

**COMMUNITY HEALTH IMPROVEMENT PLAN
2011-2015**

MAY 2012



**COLUMBUS
PUBLIC HEALTH**

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**COLUMBUS COMMUNITY HEALTH IMPROVEMENT PLAN
2011-2015**

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COLUMBUS COMMUNITY HEALTH IMPROVEMENT PLAN 2011-2015

INTRODUCTION

Columbus Public Health (CPH) continually monitors and reports on the health of Columbus and Franklin County, providing needed public health services to residents, and engaging stakeholders in improving the public's health. Understanding the prevalence of chronic health conditions, barriers to access to care, and other health issues can help direct resources where they will have the biggest impact.

To that end, the public health system is using the data and findings contained in the Community Health Assessment (CHA) to develop and implement strategic plans to address key community health needs. Specific health needs from the Franklin County *HealthMap 2013* are being prioritized by the Community Health Needs Assessment Steering Committee using a set of nine criteria modeled after those being used in the Ohio Department of Health - Ohio Health Assessment process.

This document is a reflection of our partners' energy and readiness for action to improve health outcomes. The Columbus Community Health Improvement Plan (CHIP) is a "plan of plans," centralizing collaboratives with which we, as a local health department, are engaged, to be shared and built upon by our entire community. These coalitions are composed of dedicated community partners working to impact important health issues and their related indicators (Appendices A and B). Although not every health deficiency listed in Healthy People 2010 is addressed, the improvement areas that have risen to the level of a local community priority are included in this plan. In a large forum, community partners shared that *how* we do our work is as important as *what* we do (Appendix C). Including interested others in planning and decision-making early allows each of us to be an equal partner in improving health. This supports our "plan of plans" approach, as the Columbus CHIP embodies the efforts and passions of committed community organizations and residents to address the priority health issues that they want to improve.

CPH has served as a leader for many of these efforts; in addition, several partners have organized around other important health issues. Programs, initiatives, and coalitions that address key health issues are outlined along with their goals and objectives on the following pages. As is evident, these initiatives were created at different points in our health improvement process because of the various planning cycles.

Community Health Improvement Coordinated Through Columbus Public Health

Health Issue: Asthma

Healthy Homes

Goal(s):

1. Demonstrate cost effective, sustainable, preventive measures to reduce morbidity from preventable housing-related health and safety hazards associated with asthma

Objectives:

- By December 2011 target group of 220 client interventions to increase by 60% from baseline the ability of the primary caregiver to identify asthma hazards in the home, methods of control, and the prevention of home hazards.
- By December 2011 target group of 220 client interventions to increase by 60% from baseline the frequency and application of hazard control and prevention practices by the primary caregiver.
- By December 2011 target group of 220 client interventions to reduce by 80% from baseline the frequency of children's asthma symptoms and unintentional injuries.
- By December 2011 target group of 220 client interventions to reduce the number of children's hospitalizations and emergency room visits by 80% from baseline.

Timeline: Ongoing through 10/31/11

Community ° :

Nationwide Children's Hospital
Columbus-Franklin County Community Action Agency
Columbus Metropolitan Housing Authority
Columbus-Franklin County Community Action Organization
The Columbus Housing Partnership
Central Ohio Breathing Association
American Lung Association
Mid-Ohio Regional Planning Commission
Ohio Hispanic Coalition

Health Issue: Emergency Preparedness

Columbus and Metropolitan Medical Response System

Goal(s):

1. To coordinate with other community emergency planning and response agencies to develop medical plans and procedures
2. To coordinate and facilitate with other community partners on training and exercises
3. To continue to manage the BioWatch program while integrating local emergency planners and response agencies

Objectives:

- To inventory and resupply 5 pharmaceutical caches quarterly by December 31st, 2011
- To exercise and update the pharmaceutical cache distribution procedures by December 31st, 2011
- To hold 3 CMMRS planning/networking meetings by December 31st, 2011
- To coordinate and facilitate a radiological table-top exercise by December 31st, 2011
- To exercise and update the BioWatch plan by December 31st, 2011
- To hold 3 BioWatch planning/networking meetings by December 31st, 2011

Timeline: Ongoing through 12/31/11

Community ° :

ADAMH Board of Franklin County
Battelle

Central Ohio Amateur Radio Emergency Services

Central Ohio Trauma System

Columbus City Schools

Columbus Division of Police

Columbus Division of Transportation

Columbus Public Health, Franklin County Board of Health

Columbus State Community College

American Red Cross of Greater Columbus

Capital Square Review & Advisory Council

Central Ohio Poison Control Center

Chemical Emergency Preparedness Advisory Council

Columbus Division of Fire

Columbus Department of Utilities

Columbus Neighborhood Health Center

Columbus Regional Airport Authority

Contingency Planners of Ohio

Hands-On Central Ohio

Franklin County CERT

Franklin County Coroner's Office

Franklin County Emergency Management and Homeland Security

Franklin County Engineer's Office

Franklin County Sheriff's Office

Metro Parks, Northwest Area Strike Team

Ohio Health, OSU-CPH, Franklin County Board of Health

Franklin Co & Columbus Medical Reserve Corp

Franklin County Office of Homeland Security and Justice Program

Med Flight

Nationwide Children's Hospital

Norwich Township Fire Department

OSU Department of Public Safety

Ohio State University Medical Center

Ohio Department of Health

Ohio Emergency Management Agency

Ohio Department of Mental Health

Ohio Army National Guard

Ohio National Guard

Ohio Environmental Protection Agency

Federal Bureau of Investigation

Health Issue: **Racial Disparities**

Health disparities are differences or inequalities in the burden of disease and/or health conditions, mortality, health outcomes and access to care. As noted by the National Institutes of Health (NIH) Work Group on Health Disparities, “health disparities arise from a complex combination of social and economic factors, the physical environments, cultural beliefs and values, educational level, personal behaviors, and genetic susceptibilities.” (NIH, 1999) Health disparities can occur by race and ethnicity, gender, age, education, income, geographic location, disability status, or sexual orientation. These are all very significant; however, adequate data are not always available at the county level to examine these different groups. For this and capacity reasons, CPH and minority health are focusing efforts on racial disparities with the intention of better understanding additional social determinants (e.g., age, gender, socio-economic, and educational disparities) of health in the future.

Office of Minority Health

Goal(s):

1. Collaborate with other entities to collect and report data about the health status of minority populations.
2. Inform, educate, or empower residents through increased understanding of the role of the COMH, local minority health status data, or access to resources.
3. Develop or mobilize individual, organizational, or system-based community partnerships to support the Core Competencies through its Minority Health Advisory Committee.
4. Inform Community leaders (neighborhood leaders, health & human service organizations, businesses) about the presence of the Columbus Office of Minority Health and the services it provides.
5. Support health efforts of minority populations through advocacy, support, and capacity building.

Objectives:

- Produce report of statistics from at least 3 internal CPH programs by race and ethnicity by June 30, 2012.
- Produce 2 briefing papers on health status of targeted minority groups using vital statistics and other data sources by June 30, 2012.
- Disseminate minority health status information to at least 1000 people via electronic and hard copies methods by June 30, 2012
- Complete a total of 12 (3 quarterly) community presentations to increase the awareness of the local office by June 30, 2012.
- COMH will offer a total of 12 (3 quarterly) trainings on the Effective and Empowered Health Care Consumer Program by June 30, 2012.
- Quarterly updates to the website with resources to educate the public on minority health issues and status by September 30, 2011.

Office of Minority Health (continued)

- COMH will develop a total of 12 (3 quarterly) health education articles to be submitted to various minority media outlets throughout Franklin County.
- Host at least 2 interns through partnership with a local college/university to assist the office in meeting its objectives by June 30, 2012.
- Quarterly advisory committees and scheduled subcommittee meetings will have at least 70% attendance by December 31, 2011.
- Mail letter and informational packets including the newsletter to at least 50 community and agency leaders regarding the local office by December 31, 2011.
- At least 50% of agencies contacted will complete the Agency Profile form from the COMH by March 31, 2012.
- Host at least 1 meeting to advocate for better data collection and disaggregation of minority health data at Ohio Department of Health and other reporting entities via a MHAC Subcommittee by December 31, 2011.
- Educate at least 5 members on City Council on the work of the local office and the need for the local ordinance to permanently establish the office of minority by June 30, 2012.

