



2020-2022

CHIP

community health improvement plan

Summit County Public Health

1867 W. Market Street
Akron Ohio 44313

Updated July, 2021

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A LETTER FROM THE HEALTH COMMISSIONER

Summit County Public Health (SCPH) and its community partners released Summit County's first Community Health Improvement Plan (CHIP) in 2011. Since that time, a diverse coalition of community organizations, nonprofits, hospitals, healthcare providers, schools, faith leaders, businesses, elected officials and community residents have shown an impressive willingness to work together to improve the health and well-being of the Summit County community. The coordinated efforts of this robust network have undoubtedly improved the lives of countless Summit County residents.

Though we have made significant progress over the past several years, there is still much work to be done and Summit County continues to face evolving threats to public health. The Covid-19 pandemic has highlighted some of our most pressing challenges, making it necessary that we continue to work together to find timely, creative and effective solutions. Now more than ever, these solutions must systematically target the root causes of our community needs. By bringing together a diverse coalition of dedicated partners, thoughtfully analyzing available data, and engaging with the residents of Summit County, we are optimistic that we can achieve the goals set forth in this CHIP.

Over 60 community partners worked over several months to collect and analyze data, identify priority issues, and plan evidence-based interventions to be implemented over the next 3 years. Though the goals and strategies contained in this document were selected through this rigorous process, we recognize that the CHIP is a living document that must be capable of responding to the evolving needs of the community. Building new partnerships and identifying new opportunities will be critical to achieving our goals. We invite all members of the Summit County community to join us in this important effort.

Sincerely,



Donna Skoda, MS RD LD

Health Commissioner, Summit County Public Health

INTRODUCTION

The Summit County Community Health Improvement Plan (CHIP) builds upon 2017 CHIP priorities, goals and strategies. The 2020-2022 CHIP also aligns with the Ohio State Health Improvement Plan and the implementation strategies of our local hospital systems. This document aims to highlight community priorities, strategies, and opportunities for expansion while building upon previous successes and adjusting for current challenges. The five 2020-2022 CHIP priorities are as follows:

- Adolescent Health
- Aging Population
- Chronic Disease
- Maternal & Child Health
- Mental Health & Addiction

Each of these priorities, goals and strategies are directly impacted by two fundamental cross-cutting factors: the **SOCIAL DETERMINANTS OF HEALTH**, which is the community conditions in which people are born, live, learn, work and play, and **HEALTH EQUITY** which is a person's ability to reach their full potential without facing obstacles from socially determined circumstances.



Source: <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

2020-2022 CHIP PRIORITY AREAS

Goals and strategies were compiled, reviewed and agreed upon by SCCHI during the first half of 2019. Goal and strategy development took place within community coalitions that already existed for the purpose of reducing duplication. Many goals and strategies have not changed much from the 2017 CHIP cycle. The 2017 CHIP included many long-term goals and strategies with short-term benchmarks to measure success. Strategies in the 2020-2022 CHIP are reflective of past successes and current challenges. The CHIP does not replace or supersede any concurrent action planning document produced by the health department or any of our community partners. Though SCPH has been the organization responsible for organizing and coordinating the community health improvement process, it does not own the process nor is it the sole organization responsible for CHIP implementation. In fact, we embarked on the community health improvement process intent on developing a CHIP that complemented the various other action planning efforts and/or documents produced by governmental and community partners.

SCPH's commitment to this effort, as part of a larger movement to develop collaborative partnerships with community stakeholders, can be seen through its work to build community capacity to address key population health issues which took place concurrently to the Community Health Assessment (CHA) and CHIP development processes. Work in these areas yielded the following report documents and programmatic focus areas, some of which were used to help inform the CHIP: Full Term First Birthday Strategic Plan, Eviction Task Force Strategic Plan, Opiate Abatement Advisory Committee Abatement Plan, Opiate Task Force Strategic Plan, Suicide Prevention Coalition Strategic Plan, Summa Health CHNA Implementation Plan, Cleveland Clinic Akron General CHNA Implementation Plan, Akron Children's Hospital CHNA Implementation Plan, SCPH Strategic Plan, ADM Community Plan, Youth Violence Prevention Plan, and more.

