# CINCINNATI

# COMMUNITY HEALTH IMPROVEMENT PLAN

***January 2020-December 2022***

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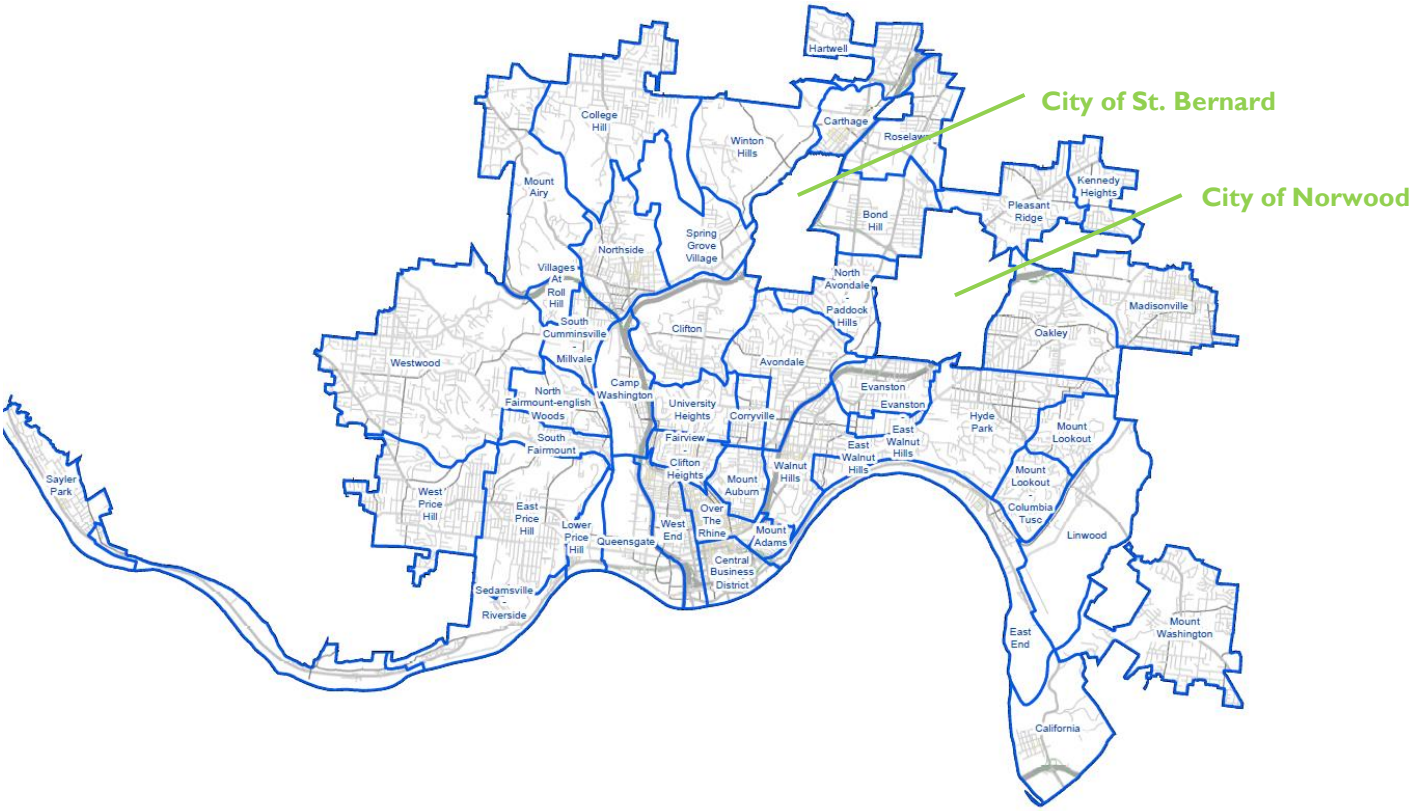
# INTRODUCTION

## Our Community

The City of Cincinnati is a vibrant city with 52 distinct neighborhoods (see Figure 1) within its 79.5 square miles. Many of these communities have their own neighborhood councils made up of residents and volunteers. The City was first settled by European immigrants in 1788, and was incorporated in 1819 (Greve, 1904).

**Figure 1. Map of Cincinnati neighborhoods**




Within the City boundaries lie two separate municipalities, the cities of St. Bernard and Norwood. Cincinnati is located within Hamilton County; Kentucky lies across the Ohio River to the south. Three major interstate highways go through Cincinnati; I-75 runs north to south; I-71 runs northeast to south; I-74 begins in Cincinnati and runs northwest through Indiana. The Greater Cincinnati area includes portions of Indiana, Kentucky and

Ohio. In 2010, the Metropolitan Statistical Area of Cincinnati-Middletown, OH-KY-IN Metro Area had a population of 2,130,151 (2010 Decennial Census, 2010).

According to the 2013-2017 U.S. Census Bureau's American Community Survey, the City of Cincinnati's population is 298,957, with 51.8% female and 48.2% male, which is similar to Hamilton County and the state of Ohio. Cincinnati has a slightly younger (median age of 32.4) population than the state of Ohio (median age of 39.3) overall, with 11.9% of residents over the age of 65, compared to 15.9% of Ohioans. Cincinnati is more diverse compared to the state of Ohio; just under half of the city (42.9%) self-reports as African American and 50.4% reports as White. Cincinnati's foreign-born population is predominantly from Asia (33.5%), Latin America (26.1%), and Africa (21.7%) (U.S. Census Bureau's American Community Survey , 2013-2017).

The median household income for Cincinnati families ($36,429) is significantly less than Hamilton County families ($52,389) and Ohio families ($52,407). In 2017, almost one-third of Cincinnati families (28.7%) earned below the Federal Poverty Level (FPL), twice the overall Ohio (14.9%) poverty rate. Of concern, two out of five children under the age of 18 (42.8%) are living in families with household incomes below the FPL in Cincinnati, almost double the proportion of children living in poverty in the state of Ohio (21.3%) (U.S. Census Bureau's American Community Survey , 2013-2017).

# From Community Health Assessment to Community Health Improvement

A community health assessment (CHA), also known as community health needs assessment (CHNA), refers to an assessment that identifies key health needs and issues through organized, broad data collection, and analysis. The CHNA is completed in partnerships with organizations and members of the community to evaluate the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status. The ultimate goal of a community health assessment is to identify health needs and issues followed by developing strategies to address them. In 2018, The Health Collaborative of Greater Cincinnati, Cincinnati hospitals and the Cincinnati Health Department participated in the process of assessing the needs of the southwest Ohio region and individual health jurisdictions. Those needs were presented in the 2019 Regional CHNA.

Improving Cincinnati health involves tackling complex problems that no one agency can be solely responsible for solving. Collective action requires many different types of partners and stakeholders across the spectrum of the community.

A community health improvement plan (CHIP) is a long-term, organized effort to address public health problems based on the results of community health assessment activities and the community health improvement process. This plan is used by health, other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. The CHIP is typically updated every three to five years.

Based on the results of the 2019 regional Community Health Needs Assessment and the local Cincinnati findings, the Cincinnati Health Department (CHD) convened community partners to develop the 2020 Cincinnati Community Health Improvement Plan. This plan reflects our collective process and planned actions to address the health needs of our citizens.

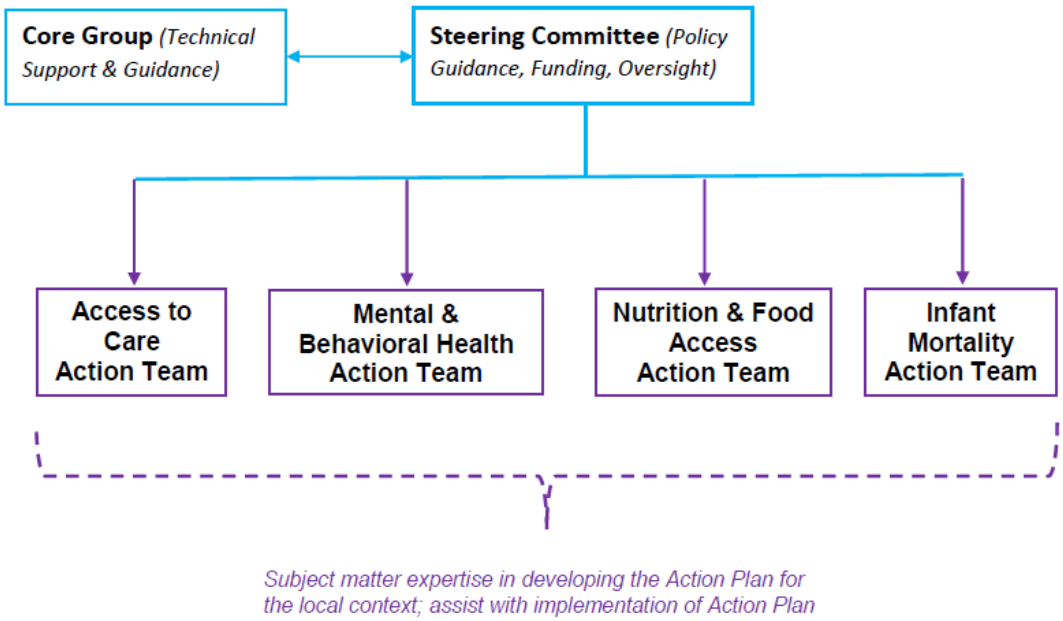
# CHIP DEVELOPMENT

## Process and Structure

The Cincinnati Health Department took the lead in gathering key stakeholders to come together to develop the Cincinnati CHIP. Through a modified version of the Mobilization for Action through Planning and Partnerships (MAPP) framework, the Cincinnati Health Department, with help from the Health Collaborative and Caracole Inc., engaged the stakeholders to participate in the CHIP Process and identify priority areas for the Cincinnati CHIP.