Timeline: Ongoing through June 30, 2012.

Community ° :

Ohio Sickle Cell and Health association
Center for Latino Hope
Ohio Department of Health
Near East Health Advisory Committees
Refugee-Immigrant Chamber of Commerce
Westside Health Advisory Committee
Ohio State University Diversity Enhancement Program
IMPACT Community Action
Ohio State University College of Medicine
Franklin County ADAMH Board
Ohio State University College of Public Health
Southside Health Advisory Committee
Ohio Department of Health-Social Marketing
Nationwide Children's Hospital
Access Health Columbus
Ohio Asian American Health Coalition
Peregrine Inc.
The Outcomes Management Group
Denison University
Capital University Nursing Department
Ohio Hispanic Coalition
Central Ohio Alzheimer's Association
Columbus Division of Fire
Native American Indian Center of Central Ohio
Ohio Department of Health
RAMA Consulting

Health Issue: Infant Mortality

Infant Safe Sleep and Risk Reduction Task Force

Goal(s):

1. To reduce infant sleep-related deaths by promoting safe sleep practices, and by educating about safe sleep environments to all individuals who are responsible for caring for infants

Objectives:

- Analyze observational audits conducted in at least 3 Columbus birthing hospitals by the end of 2011
- Develop and display 4 infant safe sleep billboards in Columbus/Franklin County neighborhoods with high numbers of infant sleep-related deaths by June, 2011
- Develop infant safe sleep public service announcement by December, 2011
- Conduct community presentations to educate healthcare providers, childcare providers, and persons responsible for infant care on the AAP recommendations to reduce SIDS by December, 2011
- Develop educational PowerPoint presentation for safety professionals by June, 2011

Timeline: Ongoing

Community ° : _____

Council on Healthy Mothers and Babies
Doctors Hospital
Elizabeth Blackwell Center
Franklin County Children Services
Grant Medical Center
Mount Carmel East
Mount Carmel West
Mount Carmel St. Ann's
Nationwide Children's Hospital
Northwest Counseling Services
Ohio Department of Health
Ohio Department of Jobs and Family Services
OSU Medical Center
Region IV Perinatal Center
Riverside Hospital

Maternal Depression Work Group

Goal(s):

1. To increase the amount of, and access to, mental health services for pregnant and parenting women

Objectives:

- Develop and display 3 maternal depression billboards in Columbus/Franklin County neighborhoods by May, 2011
- Develop perinatal mood disorder public service announcement by December, 2011
- Distribute 500 resource directories of Perinatal Mood Disorder (PMD) to providers by May, 2012
- Provide in-home counseling services to 30 women who screen high for maternal depression risk by May, 2012
- Engage approximately 75 Healthcare Providers in an effort to increase depression screening for women by May, 2012

Timeline: Ongoing

Community ° :

Catholic Social Services
Columbus Neighborhood Health Centers
Council on Healthy Mothers & Babies
Dublin Counseling Center
Elizabeth Blackwell Center
Franklin County Jobs and Family Services
Grant Medical Center
Mount Carmel Health System
Nationwide Children's Hospital
Northwest Counseling Services
Ohio Department of Health
The Ohio State University
The Ohio State University Medical Center
POEM, Inc.
Riverside Methodist Hospital

Action Learning Collaborative on Racism and Infant Mortality

Goal(s):

1. Improve understanding of consumers experiences of racism
2. Increase community acknowledgement that racism exists, understanding of racism, comfort discussing racism
3. Create and implement a community action plan for addressing racism in relation to infant mortality
4. Changes in health care providers practice;
5. Improve healthcare experiences for minority women
6. Reduce disparities in infant and perinatal mortality

Objectives:

- Influencing State Infant Mortality Task Force to assure racism addressed in report
- Create and distribute Orientation DVD at event by 6/30/2011
- Develop and implement consumer tool to measure how racism is experienced in health care settings
- Educate at least 3 health care providers about racism using the DVD orientation by the end of 2011
- Review results of the County / State BRFSS racism questions to develop presentation for partner organizations
- Create 3 component orientation for MCH staff to understand racism / infant mortality link and implement by end of 2011
- Create MCH position to continue internal health equity work
- Participate and attend at least 2 meetings / phone conferences per year on the Ohio Collaborative to Prevent Infant Mortality and the Disparities and Racism work group
- Convene Columbus ALC at least 3 times a year to develop and implement work plan

Timeline: Ongoing

Community ° _____ :

Ohio Department of Health
Council on Healthy Mothers and Babies
St. Stephen's Community House
City of Refuge Point of Impact
The Ohio State University

Health Issue: Influenza

Adult Immunization Coalition of Central Ohio

Goal(s):

1. Maximize community access to influenza vaccine

Objectives:

- Coalition partners will provide 2,400 doses of no-cost flu vaccine to income eligible adults annually.

Timeline: Annually each Fall and Spring

Community ° :

AICCO Steering Committee
AICCO General Membership
Columbus Medical Association Foundation
Franklin County Public Health
GlaxoSmithKline
Mount Carmel Community Outreach
Nationwide Children's Hospital
OhioHealth
Columbus Foundation
The Ohio State University Medical Center
Sanofi Pasteur
Novartis
MedImmune
Merck
Hands On Central Ohio
Interim Health Care
Osteopathic Heritage Foundation
Franklin County Board of Commissioners
Franklin County Office on Aging

Health Issue: Injury Prevention

Child Fatality Review Program

Goal(s):

1. Reduce the incidence of preventable child deaths for Franklin County residents under the age of 18.

Objectives:

- Annual committee review of approximately 200 child deaths
- Creation and distribution of public report on child death data and CFR committee recommendations by December 31, 2011
- Completion of 4 educational presentations to healthcare professionals on recognizing and reporting signs of child abuse by December 31, 2011
- Facilitate 1 police and coroner investigator training on use of standardized Sudden Unexplained Infant Death investigation form by June 30, 2011

Timeline: Objective 1-3: Ongoing
Objective 4: June 30, 2011

Community ° _____ :

Child Fatality Review committee consists of members of 6 core agencies:

Franklin County Coroner
Columbus Police Department
Franklin County Children's Services
Columbus Public Health Department
Alcohol, Drug and Mental Health Board of Franklin County
Nationwide Children's Hospital

Additional members may be invited to serve on the committee and include:

Franklin County Sheriff's Department
Columbus Fire Department
Columbus City Schools
Ohio Department of Job and Family Services
Franklin County Prosecutor's Office
The Ohio State University
Franklin County Public Health
CHOICES of Columbus
Franklin County Public Defender

Safe Communities Program

Goal(s):

1. Work with community partners to save lives and reduce injuries on Ohio roads

Objectives:

- Increase seat belt restraint usage from 73.5% to 78.5% by September 30, 2011.
- Increase public awareness of seat belt usage and impaired driving in Franklin County by September 30, 2011.
- Increase motorcycle safety awareness among motorcyclists and motorists in Franklin County
- Increase the number of coalition members by five and conduct a minimum of four general coalition meetings by September 30, 2011
- Conduct a Fatal Crash Data Review Committee meeting in any quarter that a fatality is reported to the jurisdiction by September 30, 2011
- Increase teen awareness of seat belt, alcohol and distracted and other problems identified in Franklin County
- Increase awareness of pedestrian crash related issues in Franklin County through work with pedestrian safety advocates and community by September 30, 2011

Timeline: Grant period annual renewed – October 1-September 30

Community ° :

