Community Health Improvement Plan

2023-2026

FRANKLIN COUNTY, OHIO

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ACKNOWLEDGEMENTS

Franklin County Public Health (FCPH) would like to thank everyone who participated in the Community Health Improvement Plan (CHIP) process. The development of the CHIP is rooted in community and a shared vision for a healthy Franklin County. This plan reflects the work of nearly 100 community stakeholders from November 2022 through May 2023 as we convened to discuss priorities, learn from one another, and generate actions and policy recommendations. The process for the CHIP, including meeting facilitation, preparation and material dissemination, was conducted by Mighty Crow Media, LLC with generous funding by the Franklin County Board of Commissioners. For more information visit:

https://myfcph.org/
https://healthworksfranklincounty.org/

INTRODUCTION

PLANNING, DEVELOPING, AND COLLABORATING FOR THE 2023-2026 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

There are six steps required and utilized in the creation of this plan, per the Public Health Accreditation Board Standards.

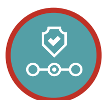
1. **Complete a Community Health Assessment (CHA):** FCPH, Columbus Public Health (CPH), and the Central Ohio Hospital Council collaborated on the CHA process, which resulted in the creation of the *HealthMap 2022*.[1]

2. **Recruit community members:** *Health Works Franklin County* (HWFC) is a partnership between the Franklin County Board of Commissioners (FCBOC) and FCPH that was utilized in the creation of this CHIP. HWFC is led by a voluntary county Steering Committee and is made up of cross-sector teams who work together to implement and coordinate data sharing, planning and policy strategies.

3. **Develop a shared vision:** In addition to the *HealthMap 2022*, FCPH, CPH, and the Hospital Council of Central Ohio developed the Shared Health Improvement Framework. This framework further articulated the shared vision through its Statement of Purpose and primary goal, and Guiding Principles.

4. **Prioritize health issues:** Through the *HealthMap 2022* and the Shared Health Improvement Framework, four health issues were prioritized: Racial Equity, Basic Needs, Mental Health and Addiction, and Maternal and Infant Health. The metrics in the CHIP are agreed upon by HWFC and align with the current State Health Improvement Plan priorities.

5. **Create goals, strategies, and owners:** This CHIP includes those shared priorities, metrics, strategies, and action steps to address the priorities. Action steps include policy recommendations.



6. **Track and report progress**: The tracking of the progress made over the next three years will be done in conjunction with HWFC and will be shared with CPH and the Central Ohio Hospital Council.

1. https://myfcph.org/health-systems-planning/healthmap-2022/

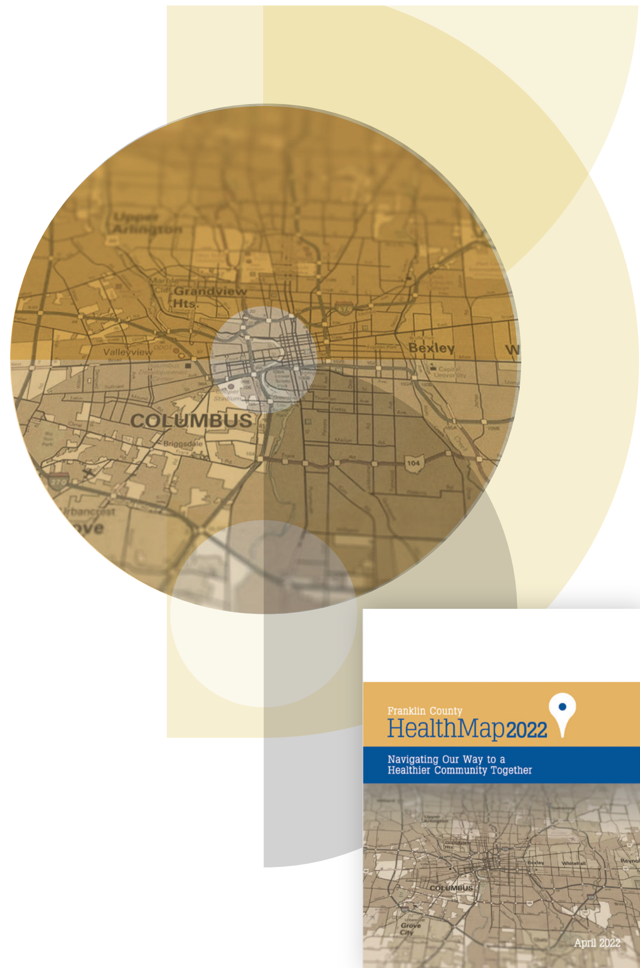
HEALTHMAP 2022
AND THE SHARED HEALTH IMPROVEMENT FRAMEWORK

In 2022, FCPH, CPH, and the Central Ohio Hospital Council collaborated on the development of a community health assessment (CHA), *HealthMap 2022*. Through this collaborative work to develop the CHA, The Franklin County Shared Health Improvement Framework was developed on October 2, 2022. The Statement of Purpose for this Shared Framework states,

> *Ultimately, the primary goal of this Shared Health Improvement Framework is to build a manageable connective structure that will help to align future health improvement planning (and intervention) activities of hospitals, health departments, and other organizations serving Franklin County residents, thereby making future planning efforts more efficient and more likely to yield desired outcomes.*

The purpose of the Franklin County Shared Health Improvement Framework is two-fold:

1. Increase awareness of current activities and initiatives that have the potential to improve outcomes related to Franklin County's prioritized health needs.
2. Reach consensus on key metrics for measuring the community's health, thereby increasing the potential for community health improvement plans that are more aligned with one another.



