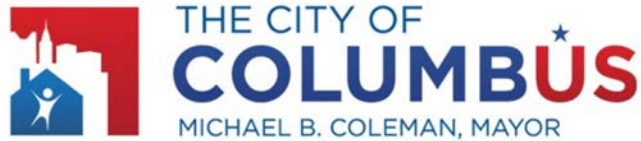


**COMMUNITY HEALTH IMPROVEMENT PLAN  
(CHIP)  
MAY 2012**



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COLUMBUS  
PUBLIC HEALTH

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## 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 3<sup>rd</sup> 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	Columbus Public Health Affiliated Programs
<b>Asthma</b>			
Adult Prevalance <sup>1</sup>		10.5%	Healthy Homes
Child Prevalance <sup>2</sup>		10.1%	
<b>Emergency Preparedness</b>			
The top ten hazards in Franklin County <sup>3</sup> :			Columbus Metropolitan Medical Response System
1. Flooding			
2. Severe Winter Weather			
3. Dam Failure			
4. Terrorism			
5. Infectious Diseases			
6. Tornadoes			
7. Severe Summer Weather			
8. Extreme Heat			
9. Hazardous Materials Incident			
10. Drought			
<b>Racial Disparities - Select Indicators</b>			
<b>Incidence</b>			
<i>Tuberculosis</i> <sup>4</sup>	17:1	4.3	Office of Minority Health
Black <sup>13</sup>		21.0	
White <sup>13</sup>		1.2	
<i>Gonorrhea</i> <sup>4</sup>	14:1	250.2	
Black <sup>13</sup>		960.7	
White <sup>13</sup>		67.3	

## Appendix A

### Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Columbus Public Health Affiliated Programs
<b>Racial Disparities - Select Indicators (continued)</b>			
<b>Mortality<sup>5</sup></b>			
<i>Homicide</i>	8:1	8.7	
Non-Hispanic Black		27.5	
Non-Hispanic White		3.6	
<i>HIV Disease</i>	4:1	4.2	
Non-Hispanic Black		10.9	
Non-Hispanic White		2.8	
<i>Conditions Originating in the Perinatal Period</i>	3:1	6.6	
Non-Hispanic Black		13.7	
Non-Hispanic White		4.4	
<i>Hypertension</i>	3:1	10.1	
Non-Hispanic Black		22	
Non-Hispanic White		8.1	
<i>Diabetes</i>	3:1	26.4	
Non-Hispanic Black		56.1	
Non-Hispanic White		21.5	
<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>			
<b>Infant Mortality</b>			
<i>Infant Mortality<sup>6</sup></i>	2.5:1	8.2	Infant Safe Sleep & Risk Reduction Task Force
Non-Hispanic White		6.0	Maternal Depression Work Group
Non-Hispanic Black		14.7	Action Learning Collaborative on Racism and Infant Mortality
80 infants died in their sleep from 2006 through 2008. <sup>7</sup> Of those...			
White		36.0%	
Black		60.0%	
Diagnosed as Sudden Infant Death Syndrome (SIDS)		15.0%	
Preterm Births		16.3%	
<b>Influenza</b>			
Adults aged 65+ who have had a flu shot within the past year <sup>1</sup>		69.3%	Adult Immunization Coalition of Central Ohio
Adults aged 65+ who have ever had a pneumonia vaccination <sup>1</sup>		74.4%	