AAA

A.D. Farrow Harley Davidson

African American Church Call to Buckle Up

Asian American Community Services

American Motorcycle Association

Blendon Township Police Department

Byrne's Irish Pub

Central Ohio Trauma System

Columbus City Schools

City of Columbus Division of Transportation

City of Columbus Prosecutor's Office

Columbus Division of Police

Columbus Division of Fire

Consider Biking

COTA

Danjir News

Dublin City Schools

Dublin Kiwanis

Dublin Police Department

Fado Irish Pub and Restaurant

Franklin County DUI Task Force

Franklin County Engineer's Office

Grandview Heights Police Department

Grant Medical Center

Hilliard Fire Department

Hilliard Police Department

Med Flight

Mothers Against Drunk Driving

MORPC

Nationwide Children's Hospital

New Albany Police Department

Ohio Dept. of Public Safety

Ohio Hispanic Coalition

Ohio Motorcycle Association

Ohio State Highway Patrol

The Ohio State University Medical Center

Paving the Way

Riverside Methodist Hospital

Quaker Steak & Lube

Ricart Automotive

Sharon Township Police Department

Somali Community Access Network

Somali Link Newspaper

Somali Women and Children's Alliance

Upper Arlington Police Department

Whitehall Police Department

Worthington Kilbourne High School

Worthington Police Department

Safe Kids Program

Goal(s):

1. To reduce unintentional injuries to children from birth through age 14 by 10% by 2020.

Objectives:

- Reduce the injuries/deaths among children ages birth to 14 in Franklin County from motor vehicle crashes by 5% by 2012
- Improve the misuse rate of child safety seats for children ages birth to 8 years old
- Reduce the incidence of injuries/deaths among children ages 4-14 in Franklin County from bicycle-related or wheel-related incidents by 5% by 2020
- Reduce the incidence of injuries/deaths among children ages 4-14 in Franklin County from pedestrian-related accidents by 5% by 2012
- Reduce the rate of death/injuries in children from birth through age 14 in Franklin County from burns/fires
- Increase the membership of the Safe Kids Central Ohio Coalition by 3 new members by December 31, 2011

Timeline: Ongoing

Community ° :

ABC TV6/Fox TV
American Family Insurance
Brain Injury Association of Ohio
Car Seat Consultants
Central Ohio Think First
Columbus Division of Fire
Columbus Fire Museum
Columbus Public Health (Lead Agency)
Farmers Insurance
FedEx Express
Franklin County Public Health
Franklin County Children Services
Franklin County Safe Communities
Jackson Township Fire Department
Kidz Chauffeur, Inc.
Marion County Board of MR/DD
McDonald's of Central Ohio
Mifflin Township Division of Fire
Nationwide Children's Hospital

Norwich Township Division of Fire
Ohio Department of Public Safety
Ohio Hispanic Coalition
Ohio Safe Kids Coalition
Plain Township Division of Fire
Tri-Value Insurance Agency Inc.
Reynoldsburg Division of Police
Ricart Automotive
Riverside Methodist Hospital
Safe Kids Worldwide
State Farm Insurance
Washington Township Division of Fire
WBNS 10 TV
Westerville Division of Fire
Westerville Division of Police
The Ohio State University Medical Center
U.S. Consumer Product Safety
Westerville Communication

Health Issue: Lead Poisoning

Healthy Homes

Goal(s):

1. To demonstrate cost effective, sustainable, preventive measures to reduce morbidity from preventable housing-related health and safety hazards associated with lead paint

Objectives:

- Of EBL cases receiving case management, 90% should show decreased blood lead at one and two month follow-up
- Initiate 100% of EBL investigations within state recommended time periods upon receiving

Timeline: Ongoing through 2015

Community _____ :

Columbus Department of Development Housing Code Enforcement division
Columbus Metropolitan Housing Authority
Lead Safe Columbus
HUD Office of Healthy Homes and Lead Hazard Control
Nationwide Childrens Hospital
Local medical providers

Health Issue: **Obesity**

Early Childhood Obesity Prevention Coalition

Goal(s):

1. Increase number of Columbus women giving birth who are breastfeeding at hospital discharge
2. Pregnant women and children ages birth to kindergarten in Columbus will be more physically active every day
3. Pregnant women and children ages birth to kindergarten in Columbus will have regular age and condition appropriate weight for height screening with appropriate referral to community programs and/or services.
4. Pregnant women and children birth to kindergarten will eat more foods and beverages that support the *USDA Dietary Guidelines*.

Objectives:

- 25 new policies will be established by December 31, 2015 in healthcare, childcare, public buildings and/or worksites in the City of Columbus that will support the initiation and duration of breastfeeding.
- Positive education and social marketing messages that support and encourage pregnant women in choosing to breastfeed and mothers of infants to continue breastfeeding will be displayed to women in at least 5 new places that serve pregnant women and/or children ages birth to kindergarten in the City of Columbus by December 31, 2015.
- 5 new initiatives in the city of Columbus will provide physical activity resources for pregnant women and/or children birth to kindergarten by December 31, 2015.
- 250 new physical activity and/or screen time policies will be established by December 31, 2015 to provide pregnant women and/or children birth to kindergarten with more opportunities for daily physical activity in the city of Columbus. (Racial information derived from 2005-2006 data)
- Messages and education to support and encourage physical activity and/or limiting screen time will be displayed in at least 5 new places that serve pregnant women and/or children ages birth to kindergarten in the city of Columbus by December 31, 2015.
- 5 new policies related to healthy weight screening for pregnant women and/or children birth to kindergarten will be established in the city of Columbus by December 31, 2015.
- 5 programs and/or organizations will distribute/display education and referral tools that will promote a healthy weight gain for pregnant women and/or children birth to kindergarten in the city of Columbus by December 31, 2015.
- 5 new opportunities for pregnant women and children birth to kindergarten in the city of Columbus will have access to fruits, vegetables, whole grains, quality protein and/or dairy foods at a free or reduce price by December 31, 2015.
- By December 31, 2015 125 new food and beverage policies will provide pregnant women and/or children birth to kindergarten with increased access to food and beverages that support the *USDA Dietary Guidelines*.

Early Childhood Obesity Prevention Coalition (continued)

- By December 31, 2015 125 new places that serve pregnant women and/or children ages birth to kindergarten in the city of Columbus will be exposed to messages and education that support eating nutrient dense foods and beverages.

Timeline: Present through 12/31/2015

Community _____ :

Caring for 2
Central Ohio Breastfeeding Coalition
Child Development Council of Franklin County Head Start
Children's Hunger Alliance
Columbus City Schools, Columbus Public Health
Columbus Urban League Head Start
Community Outreach Assistance Team
Healthy Places Program
Local Matters, Molina Health Care
Nationwide Children's Hospital
Nationwide Children's Hospital Center for Healthy Weight and Nutrition
The Ohio State University Extension
The Ohio State Extension Expanded Food and Nutrition Education Program (EFNEP)
The Ohio State University College of Public Health Prevention Research Center
United Way of Central Ohio
Westerville Recreation & Park,
Women Infants and Children's Program
YMCA

Institute for Active Living

Goal(s):

1. Works to reduce and prevent chronic disease (obesity and diabetes) by increasing access to nutritious food and physical activity in neighborhoods with health disparities

Objectives:

- Allocate grant dollars to assist a minimum of 10 existing or new community gardens
- Increase monies raised for Foundation for Active Living (FAL) by 19% to \$125,000
- Allocate a minimum of \$30,000 in FAL grants to community partners
- Increase the number of individual hits to program website (www.getactivecolumbus.com) by 20%

Timeline: Through December 31, 2011

Community ° :

Franklin County Commissioners
Franklin County Conservatory
Community gardening groups
Bicycle retailers
Bicycle non-profits

Creating Healthy Communities

Goal(s):

1. Reduce chronic disease rates through policies, systems and environmental changes that promote increased physical activity, improve nutrition and decrease tobacco use.