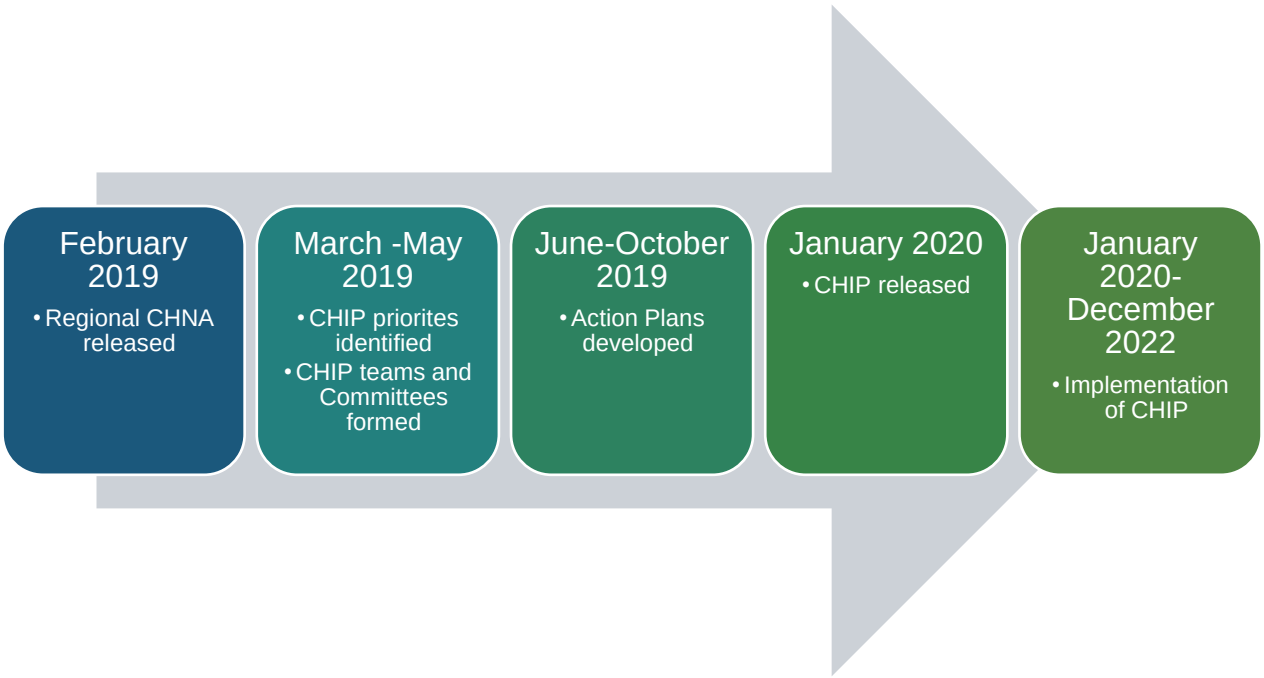
Mission mapping helped stakeholders understand how their organization's mission aligned with the process and root cause analysis was used to select priorities. Once the priority areas were identified, action teams, made up of subject matter professionals in different sectors, were formed to focus on each priority. The action teams report to and are supported by the Cincinnati CHIP Steering Committee. Members of the Steering Committee agreed to contribute resources to help in the implementation, monitoring, or evaluation of the Cincinnati CHIP. Oversight of the teams is administered by the CHIP Core Team. The Core Team ensures the CHIP process is being followed and provides administrative and technical support to the Committees. The structure of the Cincinnati CHIP is shown in Figure 2 and membership lists can be found in Appendix A.

**Figure 2: Cincinnati CHIP Organizational Structure**




Over 60 community partners, representing various sectors of the community, were engaged and contributed to the different teams and committees of the Cincinnati CHIP. During the ten-month process, these partners were vital in developing the overall work of the CHIP including identifying the priorities and creating actions plans. They will continue to be valuable partners during implementation of the Cincinnati CHIP. See Figure 3 to view a summary of the Cincinnati CHIP timeline.

**Figure 3: Cincinnati CHIP Timeline**




# Identifying Priorities

The beginning of the CHIP process included a kick-off meeting on March 19, 2019, in which the stakeholders were gathered to review the CHNA, local Cincinnati specific data, and other state and local community information and assessments. The stakeholders were then asked to begin discussing potential priorities. Those in attendance were given post-it notes to identify their five (5) top health priorities in Cincinnati. After tallying up the votes the top six (6) proposed focus areas were:

1. Access to Care
2. Nutrition and Food Access
3. Infant Mortality
4. Reproductive Health
5. Mental and Behavioral Health
6. Substance Abuse

A second meeting, on May 6, 2019, was organized to narrow down the focus areas over the next three (3) years in Cincinnati. To do this, partners and stakeholders were asked to form groups in their focus area of their choice to perform a brief root cause analysis exercise to help identify the desired result and narrow the effort in each focus area to specific interventions. Once the exercise was complete, each group report the finding of

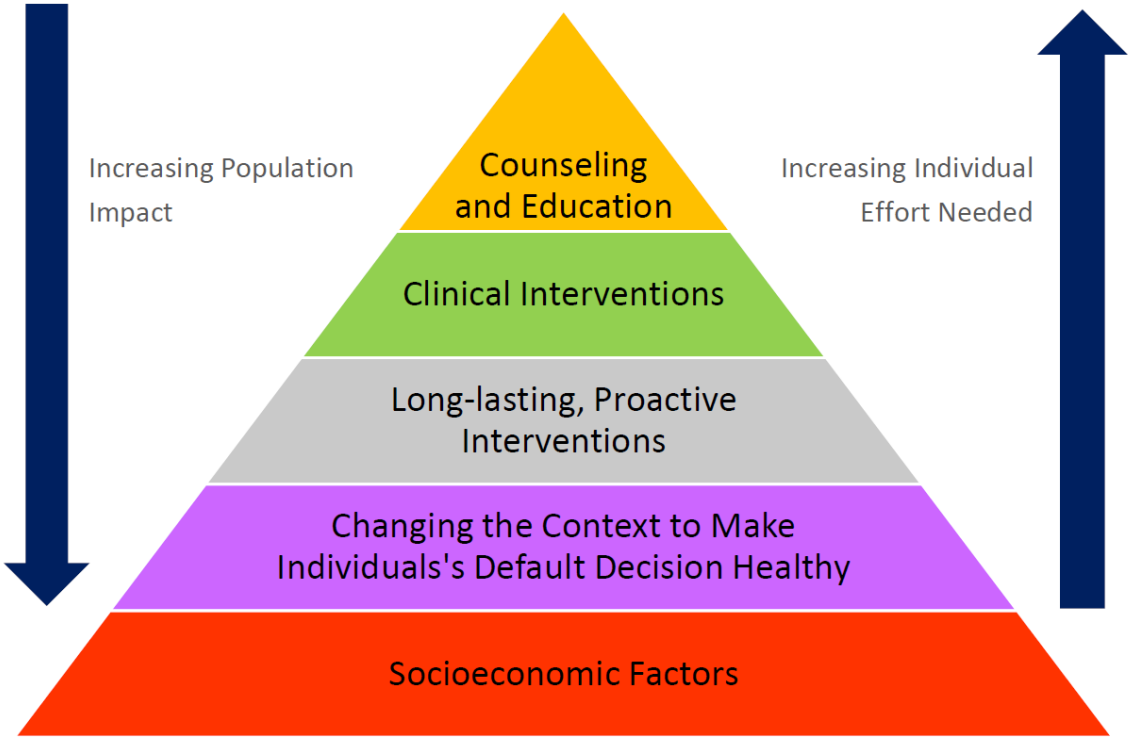
their analysis and then vote again on final recommendations for the focus areas of the Cincinnati CHIP. The selected focus areas identified are:

1. Access to Care
2. Mental and Behavioral Health
3. Nutrition and Food Access
4. Infant Mortality

# Guiding Principles

Once priority areas were identified, action teams were tasked to develop action plans with specific goals and Specific, Measurable, Attainable, Realistic, and Timely (SMART) objectives. When developing the goals and objectives the teams were advised to consider various principles such as the social ecological model, Health Impact Pyramid, Policy, Systems, and Environmental Changes (PSECs), and evidence-based public health practices (EBPHP). The social ecological model is a theory-based framework that takes into consideration the individual, and their affiliations to people, organizations, and their community at large to be effective. There are five stages to this model – Individual, Interpersonal, Organizational, Community, and Public Policy. Different factors and determinants exist at all levels of health, making prevention, control, and intervention most effective when the model is addressed from all levels. This is also supported by the Health Impact Pyramid (See Figure 4) (Frieden, 2010). The pyramid shows the different types of interventions with counselling and education, and clinical interventions at the top of the pyramid which provide the smallest impact on the overall population. Interventions that change the context or address the socioecological factors make the greatest impact. PSECs are the type of interventions that would focus on the broadest sections of the pyramid and make the greatest impact. The teams were then encouraged to research various EBPHPs to ensure that the strategies and objectives are the most effective interventions in their focus areas.

**Figure 4: Health Impact Pyramid**




# Definition of Health and Overall Desired Outcome

One of the most frequent health status indicators is life expectancy at birth. Life expectancy at birth is the average number of years an infant born today can expect to live, if current age specific mortality (death) rates stay the same over that infant's entire life. In Cincinnati, an infant born today may expect to live 76.1 years assuming that the death rates in Cincinnati do not change over the course of their life (Ohio Department of Health, n.d.)). The current life expectancy in Cincinnati is two years less than the national US average (78.6 years) (Elizabeth Arias & Jiaquan Xu, 2019), which suggests that we are not as healthy as the rest of the nation. Life expectancy can vary between different groups in Cincinnati and there are several factors that can affect life expectancy within our neighborhoods.

As we begin to address health in our community**,** we need to first define what we mean when we say health.

