PORTAGE COUNTY

Community Health Improvement Plan 2020-2022

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Note: Throughout the report, hyperlinks will be highlighted in bold, gold text.

Executive Summary

Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Portage County Community Health Partners has been conducting CHAs since 2015 to measure community health status. The most recent Portage County CHA was cross-sectional in nature and included a written survey of adults, adolescents, and children within Portage County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for the national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH). This has allowed Portage County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Portage County Community Health Partners contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. Portage County Community Health Partners then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of Portage County Community Health Partners that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every 3 years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

This 2020-2022 CHIP was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This process involved the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners examined the structure of its planning process to build commitment and engage partners in the development of a plan that could be realistically implemented. With a steering committee already in place, members examined current membership to determine whether additional stakeholders and/or partners should be engaged, its meeting schedule (which occurs on a quarterly basis and more frequently as needed), and responsibilities of partnering organizations for driving change. The steering committee ensured that the process involved local public health, health care, faith-based communities, schools, local leadership, businesses, organizations serving minority populations, and other stakeholders in the community health improvement process.

Figure 1.1 The MAPP Framework

2. Visioning

Next, steering committee members re-examined its vision and mission. Vision and values statements provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

3. The four assessments

While each assessment yields valuable information, the value of the four MAPP assessments is multiplied considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

In order to identify strategic issues, the steering community considers findings from the visioning process and the MAPP assessments in order to understand why certain issues remain constant across the assessments. The steering committee uses a strategic approach to prioritize issues that would have the greatest overall impact to drive population health improvement and would be feasible, given the

resources available in the community and/or needed, to accomplish. The steering committee also arranged issues that were related to one another, for example, chronic disease related conditions, which could be addressed through increased or improved coordination of preventative services. Finally, the steering committee members considered the urgency of issues and the consequences of not addressing certain items.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, the committee to formulate various goals, objectives, and strategies to meet the prioritized health needs.

6. Action cycle

The steering committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Inclusion of Vulnerable Populations (Health Disparities)

According to the 2017 American Community Survey 1-year estimates, Portage County is 91% Caucasion, 4% African American, 2% Hispanic/Latino, 2% Asian, and <1% American Indian and Alaska Native. Approximately 15% of Portage County residents were below the poverty line. For this reason, data was broken down by income. Data were carefully considered and prioritized based on needs of vulnerable populations living in Portage County.

Alignment with National and State Standards

The 2020-2022 Portage County CHIP priorities align with state and national priorities. Portage County will be addressing the following priorities: mental health, substance abuse and addiction, chronic disease, and maternal, infant and child health.

Ohio State Health Improvement Plan (SHIP)

Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. Mental Health and Addiction (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. Chronic Disease (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the Social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity**: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health**: Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors**:
    - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
    - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
    - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access**: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2020-2022 Portage County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Portage County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2 2020-2022 Portage CHIP Alignment with the 2017-2019 SHIP

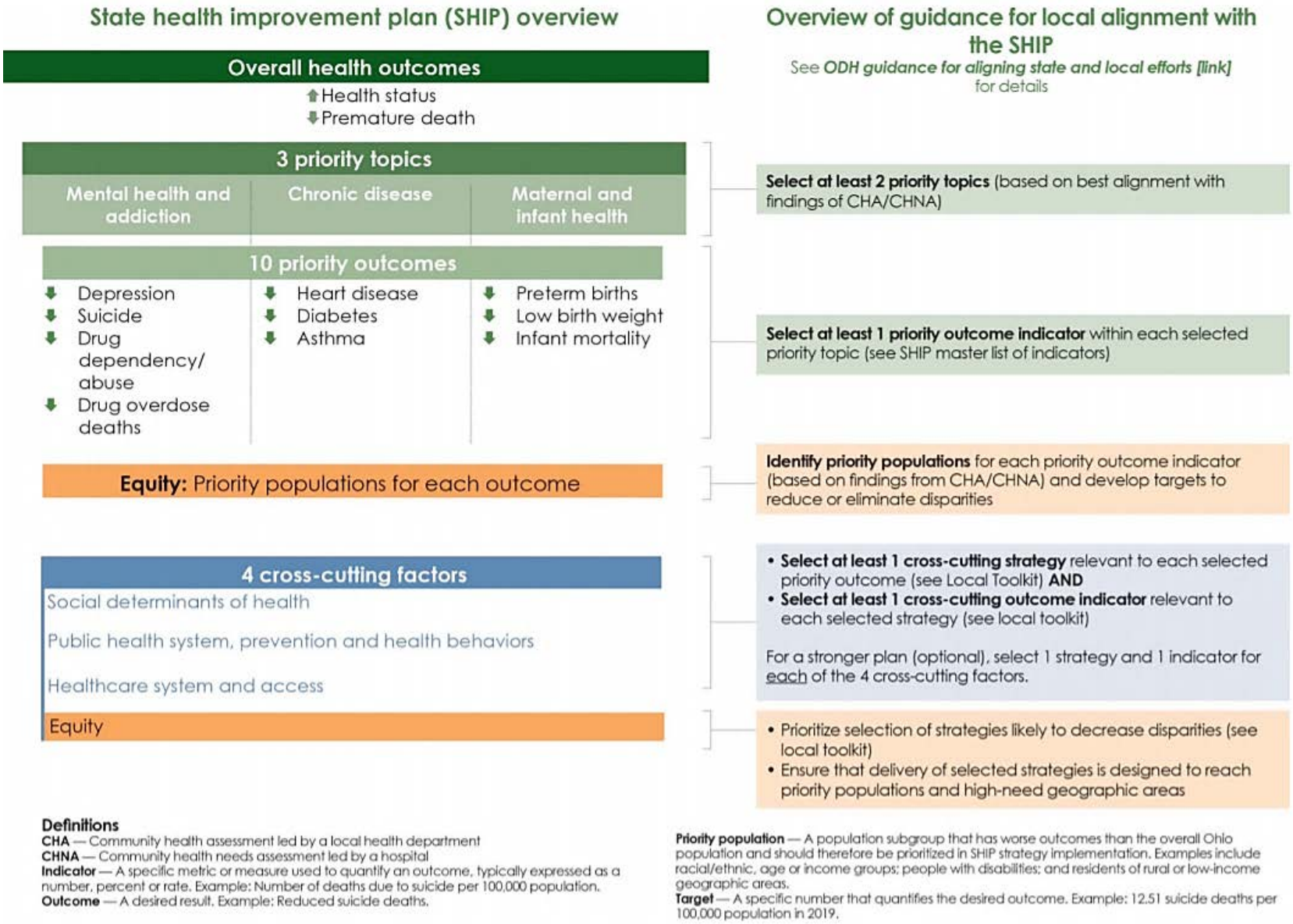
2020-2022 Portage CHIP Alignment with the 2017-2019 SHIP			
Priority Topic	*Priority Outcome*	*Cross-cutting Factor*	*Cross-Cutting Outcome*
Mental health and addiction	• Decrease adult and youth suicide ideation • Decrease adult and youth alcohol use • Decrease youth marijuana use • Reduce adult and youth cigarette smoking	• Social determinants of health • Healthcare system and access • Health equity	• Decrease severe housing problems • Decrease poverty • Increase high school graduation rates
Chronic Disease	• Decrease diabetes • Increase hypertension management • Decrease food insecurity • Increase adult and youth fruit consumption • Increase adult and youth vegetable consumption • Decrease adult, youth and child obesity • Increase youth and child physical activity		
Maternal and Infant Health	• Decrease preterm births • Decrease low birth rate • Decrease infant mortality		

U.S. Department of Health and Human Services National Prevention Strategies

The Portage County CHIP also aligns with six of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, and mental and emotional well-being. For more information on the national prevention priorities, please go to **surgeongeneral.gov**.

Alignment with National and State Standards, continued

Figure 1.3 2017-2019 State Health Improvement Plan (SHIP) Overview



Strategies

To work toward **improving mental health, substance use and addiction outcomes** the following action steps are recommended:

Mental Health Strategies

1. Assess, develop, and provide mental health resources to youth and adults in Portage County
2. Screening for Adverse Childhood Experiences (ACEs) using a standardized tool
3. Screening for suicide for patients 12 or older using a standardized tool
4. Youth alcohol/other drug prevention and mental health programs
5. Community-based comprehensive plan to reduce alcohol and drug abuse
6. Increase awareness and accessibility of treatment options for those with substance use disorder

Substance Use and Addiction Strategies

7. Safe Communities campaign
8. Tobacco-free policies
9. Links to cessation support
10. Data sharing

To work toward **improving chronic disease outcomes**, the following actions steps are recommended:

1. Food insecurity screening and referral
2. Nutrition prescriptions
3. Healthy eating practices through fostering self-efficacy
4. Prediabetes screening and referral
5. Hypertension screening and follow up
6. Increase awareness of nutrition/physical activity resources
7. Prescriptions for health
8. Community gardens
9. Shared use (joint use agreements)
10. Community fitness programs

To work toward **improving maternal, child and infant health outcomes,** the following actions steps are recommended:

1. Reproductive health interventions
2. Home visiting programs that begin prenatally
3. Increase enrollment of WIC program
4. Provide referrals/resources to all patients on health insurance access to ensure reproductive health care
5. Create and implement a Safe Kids Coalition plan

To develop **cross-cutting strategies that address multiple priorities**, the following action steps are recommended:

Social Determinants of Health

1. Home improvement loans and grants
2. Service-enriched housing
3. Outreach to increase uptake for earned income tax credits
4. Financial literacy
5. Increase transportation through a county transportation plan

Healthcare System and Access

1. School-based health centers
2. Health transportation outreach
3. Health insurance enrollment and outreach
4. Expand SOAR Student-Run Free Clinic

Health Equity

1. Implicit bias training

Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of Portage County:

Creating and sustaining a healthy Portage County through collaboration, prevention, and wellness.

The Mission of Portage County:

Mobilizing partnerships to improve and sustain Portage County health, wellness, and quality of life.

Community Partners

The CHIP was planned by various agencies and service-providers within Portage County. From August 2019 to October 2019, Portage County Community Health Partners reviewed many data sources concerning the health and social challenges that Portage County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

Portage County Community Health Partners

- AxessPointe Community Health Center
- Children's Advantage
- Coleman Professional Services
- Family and Children First Council
- Hiram College
- Kent City Health Department
- Kent State University College of Nursing
- Kent State University College of Public Health & Center for Public Policy and Health
- Kent State University Health Services
- Mental Health & Recovery Board of Portage County
- Northeast Ohio Medical University (NEOMED)
- OhioCAN
- PARTA
- Portage County Board of Health
- Portage County Children's Services
- Portage County Combined General Health District
- Portage County Job & Family Services
- Portage County Safe Communities Coalition
- Portage County School Districts
- Portage County Township Trustees
- Portage County Treasurer
- Portage County WIC
- Portage Fatherhood Initiative
- Portage Park District
- Portage Substance Abuse Community Coalition
- Sequoia Wellness
- Suicide Prevention Coalition of Portage County
- The Portage Foundation
- Townhall II
- University Hospitals Portage Medical Center
- United Way of Portage County

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, from Hospital Council of Northwest Ohio.

Community Health Improvement Process

Beginning in August 2019, the Portage County Community Health Partners met four (4) times and completed the following planning steps:

1. Initial Meeting
    - Review the process and timeline
    - Finalize committee members
    - Create or review vision
2. Choose Priorities
    - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
    - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
    - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
    - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
    - Review the Local Public Health System Assessment with committee
7. Gap Analysis
    - Determine discrepancies between community needs and viable community resources to address local priorities
    - Identify possible strategies
8. Quality of Life Survey
    - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
    - Identification of evidence-based strategies to address health priorities
10. Best Practices
    - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
    - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
    - Review of all steps taken
    - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 240-page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at **www.hcno.org/community-services/community-health-assessments/**. Below is a summary of county primary data and the respective state and national benchmarks.