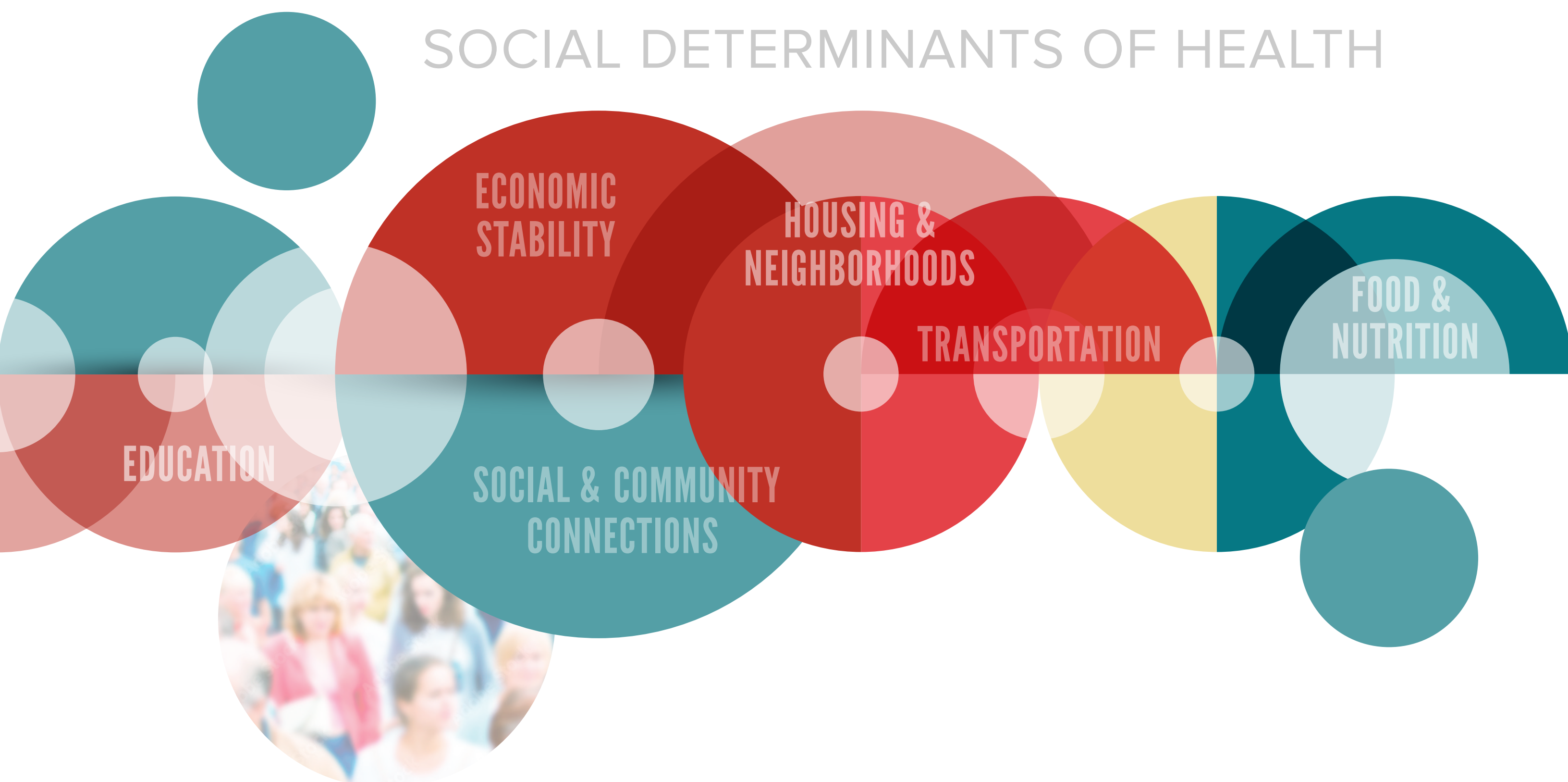
From this work, four guiding principles emerged with a fifth added by FCPH:

1. **We will engage and involve the community.**
2. **We will be data driven.**
3. **We will be mindful of the social determinants of health.**
4. **We will align our planning efforts.**
5. **We will collaborate when applying for state, federal, and other funding opportunities.**

