2017 MADISON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Prepared by: Madison County Public Health
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Introduction

This Community Health Improvement Plan (CHIP) represents collaboration among the Madison County Public Health, Madison Health (hospital), Family Council, the Mental Health Recovery Board, the Department of Job and Family Services, and other local nonprofit organizations. This partnership was formed with the ultimate goal of improving the health status of Madison County residents by periodically assessing the community health needs and fostering a community-based action planning process. This CHIP was developed through the leadership of Madison County Public Health and 38 community representatives from 23 organizations who formed a Steering Committee, and was facilitated by Wright State University’s Applied Policy Research Institute. The CHIP development process was completed in August 2017. These organizations partnered (1) to assess the community’s health using Mobilizing for Action through Planning and Partnerships (MAPP), and (2) to develop evidence-based solutions in response to the Community Health Assessment (CHA) findings. MAPP was selected as the improvement model approach because this model provides a framework that ensures the inclusion of community planning essentials – a good structure for conducting the work, wide community collaboration, thorough use of qualitative and quantitative data, and guidance for evidence-based research and prioritization.

The CHIP was developed based on the primary and secondary data analysis and efforts carried out in the development of the Community Health Assessment. The Community Health Assessment research effort has included: a demographic analysis; a survey of 400 adult residents selected at random; focus group sessions with senior citizens, the workforce via the Stanley Electric U.S. Company, and patrons of H.E.L.P. House (providing food, clothing, shelter, etc.); a forces of change assessment with key informants; a local public health system assessment; a community themes and strengths assessment; as well as analysis of data from the Madison Health, the Ohio Department of Health, the Ohio Department of Job and Family Services, Mental Health & Recovery Board, Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, and the Bureau of the Census’ American Community Survey. The Community Health Assessment addresses secondary data for maternal and infant health data, behavioral risk factors, clinical and preventive services, diseases (such as cancer), and leading causes of death. The steering committee has met to study the results and identify health priorities. After the community stakeholders in the Steering Committee were presented with the community health assessment data, they selected three priority needs for Madison County:

- Infant Mortality and Morbidity
- Healthy Lifestyles
- Substance Abuse Prevention
Description of Madison County¹

Madison County borders Franklin County, where Columbus sits, and is a 30 to 90 minute drive from several major, Midwestern metropolitan communities including: Dayton, Cincinnati, and Columbus. Approximately 82.9% of the county’s land is cropland, 5.82% of the land is pasture, 4.38% of the land is considered forest, shrub and grasslands, with 6.41% of land used by residential, commercial, industrial, or transportation uses.

Madison County’s total population is estimated to be about 43,419 in 2016. Its largest community and city is London with an estimated 10,158 residents. The Ohio Development Services Agency forecasts Madison County’s overall population to increase by approximately 12% by the year 2040. The population under the age of 65 years of age is projected to increase by approximately 4% by the year 2040 while the population over the age of 65 is expected to increase from 6,100 to 8,880 by the year 2040. According to the U.S. Census Bureau, there were 43,435 people living in Madison County in 2010, with 5.8% of the population under 5 years of age, 22.6% under 18 years of age, and 12.4% age 65 and over. Compared to the State of Ohio, Madison County has a slightly lower proportion of children (22.6% versus 23.7%) and also a lower proportion of persons 65 and over (12.4% versus 14.1%).

There are 14,906 households in Madison County and 10,519 family households. Of those family households, 29.9% have children under the age of 18. Of households with children, 8.6% live in a female-headed household with no male present and 3.8% live in a male-headed household with no female present. About 70.3% of housing units are owner-occupied and 29.7% are renter-occupied. In nearly one in six owner-occupied households, homeowners are spending more than 35% of their income on housing costs (the recommended percentage is 28%). Nearly one-third of renters are spending more than 35% of their income on housing costs.

One-third of children in poverty live in female-headed households (35.1%). In fact, 9.3% of Madison County’s population lives in poverty; among children under the age of 18, the percentage is 14.0%. Among children under the age of 5, the percentage of those living in poverty is estimated to be 16.2%. Among those ages 65 and over, the percentage living in poverty is 6.8%.

Across the county, 4,030 people received food assistance in the year 2016, which is 9.3% of the population and is 85 fewer individuals than received food assistance in 2015.² The average monthly food assistance payment was $119 in 2016 per individual. The total number of people who received cash assistance in 2016 under Ohio Works First was 29 adults and 336 children. Federal law requires that

²Ohio Department of Job and Family Services Public Assistance Monthly Statistics Reports for Calendar Year 2015 and 2016
families receiving cash assistance participate in work activities. Ohio Works First is a work program. Families receive assistance by spending a minimum of 20 to 35 hours per week (depending on circumstances) working, in school, or in some cases, volunteering at a location that will help them gain work experience for the future.

Approximately 14.2% of Madison County’s population does not have a high school diploma. The percent with a bachelor’s degree or higher is 15.7% versus 25.6% for Ohio. Although Madison County residents are much less likely to have a bachelor’s degree or higher when compared to the state, they are closely comparable to the average percentage of residents who have completed some college (21.8% in Madison County, 20.7% in the state of Ohio).

A sustainable wage for a household of two adults in Madison County is $16.75 per hour, as long as the person is employed full-time. For a household with one adult and one child, a sustainable wage is $21.72 or $45,177 annually. In Madison County, across 19 different industries, 13 do not pay a sustainable wage, on average, including the health care and social assistance industry, the finance and insurance industry, the construction industry, retail trade, food services, educational services, and crop and animal production among others.

A Message from the CHIP Steering Committee
The Community Health Improvement Plan (CHIP) is the result of the work of many local residents, community members, and partner organizations helping to improve the health status of Madison County residents. This Community Health Improvement Plan represents a long-term plan to improve the health status of the County in three priority areas. The success of this plan depends on the Madison County community as a whole to embrace individual and community health. This plan is a call to action for community organizations and leaders.

Thanks are in order to all the members who participated in the CHIP Steering Committee as well as the Steering Committee members who were engaged in the Community Health Assessment and the subcommittees. Members met over the course of eight months to establish the goals, objectives, and strategies described within this plan. Appreciation is extended to Madison Health (hospital), Madison County Public Health, Madison County Substance Abuse Coalition, Action For Children, OSU Extension, Healthy Child and Family Consortium, Madison County Early Intervention, Board of Developmental Disabilities, Township Trustee Association, Senior Center, City of London, County Commissioners, Miami Valley Child Development, Mental Health Services, Family Council, Educational Services Center, Job and Family Services, Community Action Organization, Help Me Grow, Juvenile Court System, United Way, London Metropolitan Housing Authority, Friends of Madison County Parks, Sheriff’s Office, Mental Health Recovery Board, and the Rocking Horse Center for their support on the Steering Committee and Task Forces. Chris Cook and Darcie Scott planned for Steering Committee meetings and advised the consultant on day-to-day matters.

This document, which will be located online and in print, will provide a framework for various community health initiatives between now and 2020. Madison County residents are invited to play a
part in this plan to improve the health of the community. Annual reports on progress will be made to the Family Council. Annual reports will also be distributed in print at Madison County Public Health and made available online. Progress tracking will be the responsibility of each of the priority topic champions. Madison County Public Health is also exploring the use of a dashboard to monitor community progress.

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**Vision and Values**

The CHIP Steering Committee came together on March 10, 2017 to discuss and update the Community Health Assessment vision and value statements used to guide the Madison County Community Health Improvement Plan. The Steering Committee discussed and then accepted the new vision and value statements proposed by Chris Cook, Madison County Health Commissioner:

2017 Vision Statement
Madison County maintains a collaborative public health system that uses evidence-based interventions to protect and promote the health and well-being of all communities, residents, visitors, and to respond to current and future public health challenges.

**2017 Value Statement**

Madison County seeks to...

1. **Know what affects the health of citizens through data collection and community engagement.**
2. **Focus efforts on the areas of greatest need.**
3. **Collaborate with others to maximize efforts.**
4. **Use a balanced portfolio of interventions for the greatest impact in the four action areas of socioeconomic factors, physical environment, health behaviors, and clinical care.**

The revised vision and value statements guided the selection of the strategic priorities to be addressed in the Madison County CHIP. These statements were also used to discern the types of strategies selected to address the CHIP priorities and were provided in writing to CHIP task force members and steering committee members whenever strategic decisions were being made.

**CHA/CHIP Steering Committee Definitions of Health and a Healthy Community**

**Definition of Health:** CHA/CHIP Steering Committee members defined Health as “the ability to make constant positive decisions; selecting healthy behaviors; the state of complete physical, mental, and social wellbeing (not just the absence of disease); plus spiritual health because those who have faith or hope heal better; and soundness of mind, body, and spirit.”

**Definition of a Healthy Community:** Steering Committee members defined a Healthy Community as “happy people; neighbors caring for neighbors; available resources; promoting and supporting mental, physical, social, and spiritual wellbeing.”

Steering Committee members described the **traits of a healthy community** as:

- People have purpose and opportunities to contribute their skills and talents
- Adequate resources for behavioral care
- Mental health care access
- Collaboration / unity / togetherness
- Socialization – no isolation of individuals or families
- Safe neighborhoods
- Stable housing
- Feeling secure
- Reduced drug-related crime
- A healthy self – whole body

- Places for activities and recreation
- Access to care
- Knowing where resources are
- Help for those who need it
- Good, stable wages; sustainable wages
- Gainfully employed
- A community that believes in vaccinations
- Healthy children
- No or few gaps in service
- Self-motivated and uplifting (sense of “positivity”)
Community Health Improvement Process

The Community Health Improvement Process is a comprehensive approach to assessing community health and developing and implementing action plans to improve community health through community member and partner engagement. The community health improvement process includes two parts:

The community health assessment engages community members and partners to collect and analyze health-related data and information from a variety of sources. The findings of the community health assessment inform community decision-making, the prioritization of health problems, and the development and implementation of a community health improvement plan.

The community health improvement plan is action-oriented and outlines the community health priorities based on the community health assessment, community leader input, and community-wide input. The plan presents community health priorities and how they will be addressed to improve the health of the community.

This document presents the Madison County Community Health Improvement Plan which was developed by the Community Health Improvement Steering Committee and was facilitated by Wright State University’s Applied Policy Research Institute. The plan was largely informed by the community health assessment and guided by evidence-based research. The steering committee followed the Mobilizing for Action through Planning and Partnership (MAPP) framework:

- Conducting forces of change, community themes and strengths, local public health system, and community health status assessments to create the Community Health Assessment;
- Developing strategic issues based on the community health assessment findings and based on the expertise of steering committee members;
- Identifying overarching goals, objectives and strategies to address the strategic issues;
- Writing clear objectives and determining performance measures to monitor implementation and improvement; and
- Creating action plans that determined the steps to implement chosen strategies, which would lead and support the implementation, the outcomes, and the time frame for implementation.

Priority Selection and Strategy Development Process

The steering committee carried out a three-step priority setting process to identify the health issues of greatest importance to the community. In the first step, researchers at Wright State University partnered with Madison Health (hospital) and the Madison County Public Health, and used the criteria of prevalence, seriousness, and impacts on other health issues to begin the process of culling through the data. The “impacts on other health issues” research provided insight into the social determinants of
health which are presented in the CHA report. In the second step, the steering committee came together to review the results of all four MAPP assessments (forces of change, community themes and strengths, the local public health system, and the community health status) and underlined key health issues that cut across the assessments and this resulted in the first draft of strategic issues as follows.