The SCPH CHIP was developed through a process that meets all Public Health Accreditation Board (PHAB) standards to conduct a comprehensive planning process resulting in a community health improvement plan with desired measurable outcomes or indicators of health improvement and priorities for action; considerations of social determinants of health, causes of higher risks and poorer health outcomes and health inequities; plans for policy and system level changes for the alleviation of identified causes of health inequity. Policy changes may address social and economic conditions that influence health and health equity including housing, transportation, education, job availability, safety and zoning and designation of the individuals and organizations that have accepted responsibility for implementing strategies.

Adolescent Health

Adolescence is a unique developmental time in the lifespan of every individual. Many lifestyle behaviors that contribute to or reduce risk for chronic disease and disability in adulthood are developed in adolescence. There is also an evident need to address mental health and addiction early in adolescence to mitigate risk, bolster protective factors and to get people to resources and treatment sooner rather than later.



The community's greatest asset in determining the needs of adolescents is the Youth Risk Behavior Survey (YRBS), first completed in 2013, and repeated in 2018. This survey has provided valuable insight into the types of risk and protective factors that are prevalent among Summit County youth and how they have changed over a five year period. For example, traditional smoking rates among middle and high school students have continued to drop. However, the prevalence of e-cigarette use and vaping has increased since the survey was conducted in 2013, leading to different strategies around tobacco cessation. Additionally, rates of substance use and other risky behaviors might have decreased for overall populations, but analysis of YRBS data shows that these rates are more troubling for vulnerable populations, like the LGBTQ+ population.

Lastly, the Covid-19 pandemic created unique challenges for youth and adolescents as they found themselves having to learn and compete in new ways. The effects of this are yet to be seen, but continuing to provide youth and adolescents the ability to learn in a safe environment is of utmost importance.

Adolescent Health Goal 1: Reduce rates of substance use and abuse

Adolescent Health Goal 2: Reduce risky sexual behaviors

Adolescent Health Goal 3: Reduce youth violence (including self-inflicted)

Adolescent Health Goal 4: Reduce unintentional injuries

Adolescent Health Goal 5: Reduce the proportion of adolescents who are overweight or obese



Aging Population

By 2030, the number of Ohioans age 60 and older is projected to increase by over 30% while the total population is only expected to grow by 0.7% (2020-2022 Strategic Action Plan on Aging, 2021). This increasing demographic has the potential to put a strain on resources in the community if not planned for appropriately. Chronic conditions such as chronic pain, arthritis, diabetes, and dementia, access to resources and living conditions are some of the biggest factors impacting the health and wellbeing of the aging population.

Living a healthy lifestyle is essential to healthy aging and according to the 2016 Ohio Behavioral Risk Factor Surveillance System (BRFSS), approximately 80% of Ohioans age 65 or older have at least one chronic condition, while nearly half (45%) has two or more (Ohio 2016 BRFSS Annual Report, 2018).

Chronic pain is one of the most prevalent chronic conditions especially in older adults, where about 80% of older adults experience chronic pain. The BRFSS states that in 2016, 30.5% of all Ohio adults reported that they have been told by a health professional that they have arthritis and nearly 57% of adults age 65 and older have the diagnosis (Ohio 2016 BRFSS Annual Report, 2018). Arthritis is a major cause of chronic persistent pain and is the leading cause of disability among older adults in the nation. Arthritis reduces

functionality, limits mobility and often interferes with activities of daily living. When older adults lose independence in these activities, they may become less able to live alone, leading to dependence on caregivers or a transition to long-term care.