HEALTH WORKS FRANKLIN COUNTY

BACKGROUND

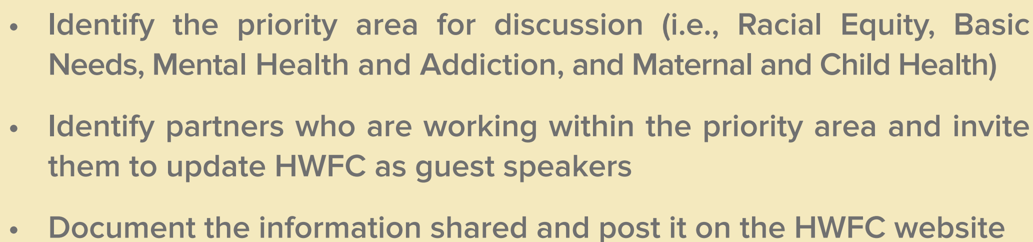
The planning, development, collaboration, and implementation of the CHIP is founded within *Health Works Franklin County* and its membership.[2] *Health Works Franklin County* (HWFC) is a Health and Equity in all Policies (HiAP) initiative with the goal to integrate and coordinate the social determinates of health data, policy and planning efforts across the public health system. HWFC includes numerous organizations across the county that work to impact the social determinants of health. This public-private partnership collaborates with existing community engagement, clinical care integration and issue-specific initiatives already occurring across the county, with a focus on building on existing efforts to create an upstream perspective to address those conditions and barriers related to health equity. Since its inception in 2016, the number of organizations involved in HWFC has grown.



2. https://healthworksfranklincounty.org/

MEETINGS

The initial planning for the development of the CHIP began with a meeting of *Health Works Franklin County* which included a review of *HealthMap 2022* and the Franklin County Shared Health Improvement Framework. Recognizing the importance of collective impact and a focus on building upon existing efforts, the outline of the agenda for the CHIP planning meetings included:



- **Identify the priority area for discussion (i.e., Racial Equity, Basic Needs, Mental Health and Addiction, and Maternal and Child Health)**
- **Identify partners who are working within the priority area and invite them to update HWFC as guest speakers**
- **Document the information shared and post it on the HWFC website**

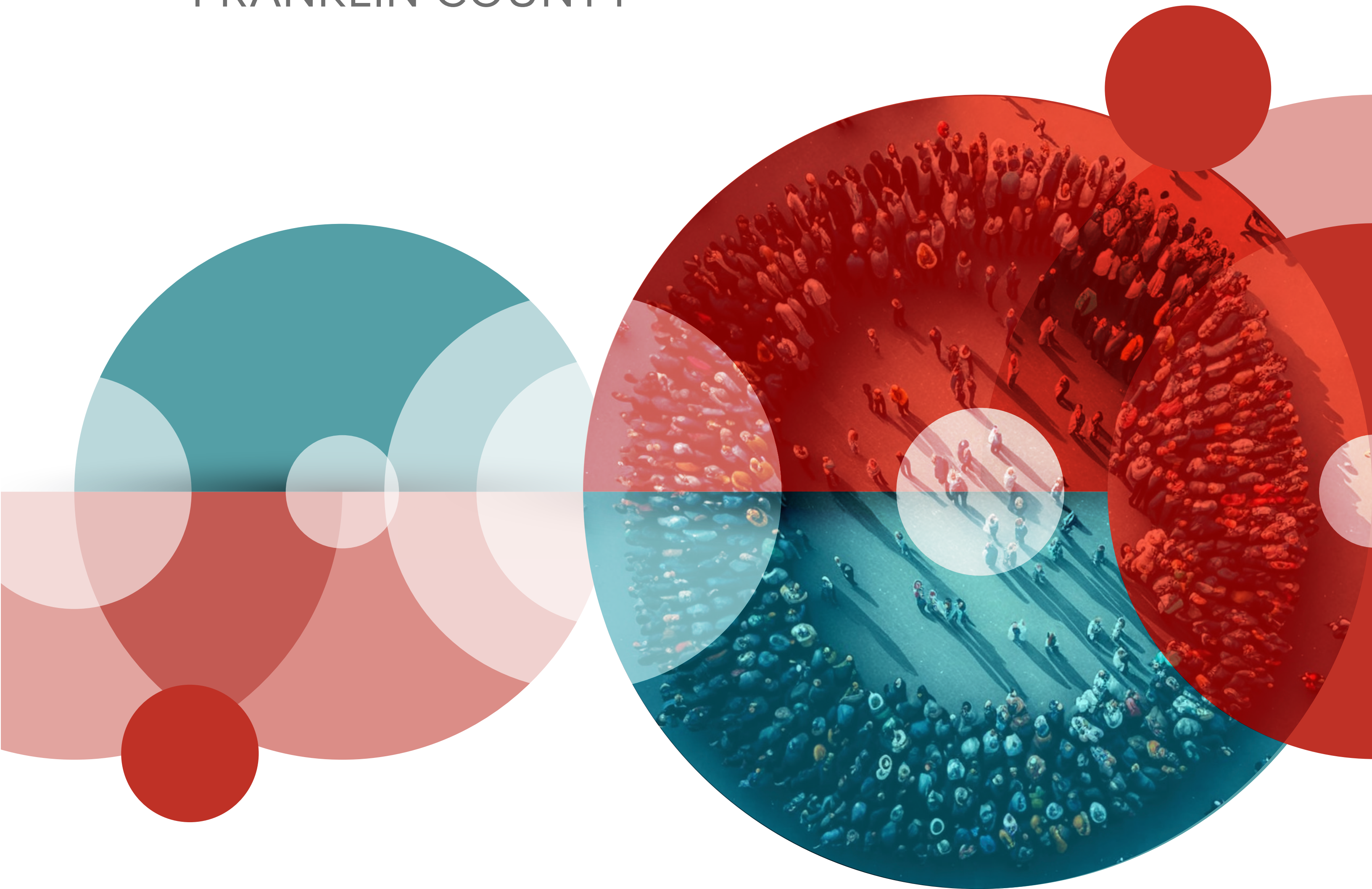
After five virtual meetings, HWFC members gathered in person on May 10th and 11th to discuss strategies and action items for each priority area. Additionally, Franklin County Public Health, Health Commissioner, Joe Mazzola, asked attendees to participate in a visioning exercise to generate big ideas for improving health equity in Franklin County. The results of the visioning exercise are available to view on the *Health Works Franklin County* website.