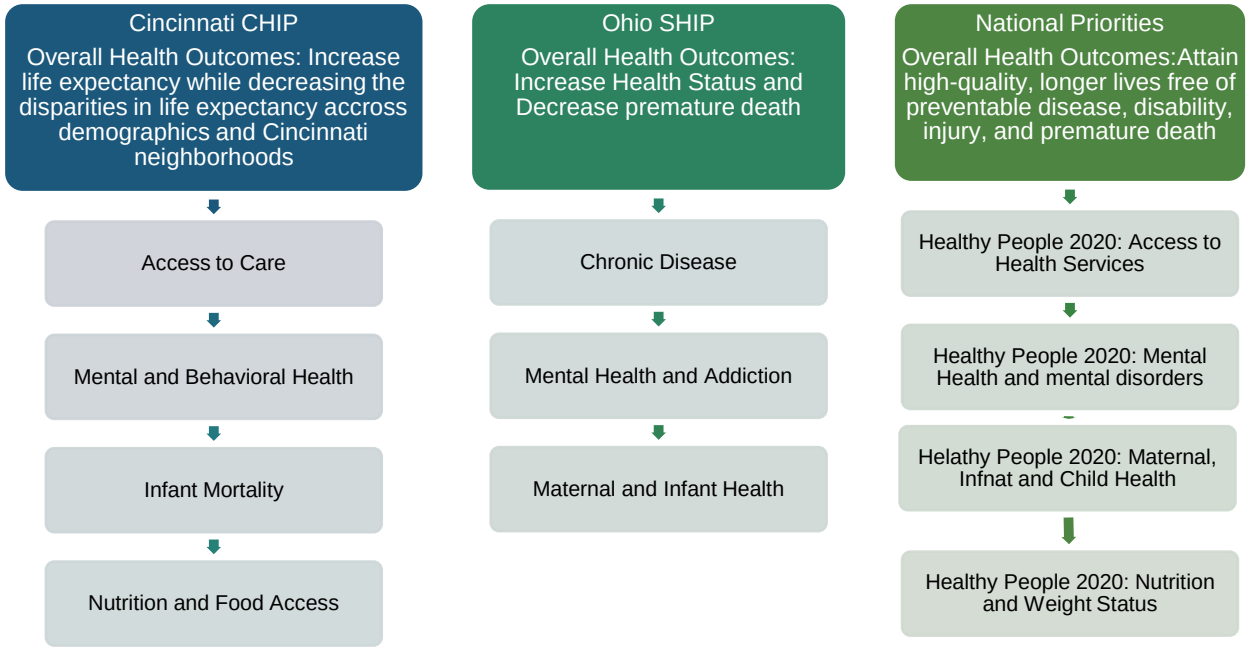
***"Health is a basic human right. Health is a dynamic state of physical, mental, social, spiritual and emotional well-being and not merely the absence of disease or infirmity."***

In order to accomplish this definition of health, the Cincinnati CHIP strives to break down silos in health to help bridge the gap in services with the overall desired outcome being an Increase in life expectancy in Cincinnati, while decreasing the disparities in life expectancy across demographics and Cincinnati neighborhoods.

# Consideration of State and National Priorities

Throughout the CHIP process, especially when identifying the priority areas, the stakeholders and action teams considered national and state priorities. Considering these priorities guarantees that health improvement efforts are aligned across all levels. This alignment is a key focus of the Ohio Department of Health as they require local community health improvement plans to align with two priorities from the state health improvement plan. Figure 5 demonstrates the Cincinnati CHIP's alignment with state and national priorities.

### Figure 5: State and National Priority Alignment



# FOCUS AREAS

## Access to Care

### Awareness in Cincinnati

Having access to adequate and timely health care can greatly reduce the experience of illness and improve quality of life. Access includes the opportunity to receive recommended preventive services such as annual health exams from a primary care physician, as well as a dental exam at least once a year. Meeting these necessities is facilitated by having a regular source of care, sometimes called a "medical home," as it simplifies finding a care location. A medical home allows better continuity of care. In the 2017 Community Health Status Survey performed, by Interact for Health, 4.8% of residents went to the emergency room which is higher than the regional percentage of 2.9%. Additionally, 8.9% of Cincinnati residents reported going without medical care because the household needed money to buy food, clothing or pay housing, compared to 6.2% in the county and 7.8% for the region (Interact for Health, 2017).

Adequate health insurance coverage is essential for good health to maintain routine check-ups and preventative medicine. Lack of health insurance is often a barrier to establishing a medical home. The percentage of medically uninsured residents in Cincinnati (14.4%) is higher than the uninsured rate for Hamilton County (7.9%) and the state of Ohio (7.6%) (American Community Survey 5-year estimates, 2012-2016).

### Access to Care Action Team

The Access to Care Action Team determined in order to develop strategies that are community based the first step is to identify barriers to care from the community members. It was decided to focus on the zip codes with the highest need index of five (5), as presented in the Community Need Index to have a better understanding of the needs and barriers in these areas in access to care.

Members from Cincinnati Health Department, Caracole, Neighborhood Allies, Cincinnati Children's Hospital Medical Center (CCHMC), Xavier University, Powernet, and University of Cincinnati, and Community Matters will work to engage additional community agencies to identify barriers and work to address them.

## Desired Outcomes

| **Focus Area: Access to Care** | |
|---|---|
| **Long Term Outcome:** | Results Indicators: |
| **Cincinnati residents will be able to holistically use their medical home.** | Percent of Cincinnati residents without medical insurance (baseline 14.4%)<br>Percentage of adults in Cincinnati with no usual source of health care (baseline 21.1%) |
| **Short Term Outcome:** | Result Indicators: |
| **Identify the barriers to care and health needs in the zip codes identified as having the highest needs index.** | List of identified barriers |

## Community Assets and Resources

The Access to Care Action Team has gathered various assets and resources that could be valuable to address access to care issues in Cincinnati. Some of the resources identified during the CHIP planning process are:

- Network of organizations (i.e. Neighborhood Allies, The Community Builders, Community Matters) that have patient navigators, community health workers in the areas with the highest needs.
- Neighborhood focused community plans such as the Avondale Quality of Life Plan.
- Network of federally qualified health centers (FQHCs)- the CHD, the Cincinnati Health Network, WinMed and Crossroad.
- Assessment and analysis support from Xavier University and University of Cincinnati.
- Local hospitals expanding the use of Telehealth services with their patients.
- Organizations, such as Powernet, working with neighborhoods to provide free Wi-Fi to increase access to services online.

### Policy Changes

The Access to Care Action Team discussed how recent assessments demonstrate that the number of people insured has been on the rise over the past few years, but that people are still having trouble accessing the services they need.

- The team will be working with the organizations that have patient navigators and community health workers to ensure that the services they can assist with are billable services to offset costs to individual organizations.
- Additionally, due to recent insurance policy changes nationwide the team would need to monitor the number of people that are insured as these numbers may change.

### Action Plan

| **Access to Care** | | |
|---|---|---|
| **Strategy:**<br>***Work with community members in the four (4) zip codes with the highest needs index to identify interest in participating in a project to identify facilitators, barriers, and needs (from the community members perspective) that in collaboration with health and social service , providers will improve facilitation, decrease barriers, and focus on needs in a coordinated collaborative manner.*** | | |
| **Objectives** | 1-1: By 06/30/2020, we will have identified a community interested in working with the Access to Care group, develop survey, and launch survey to gather data.<br><br>1-2: By 09/30/2021, we will analyze the results of the survey and identify barriers and work with communities to develop strategies<br><br>1-3: By 12/31/2022, we will work with communities to develop strategies to address the identified barriers and implement the strategies. | Xavier University<br>University of Cincinnati<br>Cincinnati Health Department<br>Powernet<br>Interact for Health<br>Neighborhood Allies<br>Caracole |

# Mental and Behavioral Health

## Awareness in Cincinnati

Our bodies don't separate mental and physical health like our health care system does. Monitoring mental health, especially in young children, is key to establishing important life skills - like coping and adapting - to build resiliency to become better problem solvers throughout life. We know that the underlying environment - the “social determinants” of health - plays a role in the development of both physical and mental health conditions.

National data shows that suicide is the second highest cause of death among youth and young adults. Though the suicide rate in Cincinnati is 12.8, which is comparable to the state and national averages of 13.3 and 13.0 respectively, the 2019 CHNA supports this data by showing a disturbing trend of an increase in comments about the need for psychiatric hospital beds for children younger than 12, as well as the increase in youth suicides in recent years (Community Health Needs Assessment- 2019 Report, 2019).

Related issues included access to mental health providers in the community, insurance for behavioral health treatment, and providers who would accept Medicaid. Secondary data, from the CHNA, corroborates the lack of providers, and 24 of 25 counties, in our region, do not have enough mental health providers (Community Health Needs Assessment- 2019 Report, 2019).

## Mental/Behavioral Health Action Team

The Mental and Behavioral Health Action Team identified early that there are a lot of initiatives focused on children’s mental health in the City of Cincinnati. Since the attention to children’s mental health has been great, there is increased need to an ever-growing problem of workforce development (capacity and competence) in mental health providers of youth services. Therefore, this has been targeted as a need. The team decided to focus on identifying and addressing barriers in the mental health workforce. Success in addressing barriers in the mental health workforce will lead to providing better services directed at youth.

