# Stark County Community Health Improvement Plan
2020 Evaluation Report

The Stark County Community Health Needs Assessment (CHNA) Advisory Committee was convened in 2010, to meet the requirements of the Affordable Care Act for nonprofit hospitals and Public Health Accreditation Board standards for health departments. The Advisory Committee is comprised of 36 community agencies and volunteers; including four health districts and three nonprofit hospitals that participate and are actively engaged with the assessment process. The committee meets quarterly to:

- Discuss the work being accomplished within the community that directly aligns to the priority health areas within the 2020-2022 Community Health Improvement Plan
- Organize the annual Health Improvement Summit
- Identify emerging health issues
- Determine the best approach to eliminate health inequities

The Stark County CHNA Advisory Committee is in the third cycle of the Community Health Assessment (CHA) process. The Advisory Committee is currently transitioning to a 3-year cycle to better align with the state's assessment process. The assessment process is an ongoing cycle that includes:

- Forming an Advisory Committee
- Building Partnerships
- Collecting, Analyzing & Assessing Data/Community Needs
- Planning, Implementing & Evaluating Priority Area Activities/Initiatives
- Sharing & Disseminating Outcomes/Findings with Community Partners/Members
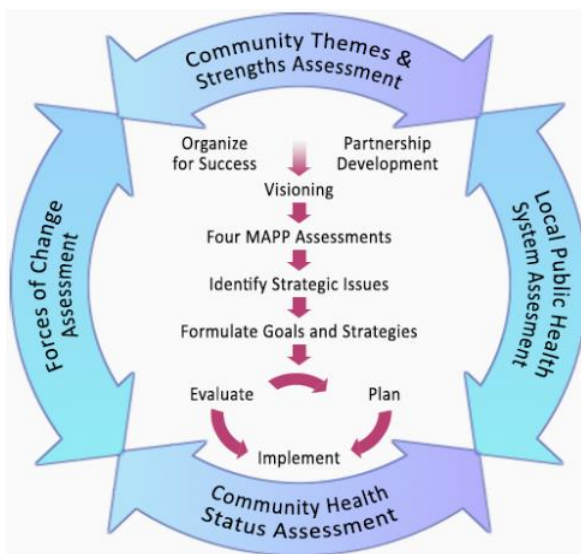
The Stark County CHNA Advisory Committee utilizes the Mobilizing for Action through Planning and Partnerships (MAPP) Model as a guide to implement the assessment process. MAPP is a communitywide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues and developing a shared community plan. MAPP is an evidence-based approach to public health practice that includes six phases and four assessments. The three components underlying the foundation of this process are strategic planning, collaboration, and quality improvement.

The Stark County CHNA Advisory Committee has developed multiple reports and organized several events since 2010. The following is a list of the most recent reports and activities completed by the Advisory Committee:

- *2019 Stark County Community Health Assessments (CHA)*: The CHA provides a valuable overview of the health issues and status of county residents. The 2019 data was collected in phases. The first phase consisted of a random sample telephone survey. The second phase consisted of reviewing and analyzing secondary data sources to identify areas of concern. The third phase consisted of a web survey of community leaders knowledgeable about public health. Additional data was collected through community focus groups. The 2019 CHA was utilized to update the strategies within the 2020-2022 Community Health Improvement Plan (CHIP).
- *2020-2022 CHIP*: The CHIP is a guide to improve the health of the community by addressing specific strategies and activities. The 2020-2022 community plan identifies health priorities, goals and long-term key measures used by community partners to guide project development, programs, and policies targeted to improve health outcomes. The priority health areas addressed within the 2020-2022 CHIP includes: Assess to Healthcare, Infant Mortality, Mental Health and Obesity & Healthy Lifestyles.
- *2019 CHIP Evaluation Report*: The Advisory Committee develops an annual evaluation report to document the progress being implemented within the community; to identify gaps, areas of improvement, and/or emerging health issues that need to be addressed; and to determine the best approach in eliminating health inequities. The 2019 report documented and communicated the overall progress and challenges in achieving the goals, long-term measures and activities for each of the priority health areas addressed in the 2017-2019 CHIP.
- *2020 Health Improvement Summit*: The Advisory Committee has organized a summit annually to provide updates, information and data to community members, agencies and stakeholders on the county's assessment process. The 2020 Summit included a cost of poverty simulation; priority area highlights for the 2017-2019 CHIP; an overview of the 2020 State Health Improvement Plan and new online assessment tool; and a deep dive into the latest data that included a discussion on the community's future.
- *2018 Stark County CHA Vision*: *"A county where all residents have the opportunity to thrive where they live, learn, work and play".* This shared community vision provides an overarching goal for the community to work towards.

To view additional documentation developed by the CHNA Advisory Committee click on the link below:
https://www.starkcountyohio.gov/public-health/community-health-assessment

The COVID-19 pandemic forced Stark County into an unprecedented public health crisis. Many community partners focused on combating the negative affects COVID-19 was having on the community. COVID-19 identified several unmet community needs widening gaps for high risk populations. Despite the pandemic, community partners were able to pull together to address the newly identified unmet needs and begin implementing several priority health area activities, programs and initiatives listed within the 2020-2022 CHIP.