- Drug abuse prevention
- Threats to mental health and substance abuse
- Funding for physical health, mental health, and prevention
- Poverty – Impacted by lack of transportation and aging population
- Employment opportunities are good
- Isolationism and being London-centric
- Benefits of Senior Center and Community Center activities
- Tele-medicine provided by Madison Health for specialty care
- Wellness promotion / Promote healthy lifestyles
- Food security – Food deserts in London and NW area of Madison County
- City in process of building all-inclusive park and playground for kids of all abilities
- Mental health system capacity – Finite amount of resources
- Difficulty attracting qualified service providers to this area
- Adequate affordable housing
- Access to Care: Primary care physicians recruitment
- Infant mortality rate

In the third step, the steering committee applied a modified list of questions similar to the PEARL Test and narrowed the focus down to three strategic issues. The criteria pertained to:

- Balancing the data findings with community interest and support
- Selecting a reasonable number of issues that the community can manage and impact within three years
- Identifying realistic and actionable priorities
- Pursuing areas where there is shared leadership and responsibilities
- Aligning with existing and/or pending resources

Applying these criteria, drug abuse was the number one problem identified. Both the residents and the organizations involved in the planning process identified a major issue in the community being increased use and abuse of drugs, and specifically the opioid epidemic sweeping not only Madison County but the entire nation. Two other strategic issues were also identified based on the data and the experience of Steering Committee members. The three priority areas selected for the Madison County Community Health Improvement Plan are:

- Alignment to State Priority Topic: Maternal & Infant Health; Task Force Name: Infant Mortality and Morbidity
- State Priority Topic: Chronic Diseases; Task Force Name: Healthy Lifestyles
• Alignment to State Priority Topic: Mental Health & Addiction; Task Force Name: Madison County Substance Abuse Prevention Coalition

In the fourth step, the steering committee applied the following questions to ensure that truly strategic issues had been identified.

1. Is the issue related to the vision?
2. Will the issue affect the entire community?
3. Is the issue something that will affect the community now and into the future?
4. In order to address the issue, is leadership support needed or is there already a leadership group in place addressing this issue sufficiently?
5. Are there long term consequences of not addressing this issue?
6. Does the issue require the involvement of more than one organization?
7. Does the issue create tension in the community?

Task force chairpersons were identified and task force members were recruited for two health priorities, while the Madison County Substance Abuse Coalition was already formed to address the substance abuse and prevention issue. The two task forces were chaired by the Madison Health (hospital) and Madison County Public Health (see Appendix A). The former task force relied upon the Madison Health CHNA Implementation Strategies and the latter task force became part of the Healthy Child and Family Consortium (HCFC). The next section presents background data from the CHA as context for the priorities.
Background Data for the Health Priorities

Maternal & Infant Health—Infant Mortality and Morbidity

**Strategic Issue:** How do we reduce the high rate of infant mortality and morbidity through education, promotion, and optimization of existing health services in Madison County?

Infant mortality is on the rise in Madison County.

![Graph showing 5-year average annual infant mortality rate (per 1,000 live births), 2010-2014 for Ohio and Madison County, OH.](image)

In Madison County, there were 38 infant deaths out of 4,435 births from 2007-2016. Of those 38 infant deaths:

- 17 were due to extreme prematurity.
  - In 9 instances, mothers smoked during pregnancy.
- 5 were sleep related.
  - In all 5 instances, mothers smoked during pregnancy.

Low birth weight births that occurred in Madison County from 2012-2016 shows that:

- 53 of the 1,245 babies born were considered to be low birth weight.
  - In 36 of the 53 instances, mothers smoked during pregnancy.
The percentage of births to mothers who smoke is higher in Madison County than for the State of Ohio.

Madison County’s infant mortality rate is in the second highest quintile in Ohio.
Chronic Diseases—Healthy Lifestyles

Strategic Issue: How do we deliberately promote healthy lifestyles to prevent/address chronic diseases and reduce childhood hunger in our community?

Key health risk factors that lead to disease and death:

- Low physical activity makes a female at risk for 5 leading causes of death vs 4 for men (excluding breast cancer); 29% of adults in Madison County have no leisure time physical activity vs 26% in Ohio and 20% for the U.S. top performers.
- The years of potential life lost due to premature mortality (deaths that could have been prevented) is 7,900 per 100,000 in Madison County vs 7,500 for Ohio.
- The percent of County adults reporting poor to fair health is 18.2% vs 17% for Ohio.
- Coronary heart disease is higher in the County (9.4% vs 4.8%). While the County sample was older, 15.3% of 45-54 year olds report that they have been told they have heart disease (10.8% of 45-64 year olds report that they have been told they have heart disease.)

The leading causes of death in Madison County are heart diseases, malignant neoplasms, unspecified causes, chronic lower respiratory diseases, accidents/unintentional injuries, and diabetes mellitus.

![Top Six Leading Causes of Death for the Adult Population, 2006-2015 (crude rate per 100,000)](image)

The Youth Risk Behavior Survey conducted in Madison County found that youth in the community:

- Describe themselves as slightly or very overweight (37.9% vs 28.2% in OH, and 31.1% in U.S.)
- Went without eating for 24 hours+ to lose weight (13.8% vs 10% in OH, and 13% in U.S.)
• Are overweight (20.6% vs 15.9% in OH, and 16.6% in U.S.)
• Are physically active less than 5 days in last 7 days (69.5% vs 52% in OH, and 52.7% in U.S.)
• Played video or computer games 3+ hours per day (42.1% vs 37.3% in OH, and 41.3% in U.S.)
• Have no physical education class (80.8% vs 70.6% in U.S.)
• Did not play on sports teams (36.4% vs 37.8% in OH, and 46% in U.S.)
• Used an indoor tanning device (16.1% vs 12.8% in U.S.)

The Community Health Status Assessment including perspectives from focus group sessions identified other youth challenges in Madison County:

• Supervised after school care and recreation activities – a top need identified in the household survey and a top need identified by Stanley Electric employees in their focus group session.
• The City of London Comprehensive Plan describes a need to add new recreational space as the population increases. The Plan expected a need for 10 additional acres for parks and recreation through 2018.
• At the time of the City of London’s Comprehensive Plan, there were no local parks on the west, central and eastern sides of the City of London.
• The Plan also recommended expanding parks and recreation by linking parks to greenways and trails.

In 2015, Madison County has two census tracts considered to be low income and low access to food at one mile and at ten miles. Low-income census tracts are where a significant number (at least 500 people) or share (at least 33 percent) of the population is greater than 1.0 mile from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area. At the same time, the number of people receiving Supplemental Nutrition Assistance Program (SNAP) is declining; for example, the number receiving SNAP was 4,030 in calendar year 2016 versus 4,861 in calendar year 2013. The average dollar amount of SNAP support per individual was $119 per month versus $124 in 2013.

**Mental Health & Addiction—Substance Abuse and Prevention**

**Strategic Issue:** How do we reduce the risk of substance use among adults and youth to protect the health, safety, and quality of life for all?

The Youth Risk Behavior Survey conducted in Madison County found that youth in the community...

• Smoked cigarettes before age 13 (17.2% vs 9.3% in U.S.)
• Drank alcohol before age 13 (40.3% vs 12.7% in OH, 18.6% in U.S.)
• Tried marijuana before age 13 (17.7% vs 5.8% in OH, 8.6% in U.S.)
• Used cocaine one or more times (5.3% vs 3.8% in OH, 5.5% in U.S.)
• Used needle to inject an illegal drug (2.9% vs 2.2% in OH, 1.7% in U.S.)
• Had sexual intercourse before age 13 (7.7% vs 3.7% in OH, 5.6% in U.S.)
• Had sexual intercourse in past 3 months (39.4% vs 30.8% in OH, 34% in U.S.)
The Ohio Department of Health calculates the unintentional drug overdose death rate. The Madison County drug overdose adjusted rate is 15.0 per 100,000 while the rate for Ohio is 19.2 per 100,000. Madison County ranks 51st among the 88 counties in Ohio for unintentional drug overdose deaths. The chart below presents the annual number of drug overdose deaths in Madison County from 2003 to 2015 and presents a sharp increase from 2004 to 2010 with a sustained relatively high rate in recent years.

Madison County resources are being used to address opioid dependence and abuse. The chart below shows that there are a decreasing number of residents receiving treatment for alcohol and marijuana dependence and abuse, while the number receiving treatment for opioid dependence and abuse has increased substantially.
MAPP Assessment Results Aligned to Strategic Priorities

Madison County completed its community health status assessment (CHSA) report in March 2017. Three other assessments were completed after that in 2017—the Community Themes and Strengths Assessment (CTSA), the Local Public Health System Assessment (LPHSA), and the Forces of Change (FoC) Assessment.

The findings from the latter three assessments are synthesized into one table titled the Madison County Trends Matrix, which can be found as an addendum at the end of this report. The findings are organized into forces of change categories that include: Political, Economic, Sociocultural, Technology, Educational, Demographic, and Environmental. Local Public Health System Competencies and Capacities, and Threats and Opportunities are associated with each of those forces of change categories.

Maternal & Infant Health—Infant Mortality and Morbidity

CHSA: Madison County’s infant mortality rate is in the second highest quintile in Ohio, which resembles rates also found in Cuyahoga and Franklin counties where major cities of Cleveland and Columbus are located. From 2010 to 2014 Madison County experienced a rising trend of infant mortality rates, while the overall state of Ohio has remained relatively stable with a slight decrease. In 2010, the rate of infant mortality per 100,000 live births was 7.5 in Madison County and 7.7 in Ohio. In 2014, the rate increased to 10.8 per 100,000 live births in Madison County and slightly decreased to 7.5 in Ohio. Madison County is also higher than the state of Ohio in its percentage of births to mothers who smoked during their third trimester. In 2014, 16.9% of births in Madison County are to mothers who smoked in their third trimester; whereas, the overall percentage in Ohio continued to decrease steadily through 2014.

FoC: No comments pertaining to this topic came up in the Forces of Change analysis.

CTSA: The Healthy Child and Family Consortium is a collaborative of multiple organizations (early intervention, Help Me Grow, the hospital, the health department, the Federally Qualified Health Center (FQHC), and others work together to address maternal, infant, and young child needs. The Consortium members have a history of working together (organizing community baby showers, etc.). The Consortium is extending its role to include the Infant Morbidity and Mortality Task Force, which is a natural extension of its previous interventions and efforts.

LPHSA: Having an FQHC in Madison County provides comprehensive care in this underserved area on a sliding fee scale. The Rocking Horse Center, the FQHC in Madison County, is an important community resource. Rocking Horse can provide mothers with free pregnancy tests who agree to sign up to be patients in their obstetrics unit, which allows Rocking Horse Center to provide prenatal care to mothers in need. If these mothers are eligible for Medicaid, Rocking Horse Center also provides 30-day transition care while mothers are waiting to get Medicaid. Madison Health (hospital) is developing a series of prenatal education courses to help educate and spread awareness to mothers and families about healthy habits and proper prenatal care procedures.
**Chronic Diseases—Healthy Lifestyles**

**CHSA:** The rate of coronary heart disease is higher in Madison County than for the state of Ohio (9.4% vs 4.8%). While the Madison County sample is older, 15.3% of 45-54 year olds report that they have been told they have heart disease. The #1 leading cause of death in Madison County is heart disease, and the rate is on the rise. Diabetes Mellitus is also one of the leading causes of death in Madison County, and the rate has fluctuated from 2006 to 2015. At the same time, more adults in Madison County have a sedentary life style, and the percentage of the population that is obese is 30% versus 28% for the nation overall. Two food deserts exist in Madison County, one being in London and the other located in the northwest area of the county.

**FoC:** A top need identified by a household survey of local community members is supervised after-school care and recreational activities to encourage children to stay active and live a healthy life. The City of London’s Comprehensive Plan also identified a similar need that additional recreation space is necessary as the population continues to increase. However, at the time of the Comprehensive Plan, there were no local parks located on the west, central, or eastern sides of the City of London, the largest City in Madison County.

**CTSA:** The Senior Center, park districts, and Community Centers, present in several areas of the County, are resources that offer activities around the community. Another strength in the community is the Department of Job and Family Services, which works with residents to help them access benefits which in turn provides access to health care. Madison Health (the hospital) has hired a certified diabetes educator, who also offers an hour a week where any resident can drop in and obtain nutrition guidance.

**LPHSA:** The City of London is in the process of working to build an all-inclusive playground for kids of all abilities, meaning handicap accessible, and plans to have first two phases (of four total) completed by Summer 2017. Two assets in the community that offer information, education, and services about health are the health department and local churches. Finally, the Summer Food Service Program (SFSP) has received a grant from the State Library to continue their work in ensuring that low-income children continue to receive nutritious meals when school is not in session. The Plain City Public Library is participating in ILEAD (Innovative Librarians Explore, Apply and Discover) USA program and is working with a group of librarians, using technology to coordinate local resources for summer food service programs in Madison County.