The CHIP is informed by the discussion and observations from *Health Works Franklin County* participants who described potential policy changes to be taken for each of the four priority areas. It should be noted the individual organizational members of HWFC do not necessarily endorse all of what is described in the CHIP. Instead, the narrative and subsequent strategies and action steps represent the collective voice of the group as captured during the meetings of HWFC.

To track progress, *Health Works Franklin County* will convene quarterly, and Franklin County Public Health will work with each lead agency to ensure success. Progress for the activities, strategies and metrics will be tracked in a dashboard that will be displayed on the FCPH and HWFC websites. An annual report will also be written and disseminated to the community.

DISCUSSION AND OBSERVATIONS

HEALTH WORKS FRANKLIN COUNTY



BASIC NEEDS: HOUSING, FOOD AND SAFETY

One of the four priority areas identified in the Franklin County Shared Health Improvement Framework was Basic Needs. The three indicators for this priority area are: (1) increasing housing security (2) increasing food security and (3) increasing neighborhood safety. The participants from the May CHIP meetings discussed strategic areas that would help improve access to basic needs in their sector of work. These areas include the following:

Increase Housing Security

- **Policies or programs that incentivize landlord to rent to populations that utilize housing vouchers, make it illegal to refuse housing tenants based on source of income, discourages discriminatory renting practices**
- **Advocating for changed eviction guidelines**
- **Proposing policy that expanded income ordinances to cover all of Franklin County**

The participants in this discussion agreed that policy change and advocacy were the main way to increase housing security.

Many individuals noted that there are significant barriers to increasing housing security ranging from underutilization of housing assistance programs to discrimination and stigma. A suggestion that came from this discussion was to create an awareness campaign to help the public understand what resources are available to them.

As Franklin County is projected to grow exponentially in the coming years participants suggested advocating for local zoning regulations that require 25% of new developments to be affordable housing as well as advocating for more dense and diverse housing.

Increase Food Security

- **Building a transitional benefit program for people who are losing SNAP benefits due to recent employment**
- **Utilization of volunteer programs and tax incentives to increase the financial support of businesses to food pantries**

Increase Neighborhood Safety

- **Targeted community outreach through the utilization of trusted community entities**
- **Incorporating violence-reduction efforts into existing programming within social service organizations**
- **Advocating for the Safe Streets program to be brought into communities**

The participants discussed that increasing neighborhood safety starts with reframing violence as a symptom of larger structural issues. This conversation progress to addressing issues like poverty, homelessness, and mistrust of authority as a form of increasing neighborhood safety.

Continuing with the preventative conversation, participants discussed encouraging schools to provide social-emotional learning to increase resilience, life-skills and mental health awareness.

MENTAL HEALTH AND ADDICTION

Another of the four priority areas identified in the Franklin County Shared Health Improvement Framework was Mental Health and Addiction. The two indicators for this priority area are: (1) decreasing unintentional drug and alcohol deaths and (2) improving mental health and decreasing suicide. The participants from the May CHIP meetings discussed strategic areas that would help improve these indicators in their sector of work. These areas include the following:

Decrease Unintentional Drug and Alcohol Deaths

- Developing an early intervention strategy for alcohol use
- Advocating for more funding for Community Health Workers and Peer-Supporters
- Development of a system that houses all drug and alcohol resources in the county

While participants in the discussion agreed that there has been much work done in acknowledging and addressing unintentional overdoses, there is more work to be done, particularly when it comes to alcohol. Participants noted that alcohol has the effect of a "gateway drug" due to its prevalence among teens and the social framework surrounding it.

Improve Mental Health and Decrease Suicide

- Promoting the use of guidance counselors in schools
- Incorporating mental health surveys and suicide prevention initiatives within schools
- Increasing public awareness of 988 instead of 911
- Developing programs that train youth to be peer supporters
- Advocating for mandatory suicide prevention training in elementary and middle schools

It was acknowledged that individuals who die by suicide could have other concerns with basic needs. This gave rise to a discussion about creating livable wages, housing security and other needs and how that overlaps with mental well-being.

MATERNAL AND INFANT HEALTH

Another of the four priority areas identified in the Franklin County Shared Health Improvement Framework was Maternal and Infant Health. The two indicators for this priority area are: (1) decreasing infant mortality and (2) improving maternal pre-pregnancy health. The participants from the May CHIP meetings discussed strategic areas that would help improve these indicators in their sector of work. These areas include the following:

Decrease Infant Mortality

- **Developing a centralized tool where all perinatal resources can be housed**
- **Creating of support groups for perinatal individuals**
- **Advocating for health professionals to have diverse continuing education as it relates to infant mortality**
- **Increasing accessibility to doulas**
- **Advocating for improved coverage of perinatal mental health care**

Participants noted that unmet basic needs intersect with infant mortality. By addressing issues with basic needs, participants noted that infant mortality could be affected.