Priority: Access to Healthcare

Goal #1:   ALL PEOPLE HAVE EQUITABLE ACCESS TO HEALTHCARE

1) **Long Term Measure:** By December 2022, decrease the percent of respondents who report not having health insurance/Medicaid to 5%.

   (**Baseline-2019 CHA:** 8% of respondents reported not having health insurance)

   Strategies/Inventions: *Health insurance improves access to care, limits out-of-pocket spending on healthcare services and makes healthcare costs more predictable. People with health insurance are less likely to delay or forgo needed care, seek care in emergency departments and experience financial hardship from medical debt. Expanding access to health insurance coverage reduces disparities in access to care, a critical factor for achieving health equity for all Stark County residents (2020-2022 State Health Improvement Plan).*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Maintain and/or Expand Eligibility for Medicaid	JFS	Number of individuals on Medicaid - **98,054** • Managed Care - **88,027** • Fee for Service - **5,262** • Limited Programs - **4,765** **Remove indicator - not being tracked** Number of individuals eligible
Insurance Enrollment Assistance (Adults & Children)	StarkMHAR, AHSC, THRIVE, SCCAA, JFS	Number of CHW pathways opened - **74** Number of CHW referrals - **72** Number of patients connected to health insurance - **43** **Update indicator from/to** Number of agencies who provide presumptive eligibility Number of qualified entities who provide presumptive eligibility - **5** **Remove indicators - not being tracked** Number of Cultural Ally referrals Number of Certified Application Counselors **Remove StarkMHAR as responsible agency** Not tracking any of the above indicators
Remove Barriers Through Cultural &	StarkMHAR, AHSC,	Number of patients utilizing translation services - **155**

Linguistic Services (CLAS Plan Strategies)	SCHD, SCCAA	Number of clients assisted by bilingual CHW - **6** Develop universal way to translate documents - **Yes** • Bilingual CHWs • Universities/Colleges Number of cultural & linguistic trainings - **6** Number of Population-Based Trainings - **4** Number of participants trained - **415** **Remove indicator - not being tracked separately** Number of providers trained **Remove SCCAA as responsible agency** Not tracking any of the above indicators

2) Long Term Measure: By December 2022, increase the percent of respondents who report having a primary care provider by 10%.

(Baseline-2019 CHA: 86% of respondents reported having one person or group that they think of as their doctor or health care provider; 76% of respondents indicated they receive their health care most often from a primary care doctor; 13.5% of respondents indicated they receive their health care most often from an ED/Urgent Care)

Strategy/Intervention: *Ensuring local access to healthcare providers makes it easier for residents to get to primary and specialty healthcare services. Increasing access to local healthcare providers in underserved areas can reduce disparities in access to care and improve health outcomes (2020-2022 State Health Improvement Plan).*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Comprehensive & Coordinated Primary Care Medical Homes with a Focus on Cultural Competency (HRSA/UDS Measures)	StarkMHAR, LifeCare, MCHC, AFHC	Number of integrated sites (physical/mental health services) - **0** Percent of Medicaid patients per provider - **Approximately 47%** Number of certified patient-centered medical homes - **3** **Update indicator from/to** Number of providers participating in cultural competency trainings Number of providers trained in cultural competency - **33** **Remove indicators - not sure who is tracking county-wide** Number of agencies with a cultural policy Number of Designated Safe Zones
Community Health Workers	AHSC, THRIVE, SCHD, SCCAA	Total Number of CHWs - **34** Number of Infant Mortality CHWs - **24** Number of Chronic Disease CHWs - **6**

		Number of agencies utilizing CHWs - **10** Number of individuals assisted by CHWs - **796** **Add new/additional indicator** Number of agencies referring clients to a CHW - **72**
Health Career Development/Recruitment for Disadvantaged Students and HRSA Shortage Areas	SCHD, Mercy, Aultman, MCHC, AHSC	Number of individuals completed CHW training - **2** Number of resident/student participants - **220** Number of disadvantaged students - **48** Number of rural students - **85** Number of non-traditional students - **20** Number of AHEC Scholars - **12** **Update indicator from/to** Total hours of professional development training received by Scholars Total professional training hours received by Scholars - **960** **Remove Aultman as responsible agency** Not tracking any of the above indicators
Paramedicine (Pilot Project)	AHSC, Jackson Township Fire Department	Number of individual referrals - **23** Number of individuals enrolled - **3** Number of agencies implementing program model - **1**
Health Literacy Interventions	AHSC	Number of clients provided health literacy education - **10** **Update indicator from/to** Develop a SC Health Literacy Group Develop/Implement a CHW Health Literacy Training - **0** **Remove Indicators - not being tracked** Research health literacy interventions Identify possible strategies to implement
Strengthening Stark Initiatives	Stark Community Foundation	TBA - **2020 data unavailable**

3) **Long Term Measure:** By December 2022, reduce the number of low-income respondents reporting they do not have access to reliable transportation by 7%.

(Baseline – 2019 CHA: 90.3% of community leaders identified lack of transportation as a barrier that prevents residents from receiving necessary medical care; 94.9% of respondents reported having access to reliable transportation; 89% of non-white individuals reported have reliable transportation compared to 96% of white individuals; 86% of individuals with an income under $25,000 reported having reliable transportation.)