Portage County Adult Trend Summary

Adult Variables	Portage County 2016	Portage County 2019	Ohio 2017	U.S. 2017
Health Status				
Rated general health as good, very good, or excellent	83%	88%	81%	83%
Rated general health as excellent or very good	53%	47%	49%	51%
Rated general health as fair or poor	17%	12%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	27%	33%	26%	24%
Rated physical health as not good on four or more days (in the past 30 days)	20%	23%	23%	22%
Average number of days that physical health was not good (in the past 30 days)	3.7	4.0	4.0*	3.7*
Average number of days that mental health was not good (in the past 30 days)	4.7	5.2	4.3*	3.8*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	28%	32%	24%	23%
Healthcare Coverage, Access, and Utilization				
Uninsured	10%	6%	9%	11%
Had one or more persons they thought of as their personal health care provider	80%	83%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	61%	74%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	8%	7%	7%	8%
Arthritis, Asthma, & Diabetes				
Ever been told by a doctor they have diabetes (not pregnancy-related)	11%	14%	11%	11%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	31%	37%	29%	25%
Had ever been told they have asthma	21%	15%	14%	14%
Cardiovascular Health				
Ever diagnosed with angina or coronary heart disease	9%	6%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	4%	5%	6%	4%
Ever diagnosed with a stroke	2%	3%	4%	3%
Had been told they had high blood pressure	29%	35%	35%	32%
Had been told their blood cholesterol was high	38%	36%	33%	33%
Had their blood cholesterol checked within the last five years	73%	86%	85%	86%
Cancer				
Diagnosed with skin cancer	N/A	3%	6%	6%
Diagnosed with any type of cancer (other than skin cancer)	8%**	7%	7%	7%
Weight Status				
Overweight (BMI of 25.0 – 29.9)	30%	35%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	28%	38%	34%	32%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment
**2016 BRFSS as compiled by 2019 County Health Rankings*
***Includes skin cancer. Please compare with caution.*

Adult Variables	Portage County 2016	Portage County 2019	Ohio 2017	U.S. 2017
Alcohol Consumption				
Current drinker (had at least one drink of alcohol within the past 30 days)	62%	78%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	22%	27%	19%	17%
Tobacco Use				
Current smoker (smoked on some or all days)	13%	16%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	23%	27%	24%	25%
Tried to quit smoking (on at least one day in the past year)	52%	66%	N/A	N/A
Current e-cigarette user (vaped on some or all days)	N/A	4%	5%	5%
Drug Use				
Used marijuana or hashish (in the past 6 months)	10%	8%*	N/A	N/A
Used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert (in the past 6 months)	10%	6%*	N/A	N/A
Preventive Medicine				
Had a flu shot in the past year (age 65 and older)	88%	72%	63%	60%
Had a pneumonia vaccine (age 65 and older)	71%	76%	76%	75%
Had a clinical breast exam in the past two years (age 40 and older)	71%	62%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	71%	73%	74%*	72%*
Had a Pap test in the past three years (ages 21-65)	64%	66%	82%*	80%*
Had a PSA test in within the past year (age 40 and over)	56%	62%	39%*	40%*
Quality of Life				
Limited in some way because of physical, mental or emotional problem	21%	23%	21%*	21%*
Mental Health				
Felt sad or hopeless for two or more weeks in the past year	15%	17%	N/A	N/A
Seriously considered attempting suicide in the past year	6%	6%	N/A	N/A
Attempted suicide in the past year	5%	5%	N/A	N/A
Oral Health				
Visited a dentist or a dental clinic (within the past year)	64%	71%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	9%	10%	11%*	10%*

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment
**2016 BRFSS as compiled by 2019 County Health Rankings*
***Includes skin cancer. Please compare with caution.*

Portage County Youth Trend Summary

Youth Comparisons	Portage County 2016 (6th-12th)	Portage County 2019 (6th-12th)	Portage County 2019 (9th-12th)	U.S. 2017 YRBS (9th-12th)
Weight Control				
Obese	15%	14%	14%	15%
Overweight	15%	12%	13%	16%
Described themselves as slightly or very overweight	29%	25%	28%	32%
Were trying to lose weight	46%	44%	48%	47%
Exercised to lose weight (in the past 30 days)	47%	53%	58%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	31%	26%	31%	N/A
Went without eating for 24 hours or more (in the past 30 days)	6%	9%	12%	13%**
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	2%	3%	4%	5%**
Vomited or took laxatives (in the past 30 days)	2%	4%	4%	4%**
Ate 5 or more servings of fruit and/or vegetables per day	13%*	24%	22%	N/A
Ate 0 servings of fruits and/or vegetables per day	7%*	5%	6%	N/A
Physically active at least 60 minutes per day on every day in past week	34%	31%	29%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	54%	58%	58%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	12%	8%	8%	15%
Watched 3 or more hours per day of television (on an average school day)	24%	17%	19%	21%
Unintentional Injuries and Violence				
Carried a weapon (in the past 30 days)	11%	11%	13%	16%
Carried a weapon on school property (in the past 30 days)	1%	2%	3%	4%
Threatened or injured with a weapon on school property (in the past 12 months)	5%	8%	9%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	6%	5%	7%
Bullied (in past year)	43%	34%	31%	N/A
Bullied on school property (in past year)	33%	25%	19%	19%
Electronically bullied (in past year)	12%	9%	6%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	3%	2%	3%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	2%	3%	3%	8%
Purposefully hurt themselves in their life	30%	23%	24%	N/A
Mental Health				
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	32%	35%	32%
Seriously considered attempting suicide (in the past 12 months)	18%	13%	15%	17%
Attempted suicide (in the past 12 months)	9%	8%	8%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	2%	2%	3%	2%
Alcohol Consumption				
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	48%	61%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	23%	32%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	14%	20%	14%

N/A – Not Available
**Calculations differed year to year. Please compare with caution.*
***Comparative YRBS data for U.S. is 2013*
Indicates alignment with Ohio SHA/SHIP

Youth Comparisons	Portage County 2016 (6th-12th)	Portage County 2019 (6th-12th)	Portage County 2019 (9th-12th)	U.S. 2017 YRBS (9th-12th)
Alcohol Consumption (cont.)				
Drank for the first time before age 13 (of all youth)	13%	17%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	32%	30%	32%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	18%	14%	14%	17%
Drove when they had been drinking alcohol (in a car or vehicle, 1 or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	7%	9%	6%
Tobacco Use				
Current smoker (smoked on at least 1 day during the past 30 days)	6%	7%	10%	9%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	1%	1%	2%	3%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	1%	1%	2%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days)	N/A	27%	37%	13%
Used electronic vapor products frequently (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past 30 days)	N/A	10%	16%	3%
Used electronic vapor products daily (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on all 30 days during the past 30 days)	N/A	8%	12%	2%
Sexual Behavior				
Ever had sexual intercourse	27%	21%	34%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	5%	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	3%	4%	3%
Used a condom (during last sexual intercourse)	54%	37%	40%	54%
Used birth control pills (during last sexual intercourse)	30%	23%	24%	21%
Used an IUD (during last sexual intercourse)	5%	2%	2%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	3%	5%	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	11%	10%	10%	14%
Drug Use				
Currently used marijuana (in the past 30 days)	11%	18%	26%	20%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	3%
Ever used cocaine (in their lifetime)	2%	1%	1%	5%
Ever used heroin (in their lifetime)	1%	<1%	<1%	2%
Ever used inhalants (in their lifetime)	4%	6%	5%	6%
Ever used ecstasy (also called MDMA in their lifetime)	3%	1%	1%	4%
Misused medications that were not prescribed to them or to ok more to get high and/or feel more alert (in their lifetime)	7%	3%	4%	N/A
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	11%	15%	20%
Personal Health				
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	78%	78%	74%*
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	75%	79%	78%	N/A

N/A – Not Available

Indicates alignment with Ohio SHA/SHIP

**Comparative YRBS data for U.S. is 2013*

Portage County Child Trend Summary

Child Comparisons	Portage County 2016 Ages 0-5	Portage County 2019 Ages 0-5	Ohio 2017 Ages 0-5	U.S. 2017 Ages 0-5	Portage County 2016 Ages 6-11	Portage County 2019 Ages 6-11	Ohio 2017 Ages 6-11	U.S. 2017 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	95%	97%	91%	93%	92%	99%	88%	90%
Dental care visit in the past year	79%	51%	41%**	60%**	89%	93%	89%	90%
Diagnosed with asthma	10%	8%	9%±	4%	17%	16%	16%±	9%
Diagnosed with diabetes	0%	0%	N/A	<1%***	1%	0%	N/A	<1%***
Diagnosed with ADHD/ADD	3%	3%	2%*±	2%*	9%	11%	13%	10%
Diagnosed with behavioral or conduct problems	3%	0%	3%*±	4%*	5%	4%	13%	8%
Diagnosed with epilepsy or a seizure disorder	1%	3%	N/A	<1%***	<1%	0%	N/A	<1%***
Diagnosed with a brain injury, concussion, or head injury	0%	0%	N/A	<1%	2%	1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%*	2%	1%	N/A	2%
Diagnosed with cerebral palsy	0%	2%	N/A	<1%***	0%	0%	N/A	<1%***
Diagnosed with anxiety problems	2%	3%	N/A	2%*	8%	7%	N/A	6%
Diagnosed with intellectual disability/mental retardation	N/A	5%	N/A	1%*	N/A	0%	N/A	1%
Diagnosed with learning disability	3%	3%	N/A	2%*	7%	3%	N/A	9%
Diagnosed with speech or language disorder	14%	18%	N/A	10%*	9%	9%	N/A	7%
Child had two or more health conditions	N/A	17%	7%	7%	N/A	11%	28%	21%
Health Care Access								
Had public insurance	24%	15%	28%±	32%	23%	17%	33%±	32%
Had one or more preventive care visits in past year	97%	98%	94%	89%	80%	92%	78%	80%
Had a personal doctor or nurse	81%	85%	75%	72%	76%	86%	72%	72%
Early Childhood (Ages 0-5)								
Never breastfed their child	18%	13%	19%	20%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	22%	13%	26%±	30%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	N/A	N/A	71%	80%	82%

¥Ages 3-5
***Ages 1-5*
****Ages 0-17*
±Indicates Ohio 2016 data from the National Survey of Children's Health. 2017 Ohio data is not available.
N/A – Not Available
Indicates alignment with the Ohio State Health Assessment

Child Comparisons	Portage County 2016 Ages 0-5	Portage County 2019 Ages 0-5	Ohio 2017 Ages 0-5	U.S. 2017 Ages 0-5	Portage County 2016 Ages 6-11	Portage County 2019 Ages 6-11	Ohio 2017 Ages 6-11	U.S. 2017 Ages 6-11
Family and Community Characteristics								
Family ate a meal together every day of the week	50%	50%	60%	54%	41%	39%	45%	44%
Parent definitely agreed that their child lives in a safe neighborhood	69%	72%	N/A	64%	60%	77%	N/A	65%
Two or more adverse childhood experiences	N/A	8%	13%	11%	N/A	8%	27%	21%

N/A – Not Available

Key Issues

On August 6, 2019, Portage County Community Health Partners reviewed the 2019 Portage County Health Assessment. The detailed primary data for each identified key issue can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2019 assessment report? Example of how to interpret the information include: 17% of adults felt sad or hopeless for two or more weeks in a row in the past year, increasing to 25% of those with incomes less than $25,000.

