Franklin County
Public Health

COMMUNITY HEALTH IMPROVEMENT PLAN

YOUR HEALTH, YOUR COMMUNITY

EXECUTIVE SUMMARY

2018 TO 2020

Franklin County
Public Health

2018–2020

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In November 2017, Franklin County Public Health (FCPH) completed a Community Health Assessment (CHA) which was a comprehensive collection and analysis of data that was used to identify the health needs of our community. The CHA was used to inform community decision-making, the prioritization of health problems and ultimately the development of the 2018-2020 Franklin County Community Health Improvement Plan (CHIP).

4 **The four priority health areas identified through the CHA process are:**

- Priority Area 1: Chronic Disease
- Priority Area 2: Mental Health/Behavioral Health and Addiction
- Priority Area 3: Access to Overall Healthcare
- Priority Area 4: Maternal and Infant Health

FCPH engaged and convened *Health Works Franklin County* to complete the CHIP process. *Health Works Franklin County* is a partnership between the Franklin County Board of Commissioners and FCPH that also includes government agencies, non-profit organizations, and healthcare organizations from throughout the community. A collective impact approach was used to ensure sustainable progress. Collective impact is based on the idea that in order for organizations to create lasting solutions to social problems, they need to coordinate their efforts and work together around a specific set of goals.

Members worked together to identify outcomes, health equity populations, strategies and action steps for each of the four priority areas.

PRIORITY AREA 1:
CHRONIC DISEASE

OUTCOMES

1 REDUCE HEART DISEASE

Health Equity population: ***Individuals with low socioeconomic status (low SES).***

STRATEGY 1:
Increase hypertension screening and follow-up.

ACTION STEP:
Convene a group of stakeholder agencies to identify next steps and targeted places for intervention.

STRATEGY 2:
Identify additional community health workers being trained to address chronic disease prevention and management.

ACTION STEP:
Assess the number of community health workers (CHWs) in Franklin County.

2 REDUCE DIABETES

Health Equity population: ***Individuals with low SES.***

STRATEGY 1:
Increase prediabetes screening and control of Type 2 diabetes.

ACTION STEP:
Convene stakeholder agencies to explore implementation of screening for pre-diabetes and food insecurity.

STRATEGY 2:
Increase the HUB model of care.

ACTION STEP:
FCPH will work with the group of stakeholder agencies identified in Strategy 1 to raise awareness about the HUBs in diabetes prevention.

3 REDUCE OBESITY THROUGH PHYSICAL ACTIVITY AND NUTRITION

Health Equity population: ***Individuals with low SES.***

STRATEGY 1:
Increase the adoption of complete streets community policies.

ACTION STEP:
Develop a toolkit to support active living.

STRATEGY 2:
Identify regular and consistent access to fresh foods.

ACTION STEP:
Partner with school districts to implement Farm to School programs in FCPH jurisdictions.

PRIORITY AREA 2: MENTAL HEALTH/ BEHAVIORAL HEALTH AND ADDICTION

OUTCOMES

1 REDUCE UNINTENTIONAL DRUG OVERDOSE DEATHS

Health Equity population: ***Persons exiting from a Correctional Facility.***

STRATEGY 1:
Increase wrap-around services for newly released incarcerated populations.

ACTION STEP:
Partner with the criminal justice system in Franklin County to identify and increase access to wrap-around services.

STRATEGY 2:
Expand naloxone trainings to social service providers and other client-serving organizations who work with the priority population.

ACTION STEP:
Partner with community social service and government agencies to provide additional naloxone trainings.

STRATEGY 3:
Expand outreach efforts to individuals who are homeless and at greater risk for drug overdose to increase linkage to treatment and housing support services.

ACTION STEP:
In partnership with the Community Shelter Board, Columbus Metropolitan Housing Authority, ADAMH, and community-based service providers, develop additional methods to address this strategy.

2 REDUCE TOBACCO USE

Health Equity population:
Lesbian, Gay, Bisexual, Transgender, and Questioning Youth and Adults.

STRATEGY 1:
Increase awareness regarding the dangers of smoking and secondhand smoke.

ACTION STEP:
Expand the adoption of the Tobacco 21 community policies.

ACTION STEP:
Adopt tobacco free policies for schools and community parks.

ACTION STEP:
Engage the Franklin County Tobacco-Free Collaborative to reach non-traditional people serving organizations to provide education and resources.