## Desired Outcomes

| Focus Area: Mental and Behavioral Health | |
|---|---|
| **Long Term Outcome:**<br>**Improve access to youth mental health services through increasing capacity and competence of mental health providers** | Result Indicator:<br>Mental Health providers: (Baseline 414:1) |
| **Short Term Outcome 1:**<br>**Increase the number of graduates from Masters in Counseling and Social Work eligible to provide Mental Health Services** | Result Indicators:<br>Graduation rates in Masters level Counseling and Social Work programs from Xavier and UC |
| **Short Term Outcomes 2:**<br>**Improve retention and workforce development of Mental Health Direct Care workers providing services to youth in the public sector** | Result Indicators:<br>Decreased turnover of masters level direct care mental health workers<br>Increase tenure of masters level direct care mental health workers |

## Community Assets and Resources

The Mental and Behavioral Health Action Team identified various assets and resources that could be valuable to address mental and behavioral health issues in Cincinnati. Some of the resource identified during the CHIP planning process are:

- MHC3 (Mental Health Crisis Care Collaborative) – A collaborative with The Children's Home, St. Joseph Orphanage and Beech Acres to connect youth who have been hospitalized for psychiatric reason at Cincinnati Children's Hospital Medical Center (CCHMC), to mental health care providers within their school or nearby outpatient services. MHC3 connects youth with the best fit agency, completes an intake and schedules a follow up appointment with a therapist before their discharge from the hospital.

- Mindpeace – an organization that works to unite the right teams of mental health providers so youth, young adults and their families can get the mental health care they need.
    - Current initiatives include:
        - Safety New – In partnership with The Children's Home, St. Joseph Orphanage, Beech Acres, Lighthouse Youth Services, Talbert House, CCHMC, Central Clinic and Greater Cincinnati Behavioral Services in the community include ensuring youth have access to crisis lines within each mental health agency, this initiative is focused on reducing youth suicides and improving access to care.
        - Private Insurance collaborative - Working on mental health parity issues within Private Insurance (ex: PI does not cover home based services or care coordination).
- Health Department expansion
    - City of Cincinnati Primary Care is currently in the process of expanding in-house behavioral health therapists in several of their clinics, as well as children's psychiatric providers.
- Young Child Institute (YCI) / FAIR – programming as a part of Central Clinic
    - YCI focuses specifically on children ages 0-5 years.
- Managed Care Organizations (MCO) work to connect clients to care through MCO Care Manager
- Specific Fellowship Programs available through UC's Master's of Social Work, College of Nursing and Counseling programs - SAFE-T & PRI-Care programs
    - PRI-Care (Professionals Ready to Integrate Care) and SAFE-T programs (Serving At-risk youth Fellowship Experience – specialty Training), are two HRSA-funded grants through 2021 and 2022, respectively (5-year total combined cycle, started 2 years ago). This includes specific type of educational classes to be included, internship/ practicum experience, mentoring, and financial support of $10,000 stipend per masters level Counseling and Social Work student (PRI-Care & SAFE-T) and $28,352 stipend per doctoral level Psychiatric-Mental Health Nurse Practitioner student (SAFE-T only). These programs intend to increase the educational experience and guidance, and help offset the costs and financial burden of furthering one's education in counseling, social work, or nursing.

## Policy Changes

- School Mental Health –
  - Mandated mental health care provided at school (though most CPS schools do have a mental health provider).
  - Mandated funding of school mental health services when there is not identified/appropriate funding (Medicaid or private insurance)
- Insurance Rate Reimbursement – Mental Health Parity between Medicaid and private insurance
- Student Loan Repayment – increased assistance/forgiveness/relief directed specifically towards Mental Health Service Providers
- Standardizing salary rates across the board, based on level of education and license
- Early intervention/trauma informed "Handle with Care" calls, coordinated between police/ EMS and schools

## Action Plan

| **Mental and Behavioral Health** | | |
|---|---|---|
| **Strategy 1: Increase the number of graduates eligible to provide Mental Health Services** | | |
| **Objectives** | 1-1: By 3/31/2020, we will gather and analyze data regarding graduation rates/numbers of new college graduates from Xavier University and University of Cincinnati with Mental Health Degrees (Bachelors and Masters in Social Work, Masters in Clinical Counseling) within the past 10 years. | The Children's Home<br>University of Cincinnati (UC)<br>MindPeace<br>Xavier University (XU)<br>Greater Cincinnati Behavioral Health Services (GCBHS)<br>Cincinnati Health Department (CHD)<br>Hamilton County Mental Health and Recovery Services Board (HCMHRSB)<br>CareSource |
| | 1-2: By 9/30/2020, we will identify a minimum of two (2) barriers limiting recent (within past 5 years) UC and Xavier graduates with Mental Health Degrees (Bachelors/Masters in Social Work, Masters in Clinical Counseling) from entering the youth mental health workforce in Cincinnati. | |

| **Strategy 2: Engage area organizations (HR Departments, Program Leadership and Direct Care Workers) to identify barriers of retention and gaps of services of Mental Health workers providing services to youth** | | |
|---|---|---|
| **Objectives** | 2-1: By 3/31/2020, we will gather data through surveys and direct interviews about turnover and retention, and gaps in services, of direct care Mental Health Workers from HR Departments and Program Leadership from The Children's Home, St. Joseph Orphanage, Cincinnati Children's Hospital Medical Center, St. Aloysius and Lighthouse Youth Services. | The Children's Home<br>University of Cincinnati (UC)<br>MindPeace<br>Xavier University (XU)<br>Greater Cincinnati Behavioral Health Services (GCBHS)<br>Cincinnati Health Department (CHD)<br>Hamilton County Mental Health and Recovery Services Board (HCMHRSB)<br>CareSource |
| | 2-2: By 9/30/2020, we will identify a minimum of two (2) barriers impacting retention and barriers to workforce development by engaging individuals employed in the public sector as a direct care mental health worker providing services to youth. | |

# Infant Mortality

## Awareness in Cincinnati

Infant mortality is defined as the death of a live birth before the child's first birthday. An infant mortality rate (IMR) is the number of babies who died during the first year of life per 1,000 live births. The IMR is another indicator of the overall health of a community. Unfortunately, Cincinnati has long suffered from excessively high IMRs. The IMR for 2013-2017 in Cincinnati was calculated as 11.3 deaths per 1,000 live births, twice the US IMR in 2016, which was 5.8. Although, Cincinnati's infant mortality rate has improved since 2006-2010 (IMR 13.3 deaths per 1,000 live births), there is significant progress yet to be made. Additionally, there are significant racial disparities in the burden of infant mortality in Cincinnati. The IMR for African American families in Cincinnati from 2010-2014 was 15.6 per 1,000 live births, while the IMR for White families in Cincinnati was 6.1 per 1,000 live births. Infant mortality in Cincinnati and elsewhere is largely attributable to premature birth. Factors associated with prematurity, include maternal age (too young or too old), the family's level of poverty, stress, smoking or drug use and the mother's pre-existing chronic health conditions (i.e. hypertension, diabetes, obesity). Early enrollment into prenatal care can decrease the risk of adverse pregnancy outcomes. Research has shown low to moderate levels of implicit racial/ethnic bias present against Black, Hispanic/Latino/Latina, and dark-skinned people among existing health care professionals in the general population. Studies have also shown results that implicit bias was significantly present when related to patient–provider interactions, treatment decisions, treatment adherence, and patient health outcomes (Hall, 2015).

## Infant Mortality Action Team

The Infant Mortality Action Team identified initiatives to improve maternal and infant health and to reduce infant mortality in the City of Cincinnati. The infant mortality rate is an important marker of the overall health of a society. There are trends nationally and locally that continue to show an increased risk of infant death for Black / African American families across the socio-economic spectrum. It is essential to identify community-based initiatives in order to take effective actions to improve the health and safety of infants. The team decided to focus on identifying and addressing barriers in the maternal and infant health through connecting mothers with Doulas, limiting infant's exposure to tobacco, and investigating maternal mortality. Success in addressing these areas in the will lead to providing better maternal and infant health in the City of Cincinnati.

## Desired Outcomes

| **Focus Area: Infant Mortality** | |
|---|---|
| **Long Term Outcome:**<br>**All babies reach their first birthday in Cincinnati** | Result Indicator:<br>Infant Mortality Rate: Current baseline 11.0 (per 1,000 live births)<br>Low birthweight: Current baseline 11.9 %<br>Preterm Birth: Current baseline 11.0% |
| **Short Term Outcome 1:**<br>**Increase the number of Doulas and increase the number of mothers connected with Doulas in Cincinnati** | Result Indicators:<br>CHW who were sponsored to become doulas |
| **Short Term Outcomes 2:**<br>**Lowering preterm birth rates related to nicotine and tobacco** | Result Indicators:<br>Pregnant woman smoking<br>Smokers with children in the home |
| **Short Term Outcomes 3:**<br>**Evaluate the maternal mortality rate in Cincinnati** | Result Indicators:<br>Maternal Mortality data and analysis report |

## Community Assets and Resources

The Infant Mortality Action Team identified various assets and resources that could be valuable to address infant mortality in Cincinnati. Some of the resources identified during the CHIP planning process are

- Work with community health workers at Cincinnati Health Department (CHD), The Community Builders (TCB) and Health Care Access Now (HCAN)
- CHD- Health Communities and the Tobacco Free Task Force on smoking initiatives
- Continued collaborations with Cradle Cincinnati

### Policy Changes

- Equity of insurance reimbursement rates/coverage for Doulas between private insurance and Medicaid.
- Increasing local agencies that can provide training and certification for Doulas
- Increase awareness and understanding of provider bias both in providers and the community at large
- Cost effective/free smoking cessation resources
- Ban all flavored tobacco products
- Ban all smoking in public and housing
- Ban smoking at all daycare centers (Public or Private)
- Increasing public education about newborn screenings and ensuring funding for those screenings, as screenings can prevent infant death, brain damage, and serious illness
- Enhancing public education about how to reduce sudden unexpected infant death (SUID) risk among a wide range of potential caregivers for infants
- Sustaining adequate funding for universal screening for substance use among pregnant women, and for treatment services specifically designed for pregnant women who use alcohol or illicit drugs
- Supporting expanded research, education and community projects aimed at reducing the systemic racism among healthcare policies and practices
- Increasing public education on prenatal screenings and ensuring funding for those prenatal screenings in the first trimester