**Mental Health & Addiction—Substance Abuse Prevention**

**CHSA:** Mental health and substance abuse addiction are areas that frequently came to the attention of residents and the Steering Committee. In Madison County, the rate of unintentional drug overdose deaths has steadily increased from 2003 to 2015, with the largest spike occurring between 2009 and 2010. Though there is a decreasing number of residents receiving treatment for alcohol and marijuana dependence and abuse, there has been an increase in the number of residents receiving treatment for opioid dependence and abuse between 2010 and 2015. The Youth Risk Behavior Survey reports that a higher percentage of Madison County youth drink alcohol before age 13, marijuana before age 13, and/or use a needle to inject an illegal drug than the percentages found in both the state of Ohio and the U.S.
FoC: Concerns in the community that may impact the goals of improving mental health and reducing substance abuse and addiction are State changes in Medicaid that may present challenges for mental health providers, the State redesign of behavioral healthcare, and the difficulty of attracting and maintaining health care professionals in Madison County. However, getting the word out about an initiative already in place, No Wrong Door, will greatly help as every organization involved is dedicated to connecting people to resources rather than simply referring them. Community members described the strain on resources caused by the increase in opiate addiction. The increase in opiate addiction and the strain it has put on physical health providers, mental health providers, law enforcement, courts and probation, education systems, and many others, causes resources to flow toward its resolution and away from other needed health concerns. In addition, the increase in behavioral health issues among children of a younger age is an issue that the community, and Nation as a whole, has to address. Community members believe there needs to be more integration of physical and mental health services to address the challenges seen in Madison County, such as through collaboration between Madison County Public Health, Madison Health (hospital), and the Rocking Horse Center.

CTSA: Madison County has a number of assets already in place to help improve mental health and reduce substance abuse and addictions. Examples of groups working to improve the health and quality of life in the community are the Madison County Substance Abuse Coalition (MCSAC), London Recovery Project (LRP), Mental Health and Recovery Board, and the Madison County Suicide/Depression Prevention Coalition. Madison County also has a psychiatrist available one day per week for both adults and children. However, more adults come in seeking care, so Madison County is working to recruit a full-time person given the need.

LPHSA: The focus on substance abuse prevention in the CHIP aligns with the initiatives set in the Madison County Substance Abuse Coalition’s Drug Free Communities action plan. Other local resources include the City of London’s Police Department and Drug Task Force, Signs of Suicide (SoS), and London Recovery Project’s (LRP) Hope Spots for recovering addicts.

Community Assets and Resources

Assets that are Available to Improve Health in Madison County
The MAPP assessments captured information about the local public health system and the community themes and strengths. Information from those assessments is used to summarize the assets available to improve health in Madison County.

- Grants
  - ODNR grants
  - Capital funding – City budget
  - Other grants – grantfinder.com
  - Property tax levies, donations, collaboration, volunteers
  - The Komen Grant to the Madison Health Foundation

- People
  - Close-knit agencies and community
- FQHC in the community
- Limited funding... but, great community collaboration
- Great collaboration; people are committed to working together
- Many resources (i.e., people that want to improve our community)

**Amenities**
- Small community
- Parks
- Bike trails
- Hospital
- Community centers

**Organizations**
- Madison County Public Health
- Madison Health (Hospital)
- Rocking Horse Center (FQHC)
- Komen Grant
- James Center partnership at the Hospital
- Madison County Mental Health and Recovery Board (MHRB)
- Madison County Suicide/Depression Prevention Coalition
- Madison County Substance Abuse Committee
- Madison County Healthy Child and Family Consortium (HCFC)
- Action for Children
- The Ohio State University Extension service
- Major employers
- H.E.L.P. House
- Mom’s Journey, Choctaw Lake, and local churches and social service groups

**Groups Working to Improve the Health and Quality of Life in Madison County**

**Substance Abuse and Prevention**
- Madison County Substance Abuse Coalition (MCSAC) and its 12 sector representatives
- Madison County Suicide/Depression Prevention Coalition
- Mental Health and Recovery Board (MHRB)
- Family Council
- Faith community
- EMA
- London Recovery Project

**Healthy Lifestyles**
- Madison County Public Health
- Madison Health (Hospital) – expanding the hospital and more primary physicians and specialists
- Meals on Wheels / hospital volunteers
- School nurses
- Schools
- Churches
- H.E.L.P. House
- Rocking Horse Center (FQHC)
- Service agencies
- Health Care Providers Group (Loving Care Hospice)

- School Partners
  - Sufficient Grace working with schools and providing food for the Backpack Home Project
  - Schools and the Health Department work together via the School Nurses who are employees of Madison County Public Health
  - Plain City Community Coalition
  - Business, Education, Mental Health, First Responders, Faith Community, OSU
  - The PAX Project in schools

- Maternal and infant Care
  - Healthy Child and Family Consortium
  - Madison County Public Health
  - Madison Health (Hospital)
  - Action for Children (consultant serving Madison County)
  - The Rocking Horse Center (the County’s FQHC)

- Other Coalitions
  - Previous CHIP groups
  - Cluster / Family Advocate Program / Family Council
  - Prevention / Schools
  - Recovery Housing Coalition
  - Family Council

**Priorities Selected**

The task forces were organized in accordance with the three strategic priorities:

1. **Infant Mortality and Morbidity** – How do we reduce the high rate of infant mortality and morbidity through education, promotion, and optimization of existing health services in Madison County?
2. **Healthy Lifestyles** – How do we deliberately promote healthy lifestyles to prevent/address chronic diseases and reduce childhood hunger in our community?
3. **Substance Abuse Prevention** – How do we reduce the risk of substance use among adults and youth to protect the health, safety, and quality of life for all?

The Steering Committee had been told from the beginning that identifying three to five priorities, rather than ten or twenty priorities, would engender success. Therefore, each task force was charged with identifying a manageable number of priority health issues for the Plan, and to identify strategies that met a PEARL-like “feasibility” test.

Task forces began their work by reviewing the Community Health Assessment including the four MAPP assessments. Task force members reflected on the themes uncovered, clarified the goals, reviewed evidence-based practice research provided by Wright State University and others, and then selected the evidence-based solutions that best met the need, resources, and capacity of the community.
CHIP Implementation Plan

Priority 1: Maternal & Infant Health Topic—Infant Mortality and Morbidity

Goal #1: Reduce the percentage of women who smoke while pregnant.

Madison County Public Health submitted a grant application to the Ohio Department of Health (ODH), Office of Health Improvement and Wellness (OHIW), Bureau of Maternal, Child and Family Health (BMCFH) to support the Moms Quit for Two Program. The Moms Quit for Two Program is part of a larger effort to promote smoking cessation and reduce secondhand smoke exposure among Ohio’s most vulnerable population. While Madison County does have a Healthy Child and Family Consortium, some level of funding is necessary to implement the strategies in response to the goal. In the event the grant funding is not awarded to Madison County Public Health for the Moms Quit for Two Program, Madison Health (hospital) will explore including a class on smoking cessation for pregnant women in its prenatal educational classes program. Madison Health (Hospital) will provide quarterly updates to the Healthy Child and Family Consortium on its progress.

Strategy: Coordinate a communitywide effort to increase smoking cessation among pregnant women. This is also a cross-cutting strategy, as required by the State Health Improvement Plan. Tobacco use negatively affects maternal and infant health outcomes as well as chronic diseases that impact healthy lifestyles and mental health & addiction.

Background:

Smoking during pregnancy remains one of the most common preventable causes of infant morbidity and mortality. Maternal cigarette smoking during pregnancy increases the risk for pregnancy complications including placenta previa, placental abruption, premature rupture of the membrane, preterm delivery, restricted fetal growth, and sudden infant death syndrome [SIDS]. In the United States, 5 to 8 percent of preterm deliveries, 13 to 19 percent of term low-birth-weight deliveries, 23 to 34 percent of SIDS, and 5 to 7 percent of preterm-related deaths are attributable to prenatal smoking. In 2014, about 16% of births in Ohio were to mothers who smoked, double that of those who smoked during pregnancy in the United States, at 8.4%.

In Madison County, there were 38 infant deaths out of 4,435 births from 2007-2016. Of those 38 infant deaths:

- 17 were due to extreme prematurity.
  - In 9 instances, mothers smoked during pregnancy.
- 5 were sleep related.
  - In all 5 instances, mothers smoked during pregnancy.

Data on low birth weight births that occurred in Madison County from 2012-2016 show that:

- 53 of the 1,245 babies born were considered to be low birth weight.
  - In 36 of the 53 instances, mothers smoked during pregnancy.
**Objective** for priority population aligned to the State Health Improvement Plan:
By 2020, decrease the percent of women who smoke during the 3rd trimester by 2 percent in Madison County, which should impact the number of low birth weight infants.

**Evaluation Measure** which is a priority outcome indicator aligned to the State Health Improvement Plan:
Reduce the low birth weight percentage by 0.2% over a three year planning period. Low Birth Weight is the percent of births in which the newborn weighed <2,500 grams. Data for this measure is provided by the Ohio Department of Health, Birth Data and Statistics.

**Evaluation and Monitoring Method**
The Infant Mortality and Morbidity Task Force will report to the Healthy Child and Family Consortium quarterly, and they will also report to the Family Council on an annual basis to ensure goals and objectives are being met. A Dashboard will be used as a tracking system for all initiatives in this plan.

**Evidence-based Strategies:**
- *The Ohio Quitline services are considered effective Practice:* Promote 1-800-QUIT-NOW.
- *SAMHSA-HRSA Evidence-based Practice:* Promote motivational interviewing during prenatal care by widely spreading an evidence-based technique called the 5 A’s.
- *JAOA Clinical Practice:* Develop new support groups to help pregnant women cope with tobacco cessation.

**Initiatives Already in Place:**
This effort aligns with Madison County Healthy Child and Family Consortium (HCFC) efforts, thereby providing a sustainable “home” for this effort. Furthermore, Madison County Public Health has a good working relationship with area physicians and regularly distributes pamphlets and other materials in physician offices. These partnerships will enable the implementation steps described below.

**Implementation Steps:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date to begin Implementation</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire or assign a Maternal Smoking Cessation Health Educator at Madison County Public Health</td>
<td>July 2018</td>
<td>Non-traditional funding sources (i.e., hospital and local businesses). The Health Department is well-positioned to lead as it has a Licensed Tobacco Treatment Specialist</td>
<td>Children born to mothers who stopped smoking before or during early pregnancy have appropriate fetal and childhood growth.</td>
</tr>
<tr>
<td>Promote 1-800-QUIT-NOW.</td>
<td>July 2017</td>
<td>Push for community wide promotion. Provides personal quit coaching and telephone counseling <strong>free of charge</strong> to Ohioans who are uninsured, have Medicaid, are pregnant, or through the Ohio Tobacco Collaborative.</td>
<td>Any pregnant mom can call to get resources that will help her quit smoking.</td>
</tr>
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</tr>
<tr>
<td>Promote motivational interviewing during prenatal care by widely spreading an evidence-based technique called the 5 A’s.</td>
<td>July 2017</td>
<td>Promotional resources required: $5,000</td>
<td>When clinical staff members successfully implement Ask, Advise, Assess, Assist and Arrange steps with patients, it is proven that more moms quit smoking.</td>
</tr>
<tr>
<td>Develop smoking cessation support groups for pregnant moms.</td>
<td>July 2018</td>
<td>A responsibility of the Maternal Smoking Cessation Health Educator</td>
<td>Empowers women by coming together in a supportive atmosphere to discuss pregnancies, providing resources and fostering skill development to cope with tobacco cessation.</td>
</tr>
<tr>
<td>Solicit video testimonials for people who have successfully stopped smoking while pregnant, and post to social media. Provide a volunteer at the Health Fair to discuss their experiences quitting smoking while pregnant.</td>
<td>July 2018</td>
<td>A responsibility of the Maternal Smoking Cessation Health Educator</td>
<td>Mothers who are pregnant may be more inclined to quit smoking if they hear a personal testimonial from someone they can relate to and someone who experienced the same struggles as them.</td>
</tr>
<tr>
<td>Easily accessible online booklets for moms to help them quit smoking while pregnant.</td>
<td>October 2017</td>
<td>Online materials available: 9-10 booklets.</td>
<td>Educates and informs women on how and why they should quit smoking when pregnant; raises awareness.</td>
</tr>
<tr>
<td>Solicit help from The OSU on their promotion of a “smoke free campus.”</td>
<td>October 2017 or July 2018</td>
<td>OSU partnership or collaboration with Madison County</td>
<td>Promotes a smoke free lifestyle while pregnant; raises awareness.</td>
</tr>
</tbody>
</table>

**Lead Agency:** Madison County Public Health (MCPH)

**Partners:** Healthy Child and Family Consortium (MCPH along with Madison Health, Rocking Horse (FQHC), MCBDD EI, EHS, Action for Children, MHRB ECMH)
Goal #2: Increase collaboration and resource delivery to improve infant care.

