents do not get established with PCP or medical homes • Tend to forget about this group for programming • Weather trends • Less to do in summer months • Lack of available employment • Stigma around seeking help for AOD and mental health services • Ease of access to drugs in community • Violence • Trauma • Lack of transportation • Lack of resources for Autism Spectrum kids • Child Psychiatry shortage • Refugee services – translation etc. • Poor utilization of HPV vaccine
OPPORTUNITIES	**THREATS**
• Education on financial strain a baby can put on a person long-term • Quality support for pregnant mothers • Cool/hip outreach with subtle health undertones • Collaboration • Communities Preventing Chronic Disease grant • Healthy eating gardens • Farmers markets • Mobile markets • Age group specific programming through schools and in the community can be developed • ARI AHEC through U of A is asset to reach this population and encourage health profession careers • Additional tobacco tax to reduce youth smoking rates • HPV vaccine promotion through various channels • Trauma informed care initiative • Youth violence initiative out of Mayors office • Expand Summit for Kids to include adolescents • Youth performing arts • PCMH • Programs for disadvantaged youth during the summer	• Drugs • Media • Earlier maturation • Funding cuts • Motivation • Social media • Video games • Social inequities • Unsafe communities • Violence and injury • Poverty • Access to affordable education and vocational training • Homelessness • Aging out of foster care • Bad information about vaccine risks • Parents don't want to talk about STDs and sex • Behavioral health redesign • ADM sliding fee schedule for families with multiple children • Opiate epidemic • Parental substance use or mental health issues • Disruption of family unit • Violence and trauma • Suicide • Racial tension • Teen pregnancy • School drop-outs

CHRONIC DISEASE

STRENGTHS	WEAKNESSES
• Communities Preventing Chronic Disease and Creating Healthy Communities Grants • WIC Farmers Market • Built Environment activities (Downtown) • Food Access Programs • Client Choice Pantries • Salvation Army- Greenhouse Pantries • Community Gardens • AMHA No Smoking • Smoke Free Home Program • We know the evidence base • YMCA Diabetes Prevention Program/ other community programs. • We know what works: "Community Guide", Proven interventions • EMR helps tracking and reminders for tests and screenings	• WIC Utilization confusion (50% of WIC $ don't get utilized) • Education • Awareness • Social Determinants of Health • Fatigue on topic • Approach is wrong • Access to Care • Prescription cost and access • Competing priorities in primary care centers • Physicians are over scheduled. Not enough time to address needs of patients. • More focused on treating disease than prevention
OPPORTUNITIES	**THREATS**
• Breastfeeding programs • "Back to basics" • Hattie's Food Hub • Empowerment • Push towards value based care • Social media and marketing • Education and awareness • Non-traditional partners (barber shops for blood pressure checks) • Patient Navigation	• Federal funding • Stigma • Data/study fatigue • Food culture is value based • Mental health connections • Navigation not covered by insurance. • Not enough Primary Care Physicians • Primary Care burnout

MATERNAL & INFANT HEALTH

STRENGTHS	WEAKNESSES
• Resources • Partnerships • Data • Progesterone • Education • Centering Programs	• Barriers to prenatal care • Coordination • Transportation • Focus vs. Casting a big net • Lack of understanding about variety of programs • Lack of referrals • Availability/ accessibility of prenatal services
OPPORTUNITIES	**THREATS**
• Education • Partnerships • Mayor's Health Equity Ambassador • LARC • Casting a bigger net • Raise awareness regarding structural racism/ bias	• "We don't know what we don't know" • Stigma • Lack of awareness about racism/disparity • Progesterone awareness (lack of)

Appendix 2: **Program Descriptions**

Assessing and Managing Suicide Risk (AMSR) Training: AMSR is a one-day training workshop for behavioral health professionals. The 6.5-hour training program is based on the latest research and designed to help participants provide safer suicide care.

Change Direction Campaign: Awareness campaign to change the culture of mental health in Summit County so those in need can receive care and support.