Strategy/Intervention: *Expanding public transportation infrastructure may decrease disparities in access to services, employment, and recreation opportunities for individuals with low incomes, individuals with disabilities, and the elderly. Rural transportation services are a suggested strategy to increase mobility and access to health care for rural populations*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Public Transit Improvements	CHC, Stark Area Regional Transit Authority	Number of bus shelters installed - **1 (Navarre)**
Transportation Policy (PESAC) (Assessing & Responding to Patient Needs)	Stark County Transportation Work Group	Number of agencies who adopt a policy - **0** Number of agencies who updated/improved a policy - **0** • Due to COVID-19, the Stark County Transportation Work Group met one time during 2020 in December. No policy work was completed. **Update indicator from/to** Number of patients who received transportation services Number of patients utilizing transportation services - **4840** **Remove indicator - not being tracked** Number of transportation services provided per agency
Strengthening Stark Initiatives	Stark Community Foundation	TBA - **2020 data unavailable**
Reduce Transportation Barriers	LifeCare, AHSC, Paramount Advantage, CareSource, THRIVE, SCCAA	Number of patients utilizing transportation services - **4840** Percent of patients who identify transportation as barrier - **43.4%** Number of transportation referrals - **124** Number of transportation pathways opened - **124** Number of transportation pathways closed - **82** Percent of clients who utilized expanded services **2020 data unavailable** Percent of clients provided transportation education **2020 data unavailable** **Remove SCCAA as responsible agency** Not tracking any of the above indicators

Priority: Mental Health

Goal #1: STARK COUNTY WILL HAVE ZERO SUICIDES.

1) **Long Term Measure**: By December 2022, decrease youth (7th-12th grade) suicide rates by 25%.

(**Baseline- StarkMHAR 2017-2019 Average:** 4.7 Youth Suicide Rate)

Strategy/Intervention: *Evidence-based trainings/programs/interventions/curriculums/strategies.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Identify & Support Individuals At Risk:		
Increase use of Columbia Suicide Severity Rating Scale (CSSRS) Screenings in School	StarkMHAR, ESC	Number of schools implementing CSSRS - **2** Number of students completed screening - **599** Number of students identified as high risk - **33**
Gatekeeper Training (Question, Persuade, Refer – QPR)	StarkMHAR, Suicide Prevention Coalition	Number of trainings held - **23** Number of individuals trained - **222**
Crisis Intervention Team (CIT) Training	StarkMHAR	Number of 1st responders trained - **48**
Lesson Harm & Prevent Future Risk:		
Critical Incident Stress Management	StarkMHAR	Number of outreaches - **11** Number of individuals reached - **46**
Create Protective Environments:		
Update activity from/to Youth Mental Health First Aid **Mental Health First Aid**	StarkMHAR, National Alliance on Mental Illness, ESC	Number of individuals trained - **Youth 0/Adult 51** Number of trainings held - **Youth 0/Adult 3**
Increase Youth Connectedness	SCHD, StarkMHAR	NOYHS Results - **2020 data unavailable** • Worked with the schools in 2020 to try and implement the Northeast Ohio Youth Health Survey virtually, but it just wasn't possible, due to COVID-19.
Social Media Campaign	StarkMHAR, ESC	**Update indicator remove/replace** Number of social media posts Number of individuals reached Number of outreach efforts - **Paid 10/Organic 166** Types of outreach efforts - **Social Media (Facebook/Instagram)** Number of Impressions Made - **270,405**
K-12 Prevention Programming	ESC, StarkMHAR	Number of schools implementing universal prevention programming **2020 data unavailable**

		Remove StarkMHAR as a responsible agency
		Not tracking any of the above indicators

2) <u>Long Term Measure:</u> By December 2022, decrease adult suicide rates by 10%.

(**Baseline-StarkMHAR 2017-2019 Average:** 66.7 Suicide Rate)

Strategies/Inventions: *Evidence-based trainings/programs/interventions/strategies.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Identify & Support Individuals At Risk:		
Gatekeeper Training (Question, Persuade, Refer – QPR)	StarkMHAR, Suicide Prevention Coalition	Number of trainings held - **23** Number of individuals trained - **222**
Lesson Harm & Prevent Future Risk:		
Critical Incident Stress Management	StarkMHAR	Number of outreaches - **11** Number of individuals reached - **46**

3) <u>Long Term Measure:</u> By December 2022, strengthen access & delivery of suicide care.

Strategies/Inventions: *Evidence-based trainings/programs/interventions/strategies.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Mobile Response	StarkMHAR	Number of youth outreaches - **374** Number of adult outreaches - **938**
Zero Suicide	StarkMHAR	Increase implementation of Zero Suicide framework - **11 Agencies**
Care Team Model	ESC	Number of youth/families reached - **9,040 Students** Number of connections made - **42,018 Family Support Services**
Counseling on Access to Lethal Means (CALM)	StarkMHAR, Aultman, Mercy, SCHD	Number of times CALM was implemented - **2020 data unavailable** Number of EDs utilizing CALM - **2020 data unavailable** Number of participants trained in CALM - **2020 data unavailable** • COVID-19 halted implementation of CALM. CALM is designed for emergency department utilization, but hospitals were unable to implement in 2020 due to the pandemic.
School-Based Mental Health Services	StarkMHAR, ESC	Number of schools with school-based consultation services - **91** Number of schools with mental health treatment services - **91**

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Strengthening Families	StarkMHAR, SCHD	Number of youth reached through referrals - **0** Number of evidence-based strategies implemented - **0** Number of skill-based strategies implemented - **0** • Strengthening Families was not implemented in 2020

Goal #2:   ALL RESIDENTS WILL HAVE SEAMLESS ACCESS TO MENTAL HEALTH SERVICES THROUGH INTEGRATED HEALTH

1) **Long Term Measure:** by December, 2022, reduce wait list time for initial behavioral health assessment & services.