This initiative is similar to the idea of No Wrong Door, but it digs deeper into the specific issues of prenatal care, safe sleep and child care settings. Madison County has a Healthy Child and Family Consortium which focuses on infants, children, and families. In the past, the Consortium has had limited resources and therefore has had to target populations in most need of support. With the addition of Madison Health and other key partners, the Consortium can make these events open to all populations in the County.

Strategy 1: Increase the percentage of women obtaining first trimester prenatal care.

Background:

Causes of death in the first year of life include pre-term birth, congenital malformations, maternal complications, Sudden Infant Death Syndrome (SIDS, now expanded to Sudden Unexpected Infant Death - SUID), and unintentional injuries. These leading causes attribute to more than half of infant deaths.

Babies born preterm (before 37 completed weeks of gestation) or at low birth weight (less than 2,500 grams or 5.5 pounds) are at increased risk of immediate life-threatening health problems as well as long-term complications and developmental delays. Complications that can occur during the newborn period include respiratory distress, jaundice, anemia, and infection. Long-term complications can include learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss.

Although prenatal care cannot control for socioeconomic status and environmental differences that result in poor birth outcomes, it has proven its worth in identifying the factors that affect birth outcomes, such as cigarette smoking, alcohol consumption, drug use, and poor diet. Once these factors have been identified, they can be reduced or eliminated through careful prenatal counseling.

The chances of having a low-birthweight baby are substantially higher for women who do not receive prenatal care. Studies have found that even after adjusting for other differences like socioeconomic status and maternal age, infants born to mothers who received no prenatal care weighed considerably less, on average, than those whose mothers received prenatal care. Prenatal care programs provide nutritional counseling, careful monitoring of maternal weight gain, screening for genetic or behavioral risk factors, and emotional support for pregnant women. Prenatal care programs with a focus on preventing premature delivery have been shown to lower the incidence of low birth weight among women of all ages.

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3 Child Health USA, 2014
4 March of Dimes
5 http://web.stanford.edu/group/virus/herpes/2000/primaryf.htm
**Objective:**
By 2020, increase the percentage of women receiving first trimester prenatal care by 1% and provide targeted interventions for those at risk for a poor birth outcome.

**Evaluation Measure:**
A measure of first trimester prenatal care will be provided by the Ohio Department of Health, Birth Data and Statistics.

**Evaluation and Monitoring Method**
The Infant Mortality and Morbidity Task Force will report to the Healthy Child and Family Consortium quarterly, and they will also report to the Family Council on an annual basis to ensure goals and objectives are being met. A Dashboard will be used as a tracking system for all initiatives in this plan.

**Evidence-based Strategies:**
- Reduce late entry into prenatal care. (Source: Institute of Medicine)\(^8\)
- Decrease the rate of preterm births before 37 weeks through the use of progesterone. (Source cited in footnote)\(^9\)
- Increase the screening, identification, and treatment of pregnant women at risk for preterm birth. (Sources: Ohio Department of Health Infant Mortality Reduction Plan 2015-2020 and Ohio Perinatal Quality Collaborative Progesterone Project)

**Initiatives Already in Place:**
- The Madison County Healthy Child and Family Consortium hosts community baby showers, providing the opportunity for healthy infant education while also distributing baby bundles and a selected number of larger items.
- Madison Health has a Safe Sleep Environment form that mothers agree to and sign, but the entire county does not do a Safe Sleep Pledge with new parents and their infants.

**Implementation Steps:**

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<tr>
<td>Offer free pregnancy tests via the FQHC Rocking Horse Center or Madison County Public Health, with the plan to connect pregnant mothers with a Rocking Horse obstetrician (OB).</td>
<td>October 2017</td>
<td>Test kits, Personnel</td>
<td>OB medical home for more pregnant women</td>
</tr>
<tr>
<td>When establishing OB care with the Rocking Horse Center, assist pregnant women in applying for Medicaid and provide presumptive eligibility (PE) for 30 days, thus enabling immediate care.</td>
<td>October 2017</td>
<td>None</td>
<td>Increased access to prenatal care early in the pregnancy</td>
</tr>
</tbody>
</table>

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\(^8\) Committee to Study the Prevention of Low Birthweight; Division of Health Promotion and Disease Prevention; Institute of Medicine. Washington (DC): National Academies Press (US); 1985 Jan 1.

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</thead>
<tbody>
<tr>
<td>Ensure Rocking Horse referrals to Help Me Grow to increase the number of first-time moms receiving home visits.</td>
<td>October 2017</td>
<td>None</td>
<td>Increased number of first-time moms receiving home visits</td>
</tr>
<tr>
<td>Educate pregnant women to talk to their provider about progesterone treatment to help prevent preterm birth.</td>
<td>October 2017</td>
<td>None</td>
<td>Decrease rate of preterm births through use of progesterone</td>
</tr>
<tr>
<td>Track women who “doctor hop.” Madison Health will try to find data on this.</td>
<td>July 2018</td>
<td>Personnel</td>
<td>Counseling to women</td>
</tr>
<tr>
<td>Educate women in treatment at the London Recovery Project to help them understand the importance of first trimester care and to get expectant mothers into early and appropriate prenatal care.</td>
<td>July 2018</td>
<td>Personnel</td>
<td>Increased number of at-risk pregnant women receiving prenatal care</td>
</tr>
<tr>
<td>Continue the No Wrong Door initiative to inform people in the community about local resources available.</td>
<td>October 2017</td>
<td>Personnel</td>
<td>Increased awareness of local services and resources; and increased number of clients using these services and resources.</td>
</tr>
</tbody>
</table>

**Lead Agency**: Madison County Public Health

**Partners**: Madison Health (Hospital), Rocking Horse, Help Me Grow, Early Head Start

**Potential Partners**: Mom’s Journey (Cindy Taylor), Choctaw Lake (Lori Thomas), and local churches and social service groups

**Strategy 2**: Promote infant safe sleep among all child care providing organizations and among the general public.

**Background**:

This goal targets safe sleep training in the general population and with providers in child care settings. Most child care trainings focus on the ABCs of sleep for infants: Alone, on their Back, in a Crib. Action for Children offers training courses designed to help early childhood professionals complete annual training requirements and acquire required training hours for those seeking a Child Development Associate (CDA) credential, CDA credential renewal, or in-service training. Courses cover a variety of topics including: Safe and Healthy Sleeping Practices, Preventing Shaken Baby Syndrome, and Child Abuse Awareness. These courses are not free and are a part of a 40 hour (4 CEUs) online self-paced training customized for center-based child care or family child care providers.
Breastfeeding will also be promoted as a contributor to safe sleep. The protective effect of breastfeeding against SIDS has biological plausibility.\textsuperscript{10} Breastfed infants are more easily aroused from active sleep than formula-fed infants at 2 to 3 months of age, which is within the 2- to 4-month peak age during which SIDS occurs.\textsuperscript{11}

Breastfeeding also confers immunologic advantages over formula feeding by providing immunoglobulins and cytokines that may protect infants during the vulnerable period for SIDS, when their own production of immunoglobulin G is low and their maternally acquired levels are decreasing.\textsuperscript{12} Infants who die from SIDS often have had a minor infection in the days preceding death that was not sufficient alone to have caused death.--These infections may induce pro-inflammatory cytokines that may cause respiratory or cardiac dysfunction, fever, shock, hypoglycemia, and arousal deficits.\textsuperscript{13}

The same benefits of breastfeeding in protecting against SIDS are found for black infants as for those in other groups.\textsuperscript{14} However, breastfeeding initiation and continuation occur less frequently among black mothers and those of other racial/ethnic minorities and among socially disadvantaged mothers.\textsuperscript{15} In addition, these same groups have a higher incidence of SIDS; thus, it is essential that breastfeeding interventions target these higher-risk populations.\textsuperscript{16} All health professionals should speak with one voice about the importance of breastfeeding, which now adds SIDS risk reduction to its long list of maternal and infant health benefits.\textsuperscript{17}

| **Objective:** |
| Promote infant safe sleep resulting in more child care professionals being trained and increased knowledge among the general public. |

| **Evaluation Measure:** |
| Action for Children child care training data and the County’s general population survey will provide measures for the objective. |

| **Evaluation and Monitoring Method** |
| The Infant Mortality and Morbidity Task Force will report to the Healthy Child and Family Consortium quarterly, and they will also report to the Family Council on an annual basis to ensure goals and objectives are being met. A Dashboard will be used as a tracking system for all initiatives in this plan. |

| **Evidence-based Strategies:** |
| • Action for Children is a resource and referral agency that works with parents, child care providers, businesses, and community organizations to help promote the availability of quality child care and early learning services. Action for Children has been selected to implement prestigious NSF programs. (Source: Action for Children trainings are cited in multiple studies, for example, “Parenting Education: Evidence-based Parenting Education Program Model Guide,” 2015) |


\textsuperscript{11} Ibid

\textsuperscript{12} Ibid

\textsuperscript{13} Ibid

\textsuperscript{14} Ibid

\textsuperscript{15} Ibid

\textsuperscript{16} Ibid

\textsuperscript{17} Ibid
• The “Safe Sleep for your Grandbaby” program is part of the NIH Safe to Sleep campaign, Eunice Kennedy Shriver National Institute of Child Health and Human Development.
• The US Breastfeeding Committee promotes and supports peer mentor programs and in-person support groups and ASTHO promotes improving access to professional and peer support for breastfeeding as one of three evidence-based strategies.

**Initiatives Already in Place:**
This effort aligns with Madison County Healthy Child and Family Consortium (HCFC) efforts, thereby providing a sustainable “home” for this effort. Madison County has an Action for Children representative on the Healthy Families Coalition. Madison Health (hospital) has a Pediatric Physician and a registered nurse, who is an IBCLC Lactation Consultant, on the Healthy Families Consortium.

### Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date to begin Implementation</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the Action for Children training courses to ensure child care providers know safe sleep evidence-based practices.</td>
<td>July 2018</td>
<td>Personnel</td>
<td>Safe sleep practices across more child care providing organizations</td>
</tr>
<tr>
<td>Promote the “Safe Sleep of your Grandbaby” materials.</td>
<td>July 2018</td>
<td>Volunteers</td>
<td>An informed older adult population regarding infant safe sleep</td>
</tr>
<tr>
<td>Use social media to promote safe sleep.</td>
<td>July 2018</td>
<td>Personnel</td>
<td>An informed general populace of infant safe sleep</td>
</tr>
<tr>
<td>Promote breastfeeding and the risks of formula feeding</td>
<td>July 2018</td>
<td>Personnel</td>
<td>More moms breastfeeding their infants</td>
</tr>
<tr>
<td>Form support groups, mommy cafes, or clubs around breastfeeding.</td>
<td>July 2018</td>
<td>Personnel &amp; locations</td>
<td>More support for breastfeeding moms</td>
</tr>
<tr>
<td>Form partnerships with local businesses who will help promote safe sleep; and company logo can be put on the advertisements.</td>
<td>July 2018</td>
<td>Personnel</td>
<td>An informed general populace of infant safe sleep and a wider audience</td>
</tr>
</tbody>
</table>

**Lead Agency:** Madison County Public Health

**Partners:** Madison Health (Hospital), Action for Children, and Help Me Grow

**Potential Partners:** Mom’s Journey (Cindy Taylor), Choctaw Lake (Lori Thomas), local churches and social service groups, and MOPS group

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19 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/)
Priority 2: Chronic Diseases Topic—Healthy Lifestyles

Goal #1: Promote healthy lifestyles to prevent and address Chronic Diseases

Background:

The Madison County Community Health Assessment indicates a higher percentage of adults with fair or poor health as compared to the state and nation (18.2% of the County versus 17% among Ohio’s adults and the national benchmark of 12%).