Objectives:

- By December 31, 2011, one new strategy will be implemented to support local food distribution and/or production in an area neighborhood.
- By December 31, 2011, at least one new policy or system to support 100% smoke free housing policy will be implemented in an area neighborhood.
- By December 31, 2011, one physician will be educated on the Ounce of Prevention toolbox
- By December 31, 2011, one new community location will offer the ACS FreshStart Program to area residents.
- By December 31, 2011, one neighborhood school will implement an environmental change to support a healthy student vending policy.
- By December 31, 2011, at least one school nurse training on the coordinated school health model will be available to area school nurses.
- By December 31, 2011, one school district board of education will vote on the adoption of a 100% Tobacco Free School Policy.
- By December 31, 2011, one systems, policy, or environmental changes to promote proper nutrition for staff wellness will be implemented by an area business
- By December 31, 2011, one systems, policy, or environmental changes to promote increased physical activity among employees will be implemented by an area business.
- By December 31, 2011, at least one area business will implement a new system (education and referral program) to reduce tobacco use among employees.

Timeline: Through 2011

Community ° :

Franklin County Physical Activity Plan
Columbus Area Healthy Food Access Committee
Franklin County Tobacco Free Collaborative
Early Childhood Obesity Prevention Coalition
Institute for Active Living
Action for Kids Zone 8
American Cancer Society
American Heart Association
Consider Biking
Central Ohio Diabetes Association
City of Columbus Community Liaisons
Columbus Area Pedestrian Safety Committee
Columbus Neighborhood Health Centers
Columbus City Schools
Franklin Park Conservatory Growing to Green

Healthy Ohio Business Council
Local Matters
Mid-Ohio Regional Planning Commission
Westside Health Advisory Committee
Northside Health Advisory Committee
Southside Health Advisory Committee
Franklin County Board of Health
City of Westerville
City of Dublin
City of Gahanna
Nationwide Children's Hospital
Children's Hunger Alliance
Ohio Health
The Ohio State University Hospital
Greater Linden Development Corporation

Columbus Area Food Access Committee

Goal(s):

1. Develop a comprehensive food access plan for Columbus area, based on increasing access to healthy and nutritious foods, reducing access to calorie-dense, nutrient-poor foods, and raising awareness about the importance of healthy eating.

Objectives:

- Full membership of the Columbus Area Healthy Food Access Committee will conduct four meetings by November 30, 2011
- The Retail and Community Food Access workgroup will define localized objectives for the community-wide plan in the retail, restaurant and community sectors by November 30, 2011
- The Youth Programs workgroup will define localized objectives in the youth sector by November 30, 2011
- Franklin County Worksite Wellness Network members will define localized objectives for the worksite sector by November 30, 2011
- A final, written food access plan approved by the Columbus Area Healthy Food Access Committee will be approved by December 31, 2011

Timeline: Through December 31, 2011

Community ° :

Greener Grocer
Local Matters
Community Research Partners
Westside Health Advisory Committee
Greater Columbus Growers Coalition
Mid-Ohio Food Bank
Children's Hunger Alliance
ECOP
CHCN WWWN
CHCP
United Way
COTA
MORPC
City Planning & Development

Healthy Choices Initiative

Goal(s):

1. Develop resources to provide calorie counts of restaurant food items.
2. Form coalition of restaurant owners who agree to post and promote menu calorie information.
3. Identify and secure supplemental program funding sources.

Objectives:

- Develop OSU partnership to determine menu calorie calculations of 10-20 menu items by July 2012.
- Form coalition of 5-10 restaurant owners who agree to post and promote menu calorie information by December 2012.
- Identify a minimum of \$3,000 to supplement program funding sources by December 2012.

Timeline: December 31, 2012

Community ° _____ :

Bob Evans Inc.
Central Ohio Community House
Central Ohio Diabetes Association
Central Ohio Restaurant Association
Clear Channel Advertising
Cup o' Joes/Stauff's Coffee Roasters
Donato's
Impact Marketing
Fleishman-Hillard
The Ohio State University
Spinelli's Deli
White Castle Systems Inc.
Yum Brands

Franklin County Physical Activity Coalition

Goal(s):

1. Increase physical activity of area residents through the promotion of Franklin County Physical Activity Plan strategies to neighborhood organizations.

Objectives:

- Convene Franklin County Physical Activity roundtable by July 31, 2011
- Present all Columbus neighborhood Area Commissions with the purpose, goals, and strategies of the Franklin County Physical Activity Plan by November 30, 2011
- All Columbus neighborhood Area Commissions will implement at least one new recommended strategy from the Franklin County Physical Activity Plan by December 31, 2011.
- The Columbus Board of Health will receive an annual progress report on initiative goals and objectives by December 31, 2011.

Timeline: Through 2011

Community ° :

Action for Healthy Kids	Diamond Innovations	Ohio Cardiac Thoracic and Vascular
American Cancer Society	Dublin City Schools	Ohio Department of Education
American Heart Association	Educational Council	Ohio Department of Health
Best Restaurant Equipment and Design	For Your Health Ohio	Ohio Health
Bike-Walk Ohio	Franklin County Government	The Ohio State University
Burtaon Planning Services	Gahanna Parks and Recreation	Osteopathic Heritage Foundation
C Ray Williams Early Childhood Center	Goodwill Columbus	Promotions One
C&A Benefits Group	Grange Insurance	Quantum Health
Central Ohio Diabetes Association	Grove City Recreation	Shoedinger Funeral Service
Central Ohio Rails to Trails	Groveport Recreation and Parks	Ohio State Teachers Retirement System
Chemical Abstracts	City of Hilliard	Taking Care of Wellness
Children's Hunger Alliance	Joseph James and Associates	The Winners League Foundation
City of Columbus	JP Morgan Chase	United Way of Central Ohio
City of Dublin	Lake Shore Cryotronics Inc.	Wells Fargo Insurance
Clintonville Area Commission	League of American Bicyclists	Westerville Parks and Recreation
Columbus City Schools	Leave No Child Inside, LifeCare Alliance	Worthington City Schools
Columbus Social Media Network	Lorz Communications	Worthington Parks and Recreation
Columbus State Community College	Mid-Ohio Regional Planning Commission	WW Williams
Community Research Partners	MS Consultants	YMCA of Central Ohio
Consider Biking	Nationwide Children's Hospital	Your Quest Personal Health Services
CTL Engineering	Ohio Department of Transportation	

Health Issue: Sexually Transmitted Infections

Central Ohio HIV Planning Alliance

Goal(s):

1. Develop and implement a regional HIV prevention plan that identifies target populations at greatest risk for HIV infection; establishes priorities for prevention and outlines an action plan.
2. Promote, establish and improve the coordination and integration of community resources.

Objectives:

- Identify populations at greatest risk for HIV infection by 7/1/11.
- Establish priorities for prevention by 8/31/11.
- Identify gaps in services to targeted populations by 8/31/11.
- Establish a regional community plan to prevent the spread of HIV by 3/30/12.
- Review and update regional community plan annually.
- Provide members with information regarding epidemiology of HIV in Central Ohio, the Ohio HIV Prevention Plan and the National HIV/AIDS Strategy by 7/1/11 (and ongoing).
- Create workgroups to research Center for Disease Control and Prevention evidence-based interventions by 8/31/11 and annually thereafter.
- Make recommendations to CPH regarding priorities for prevention activities by 8/31/11 and annually thereafter.
- Develop request for proposal for funding from Ohio Department of Health HIV prevention activities including developing Requests for Proposal for funding to community based organizations to implement the selected interventions by 10/11/11.
- Update and publish a Central Ohio directory of HIV care, prevention and housing resources by 1/15/2012 and annually thereafter.
- Identify lead agencies a minimum of 6 events in Franklin County in observance of National HIV/AIDS awareness days in 2011-2012.
- Facilitates two HIV educational trainings for 150 consumers and professionals by 12/31/12.