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, Race/Ethnicity, and/or Geography Most at Risk	Gender Most at Risk
Mental Health, Substance Abuse, and Addiction			
Adult felt sad or hopeless for two or more weeks in a row in the past year	17%	Income <$25K (25%)	Female (18%)
Portage County age-adjusted mortality rates for death by suicide (2013-2017) *(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death)*	12.3	N/A	N/A
Adult rated mental health as not good on 4 or more days in the past month	33%	Income <$25k (43%)	Female (40%)
Adult current smoker (smoked on some or all days)	16%	Income <$25K (22%) Ages 30-64 (20%)	Male (19%)
Adult binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	27%	Income $25k Plus (30%)	Male (37%)
Adult used marijuana (in the past 30 days)	11%	Income $25k Plus (12%)	Female (11%)
Adult used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert (in the past 6 months)	6%	Income <$25k (10%)	Female (7%)
Portage County overdose deaths (age-adjusted) per 100,000 population, 2013-2017 *(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)*	23.5	N/A	N/A
Youth who felt so sad or hopeless almost every day for 2 or more weeks in a row in the past year	32%	Age 17 and older (38%)	Female (44%)
Youth who seriously considered attempting suicide in the past year	13%	Age 14 to 16 (15%)	Female (15%)
Youth attempted suicide (in the past 12 months)	8%	Age 14 to 16 (8%)	Female (9%)
Youth currently used an electronic vapor product	27%	Age 17 and older (51%)	Male (29%)
Youth current drinker	23%	Age 17 and older (47%)	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, Race/Ethnicity, and/or Geography Most at Risk	Gender Most at Risk
Maternal, Infant, and Child Health			
Portage County Pre-Term Deliveries (<37 weeks) Among Live Births *(Source: ODH Information Warehouse, 2019)*	9% (2018)	Age: 15-19 (20%, 2014-2018)	N/A
Premature Births (<37 weeks) per 1,000 Live Births (2016-2018), by Census Tract *(Source: Ohio Information Warehouse, 2016-2018 as compiled by Portage County Health District)*	95.4	Windham Twp. (170.2)	N/A
Portage County Births Where Woman Was Overweight (BMI ≥ 25.0) Prior to Pregnancy *(Source: Ohio Public Information Warehouse 2006-2019, as compiled by the Portage County Health District)*	58% (Quarter 2, 2018)	African American (64%, 2016-2018)	N/A
Portage County Distribution of Low Birth Weights Among Live Births *(Source: ODH Information Warehouse, 2019)*	8% (2018)	Age: 15-19 (14%, 2014-2018)	N/A
Low Birth Weight Deliveries per 1,000 live births (2016-2018), by Census Tract *(Source: Ohio Information Warehouse, 2016-2018 as compiled by Portage County Health District)*	76.8	Randolph Twp. (144.1) African American (137.2)	N/A
Proportion of Births Receiving Inadequate Prenatal Care by Census Tract, 2016-2018 *(Source: Ohio Information Warehouse 2016-2018 as compiled by Portage County Health District)*	23.4	Nelson Twp. (43.2) Southeast Ravenna (37.1)	N/A
Adults who received WIC services during their last pregnancy (in the past 5 years)	13%	N/A	N/A
Adults who had a dental exam during their last pregnancy (in the past 5 years)	50%	N/A	N/A
Parents put their child to sleep on his/her back	85%	N/A	N/A
Parents had their children less than two years apart	22%	N/A	N/A
Child missed school because of illness or injury on 4 or more days (of 6-11 year olds)	28%	N/A	N/A
Children who did not receive all of their recommended vaccinations	5%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, Race/Ethnicity, and/or Geography Most at Risk	Gender Most at Risk
Chronic Diseases			
Adults who have ever been told by a doctor they have diabetes (not pregnancy-related)	14%	Ages 65+ (23%) Income <$25K (21%)	Male (15%)
Adults who have ever been diagnosed with arthritis	37%	Ages 65+ (62%) Income <$25K (47%)	Male (39%)
Adults who have ever been told they have asthma	15%	Income $25k Plus (16%) Ages 30-64 (15%)	Female (19%)
Adult Obesity	38%	Ages 30-64 (40%) Income <$25K (41%)	Male (39%)
Adult Overweight	35%	Under 30 (44%) Income <$25k and $25k Plus (37%)	Male (39%)
Adults diagnosed with high blood pressure	35%	Ages 65+ (64%) Income <$25K (53%)	Male (40%)
Adults diagnosed with high blood cholesterol	36%	Ages 65+ (54%) Income <$25K (50%)	Male (40%)
Adult coronary heart disease	6%	Ages 65+ (15%) Income <$25k (16%)	Male (9%)
Adult heart attack	5%	Ages 65+ (11%)	Male (8%)
Adult congestive heart failure	4%	Ages 65+ (10%) Income <$25k (14%)	N/A
Adult stroke	3%	Income <$25k (6%)	Male (3%)
Age-adjusted cancer mortality rate (2015-2017) *(Source: Portage County Public Health via Ohio Department of Health)*	180.1	N/A	N/A
Youth obesity	14%	Age 13 and younger (15%)	Female (15%)
Youth overweight	12%	Age 17 and older (14%)	Female (14%)
Percentage of population with adequate access to locations for physical activity *(Source: County Health Rankings, 2019)*	84%	N/A	N/A
Health Equity*			
Age	*Various disparities identified throughout CHNA report		
Income			
Race			
Gender			

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, Race/Ethnicity, and/or Geography Most at Risk	Gender Most at Risk
Preventive Medicine			
Women who had a mammogram in the past year (age 40 and over)	53%	Income <$25k (33%)	N/A
Women had a pap test in the past three years (ages 21-65)	66%	Ages 40 and older (20%)	N/A
Males had a PSA test within the past year (age 40 and older)	30%	Income >25k (29%)	N/A
Adults who had flu shot in the past year	65%	Age: 65+ (72%)	N/A
Had a pneumonia vaccine (age 65 and older)	76%	N/A	N/A
Social Determinants of Health			
Proportion of Population that are low-income and are beyond 1 mile from Supermarket, by Census Tract *(Source: American Community Survey 5-year Estimate 2017 as compiled by Portage County Health District)*	N/A	Northwest Ravenna (24.7%) Charlestown Twp. (21.8%)	N/A
Food insecure *(Source: Map the Meal Gap, 2017)*	14%	N/A	N/A
Transportation issues (adult)	5%	N/A	N/A
Proportion of households with 2 or more people with no vehicle *(Source: American Community Survey (ACS) 2013-2017 5-Year Estimates. Provided by Portage County Health District)*	2.8%	Kent, Northwest (12.1%) Northeast Ravenna (9.2%)	N/A
Portage County residents were living in poverty *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*	15%	N/A	N/A
Adults unable to meet daily needs	10%	N/A	N/A
Adults who experienced 4 or more ACEs	16%	N/A	N/A
Youth who experienced 3 or more ACEs	26%	N/A	N/A
Access to Health Care			
Uninsured adults	6%	Ages <30 (11%) Income $25k Plus (7%)	Males and Females (6%)
Portage County adults who did not receive medical care in the past 12 months due to cost/no insurance	29%	N/A	N/A
Portage County adults could not understand their insurance plan	7%	N/A	N/A
Adults who had one or more persons they thought of as their personal healthcare provider	83%	Income $25k Plus (81%) Ages <30 (38%)	Male (81%)
Adults who visited a doctor for a routine checkup (in the past 12 months)	74%	Income $25k Plus (71%) Ages <30 (22%)	Male (70%)
Ratio of population to primary health providers *(Source: 2019 County Health Rankings)*	2,610:1	N/A	N/A
Adults who visited a dentist or a dental clinic (within the past year)	71%	Under 30 (56%) Income <25K (50%)	Male (66%)

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, Race/Ethnicity, and/or Geography Most at Risk	Gender Most at Risk
Access to Health Care			
Ratio of population to dentists *(Source: 2019 County Health Rankings)*	2,250:1	N/A	N/A
Youth visited a doctor or other healthcare professional	79%	Ages 17 and older (77%)	Male (78%)

Priorities Chosen

On August 6, 2019, after much deliberation, five key issues were identified by the committee based on the 2019 Portage County Health Assessment. Each organization then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Afterwards, each organization was given 3 votes to place next to their top 3 key issues that ranked the highest. The committee then voted and came to a consensus on the priority areas Portage County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Votes
1. Mental health, substance use, and addiction	11
2. Chronic disease (including obesity)	11
3. Maternal, infant and child health	7
4. Infectious disease prevention	3
5. Injury prevention	1

Portage County will focus on the following priority areas over the next three years:

1. Mental health, substance use and addiction
2. Chronic Disease (including obesity)
3. Maternal, infant and child health

Portage County will focus on the following cross-cutting factors (factors that affect all priority areas) over the next three years:

1. Healthcare system and access
2. Social determinants of health
3. Health equity

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Below are the results:

Open-ended Questions to the Committee (August 27, 2019)

1. What do you believe are the 2-3 most important characteristics of a healthy community?

    - Access to care
    - Connectedness
    - Safe environment
    - Jobs/employment
    - Housing
    - Transportation
    - Education
    - Access to healthy food
    - Systems collaboration
    - Recruiting counselors
    - Parks and recreation
    - Business/economic development
    - Adequate funding
    - Affordability of care

2. What makes you most proud of our community?

    - Good collaboration
    - County and government work well together
    - Educational institutions
    - Willingness to support health services
    - Library system
    - Parks and recreation
    - Public transportation
    - Available healthcare

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?

    - CHIP committee
    - Schools promoting the importance of mental health
    - Public transit
    - Social services
    - Five organizations working together to replace septic tanks
    - Portage Foundation
    - Community Coalition for Substance Abuse
    - NEOMED (student run free clinic)

4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

    - Income inequality
    - Overall disparities
    - Impact of trauma on family
    - Addiction
    - Transportation
    - Smoking
    - Obesity
    - Food deserts
    - Mental health and depression
    - Gun safety
    - Environmental protection

5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

    - Money/funding
    - Access to care in rural
    - Decreasing social capital
    - Lack of communication
    - Silos in healthcare
    - Rural transportation
    - Generational poverty
    - Lack of education
    - Underutilization of existing services
    - Low wages
    - Lack of cultural competency
    - Vaping

6. What actions, policy, or funding priorities would you support to build a healthier community?

    - Prevention of chronic disease
    - County-wide support of ACEs trauma
    - Flexible funding
    - Establishing health in all policies
    - Support Tobacco 21
    - Support local funding
    - System collaboration
    - Maintain environmental protection
    - Oral health
    - Funding public policies

7. What would excite you enough to become involved (or more involved) in improving our community?

    - Funding
    - See results
    - Continued collaboration
    - Data sharing across agencies
    - Political will

Quality of Life Survey (August-October 2019)

Portage County Community Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 133 Portage County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2016-2019 Likert Scale Average Response n=167	2020-2022 Likert Scale Average Response n=133
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.55	3.89
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.21	3.39
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.60	3.74
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.35	3.52
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.97	3.27
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.54	3.85
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.51	3.71
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.30	3.59
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.94	3.31
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.91	3.29
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.07	3.35
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.02	3.31

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" On August 27, 2019, Portage County Community Health Partners was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Portage County in the future. The table below summarizes the forces of change agent and its potential impacts:

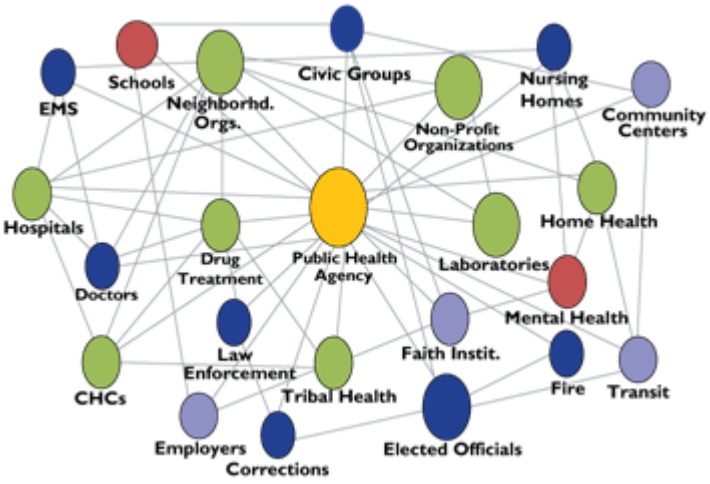
Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
1. Political (Federal vs. State)	• Pigeon holding certain issues	• N/A
2. H2 Ohio Governor initiative	• N/A	• Increased funding for prevention, restoration and research • Possibility of improved water quality
3. Healthcare	• Eligibility requirements	• N/A
4. Focus on treatment rather than prevention	• Increase in healthcare spending • Less health efficacy • Lack of health knowledge	• N/A
5. Funding discontinued at MCH	• Lack of funding and programs for maternal and child health programs and services	• Expanded different partnerships and outreach
6. Economy	• Cut funding for public health	• Advocacy
7. Money in politics	• Need of community not accurately displayed or met	• Advocacy
8. Social service agency	• Competing agencies for grants to cover 30%	• N/A
9. Medicaid (age is going to change)	• How will reimbursement change?	• N/A
10. Changing the way people think about funding	• N/A	• Learn to use what is already available
11. Targeted mission-driven campaigns	• N/A	• Increase in knowledge and positive health outcomes • Decrease health disparities
12. Workforce in county is underpaid	• Difficult to compete with neighboring counties	• N/A
13. Burn out	• Lacking funding, mandates	• N/A
14. Improvement in collaborative healthcare	• N/A	• Increase in quality of healthcare • Better health outcomes
15. Inability to plan long-term due to funding restraints	• Can't focus on building staff and coalition	• N/A

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
16. Promotion manufacturing (people don't need to go to college)	• N/A	• Increase in job availability • Decrease in unemployment
17. New generation	• N/A	• No lead • No smoking/Tobacco 21 • Healthier generation
18. Social media/tech	• Increase in suicide • Increase in bullying (youth) • Increase in misinformation	• Adapting and reacting with the resources we have • Speak at schools to students and educators
19. Free/open government	• What's positive and healthy?	• Regulation on guns, vehicle speed, etc.
20. Portage County Schools	• Testing requirements from • Pressure on the school for graduation rates	• Develop a health center in the schools • School are collaborative
21. Managed care	• Rules keep changing • No consistency • Heavy focus on clinical aspects and financial aspects in mental	• Advocate to and educate decisionmakers and politicians
22. Mental health for-profits moving in	• Leaving those who can't afford services to mental health agencies • Affecting mental health agencies financially	• Opportunity for hospital system to support mental health service development
23. Detox services in jails are lacking	• No withdrawal management in jail • No MAT services in jail • No medication upon release	• N/A

Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

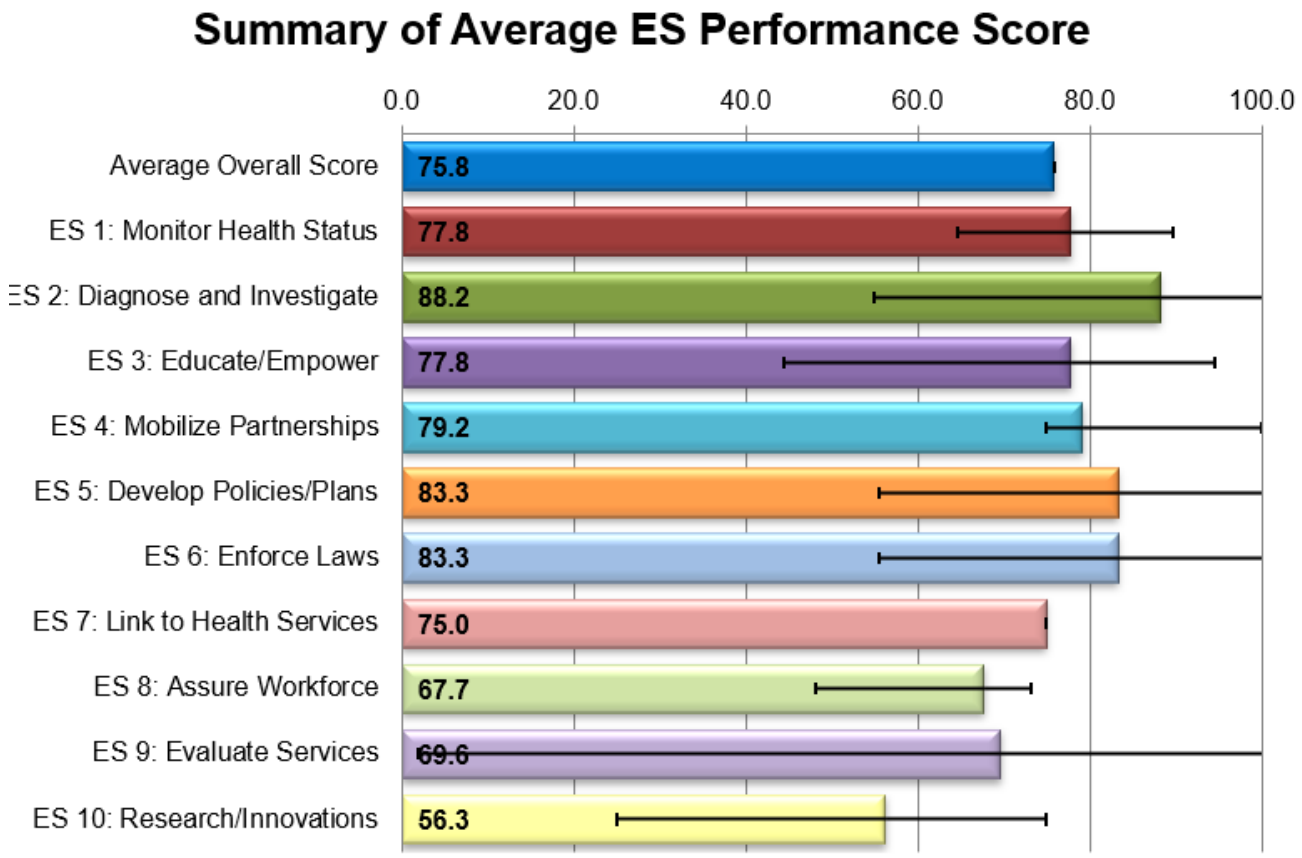
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**

Members of Portage County Community Health Partners completed the performance measures instrument in September 2019. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Becky Lehman from Portage County Health District at 330-296-9919 ext. 137.

Portage County Local Public Health System Assessment 2019 Summary



Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. On August 27, 2019, Portage County Community Health Partners was asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Portage County Community Health Partners were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, Forces of Change and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list a of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Portage County Community Health Partners considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Portage County Community Health Partners were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Resources can be found with its corresponding priority area.

Priority #1: Mental Health, Substance Use and Addiction

Strategic Plan of Action

To work toward improving mental health, substance us and addiction outcomes, the following strategies are recommended:

Mental Health Strategies

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 1: Assess, develop, and provide mental health resources to youth and adults in Portage County.				
Goal: Improve mental health outcomes.				
Objective: By December 31, 2022, decrease the percent of adults and youth feeling sad and hopeless by 2%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with primary care providers and office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues. Provide baseline for number of youths being assessed in the schools for mental health concerns. Develop awareness campaigns on counseling for depression and anxiety. Explore how to reach adults to help relieve anxiety due to financial/job stress. Access the County's supports for LGBTQ resources for youth, colleges, and adults.	December 31, 2020	Adult, and youth	1. Decrease adults feeling sad/hopeless by 2% (Baseline: 17% of adults felt sad/hopeless for two or more weeks, 2019 Portage County CHNA) 2. Decrease youth feeling sad/hopeless by 2% (Baseline: 32% of youth felt sad/hopeless for two or more weeks, 2019 Portage County CHNA)	Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 2: Screening for Adverse Childhood Experiences (ACEs) using a standardized tool.

Goal: Improve behavioral health outcomes.

Objective: Implement ACEs screenings in five different Portage County locations by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Portage County Trauma Informed Care Collaboration will assess agencies, organizations, disciplines etc. who could benefit from implementation of the ACEs, provide training on ACEs implementation, and collect data on Portage County ACE outcomes. Adopt a community-wide **screening tool** for ACEs and target the screening towards those who serve economically disadvantaged and/or minority populations. Implement ACEs as part of intake at The Family Center for both children and parents/caregivers. Provide data on posttraumatic growth due to programming addressing impact of ACEs by reporting successful families and their ability to remain intact and complete programming. Provide community-based training on ACEs, the impact of trauma, and how the community can respond to trauma. Pilot the tool in at least one new entity. Collect baseline data on the number of adults and counselors that have been trained in TIC. Create a referral for all trauma specific service providers in the county. Portage County Trauma Informed Care Collaboration will identify prevention strategies to educate the community on awareness of negative impact of trauma to reduce occurrence of abuse/neglect, sexual abuse, and violence through community awareness event. Hold one community awareness event on the prevention of traumatic experiences.	December 31, 2020	Adult and youth	Increase the number of adult trauma providers and trained trauma-certified counselors by 5% from baseline.	Nicole Thomas, Children's Advantage
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman, for profit providers.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 3: Screening for suicide for patients 12 or older using a standardized tool

Goal: Decrease suicide deaths.

Objective: Implement suicide screenings for patients 12 or older in five Portage County healthcare settings by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Introduce C-SSRS to healthcare providers such as primary care offices, FQHCs, emergency departments, and first responders. Evaluate current screening resources and referral networks. Prioritize providers serving at-risk populations. Train Portage County law enforcement in C-SSRS through four (4) regional trainings. Train 5-6 professionals in QPR (question, persuade, refer) to become trainers to conduct sessions in the community. Raise awareness of gun safety. Distribute Suicide Gun Safety cards to gun sellers, sportsman, etc.	December 31, 2020	Adult and youth	1. Adult suicide ideation: Decrease the percent of adults who report that they ever seriously considered attempting suicide within the past 12 months by 2% (Baseline: 6%, 2019 Portage County CHNA) 2. Youth suicide ideation: Decrease the percent of youth who report that they ever seriously considered attempting suicide within the past 12 months by 2% (Baseline: 13%, 2019 Portage County CHNA) 3. Firearm possession: Baseline: 47% Adults have a firearm in their home, 3% keep unlocked & unloaded (2019 Portage County CHNA) 4. Decrease adults feeling sad/hopeless: (Baseline: 17% of adults felt sad/hopeless for two or more weeks. (2019 Portage County CHNA)	Bill Russell, Coleman Karyn Kravetz, Mental Health and Recovery Board
Year 2: Evaluate and expand outcomes from year one.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Initiate conversations regarding the feasibility of integrating the screening tool into a system(s)-wide electronic medical record system.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Mental Health & Recovery Board of Portage County, law enforcement, SAMSHA, OMHAS, Suicide Prevention Coalition, Portage County Health District, Townhall II, Coleman, FSC, CIT.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 4: Youth alcohol/other drug prevention and mental health programs

Goal: Decrease substance use.

Objective: By December 31, 2022, decrease youth usage of e-cigarettes, alcohol, and marijuana by 2%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue evidence-based prevention programming for youth and expand as funding allows. Advocate for youth mental health and alcohol/other drug prevention funding. Increase mental health prevention programs (Life Skills, Second Step, SAVE, PAX) in Portage County. Increase training for adults who work with children (school staff, coaches, clergy, etc.). Identify the needs of community centers (Skeels, King Kennedy, Windham Renaissance). Implement youth-led prevention projects. Assess current vaping education services in Portage County.	December 31, 2020	Youth	1. Youth electronic vapor product user: Decrease the percentage of youth who currently use electronic vapor product by 2% (Baseline: 27%, 2019 Portage County CHNA) 2. Youth alcohol use: Decrease the percentage of youth who drank one or more drinks of an alcoholic beverage in the past 30 days by 2% (Baseline: 23%, 2019 Portage County CHNA) 3. Youth marijuana use: Decrease the percentage of youth who report using marijuana one or more time within the past 30 days by 2% (Baseline: 18%, 2019 Portage County CHNA) 4. Decrease youth usage of e-cigarettes, alcohol, and marijuana: Youth 17 years and older currently have an increased alcohol use (47%), marijuana (41%) and e-cigarettes (51%). 5. Decrease youth use of alcohol: 48% of youth had at least one drink of alcohol in their life, increasing to 78% of those ages 17 and older. (2019 Portage County CHNA) 6. Decrease youth use of marijuana: 18% of Portage County youth used marijuana at least once in the past 30 days, increasing to 41% of those ages 17 and older. (2019 Portage County CHNA)	Sarah McCully, Townhall II Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from year 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: MHRB, Townhall II, Portage County Health District, UH Portage Medical Center.

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 5: Community-based comprehensive plan to reduce alcohol and drug abuse				
Goal: Decrease substance use.				
Objective: Decrease adult excessive drinking and risky behaviors and raise awareness of the harmfulness of marijuana and e-cigarettes to adults by 2%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement a community awareness campaign and host an annual conference about alcohol and drug use. Conduct community outreach targeting adults on low-risk drinking guidelines and marijuana/e-cigarette use. Assess current programs on AOD education for adults identified by healthcare providers as high-risk. Gather data on OVI in Portage County. Raise awareness of alternative transportation options to avoid OVI.	December 31, 2020	Adult	1. Adult excessive drinking: Decrease the percentage of adults reporting binge drinking, defined as consuming more than 4 (women or 5 (men) alcoholic beverages on a single occasion in the past 30 days by 2% (Baseline: 27%, 2019 Portage County CHNA) 2. Approximately one-third (34%) of Portage County adults believed that marijuana was harmful to themselves. Thirty-five percent (35%) of adults believed that e-cigarette vapor was harmful to others, and 30% did not believe it was harmful to anyone. Thirty-two percent (32%) of adults did not know if marijuana was harmful (2019 Portage County CHNA)	Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman

Priority #1: Mental Health, Substance Use and Addiction

Strategy 6: Increase awareness and accessibility of treatment options for those with substance use disorder.

Goal: Decrease substance use.

Objective: By December 31, 2022, establish MAT resources and referrals systems in Portage County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the number of Ohio jails that offer Medication Assisted Treatment (MAT) and at what capacity; including MAT upon release from jail. Continue to offer and expand MAT and recovery housing in various locations throughout Portage County. Explore feasibility of Substance Use Disorder screening and referrals to community health in the Emergency Departments and Urgent Cares. Explore feasibility for continuing care programs in the schools and community.	December 31, 2020	Adult	Baseline: 1. 5 MAT providers in Portage County. 2. 9 Recovery Houses in Portage County.	Rob Young, Townhall II Karyn Kravetz, Mental Health and Recovery Board
Year 2: Continue efforts of years 1.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: MHRB, Child Advantage, Townhall II, FSC, Coleman, for profit providers.

Substance Use and Addiction Strategies

Priority #1: Mental Health, Substance Use and Addiction				
Strategy 7: Safe Communities campaign				
Goal: Reduce drinking and driving.				
Objective: By December 31, 2022, host nine events per year focused on sober driving in Portage County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with local partners and conduct a minimum of quarterly meetings to address county-wide traffic safety issues. (Safe Communities coalitions are required to deliver traffic safety messages and events throughout the year, providing educational and earned media portions of enforcement campaigns.) Conduct 2 kickoff events and a minimum of 10 additional events focused on seat belt usage, impaired driving, and motorcycle safety (a minimum of 4 events will be focused on impaired driving).	December 31, 2020	Teens and Adults	1. Reduce the percentage of adults who reported driving after drinking an alcoholic beverage by 2% (Baseline: 24%, 2019 Portage County CHNA) 2. Reduce number of fatal crashes. (Baseline: 7 fatal crashes in 2018, 12* fatal crashes as of 11/12/19)	Lynette Blasiman, Safe Communities Coalition
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Safe Communities funding, Portage County Health District.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 8: Tobacco-free policies

Goal: Decrease tobacco use.