(**Baseline-2019 StarkMHAR**: Wait List Time - 5.42days Assessment, Counseling, Medical-Somatic)

Strategies/Inventions: *Integration of behavioral and physical health care.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Mental Health System:		
Reduce wait list for initial behavioral health assessment	StarkMHAR, Funded Providers	**Update indicator from/to** Average length of wait as reported by funded providers Average wait list time reported by funded providers **Youth 5.08 days/Adult 4.6 days**
Reduce wait list for initial behavioral health counseling	StarkMHAR, Funded Providers	**Update indicator from/to** Average length of wait as reported by funded providers Average wait list time reported by funded providers **Youth 5.19 days/Adult 10.95 days**
Reduce wait list for initial behavioral health medical-somatic	StarkMHAR, Funded Providers	**Update indicator from/to** Average length of wait as reported by funded providers Average wait list time reported by funded providers **Youth 18.48 days/Adult 20.27 days**
Co-locations screening for behavioral health (facility providing both primary & behavioral health care)	StarkMHAR	Number of behavioral health co-locations - **7** Number of individuals receiving physical health services **2020 data unavailable**
Collaborative Focus (Integrated Care	StarkMHAR	TBA - **2020 data unavailable**
Health Care System:		
CHWs	THRIVE, Access Health Stark County, SCCAA, SCHD	Number of agencies with CHWs - **10** Number of CHWs - **34**

Update activity from/to Reduce wait list time for initial behavioral health assessment by 50% **Reduce wait list time for initial behavioral health assessment**	AFHC, MCHC, Aultman, Mercy	Update indicator from/to Average wait list reported by new health care system Percent of wait time for new mental health appointments > 10 days **Approximately 99%** Identify barriers to accessing care - **2020 data unavailable**
Providers screening for behavioral health	AFHC, MCHC, Aultman, Mercy	Number of providers screening - **12** Number of individuals screened - **2020 data unavailable** **Remove Aultman & AFHC as responsible agencies** Not tracking any of the above indicators

2) <u>**Long Term Measure:**</u> by December, 2022, enhance system to assist individuals in behavioral health crisis.

Strategies/Inventions: *Evidence-based trainings/programs/interventions/strategies.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Individuals Linked with a Community Behavioral Health or Primary Care Provider	StarkMHAR, Aultman, Mercy, Access Health Stark County	**Update indicators remove/replace** Number of individuals presenting to the ED with a behavioral health crisis Number of individuals linked to behavioral health or primary care provider as part of discharge plan Percent of individuals who return to emergency department 30days after initial contact Number of CHW behavioral health system referrals Number of ER mental health care coordination referrals - **1,427** Number of mental health service pathways opened - **71** Number of mental health service pathways closed - **18** **Remove StarkMHAR as a responsible agency** Not tracking any of the above indicators
Reduce Stigma (Marketing Campaign)	StarkMHAR	Number of individuals reached - **5,619,973** Number of outreach efforts - **8 campaigns (12 months)** Types of outreach efforts: • County-Wide Mailer - **370,600 households** • Movie Theater Advertising - **414,148 impressions** • Belden Village Mall Selfie Stations/Floor Signage **6,570,000 impressions**

		• Social Media (2 Paid Campaigns) - **2,270,405 impressions** • Traditional Radio - **2020 data unavailable** • Spectrum - **911,320 impressions** • Tangible Assets (Conversation Cards) - **11,000 packs distributed**

3) **Long Term Measure:** By December 2022, increase the mental health workforce by 20 licensees, while also reducing the turnover rate by 7%.

(**Baseline-2019 StarkMHAR:** 257 licensed (APN, LISW, LPC, LPCC, MSW/LSW) individuals within the mental health system)

Strategy/Intervention: *Evidence-based trainings/programs/interventions/strategies*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Develop Process for Behavioral Health Careers	StarkMHAR	Identify positions individuals can enter at various education points **Remove activity/indicators from plan - activity discontinued**
Strengthening Stark Initiatives	Stark Community Foundation	TBA - **2020 data unavailable**
Internship Program Sustainability (Internship Stipends/Incentives)	StarkMHAR	Types of initiatives implemented - **Stipends/Incentives** Number of paid internships provided - **12 stipends**
Certified Peer Recovery Supporter	StarkMHAR	Number of peer supporters trained - **24** Number of peer supporters working within the system - **27** **Update indicator remove/replace** Number of peer supporters volunteering within the system Number of Certified Peer Supports - **27**
Diverse Workforce Initiatives	StarkMHAR	**Update indicator from/to** Increase diverse workforce initiatives by 30% Increase workforce diversity in the behavioral health system by 30% • Indicator will be measured by the number of new employees across varied diversity points through the Gallup Diversity Survey results. Survey will be administered in 2021.