Cognitive Behavioral Therapy (CBT) Training: One of the most highly evidence-based treatment methods, ADM has funded training from the nationally recognized Beck Institute for many clinical and clinical supervisory staff at 7 agencies. The training is focused on using and strengthening practitioner proficiency of CBT for substance use disorders, child and adolescent mental illness, and suicidality.

Collaborative Assessment & Management of Suicidality (CAMS): Created by a nationally-recognized suicidologist, CAMS is a clinical philosophy of care operationalized in a formal process. It is a therapeutic framework for suicide-specific assessment and treatment of a patient's suicidal risk. It is a flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities. ADM is helping to support training for clinicians.

Community Reinforcement and Family Training: CRAFT, developed by Psychologist Robert Myers, Ph.D., is designed to help family members and paraprofessionals deal more effectively with loved ones with addiction. The ADM Board is working to promote this training within the community and through one key agency. The creator will be brought to Summit County this summer.

Crisis Intervention Team (CIT): Since 2000 the ADM Board has partnered with local law enforcement, Summit County NAMI, consumers, and key staff from across the community to coordinate twice-annual, 40-hour CIT courses for 24 law enforcement and fire department first responders. Current goals include creating an electronic encounter documentation process for law enforcement to enhance data collection and analysis, and creation of a county-wide CIT Coordinator.

Crisis Text Line: The national Crisis Text Line provides access to a free, confidential service available 24/7 via text on mobile devices. Any person may need help in coping with a stressful situation. Reach out by text to communicate with someone trained to listen and respond in a method that is private, secure and confidential.

Gloves Up Campaign: Gloves Up Awareness Campaign was designed to increase awareness of the new addiction help line and promote a hopeful message that recovery is worth the fight.

Man Therapy: Man Therapy™ provides men approaching crisis, and the people who care about them, a place to go and learn more about men's mental health, examine their own and consider a wide array of actions that will put them on the path to treatment and recovery, all within an easy-to-access online portal at www.mantherapy.org.

Project DAWN: Project DAWN provides free office- and community-based access to the overdose reversal drug Naloxone

Reducing the Risk: Reducing the Risk is an evidence-based curriculum designed to help high school students delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV. The curriculum addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

Return to Learn: Return to Learn is a protocol that requires a rest cognitive and physical rest period as a part of a recovery plan after a concussion. This protocol provides guidance to academic staff and assists students in fully recovering.

Say it Straight: Say It Straight is a SAMHSA approved evidence based prevention program targeting minority communities at highest risk for substance misuse, HIV, and viral hepatitis between the ages of 13-24

Suicide Prevention Coalition (SPC): The Summit County Suicide Prevention Coalition was established in December of 2005 in an effort to coordinate local resources, increase awareness of suicide as a public health problem, and educate our community to better recognize when someone they know may be suicidal. The Coalition offers free gatekeeper training and consultation for community groups to raise awareness of suicide as a public health issue and to educate the public about how to recognize and respond to someone who needs help.

Summit County Opiate Task Force: The Opiate Task Force is a group of key individuals and organizations committed to reducing the tragic consequences of opiate abuse in Summit County through education, collaboration, and the wise use of available resources.

Trauma Informed Care (TIC): In partnership with representatives from agencies in Summit County, the ADM Board is participating in a county-wide TIC task group and a Northeast Ohio Regional group that has also focused on TIC dissemination. Most recently this group hosted a sold-out, day-long seminar on TIC for NE Ohio.

Tobacco 21: Tobacco 21 is a policy initiative that increases the sales age of tobacco products from 18 to 21.

Zero Suicide Initiative: The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care— and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

SCCHI

SUMMIT COALITION *for* COMMUNITY HEALTH IMPROVEMENT

SUMMIT COUNTY PUBLIC HEALTH

SCPH

County of Summit

ADM BOARD

Alcohol, Drug Addiction & Mental Health Services Board