Another point of discussion was the abundance of resources available but an underutilization of these programs. A coordinated streamlined approach to sharing these resources with individuals in a concise way was heavily emphasized.

Improve Maternal Pre-Pregnancy Health

- **Creating a public awareness campaign for people of reproductive age about pre-pregnancy health**
- **Promoting health education for school-aged children**
- **Improving diversity of health care workforce through targeted recruitment efforts**
- **Developing a data collection method that gathered community perspectives on maternal and infant health**

The individuals in this discussion stressed the importance of awareness about pre-pregnancy health, perinatal mental health, managing chronic conditions and preventive care.

The significance of having base-line information about what the community says will serve them best was stressed. Asking what the community needs helps created trust in the health care system, which impacts health and well-being.

RACIAL EQUITY

Racial Equity was another identified priority area in the Franklin County Shared Health Improvement Framework. An indicator and metrics have not yet been identified for this priority. However, racial inequity is realized in all the identified health indicators for the Franklin County CHIP, those being: basic needs, behavioral health, and maternal-infant mortality. The participants from the May CHIP meetings discussed strategic areas that would help them achieve equity in their sector of work. These areas include the following:

- **Building in diversity, equity, and inclusion (DEI) to evaluation models**
- **Tool kits that embody DEI to better assist end users and administrators**
- **Inclusivity calendars for DEI and cultural awareness**
- **Internal cultural audits conducted by objective, third parties**
- **Incorporation of trauma into training and care**
- **Calculating the return on investment (ROI) from DEI efforts**
- **Promoting cultural competency and humility**
- **Providing support for individuals doing equity work**
- **Utilization of health equity impact assessments**
- **Building a transitional benefit program for people who are losing SNAP benefits due to recent employment**
- **Utilization of volunteer programs and tax incentives to increase the financial support of businesses to food pantries**

The predominant policy recommendation that arose from team discussions was the adoption of a racial equity framework incorporating diversity, equity, and inclusion components.

CHIP participants believe that to execute the adoption of this framework it is not necessary to “reinvent the wheel”. They recognized the abundance of resources and data that exist within the county that can be utilized to support the creation of policies, set requirements for internal cultural audits, and extend resources to conduct qualitative research studies that measure the internal culture of the agencies under audit. Participants suggested to look at racial equity through a DEI lens as a start and embed a competency model for learning along with the creation of an inclusivity calendar to promote equity and cultural awareness.

HealthMap 2022 and The Franklin County Shared Health Improvement Framework noted the importance of racial equity to be highlighted and measured for each indicator. Racism plays an active role in creating disparities between groups. During the discussion, stakeholders were made aware of the American Medical Association’s (AMA) Strategic Plan to Embed Racial Justice and Advance Health Equity.

AMA’s five strategic approaches to advancing equity and justice were highlighted during the CHIP discussions. Some topics included were embedding racial and social justice throughout the culture, systems, policies and practices; building alliances and sharing power with stakeholders; pushing upstream to address SDOHs and root causes of health inequities; and fostering truth, racial healing, reconciliation, and transformation.