## Action Plan

| **Infant Mortality** | | |
|---|---|---|
| **Strategy 1: Increase Number of Certified Doulas and mothers connected with Doulas in Cincinnati** | | |
| **Objectives** | 1-1 By 09/30/2020, at least 2 Organizations (Cradle, TCB, HCAN, etc.) will select/sponsor 3 women each within their organization to become certified as a Doula (within 1 year of being sponsored) to work with mothers who are at higher risk for preterm birth. (Lower Income, African American, Diabetic, etc.) | Cincinnati Health Department<br>The Community Builders<br>HCAN |
| **Strategy 2: Decreasing mothers and infant's exposure to nicotine and tobacco that lead to preterm birth and infant death.** | | |
| **Objectives** | 2-1 By 09/30/2020 we will establish the baseline of how many pregnant women and children under age of one (1) are exposed to nicotine and tobacco. | Cincinnati Health Department<br>The Community Builders<br>HCAN |
| **Strategy 3: Investigate maternal mortality to determine its relationship to adverse birth outcomes** | | |
| **Objectives** | 3-1- By 1/1/2021 we will provide a report on maternal mortality rate and its effects on adverse birth outcomes in the city of Cincinnati. | Cincinnati Health Department<br>Ohio Department of Health |

# Nutrition and Food Access

## Awareness in Cincinnati

In the Regional CHNA, access to healthy foods and nutrition was not identified as a top 5 regional priority but it was identified as a priority issue in the Cincinnati Profile by participants at the community meetings. Access to food and nutrition is vital for the health of children and adults, yet not everyone has easy access to food and nutrition, leading to food insecurity. The result of this food insecurity leads to poor overall health and increased risk of chronic diseases (Community Health Needs Assessment- 2019 Report, 2019). As described by the USDA, food insecurity may include not only reduced food intake but also reduced quality and variety of food. According to the Interact for Health Community Status Survey from 2017, about 3 in 10 adults living in the city of Cincinnati are food insecure (Interact for Health, 2017).

## Nutrition and Food Access Action Team

Members of the Nutrition and Food Access Team understand the importance of consumption of nutritious food to a person's overall health. They are also aware that food insecurity affects the ability to consume nutritious foods. Due to this information, the action team chose to focus on assisting Cincinnati residents with the knowledge and ability to eat healthy foods to maintain and improve health. As this issue has the capacity to affect many different health issues including infant health and mental health and is an intractable problem due in part to most sources of fresh and healthy food being private businesses, it is necessary to work with area partners and other action teams to address the lack of access to nutritious food faced by the roughly 46% of the population in Cincinnati that live in areas with limited access to supermarkets with healthy and nutritious food. 72% of those with limited supermarket access live in low-income neighborhoods. Cincinnati itself has 10 fewer stores than the national average, an average already recognized for leaving 24.5 million US residents in food deserts.

## Desired Outcomes

| Focus Area: Nutrition and Food Access | |
|---|---|
| **Long Term Outcome:**<br>**Cincinnati residents in every zip code have the knowledge and ability to eat healthy foods to maintain and improve their health.** | Result Indicator:<br>USDA food access research map illustrating the low-income census tracts where a significant number or share of residents is more than ½ mile (urban) from the nearest supermarket |
| **Short Term Outcome 1:**<br>**Improve access to and consumption of healthy foods by providing food programming at medical clinics** | Result Indicators:<br>FQHCs participating in food programs<br>Children/families impacted by programing |
| **Short Term Outcomes 2:**<br>**Increase access to nutritious foods though partnerships with produce distributors and wholesalers to provide produce at schools and small retailers** | Result Indicators:<br>Partnerships established, and plans developed to provide produce and nutritious foods in schools and small retailers and corner stores<br>Schools with plans in place to provide nutritious foods<br>Small retailers and corner stores providing nutritious foods through developed plan |

## Community Assets and Resources

The Nutrition and Food Access Action Team identified various assets and resources that could be valuable to address nutrition and food access in Cincinnati. Some of the resources identified during the CHIP planning process are:

- Food Advisory Council
- Green Umbrella, Greater Cincinnati Regional Food Policy Council
- Produce Perks Southwest- Produce Prescriptions
- Childhood Food Solutions

## Policy Changes

- Distribution of fresh vegetables in smaller retailers and corner stores

- Monitoring the effects that changes to SNAP benefits have on food insecurity and access to food and nutrition
- Funding sources such as incentives, grants, forgivable loans to establish neighborhood sized competitively priced grocery stores

## Action Plan

| **Nutrition and Food Access** | | |
|---|---|---|
| **Strategy 1: Expand availability of nutritious food through FQHCs** | | |
| **Objectives** | 1-1: Provide Produce Prescriptions (PRx) at two (2) school based federally qualified health centers managed by the City by Cincinnati Health Department by December 2020. | PPM, CHD, GCRFPC |
| **Strategy 2: Increase access to nutritious foods though partnerships with produce distributors and wholesalers on providing produce at schools and small retailers** | | |
| **Objectives** | 2-1 Partner with Cincinnati Public Schools, local farmers and food service distributors to develop a Farm to School (F2S) Action Plan in at least 5 CPS schools | GCRFPC, CPS, local distributors |
| | 2-2: Increase consumption of nutritious foods in schools by establishing a Program Promotion plan for educating students and parents through Farm to School program | GCRFPC, CPS, local distributors |
| | 2-3: By December 2020, form a collaboration with produce distributors and wholesalers, and corner stores and smaller retailers to develop a plan to provide affordable nutritious foods in food dessert areas | GCRFPC, CHD, local distributors foodbank and food rescue organizations, CDCs, Kroger Zero Hunger Zero Waste |
| | 2-4: By December 2021, implement plan for providing affordable nutritious food in food dessert | GCRFPC, CHD, local distributors |

| | | |
|---|---|---|
| | areas though a pilot project with corner stores and retailers in a specified food dessert area | |

# Intersecting Issues

Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. They are arbitrary and changeable, but deeply ingrained into environments where individuals live, work, play, learn, and pray. In Action Team and Steering Committee discussion the focus was often brought back to the social determinants of health and health inequities that exist in systems. These intersecting factors affect not just one focus area or one priority area, but all the priority areas.

## Poverty

People living in poverty and with lower incomes live shorter lives and are more often ill, compared to those with higher incomes (Adler, 2002).This disparity has drawn attention to the remarkable sensitivity of health to the social environment. In Cincinnati almost one-third of Cincinnati families (30.5%) earned below the Federal Poverty Level (FPL), and two out of five children under the age of 18 (45.5%) are living in families with household incomes below the FPL.

## Employment

Unemployment can have negative effects on one's health. It is easier to live in a healthier neighborhood, have high quality healthcare, obtain child care and buy nutritious foods with a higher paying job (Robert Wood Johnson Foundation, 2013). Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health. (Berkman & Avendano, 2014).

## Housing

An important factor that affects one's health is their environment. Safe, affordable and well-maintained housing is essential in having good health and leads to a healthy community. Housing, safe and affordable, was one of the top issues identified during the

Cincinnati CHNA community meetings (Community Health Needs Assessment- 2019 Report, 2019). According to the 2011-2015 American Community Survey 5 year estimates 61.5% of the housing units are renter-occupied units and it is estimated that 25,000 people are homeless in Cincinnati each year with approximately 25% of those being children (The U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2014). Nationally, 16% of the homeless in the United States have severe chronic mental illness, 26% suffer from drug or alcohol abuse and 39% of the homeless are children (Greater Cincinnati Homeless Coalition, 2017).

### Violence and Safety

As identified in the CHNA, assault (homicide) ranked #10 in the top causes of death for all Cincinnati residents but that rank is higher in males (#7) and African Americans (#6) Additionally the homicide rate (per 100,00) for Cincinnati is 19.0, which is almost double Hamilton County (9.8) and almost four times that of the state (5.9) and U.S. (5.5) (Ohio Department of Health, Vital Statistics; Cincinnati Health Department, Vital Records and Statistics, 2012-2016.)

### Transportation

According to 2015 US Census reports, 8.2% of Cincinnati residents do not have access to a vehicle; this is about 2.5 times greater than the Ohio rate (3%). Lack of transportation can be a fundamental issue associated with access to employment opportunities, access to care and fresh food. While Cincinnati does have a robust metro/public transit system, residents are limited to bus transportation within the city limits. Transportation issues were often considered during discussion of strategies within the Action Teams and Steering Committee and it was determined to be a factor across all focus areas.

### Intersectionality

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage (Oxford Dictionary). It is a framework for conceptualizing a person, group of people, or social problem. This framework within a community setting must consider a person's overlapping identities and experiences in order to understand the complexity of prejudices they face. In Cincinnati, there is are a vast intersection of social categories in dynamic and interactive ways with respect to privilege or disadvantage (oppress) different people depending on their characteristics and contexts

# NEXT STEPS

## Implementation

Implementation will begin in January 2020 and run through December 2022.

Continuous quality improvement mechanisms have been implemented to ensure the Cincy CHIP is implemented and evaluated as planned. Evaluation metrics and indicators are included in each of the Action Plans. The action teams will lead the implementation of the Cincy CHIP for their priority area and will provide a quarterly update on the status of their action plans to the steering committee.

The steering committee will monitor and evaluate the plans to ensure progress is being made in each focus area. Strategies and activities will be revised as necessary to ensure continuous improvement.

## Monitoring and Reporting

The Cincinnati Health Department will utilize Clear Impact, a web-based data management tool to provide ongoing monitoring, tracking and reporting of CHIP Action Plan performance measures. This interactive tool updates CHIP progress and provides a scorecard on the Health Department website in real time for the benefit of the Action Teams and the public. Data collection will occur with the action teams and will be reported to the Steering Committees at quarterly meetings. A yearly report of the status on all objectives will be provided to all stakeholders and the community.