Goal #3: STARK COUNTY WILL HAVE ZERO UNINTENTIONAL DRUG OVERDOSE DEATHS

1) **Long Term Measure:** By December 2022, reduce adult overdose deaths by 25%.

 (**Baseline-Stark County Coroner's Office 2016-2018 Average:** 93.3 Overdose Deaths)

 Strategy/Intervention: *Implementation of policy, systems and/or environmental change.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Strengthen Stark Initiatives	Stark Community Foundation	TBA - **2020 data unavailable**
Stark County Opiate Task Force (by-laws, strategic plan)	SCHD, StarkMHAR	Create by-laws - **February 2020 created/revised** Update Strategic Plan - **December 2020 began review process** Number of meetings - **10** Number of new collaborating agencies - **30**
Maintain Overdose Fatality Review (meetings, share data)	SCHD	Number of fatality review meetings - **5** Number of collaborating agencies - **22** Number of doses of opiates dispensed - **6,759,575** Number of overdose deaths -**131**
Maintain Community Response Plan (monitor epicenter, test plan)	SCHD	Number of alerts sent out and/or tested - **5**
Drug Overdose Awareness Campaign (high risk/high need populations)	SCHD	Number of people reached - **2020 data unavailable** Number of social marketing outlets - **10-15**
Comprehensive & Sustainable Systems	SCHD, Provider Agencies	Number of new policies/procedures - **6** Number of Naloxone Kits Distributed - **64** Number of individuals screened for SUD - **52,819** Number of referrals to treatment - **461** Number of referrals to wrap around services - **909** Number of referrals to harm reduction services - **504** Number of referrals to peer recovery support services - **240** Number of referrals to case management services - **427**
Naloxone Distribution	CCPH, SCHD, StarkMHAR	Number of community partners engaged - **10** Number of naloxone kits distributed - **1,482** **Add new/additional indicators** Number of individuals trained to administer naloxone - **1,372** Number of known reversals - **334**

Process Activity/Program/Initiatives	Agency Responsible	2020 Accomplishments - Data & Narrative
		Remove StarkMHAR as a responsible agency Not tracking any of the above indicators
Stark Wide Approach to Prevention (SWAP) (Needle/Syringe Exchange Program)	CCPH	Number of individuals reached - **565** **Update indicators remove/replace** Number of needles exchanged Number of syringes returned - **92,117** Number of syringes distributed - **106,920 (return rate - 86%)**
HEALing Communities Grant	SCHD, StarkMHAR	TBD - **2020 data unavailable** • COVID-19 delayed the start of project. Stark County will not begin implementing until July 2022 (2nd wave).
Implement Overdose Detection Mapping Application Program (ODMAP)	StarkMHAR, SCHD Opiate & Addiction Task Force	Highlight Trends/Changes - **2020 data unavailable** • Survey sent to township Chiefs asking which Record Management System (RMS) they used but received no response. Asked Opiate and Addiction Task Force (OATF) for assistance in making connections.

2) **Long Term Measure:** By December 2022, reduce youth alcohol and drug use by 15%.

(**Baseline-2019 NOYHS:** 41.6% of students reported using some substance in their lifetimes. 17% in past 30days)

Strategy/Intervention: *Evidence-based trainings/programs/interventions/curriculums/strategies.*

Process Activity/Program/Initiatives	Agency Responsible	2020 Accomplishments - Data & Narrative
School Interventions:		
Care Team Model	StarkMHAR, ESC	Number of prevention programs implemented **2020 data unavailable** Number of youth reached - **2020 data unavailable** **Remove StarkMHAR as responsible agency** Not tracking any of the above indicators
Community Interventions:		
Prevention Programming	StarkMHAR, Funded Provider	Types of prevention programs - **community/school-based** • Strengthening Families • Strong African American Families • Youth Lead Prevention

		• All Stars • Coping & Support Training • Life Skills • Early Childhood Mental Health • DINA Number of youth reached - **933**
Vaping Treatment Program	Aultman	**Update indicators remove/replace** Number of classes provided Number of individuals reached Percent of adolescent graduation - **0%** Percent of adolescent quit success - **0%**
Alcohol Sale Enforcement	StarkMHAR	Number of compliance checks - **1 (postponed due to COVID-19)** Percent of sales to minors - **16 locations (81% no sale/19% sale)**
Treatment Programming	StarkMHAR	**Update indicator from/to** Number of youth in treatment programs Number of youth who received treatment services - **5,754** (Medicare/Private Insurance/Out of Network Care - excluded)

Priority: Infant Mortality

Goal #1: ALL BABIES IN STARK COUNTY WILL CELEBRATE THEIR FIRST BIRTHDAY.

1) **Long Term Measure**: By December 2022, decrease/sustain the overall, Black, and White infant mortality rates to less than 6.0.

2) **Long Term Measure**: By December 2022, decrease/sustain the disparity/inequity rate ratio to less than 1.0.