The County has a higher prevalence of morbidity and a higher mortality rate for diabetes versus state and national rates. Nearly 12% (11.8%) of Madison County’s adults have been told by a doctor that they have diabetes versus 11.7% in Ohio and 10% in the U.S. The mortality rate for diabetes mellitus is 50% higher in the County than the state rate.

Physical inactivity is another challenge for this County where 29% of the County’s adults are physically inactive compared to 26% in Ohio and 20% nationally. Furthermore, 29% of adults in Madison County are obese versus 25% among U.S. top performing counties. Among youth, a higher percentage describe themselves as slightly or very overweight as compared to the state and nation (37.9% vs 28.2% for Ohio, 31.1% for the U.S.).

Strategy: Provide diabetes education and advertise access to Madison Health’s Wellness Center to promote healthy lifestyles.

| Objective A: | Educate community members about chronic disease management. |
| Evaluation Measures: | Number of community members attending diabetes programs |
| | Number of community members visiting the Hospital’s wellness center |
| Evaluation and Monitoring Method | The Hospital will provide counts for the evaluation measures quarterly to the Family Council. A Dashboard will be used as a tracking system for all initiatives in this plan. |
| Evidence-based Strategies: | A Certified Diabetes Management Program can be evidence-based if it follows national standards.20 |
| Initiatives Already in Place: | Madison Health (Hospital) has already committed to its Implementation Plan which includes hospital-related strategies in the Implementation Steps below. |

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20 2017 National Standards for Diabetes Self-Management Education and Support
Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and implement a certified diabetes management program and promote healthy eating and healthy living.</td>
<td>2017 and ongoing</td>
<td>The hospital hired a person with the required credential</td>
<td>Improved health and well-being for patients with diabetes mellitus</td>
</tr>
<tr>
<td>Promote the availability of the Hospital’s wellness center to community members.</td>
<td>Ongoing</td>
<td>Begin with putting information on the website</td>
<td>Increased access to this hospital resource</td>
</tr>
<tr>
<td>Seek to identify a community partner who would open up their facility to do a walking program during winter months.</td>
<td>July 2018</td>
<td>Agency willing to open up their facility to community members</td>
<td>Increased physical activity even in inclement weather</td>
</tr>
</tbody>
</table>

**Lead Agency:** Madison Health (Hospital)

**Partners:** To be identified

**Objective B:**

Educate hospital patients and community members about proper nutrition.

**Evaluation Measures:**

- Number of community members attending education programs.
- Number of recipes created for use by food pantry customers.

**Evaluation and Monitoring Method**

The Ohio State University Extension and the Hospital will provide counts for the evaluation measures quarterly to the Family Council. A Dashboard will be used as a tracking system for all initiatives in this plan.

**Evidence-based Strategies:**

The USDA Cooking Matters Program is evidence-based.21

**Initiatives Already in Place:**

Mount Sterling already develops recipe cards for clients of its food pantries. One of the action steps below is to take this practice to scale.

Madison Health (Hospital) has committed to providing education to seniors in its Implementation Plan submitted to the IRS.

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### Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop nutrition therapy education classes and offer the Cooking Matters program and demonstrations.</td>
<td>Once a quarter beginning November 2017</td>
<td>$850-$1000 for a 6 week course</td>
<td>Empowered individuals; increased knowledge about how to shop for and cook healthy meals on a budget.</td>
</tr>
<tr>
<td>Provide education on various health topics at the Senior Center/Madison House, including promoting healthy eating and healthy living.</td>
<td>2017 and ongoing periodic meetings</td>
<td>Individuals at the Hospital to conduct the education sessions</td>
<td>Increased knowledge of health and health care; seniors informed about health care choices.</td>
</tr>
<tr>
<td>Food pantries provide advance notice of food items to be available, then OSU Extension provides recipes for customers incorporating the anticipated food items.</td>
<td>2017 and ongoing</td>
<td>Agencies or individuals to create healthy recipes for the foods available</td>
<td>Increased knowledge for adults and seniors on which healthy foods to select together, how to prepare a meal using the selected food items, and how to make a healthy meal with the items.</td>
</tr>
<tr>
<td>Exploratory research on the addition of a mobile food pantry in Madison County, similar to Pickaway County. (Mid-Ohio Foodbank has one).</td>
<td>2018</td>
<td>Funding and partnerships</td>
<td>Access to affordable healthy food options for community members who may be isolated from the city-center.</td>
</tr>
<tr>
<td>Explore evidence-based school wellness programs to develop and implement across the four local school districts (i.e., Community Guide’s Interventions to Support Healthier Foods &amp; Beverages in Schools, Community Guide’s Enhanced School-Based Physical Education, and Let’s Move! Action Schools).</td>
<td>2018</td>
<td>Partnership with the schools</td>
<td>Increased availability of healthier foods and beverages in schools; creation of an active environment for students.</td>
</tr>
</tbody>
</table>

**Lead Agency:** The Ohio State University Extension/SNAP-Ed program and Madison Health (Hospital)

**Partners:** Local school district, local physicians, and Madison County Public Health
Goal #2: Develop a coordinated approach to tackle childhood hunger.

In Ohio, about 29% of all children applied for the free and reduced price lunch program at school. Of those children, only one in ten participates in a summer food program. In Madison County, 34% of students enrolled at a public school applied for free or reduced priced lunches in the 2016-2017 school year. This number does not account for students who were eligible, but did not apply. In some areas, around Monroe Elementary in Plumwood and Madison Plains Intermediate School, the number of applications soars above 50%. Nine of the fifteen Madison County schools listed in the Department of Education’s report are above the state average of 29% for free and reduced price lunches.

When summer rolls around, many of these children spend far more time worrying about when they will eat again than they do reveling in the “freedom” that summer should provide. Childhood hunger has been linked to many personal and societal issues. Children who are chronically hungry are more likely to repeat grades in school, experience developmental impairments, and have more social and behavioral problems. Rates of addiction among adults who grew up in this situation also tend to be higher.

Strategy: Provide guidance and a framework to communities for setting up summer food service programs to optimize local resources.

| Objective: | Increase coordinated participation in Summer Food Service Programs. |
| Evaluation Measures: | |
|   • Number of summer food programs available | Number of meals served by summer food service programs |
|   • Number of community organizations working together on summer food service programs. | Retention of children served throughout the summer |
|   • Number of enrichment programs provided at each site | Number of organizations providing programs |

Best Practice Strategy:

No Kid Hungry Center for Best Practices, Steps for Success as presented in, “Schools as Nutrition Hubs: The Business Savvy Strategy to Reduce Childhood Hunger”22

Evaluation and Monitoring Method

Team Vittles will provide counts for each allied site each fall to the Family Council as part of the Community Health Improvement Plan annual report. A Dashboard will be used as a tracking system for all initiatives in this plan.

Initiatives Already in Place

The Madison County Summer Lunch Program (with free food and fun activities) provided by Vineyard Church; the Nazarene Church Summer Lunch Program Monday through Friday (M-F); the Mt. Sterling Community Center Summer Lunch M-F Program; the Redeemer Church Program M-W-F; and the Daily Needs Assistance Community Center (DNA) with lunch and activities offered at select times in the summer.

22 https://bestpractices.nokidhungry.org/
Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify five community champions throughout the county to help identify, advocate for and promote sites to host summer lunches and/or provide programming.</td>
<td>2017 and ongoing</td>
<td>Time, volunteers</td>
<td>Additional locations to serve summer meals and beneficial programming for the children.</td>
</tr>
<tr>
<td>Provide assistance and mentoring to organizations that wish to host summer meals as they enroll in any programs to defray costs or as they set up their own. In addition, provide coordination between programs to provide more options to hungry children in the area and to find synergies.</td>
<td>2017 and ongoing</td>
<td>Funding, volunteers, food sources</td>
<td>Coordinated programs that deliver nutritious food to children, resulting in lower costs per child served as well as wider resource support.</td>
</tr>
<tr>
<td>Develop customized solutions to meet the needs of each site or community champion to address barriers such as transportation and lack of awareness.</td>
<td>2017 and ongoing</td>
<td>Grants, donations</td>
<td>Increased number of children served by summer food service programs.</td>
</tr>
</tbody>
</table>

**Lead Agency:** Team Vittles (Gregg Gassman from the State Library, Shane Hoffman of the Plain City Public Library, Gina Maida from the University of Mount Union, Kate McCartney from the Marysville Public Library, and Sarah Schaff from Denison University) is a group of librarians committed to connecting people and organizations to resources for combating food insecurity in Ohio. Team Vittles came together in January of 2017 and is setting up operations with the aid of grants and mentoring from the State Library of Ohio, the Institute for Museum and Library Services, Kent State and OhioNET.

**Partners:** Local school districts, organizations involved in providing summer food options and programming for youth, and Madison County Public Health
Priority 3: Mental Health & Addiction Topic: Substance Abuse Prevention

Since 2011, the Madison County Substance Abuse Coalition (MCSAC) has served as a community coalition to reduce substance use. Initially, a small group of community leaders gathered to discuss the emerging alcohol and drug use concerns they were seeing in the County. After comparing the community and youth reported substance use statistics obtained via the Community Needs Assessment and the Youth Risk Behavior Survey (YRBS), community members realized that the community was reporting substance use patterns well above State and national averages. With this in mind, representatives from the group began a planning process and formed MCSAC.

Background:
MCSAC submitted a grant proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2017 to request funding to prevent youth substance use and to develop environmental strategies to change the conditions within the community, including physical, social, or cultural factors that may lead to substance use. To that end, MCSAC identified key resources in the community that can undergird environmental strategies.

Madison County Protective Factors that Mitigate or Eliminate Substance Use Risk

- A strong faith-based community in the County offering informal mentoring relationships and youth groups
- Scouts and 4-H
- Excellent youth advocates in schools including school nurses and counselors such as Maggie Gates
- Addiction, recovery, and treatment services in the County; however, this system experiences a lot of worker turnover.
- Darby Creek Counseling and Neurotherapy continues to add more practitioners.
- An active recovery community (such as AA, NA, and Celebrate Recovery). The County has more assets and resources in the recovery community than in treatment prevention.
- A highly collaborative county where there is intense engagement across agencies.
- County agencies are dedicated to evidence-based programs for all prevention programs including Safe and Sound Schools via the Sandy Hook Initiative and wrap around services.
- Businesses that dedicate resources such as Target, Stanley Electric, Madison Health (hospital), and small businesses that donate food, space, and other resources.
- This Coalition which has “DUI” funds to help support it.

The Planned Focus for Environmental Strategies:

- Implementing two-generation strategies
- Focusing on grandparents, parents, foster parents, and all caregivers
- Focusing on young adults--there is a need for career education and pathways support. Otherwise some young adults become stuck in an “ongoing graduation party” mentality after graduating from high school. Also, there is a trend of young adults returning home after one semester of college who need this support.
• Focusing on older adults’ prescription abuse and prescription safety (e.g., not letting people know that you have been prescribed drugs, which may reduce older adult victimization).

Current Environmental Strategies being implemented:

• Drug take-back programs
• Realtor education to prevent the taking of prescription drugs from homeowners during open houses
• Celebrate Recovery initiatives
• Community Kernels for Life

Barriers to Implementing Solutions:

• The “Treatment System” is complicated and difficult to navigate; the system requires detox, then mental health counseling, and then treatment. It is difficult to identify/navigate those services and engage the substance user long enough to get to the treatment options.
• Growth and development in the County is occurring around the periphery of London City, which results in suburban communities feeling that it is too far to go to London for services.
• Plain City straddles two counties creating challenges unique to that community.
• There are four different school districts in the County, which increases the amount of outreach and staff time to coordinate and implement.
• There is a strong Mennonite community in the northern portion of the County which, in the U.S., shows less engagement with government.
• Medicaid’s Open Access\textsuperscript{23} system results in long wait lists for adults seeking treatment services. Open Access is not required in the provision of youth mental health services.
• The difficulty of breaking generational addiction
• There are no resources in the County for teenagers aging out of foster care. Independent Living options must be accessed outside of the County.