Timeline: Ongoing through 2012

Community _____ :

Columbus AIDS Task Force (CATF)
Columbus Public Health (CPH)
Columbus Urban League (CUL)
OSU AIDS Clinical Trials Unit Community Advisory Board (CAB)
Nationwide Childrens' Hospital Family AIDS Clinic and Educational Service (FACES)
Fairfield-Lancaster Community Action Agency
Ohio AIDS Coalition (OAC)

The Ohio State University AIDS Clinical Trials Unit (OSU ACTU)
The Ohio State University Student Wellness Center
Pennsylvania/Mid-Atlantic AIDS Education and Training Center (AETC)
Project Open Hand (POH) / Life Care Alliance Southeast, Inc.
Union County AIDS Task Force
People living with HIV/ AIDS
Consumers (People Affected by HIV/ AIDS)

Health Issue: Tobacco Use

Creating Healthy Communities

Goal(s):

1. Reduce chronic disease rates through policies, systems and environmental changes that promote increased physical activity, improve nutrition and decrease tobacco use.

Objectives:

- One multi-unit apartment complex will receive education on implementing a 100% smoke-free housing policy by December 31, 2011.
- A new American Cancer Society Fresh Start provider will be established in three community locations by December 31, 2011.
- Three community businesses will be assisted in providing American Cancer Society's Fresh Start program for their employees by December 31, 2011.
- One Columbus school district will be assisted in adopting a 100% tobacco-free policy for its district by December 31, 2011.

Timeline: Ongoing through 2011

Community ° :

Tobacco-Free Collaborative:
AACS/YAT

American Cancer Society
American Heart Association
American Lung Association
Central Ohio Diabetes Assn.
Christian Assembly
Christian Valley Baptist Church
City of Refuge Point of Impact
CMHA
Columbus City Schools
Columbus Legal Aid
Columbus Urban League
Community Properties of Ohio Management Services
Continent Renter
Doctors Hospital West
Franklin County Public Health
First Congressional Church
French Speaking Radio

Grant Medical Center
IMPACT
JameCare for Life
Mt. Olive Baptist Church
Nationwide Insurance
Nationwide Children's Hospital
Native American Indian Center
Ohio Dental Association
Ohio Department of Health
Ohio Health
The Ohio State University
Project Linden Inc.
Safe & Drug Free Schools Consortium
Somalia / East Africa Development
Somalia Women's Association
Southside CAN
St. Peter's Lutheran Church
The Breathing Association
Traynor House Inc.
United Methodist Church

Health Issue: Tuberculosis

Columbus Public Health Tuberculosis Coalition

Goal(s):

1. Decrease TB incidence in Franklin County to less than 2 cases per 100,000

Objectives:

- The proportion of patients newly diagnosed patients with TB who completed therapy within twelve (12) months, for whom therapy for one year or less is indicated, will be at least 91%
- Increase the proportion of TB patients with positive acid-fast bacillus (AFB) sputum-smear results who have contacts elicited to $\geq 95\%$ in 2011.
- The proportion of smear positive contact cases with contacts evaluated will be $\geq 95\%$ in 2011.
- Of the proportion of smear positive contact cases that test positive for LTBI, at least 82% will be started on treatment for LTBI in 2011.
- Of the proportion of smear positive contact cases started on LTBI therapy, at least 74% will complete treatment in 2011.

Timeline: Ongoing

Community Assets:

CNHC
Nationwide Children's Hospital
Columbus City Schools
Franklin County Hospitals
Infection Control Practitioners
Franklin County labs
Franklin County physicians and advanced practice nurses
Franklin County school systems
Franklin County immigration service agencies/ Civil surgeons
Franklin County extended care facilities
Franklin County major employers
Ohio Department of Health
Centers for Disease Prevention and Control
Franklin County Public Health
Franklin County Corrections System
Franklin County Homeless Shelter system

Columbus Public Health Coalition Coordinators:

**Action Learning
Collaborative on Racism**

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**Columbus Area Food Access
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**Early Childhood Obesity
Prevention Coalition**

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**Infant Safe Sleep and Risk
Reduction Task Force**

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Safe Communities

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**Adult Immunization
Coalition of Central Ohio**

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**Columbus Metropolitan
Medical Response System**

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**Franklin County Physical
Activity Coalition**

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Institute for Active Living

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Safe Kids

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**Central Ohio HIV
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**CPH Tuberculosis
Coalition**

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Healthy Choices

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Maternal Depression

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Child Fatality Review

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**Creating Healthy
Communities**

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Minority Health

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Community Health Improvement Coordinated Through Partners

Health Issue: Access to Care

Organization/Coalition: **Access HealthColumbus**

Columbus Public Health member serves as a Board Member and funding partner for the organization

Summary of Effort: Access HealthColumbus is a non-profit, public-private partnership working to improve access to patient-centered health care by coordinating collaborative projects to benefit all people in Central Ohio. Access HealthColumbus is coordinating:

Patient-Centered Primary Care Collaborative of Central Ohio

Purpose: to improve patient-centered primary care as the foundation of health care delivery to achieve better care, better health, and better value in our community

Objectives:

- Improve the health of the people in our community
- Improve the patient experience of care
- Improve value of health care expenditures

Health Care Reform Collaborative of Central Ohio

Purpose: To improve readiness of non-profit organizations to collaboratively secure community-oriented grants to reform local health care

Objectives:

- Monitor emerging health care reform activity
- Convene local organizations and leadership to co-learn about the implications and opportunities of federal health care reform
- Encourage collaborative approaches that are sustainable for our community
- Assist local collaborative with preparing proposals for federal health care reform funding
- Share project progress within the community

Federally-Qualified Health Center Collaborative of Central Ohio

Purpose: To improve access to affordable patient-centered primary care for those most vulnerable

Objectives:

- 2014 Primary Care Access Plan: develop a collaborative plan for providing timely access to patient-centered primary care services in Central Ohio -- primarily for low-income residents eligible for health insurance coverage in 2014 via federal health care reform legislation
- Optimizing Prescription Drug Utilization: develop a collaborative plan for optimizing the utilization of affordable prescription drugs via the federal 340B program

Health Issue: **Mental Health, Alcohol and Drug**

Organization/Coalition: **Franklin County Urban Strategic Prevention Framework Coalition**

Columbus Public Health member serves as a Board Member for the organization.

Summary of Effort: The Franklin County Urban SPF Coalition will build a sustainable, culturally and linguistically competent program that will focus on delaying the onset of alcohol and other drug use and reducing substance-related problems in young adults, ages 18-25, in the urban core of Columbus, including neighborhoods on the Near Eastside, Near Westside (Franklinton and Hilltop), Northside (South Linden Area), and Southside.

Goals:

- Decrease the number of 18-25 year-olds engaged in high risk use of alcohol
- Decrease the number of 18-25 year-olds engaged in the use of illicit drugs

Strategic Prevention Framework		
SPF Step	Key Milestones	Key Products
Step 1: Assessment	<ul style="list-style-type: none"> • Formation of an Epidemiological Workgroup • Collaboration with advisory groups • Collection of epidemiological data • Analysis of epidemiological data • Development of problem statements • Identification of potential geographic target areas and populations • Assessment of readiness, external factors, and potential barriers to success • Assessment of organizational, fiscal, and leadership capacity • Assessment of cultural competence • Analysis of service gaps 	<ul style="list-style-type: none"> • Epidemiological Workgroup Report with quarterly updates • Clear, concise, and data driven problem statement(s) • Data sources for ongoing assessment • Gap analysis and community program, resource, and service baseline inventory
Step 2: Capacity	<ul style="list-style-type: none"> • Creation and continuation of partnerships • Introduction of training and education to promote readiness, cultural competence, leadership, and evaluation capacity • Meetings and workshops with key stakeholders, coalitions, and service providers 	<ul style="list-style-type: none"> • Capacity Report with quarterly updates • Directory of key stakeholders, leaders, and service providers • Partnership agreements/ memorandums
Step 3: Planning	<ul style="list-style-type: none"> • Planning meetings and strategy development sessions • Strategic Goals, Objectives, and Performance Targets • Logic Model development • Draft Strategic Plan • Selection of policies, programs, and practices • Preliminary Action Plan development • Creation of evaluation plan and identification of measures 	<ul style="list-style-type: none"> • Comprehensive Strategic Plan • Logic Models • Preliminary Action Plans • Performance Outcomes • Evaluation plan and performance measures
Step 4: Implementation	<ul style="list-style-type: none"> • Implementation of Strategic Plan • Full Action Plan development • Acquisition of relevant materials for implementing policies, programs, and practices • Consultation and collaboration with an evaluation team • Development of an Evaluation Plan • Implementation of an Evaluation Plan • Collection of process data and additional pre-implementation data 	<ul style="list-style-type: none"> • Action Plans • Identified effective policies, programs, and practices • Evaluation Plan
Step 5: Evaluation	<ul style="list-style-type: none"> • Consultation and collaboration with evaluation team • Process Evaluation • Collection of required data • Review of effectiveness of policies, programs, and practices • Development of recommendations for quality improvement 	<ul style="list-style-type: none"> • Evaluation Report and updates • Recommendations for quality improvement

Health Issue: **Mental Health, Alcohol and Drug**

Organization/Coalition: **ADAMH Board of Franklin County**

Columbus Public Health member serves on coalition and receives funding to provide prevention and treatment.