Eleven percent of all Ohio adults reported being told by a healthcare professional that they have diabetes and 23% of adults age 65 and older have the diagnosis (Ohio 2016 BRFSS Annual Report, 2018). Older adults with diabetes have higher rates of premature death, disability, as well as heart disease, stroke, infection, eye disease, kidney disease and nerve disease compared with adults without diabetes. They are also at increased risk of cognitive impairment, falls, urinary incontinence, pain and institutionalization. The impact of diabetes and arthritis for an older adult or adult with disability can cause daily limitations, frequent medical visits, decreased quality of life, increased medical costs and difficult emotions.

In 2019, there were approximately 220,000 residents ages 65 and older living with Alzheimer's dementia in Ohio, and this number is expected to increase 14% by year 2025 (Alzheimer's Association, 2018). In Summit County there are 97,467 residents ages 65 and older. Of these individuals, 11.2% are currently living with Alzheimer's dementia (65 to 74 years=1,619, 75 to 84 years = 4,446 & 85+ = 4,841). Alzheimer's disease is the 6th leading cause of death in Ohio. According to the Alzheimer's Association, Ohio was one of the top 20 states for Alzheimer's mortality in 2017, with Summit County having 589 deaths due to Alzheimer's that year. The Alzheimer's related deaths in Summit County represent 12% of the 5,117 Ohio Alzheimer's deaths reported in 2017. Goals and strategies to mitigate risk factors associated with aging can help reduce the potential strain on the healthcare system and other community resources by ensuring that older adults have what they need to age successfully at home.

Aging Population Goal 1: Reduce unintentional injuries, including falls, among seniors/older adults

Aging Population Goal 2: Ensure older adults have access to information and services enabling them to successfully age in the place they call home

Aging Population Goal 3: Provide and promote culturally specific Alzheimer's disease and related dementia prevention, healthcare and long-term planning education to improve quality of life

Aging Population Goal 4: Educate, empower and assure that older adults, persons with disabilities and their caregivers have access to evidence based programming focused on active, healthy and safe living, enabling them to maintain their independence as long as possible

Aging population Goal 5: Address the biopsychosocial needs of older adults by having long-term sustainable services

Aging Population Goal 6: Reduce risk factors related to chronic disease among seniors/ older adults



Chronic Disease

Chronic diseases and conditions such as heart disease, stroke and diabetes, are among the most common, costly and preventable of all health problems. Chronic conditions are overwhelmingly caused by health risk factors such as obesity and smoking. Policy, systems and environmental strategies, as well as addressing the social determinants of health can make a large impact on risk factors, and the ultimate progression to chronic disease.

In Summit County, approximately 26% of the population is obese. Ohio adults who are obese have a 2.5 times higher estimated prevalence of heart disease and a 4.9 times higher estimated prevalence of diabetes than adults who are a normal weight. Addressing obesity happens at both the individual and community level. Physical activity and access to healthy food can directly impact chronic disease risk factors and prevalence.

In Summit County, the percent of adults who are 20 years of age and older who reported no leisure-time physical activity was approximately 24%. Although 91% of Summit County residents reported to be living reasonably close to a location for physical activity such as parks or recreational centers, access can be hindered by cost or other environmental factors. Low income communities have been found to have poorly maintained sidewalk and street infrastructure, high rates of crime and increased dangers for traffic.

Access to healthy foods is an essential factor in decreasing chronic disease rates. Poor nutrition is a major risk factor for many chronic conditions. In Summit County, about 12% of the population lives in a food desert. Food deserts consist of areas where fresh vegetables, fruits and other healthy foods are sparse due to lack of farmers markets, grocery stores and other retail establishments that can provide these foods to residents. Almost a third of the residents have to drive more than 10 minutes to get to a store that sells groceries. The breakdown of retail food establishments consists of a large percentage of gas stations/ convenience stores, followed by grocery stores, specialty stores and warehouses. Additionally, over half of the restaurants in Summit County are classified as fast food. This equates to a large percentage of Summit County residents who are unable to access healthy, adequate foods whether it be from stores or restaurants.