COLLECTIVE IMPACT ALIGNMENT

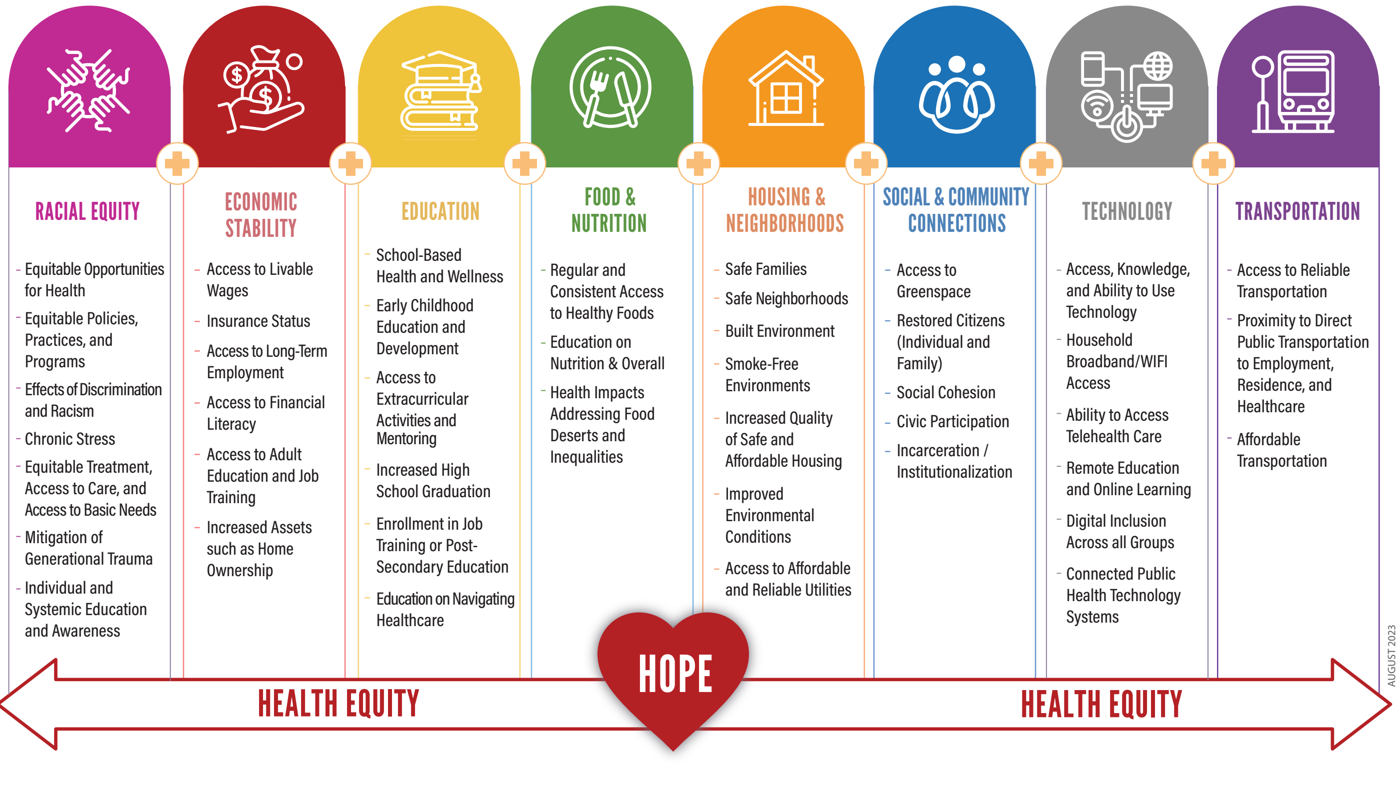
COLLECTIVE IMPACT ALIGNMENT

In addition to priority-specific recommendations, there are cross-cutting initiatives and policies that support all areas of the CHIP which are worthy of highlighting. To acknowledge and ensure alignment and build overall community support, the success of these initiatives and collective impact efforts will improve the health of our community.

- Advancing Health Literacy Franklin County
- Black Impact 100 2.0
- CelebrateOne
- Central Ohio African American Chamber of Commerce
- Central Ohio Compact
- Central Ohio Pathways HUB | Care Coordination Community Health Workers
- CityHealth
- Columbus and Franklin County Addiction Plan
- Columbus and Franklin County Local Food Board
- Community Information Exchange
- COVID-19 After Action Report and Improvement Plan
- Environmental Health
- Equity Now Coalition
- FCPH Declaration of Racism is a Public Health Crisis
- Franklin County Hypertension Network
- Franklin County Oral Health Plan (2021)
- Franklin County Racial Equity Council Recommendations
- Future Ready Five
- Human Services Chamber of Franklin County
- LinkUS
- Nationwide Children's Hospital Healthy Neighborhoods Healthy Families On
- Our Sleeves Movement for Children's Mental Health
- RAPID 5
- Rise Together: A Blueprint for Reducing Poverty in Franklin County
- Rise Together Innovation Institute
- Workforce HUB

Social Determinants of Health

Health-related social needs are found where people live, learn, work and socialize. They have a direct influence on health outcomes.



2023-2026 COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY
BASIC NEEDS

INDICATOR
Increase Housing Security

METRICS

1. Proportion of cost-burdened households (>30% of income spent on housing).
2. Number of unsheltered individuals and families utilizing shelters in Franklin County.

STRATEGY

Reduce barriers to affordable and safe housing through education and connections to financial assistance, employment, respite, and financial literacy programs.

LEAD AGENCY • *FCPH*

ACTION STEPS

1. Utilize Community Health Workers (CHWs) to engage residents facing housing insecurity through collaboration with Franklin County Municipal Court's (FCMC) pilot eviction program.
2. Provide Emergency Respite housing program for individuals coming out of Franklin County jails and have indicated homelessness at the time of booking.

STRATEGY

Increase awareness and emergency response coordination with a focus on unhoused populations needs.

LEAD AGENCY • *Community Shelter Board/Franklin County Emergency Management Agency (FCEMA)*

ACTION STEPS

1. Create an Emergency Response Plan for unhoused populations.
2. Establish deployable asset list to be utilized during an Emergency Response for unhoused populations (personnel or basic life items).
3. Organize a list of internal and external stakeholder who would be involved during an Emergency Response for unhoused populations.

PRIORITY
BASIC NEEDS

INDICATOR
Increase Food Security

METRIC

1. Food insecurity rate

STRATEGY

Promote food service and nutrition guidelines and healthy food procurement in organizations where food is served and distributed.

LEAD AGENCY • *Mid-Ohio Food Collective/FCPH*

ACTION STEPS

1. Establish a community garden within FCPH jurisdiction.
2. Assess current Food Service Guidelines landscape among Local Food Action Plan partners.
3. Apply for Farm to School Grant.
4. Coordinate the uptake and expansion of existing produce prescription programs.

STRATEGY

Define the parameters for Food Insecurity in Franklin County.