PRIORITY AREA 3:

ACCESS TO OVERALL HEALTHCARE

OUTCOMES

1 INCREASE ACCESS TO MEDICAL CARE

Health Equity population: ***School-aged children and elderly.***

STRATEGY 1:
Increase school-based healthcare resources in the county.

ACTION STEP:
Work with an existing group and/or convene a group of stakeholders to identify the type of school-based healthcare being provided in schools.

STRATEGY 2:
Increase the number of EMS paramedicine programs in Franklin County.

ACTION STEP:
Work with an existing group and/or convene a group of stakeholders to discuss paramedicine and ways to expand its use.

2 INCREASE ACCESS TO MENTAL/BEHAVIORAL HEALTHCARE RESOURCES IN SCHOOLS

Health Equity population: ***School-aged children and youth.***

STRATEGY 1:
Increase education and resources regarding violence.

ACTION STEP:
Work with an existing group and/or convene key stakeholder organizations to discuss the implementation of Stop the Bleed® program in school systems within Franklin County.

STRATEGY 2:
Assess the availability of a comprehensive resource toolkit.

ACTION STEP:
Work with an existing group and/or convene a stakeholder group to conduct a comprehensive assessment of behavioral health services available in Franklin County for children and youth.

STRATEGY 3:
Increase the education and awareness of signs and symptoms of youth behavioral health needs.

ACTION STEP:
Implement Youth Mental Health First Aid trainings.

3 INCREASE ACCESS TO DENTAL CARE

Health Equity population: ***School-aged children.***

STRATEGY 1:
Assess the availability of dental services by zip code.

ACTION STEP:
Work with an existing group and/or convene a stakeholder group to assess availability.

PRIORITY AREA 4:
MATERNAL AND INFANT HEALTH

OUTCOMES

1 REDUCE PRE-TERM BIRTHS

Health Equity population: ***Pregnant women.***

STRATEGY 1:	ACTION STEP:
Reduce the percentage of women who smoke in the third trimester.	Provide cessation services to pregnant women residing in Franklin County through the Community Cessation Initiative (CCI) and partner with CelebrateOne on its smoking initiatives for pregnant women.

2 REDUCE LOW BIRTH WEIGHT BIRTHS

Health Equity population: ***Pregnant women with low SES.***

STRATEGY 1:	ACTION STEP:
Expand collaboration and screening opportunities with healthcare providers regarding food insecurities and other social determinants of health.	Work with CelebrateOne, the Mid-Ohio Foodbank, maternal and child health care providers, and other stakeholders to discuss ways to connect patients with available food resources or create new resources for their patient population.

3 REDUCE INFANT MORTALITY

Health Equity population: ***Women with low SES.***

STRATEGY 1:	ACTION STEP:
Increase the percentage of mothers who receive home visits to provide education and resources on breastfeeding, safe sleep practices, etc.	Work with CelebrateOne's stakeholder group to expand home visiting programs.

PRIORITY AREA 4: MATERNAL AND INFANT HEALTH

OUTCOMES

4 IMPROVE CHILDHOOD IMMUNIZATION RATES

Health Equity population:
Children less than 24 months of age, kindergartners and adolescents (7th-12th grades)

STRATEGY 1:
Engage health care practices and licensed schools to improve immunization rates.

ACTION STEP 1A:
Hold education sessions with health care providers and licensed school staff.

ACTION STEP 1B:
Provide immunization assessments to health care practices.

STRATEGY 2:
Target children and adolescents who are under immunized.

ACTION STEP 2A:
Complete an index map of where under immunized children and adolescents live, socioeconomic status, racial identity and evaluate other social determinants of health indicators that possibly contribute to low immunization rates.

ACTION STEP 2B:
Survey parents of under immunized children and adolescents to understand reasons for postponing or deferring vaccination.

ACTION STEP 2C:
Create a comprehensive outreach and education plan targeting under immunized children and adolescents based on the results of the index map and parental survey.

FCPH serves as the backbone organization to provide ongoing support for the work that will be done by many partner organizations to address the priority areas, outcomes, strategies and action steps identified in the CHIP.

The work identified in the CHIP does not include all of the work of FCPH or our public health partners. Instead, it serves as a strategic guiding document to align efforts across our community with the four priority areas.

The complete Franklin County CHIP is available at
www/myfcph.org/CHIP

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