Objective: By December 31, 2022, implement tobacco-free policies in at least three Portage County multi-unit housing units and at least one school.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on which organizations, multi-unit housing facilities, schools parks, and other businesses currently have **tobacco-free policies.** Provide education to residents to assist with the transition of the multi-unit housing complexes to a tobacco-free policy.	December 31, 2020	Adult and youth	1. Adult cigarette smoking: Decrease the percentage of adults that are current smokers by 2% (Baseline: 16%, 2019 Portage County CHNA) 2. Youth cigarette smoking: Decrease the percentage of youth that are current smokers by 2% (Baseline: 7%, 2019 Portage County CHNA) 3. Youth electronic vapor product use: Decrease the percentage of youth that are current electronic vapor product users by 2% (Baseline: 27%, 2019 Portage County CHNA)	Mike Anguilano, Kent City Health Department
Year 2: Begin efforts to adopt tobacco-free policy in parks, fairgrounds, schools and other public locations. Implement a 100% tobacco-free policy in at least 1 Portage County School District.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Target 2 additional multi-unit housing complexes and additional school districts to adopt a tobacco-free housing policy.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Kent City Health Department, ODH funding, Portage County Health District.

Priority #1: Mental Health, Substance Use and Addiction

Strategy 9: Links to cessation support

Goal: Decrease tobacco use.

Objective: By December 31, 2022, increase participation in tobacco cessation program(s) by 15%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the availability of evidence-based tobacco cessation programs in Portage County and the need for more. Promote and raise awareness of the tobacco cessation programs, as well as other resources, such as the Ohio Tobacco Quit Line, My Life My Quit, etc.. Increase participation in the tobacco cessation programs by 7% from baseline. Increase percentage of participants who enroll and attend the first class. Increase percentage of participants who attend the first class and complete the full 5-week cycle. Investigate barriers to nicotine replacement therapy access.	December 31, 2020	Adult	1. Adult cigarette smoking: Decrease the percentage of adults that are current smokers by 2% (Baseline: 16%, 2019 Portage County CHNA) 2. Youth cigarette smoking: Decrease the percentage of youth that are current smokers by 2% (Baseline: 7%, 2019 Portage County CHNA) 3. Youth electronic vapor product use: Decrease the percentage of youth that are current electronic vapor product users by 2% (Baseline: 27%, 2019 Portage County CHNA)	Mike Anguilano, Kent City Health Department Ali Mitchell, Portage County Health District UH Portage Medical Center
Year 2: Continue efforts of year 1. Look for opportunities to reduce out of pocket costs for cessation therapies. Ensure any new tobacco cessation programs are promoted.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, Kent City Health Department, ODH funding, Portage County Health District.

Priority: Mental Health, Substance Use and Addiction

Strategy 10: Data sharing

Goal: Increase data sharing among Portage County organizations.

Objective: By December 31, 2022., create and implement a written plan that addresses data sharing for coordination and continuity of care among Portage County agencies.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local agencies to create a multidisciplinary committee and assess the barriers of data sharing for coordination and continuity of care and identify those barriers. Aggregate data sharing is useful at the micro and macro level. At the micro level, providers need this information to effectively plan and implement care, especially in transitions from agency to agency, or level of care to the next. At the macro level, officials and administrators can use this data to make population health-level decisions about program effectiveness, risk areas, gaps in care. This information can also be helpful in requesting funding or making new collaboration decisions.	December 31, 2020	Adult, youth, and child	Increase the number of Portage County agencies participating in data-sharing by 10% (Baseline: TBD by Portage County)	John Garrity, Mental Health and Recovery Board Bill Russell, Coleman
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Mental Health & Recovery Board of Portage County, community agencies, hospitals, Portage County Health District, law enforcement.

Priority #2: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Priority #2: Chronic Disease

Strategy 1: Food insecurity screening and referral

Goal: Reduce food insecurity.

Objective: Implement a food insecurity screening and referral in at least three additional Portage County locations by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Research the **2-item Food Insecurity (FI) Screening Tool**, or another screening tool, and determine the feasibility of implementing the food insecurity screening and referral program in another location. Educate healthcare organizations on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Inform participating locations on existing community resources and referral options such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources. Implement the screening tool in at least one additional location with accompanying referral options and evaluation measures. Target screenings towards those who live in or serve economically disadvantaged populations. SOAR will screen patients to identify needs; follow-up resources are provided and tracked.	December 31, 2020	Adult, youth, and child	Food insecurity: Decrease the percentage of households that are food insecure by 1% (Baseline: 13.7%, Map the Meal Gap, 2017)	UH Portage Medical Center Janet Raber and Lacy Madison, NEOMED SOAR
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships.

Priority #2: Chronic Disease

Strategy 2: Nutrition prescriptions

Goal: Increase fruit and vegetable consumption.

Objective: Implement nutrition prescription program in Portage County by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research **nutrition prescription programs** and determine the feasibility of implementing them in local health care organizations. Explore the feasibility of creating a food pharmacy program that accepts nutrition prescriptions.	December 31, 2020	Adult	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA)	Stephanie Schulda, AxessPointe Janet Raber, NEOMED SOAR
Year 2: Explore funding opportunities for integrating nutrition prescription programs into primary care venues, such as hospital clinics and FQHCs. Partner with local farmers markets and discuss the possibility of redeeming nutrition prescriptions at participating markets. Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement nutrition prescription program in Portage County.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, AxessPointe, NEOMED

Priority #2: Chronic Disease				
Strategy 3: Healthy eating practices through fostering self-efficacy				
Goal: Increase fruit and vegetable consumption.				
Objective: By December 31, 2022, at least one Cooking Matters class (per quarter) will be implemented in Portage County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to implement the Share Our Strength's **Cooking Matters** program through the Kent State University Nutrition Outreach Program. Work with at least one new organization, such as a school, senior center, or community center, to pilot an additional 6-week course of the Cooking Matters program. Offer the program to adults, youth, and families. Begin to implement Healthy MunchBunch in Portage County Schools with at least one new school to participate in the program. Healthy MunchBunch is a lunch time fruit and vegetable education program to increase fruits and vegetable consumption. Program will be measured by the change in fruit and vegetable consumption before and after program initiation. Measure knowledge gained through evaluations. Search for grants and funding opportunities to support efforts.	December 31, 2020	Adult and youth	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA) 3. Youth fruit consumption: Decrease the percentage of youth who report consuming 0 servings of fruit per day by 2% (Baseline: 11%, 2019 Portage County CHNA) 4. Youth vegetable consumption: Decrease the percentage of youth who report consuming 0 servings of vegetables per day by 2% (Baseline: 15%, 2019 Portage County CHNA)	Natalie Caine-Bish, Kent State University Nutrition Outreach Program
Year 2: Continue efforts to implement at least one Cooking Matters class per quarter. Utilizing the **Cooking Matters at the Store framework**, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout the county. Measure knowledge gained through evaluations. Measure knowledge gained through evaluations. Continue to increase the number of schools each quarter participating in Healthy MunchBunch Programming. Continued work on finding grants and funding opportunities to support efforts.	December 31, 2021			

Year 3: Continue efforts from years 1 and 2. Measure knowledge gained through evaluations.	December 31, 2022			
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.				

Priority #2: Chronic Disease

Strategy 4: Prediabetes screening and referral

Goal: Prevent diabetes in adults.

Objective: By December 31, 2022, increase the number of prediabetes screenings by 15%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Establish baseline for prediabetes screenings conducted in Portage County. Raise awareness of prediabetes screening, identification and referral through dissemination of the **Prediabetes Risk Assessment**. Promote free/reduced cost screening events within the county.	December 31, 2020	Adult	Diabetes: Decrease the percent of adults who have been told by a health professional that they have diabetes by 2% (Baseline: 14%, 2019 Portage County CHNA)	Stephanie Schulda, AxessPointe Janet Raber, NEOMED SOAR UH Portage Medical Center
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease				
Strategy 5: Hypertension screening and follow up				
Goal: Promote hypertension management in adults.				
Objective: By December 31, 2022, increase hypertension medication adherence by to 85%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather data on hypertension management interventions currently used in Portage County. Research barriers to medication adherence and best practices for hypertension management. Increase patient/community education on hypertension screening, treatment, and the importance of routine follow up with patients diagnosed with hypertension.	December 31, 2020	Adult	Hypertension management: Increase the percentage of adults with hypertension who report currently taking medicine for their high blood pressure by 2% (Baseline: 82%, 2019 Portage County CHNA)	UH Portage Medical Center
Year 2: Continue efforts from year 1. Increase awareness of hypertension screening, treatment, and follow up.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 6: Increase awareness of nutrition/physical activity resources

Goal: Decrease obesity.

Objective: By December 31, 2022, increase the number of Portage County providers utilizing the resource guide by 15% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer nutrition/physical activity resources to physicians and develop a local community resource for physician use when referring their patients. Include items such as cost and transportation options in the guide. • Establish a list/network of Portage County healthcare providers and organizations that would benefit from having a healthy eating, activity living (HEAL) resource guide. • Develop a marketing plan for the HEAL guide. • Develop and implement a sustainability plan to keep resources updated.	December 31, 2020	Adult, youth, and child	1. Adult obesity: Decrease the percentage of adults who were obese by 2% (Baseline: 38%, 2019 Portage County CHNA) 2. Youth obesity: Decrease the percentage of youth who were obese by 2% (Baseline: 14%, 2019 Portage County CHNA) 3. Child obesity: Decrease the percentage of children who were obese by 2% (Baseline: 17%, 2019 Portage County CHNA)	Amy Lee, NEOMED
Year 2: Continue efforts of year 1, including marketing and sustaining the guide. Implement the marketing plan so that at least 50% of the providers/organizations on the list are notified and have received information on the guide.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2, including marketing and sustaining the guide. Increase the number of stakeholders receiving information on the guide to 80%.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, sustainable funding, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 7: Prescriptions for health

Goal: Increase participation and active engagement with parks and programs.

Objective: By December 31, 2022, increase participation in the Parks Rx program by 13% from the baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the Parks Rx program in Portage County. Increase participation among mental health and addiction communities. Increase participation by 3% from baseline.	December 31, 2020	All populations	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Baseline: 104 participants in the 2019 session (Portage Park District)	Andrea Metzler, Portage Park District
Year 2: Continue to monitor participation, offer new options for programming and strengthen programming models that are working with participants. Look at barriers to participation and form partnerships to help remove those barriers. Increase overall participation by 8% from baseline.	December 31, 2021			
Year 3: Continue efforts, offer new options for programming and strengthen programming models that are working with participants. Look at barriers to participation and form partnerships to help remove those barriers. Increase overall participation by 13% from baseline.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, Portage Park District.

Priority #2: Chronic Disease

Strategy 8: Community gardens

Goal: Increase fruit and vegetable accessibility.

Objective: By December 31, 2022, maintain four community gardens in Portage County prioritizing food deserts.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data regarding how many school districts, churches, and other community organizations currently have **community gardens** and where they are located, such as the Windham garden. Identify need for additional community gardens, focusing on food desert areas, and secure volunteers and/or Master Gardeners (ex: potential partnership with OSU Extension).	December 31, 2020	Adult and youth	1. Adult fruit consumption: Decrease the percentage of adults who report consuming 0 servings of fruit per day by 2% (Baseline: 14%, 2019 Portage County CHNA) 2. Adult vegetable consumption: Decrease the percentage of adults who report consuming 0 servings of vegetables per day by 2% (Baseline: 4%, 2019 Portage County CHNA) 3. Youth fruit consumption: Decrease the percentage of youth who report consuming 0 servings of fruit per day by 2% (Baseline: 11%, 2019 Portage County CHNA) 4. Youth vegetable consumption: Decrease the percentage of youth who report consuming 0 servings of vegetables per day by 2% (Baseline: 15%, 2019 Portage County CHNA)	UH Portage Medical Center
Year 2: Research grants and funding opportunities to increase the number of community gardens. Develop a sustainability plan to maintain existing and future community gardens year-round. Market current and future community gardens within the county (i.e. location, offerings, etc.). Update the marketing information on an annual basis. Implement 1 new community garden.	December 31, 2021			
Year 3: Continue efforts from year 2. Implement 1 new community gardens. Explore partnership opportunities to educate community members and families on gardening and healthy eating practices.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 9: Shared use (joint use agreements)

Goal: Increase physical activity.

Objective: Implement at least three shared-use agreements by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on how many Portage County schools, churches, businesses and other organizations currently offer shared use of their facilities (gym, track, etc.). Create an inventory of known organizations that possess physical activity equipment, space, and other resources.	December 31, 2020	Adult, youth, and child	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Youth physical inactivity: Decrease the percent of youth who did not participate in at least 60 minutes of physical activity on at least one day in the past seven days by 2% (Baseline: 8%, 2019 Portage County CHNA) 4. Physical activity among young children: Increase the percentage of children who participated in at least 60 minutes of physical activity on every day in the past seven days by 2% (Baseline: 41%, 2019 Portage County CHNA)	Amy Lee, NEOMED
Year 2: Collaborate with local organizations to create a proposal for a shared-use agreement. Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. Publicize the agreement and its parameters.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement at least 2 additional shared-use agreements for community use in Portage County.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Various coalitions, strong evaluation and data, new partnerships, University medicine/public health program partnerships.

Priority #2: Chronic Disease

Strategy 10: Community fitness programs

Goal: Increase physical activity.