LEAD AGENCY • *Franklin County Jobs and Family Services*

ACTION STEPS

1. Establish a Food Insecurity Rate with key food system partner organizations.
2. Define and identify food deserts in Franklin County.
3. Identify food assistance resource, including SNAP and food pantries, etc.
4. Identify options to fill the gaps in the "system."

PRIORITY
BASIC NEEDS

INDICATOR
Increase Neighborhood Safety

METRIC

1. Firearm-related injuries (hospital visits) per 10,000 residents
2. USA Crime Index

STRATEGY

Partner with social services organizations to reach populations who are disproportionately impacted by gun violence.

LEAD AGENCY • *Office of Justice Policy and Programs (OJPP)*

ACTION STEPS

1. Utilize CHWs and the Central Ohio Pathways HUB model to connect impacted populations to medical and social services and address barriers to improved quality of life.
2. Address underlying reasons that lead to crime by providing individualized care coordination to Franklin County Municipal Court Diversion and Gun Safety Program participants.

STRATEGY

Increase safety of built environment in FCPH jurisdiction.

LEAD AGENCY • *Mid-Ohio Regional Planning Commission (MORPC)*

ACTION STEPS

1. Increase adoption of Mid Ohio Regional Planning Commission (MORPC) Complete Streets programs in FC cities and villages.

PRIORITY

MENTAL HEALTH AND ADDICTION

INDICATOR

Decrease Unintentional Drug and Alcohol Deaths

METRICS

1. Age-adjusted unintentional overdose rate

STRATEGY

Increase the number of CHWs and Peer Recovery Support Specialists.

LEAD AGENCY • *FCPH*

ACTION STEPS

1. Utilize peers (Peer Support Specialist and CHWs) across all settings to increase linkages to and retention in care for priority populations.
2. Align training opportunities for CHWs and Peer Recovery Support Specialists with a Cascade of Care (CoC) model-informed surveillance system of linkage to and retention in care activities with standardized metrics.

STRATEGY

Support collective impact work in Franklin County surrounding SUD.

LEAD AGENCY • *FCPH*

ACTION STEP

1. Align with and support Columbus and Franklin County Addiction Plan (C&FCAP) initiatives throughout Franklin County.
2. Enhance interconnected networks of care between the community, public safety, and health systems settings, building linkage, harm reduction, and stigma reduction and clinical education programs.

STRATEGY

Expand harm reduction efforts.

LEAD AGENCY • *ADAMH*

ACTION STEPS

1. Increase naloxone training to community partners and community members.
2. Increase access to harm reduction supplies, including naloxone, fentanyl test strips, safe sex kits, and first aid kits.
3. Expand outreach efforts to increase linkage to treatment services.

5. Increase the number of tobacco retail licensing (TRL) and flavor ban polices adopted by FC jurisdictions.

PRIORITY

MENTAL HEALTH AND ADDICTION

INDICATOR

Improve Mental Health and Decrease Suicide

METRICS

1. Age-adjusted suicide rate

STRATEGY

Increase the amount of evidence-based prevention education occurring in the community.

LEAD AGENCY • *Franklin County Suicide Prevention Coalition*

ACTION STEPS

1. Increase access to Question, Persuade, and Refer (QPR) trainings in the Franklin County community.
2. Reduce access to lethal means through community lockbox distribution.

STRATEGY

Support the Suicide Fatality Review.

LEAD AGENCY • *Franklin County Coroner's Office*

ACTION STEP

1. Promote full adoption of recommendations published by the Suicide Fatality Review.

STRATEGY

Increase the number of school districts participating in and sharing data from the OHYES! Youth Survey.

LEAD AGENCY • *FCPH*

ACTION STEP

1. FCPH epidemiologists will coordinate with local school districts to coordinate data collections and data sharing with the State.

PRIORITY

MATERNAL AND INFANT HEALTH

INDICATOR

Decrease Infant Mortality

METRICS

1. Infant mortality rate (infant deaths per 1,000 live births)
2. Percent of live births very preterm (<32 weeks)

STRATEGY

Improved collaboration between existing programs, agencies and initiatives serving birthing individuals in FC.

LEAD AGENCY • *SmartColumbus*

ACTION STEPS

1. Establish a centralized, accessible, real-time option for entry into prenatal care through utilization of an electronic Community Information Exchange (CIE).
2. Implement a pilot project that coordinates Maternal Child Health care systems and community-based service providers in the CIE.
3. Test the feasibility of a bundle service application and/or a universal social service application through a pilot project.

STRATEGY

Address basic needs by improving SDOH screening and provisions of resources process for birthing individuals.

LEAD AGENCY • *CelebrateOne/Ohio Better Birth Outcomes*

ACTION STEP

1. Create multi-format, plain language resource document to be provided at time of social determinants of health (SDOH) screening regardless of how the individual answers or if they decide not to complete the SDOH screening.

DECREASE INFANT MORTALITY (CONT.)

DECREASE INFANT MORTALITY (CONT.)

STRATEGY

Early identification, screening, and referral for perinatal mental health.