Summary of 2011 Performance Plan: The ADAMH Board of Franklin County is the planning entity that is responsible for funding and evaluating the needs for publicly funded mental health and alcohol and drug treatment services. ADAMH does not provide any direct service, but instead contracts with more than 40 non-profit community experts that deliver quality care.

Customer Care Line of Business	
Purpose: To provide behavioral health services to adults, older adults, and children/adolescents so they can live, work, learn, and participate in their communities.	
Program	Key Result
Treatment Services for Adults with Mental Illness or Co-Occurring Mental Illness and Substance Abuse Disorders	60% of adults with mental illness or co-occurring mental illness and substance abuse disorders will experience improvement or continued stability in at least two of these recovery measures: reduction of symptoms and problems; quality of life; or social connectedness
Treatment Services for Alcohol & Other Drug Addicted Adults	85% of adults receiving abstinence-based AOD treatment (non-medically assisted services) will show improvement in at least four of the following areas of recovery: family/social relationships; criminal justice (reduction); alcohol use (reduction); drug use (reduction); psychological problems; health; employment
Treatment Services for Children, Adolescent & Young Adults	80% of children and adolescents receiving treatment will experience improvement or continued stability in at least one of these recovery measures: reduction of problems (symptoms); functioning; or social connectedness.
Prevention Services	75 % of Prevention Providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.
Consumer & Family Services	95% of informal complaints filed with ADAMH will be resolved within five working days.
Housing Services	80% of identified residential consumers will be housed at a facility that meets their appropriate level of service need.
System of Care Planning and Evaluation Line of Business	
Purpose: To provide clinical monitoring, technical assistance, planning/monitoring, and public education services so that ADAMH Service Providers meet their contractual obligations and Franklin County residents have informed opinions about ADAMH funded services.	
Program	Key Result
Service Provider Monitoring	70% of providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.
Private/Public Funding Services	\$1.4 million increase in revenue from submission of funding proposals.
Adult Hospital Management	20% or fewer admissions to state regional psychiatric hospitals will have Medicaid as their payor source.
Public Affairs	75% of Franklin County citizens who respond to the Public Affairs survey will indicate awareness of ADAMH.

Health Issue: **Community Violence**

Organization/Coalition: **Columbus Coalition Against Family Violence**

Columbus Public Health member serves as a member of the Health Care Task Force

Summary of Effort: The Columbus Coalition Against Family Violence has distributed approximately \$15 million to help family violence victims since its inception in 1998. The Coalition guides these resources to institutional touch points to create the systemic change necessary to break the cycle of family violence. These touch points are actualized by six Coalition Task Forces. They include:

Health Care Task Force

- Project S.A.F.E. – Project S.A.F.E. is an effort – through Central Ohio hospitals and clinics – to identify pregnant women at risk for abuse.
- Family Violence Protocol Training – Emergency department staff – physicians, nurses, clerks and social workers and EMS – are trained to ask everyone they see about family violence and if they are safe at home.
- Pediatric Resident Training – For the tenth year, the Coalition has trained pediatric residents on the signs of domestic violence and how to help victims.

Victim Services Task Force

- St. Stephen’s Community House Partnership – Through a family violence prevention coordinator, training, education, and outreach efforts with staff and clients have been established to increase their knowledge of how to recognize, respond and refer in all relevant aspects of family violence. To date, 50 students have received education about violence prevention.
- Family Violence Prevention in Schools – A partnership with central Ohio schools to create family violence prevention and intervention activities to assist school personnel.
- Elder Abuse Training – Elder abuse training has been conducted in collaboration with LifeCare Alliance and the American Association of Service Coordinators. The goal is to raise awareness about elder abuse, and provide education about warning signs and available resources.
- The Center for Child & Family Advocacy – A collaborative effort between the Coalition and Nationwide Children’s Hospital, this joint initiative is the first in the country to fully integrate child abuse and domestic violence services. The Center offers treatment, support services, research, training, education, advocacy and prevention.
- Several organizations work together at the Center to help victims heal and rebuild their lives. Since the Center’s inception in 2005, the annual volume of care has totaled 20,220 patients.

Public Education Initiatives

- **“It’s Abuse”** Campaign - The Coalition’s **It’s Abuse** campaign is designed to educate college students about the Health Issues surrounding intimate partner violence. Since its piloting in 2006 at The Ohio State University, nine Central Ohio colleges and universities are part of the campaign.

Other Task Forces Supported by Coalition:

- Business Community Task Force
- Faith Community Task Force
- Legal System Task Force

Health Issue: **Community Violence**

Organization/Coalition: **The Ohio State University Youth Violence Prevention Advisory Board**

Columbus Public Health member serves as a Board Member for the organization.

Summary of Efforts: The Ohio State University Youth Violence Prevention Advisory Board and CeaseFire Columbus collaborate to implement the CeaseFire model by establishing street outreach and violence interrupter intervention to reach those who are at high risk of being shot or being a shooter. The initiative goal is to reduce shootings and killings by 25% within 1 year.

The long-term goal of the CeaseFire Columbus is to reduce shootings and killings in high-violence target areas by changing social norms and disrupting transmission of violent behavior from person to person, thus breaking the intergenerational cycle of violence. The CeaseFire Columbus is grounded in a public health behavioral change model focusing resources on high risk individuals, neighborhoods, and events. There are six core components that work in tandem:

- Street Outreach and Conflict Mediation
- Faith Leadership in this Peace Movement
- Public Education Campaign
- Community Mobilization
- Data Driven Solutions
- Evaluation of Initiative Efforts

Initiative Goals and Associated Objectives:

1. Reduce Shootings and Killings in the Target Areas
Objective: Implement street outreach and services to 100 target area youth
2. Change Community Social Norms
Objective: Recruit adult community allies on each block cluster
Objective: Implement anti-violence marketing to unify the community
3. Implement the CeaseFire Chicago Model With Fidelity
Objective: Measure process and impact indicators for evaluation

Health Issue: **Infant Mortality**

Organization/Coalition: **Council on Healthy Mothers and Babies**

Columbus Public Health serves as a funder and Board Member for the organization.

Summary of Effort: The Council on Healthy Mothers and Babies is a non-profit 501c3 organization that operates strictly from grants and donations received. Donations directly support efforts to reduce infant mortality in Franklin County, Ohio. Such efforts include educational materials for the public, education opportunities for professionals and the community, research, targeted task forces focusing on efforts to reduce the risks associated with infant mortality, and establishment of the Pregnancy Care Connection (PCC) program.

The PCC program's mission is to provide access to prenatal care for pregnant women in need in Franklin County by providing an easily accessible hotline that will schedule the initial OB appointment with an available system provider. Established goals and outcomes for the program include (2010 vital statistics data expected to be available in 2012):

PCC Goals:

- Women will have prenatal care during 1st trimester.
- Women will have their initial OB appointment within 7 days.