The remainder of this document presents the objectives and strategies that MCSAC is undertaking to mitigate or eliminate substance use risk. The three objectives pertain to (a) strengthening the Coalition, (b) implementing communitywide interventions, and (c) reducing youth substance use.

\textsuperscript{23} This model breaks away from the traditional approach of differentiating between urgent and routine appointments, which results in the routine visits being put off until a later date. Instead of triaging callers by clinical urgency, front-desk staff simply sort the demand for appointments by clinician.
https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html
Goal #1: Strengthen the Substance Abuse Coalition.

**Objective:**
Ensure representation of the 12 current sectors comprising the Coalition and branch out to include more youth, businesses, and the faith-based community.

**Evaluation Measure:**
MCSAC composition

**Evaluation and Monitoring Method**
MCSAC will provide counts regarding Coalition involvement on an annual basis to the Family Council as part of the Community Health Improvement Plan annual report.

**Evidence-based Strategies:**
Involving youth in the Coalition is a SAMHSA Drug Free Community Program evidence-based strategy

**Initiatives Already in Place:**
MCSAC has been in place since 2011 and is making great strides in 2016-2017 to formalize. MCSAC submitted a SAMHSA Drug Free Coalition proposal and is meeting those requirements currently, as well as reaching beyond.

**Strategies:**
- Enhance Coalition capacity.
  - Attend training opportunities and use the Strategic Prevention Framework to regularly update the strategic plan.
  - Track the capacity, operations, and outcomes of the Coalition.
  - Enhance understanding of environmental prevention strategies.
- Enhance Coalition member participation in Coalition activities and leadership positions.
  - Involve sector representatives in the Coalition’s operations.
  - Recruit business and faith-based members to the Coalition.
  - Recruit and involve youth members on the Coalition. Youth involvement on the Coalition will enable additional buy-in.
- Increase youth participation in Coalition Activities.
  - Develop adult leader capacity to actively engage youth.
  - Involve/expand youth representatives in the Coalition through a Youth Council.
- Increase awareness of the Coalition among parents, professionals, and other adults.
  - Provide information about the Coalition mission and activities.
  - Create a MCSAC webpage.
- Increase the number of youth participating in the youth behavior survey.
  - Conduct the YRBS to assess 30 day use, etc.
- Continue to explore and research evidence-based practices.
  - Continue to monitor programs that may be promising but are not evidence-based. For example, Drug Free Clubs of America provide voluntary drug testing so that a student can respond to an offer to try a drug by saying, “I can’t try it; I might get tested.” Thus far, anecdotal evidence shows mixed results such as students being in the club who may continue to drink alcohol which avoids the drug test, but still receiving tangible rewards.
  - Inventory the programs being implemented for Madison County youth and determine if the programs are evidence-based and being implemented with fidelity.
## Implementation Steps (Strengthening the Coalition):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Resources Required</th>
<th>Anticipated Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the Strategic Prevention Framework to regularly update the strategic plan</td>
<td>Ongoing</td>
<td>Personnel</td>
<td>A process for addressing substance misuse and related behavioral health problems</td>
</tr>
<tr>
<td>Track the capacity, operations, and outcomes of the Coalition</td>
<td>Annually</td>
<td>Personnel</td>
<td>A strengthened Coalition</td>
</tr>
<tr>
<td>Enhance understanding of environmental prevention strategies</td>
<td>Begin in 2017 &amp; ongoing</td>
<td>Personnel</td>
<td>Environments that support healthy behavior</td>
</tr>
<tr>
<td>Recruit business and faith-based members to the Coalition</td>
<td>By December 2017</td>
<td>Personnel</td>
<td>Additional expertise and community connections</td>
</tr>
<tr>
<td>Recruit and involve youth members on the Coalition</td>
<td>Summer 2017</td>
<td>Personnel</td>
<td>Additional buy-in from youth</td>
</tr>
<tr>
<td>Develop adult leader capacity to actively engage youth</td>
<td>Summer 2017 &amp; ongoing</td>
<td>Personnel and volunteers</td>
<td>Sustained youth involvement</td>
</tr>
<tr>
<td>Involve and expand youth representatives in the Coalition’s operations through a Youth Council</td>
<td>Ongoing</td>
<td>Personnel and volunteers</td>
<td>Active youth engagement</td>
</tr>
<tr>
<td>Increase awareness of the Coalition by creating a MCSAC webpage</td>
<td>By December 2017</td>
<td>Funding and personnel</td>
<td>MCSAC Webpage</td>
</tr>
<tr>
<td>Increase the number of youth participating in the youth risk behavior survey (YRBS)</td>
<td>During YRBS survey years</td>
<td>Personnel and volunteers</td>
<td>A higher YRBS response rate</td>
</tr>
<tr>
<td>Inventory and monitor relevant evidence based programs being delivered in Madison County</td>
<td>Beginning in 2018 &amp; ongoing</td>
<td>Personnel</td>
<td>Greater alignment to evidence-based practices</td>
</tr>
</tbody>
</table>

**Lead Agency:** MCSAC Board

**Partners:** MCSAC and its sector representatives
**Goal #2: Mitigate or eliminate substance abuse in the community to protect the health, safety, and quality of life for all.**

<table>
<thead>
<tr>
<th><strong>Objective:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce access to substances by focusing on prescription drug proper disposal and compliance checks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation Measures:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of disposal bags distributed, the number of pharmacies participating, and the number of compliance awards distributed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation and Monitoring Method</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MCSAC will provide counts on an annual basis to the Family Council as part of the Community Health Improvement Plan annual report.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Evidence-based Strategies:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generation Rx is a research-based program; Operation Street Smart is a promising practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Initiatives Already in Place:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison County already encourages safe disposal of unused and expired prescription medications and is currently pursuing partnerships with pharmacies. The County is also already involved in the Operation Street Smart Program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Strategies:</strong></th>
</tr>
</thead>
</table>
| - Implement Generation Rx which aims to prevent the misuse/abuse of prescription drugs, especially among young adults. The campaign encourages the safe disposal of unused and expired prescription medications, providing secure drop boxes to facilitate proper disposal, and Madison County is making great strides in this area.  
  - Consider partnerships with OSU’s pharmacology students, Tolles Career & Technical Center pharmacy technician program, Cardinal Health, Kroger, and others.  
  - Distribute medication disposal bags via local pharmacies.  
    - Include the MCSAC logo and webpage on the bags to increase Coalition awareness.  
  - Utilize Generation Rx free educational programs targeted to various age groups (http://www.generationrx.org/) |
| - Implement **Operation Street Smart** to educate parents, teachers, social workers, community partners and others who work with youth about current drug trends, terminology, paraphernalia, and physiological effects.  
  - Conduct Operation Street Smart training at least annually in Madison County. |
| - Create community policies pertaining to compliance checks.  
  - Raise awareness and understanding of the legal consequences of underage alcohol sales and provision of alcohol.  
    - Develop a list of organizations having a liquor license.  
    - Distribute information about how a liquor license may be lost, and the fines involved in underage selling.  
    - Provide community kernels for compliance.  
  - Increase understanding of harm related to underage alcohol consumption. |
| - Explore the benefits of community policing in rural communities to strengthen police and community partnerships and relationships. |

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24 Ohio Joint Study Committee on Drug Use Prevention Education, p. 21, February 2017
The London Police Department regularly participates in community outreach and partnerships. Examples include:

- Senior Fair
- Children’s Service’s carnival
- Safety Expo
- Special Olympics volleyball
- Special Olympics state games send-off luncheon with Torch Run appearance
- Shop with a Cop at Christmas
- Training on Civilian Response to an Active Shooter Event
- Traffic Safety campaigns and events
- Speaking engagements/presentations on multiple topics for various civic organizations and school children.
- Created a "safe exchange zone" for public use in meeting unknown people for online sales. Also utilized for custody exchanges, etc...
- Lunches at the middle school and breakfast visits at the elementary school.
- Constant public communications through the city website, Facebook, Twitter and MyPD app accounts.

Future events under consideration include:

- Casting with Cops (fishing with underprivileged children)
- Women’s self-defense classes

### Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Resources Required</th>
<th>Results Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribute medication disposal bags via local pharmacies.</td>
<td>2017</td>
<td>Free bags contributed by MHRB. Nominal fee for MCSAC branding stickers</td>
<td>The number of disposal bags distributed, the number of pharmacies participating, and the number of web page visitors</td>
</tr>
<tr>
<td>Conduct Operation Street Smart training.</td>
<td>December 2017/ongoing</td>
<td>Free training</td>
<td>The number of attendees</td>
</tr>
<tr>
<td>Develop a list of organizations having a liquor license</td>
<td>2017</td>
<td>Personnel</td>
<td>Inventory created to enable distribution of compliance information</td>
</tr>
<tr>
<td>Distribute information (trainings, brochures, etc.) about how a liquor license may be lost, and the fines involved in underage selling</td>
<td>2018</td>
<td>Personnel and agencies</td>
<td>Number of pamphlets distributed</td>
</tr>
<tr>
<td>Create community POLICIES pertaining to carrying out regular compliance checks</td>
<td>2018 &amp; ongoing</td>
<td>Personnel and agencies</td>
<td>More alcohol &amp; tobacco retailers in compliance</td>
</tr>
<tr>
<td>Provide community kernels for compliance – incentives for not distributing to minors and for putting up the “We I.D.” sign.</td>
<td>2018 &amp; ongoing</td>
<td>Personnel and agencies</td>
<td>Number of compliance awards distributed</td>
</tr>
</tbody>
</table>

**Lead Agency & Partners:** MCSAC and its sector representatives
Goal #3: Reduce youth substance abuse and the early onset of use.
The Centers for Disease Control and Prevention identifies the health disparities among youth in its “Action Steps to Address Health and Educational Disparities” among adolescents. Having a CHIP strategy focused on youth is a recognition of these health disparities. The Coalition identified the following risk factors that impact youth substance use during an unstructured brainstorming session facilitated by Wright State University in which all members were engaged. These are the social determinants of health conditions in which many Madison County children are born. Strategies and programs to combat these risk factors follow.

Social Determinants of Health for Youth
- Community norms; community culture
  - Having a history of alcohol use either among parents or youth
  - Parents that allow underage drinking or abuse of substances and parents using and present with the youth at parties
  - Culture of independence which may result in people not seeking help
- Early use of substances
- Advertising and media/digital media influence on substance abuse
- Families affected by incarceration
- Not living with a mother or father
- Grandparents as caregivers
- Having been a victim of child abuse and/or neglect
- Having anxiety and/or depression
- Isolation and lack of socialization
- Having a complex treatment process with limited treatment options in this rural County

Objectives:
- Reduce the percentage of students who drank alcohol or used tobacco or tried marijuana for the first time before the age of 13 years.
- Youth alcohol use (past 30 days); youth marijuana use (past 30 days); youth non-prescribed prescription use (past 30 days)
- Target Youth Population – 8th-12th graders.

Evaluation Measure:
Progress reporting tools are the Youth Risk Behavior Survey (YRBS) and OHYES! which is the collaborative effort of the Ohio Departments of Education, Health and Mental Health & Addiction Services.

Evaluation and Monitoring Method
MCSAC will provide counts on an annual basis to the Family Council as part of the Community Health Improvement Plan annual report.

Evidence-based Strategies:
Risky Business is an evidence-based program, as is the Alcohol Literacy Challenge (ALC)

26 SAMHSA’s National Registry of Evidence-based Programs and Practices
Initiatives Already in Place:
Risky Business in selected school districts and in the Juvenile Court System, ALC is in all four school districts, and the Youth Led Prevention Network is in most school districts.