Chronic Disease Goal 1: Reduce the prevalence of tobacco use

Chronic Disease Goal 2: Increase physical activity opportunities

Chronic Disease Goal 3: Strengthen access to healthy food

Chronic Disease Goal 4: Reduce the burden of pediatric asthma through community level interventions

Maternal & Child Health

Infant mortality, or the death of an infant before his or her first birthday, is a fundamental measure of a community's health. Summit County has unfortunately been home to an unacceptably high rate of infant mortality. The leading causes of infant mortality in Summit County in the last ten years were prematurity, sleep-related death, congenital defects, and other



causes (which include a variety of accidental, medical and undetermined causes). This rate prompted a request from former Ohio Governor John Kasich to systematically address these rates and the significant disparity for African American mothers and their infants.

Between September 2018 and February 2019, nearly 60 partners representing a variety of sectors met to develop a three year strategic plan for Full Term First Birthday (FTFB). The FTFB strategic planning process resulted in a three year set of strategic goals and objectives, along with a framework of action steps that are being further refined by workgroups. The strategic plan, which is highlighted in this CHIP, reflects data-informed and evidence-based strategies that were co-designed with community partners, experts and mothers.

Maternal & Child Health Goal 1: Reduce the preterm birth rate

Maternal & Child Health Goal 2: Eliminate sleep-related deaths

Maternal & Child Health Goal 3: Reduce the number of pregnant women who utilize alcohol, tobacco or other drugs (ATOD)

Maternal & Child Health Goal 4: Ensure early access to prenatal care

Maternal & Child Health Goal 5: Use qualitative and quantitative data to educate, influence and impact policies and practices that will improve birth outcomes



Mental Health & Addiction

Mental Health refers to the psychological, social and emotional well-being of a person, and their ability to manage stress, relate to others and make choices ([mentalhealth.gov](https://www.mentalhealth.gov)). Addiction is a chronic disease of the brain which causes a person to engage in compulsive behaviors or use dangerous substances despite the harmful consequences. The Summit County Alcohol, Drug Addiction and Mental Health Services Board (ADM) is responsible for planning, funding, monitoring and evaluating treatment, prevention and support services for people who experience alcoholism, drug addiction and/or mental illness (County of Summit ADM Board, 2021). They maintain a full continuum of care including prevention, harm reduction, acute crisis services, various treatment options, and supportive housing to help individuals living with mental health disorders, addiction disorders and those who are dually diagnosed.

In 2017 after a deadly wave of overdoses in 2016, Executive Ilene Shapiro declared the opioid epidemic a state of emergency. The Executive also initiated a landmark federal lawsuit an attempt to hold pharmaceutical distributors and manufacturers accountable for their role in the promotion of opioid prescriptions and a failure to monitor the substantial number of medications leaving their facilities. As a result of a settlement for the first stage of litigation the County of Summit was awarded funding and created the Opiate Abatement Advisory Council. The OAAC, made up of medical and mental health professionals, community stakeholders, and those with lived experience with addiction, is charged with making recommendations to ensure the funding is appropriately dispersed.

Their hope is to not only respond to the crisis, but help the community recover from the damage and rebuild in a way that could prevent this from happening again.

The COVID-19 pandemic brought new challenges to mental health and addiction services as lockdowns, job loss and social isolation began to feed depression, suicide and overdose rates. Fortunately due to quick-acting policy revisions from the Summit County Health Department the Syringe Service clinics were able to stay open providing life-saving overdose reversal medication, Naloxone, and sterile supplies to those at highest risk of death from disease, infection and overdose. Opportunities with telemedicine opened up as policy surrounding Medicaid reimbursement was changed in response to the pandemic which are now leading to innovative strategies to aid the community long-term.