Objective: By December 31, 2022, increase participation in organized physical activities by 15% from baseline.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer organized physical activities to adults, youth, and children. Obtain baseline data on the type, amount, and locations of organized physical activities in the county, and how many people participate. Identify the need for additional organized physical activities in specific locations. Target underserved areas of the county. Increase participation in community fitness programs by 3% from baseline.	December 31, 2020	Adult	1. Adult physical inactivity: Decrease the percentage adults reporting no moderate intensity aerobic exercise in the past week by 2% (Baseline: 43%, 2019 Portage County CHNA) 2. Adult physical inactivity: Decrease the percentage adults reporting no vigorous intensity aerobic exercise in the past week by 2% (Baseline: 75%, 2019 Portage County CHNA) 3. Youth physical inactivity: Decrease the percent of youth who did not participate in at least 60 minutes of physical activity on at least one day in the past seven days by 2% (Baseline: 8%, 2019 Portage County CHNA) 4. Physical activity among young children: Increase the percentage of children who participated in at least 60 minutes of physical activity on every day in the past seven days by 2% (Baseline: 41%, 2019 Portage County CHNA)	Jackie Smallridge, Sequoia Wellness
Year 2: Continue efforts from year 1. Implement additional organized physical activities. Target underserved areas of the county. Increase participation in community fitness programs by 3% from year 1 baseline.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase participation in community fitness programs by 3% from year 2 baseline.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Priority #3: Maternal, Infant, and Child Health

Strategic Plan of Action

To work toward improving Maternal, Infant and Child Health outcomes, the following strategies are recommended:

Priority #3: Maternal, Infant, and Child Health

Strategy 1: Reproductive health interventions

Goal: Increase sustainability of women's reproductive health and wellness services.

Objective: By December 31, 2022, implement a women's reproductive health and wellness program to increase the use of reproductive health interventions for Medicaid-eligible residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Implement activities to support infrastructure and sustainability of a women's reproductive health and wellness program. Activities to include insurance of billing infrastructure, Medicaid enrollment, direct health care services (family planning and prevention services, STI testing, pregnancy testing, and referrals).	December 31, 2020	Adults/ Teens	1. Two-thirds (66%) of women ages 21-65 had a Pap smear in the past three years. (2019 Portage County CHNA) 2. One in five (20%) Portage County women had been pregnant in the past five years. (2019 Portage County CHNA) 3. Two-thirds (66%) of women ages 21-65 had a Pap smear in the past three years. (2019 Portage County CHNA) 4. Thinking back to their last pregnancy, 48% of women wanted to be pregnant then, 32% wanted to be pregnant sooner, 6% did not want to be pregnant then or any time in the future, 6% wanted to be pregnant later, and 9% of women did not recall. (2019 Portage County CHNA)	Rosemary Ferraro, Portage County Health District Stephanie Schulda, AxessPointe
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Unknown/No Data
- ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, UH Portage Medical Center.

Priority #3: Maternal, Infant and Child Health

Strategy 2: Home visiting programs that begin prenatally

Goal: Improve pregnancy and birth outcomes.

Objective: By December 31, 2022, implement a prenatal/postpartum home visiting program to reduce preterm birth, low birth weight, and infant mortality.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local agencies and health care organizations to develop a home visiting program in Portage County that provides support to pregnant mothers to achieve healthier pregnancies and births and stronger child development to ensure babies reach their first birthdays.	December 31, 2020	Adults/Teens	1. Total preterm births: Decrease the percentage of live births that are preterm (<37 weeks gestation) by 2% (Baseline: 9%, Ohio Department of Health, 2018) 2. Low birth weight: Decrease the percentage of births in which the newborn weighed <2,500 grams by 2% (Baseline: 8%, Ohio Department of Health, 2018) 3. Infant mortality: Decrease the rate of infant deaths per 1,000 live births by 1 (Baseline: 8.1, Ohio Department of Health Infant Mortality Data: General Findings, 2017) 4. Increase the number of women who had a prenatal appointment in the first 3 months by 2% (Baseline: 88%, 2019 Portage County CHNA)	Rosemary Ferraro, Portage County Health District
Year 2: Continue efforts from year 1. Work with local agencies to identify and enroll pregnant women into the program.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Priority #3: Maternal, Infant and Child Health

Strategy 3: Increase enrollment in WIC program

Goal: Improve overall health outcomes and prevent nutrition-related illness among at-risk women, infants and children.

Objective: By December 31, 2022, increase WIC enrollment by 20%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an assessment on WIC enrollment in the past 10 years and identify barriers to enrollment. Determine strategies to increase awareness and accessibility of WIC.	December 31, 2020	Adult	1. Total preterm births: Decrease the percentage of live births that are preterm (<37 weeks gestation) by 2% (Baseline: 9%, Ohio Department of Health, 2018) 2. Low birth weight: Decrease the percentage of births in which the newborn weighed <2,500 grams by 2% (Baseline: 8%, Ohio Department of Health, 2018) 3. Infant mortality: Decrease the rate of infant deaths per 1,000 live births by 1 (Baseline: 8.1, Ohio Department of Health Infant Mortality Data: General Findings, 2017) 4. Decrease the number of women never breastfed by 2% (Baseline: 13%, 2019 Portage County CHNA) 5. Decrease the rate of children classified as obese by 2%. Baseline: 17% of children were classified as obese (2019 Portage County CHNA) 6. Decrease the rate of children 0-5 having two or more health conditions by 2%. Baseline: 17% children 0-5 had two or more health conditions compared to State rate of 7% (2019 Portage County CHNA)	Amy Cooper, WIC
Year 2: Continue efforts from year 1. implement strategies to increase awareness and accessibility of WIC.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ⊗ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Portage County WIC.

Priority #3: Maternal, Infant and Child Health

Strategy 4: Provide referrals/resources to all patients on health insurance access to ensure reproductive health care.

Goal: Improve birth outcomes.

Objective: By December 31, 2022, increase number of client referrals by 25%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with community health workers (CHWs), home visitors, or patient navigators to connect women of childbearing age to health insurance, resources, and a medical home. Identify and mitigate barriers to care. Establish baseline for client referrals.	December 31, 2020	Adult	All self-pay patients are referred to a CAC: 7% of parents uninsured. 29% do not have insurance. No individual data for women/pregnant or women/children. Only divided by family. (AxessPointe)	Stephanie Schulda, Cinnamon Young, and Sara Russo, AxessPointe
Year 2: Increase efforts from year 1. Increase client referrals by 25%.	December 31, 2021			
Year 3: Increase efforts from years 1 and 2.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Priority #3: Maternal, Infant and Child Health

Strategy 5: Create and implement a Safe Kids Coalition plan

Goal: Reduce child injury.

Objective: By December 31, 2022, create and implement a plan with targeted activities for the Safe Kids coalition.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the Safe Kids coalition. Work with coalition members to create a plan to guide coalition planning, outreach and activities. Include strategies such as Safe Route to School, Child Passenger Safety, Safe Sleep, etc.	December 31, 2020	Birth to 18 years of age	Reduce the number of nonfatal unintentional injuries among children ages 0-16 years by 5% (Baseline: 3,342 injuries in 2017, 2013-2018 Child Injury Review.	Ali Mitchell, Portage County Health District
Year 2: Continue efforts from year 1. Implement strategies from the Safe Kids Coalition plan.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement strategies from the Safe Kids Coalition plan.	December 31, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Unknown/No Data
- ⊗ Not SHIP Identified

Resources to address strategy: Safe Kids Coalition, funding/technical capacity.

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

Cross-Cutting Factor: Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health

Strategy 1: Home improvement loans and grants

Goal: Decrease severe housing problems.

Objective: By December 31, 2022, increase the number residents obtaining home improvement loans or grants by 5%.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with the Portage County Home Improvement Program to collect baseline data on the number of home improvement loans and grant opportunities available to Portage County residents, including local, state, and federal loans or grants.	December 31, 2020	Adult	Severe housing problems: Decrease the percentage of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) monthly housing costs, including utilities, exceed 50% of monthly income by 2% (Baseline: 15%, 2019 County Health Rankings)	Brad Cromes, Portage County Treasurer
Year 2: Create a marketing plan to promote the housing program to Portage County residents, targeting economically disadvantaged communities. Provide technical assistance to residents throughout the process of procuring a home improvement loan or grant. Work with the Portage County Home Improvement Program to collect baseline data on the number residents obtaining home improvement loans or grants.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the number residents obtaining home improvement loans or grants by 5%.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Portage County Treasurer's Office, various coalitions, Ohio Department of Commerce

Cross-Cutting Factor: Social Determinants of Health

Strategy 2: Service-enriched housing

Goal: Increase economic self-sufficiency

Objective: By December 31, 2022, increase PMHA client's ability to support their economic independence and stability.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local service providers, partner agencies and other community resources to provide support to public housing residents to achieve economic independence and stability through education, employment, and financial literacy programs. Assist public housing residents to address barriers with access to internet, transportation, and child care services. Serve 50 public housing residents with connection to self-sufficiency goals.	December 31, 2020	Adult	YEAR 1: Public housing residents served: 50 YEAR 2: Public housing residents served: 75 (cumulative) YEAR 3: Public housing residents served: 100 (cumulative)	Carolyn Budd and Sabrina Moss, Portage Metropolitan Housing Authority
Year 2: Continue efforts from year 1. Serve and additional 25 public housing residents with connection to self-sufficiency goals.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Serve and additional 25 public housing residents with connection to self-sufficiency goals.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Portage Metro Housing Authority, various coalitions

Cross-Cutting Factor: Social Determinants of Health

Strategy 3: Outreach to increase financial stability through free tax preparation services.

Goal: Decrease poverty.

Objective: By December 31, 2022, increase use of free tax preparation services available to Portage County residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with county agencies, such as United Way, to increase awareness about the myfreetaxes.com program and how it can reduce the tax burden for low-to-moderate income working people, and who is eligible.	December 31, 2020	Adult	Poverty: Decrease the percentage of individuals who live in households at or below the poverty threshold by 2% (Baseline: 15%, 2013-2017 U.S. Census Bureau, American Community Survey 5-year Estimates)	Maureen Gebhardt and Bill Childers, United Way
Year 2: Continue efforts from year 1. Implement awareness strategies identified in Year 1.	December 31, 2021			
Year 3: Continue efforts from year 1 and year 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: United Way, various coalitions

Cross-Cutting Factor: Social Determinants of Health

Strategy 4 Financial literacy

Goal: Decrease poverty.

Objective: By December 31, 2022, offer multiple financial literacy classes throughout the year in Portage County.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement financial literacy classes in Portage County. Expand the frequency of the classes and offer them annually. Target economically disadvantaged populations and schools. Provide Bridges Out of Poverty to 2 community agencies who serve individuals/families who live in households at or below poverty level. Provide 1 session of the Getting Ahead program to adult clients through the Children's Advantage Family Center. Provide 1 session1 of the R-Rules program through the Children's Advantage Family Center and in Portage County schools.	December 31, 2020	Adult	Poverty: Decrease the percentage of individuals who live in households at or below the poverty threshold by 2% (Baseline: 15%, 2013-2017 U.S. Census Bureau, American Community Survey 5-year Estimates)	Brad Cromes, Portage County Treasurer Nicole Thomas, Children's Advantage
Year 2: Continue efforts from year 1.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, Funding/technical capacity, Portage County Treasurer Office, Children's Advantage

Cross-Cutting Factor: Social Determinants of Health

Strategy 5: Increase transportation through a county transportation plan

Goal: Increase access to transportation

Objective: By December 31, 2022, create a strategic plan to address transportation needs.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with members of the Access to Care Coalition to review the 2018 transportation assessment and identify themes, needs and barriers.	December 31, 2020	Adult	Decrease the percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment).	Mandy Berardinelli, Ohio Means Jobs
Year 1: Continue efforts from year 1. Work with members of the Access to Care Coalition to create a strategic plan to address transportation needs, as well as lack of awareness of current transportation opportunities.	December 31, 2021			
Year 1: Continue efforts from year 2. Implement strategies from the strategic plan and conduct another transportation assessment.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: School-based health centers (SBHC)				
Goal: Increase access to health care.				
Objective: By December 31, 2022, pilot a SBHC in at least one Portage County school district.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research **school-based health centers** (SBHC) and explore the feasibility of implementing one in Portage County.	December 31, 2020	Youth and children	1. High school graduation: Increase the four-year graduation rate: Percent of incoming 9th graders who graduate in 4 years from a high school with a regular degree by 5% (Baseline: TBD by Portage County School Districts) 2. 67% age 18-24 have insurance. (2019 Portage County CHNA)	Randy Griffith, Maplewood Career Center
Year 2: Pilot a school-based health center within at least one school in Portage County.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified				
Resources to address strategy: Akron Children's Hospital				

Cross-Cutting Factor: Healthcare System and Access

Strategy 2: Health transportation outreach

Goal: Increase access to transportation

Objective: By December 31, 2022, expand transportation training to organizations serving Portage County residents.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue collaborating for annual all-day health transportation training to local organizations. Collaborate to create condensed version of annual training to increase staff trained.	December 31, 2020	Adult	1. Decrease the percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment). 2. Decrease percentage of residents who reported having transportation problems monthly by 5% (Baseline: 58%, 2018 Portage County Transportation Assessment). 3. Portage County Non-Emergency Transportation (NET) usage rates (Baseline from Christine from 2018)	Clayton Popik, PARTA Christine Herra, Job and Family Services Karen Towne, Portage County Health District
Year 2: Pilot condensed training to 3 organizations.	December 31, 2021			
Year 3: Expand efforts from year 2.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity.