(**Baseline-Preliminary 2019 Quarters 1-4-ODH:** 4.9 Overall Infant Mortality Rate, 5.7 Non-Hispanic Black Infant Mortality Rate, 3.9 Non-Hispanic White Infant Mortality Rate)

Strategy/Intervention: *Evidence-based trainings/programs/interventions/curriculums/strategies.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Nurse Newborn Home Visiting Program	Alliance City Health Department	Number of referrals - **11** Percent of nursing clients screened - **2020 data unavailable** Number of referrals made - **2** Percent of clients contacted in 72hrs of referral - **100%** Percent of churches provided education/brochures - **0**
CenteringPregnancy®	Alliance Family Health Center, My Community Health Center	Number of participants - **0** Number of groups - **0** Number of participants served by CHW - **0** • Due to COVID-19, the program did not operate during 2020
Provide Legal Services to Low-Income New/Expecting Mothers	THRIVE Community Legal Aid	Number of referrals made - **10** Number of legal issues addressed - **2020 data unavailable** Number of unduplicated women - **10** Number of African American women - **5** Number of new/expecting mothers - **10** **Remove indicators - not being tracked** Number of mothers with children in home Number of women of child-bearing age
Maternal Care & Safety Peer Support Group	Domestic Violence Project Inc	Number of pregnant African American clients - **0** Number of African American clients children >1 - **0** Percent of clients enrolled into other services - **0** • Due to COVID-19, the program did not operate during 2020

Father Based Trainings	ECRC	**Update indicator remove/replace** Number of fathers enrolled into 24/7 Dad classes Number of 24/7 Dad classes completed Number of fathers enrolled into On My Shoulders classes Number of On My Shoulders classes completed Number of fathers participating in <1 fatherhood program - **85** • 24/7 Dad • Parent Café • On My Shoulders
Case Management Services	ECRC	Number of fathers with established Parenting Time Orders - **8** **Update indicator from/to** Number of fathers with established child support orders Number of established child support orders - **2342** Number of fathers with modified child support orders Number of completed child support order modifications - **1200** **Remove indicators - not being tracked** Number of fathers received case management services Number of services received per father Number of fathers who have had their child support orders reviewed
Employment Assistance	ECRC	Number of fathers received employment assistance Number of fathers who found employment Number of fathers who retained employment Number of fathers who received employment training **Remove activity/indicators from plan** Not being implemented/tracked
Mentoring & Support Program	THRIVE, Mary Church Terrell Federated Club	Number of women enrolled into Sister Circle - **17** Number of women who completed Sister Circle - **17**
Stark County Fatherhood Coalition	Stark County Job & Family Services	Number of Fathers involved in the Fatherhood Coalition - **408** Number of community events/activities planned - **7** Number of fathers that participated in events - **96** Number of fathers utilizing a CHW - **6**
Cultural & Linguistic Competency & Population-Based Trainings	StarkMHAR, THRIVE	Number of cultural & linguistic trainings - **6** Number of Population-Based Trainings - **4** **Update indicators remove/replace** Number of CHWs trained

		Number of providers trained Number of community members trained Number of participants trained - **415** Number of African Americans participated in CLC trainings/sessions **765**
Trauma Informed Care Training	StarkMHAR	**Update indicator from/to** Number of individuals enrolled into Trauma Informed Care trainings Number of individuals trained in Trauma Informed Care - **23** Number of funded agencies enrolled into Trauma Informed Care trainings Number of agencies trained in Trauma Informed Care - **8** **Remove indicator - not being tracked** Percent of individuals who completed all six trainings
Rental Assistance Program	THRIVE, YWCA Canton, AHSC, SCCAA	Number of women/families assisted by/referred to rental/mortgage assistance programs - **11** **Remove SCCAA as responsible agency** Not tracking the above indicator
Community HUB Models	THRIVE, AHSC, SCCAA, SCHD	Number of active clients - **1177** Number of new clients rerolled - **401** Number of face-to-face/home/telehealth visits completed - **4,077** Number of completed post-partum pathways - **624** Number of completed medical home pathways - **38** Number of completed education pathways - **5,416** Number of completed pregnancy pathway - **280**
Tobacco Cessation Programs	SCHD, THRIVE, SCCAA	Number enrolled into tobacco cessation program - **48** Number referred to tobacco cessation program - **246** Percent completed tobacco cessation program - **6%**
Safe Sleep Initiative	SCHD	Number of agencies implementing safe sleep initiatives - **24**

OEI Social Determinants of Health Policy & Practice Changes	THRIVE	Implementation/Adoptions of SDOH Policies/Programs:
		• **Housing**
		  o Collaborated with Stark County Homeless Hotline to update intake procedures. Outcome of change resulted in 9 women being referred to the Neighborhood Navigator.
		  o Secured $35,000 in HOME/Emergency Solutions funding to support the implementation of a tenant based rental assistance program for pregnant women to be managed by the YWCA

		Canton
		• **Adolescent Health/Family Planning**
		  o Survey administered to parents/caregivers on beliefs and practices of adolescent reproductive health and family planning and the risks of unprotected sex. The survey received 159 responses and several participants requested additional information. Overall, approximately 231 educational forms/handouts were distributed to 51 unique email addresses.
		  o CHWs were offered improved training and a quick reference guide on talking with clients about family planning and STI prevention before, during and after pregnancy.