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# APPENDIX A

| CINCINNATI CHIP PARTNERS PROCESS PLANNING MEETINGS (MARCH 19 AND MAY 6, 2019) | |
|---|---|
| NAME | AGENCY/ORGANIZATION |
| **Pamela Adams** | CCPC Board- Cincinnati Health Department |
| **Giovanna Alvarez** | Su Casa/ Catholic Charities of SW Ohio |
| **Maryse Amin** | Cincinnati Health Department |
| **Josh Arnold** | Talbert House |
| **Jasmine Askins** | The Community Builders |
| **Jock Barnes** | UC (Grad Intern) |
| **Beth Benson** | Habitat for Humanity |
| **Chris Bernheisel** | The Christ Hopsital/UC Family Medicine Residency |
| **James Berrens** | Crossroad Health Center |
| **Noel Beyer** | Neighborhood Allies |
| **Jennifer Bieger** | United Way of Greater Cincinnati |
| **Lauren Brinkman** | Cincinnati Health Department |
| **Shamariah Brown** | Working In Neighborhoods |
| **Robert Brown** | CCPC Board- Cincinnati Health Department |
| **Elana Carnevale** | MindPeace |
| **Yvette Casey-Hunter** | WinMed Health Services |
| **Rachel Celley** | Working In Neighborhoods |
| **Ashley Clos** | The Christ Hospital Health Network |
| **Jasmine Coaston** | City of Cincinnati |
| **Melinda Corcoran** | Cincinnati Children's |
| **Dena Cranley** | First Ladies of Health |
| **Miriam Crenshaw** | WinMed Health Services |
| **Rachel Culley** | Working In Neighborhoods |
| **Vanessa Denier** | HNC |
| **Carrie Douglas** | Board of Health- Cincinnati Health Department |
| **Heather Ellison** | The Children's Home |
| **Tony Fairhead** | Childhood Food Solutions |
| **Jennifer Fessler** | Caracole |
| **Lolia Festus-Abibo** | Cradle Cincinnati |
| **Robin Forde** | Charisma Community Development Corp. |

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|---|---|
| **Tevis Foreman** | Produce Perks |
| **Mary Francis** | Interact for Health |
| **Allison Franklin** | Cincinnati Health Department |
| **Kristin Gangwer** | Produce Perks |
| **Stephen Gibbs** | Cancer justice |
| **Rob Goeller** | Caracole |
| **Yury Gonzales** | Cincinnati Health Department |
| **Mary Haag** | Prevention First |
| **Angelica Hardee** | The Health Collaborative |
| **Jan Harper-Jackson** | CCPC Board- Cincinnati Health Department<br>Buckeye Health Plan |
| **Brent Hartke** | Caracole |
| **Sadie Healy** | The Health Collaborative- consultant |
| **Ron Henlein** | People Working Cooperatively |
| **Denise Hill** | Bethany House |
| **Stacey Hoffman** | City of Cincinnati Department of City Planning |
| **Marcel Hughes** | Caracole |
| **Sharon Hutchins** | Cincinnati Health Department |
| **Teminijesu Ige** | Cincinnati Health Department |
| **Tara Immele** | Greater Cincinnati Behavioral Health Services |
| **Tina Jackson** | March of Dimes |
| **Camille Jones** | Cincinnati Health Department |
| **Michele Jones** | The Health Collaborative |
| **Alexandra Kathman** | Cincinnati Health Department |
| **Renee Kopache** | Hamilton County Mental Health and Recovery Services Board |
| **Beverley Lamb** | NAMI UGCNOMI |
| **Phil Lichtenstein** | Children's Home of Cincinnati |
| **Geralyn Litzinger** | Margaret Mary Health |
| **Allison Luntz** | Mercy Health |
| **Mona Mansour** | CCHMC |
| **Rashida Manuel** | Green Umbrella |
| **Stephanie Marston** | Every Child Succeeds |
| **Tammy Mentzel** | UC/College of Medicine - Cincinnati Cancer Center |
| **Laura Metzler** | American Lung Association |
| **Jeffery Miller** | Last Mile Food Rescue |

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|---|---|
| **Ryanne Mitchell** | Molina |
| **Jennifer Mooney** | Cincinnati Health Department |
| **Melba Moore** | Cincinnati Health Department |
| **Anthony Nixon** | Cincinnati Health Department |
| **Michaela Oldfield** | Greater Cincinnati Regional Food Policy Council |
| **Denisha Porter** | Greater Cincinnati Foundation |
| **Cary Powell** | Mary Magdalen House |
| **Rhiana Rew** | Buckeye Health Plan |
| **Thomas Sandford** | Cincinnati Health Department |
| **Annie Scheid** | Catholic Charities of SW Ohio |
| **Luz Schemmel** | Santa Maria |
| **Sue Schmidt** | Xavier |
| **Anne Schneider** | Green Umbrella |
| **Kate Schroder** | Board of Health- Cincinnati Health Department |
| **Susan Shelton** | MindPeace |
| **Robert Shuemak** | Hamilton County Department of Disability Services |
| **Alisha Stevenson** | 4 Awareness |
| **Healther Sturgill** | Jovis |
| **Steve Sunderland** | Cancer Justice Network |
| **Macda Tewelde** | Cincinnati Health Department |
| **Ella Thomas** | Health Care Access Now (HCAN) |
| **Calvin Williams** | Hamilton County Job & Family Services |
| **Prencis Wilson** | CCPC Board- Cincinnati Health Department |

## CINCINNATI CHIP PARTNERS CORE TEAM

| NAME | AGENCY/ORGANIZATION |
|---|---|
| **Maryse Amin** | Cincinnati Health Department |
| **Jock Barnes** | UC (Grad Intern) |
| **Lauren Brinkman** | Cincinnati Health Department |
| **Jennifer Fessler** | Caracole |
| **Allison Franklin** | Cincinnati Health Department |
| **Angelica Hardee** | The Health Collaborative |
| **Sharon Hutchins** | Cincinnati Health Department |
| **Camille Jones** | Cincinnati Health Department |
| **Tunu Kinebrew** | Cincinnati Health Department |
| **Anthony Nixon** | Cincinnati Health Department |

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|---|---|
| **Macda Tewelde** | Cincinnati Health Dept- Intern |
| **Eric Washington** | Cincinnati Health Department |

## CINCINNATI CHIP PARTNERS ACCESS TO CARE ACTION TEAM

| NAME (*Chair) | AGENCY/ORGANIZATION |
|---|---|
| **Chris Bernheisel** | The Christ Hospital/UC Family Medicine Residency |
| **Noel Beyer*** | Neighborhood Allies |
| **Karlynn BrintzenhofSzoc** | University of Cincinnati |
| **Yvette Casey-Hunter** | WinMed Health Services |
| **Ashley Clos** | The Christ Hospital Health Network |
| **Miriam Crenshaw** | WinMed Health Services |
| **Edita Dolan-Mayo** | Powernet |
| **Jennifer Fessler** | Caracole |
| **Allison Franklin** | Cincinnati Health Department |
| **Rosalind Fultz** | Office of Steve Chabot |
| **Stephen Gibbs** | Cancer Justice Network |
| **Jan Harper-Jackson** | CCPC Board- Cincinnati Health Department<br>Buckeye Health Plan |
| **Ron Henlein** | People Working Cooperatively |
| **Yvonne Howard** | JRAB |
| **Todd Lingren*** | CCHMC |
| **Rashida Manuel** | Green Umbrella |
| **Ryanne Mitchell** | Molina |
| **Lisa Niehaus** | Xavier |
| **Rhiana Rew** | Buckeye Health Plan |
| **Luz Schemmel** | Santa Maria |
| **Sue Schmidt** | Xavier |
| **Robert Shuemak** | Hamilton County Department of Disability Services |
| **Steve Sunderland** | Cancer Justice Network |
| **Lavern Sutton** | Talbert House |
| **Shauna Wallace** | |

## CINCINNATI CHIP PARTNERS METNAL AND BEHAVIORAL HEALTH ACTION TEAM

| NAME (*Chair) | AGENCY/ORGANIZATION |
|---|---|
| **Maryse Amin** | Cincinnati Health Department |
| **Chris Bernheisel** | The Christ Hospital/UC Family Medicine Residency |
| **Elana Carnevale** | MindPeace |

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|---|---|
| **Yvette Casey-Hunter** | WinMed Health Services |
| **Miriam Crenshaw** | WinMed Health Services |
| **Vanessa Denier** | HNC |
| **Heather Ellison** | The Children's Home |
| **Stephen Gibbs** | Cancer justice |
| **Dani Green*** | The Children's Home |
| **Marcel Hughes** | Caracole |
| **Tara Immele*** | Greater Cincinnati Behavioral Health Services |
| **Renee Kopache** | Hamilton County Mental Health and Recovery Services Board |
| **Beverley Lamb** | NAMI UGCNOMI |
| **Phil Lichtenstein** | Children's Home of Cincinnati |
| **Rashida Manuel** | Green Umbrella |
| **Rhiana Rew** | Buckeye Health Plan |
| **Susan Shelton** | MindPeace |
| **Robert Shuemak** | Hamilton County Department of Disability Services |
| **Gloria Walker** | NAMI UGCNOMI |
| **Amy Winkler** | CareSource |

## CINCINNATI CHIP PARTNERS INFANT MORTALITY ACTION TEAM

| NAME (*Chair) | AGENCY/ORGANIZATION |
|---|---|
| **Robert Brown** | CCPC Board- Cincinnati Health Department |
| **Tina Brown** | The Community Builders |
| **Jasmine Atkins*** | The Community Builders |
| **Tevis Foreman** | Produce Perks |
| **Teminijesu Ige** | Cincinnati Health Department |
| **Stephanie Marston** | Every Child Succeeds |
| **Jaimee McClure** | The Community Builders |
| **Ryanne Mitchell** | Molina |
| **Mike Moroski** | Cradle Cincinnati |
| **Anthony Nixon** | Cincinnati Health Department |
| **Rhiana Rew** | Buckeye Health Plan |
| **Thomas Sandford*** | Cincinnati Health Department |
| **Alicia Tidwell** | HCAN |
| **Amy Winkler** | CareSource |