Strategies:
- Implement youth prevention programming and promote school policies that support this effort.
  - Implement the Risky Business Prevention Program to teach students how to apply a good decision making process.
    - In 2017, implement the Risky Business program in London City Schools, Jonathan Alder (8th grade), with all youth in the Juvenile Court system, and possibly in the Madison Plains School District.
    - Promote school policies that support the program. For example, the Jonathan Alder School District is mandating the Risky Business program for students who are out of step with school policies such as anti-tobacco and anti-alcohol policies.\(^\text{27}\)
  - Implement the Alcohol Literacy Challenge (ALC). The ALC changes students’ beliefs about the effects of alcohol and reduces the quantity and frequency of alcohol use – in only 1 classroom session lasting just 50-90 minutes. ALC is a SAMHSA evidence-based practice in the NREPP. The ALC is a two-generation strategy, meaning that it is for parents and youth.
    - In 2017, conduct the ALC program in all four school districts.
    - In 2017, conduct ALC parent sessions.
  - Build up the Youth Led Prevention Network at the school district level to establish a Network in Madison County.
    - Continue to participate in We are the Majority, a rally hosted by the Ohio Youth Led Prevention Network, communicates that the majority of youth in Ohio, ages 12-17, are NOT participating in substance use or physical violence, and are leading the way in promoting mental health wellness.
    - Continue to participate in the Youth Leadership Camp with youth from each school district.
  - Continue to support Youth to Youth International
  - Reinforce new skills of youth and parents using evidence-based prevention kernels.
  - Promote consistent school policies regarding substance use and related violations.

\[^{27}\] From “The Impact of school Alcohol Policy on Student Drinking”: The likelihood of students drinking on school grounds was increased when students perceived lax policy enforcement. Student perceptions of harm minimization alcohol messages, abstinence alcohol messages and counselling for alcohol policy violators predicted reduced likelihood of binge drinking.
### Implementation Steps:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Resources Required</th>
<th>Results Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the <em>Risky Business</em> Prevention Program</td>
<td>2017 and ongoing</td>
<td>Prevention funding is provided by the Mental Health &amp; Recovery Board (MHRB) for schools, while the Juvenile Court funds programs for its youth</td>
<td>Youth demonstrating better decision making skills via pre and post-tests</td>
</tr>
<tr>
<td>Implement the Alcohol Literacy Challenge - Youth</td>
<td>2017/18 School year</td>
<td>2 Prevention Specialists</td>
<td>Designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students</td>
</tr>
<tr>
<td>- Parents</td>
<td>July 2017 and two more dates in 2017</td>
<td>Volunteer presenter</td>
<td></td>
</tr>
<tr>
<td>Continue to strengthen the Youth Led Prevention Network at the school district level toward a Countywide Youth Led Prevention Network</td>
<td>Ongoing</td>
<td>MHRB Prevention dollars</td>
<td>Recognition by youth and the community that non-use is the norm; resiliency is built in youth to overcome challenges; community support to transition to adulthood</td>
</tr>
<tr>
<td>Continue to support Youth to Youth International</td>
<td>Ongoing annual event</td>
<td>MHRB Prevention dollars</td>
<td>The program encourages personal growth, presents techniques that teens can use to change their own environments, and provides alternatives to harmful behaviors.</td>
</tr>
<tr>
<td>Reinforce new skills of youth and parents using evidence-based prevention kernels.</td>
<td>Ongoing</td>
<td>Nominal</td>
<td>New skills reinforced</td>
</tr>
<tr>
<td>Promote consistent school POLICIES for substance use &amp; related violations</td>
<td>Ongoing</td>
<td>MCSAC</td>
<td>Monitored and promoted school POLICIES</td>
</tr>
<tr>
<td>Use Ohio Department of Education curriculum guidance for age appropriate opiate-use prevention education for grades K through 12 to be implemented via health education classes (see House Bill 367).</td>
<td>October 2017</td>
<td>School capacity</td>
<td>The health curriculum of each school district will include instruction in prescription opioid abuse prevention</td>
</tr>
</tbody>
</table>

**Lead Agency & Partners:** MCSAC and its sector representatives
# Alignment with State and National Priorities

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Madison County Community Health Improvement Plan (CHIP)</th>
<th>Ohio State Health Improvement Plan</th>
<th>Healthy People 2020</th>
<th>National Prevention Strategy (NPS - Surgeon General)</th>
</tr>
</thead>
</table>
| Infant Mortality and Morbidity | **GOAL #1**: Reduce the percentage of women who smoke while pregnant.  
- **CROSS-CUTTING STRATEGY**: Coordinate a communitywide effort to increase smoking cessation among pregnant women.  
- **OBJECTIVE**: By 2020, decrease the percent of women who smoke during the 3rd trimester by 2% in Madison County. | Reduce preterm births  
Reduce smoking during pregnancy (Vital Statistics) | MICH-1.3 — Reduce the rate of all infant deaths (within 1 year).  
MICH-11.3 — Increase abstinence from cigarette smoking among pregnant women. | TOBACCO FREE LIVING  
- Support comprehensive tobacco free and other evidence-based tobacco control policies.  
- Expand use of tobacco cessation services. |
| | **GOAL #2**: Increase collaboration and resource delivery to improve infant care.  
- **CROSS-CUTTING STRATEGY**: Increase the percentage of women obtaining first trimester prenatal care | Increase prenatal care (Vital Statistics) | MICH-10.1 — Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester.  
MICH-10.2 — Increase the proportion of pregnant women who receive early and adequate prenatal care. | SEXUAL HEALTH  
Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women. |
### ALIGNMENT WITH STATE/NATIONAL PRIORITIES

<table>
<thead>
<tr>
<th>Priority Area</th>
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<tbody>
<tr>
<td></td>
<td>Risk for a poor birth outcome.</td>
<td>Health insurance enrollment and outreach (OPAS)</td>
<td></td>
<td>Research and disseminate ways to effectively prevent premature birth, birth defects, and Sudden Infant Death Syndrome (SIDS).</td>
</tr>
<tr>
<td></td>
<td><strong>CROSS-CUTTING STRATEGY:</strong> Increase health insurance enrollment &amp; outreach: When establishing OB care with the Rocking Horse Center, assist pregnant women in applying for Medicaid</td>
<td>Improve access to comprehensive primary care (Prenatal care data from VS)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>CROSS-CUTTING STRATEGY:</strong> Improve access to comprehensive primary care</td>
<td>Breastfeeding promotion programs (Breastfed at discharge from hospital – from the VS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CROSS-CUTTING STRATEGY:</strong> Breastfeeding promotion programs</td>
<td>Progesterone Treatment (Preterm birth from VS data)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>STRATEGY 2:</strong> Promote infant safe sleep among all child care providing organizations and among the general public.</td>
<td></td>
<td><strong>MIC-1.9</strong> – Reduce the rate of infant deaths from sudden unexpected infant deaths (includes SIDS, unknown cause, accidental suffocation, and strangulation in bed). <strong>MIC-20</strong> – Increase the proportion of infants put to sleep on their backs.</td>
<td></td>
</tr>
<tr>
<td>Priority Area</td>
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</tbody>
</table>
| Healthy Lifestyles |▪ **GOAL #1:** Promote healthy lifestyles to prevent and address Chronic Diseases  
▪ **STRATEGY:** Provide diabetes education and advertise access to Madison Health’s Wellness Center to promote healthy lifestyles.  
▪ **OBJECTIVE:** Educate hospital patients and community members about proper nutrition.  
▪ **GOAL #2:** Develop a coordinated approach to tackle childhood hunger.  
▪ **STRATEGY:** Provide guidance and a framework to communities for setting up summer food service programs to optimize local resources. | Reduce diabetes: From a baseline of 11% in 2015 to 10.4% in 2022.  
ECBP-10.7 – Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs  
ECBP-10.8 – Increase the number of community-based organizations providing population-based primary prevention services nutrition programs  
ECBP-10.9 – Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services physical activity | | ACTIVE LIVING  
Facilitate access to safe, accessible, and affordable places for physical activity.  
Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs). |
| | | | HEALTHY EATING  
Implement programs and regulations to increase access to healthy food and eliminate food insecurity (e.g., Healthy, Hunger-Free Kids Act; USDA Healthier U.S. School Challenge). |
## Alignment with State/National Priorities

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</thead>
<tbody>
<tr>
<td></td>
<td>➢ <strong>OBJECTIVE:</strong> Increase coordinated participation in Summer Food Service Programs.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Substance Abuse Prevention</td>
<td>➢ <strong>GOAL #1:</strong> Strengthen the Substance Abuse Coalition</td>
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<tr>
<td></td>
<td>➢ <strong>OBJECTIVE:</strong> Ensure representation of the 12 current sectors comprising the Coalition and branch out to include more youth, businesses, and the faith-based community.</td>
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<tr>
<td></td>
<td>➢ <strong>Goal #2:</strong> Mitigate or eliminate substance abuse in the community to protect the health, safety, and quality of life for all.</td>
<td>Reduce drug dependency or abuse.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>➢ <strong>OBJECTIVE:</strong> Reduce access to substances by focusing on prescription drug proper disposal and compliance checks.</td>
<td>Percent of persons age 12+ with past year illicit drug dependence or abuse from 2.76% in 2013-2014 to 2.7% in 2018-2019</td>
<td></td>
<td>MENTAL HEALTH AND EMOTIONAL WELL-BEING</td>
</tr>
<tr>
<td></td>
<td>➢ <strong>Goal #3:</strong> Reduce youth substance abuse and the early onset of use.</td>
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<tr>
<td></td>
<td>➢ <strong>OBJECTIVE:</strong> Reduce the percentage of students who</td>
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</tr>
</tbody>
</table>

**Percent of persons age 12+ with past year nonmedical use of prescription drugs.**

**SA Goal — Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.**

**SA-19 — Reduce the past-year nonmedical use of prescription drugs.**

**Create environments that empower young people not to drink or use other drugs.**

**Reduce inappropriate access to and use of prescription drugs.**
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Madison County Community Health Improvement Plan (CHIP)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>drank alcohol or used tobacco or tried marijuana for the first time before the age of 13 years.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cross-cutting strategy</strong> in the Public health system, prevention and health behaviors category of the State Health Improvement Plan: Youth-led prevention</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Indicator:</strong> Youth alcohol use (past 30 days); youth marijuana use (past 30 days); youth non-prescribed prescription use (past 30 days) (YRBSS)</td>
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</tr>
<tr>
<td></td>
<td><strong>Cross-cutting strategy:</strong> Tobacco access restrictions for minors</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator:</strong> Reduced access to tobacco products (London City Police Records)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>OBJECTIVE:</strong> Increase the proportion of at-risk adolescents ages 12-17 years who, in the past year, refrained from using alcohol for the first time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>OBJECTIVE:</strong> Increase the proportion of at-risk adolescents ages 12-17 years who, in the past year, refrained from using marijuana for the first time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indicator:</strong> Reduced access to tobacco products (Countertools.org)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>▪ Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>▪ Implement programs to reduce drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).</td>
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<td></td>
</tr>
</tbody>
</table>
**DESCRIBE PLANS FOR SUSTAINING ACTION**

The above goals and accompanying action plans of this implementation plan for community health improvement will be sustained through the processes and strategies built into the plan and continued collaboration among leading organizations in the community.

Sustainability will be a result of the following strategies and processes:

1) To sustain the implementation of the Infant Mortality and Morbidity action plan in the event that the Moms Quit for Two grant is not awarded, Madison Health (hospital) is in the process of developing prenatal education courses, one of which is to focus on smoking cessation of pregnant mothers. This allows desired outcomes to remain achievable through implementation of the CHIP.

2) The SNAP-Ed program in Madison County is currently aligning with Madison Health’s (Hospital) existing efforts to improve healthy lifestyles of patients with diabetes.

3) The substance abuse prevention priority aligns with the Madison County Substance Abuse Coalition’s (MCSAC) existing efforts to mitigate and eliminate substance abuse in the community. This provides a platform for key partners in the health improvement process to collaborate, coordinate sharing of resources, and continue to positively impact the health of the community. Currently, MCSAC holds $12,000 in its account, and they are also pursuing a SAMHSA Drug Free Communities grant. MCSAC also partners with 12 different sectors that have all signed MOUs to dedicate time, space, and other in-kind donations for efforts made through the substance abuse prevention initiative.

4) The Community Health Improvement Plan (CHIP) is the result of the work of many community members and partner organizations dedicated to improving the health status of Madison County residents. Because the success of this plan depends on the Madison County community as a whole, the sustainability of this implementation plan does not rely on a single organization or entity. There is a diverse number of organizations that embrace the improvement of individual and community health.