OEI Neighborhood Navigator	THRIVE	Number of individuals identified during outreach activities - **468** Number of pregnant women who could benefit from Neighborhood Navigator services - **240** Number of pregnant women screened - **126** Number of pregnant women referred to community resources - **126** Number of pregnant women who obtained needed services - **126**

Priority: Obesity & Healthy Lifestyles

Goal: ALL STARK COUNTY RESIDENTS WILL HAVE EQUITABLE ACCESS TO ENVIRONMENTS SUPPORTING A HEALTHY LIFESTYLE AND MAKING HEALTHY CHOICES.

1) **Long Term Measure**: By December 2023, increase Stark County resident's consumption of fruits & vegetables by 5%

   (Baseline-2019 CHA: 86.7% consume fruits & vegetables, 15.8% of residents have difficulty getting needed food)

   Strategies/Interventions: *Increase access to healthy food options.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Increase the number of agencies adopting and implementing Food Service Guidelines	CHC, UW	Number of FSG adopted - **5**
Increase the amount of nutritional foods and physical activity opportunities for PreK-12	SCHD, OSU Extension ESC	Number of OHP designated centers - **5** Number of individuals trained in OHP - **17** Number of schools provided Youth EFNEP nutrition education - **3** Number of students completed Youth EFNEP nutrition program - **250** Number of step up to quality sites - **11 (27 individual classrooms)**
Increase the number of individuals receiving nutritional education	AHSC, OSU Extension	Number of vulnerable AHSC clients referred to SNAP-Ed program **2020 data unavailable** Number of individuals who participated in OSU Extension SNAP-Ed program - **72** **Add new/additional indicator** Number of referrals for food assistance (SNAP/food banks) - **153** **Update indicator from/to** Percent of individuals who received nutritional education Number of nutrition education materials provided - **212**
Work with retailers/community partners in identified food deserts to incorporate fresh foods at reasonable prices	CHC, StarkFresh	Number of retailers/community partners - **1** • CHC helped fund appliances for the StarkFresh grocery store, allowing them to incorporate fresh food at a reasonable price. Number of Mobile Grocery Market stops - **16** Pounds of food sold through Mobile Market - **25,598** Number of individuals reached through Mobile Market - **217** **Remove indicator - not being tracked** Percent of healthy food purchased

Increase the number of community gardens and/or expand capacity of existing community gardens	CHC, Massillon City Health Department, Aultman	Number of community gardens - **13** **Update indicator from/to** Pounds of produce yield Pounds of produce produced - **454** **Remove MCHD as responsible agency** The community gardens program was suspended in late 2019 due to COVID-19 and lack of participants/participation
Work with schools to incorporate healthy, local foods through the implementation of Farm to School programs	ESC	Number of schools who implemented Farm to School **2020 data unavailable** Percent of local foods purchased - **2020 data unavailable**
Increase the number of healthcare providers who are screening patients for food insecurity and providing referrals	Aultman, AHSC	Number of referrals provided - **153** Number of individuals acting on referral - **107** **Update indicators remove/replace** Number of providers/locations screening Percent of patient referrals Number of patients screened Percent of food insecure patients - **Approximately 4%**
Increase the number of farmers' markets that accept alternative forms of payment including: SNAP/EBT, WIC and Senior Nutrition Program Farmers Market (SNPFM) vouchers	Canton City Public Health (WIC), Stark County Food Council, Vantage Aging	Number of farmers markets accepting alternative forms of payment - **8**
Work with providers to implement fruit and vegetable incentive programs	SCHD, StarkFresh, OSU Extension, Vantage Aging/Meals on Wheels	Dollar amount of incentives distributed - **$1,973.38** Dollar amount of incentives redeemed - **$1,973.38** • Mobile Produce Perks - **$1,973.38** • Temporary Assistance for Needy Families - **$0** • Senior Farmers Market Nutrition Vouchers - **$4,420** • WIC Family Market Nutrition Vouchers - **$720** **Remove SCHD as a responsible agency - replace with:** StarkFresh, OSU Extension & Vantage Aging/Meals on Wheels
Create and maintain a comprehensive inventory of existing food systems in Stark County	Stark County Food Council	Creation of GIS map - **2020 data unavailable** • The Stark County Food Council did not meet in 2020, due to COVID-19. The plan is to reconvene in the Fall of 2021to continue working on strategies.

2) **Long Term Measure:** By December 2023, increase the prevalence of Stark County residents who report participating in physical activity by 5%.

(Baseline-2019 CHA: 78.8% have exercised in the past month; physical activity or exercise is defined as participation in activities outside your regular job such as walking, running, lifting weights, team sports, golf or gardening)