Cross-Cutting Factor: Healthcare System and Access

Strategy 3: Health insurance enrollment and outreach

Goal: Increase health insurance enrollment.

Objective: Enroll 15% of identified uninsured residents into a health insurance option by December 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Coordinate with community agencies to identify uninsured residents. Refer the uninsured resident and enroll them in the Health Insurance Marketplace, Medicare, Medicaid, or another health insurance option. Enroll 5% of identified uninsured residents into a health insurance option.	December 31, 2020	Adults	Uninsured adults: Decrease the percent of adults who are uninsured by 1% (Baseline: 6%, 2019 Portage County CHNA)	Stephanie Schulda/ Cinnamon Young, AxessPointe
Year 2: Continue efforts from year 1. Enroll an additional 5% of identified uninsured residents into a health insurance option.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Enroll an additional 5% of identified uninsured residents into a health insurance option.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Unknown/No Data ○ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Cross-Cutting Factor: Healthcare System and Access

Strategy 4: Expand SOAR Student-Run Free Clinic

Goal: Increase access to health care.

Objective: December 31, 2022, increase the number of days the SOAR Free Clinic is open to a total of six (6) days per month.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the SOAR Free Clinic. Expand hours of the SOAR clinic from three to four Saturdays each month. Promote health services of SOAR in underserved communities.	December 31, 2020	Adults	Decrease the number of adults that did not receive medical care in the past 12 months due to cost/no insurance by 2% (Baseline: 29%, 2019 Portage County CHNA)	Janet Raber and Lacy Madison, SOAR
Year 2: Continue efforts of year 1. Expand services with integration of Behavioral Health Counseling from Coleman at the clinics. Expand Social Determinants of Health screening and referral and tracking. Investigate the feasibility of Telemedicine. Investigate the feasibility of EMR. Add Physician Assistant Students from University of Mount Union to participate in clinic visits.	December 31, 2021			
Year 3: Continue efforts of years 1 and 2. Purchase equipment, develop curriculum/training and pilot Telemedicine at SOAR Provide specialty clinic days, once a month Develop a referral base for diagnostics and specialties at free or reduced cost.	December 31, 2022			

Priority area(s) the strategy addresses:

⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified

Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.

Cross-Cutting Factor: Health Equity

Cross-Cutting Factor: Health Equity				
Strategy 1: Implicit bias training				
Goal: Decrease discrimination				
Objective: By December 31, 2022, implement at least one implicit bias training per quarter.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with local stakeholders to create a formal implicit bias training detailing the association between implicit bias and inequity. Pilot the training in one location, such as a school, church, healthcare organization, local business or social service agency. Evaluate the training and make necessary changes.	December 31, 2020	Adult	TBD by Portage County	Mike Thompson, Family and Community Services
Year 2: Continue efforts from year 1. Implement the training at least once per quarter.	December 31, 2021			
Year 3: Continue efforts from years 1 and 2. Implement the training at least once per quarter.	December 31, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health, Substance Use and Addiction ⊗ Chronic Disease ⊗ Maternal, Infant and Child Health ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Unknown/No Data ⊗ Not SHIP Identified				
Resources to address strategy: Coalition of agencies, funding/technical capacity, university medicine/public health program partnerships.				

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The subcommittees for each priority will meet quarterly to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Portage County will continue facilitating CHA every three years to collect data and determine trends. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Portage County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP committee will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future WCHP meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Becky Lehman, MPH, CHES
Director of Health Education and Promotion
Portage County Health District
330-296-9919 ext. 137

Appendix I: Gaps and Strategies

The following tables indicate gaps and potential strategies that were compiled by the Portage County Community Health Partners on September 24, 2019.

Mental Health, Substance Use and Addiction Gaps

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of MAT in jail prior to discharge	Limited MAT; person must request service No data available, but there is a need to get this data in the future	• Conduct assessment of needs in jail and barriers • Townhall II will work with the jail on creating a plan for implementation	• Agency list • Court system • CCS – Jail medical provider • MHRB • Townhall II • Sherriff department
Lack of data sharing for coordination/continuity of care for care transitions	MHRB-funded agencies involved in data sharing; direct care agencies not involved. Data from UH and the jail is not shared.	• Data sharing between MHRB and agencies • Assess barriers of data sharing • Identify barriers • Law enforcement to accurately track overdose and suicide calls	• MHRB (Top priority of agency) • Community agencies • Hospitals • PCHD • Law enforcement
Outreach to underserved people (Social Determinants of Health)	• N/A	• Cultural competency • Workforce development • Community outreach • Work with faith-based organizations	• MHRB • Providers • Faith-based community • Social service agencies
Increase access to trauma-informed care	• 26% of youth had ≥3 adverse childhood experiences in their lifetime (p.187) • 16% adults experienced ≥4 ACEs (p. 155) • Of those 16%, 25% lived with someone who was a problem drinker/alcoholic (p. 155) See connection to suicide above (p. 155)	• Create list serve of trauma certified counselors • Trauma practitioner's referral to access appropriate services • Consolidation of resources • Increase adult trauma providers • Increase ACE's awareness across disciplines • Increase trained trauma-certified counselors • Increase training/awareness to schools on trauma impact of students • ARTIC tool for TIC readiness for organizations	• MHRB • Child Advantage • Townhall II • FSC • Coleman • For profit providers

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of community support for recovery community	• N/A	• Creating safe space for parents to focus on their recovery – Family Center • Bridges Out of Poverty Program • Continue to collaborate with O.U.R. Place • Supporting physician location of our place • Increase access to recovery housing, sober living, transitional housing	• MHRB • Child Advantage • Townhall II • FSC • Coleman • For profit providers • State/federal funding
Inadequate and sustainable funding for prevention in behavioral health	State-driven funding for drug prevention is in progress	• Advocate with state • Stewardship with present funding • Advocate for state wide assessment for additional data • Provide prevention education to potential partners/funders	• Data • MHRB
Lack of awareness and education on guidelines for safe alcohol/marijuana/vaping consumption for adults	CHA 2019: • Drinking has increased at least by 28% among adults and every age group in Portage since 2015 • 47% adults binge drink • 63% of high schools students think marijuana has little risk, and 48% think e-cigs have little risk • 1 in 3 adults do not believe that marijuana is harmful • 2 in think do not believe that e-cigs are harmful	• Adult education on substance use and abuse • Focus on substance use effects on driving	• Safe community Coalition • MHRB • Safety Council • Portage Substance abuse coalition

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Increase in suicide deaths and ideation	• 2018: Highest number of suicides in PC • Older white males increased incidence of suicide • Rate of death by suicide in ages 85+: 28 in Portage v. 17 in Ohio (p. 122) • Increase in 9th-12th graders "seriously considering attempting suicide" in the past 12 months from 15% (2016) to 17% (2019) • 13% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 15% of females and those ages 14-16 (p. 184) • Connection to ACEs: Adults with ≥4 ACEs who seriously considered attempting suicide in the past 12 months: 20% (v. 3%); considered suicide 33% (v. 0%) (p. 155) • Suicide rates in Portage County climbing. 2014 = 15, 2015 = 24, 2016 = 25, 2017 =13, 2018 = 31	• Implement "Zero Suicide" across all agencies • Columbia Suicide severity scale across all agencies • Gun safety education and advocacy	• MHRB (Top priority) • Law enforcement • SAMSHA • OMAHAS • Suicide Prevention Coalition • PCHD • Townhall II • Coleman • FSC • CIT

Chronic Disease Gaps

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Food insecurity	• Overall Food Insecurity for Portage County: 13.7% compared to Ohio: 14.5% (Map the Meal Gap, 2017) • Child food security rate: 19.5% • Estimated 65% income eligible for nutrition programs (incomes at or below 185% of poverty) • (Akron-Canton Regional Food Bank)	• Expand the Food Forest Garden in Windham (evaluate, improve & fund) • Food Security screening in agencies/hospital-sections, and evaluate effects (work to expand stakeholders with churches running food pantries) • Research and perhaps pilot a food-conservation effort in school (either donations or reduction of waste)- this could also expand to improve food education for students. • Research and perhaps pilot using food delivery services to address food insecurity for certain populations • Research and perhaps pilot doing a mobile Grocery Store in Windham that focuses on meal prep, partnering with local stores to donate. • Research and perhaps pilot a PARTA-route to a grocery store (Windham?). We could partner with Hiram students to help people navigate the store and carry bags. • Assure funding for existing programs (Portage Foundation) • Evaluate existing programs for potential improvements (communicating, collaborating, food safety, efficiency, distribution, efficiency) • Explore expansion of successful programs	• Good coalitions • Strong evaluation and data • Sustainable funding • New partnerships

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of nutrition education	• N/A	• Advance advocacy/lobby efforts with lawmakers to increase health education funding • Assure funding for existing programs • Evaluate existing programs for potential improvements • Design grocery store collaboration – healthy grocery shopping teaching (educational tours, booklet with family meal planning/recipes, RD/LD monthly doing a shop test to see if it fits within WIC/SNAP) Make sure it is also marketed/available/accessible for adolescents who are feeding themselves • SOAR just piloted a health education team. They are evaluating materials for literacy. A teaching guide assists the educator. Will be forming teaching plan. Materials can be used by any of the student education teams.	• Coalition of agencies • Funding/technical capacity • NEOMED: University medicine/public health program partnerships

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Decrease in physical education programs/Lack of physical activity opportunities	• Percentage of population with adequate access to locations for physical activity for Portage County: 84% • Ohio: 84% (2019 County Health Rankings) • From Adult Trend Summary: • 36% (2019) of those surveyed were told cholesterol was high (compared to 38% in 2016) • 35% (2019) of those surveyed were told blood pressure was high (up from 29% in 2016) • 14% (2019) of those surveyed have ever been told by a doctor they have diabetes (up from 11% in 2016)	• Evaluate reasons for the decrease and identify potential solutions • Kent City HD and Safe Kids Coalition are doing safe routes to school (has any school in Portage County done it yet?) • Girls on the Run – fitness and self-esteem curricula; entirely volunteer-driven (non-competitive) • Work with big box stores to have walking program (incentive = bag of apples for meeting goal) • Portage parks • Social exercise opportunities	• Coalition of agencies • Funding/technical capacity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of the three levels of prevention: Secondary preventive healthcare – not screening for food insecurity, need more screening events (Include under SDOH cross-cutting factor)	• SOAR: Conducts SDoH screenings & preventive health screenings • AxessPointe: Collaborating with KSU to conduct SDoH screenings • UH Portage: Inpatient dieticians screening for food insecurity; social work routinely assessing for homegoing needs; Primary care SDoH screening unknown	• Build on the summer Ravenna "Back-to-School" festival to attempt to integrate preventative healthcare into a community event. The CHIP committee could work to expand funding, involve more community partners, and do more robust screening/education efforts. We could use students as navigators at the event to sign people up or use BINGO cards to incentive people to get screened for different issues. • Coordinate shared screening events (e.g. minority health fair, back-to-school fair, pregnancy support, etc.) where health information and screening can be conducted • SOAR clinic does do screening e.g. Pap, social needs, colon cancer, refer for mammograms	• Good coalitions • Strong evaluation and data • Sustainable funding • New partnerships • University medicine/public health program partnerships.