PCC Outcomes:

- Reduction in the wait time for initial OB appointment to 14 days by 2006, and to 7 days by 2010.
- Increase in the number of women obtaining care during the first trimester to 90% by 2006 and to 95% by 2010.
- Reduction in no shows to 20% for initial OB appointments by 2006, and to 15% by 2010.
- Decrease in the number of women with no or unknown prenatal care to 9% by 2006 and 6% by 2010.

PCC Long-Term Outcome:

- Reduce infant mortality to 4.5 deaths per 1000 live births by 2010.

Health Issue: **Oral Health**

Organization/Coalition: **Osteopathic Heritage Foundation – Children’s Oral Health Action Team**

Columbus Public Health serves as a member of the coalition.

Summary of Effort: The Children’s Oral Health Action Team (COHAT) is a statewide coalition that advocates and educates to improve oral health care for Ohio children. COHAT members include providers (pediatricians, school nurses, school-based health centers and children’s hospitals); foundations; advocates; and representatives from the early childhood, school-age and the children’s disability communities. COHAT is geographically diverse, including Appalachia, Northwest Ohio, Southwest Ohio, Central Ohio, and Northeast Ohio.

Organization/Coalition: **Ohio Department of Health – Director of Health’s Task Force on Oral Health and Access to Dental Care**

Columbus Public Health provides a Community Dental Program which includes clinical and preventive services for low income adults and children residing in Franklin County. This includes the Family Dental Service (clinic) and the Dental Sealant Program.

Summary of Effort: The Ohio Department of Health (ODH) maintains an oral health surveillance system which includes several indicators of oral health at the county level. In addition, the state conducts a statewide oral health survey of 3rd grade children in Ohio every five years, with the resulting findings published at the county level. The Director of Health also convenes a Task Force on Oral Health and Access to Dental Care, which makes recommendations as part of a state-level plan for improving the oral health of Ohio’s vulnerable populations.

Information on ODH strategies to increase access to dental care, and recommendations from the Task Force on Oral Health are contained in “Oral Health Isn’t Optional: A Report on the Oral Health of Ohioans and Their Access to Dental Care, 2011.”

Appendix A

Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Columbus Public Health Affiliated Programs
Asthma					
Adult Prevalance ¹		10.5%		12.4%	Healthy Homes
Child Prevalance ²		10.1%			
Emergency Preparedness					
The top ten hazards in Franklin County ³ :					Columbus Metropolitan Medical Response System
1. Tornados					
2. Dam Failure					
3. Flooding					
4. WMD Terrorist Incident					
5. Cyber-Terrorism					
6. Infectious Disease					
7. Severe Winter Weather					
8. Hazardous Materials Incident					
9. Transportation Accident - Aircraft					
10. Severe Summer Weather					
Racial Disparities - Select Indicators					
Incidence					
<i>Tuberculosis</i> ⁴	17:1	4.3	16:1	3.6	Office of Minority Health
Black ^{13,4}		21.0		11.1	
White ^{13,4}		1.2		0.7	
<i>Gonorrhoea</i> ⁴	14:1	250.2	11:1	203.5	
Black ^{13,4}		960.7		444.7	
White ^{13,4}		67.3		39.1	

Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Columbus Public Health Affiliated Programs
Racial Disparities - Select Indicators (continued)					
Mortality⁵					
<i>Homicide</i>	8:1	8.7	7:1	8.9	
Non-Hispanic Black		27.5		28.0	
Non-Hispanic White		3.6		4.0	
<i>HIV Disease</i>	4:1	4.2	4:1	2.7	
Non-Hispanic Black		10.9		7.1	
Non-Hispanic White		2.8		1.7	
<i>Conditions Originating in the Perinatal Period</i>	3:1	6.6	2:1	6.3	
Non-Hispanic Black		13.7		10.9	
Non-Hispanic White		4.4		4.6	
<i>Hypertension</i>	3:1	10.1	2:1	8.7	
Non-Hispanic Black		22		15.3	
Non-Hispanic White		8.1		7.7	
<i>Diabetes</i>	3:1	26.4	3:1	24.2	
Non-Hispanic Black		56.1		51.9	
Non-Hispanic White		21.5		19.4	
<p>Note: The disparity ratio is calculated by dividing the rate/percent for the group of interest by the reference group rate/percent. In this case, Blacks by the reference group of Whites. If the ratio is greater than one, then the prevalence or rate for Blacks (numerator) is larger than it is for Whites (denominator). For example, a ratio of (2:1) means Blacks are 2 times more likely to be affected than Whites.</p>					
Infant Mortality					
<i>Infant Mortality⁶</i>	2.5:1	8.2		8.8	Infant Safe Sleep & Risk Reduction Task Force Maternal Depression Work Group Action Learning Collaborative on Racism and Infant Mortality
Non-Hispanic White		6.0			
Non-Hispanic Black		14.7			
Infants who died in their sleep⁷					
White (of those who died in their sleep)	80	36.0%	79	44.3%	
Black (of those who died in their sleep)		60.0%		49.4%	
Diagnosed as Sudden Infant Death Syndrome (SIDS) (of those who died in their sleep)		15.0%		15.0%	
Preterm Births (of those who died in their sleep)		16.3%		19.0%	
Influenza					
Adults aged 65+ who have had a flu shot within the past year ¹		69.3%		69.5%	Adult Immunization Coalition of Central Ohio
Adults aged 65+ who have ever had a pneumonia vaccination ¹		74.4%			

Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Columbus Public Health Affiliated Programs
Injury Prevention					
Child Mortality ⁵ (1 - 14 years)		18.0		14.9	Child Fatality Review Program
Child Mortality due to accidents ⁵ (1-14 years)		4.8		4.7	Safe Communities
Motor Vehicle Traffic Deaths ⁵	92	8.1		8.6	Safe Kids Program
Lead Poisoning					
Children under 6 years Total Screened ⁸	19,636		19150		Healthy Homes
Total with Elevated Blood Lead Levels (EBLL) ⁸	92		61		
Obesity					
Overweight (2010) ¹		32.5%		40.4%	Early Childhood Obesity Prevention Coalition
Obese (2010) ¹		31.4%		27.1%	Institute for Active Living
Did not meet Physical Activity Recommendations ⁹		54.9%			Creating Healthy Communities
Do not eat Recommended Fruits and Vegetables ⁹		76.2%			Columbus Area Food Access Committee
					Healthy Choices Initiative
<i>Columbus City School Children with a BMI for age in 85th percentile or higher¹⁰ :</i>					
Kindergarten		29.0%			Franklin County Physical Activity Coalition
Third Grade		38.0%			
Fifth Grade		43.0%			
Seventh Grade		45.0%			
Sexually Transmitted Infections					
<i>Living with Diagnosis of HIV infection¹¹</i>					
Males	3375	293.4	3787	325.5	Central Ohio HIV Planning Alliance
Females		489.9		547.4	
White, non Hispanic		105.6		114.9	
Black, non Hispanic		230.6		262.8	
		558.7		596.7	
<i>Number of New Diagnoses of HIV Infection¹¹</i>					
Males	269		272	23.4	
Females		81.0%		39.4	
White, non Hispanic		19.0%		8.2	
Black, non Hispanic		49.0%		16.2	
		45.0%		48.1	

Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Columbus Public Health Affiliated Programs
Tobacco Use					
Adults who are current smokers ¹		18.3%		21.6%	Creating Healthy Communities
Adolescents ¹²					
Smoke cigarettes at least once a month		10.0%			
Regular use of other tobacco products		10.0%			
Tuberculosis					
Tuberculosis ⁴		4.3		3.6	Columbus Public Health Tuberculosis Coalition

1 - Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey (BRFSS) Data, 2010. Data for those 18 years and older. Update: BRFSS Data, 2011. Due to BRFSS changing in weighting methodology, 2011 data CANNOT be compared to 2010 or earlier data

2 - Franklin County Community Health Risk Assessment, 2005. Data for those 18 years and older. No update currently available.