## Appendix A

### Selected Franklin County Indicators Supporting Health Issues

Franklin County Indicator	Number or Ratio	Rate or Percent	Columbus Public Health Affiliated Programs
<b>Injury Prevention</b>			
Child Mortality <sup>5</sup> (1 - 14 years)		18.0	Child Fatality Review Program
Child Mortality due to accidents <sup>5</sup> (1-14 years)		4.8	Safe Communities
Motor Vehicle Traffic Deaths <sup>5</sup>	92	8.1	Safe Kids Program
<b>Lead Poisoning</b>			
Children under 6 years Total Screened <sup>8</sup>	19,636		Healthy Homes
Total with Elevated Blood Lead Levels (EBLL) <sup>8</sup>	92		
<b>Obesity</b>			
Overweight (2010) <sup>1</sup>		32.5%	Early Childhood Obesity Prevention Coalition
Obese (2010) <sup>1</sup>		31.4%	
Did not meet Physical Activity Recommendations <sup>9</sup>		54.9%	Creating Healthy Communities
Do not eat Recommended Fruits and Vegetables <sup>9</sup>		76.2%	Columbus Area Food Access Committee
			Healthy Choices Initiative
<i>Columbus City School Children with a BMI for age in 85th percentile or higher<sup>10</sup> :</i>			Franklin County Physical Activity Coalition
Kindergarten		29.0%	
Third Grade		38.0%	
Fifth Grade		43.0%	
Seventh Grade		45.0%	
<b>Sexually Transmitted Infections</b>			
<i>Living with Diagnosis of HIV infection<sup>11</sup></i>	3375	293.4	Central Ohio HIV Planning Alliance
Males		489.9	
Females		105.6	
White, non Hispanic		230.6	
Black, non Hispanic		558.7	
<i>Number of New Diagnoses of HIV Infection<sup>11</sup></i>	269		
Of new cases....			
Males		81.0%	
Females		19.0%	
White, non Hispanic		49.0%	
Black, non Hispanic		45.0%	

## Appendix A

### Selected Franklin County Indicators Supporting Health Issues

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

1 - Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data, 2010. Data for those 18 years and older.

2 - Franklin County Community Health Risk Assessment, 2005. Data for those 18 years and older.

3 - 2010 Franklin County Risk Assessment, Franklin County Emergency Management Agency

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

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

6 - Rates per 1000 live births; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010

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

8 - Ohio Healthy Homes and Lead Poisoning Prevention Program, 2010

9 - Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data, 2009 Data for those 18 years and older.

10 - Columbus City Schools, School Year 2010-2011

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

12 - Primary Prevention Awareness, Attitude, and Use Survey, Franklin County Education Council, 2009. Among Franklin County students in grades 8,10,12.

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

**Note:** All data presented is for Franklin County.

## Appendix B

**Selected Franklin County Indicators Supporting Health Issues**

Indicator	Number or Ratio	Rate or Percent	Initiatives by Partners
<b>Access to Care</b>			
No Health Insurance Coverage <sup>1</sup>		13.0%	<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 <sup>1</sup>		14.0%	
Families Below Poverty Level <sup>2</sup>		11.4%	
Individuals Below Poverty Level <sup>2</sup>		15.8%	
Under 18 Below Poverty Level <sup>2</sup>		21.2%	
Primary Care Physicians <sup>3</sup>	1910 (609:1)		
Staffed Hospital Beds <sup>4</sup>	4740 (240:1)		
<b>Mental Health, Alcohol and Drug</b>			
Alcohol Related Crashes <sup>5</sup>	1,266		Franklin County Urban Strategic Prevention Framework Coalition ADAMH Board of Franklin County
Mortality Rate		2.4	
Injury Rate		56.2	
<b>Community Violence</b>			
<i>Domestic Violence</i> <sup>6</sup>			<i>Columbus Coalition Against Family Violence</i> Health Care Task Force The Ohio State University Youth Violence Prevention Advisory Board
Total Incidents	5,886		
Victim with No Injury		44.2%	
Victim with Injury		55.6%	
Victim with Fatal Injury		0.2%	
Homicide <sup>7</sup>		8.7	
Suicide <sup>7</sup>		12.4	
Assault/Alleged Abuse (Intentional Injury Hospitalization Rate) <sup>8</sup>		43.0	
Child Abuse Cases <sup>9</sup>	12,883		
<b>Infant Mortality</b>			
Infant Mortality (2008-2010) <sup>10</sup>	2.5:1	8.2	Council on Healthy Mothers and Babies
White		6.0	
Black		14.7	
Prenatal Care during 1st trimester <sup>11</sup>		87.9%	

## Appendix B

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

1 - American Community Survey, Table DP03, 2010; Civilian non-institutionalized population.

2 - American Community Survey, 2005-2009

3 - State Medical Board of Ohio, 2011

4 - American Hospital Association and Ohio Hospital Association, 2008.

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

6 - Ohio Bureau of Criminal Identification and Investigation, 2010

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

8 - Rate per 100,000; Central Ohio Trauma System, 2005-2007

9 - Public Children Services Association of Ohio, 2007

10 - Rate per 1000 live births; Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2008-2010

11 - Ohio Vital Statistics System, Analysis by Office of Epidemiology, Columbus Public Health, 2003-2005

12 - Ohio Family Health Survey, 2008

13 - Ohio State Dental Board, 2011



## APPENDIX C

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### ***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