## CINCINNATI CHIP PARTNERS – NUTIRITION AND FOOD ACCESS

| NAME (*Chair) | AGENCY/ORGANIZATION |
|---|---|

| | |
|---|---|
| **Tony Fairhead** | Childhood Food Solutions |
| **Tevis Foreman** | Produce Perks |
| **Allison Franklin** | Cincinnati Health Department |
| **Kristin Gangwer** | Produce Perks |
| **Stephen Gibbs** | Cancer justice |
| **Jan Harper-Jackson** | CCPC Board- Cincinnati Health Department<br>Buckeye Health Plan |
| **Denise Hill** | Bethany House |
| **Jeffery Miller** | Last Mile Food Rescue |
| **Ryanne Mitchell** | Molina |
| **Michaela Oldfield** | Greater Cincinnati Regional Food Policy Council |
| **Luz Schemmel** | Santa Maria |
| **Anne Schneider** | Green Umbrella |
| **Malika Smoot*** | Cincinnati Health Department |
| **Alisha Stevenson** | 4 Awareness |

## CINCINNATI CHIP PARTNERS – STEERING COMMITTEE

| NAME | AGENCY/ORGANIZATION |
|---|---|
| **Jasmine Coaston** | City of Cincinnati |
| **Heather Ellison** | The Children's Home |
| **Rob Goeller** | Caracole |
| **Angelica Hardee** | The Health Collaborative |
| **Brent Hartke** | Caracole |
| **Beverly Lamb** | NAMI UGCNOMI |
| **Mona Mansour** | CCHMC |
| **Monica Mitchell** | CCHMC |
| **Melba Moore** | Cincinnati Health Department |
| **Denisha Porter** | Greater Cincinnati Foundation |
| **Sue Schmidt** | Xavier |
| **Kate Schroder** | Board of Health- Cincinnati Health Department |
| **Susan Shelton** | MindPeace |
| **Heather Sturgill** | Jovis |
| **Alicia Tidwell** | Health Care Access Now |
| **Calvin Williams** | Hamilton County Job & Family Services |

# APPENDIX B

| Focus Area: Access to Care | |
|---|---|
| **Desired Result:**<br>**Cincinnatians will be able to holistically use their medical home.** | **Result Indicator:**<br>Percent of Cincinnati residents without medical insurance<br><br>Percentage of adults in Cincinnati with no usual source of health care |
| **Alignment with National Priorities: Health People 2020: Access to Health Services (AHS)- Objectives: AHS-5 & AHS-6** | |
| **Alignment with Ohio SHIP: Cross-cutting Factor: Healthcare System and Access- Strategy: Access to quality health care** | |
| **Strategy: Work with community members in the four (4) zip codes with the highest needs index to identify interest in participating in a project to identify facilitators, barriers, and needs (from the community members perceptive) that in collaboration with health and social service , providers will improve facilitators, decrease barriers, and focus on needs in a coordinated collaborative manner** | |

| Objective: | Activities | Agencies | Timeline | Deliverables/Performance Measures |
|---|---|---|---|---|
| 1-1: By 6/30/2020, we will have identified a community interested in working with the Access to Care group, develop survey, and launch survey to gather data. | • Meet with community leaders to present project and obtain interest in project.<br>• Develop survey and deliver to target population | Xavier University (XU)<br>University of Cincinnati (UC)<br>Cincinnati Health Department (CHD)<br>Powernet | 1/1/2020-6/30/2020 | • # of Communities collaborating<br>• # of those taking survey and response rate |
| | • Gather additional resources to compare survey<br>• Meet with Avondale partners to understand what has worked in Avondale and what else needs to be addressed. | Interact for Health<br>Neighborhood Allies<br>Caracole | | |
| 1-2: By 9/30/2020 , we will analyze the results of the survey and identify barriers and work with communities to develop strategies | • Analyze data, meet with community members to discuss data, identify with the community the top facilitators, barriers, and needs are amendable to change through working with health and social services. | XU<br>UC<br>CHD<br>Powernet<br>Interact for Health<br>Neighborhood Allies<br>Caracole | 3/31/2020-9/30/2020 | • # of barriers identified |
| 1-3: By 12/31/2022, we will work with communities to develop strategies to address the identified barriers and implement the strategies. | • Identify and meet with health and social service agencies (will be identified above) will develop strategies, objectives and timeline to address the areas identified to be the focus of the project. | XU<br>UC<br>CHD<br>Powernet<br>Interact for Health<br>Neighborhood Allies<br>Caracole | 9/30/2020-12/31/2022 | • # of agencies involved in planning<br>• # barriers focused on |

# Focus Area: Behavioral and Mental Health

| **Desired Result:** Improve access to youth mental health services through increasing capacity and competence of mental health providers. | **Result Indicator:** Mental Health Providers |
|---|---|
| **Alignment with National Priorities: Health People 2020: Mental Health and Mental Disorders- Treatment Expansion** | |
| **Alignment with Ohio SHIP: Priority Topic: Mental Health and Addiction- Strategy: Healthcare workforce to increase access to services** | |
| **Strategy 1: Increase the number of graduates eligible to provide Mental Health Services** | |

| Objective: | Activities | Agencies | Timeline | Deliverables/Performance Measures |
|---|---|---|---|---|
| 1-1: By 3/31/2020, we will gather and analyze data regarding graduation rates/numbers of new college graduates from Xavier University and University of Cincinnati with Mental Health Degrees (Bachelors and Masters in Social Work, Masters in Clinical Counseling) within the past 10 years. | • Identify local projects regarding workforce development Develop survey and deliver to target population<br>• Identify specific data and metrics needed<br>• Gather and Analyze Data From UC and Xavier<br>• Gather national data from the CSWE, Social Work Policy Institute and other national surveys for possible comparable cities and compare data with local data | Xavier University (XU)<br>University of Cincinnati (UC)<br>The Children's Home<br>MindPeace<br>Greater Cincinnati Behavioral Health Services (GCBHS)<br>Mental Health Action Team | 1/1/2020-3/31/2020 | • # data sources |
| 1-2 By 9/30/2020, we will identify a minimum of two (2) barriers limiting recent college graduates (within past 5 years) with Mental Health Degrees (Bachelors and Masters in Social Work, Masters in Clinical Counseling) from UC and Xavier from entering the youth mental health workforce in Cincinnati. | • Identify other national trends impacting recent graduates from entering workforce<br>• Create a survey for providers(rephrase?) to identify barriers in college graduates entering workforce in Cincinnati<br>• Distribute survey to potential and recent graduates from UC and Xavier's mental health programs<br>• Collect and analyze the survey results to identify the barriers. Compare between bachelors and master level MH workers with LSW and identify other national trends impacting recent graduates from entering workforce.<br>• Plan and schedule focus group at Xavier and UC to identify barriers (RECENT GRADS OR CURRENT STUDENTS) | XU<br>UC<br>Children's Home<br>MindPeace<br>GCBHS<br>Mental Health Action Team<br>CareSource<br>Hamilton County Mental Health and Recovery Services Board (HCMHRSB) | 4/01/2020-9/30/2020 | • # of surveys and completion rate<br>• # of barriers identified |

| Strategy 2: Engage area organizations (HR Departments, Program Leadership and Direct Care Workers) to identify barriers of retention and gaps of services of mental health workers providing services to youth | | | | |
|---|---|---|---|---|
| **Objective:** | **Activities** | **Agencies** | **Timeline** | **Deliverables/Performance Measures** |
| 2-1: By 3/31/2020, we will gather data through surveys and direct interviews about turnover and retention, and gaps in services, of direct care Mental Health Workers from HR Departments and Program Leadership from The Children's Home, St. Joseph Orphanage, Cincinnati Children's Hospital Medical Center, St. Aloysius and Lighthouse Youth Services. | • Identify national and regional trends of retention of mental health workers<br>• Gather data on Waitlist to determine baseline data of # of kids unable to access care due to lack of staffing.<br>• Develop survey regarding retention and turnover, including confidentiality and appropriate agreements between partners.<br>• Identify and outline specific mental health programs to gather HR data. (Partial Hospitalization, Inpatient, Outpatient, ER Psychiatric, School Based, CSU, Day Treatment, IOP)<br>• Distribute survey to the Children's Home, St. Joes, CCHMC, St. Aloysius and Lighthouse Youth Services<br>• Gather and analyze data and compare to national trends | XU<br>UC<br>The Children's Home<br>MindPeace<br>GCBHS<br>Mental Health Action Team<br>CareSource<br>HCMHRSB | 1/01/2020-3/31/2020 | • # of trends identified<br>• # of surveys and completion rate<br>• # of interviews conducted<br>• # of barriers identified |
| 2-2: By 9/30/2020, we will engage individuals employed in the public sector as a direct care mental health worker providing service to youth to identify a minimum of two (2) barriers impacting retention and barriers to workforce development. | • Create (anonymous) survey for current individuals in workforce addressing workforce barriers to retention and turnover.<br>• Gather list of providers from local agencies providing MH services in the public sector<br>• Distribute survey<br>• Analyze data and compare to national trends<br>• Identify top two (2) barriers | XU<br>UC<br>Children's Home<br>MindPeace<br>GCBHS<br>Mental Health Action Team<br>CareSource<br>HCMHRSB | 4/01/2020-9/30/2020 | • # of trends identified<br>• # of surveys and completion rate<br>• # of interviews conducted<br># of barriers identified |

# Focus Area: Infant Mortality

| **Desired Result:**<br>**All babies reach their first birthday in Cincinnati** | Result Indicator:<br><br>Infant Mortality Rate<br><br>Low birthweight<br><br>Preterm Birth |
|---|---|