5) The action plans and strategies included in the implementation plan have been chosen to address specific, identified community needs. However, their inclusion in this implementation plan necessitated that each strategy be achievable and realistic. Each action and strategy is manageable and sustainable for the resources of the community.
Acknowledgements:

Madison County Public Health and the CHIP Steering Committee would like to thank Jane Dockery, Associate Director, of Applied Policy Research Institute at Wright State University and Jacqueline Gills, graduate student at Wright State University for their guidance with the Community Health Improvement Plan process. We would also like to thank the Board of Health for MCPH for their continued support through the entire accreditation process, Madison Health and Family and Children First Council for laying the groundwork with their Community Health Assessment, MCPH staff for all of the time they put into this process, Madison County Substance Abuse Coalition and Healthy Child and Family Consortium for allowing our steering committees to join forces with them and most importantly, thank you to each and every member of the steering committee.
Appendix A

Task Forces

**Infant Mortality and Morbidity**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook, Chris</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Eldridge, Laura</td>
<td>Action for Children</td>
</tr>
<tr>
<td>Hix, Amy</td>
<td>Madison County DFC EHS</td>
</tr>
<tr>
<td>Hyden, Susie</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Landoll, Allison</td>
<td>Physician</td>
</tr>
<tr>
<td>Petit, Rebekah</td>
<td>Madison Count DFC Early Intervention</td>
</tr>
<tr>
<td>Piccione, Jennifer</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Stewart, Tracy</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Vermillion, Cheryl</td>
<td>Help Me Grow</td>
</tr>
<tr>
<td>Yuhas, Antoinette</td>
<td>Madison County Public Health</td>
</tr>
</tbody>
</table>

**Healthy Lifestyles**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comer, Lexi</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Cook, Chris</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>English, Michael</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Hampton, Amanda</td>
<td>Family and Children First Council</td>
</tr>
<tr>
<td>Hawkins, Marcy</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Hoffman, Shane</td>
<td>Plain City Library</td>
</tr>
<tr>
<td>Holland, Cindy</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Huntington, Deetra</td>
<td>OSU Extension</td>
</tr>
<tr>
<td>Kronk, Ginger</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Sanders, Danielle</td>
<td>Madison Health (hospital)</td>
</tr>
<tr>
<td>Smith, Jen</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Wheatley, Jolynn</td>
<td>Jonathan Alder Schools</td>
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</table>

**Substance Abuse Prevention**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhatt, Premal</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Cook, Chris</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Young, Susan</td>
<td>Madison County Public Health</td>
</tr>
<tr>
<td>Gabrielle Dotson</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Amanda Hampton</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Patrick Closser</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Kristy Zurbrick</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Melissa Canney</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Kirsten Holt</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Glenn Nicol</td>
<td>Madison County Substance Abuse Coalition</td>
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<tr>
<td>Angela Miller</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Marci Darlington</td>
<td>Madison County Substance Abuse Coalition</td>
</tr>
<tr>
<td>Erik Scheiderer</td>
<td>Madison County Substance Abuse Coalition</td>
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</tbody>
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## Addendum: Madison County Trends Matrix

<table>
<thead>
<tr>
<th>Trends, Factors, and Events</th>
<th>Local Public Health System Competencies and Capacities</th>
<th>Threats</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Political</strong></td>
<td></td>
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</tbody>
</table>
| Healthcare Reform          | - Recruitment and retention of healthcare providers for adequate coverage.  
                           | - Health Department engaging with State Legislators via AOHC | - New Administration and changes to ACA threatens resources and funding available for programs  
                           |                                                   | - Rise in people uninsured  
                           |                                                   | - Changes in Medicare and Medicaid  
                           |                                                   | - High premiums  
                           | - Additional funding to allow for expansion of prevention programs  
                           | - Utilize resources of private sector  
                           | - Federal and State funding sources  
                           | - Other $$ = philanthropists |
| Funding Issues             | - Health Department – Accreditation → quality improvement and workforce development | - Changes in State budget cause cuts to local budgets  
                           |                                                   | - New accreditation (2020) requirement of local health departments, and our ability to gain accreditation  
                           |                                                   | - Funding decreases at local, state and federal level  
                           |                                                   | - Limited public dollars  
                           | - All opportunities depend on funding available – will State provide financial support comparable to what other states give?  
                           | - We are partially supported by a one-year levy for physical and mental health, and prevention  
                           | - Looking to build a community Foundation  
                           | - Madison (unlike some other counties) has a true hospital partnership → community benefit |
| Economic                   |                                                        |         |               |
| Employment/Joblessness     | - DJFS OMJ job listings and resume distribution, Computer Resource Room, works with clients regarding accessing benefits  
                           | - Low paying jobs (regional issue)  
                           | - Not enough workforce development opportunities  
                           | - Drug use  
                           | - Child care centers are full  
                           | - Expansion of workforce development  
                           | - Everyone is hiring right now |
| Transportation             | - Through DJFS, Medicaid pays for transportation to get to Medicaid-  
<pre><code>                       | - Poverty is impacted by transportation (lack of) | - Churches and agencies provide vouchers |
</code></pre>
<table>
<thead>
<tr>
<th>Trends, Factors, and Events</th>
<th>Local Public Health System Competencies and Capacities</th>
<th>Threats</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>covered medical appointments</td>
<td>Taxi service “3C”</td>
<td>▪ Transportation (lack of) to employment impacts economy</td>
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<td></td>
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<td>▪ There is a taxi service “3C” but there is no affordable public transportation for those of middle-class wage</td>
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<td>▪ Medicaid pays for transportation to get to Medicaid-covered medical appointments, but changes to ACA will affect this</td>
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<td>▪ Vehicle repairs – many families have cars that just don’t work</td>
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<td>▪ The State is also looking at non-emergency transportation to change is by 2019 – this could be an issue for counties down the road</td>
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<td></td>
<td></td>
<td>▪ Isolation – add senior transportation and transportation for those on the out edges of the community who are isolated</td>
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<td></td>
<td></td>
<td>▪ We do not have a system wide affordable option for public transportation</td>
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Sociocultural

<table>
<thead>
<tr>
<th>Mental Health and Substance Abuse</th>
<th>Increase in opiate addiction = strain on health &amp; mental health providers, law enforcement, court and probation, educ. systems, etc. (causes resources to flow toward its resolution and away from other needed health concerns).</th>
<th>Opiate epidemic; Drug abuse; Overdoses</th>
<th>Common Pleas court is invested in innovative programs for drug addiction</th>
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<tbody>
<tr>
<td></td>
<td>▪ Behavioral health issues of young children (national issue)</td>
<td>▪ State changes in Medicaid may present challenges for mental health services</td>
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<td></td>
<td>▪ State redesign of behavioral healthcare</td>
<td>▪ More integration of physical and mental health to address the challenges we are seeing. MCSAC and DFC.</td>
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<td>▪ Common Pleas court is invested in innovative programs for drug addiction</td>
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<td>▪ More integration of physical and mental health to address the challenges we are seeing. MCSAC and DFC.</td>
<td>▪ Rocking Horse Community Health Center clinic &amp; proposed expansion of services.</td>
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<tr>
<td>Trends, Factors, and Events</td>
<td>Local Public Health System Competencies and Capacities</td>
<td>Threats</td>
<td>Opportunities</td>
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<tr>
<td>Suicide/Depression Prevention Coalition</td>
<td></td>
<td>When inmates are released from jail they can go into in-patient rehab – rollback could affect treatment for men after court release</td>
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<tr>
<td>MCSAC (Madison County Substance Abuse Coalition) – DFC (Drug Free Communities) action plan</td>
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<td>There will always be a capacity issue (small levy)</td>
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<td>NAMI (National Alliance on Mental Illness)</td>
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<td>Biggest threat = Medicaid expansion rolled back, so adult population will be affected</td>
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<tr>
<td>City of London – Police Department and Drug Task Force</td>
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<td>Finite amount of resources anyway, so shifting money away will be that much less available</td>
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<td>Signs of Suicide (SoS)</td>
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<td>Funding, physical, and resource capacity are all so small – not a lot of room to flex</td>
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<td>London Recovery Project (LRP)</td>
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<td>Even if we had all other parts, it is hard to find people to provide services (attracting and retaining people)</td>
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</tbody>
</table>

<p>| Community Culture, Size and Reach | | Isolationism (national and local issue) – our community is very London-centric, people need to come here for a lot of things | | Collaboration w/ Health Dept., Madison Health and Rocking Horse could help locally |
| Engage with State Legislators – Association Ohio Health Commissioners | | Exhauing available resources | | We work well together for the common good |
| Madison Health – The Joint Commission | | In past we have linked with other counties for grants &amp; programs, which causes us to get ‘lost in shuffle’ | | Regional partnership |
| Madison Health – recruit primary care providers and specialists; communicate pediatrician extended hours | | Lack of assets and transportation keeps poverty cycle in place | | Senior Center and Community Center activities – distributing assets around the County |
| Madison Health – partnerships with fire/EMS (CPR, ACES, PALS, OSHA) | | Small, rural nature impacts our ability to afford new resources | | Collaborate w/ surrounding communities and counties for shared resources |
| | | | | Collaborate in new ways to deliver services |</p>
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<td></td>
<td>blood borne pathogens)</td>
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<td>No Wrong Door – training for family services agencies (staff)</td>
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<td>We sometimes do not qualify for grants due to our location and size</td>
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<td>Small population size causes us to get lost in ‘big-ness’ of Central OH</td>
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<td>We have scarce resources</td>
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<td></td>
<td></td>
<td>Attracting and recruiting health care providers and services</td>
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<td>Utilities and infrastructure</td>
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#### Technology

**Health Information Technology**
- Madison Health – Tele Medicine with Nationwide Children’s
- Explore use of tele-medicine (hospital is doing this specialty care work already)

#### Education

**Health Communication and Wellness Promotion**
- Madison County Public Health–dental, car seats, WIC, smoking cessation, safe communities, sex education, immunizations, etc.
- Churches inform /educate about various health issues (i.e., breast cancer, mammograms). Offer space; host AA/NA
- Rocking Horse youth counseling & extended hours
- Madison Health recruit PCPs & specialists; pediatrician extended hours; breast health navigator
- Cuts in services
- Ratio of providers to individuals who need care and services
- Youth Risk Behavior Survey indicates many areas of concern:
  - Seat belt use, drinking & driving, carrying weapons, bullying, depression & suicide, smoking/drinking at an early age, sexually active, health issues like weight, eating disorders, physical activity
- Offering services in smaller communities
- Bringing in new / different services to the community
- Continued expansion of local service providers (i.e., Rocking Horse and Madison Health --Emergency, Oncology, and Specialist Centers).
- Hospital additions are bringing more specialists
- ODH and Madison County Public Health

#### Demographic
<table>
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| **Aging Population**       | ▪ Senior Centers                                      | ▪ Repealing ACA affects the growing elderly population  
                          |                                                       | ▪ Poverty is impacted by the aging population       
                          |                                                       | ▪ Elderly population is growing (2014 = 13%; by 2013 = it will reach 18% of the population) |
| Environmental              |                                                       |        |               |
| **Pollution**              | ▪ Health Department has Environmental Health division  
                          | ▪ DJFS works with clients regarding accessing benefits |
                          | (food, sewage, water)                                  | ▪ Food deserts – one in London and one in NW area    |
| **Food Deserts and Food Insecurity** | ▪ Madison Health – Construction of new building with updated emergency department and room for specialty providers  
                          | ▪ City of London – Code Enforcement: Building and Zoning Department |
                          | ▪ Housing is a huge issue – many forced to move out to rural areas or Columbus  
                          | ▪ Unmanaged growth                                    
                          | ▪ Utilities and infrastructure                         | ▪ Expanding our hospital (building on an addition) and bringing in more physicians and specialists  
                          |                                                      | ▪ Expansion of housing and businesses is anticipated  
                          |                                                      | ▪ Working to build an all-inclusive playground for kids of all abilities (handicap accessible) – plan to have first two phases (of four) completed by Summer 2017  
                          |                                                      | ▪ Transitional housing – working on buying a 5-8 bed recovery house for men  
                          |                                                      | ▪ Hope Spots – London Recovery (LRP) for addicts     |