Strategies/Interventions: *Increase opportunities for participation in physical activity.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Expand access to outdoor recreation areas by repairing or enhancing parks and playgrounds	CHC, Alliance Parks & Recreation, Stark Parks	Number of recreation areas improved/repaired - **10** Percentage of increase in park usage - **+227% (compared to baseline)** • Usage data is currently gathered through Google Analytic Mobility Reports. Stark Parks is looking into purchasing trail counters to gather more accurate local data for future years.
Develop Active Transportation Plan to encourage development supporting bike and pedestrian infrastructure and safety	Canton City Engineering, CHC	Adopt Active Transportation Plan - **1** Number of infrastructure improvements - **1** • Upgraded ADA Ramps - **280**
Implement public transit improvements to increase the rates of people taking multi-modal trips	CHC, Stark Area Regional Transit Authority	Number of bus shelters installed - **1 (Navarre)**
Establish connectivity through expansion of bike & hike trails throughout the County	Canton City Engineering, Canton Parks & Recreation, CHC, Stark Parks	Number of improvements/projects completed - **2** • Miles Completed - Active Transportation System - **34.69** ○ On Road - **12.28** ○ Side Path/Berm - **3.18** ○ Off Road - **18.73** • Trail Expansions - **1** Percentage of increase in trail usage - **+227% (compared to baseline)** • Usage data is currently gathered through Google Analytic Mobility Reports. Stark Parks is looking into purchasing trail counters to gather more accurate local data for future years.
Establish new & enhance existing safe walking routes in communities lacking infrastructure	SCHD, UW, Neighborhood Associations	Number of walking routes established Number of walking routes enhanced Usage of walking routes **Remove from plan - activity/indicators not being implemented** COVID really put an end to the Stark Walks efforts for 2020. The

| | | current routes/signage will remain but not actively expanding currently and there is no intent to expand it in the future. |

3) **Long Term Measure:** By December 2023, increase the prevalence of Stark County residents who report their health as excellent/good by 3%.

(Baseline-2019 CHA: 68.8% of residents rate their health as excellent/good)

Strategies/Interventions: *Enhance programs supporting awareness of healthy choices.*

Process Activity/Program/Initiative	Agency Responsible	2020 Accomplishments - Data & Narrative
Assist Stark County worksites in creating/ implementing workplace wellness programs for employees	AultCare, SCHD	**Add new/additional indicators** Number of healthy workplace policies adopted/updated - **0** • Several businesses/agencies were contacted by SCHD, but no policies/programs were adopted/implemented. The stay at home order and closure of non-essential businesses directly impacted the outcome of this activity/indicators. **Remove indicators - not being tracked** Number of workplace wellness programs Number of employees enrolled **Remove AultCare as responsible agency** Not correct agency for data collection
Expand access to evidence-based programs promoting healthy lifestyle changes	Aultman, ESC, AHSC	Percent of increase in AHSC client's health rating who participated in home visiting program - **68.4%** **Add new/additional indicators** Percent of high schools enrolled in Ambassador Program - **71%** Percent of high schools completed healthy assessment - **60%** **Remove indicators - not being tracked** Number of schools implemented programs promoting healthy lifestyles Number of students reached **Remove ESC as responsible agency** Not tracking any of the above indicators

Increase screening for prediabetes and referral to the YMCA's Diabetes Prevention Program	YMCA	Number of participants enrolled in DPP - **0** • YMCA is no longer offering the Diabetes Prevention Program.
Expand the *Healthy Eating and Active Living (HEAL)* program & identify measures for sustainability	**THRIVE**, YMCA, Sisters of Charity	Number of HEAL classes provided - **2020 data unavailable** Number of individuals reached - **2020 data unavailable** • HEAL program was delayed due to COVID-19
Increase awareness of programs for vulnerable populations, including those with disabilities and Alzheimer's Disease	Alzheimer's Association, Stark Board of DD	Development media campaign Number of materials shared/distributed Number of individuals reached **Remove activity/indicators from plan** Not being implemented/tracked
Conduct annual compliance checks and provide supporting education as a method to enhance the passage of Tobacco 21 locally	LWSC, Local Universities	Number of completed compliance checks Number of materials distributed **Remove activity/indicators from plan** Not being implemented/tracked
Expand access to tobacco-cessation treatment programs	SCHD, Mercy, Aultman, AHSC	Number of individuals enrolled - **34** Percent of individual completion rate - **0%** Number of referrals provided - **124** Number of clients who quit using tobacco - **10** **Update indicator from/to** Number of classes implemented Number of classes/sessions implemented - **214** Percent of clients received tobacco education Number of clients received tobacco education - **12** **Add new/additional indicators** Percent of adult graduation - **0%** Percent of adult quit success - **0%**
Implement education and awareness campaign about vaping, tobacco prevention and cessation	LWSC, AultCare, StarkMHAR, Beacon Charitable Pharmacy	Develop media campaign - **2020 data unavailable** Number of materials distributed - **2020 data unavailable** Number of people reached - **2020 data unavailable** • COVID-19 definitely effected this project. Beacon has a new resident starting July 2021 to begin working on initiative. **Remove LWSC, StarkMHAR & AultCare as responsible agencies** Not implementing activity/tracking indicators

The Stark County CHNA Advisory Committee is entering the fourth assessment cycle, in alignment with the state. The committee will begin collecting, analyzing and assessing data and community needs for the 2022 Community Health Assessment (CHA). The 2022 CHA will be utilized to develop the 2023-2025 Community Health Improvement Plan. Instead of implementing a full-blown assessment, which can be very expensive, the Advisory Committee is currently discussing implementing a small scale communitywide assessment by early 2022. A sub-committee will be organized to plan the CHNA Advisory Committee's 2022 Health Improvement Summit. The Health Improvement Summit provides updates, information and data to community members, agencies and stakeholders on the county's assessment process.