Mental Health & Addiction Goal 1: Reduce overdose deaths

Mental Health & Addiction Goal 2: Reduce suicide deaths

Mental Health & Addiction Goal 3: Increase system training in and use of recognized evidence-based practices which are known to improve behavioral health outcomes

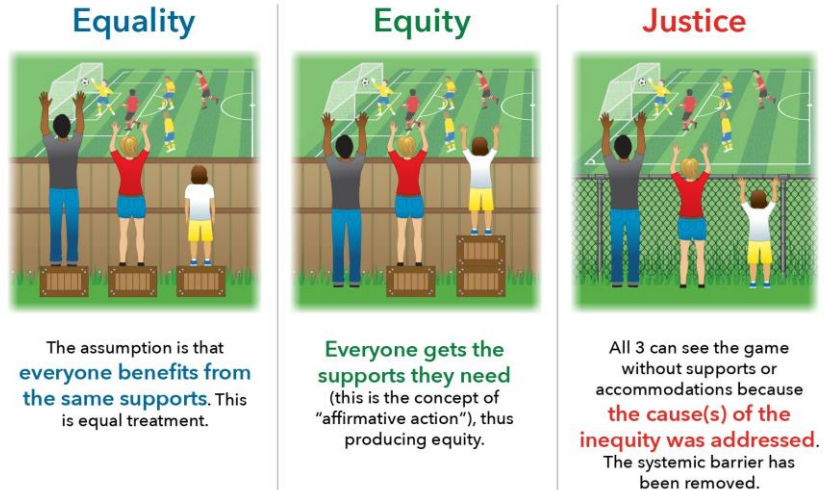
Mental Health & Addiction Goal 4: Ensure access to mental health and substance use treatment in the criminal justice setting

Mental Health & Addiction Goal 5: Prevent or delay the onset of substance use or mental illness/ increase the perception of risk of substance abuse or other risky behaviors

Cross Cutting Factors – (Factors that influence all priority areas)

Health Equity

According to the World Health Organization, health equity is defined as “the absence of unfair and avoidable or remediable differences in the health among population groups defined socially, economically, demographically or geographically” (World Health Organization, 2021). Research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence and neighborhood deterioration (social or physical) shape health and contribute to health inequities (National Academy of Sciences, 2021).



A common element tying many of the CHIP partners together is the work being done to achieve Health Equity across Summit County. The first step in achieving health equity includes a thorough analysis of health disparities, as well as the root causes of those disparities. All of the organizations working towards change in the priority areas have also dedicated a portion of their time and efforts into addressing disparities that impact the health of Summit County residents. Each priority area identified in the CHIP includes strategies targeted at achieving equity and / or reducing health disparities.

Adolescent Health Equity Goal: Address the increased risk for discrimination, violence, bullying, negative mental health and substance use among LGBTQ+ youth

Aging Population Health Equity Goal: Provide and promote culturally specific Alzheimer's disease and related dementia prevention, health care and long-term planning education to improve quality of life

Chronic Disease Health Equity Goal: Decrease social conditions that cause health inequalities and inequities