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Need for expanded tobacco product programs/support	• 5% of Portage County adults looked for a tobacco cessation program. Of those who looked, 2% could not afford it and 1% could not find a program. (2019 CHA) • 9th-12th graders current smokers 10% (compared to 9% US) (2019) • 9th-12th graders currently vaping 37% (up from 27% in 2016 & compared to US rate of 13%) (2019) • 9-12th graders vaping daily 12% (up from 8% in 2016 and compared to US rate of 2%) (2019) • Lung cancer is highest cancer in Portage County (15%) (2019) (p. 131) and leading cause of cancer deaths in Portage County from 2015-17 (14.6%) (p. 133) • 2015-17 rate of age-adjusted mortality from lung & bronchus cancer is 45 (compared to 47 Ohio and 39 US) (p. 135)	• Kent City Tobacco 21 fines are funneled to smoking cessation activities • Evaluate existing smoking cessation programs (standard/quality, # participants, recurrence) • Expand smoking cessation outreach	• Kent City Health Department • ODH funding • Portage County Health District • UH Portage Medical Center

Maternal, Infant and Child Health Gaps

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of prenatal/perinatal healthcare and harmful effects (i.e., women not seeking/receiving prenatal care) *NOT SUBSTANTIATED*	• Had a prenatal appointment in the first 3 months (88%) • Took a multi-vitamin with folic acid during pregnancy (75%) • Infant mortality has risen 32% since the low period of 2001-2005. • Mothers breastfed their child less than 3 months (17%), 4 to 6 months (8%), 7 to 9 months (13%), 10 to 12 months (18%), more than one year (20%), still breastfeeding (8%), and never breastfed (13%), the US average is 81% and Ohio average is 85%. • 15% of all Portage County residents were living in poverty, • 10% of Portage County adults reported needing help meeting general daily needs such as food, clothes, shelter, or paying for utility bills. • 6% of adults reported being concerned about not having enough food for them or their family in • 3% of Portage County adults did not have enough food, because they could not afford food, on one or more days in the past week	• Work with social services agencies to increase referrals for prenatal healthcare • Explore referral system across multiple agencies • Home visiting programs that begin prenatally	• Coalition of agencies • Funding/technical capacity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of local dental providers accepting Medicaid	• Pg. 69-71 in CHA • In the past year, 71% of Portage County adults had visited a dentist or dental clinic, decreasing to 50% of those with incomes less than $25,000. • Seventy-three percent (73%) of Portage County adults with health insurance had been to the dentist in the past year, compared to 29% of those without health insurance. • 78% of youth visited a dentist or other HCP (74% US) • 93% ages 6-11 had dental care visit in the past year (89% in 2016) (Trend summary)	• Advance advocacy/lobby effects to increase providers to accept Medicaid • School based health centers	• Coalition of agencies • Funding/technical capacity
Decline in WIC enrollment	• 10/18: 4,044 enrolled---6/19: 3,761 enrolled • Adults who received WIC services during last pregnancy in past 5 years (13%) (Key Issues) • Portage County: 10/18: 2,005 enrolled—9/19: 1,860 enrolled • In 2017, 4,175 people were eligible to be participants in WIC. In 2017, 51.4% of eligible participants were enrolled in WIC.	• Share coordinated programming focusing on screening for WIC enrollment/eligibility • Home visiting program • Pathways Community HUB model	• Coalition of agencies • Funding/technical capacity • Potential QI project at organizational level

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Need for additional injury prevention programming	Pg. 213 CHA regarding seat belt data • From injury prevention report: Of the 19,285 injuries since January 1, 2013, only 45% were coded by the medical facility with a classification or cause. Of the injuries with classifications, most were either cuts/pierces or falls. There was a sizable gender gap in injuries, with male having twice the cut/pierce rate than females, and females having a 28% higher rate of motor vehicle accidents than males (motor vehicle occupant). Falls were the most common cause of injury for females with cuts/pierces being the most common cause for males. Motor vehicle accidents were more common for newborns and males/females 15-16.	• Identify injury priorities and concerns in Portage County • Utilize the Safe Kids coalition to foster community engagement (citizens, organizations)	• Coalition of agencies • Funding/technical capacity
Declining/delayed immunization rates for Influenza	• Flu shot immunizations fell from 88% in 2016 to 72% in 2019 among Portage County adults ages 65+ (2019 CHA) • Pneumonia vaccine up by 5% from 2016-19 Vaccinations • Almost two-thirds (65%) of Portage County adults reported having flu vaccine during the past 12 months. • Seventy-two percent (72%) of Portage County adults ages 65 and older reported having a flu shot in the past12 months.	• Conduct assessment of population to identify key risk factors of delayed immunization • Carry out pilot programs in targeted areas (evaluate on effects) • GVO grant – ODH immunization grant	• Coalition of agencies • Funding/technical capacity
Increase in foster care related to drugs and incarceration	• 2% of women admitted to using marijuana or off-script medication to get high while pregnant • Provided by PCJFS: Children in JFS custody o December 2016: 165 o December 2018: 218 o As of October 2019: 211 o When last analyzed more than 55% of our new cases since that time have had substance abuse as one of the primary causal factors for our involvement.	• Collaborate with efforts to screen for ACEs • Conduct assessment on effects of increased foster care which services are most needed for reinforcement (e.g. schools, food insecurity, MH care) • School based health centers and behavioral health services, MTSS	• Coalition of agencies • Funding/technical capacity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Decrease in physical education programs/Lack of physical activity opportunities (from Chronic Disease section)	See obesity data below • 58% of 6-12th graders were physically active at least 60 min/day on 5 or more days in past week (suggested goal: 75%)	• Evaluate reasons for the decrease and identify potential solutions • Kent City HD and Safe Kids Coalition are doing safe routes to school (has any school in Portage County done it yet?) • Girls on the Run – fitness and self-esteem curricula; entirely volunteer-driven (non-competitive) • Work with big box stores to have walking program (incentive = bag of apples for meeting goal) • Portage parks • Social exercise opportunities	• Coalition of agencies • Funding/technical capacity
Lack of three levels of prevention: primary preventive healthcare – lack of youth prevention	• Obese 6-12th grade: 14% (2019) compared to 15% (2016) • Obese 9-12th: 14% (2019)	• Identify key risk factors of most prevalent chronic diseases • Research evidence-based practices to address those risk factors	• Coalition of agencies • Funding/technical capacity
Lack of three levels of prevention: primary preventive healthcare – lack of youth prevention	• Obese 6-12th grade: 14% (2019) compared to 15% (2016) • Obese 9-12th: 14% (2019)	• Identify key risk factors of most prevalent chronic diseases • Research evidence-based practices to address those risk factors	• Coalition of agencies • Funding/technical capacity

Cross-Cutting Factor: Access to Health Care Gaps

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of healthcare providers NOT SUBSTANTIATED	• PER HRSA, Portage County does not qualify as a health provider shortage area (HPSA); however, may lack local specialists • Ratio of population to primary health providers (2019 County Health Rankings) o Portage County 2,610:1 o Ohio 1,300:1	• Conduct assessment on risk factors most associated with lack of access (geography, language) • Evaluate program that sought to improve health care in those areas through access to care coalition • Advance advocacy/lobby efforts to broaden incentives for healthcare providers • SOAR training future providers. Expansion of services and clinic days to three Saturday per month. Expending to four Saturdays in January 2020.	• Coalition of agencies • Funding/technical capacity
Uninsured and underinsured population	• Uninsured Portage County Adults: 6% (2019 CHA) o Ohio: 7% (2018 BRFSS) • 29% of Portage County adults did not receive medical care in the past 12 months due to cost/no insurance (2019 CHA)	• Conduct assessment on risk factors most associated with lack of care (across all three priorities) • SOAR clinic pharmacy student working to identify pharmacy assistance programs. Refer patients to Job and Family Services to the Healthcare/Marketplace Navigator (certified education counselor) to assist with insurance needs.	• Coalition of agencies • Funding/technical capacity • University medicine/public health program partnerships.
Difficulty navigating health insurance	• 7% of Portage County adults could not understand their insurance plan (2019 CHA)	• Conduct assessment on key difficulties people have in navigating health insurance • Coordinated information campaigns that attempts to education on those difficulties	• Coalition of agencies • Funding/technical capacity

Cross-Cutting Factor: Social Determinants of Health Gaps

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Homelessness	N/A	• Conduct more coordinated outreach in the homeless areas • SOAR screens using the social needs assessment.	• Coalition of agencies • Funding/technical capacity
Poverty/income disparities	• 15% of all Portage County residents were living in poverty (U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates) • 10% of Portage County adults reported needing help meeting general daily needs such as food, clothes, shelter, or paying for utility bills. • 6% of adults reported being concerned about not having enough food for them or their family in • 3% of Portage County adults did not have enough food, because they could not afford food, on one or more days in the past week • 2018 Transportation Assessment--2011-2015 ACS/PC poverty status by age: o Under 18 years: 21% o 18-64 years: 16.1% o 65 years +: 5.7% o Total population: 15.6%	• Assess partner agency activity and identify key areas where services are not reaching audiences due to income gaps • Pilot program to address those issues and evaluate efforts • SOAR screens using the social needs assessment.	• Coalition of agencies • Funding/technical capacity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Transportation	• 5% of Portage County adults had transportation issues (2019 CHA) • 2018 Transportation Assessment: o 58% of residents reported having transportation problems monthly. o 69% of residents reported that they had never used public transportation. o 65% of community organizations/programs report that half of their clients or more report transportation issues related to making or keeping health-related appointments. o 67% of healthcare providers/pharmacies reported that half of their clients or more had experienced transportation issues in the last month that affected their ability to make or keep appointments. o 77% of healthcare providers/pharmacies reported that their patients had indicated that they had trouble accessing other health-related services such as therapy, social services and healthy food due to lack of transportation. o The most repeated barrier reported throughout all categories of surveys was residents lack of knowledge of available services.	• Conduct as assessment of partner agency activity and identify key areas where services are not reaching audiences • Pilot program to address those issues and evaluate efforts	• Coalition of agencies • Funding/technical capacity •
Economic development	• N/A	• Advance advocacy/lobby efforts with lawmakers on how to promote equitable economic development in region	Coalition of agencies Funding/technical capacity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Lack of financial literacy	From Brad Cromes, PC Treasurer: • Less than one-third of U.S. households report maintaining a personal budget, and fully half currently report living paycheck to paycheck. *See* Dennis Jacobe. "One in Three Americans Prepare a Detailed Household Budget." Gallup. June 2, 2013. • Nearly 40% of Americans report being unable to afford an unexpected expense of $400. *See* Board of Governors of the Federal Reserve System. "Report on the Economic Well-Being of U.S. Households in 2018." May 2019. • While Ohio has financial literacy education standards, there are few implementation requirements, which lead to widely inconsistent training from district to district. *See* Ohio Department of Education. "Financial Literacy." • Data show that nearly half of Ohio households lack the liquid assets needed to stay out of poverty for 3 months. *See* Ohio Association of Community Action Agencies. "2016 State of Poverty: A Portrait of Ohio Families." • According to one recent measure, poverty in Portage County stands at 13.6% of the population and impacts nearly 21,000 individuals and 4,200 families. Of children raised in the bottom-fifth of earners, the probably those children stay in the bottom-fifth is 29.6% locally. *See* Ohio Association of Community Action Agencies *supra*.	• Continue financial literacy classes in the community Current Programming: • *Portage County Financial Wellness Fair*. • *Treasurer's Office "Money Basics" website content*. Located under the "Treasurer Programs" tab on the Treasurer's website, the "Money Basics" program consists of curated content on a number of personal finance related topics for use by county residents. These include information specifically related to students (managing loans and credit), seniors (reverse mortgages, the Homestead Exemption, and aging-related content), members of the military (special programs on extended payment dates for taxes), as well as more generalized tips on spending, managing credit/debt, saving, investing, teaching children about money, and keeping financial records. • *Treasurer's Office social media content.* • *Partnership with the Consumer Financial Protection Bureau on the "Money Matters" station at the Portage County Treasurer's Office*. This station consists of flyers and brochures on a host of financial topics, including emergency planning, credit and debt management, first-time home purchasing, reverse mortgages, foreclosure avoidance, fraud alerts, selecting financial products and services, and more.	• Coalition of agencies • Funding/technical capacity • Portage County Treasurer Office

		• *Partnership with the Ohio Department of Commerce on unclaimed funds kiosk*. • *Partnership with the Consumer Financial Protection Bureau, the Portage County Senior Center and Portage County Veterans Affairs Commission on the "Pocketbook Placemats" program*. Future Programming: • *Employee incentives*. • *Standardized financial literacy and wellness education*. • *Implementation of Bridges Out of Poverty and other financial instruction tools*. • *Integration of financial wellness concepts into community programming*.	

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Social determinants of health	• 27% (376/1392) of mothers experienced postpartum depression in 2018. • 58% of Births in Portage County Women were Overweight Before Pregnancy • Smoking during Pregnancy: <19 25% 20-29 33% >30 35% • From 2016-2018 an African-American woman in Portage County was 1.93x to be born with low birth weight compared to a white baby • From 2016-2018 an African-American woman in Portage County was 48% more likely to have received inadequate prenatal care compared to white women • 9% of babies were pre-term, and 8% were of low-birth weight in 2018	• Do preconception outreach to address risk factors for maternal chronic diseases • Cultural competency training for health care providers • Share coordinated programming for new moms focusing on screening for chronic diseases • Healthy food initiatives in food banks • Explore referral system for chronic disease management • Home visiting programs that begin prenatally	• Coalition of agencies • Funding/technical capacity

Cross-Cutting Factor: Health Equity

Gap	Data (if applicable)	Potential Strategy (or Strategies)	Resources to Address Gap
Not targeting local high-risk/priority groups	N/A	• Assess partner agency activity and identify key areas where services are not reaching audiences due to income gaps • Pilot program to address those issues and evaluate efforts	
Lack of cultural competency	N/A	• Evaluate current cultural competency training resources for health care providers	
Racism	N/A	• Evaluate current implicit bias training resources and explore feasibility of community education programming	