LEAD AGENCY • *Mental Health of America*

ACTION STEPS

1. Use a standardized, evidenced-based postpartum depression screening process across healthcare systems, home visiting services and community-based perinatal services for early identification and support.
2. Train medical and community-based providers on improving their ability to identify and address perinatal mental health concerns.
3. Increase provider awareness of direct referral sources including support groups for perinatal mental health treatment and support.

STRATEGY

Increase abstinence from alcohol, tobacco, marijuana and other illicit drugs among pregnant individuals.

LEAD AGENCY • *Central Ohio Hospital Council/Physicians Care Connection*

ACTION STEPS

1. Plan and implement an evidence-based/validated, standardized screening, treatment and referral process that is non- judgmental, based on informed consent and results in equitable referrals and a Plan of Safe Care for both the birthing individual and their infant.
2. Establish a community-based support network led by peer support workers with lived experience.

PRIORITY

MATERNAL AND INFANT HEALTH

INDICATOR

Improve Maternal Pre-Pregnancy Health

METRICS

1. Percent without a healthcare visit 12 months before pregnancy
2. Percent with pre-pregnancy chronic health conditions

STRATEGY

Improve alignment and information sharing with healthcare systems, community-based organizations, and governmental agencies

LEAD AGENCY • *Ohio Better Birth Outcomes*

ACTION STEPS

1. Convene FC perinatal system of care partners as standing committee to improve information sharing, alignment and collaboration.
2. Highlight initiatives, providers and agencies with improved maternal and infant health outcomes.
3. Establish a perinatal community of practice to provide opportunities for synergy of quality improvement projects across FC community, healthcare, and governmental providers.

STRATEGY

Investment in Maternal and Infant Health Workforce

LEAD AGENCY • *FCPH*

ACTION STEP

1. Improve the diversity of the health care workforce by engaging in targeted recruitment for community health workers, doulas, lactation consultants and other perinatal professionals.

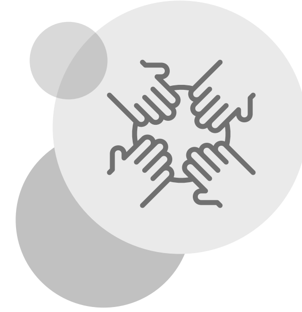
STRATEGY

Birthing individuals receive timely pre-pregnancy health information

LEAD AGENCY • *CelebrateOne/Ohio Better Birth Outcomes*

ACTION STEP

1. Create public awareness campaigns for community members and individuals of reproductive age about key health considerations and available resources prior to becoming pregnant (e.g., making appointment 6 months prior to conceiving, home visiting services).



PRIORITY

RACIAL EQUITY

INDICATOR

TBD in Year 1

METRIC

1. Trend in Black-White disparity in life expectancy among Franklin County residents

STRATEGY

Adoption of a framework for racial equity work of the Equity Advisory Council.

LEAD AGENCY • ***FCPH/FCBOC***

ACTION STEPS

1. Mobilize the FCPH Equity Advisory Council (EAC) to partner with a strategic consultant to advance the work of the EAC.
2. Train and develop diverse, representative workforce incorporating anti-racism, equity, and inclusion learning and development strategies.
3. Adopt organizational competency models which incorporate racial equity and cultural competency as core tenets in the way organizations, agencies and other service providers do business. Example: Racial Justice Competency Model (RJCM) ref. https://rjcmph.org/impact/.
4. Execute organizational assessments to evaluate organizational culture and the organization's readiness in delivering equity-focused, culturally competent, and health literate services. Example: Employ a cultural climate audit.

STRATEGY

Development of alternative racial/ethnic categories to be used in data collection to allow for more comprehensive analysis of health trends within racial/ethnic subgroups in Franklin County.

LEAD AGENCY • ***FCPH***

ACTION STEP

1. In alignment with the US Census Bureau, FCPH Epidemiologists develop best practice demographic data collection tool.

RACIAL EQUITY (CONT.)

RACIAL EQUITY (CONT.)

STRATEGY

Advancement of equity principles through countywide collaborations and partnerships.

LEAD AGENCY • *FCPH*

ACTION STEPS

1. Expand strategic direction, goals, and collective activity of the FCPH Equity Advisory Council (EAC).
2. Participate in the Franklin County DEI Hub to execute equity work including the research and exchange of best practices, training, and engagement.
3. Embrace and mobilize the representation of, but not be limited to the following: Black, Indigenous, People of Color (BIPOC), LGBTQIA+, those historically, disproportionately affected by racial and health disparities, people with disabilities, and others who are marginalized.
4. Build, expand, and leverage funding resources to invest sufficiently in communities, ensuring the voices of those being served are actualized in community solutions.

STRATEGY

Develop and implement policy through advocacy, education, and engagement to prevent discrimination, exclusionary practices, oppression, and prejudicial and harmful health practices.

LEAD AGENCY • *FCPH and FCBOC*

ACTION STEPS

1. Monitor and track the progress of declarations of racism is a public health crisis outlining intentional actions in advancing racial equity.
2. Update and promote health and equity in all policies approach to executing equity centered policy standards both internally and externally.

Adopted by the
FRANKLIN COUNTY
BOARD OF HEALTH

August 8 2023
Resolution 23-120

Franklin County
Public Health

Franklin County
BOARD OF COMMISSIONERS
1803

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