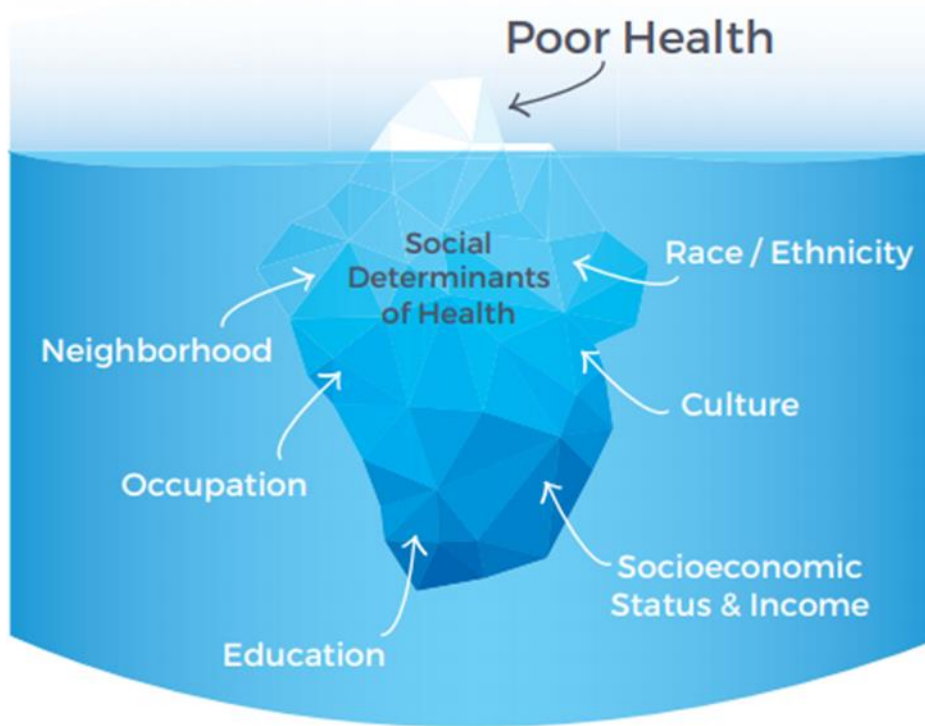
Maternal & Child Health Equity Goal: Address structural racism that interplays between race, equity and infant mortality by advancing consistent evidence and research-based cultural responsiveness and implicit bias curriculum across Summit County

Mental Health & Addiction Health Equity Goal: Promote Health Equity and reduce disparities across populations through collaboration, education and community involvement

Social Determinants of Health (Community Conditions)

Though this community health improvement plan outlines specific targeted interventions to address priority populations, the Summit County Coalition for Community Health Improvement recognizes that addressing broader socioeconomic factors will be critical to improving the health of the entire Summit County population. SCCHI has approached the CHIP planning process with this in mind, prioritizing strategies that foster healthful communities through policy, systems and environmental changes. These broad community-wide interventions help to provide increased access to opportunities to be healthy where we live, work and play.

The Problem Runs Deep





Healthcare Access & Quality

Healthcare access and quality refers to the connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage and health literacy. Efforts to improve access and quality can have positive implications for any and all identified CHIP priorities. On the inverse, a lack of access or poor-quality healthcare can contribute to poor health outcomes, disparities and delayed treatment. (Social Determinants of Health: Know What Affects Health, 2021) The passage and implementation of the Affordable Care Act is an example of a policy change that had a direct impact on the number of uninsured in Summit County. However, simply having insurance coverage is not alone enough to ensure access and quality. Having a trusted, culturally competent, quality medical provider, or medical home, has a much bigger impact on health outcomes.

Healthcare Access Goal 1: Improve access to quality medical care

Education Access & Quality

Education access and quality refers to the connection between education to health and quality of life. This domain includes key components such as high school graduation rates, enrollment in higher education or job training, language and literacy and early childhood education and development. (Social Determinants of Health: Know What Affects Health, 2021)



Summit County has long prioritized early childhood education and development as a means to improve outcomes across the lifespan. An example of this is the Summit County First Things First initiative which is led by Summit Education Initiative. First Things First is a collaborative effort that includes partners from multiple sectors all with the goal of a comprehensive approach to early childhood readiness, education, and development. The collaboration supports partnerships and communication with a variety of service providers and focuses on broad recommendations that can be adapted to meet local needs. The mission of First Things First is to address system gaps and to identify improvements needed to ensure young children in Summit County have the greatest opportunity for positive physical and mental health, early learning and developmental outcomes, and to ensure families have access to needed support services. (First Things First, 2021) The tenants of this and all of SEI's work is that every child graduates high school enrolled, employed or enlisted, thus leading to ongoing success in adulthood. (Indicators, 2021)

Education Access & Quality Goal 1: Ensure that all children enter kindergarten ready to learn

Education Access & Quality Goal 2: Increase the number of students exceeding the minimum passing level on the third grade reading assessment

Education Access & Quality Goal 3: Increase the number of eighth grade students demonstrating strong math skills

Education Access & Quality Goal 4: Ensure that all ninth graders have a good start in high school

Education Access & Quality Goal 5: Ensure that students graduate college and/or career ready

Education Access & Quality Goal 6: College and career persistence



Social & Community Context

Social and community context refers to the connection between characteristics of the contexts within which people live, learn, work and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace and incarceration (Social Determinants of Health: Know What Affects Health, 2021).