3 - 2012-2013 Franklin County Risk Assessment, Franklin County Emergency Management Agency.

4 - Incidence Rate: number of new cases per 100,000; Ohio Disease Reporting System, 2011. Update: Ohio Disease Reporting System, 2012.

5 - Age Adjusted Death Rate per 100,000; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2006-2008; Update: Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010.

6 - Rates per 1000 live births; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010; Update: Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2009-2011. 2011 deaths Franklin County Child Fatality Review.

7 - Rates per 1000 live births; Franklin County Child Fatality Review, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010. Update: Franklin County Child Fatality Review, Analysis by Office of Epidemiology, Columbus Public Health, 2009-2011.

8 - Ohio Healthy Homes and Lead Poisoning Prevention Program, 2010. Update: Ohio Healthy Homes and Lead Poisoning Prevention Program, 2011.

9 - Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data, 2009 Data for those 18 years and older. No updates currently available.

10 - Columbus City Schools, School Year 2010-2011; No update currently available.

11 - Rates per 100,000; Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through December 31, 2010. Update: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through September 30, 2012.

12 - Primary Prevention Awareness, Attitude, and Use Survey, Franklin County Education Council, 2009. Among Franklin County students in grades 8,10,12. No updates currently available.

13 - Incidence Rate: number of new cases per 100,000; Ohio Disease Reporting System, Analysis by Office of Epidemiology, Columbus Public Health, 2006-2008.. Update: see #4.

Note: All data presented is for Franklin County.

Appendix B

Selected Franklin County Indicators Supporting Health Issues

Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Initiatives by Partners
Access to Care					
No Health Insurance Coverage ¹		13.0%		13.5%	<i>Access HealthColumbus</i> Patient-Centered Primary Care Collaborative of Central Ohio Health Care Reform Collaborative of Central Ohio Federally-Qualified Health Center Collaborative of Central Ohio
Employed with no Health Insurance Coverage ¹		14.0%		14.6%	
Families Below Poverty Level ²		11.4%		13.7%	
Individuals Below Poverty Level ²		15.8%		17.4%	
Under 18 Below Poverty Level ²		21.2%		26.4%	
Primary Care Physicians ³	1910 (609:1)				
Staffed Hospital Beds ⁴	4740 (240:1)				
Mental Health, Alcohol and Drug					
Alcohol Related Crashes ⁵	1,266		1061		Franklin County Urban Strategic Prevention Framework Coalition ADAMH Board of Franklin County
Mortality Rate		2.4		3.2	
Injury Rate		56.2		45.1	
Community Violence					
<i>Domestic Violence</i> ⁶					<i>Columbus Coalition Against Family Violence</i> Health Care Task Force The Ohio State University Youth Violence Prevention Advisory Board
Total Incidents	5,886		1061		
Victim with No Injury		44.2%		54.0%	
Victim with Injury		55.6%		46.0%	
Victim with Fatal Injury		0.2%		<1.0%	
Homicide ⁷		8.7		8.9	
Suicide ⁷		12.4		11.3	
Assault/Alleged Abuse (Intentional Injury Hospitalization Rate) ⁸		43.0		46.0	
Child Abuse Cases ⁹	12,883		14863		
Infant Mortality					
Infant Mortality (2008-2010) ¹⁰	2.5:1	8.2		8.8	Council on Healthy Mothers and Babies
White		6.0			
Black		14.7			
Prenatal Care during 1st trimester ¹¹		87.9%		69.2%	
non-Hispanic, White				76.0%	
non-Hispanic, Black				58.1%	

Indicator	Number or Ratio	Rate or Percent	Number or Ratio Update	Rate or Percent Update	Initiatives by Partners
Oral Health					
No Dental Coverage, Even if Insured (Adults 18-64) ¹²		19.5%			Ohio Department of Health Director of Health's Task Force on Oral Health and Access to Dental Care
Licensed Dentists ¹³	926 (1256:1)				

1 - American Community Survey, Table DP03, 2010; Civilian non-institutionalized population. Update: American Community Survey, 2012 estimates.

2 - American Community Survey, 2005-2009. Update: American Community Survey, 2007-2011.

3 - State Medical Board of Ohio, 2011. No update currently available.

4 - Ohio Hospital Association, 2008. No update currently available.

5 - Rate per 100,000. Ohio Department Public Safety, 2010. Update: Ohio Department Public Safety, 2012.

6 - Ohio Bureau of Criminal Identification and Investigation, 2010. Update: Ohio Bureau of Criminal Identification and Investigation, 2012.

7 - Age-adjusted Death Rate per 100,000; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2006-2008. Update: Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010.

8 - Rate per 100,000; Central Ohio Trauma System, 2005-2007. Update: Central Ohio Trauma System, 2008-2010

9 - Public Children Services Association of Ohio, 2007. Update: Public Children Services Association of Ohio, 2009.

10 - Rates per 1000 live births; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010; Update: Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2009-2011. 2011 deaths Franklin County Child Fatality Review.

11 - Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2003-2005. Update: Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2009-2011.

12 - Ohio Family Health Survey, 2008. No update currently available.

13 - Ohio State Dental Board, 2011. No update currently available.

APPENDIX C

Conversation on Community Health Improvement (October 2011)

Organization: Columbus Public Health

Community input was gathered through a community forum “*A Conversation on Community Health Improvement*” organized by Columbus Public Health and facilitated by the Center for Public Health Practice at The Ohio State University College of Public Health. Representatives from over 100 community organizations were invited to attend this half-day event. Attendees reviewed information on key community health indicators and in a facilitated exercise participants shared what they considered priorities for community health improvement.

Selected Results from Conversation on Community Health Improvement:

Collaboration and Coalitions

- Stakeholder involvement
- Ensure / create and integrative and collaborative infrastructure to sustain our community
- Coordination of services offered by community organizations with navigators to assist individuals find the services they need
- Based on tighter coordination, agree on definitions and criteria on actionable priorities
- Communication – within systems between system and community, within community
- Build sustainable collaboration within and beyond health to address social determinates of health
- Participatory coalitions or collaborative that include individuals and neighborhoods
- Cross communications and collaboration with multiple coalitions and partnerships to share resources, knowledge
- Need a city-wide health collaborative which includes all stakeholders, not just providers (housing, education, etc.)
- Increase coordination of city and county health departments
- Better coordination of all resources through unified collaboration
- Getting the right people to the table (grass roots to grass tops, decision-makers and consumers)
- Build programming targeted at adolescent and young adult black women to address STIs, unintended pregnancy, prematurity, infant mortality and child health disparities

Community Engagement and Community Level Response

- Grassroots engagement in public policy and health needs
- Build local communities – ownership, engagement, collaboration, promote safety
- Shifting cultural norms to create a community focused on health

Economic Impact

- Workforce development and economic development, supported by compulsory education for high school degrees and undergraduate degrees
- Connect the fact that an investment in community health has long-term economic impact
- Poverty and economy

Selected Results from Conversation on Community Health Improvement (continued):

Health Education

- Shifting community education / awareness towards community training around areas for prevention / health issues
- Build self-efficacy
- What are our (community) motivators? (education; access; love for self, family, friends; longevity; feeling good; self-esteem; fun)

Holistic Health

- World Health Organization (WHO) definition of health: physical, mental and social well-being, not just illness or disease; not just no access to care. If one part of physical-mental-social health is broken, other parts will crash too.
- Increase access to resources that enhance holistic health

Conversation on Community Health Improvement (continued)

Organization: **Columbus Public Health**

Individual Health Issues

- Three-pronged approach: attack education (policy and programs) and income (re: access) to improve (community) health
- Wellness or health outcomes as the focus measured at neighborhood levels
- More sustainable funding in appropriate places (prevention and wellness)
- Violence – street, bullying, built environment
- Obesity – high prevalence, can prevent, impact on health and chronic disease

Policy

- Policies and systems to impact environmental change that reflect best practice accountability and minimizes negative outcomes