**Alignment with National Priorities: Health People 2020: Maternal, Infant and Child Health (MICH)– Objectives: MICH-1, MICH-6, MICH-8, MICH-9, MICH-11, MICH-18, MICH-19**

**Alignment with Ohio SHIP: Priority Topic: Maternal and infant Health Strategy: Preterm births, low birth weight, infant mortality**

**Strategy 1: Increase Number of Certified Doulas and mothers connected with Doulas in Cincinnati**

| Objective: | Activities | Agencies | Timeline | Deliverables/Performance Measures |
|---|---|---|---|---|
| 1-1: 1-1 By 09/30/2020, at least 2 Organizations (Cradle, TCB, HCAN, etc.) will sponsor 3 women each within their organization to become certified as a Doula within 1 year to work with mothers who have are at higher risk for preterm birth. (Lower Income, African American, Diabetic, etc.) | • Create an evidenced based educational presentation about Doulas and how they are effective in decreasing infant mortality.<br>• Present to organizations that have CHW's and advocate for sponsoring at least 3 community health workers to become certified as a doula within 1 year. | HCAN, TCB, Cradle, CHD | 1/1/2020- 09-/30/2020 | • # of CHW who were sponsored to become doulas.<br>• # of women who have or will have doula vs # of women who do not<br>• # of women who complete doula training<br>• # of women who are attending gatherings |
| | • Survey pregnant mothers through hospitals, clinics, support classes, schools, etc. to see how many are currently using a doula in Cincinnati.<br>• Connect with local Birth Center and Doula organizations to create a partnership to provide reasonable services for trainings and certifications for organizations to refer their workers to for Doula Certification training.<br>• Host gatherings around Cincinnati to connect moms with education and referrals to doula's around the city. | | | |

**Strategy 2: Decreasing mothers and infant's exposure to nicotine and tobacco that lead to preterm birth and infant death.**

| Objective: | Activities | Agencies | Timeline | Deliverables/Performance Measures |
|---|---|---|---|---|
| 2-1: By 09/30/2020 we will be able to identify how many pregnant women and children under age of one (1) are exposed to nicotine and tobacco. | • Create survey about smoking behaviors, attitudes and exposure.<br>• Distribute surveys to HCAN, CHD, TCB, and CPS' SBHC, and Health Clinics | HCAN, TCB, Cradle, CHD | 1/01/2020-09/30/2020 | • # of mothers/ families who reduce or stop smoking during pregnancy, or around infant |

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| | to determine how many mothers and infants are exposed to nicotine and tobacco.<br>• Connect mothers and families with smoking cessation resources.<br>• Collect and analyze data<br>• Evaluate the smoking behaviors of mothers/family members around infants/children | | | |
| **Strategy 3: Investigate maternal mortality to determine its relationship to adverse birth outcomes** | | | | |
| **Objective:** | **Activities** | **Agencies** | **Timeline** | **Deliverables/Performance Measures** |
| 3-1- By 1/1/2021 we will provide a report on maternal mortality rate and its effects on adverse birth outcomes in the city of Cincinnati. | • Gather data and resources to investigate maternal mortality in Cincinnati<br>• Provide a completed data report and analysis | CHD, ODH | 1/01/2020-01/1/2021 | • A report on maternal mortality in Cincinnati |

# Focus Area: Nutrition and Food Access

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| **Desired Result:**<br>**Cincinnati residents in every zip code have the knowledge and ability to eat healthy foods to maintain and improve their health.** | Result Indicator:<br>USDA food access research map illustrating the low-income census tracts where a significant number or share of residents is more than ½ mile (urban) from the nearest supermarket |
| **Alignment with National Priorities: Health People 2020: Nutrition and Wight Status- NWS-2, NWS-4, NWS-6, NWS-14, NWS-15** | |
| **Alignment with Ohio SHIP: Cross-cutting Factor: Public Health System, Prevention and Health Behaviors- Strategy: Healthy eating** | |
| **Strategy 1: Improve access to and consumption of healthy foods by providing food programming at medical clinics.** | |

| Objective: | Activities | Agencies | Timeline | Deliverables/Performance Measures |
|---|---|---|---|---|
| 1-1: Provide Produce Prescriptions (PRx) at two (2) federally qualified health center managed by the City by Cincinnati Health Department by December 2020. | • Assess local healthy food access points for participation in the Produce Prescription program and solicit food vendor commitment to participate in the Produce Prescriptions program. Identify specific data and metrics needed<br>• Conduct meetings to educate healthy food purveyors and producers about Produce Prescriptions Program | PPM, CHD, GCRFPC | 1/1/2020-12/31/2020 | • # of educational meetings<br>• # of FQHCs providing produce prescriptions<br>• # of surveys to users |

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| | • Begin a 3-6 month Produce Prescriptions program with at least one additional medical provider location in 2020;<br>• Point of service survey of a sample of users of Produce Prescription program to understand consumption rates/habits, satisfaction with program, etc. | | | |
| **Strategy 2: Increase access to nutritious foods though partnerships with produce distributors and wholesalers to provide produce at schools and small retailers** | | | | |
| **Objective:** | **Activities** | **Agencies** | **Timeline** | **Deliverables/Performance Measures** |
| 2-1: Partner with Cincinnati Public Schools , local farmers and food service distributors to develop a Farm to School (F2S) Action Plan in at least 5 CPS schools for SY 2020-2021 | • Form district core team and hold meetings for planning<br>• Seek community input through public meetings for promotion and planning.<br>• Partner engagement meetings<br>• Hold meetings between to plan local menu items for SY 2021-2022<br>• Request local bids for food distributors<br>• Address school purchasing needs and regional production and distribution capacity issues, culminating in a Distribution Barriers Summit by March 2020<br>• Create research report on OH and KY F2S systems; existing procurement barriers and needs; and effective practices other regions have used to overcome documented barriers and how to address food safety needs,<br>• Facilitate conversation prioritizing which production and infrastructure barriers to tackle first and host Solutions Prioritization Summit, incorporating findings from PA report on barriers and strategies, by May 2020.<br>• Complete a F2S Action Plan which includes a CPS district Purchasing Plan for SY 2020-2021 and a regional Production and Distribution Plan | GCRFPC, CPS, local distributors | 01/01/2020-06/30/2020 | • Team formed<br>• # of meetings<br>• # of bids<br>• # of summits<br>• Completed plan |
| 2-2: Increase consumption of nutritious foods in schools by establishing a Program | • Produce analysis of regional partners supporting F2S activities in | GCRFPC, CPS, local distributors | 01/01/2020-06/30/2020 | • # of classrooms including materials in their curriculum |

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| Promotion plan for educating students and parents through Farm to School program | curriculum, available F2S classroom materials, and model F2S messaging materials<br>• Coordinate core teams and food service directors to link classroom, curriculum and communications plan to 2020-2021 menu plans<br>• Host a workshop with regional F2S partners and teachers on integrating F2S into curriculum and community engagement materials. | | | • # of workshops |
| 2-3: By December 2020, form a collaboration with produce distributors and wholesalers and corner stores and smaller retailers to develop a plan to provide affordable nutritious foods in food dessert areas | • Meet with produce distributors and wholesalers to tackle distribution barriers and limitations<br>• Meet with corner stores and smaller retailers address infrastructure and concerns of offering affordable nutritious food options<br>• Joint collaboration meetings to develop plan<br>• Complete a plan to provide affordable nutritious foods in food dessert areas | GCRFPC, CHD, local distributors foodbank and food rescue organizations, CDCs, Kroger Zero Hunger Zero Waste | 01/01/2020-12/31/2020 | • Team formed<br>• # of meetings<br>• Completed plan |

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| | • Identify potential funding sources to implement areas of proposed plan | | | |
| 2-4: By December 2021, implement plan for providing affordable nutritious food in food dessert areas though a pilot project with corner stores and retailers in a specified food dessert area | • Identify food dessert area to implement plan<br>• Hold meetings with corner stores and smaller retailers to discuss plan and how to implement plan<br>• Implement plan in corner stores and smaller retailers<br>• Monitor and evaluate the success of implementation | GCRFPC, CHD, local distributors foodbank and food rescue organizations, CDCs, Kroger Zero Hunger Zero Waste | 01/01/2021-12/31/2021 | • # of meetings<br>• # of stores and retailers involved<br>• # of stores and retailers that maintain after pilot |

# APPENDIX C

| Acronym | Definition |
|---|---|
| **CCHMC** | Cincinnati Children's Hospital Medical Center |
| **CDC** | Community Development Corportations |
| **CFS** | Childhood Food Solutions |
| **CHA** | Community Health Assessment |
| **CHD** | Cincinnati Health Department |
| **CHIP** | Community Health Improvement Plan |
| **CHNA** | Community Health Needs Assessment |
| **CHW** | Community Health Worker |
| **CPS** | Cincinnati Public Schools |
| **EBPHP** | Evidence-based Pubic Health Practices |
| **FPL** | Federal Poverty Level |
| **FQHC** | Federally Qualified Health Center |
| **GCBHS** | Greater Cincinnati Behavioral Health Services |
| **GCRFPC** | Greater Cincinnati Regional Food Policy Council |
| **HCAN** | Health Care Access Now |
| **IMR** | Infant Mortality Rate |
| **MAPP** | Mobilization for Action through Planning and Partnerships |
| **MCO** | Managed Care Organizations |
| **MHC3** | Mental Health Crisis Care Collaborative |
| **PPM** | Produce Perks Midwest |
| **PSEC** | Policy, Systems, and /Environmental Changes |
| **SHIP** | State Health Improvement Plan |
| **SMART** | Specific, Measurable, Attainable, Realistic, and Timely |
| **SUID** | Sudden Unexplained Infant Death |
| **TCB** | The Community Builders |
| **UC** | University of Cincinnati |
| **XU** | Xavier University |