Summit County is home to a variety of grassroots and community organizations that assist government and non-profit service agencies in addressing priority health concerns. These agencies are embedded in local communities and serve as a catalyst for development of innovative solutions to community problems. Continuing to engage these agencies in planning and decision making will ensure that the voice of the community is at the table.

Social & Community Context Goal 1: Build and foster community engagement as a means to address health and wellbeing



Economic Stability

Economic stability refers to the connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security and housing stability (Social Determinants of Health: Know What Affects Health, 2021). There are a variety of initiatives currently aimed at improving economic stability. They are highlighted below.

Employers for Health Consortium

In partnership with the Goodyear Tire and Rubber Company, the Greater Akron Chamber of Commerce, and a variety of public and private stakeholders Summit County Public Health developed the Employers for Health Consortium (EFHC). EFHC is a member coalition of multi-sized, multisector organizations, businesses, and governmental representatives committed to improving workplace wellness in Summit County. EFHC's mission is to improve workplace wellness in the region by providing information and tools, professional development, recognition and promotion of employer participation, and networking opportunities. This initiative is administered by Summit County Public Health.

Elevate Greater Akron

Elevate Greater Akron is the result of about a year of work among leaders at the City of Akron, Summit County and the Greater Akron Chamber focused on answering some questions about our economy and the best ways to drive opportunity for the region. There are five strategies being pursued that address small- and middle-market business growth: economic inclusion and opportunity; talent and skill development; downtown and job hub development; innovation and high potential start-ups; and improvement of the ways in which we connect and leverage the resources that support business growth and success in our region on your behalf.

Upward Mobility

In May 2021, the Urban Institute named Summit County as an Upward Mobility Cohort participant. As a cohort participant, Summit County will work to reduce racial and ethnic inequities, and support upward mobility from poverty. With continued support from the Bill and Melinda Gates Foundation, the Boosting Upward Mobility from Poverty project builds on Partnership's work by developing a draft set of actionable mobility metrics that communities can use to set priorities and catalyze action and by authoring a series of case studies exhibiting programs that have demonstrably "moved the needle" on improving economic and social mobility. Upcoming work will beta test the metrics in a set of communities and support broader community learning to create and bolster conditions that substantially boost upward mobility and narrow inequities for children, youth, and adults.

Goals for Economic Stability will be developed through the planning process for the above mentioned initiatives



Neighborhood & Built Environment

Neighborhood and built environment refers to the connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality and neighborhood crime and violence (Social Determinants of Health: Know What Affects Health, 2021).

Some strategies that affect neighborhood and the built environment can be found in previous priority areas. For example, chronic disease and adolescent health both include strategies that address the built environment. In addition to those strategies, SCPH's Environmental Health Division employs a staff charged with ensuring the County's built environment is safe for its residents.

Neighborhood & Built Environment Goal 1: Improve air quality in Summit County
Neighborhood & Built Environment Goal 2: Reduce the overall housing with lead hazards in Summit County

2020-2022 CHIP GOALS & STRATEGIES

Adolescent Health Goal 1: Reduce rates of substance use and abuse

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Youth smoking MS - (current user)	4.2%	2.0%	10% Reduction	YRBS , 2018
Youth smoking HS - (current user)	13.5%	5.8%	10% Reduction	YRBS, 2018
Youth alcohol use MS – (last 30 days)	10.8%	6.0%	10% Reduction	YRBS, 2018
Youth alcohol use HS – (last 30 days)	30.3%	23.8%	16.6%	YRBS, 2018
Alcohol or marijuana use HS – (last 30 days)	36.4%	32.2%	16.6%	YRBS, 2018

Strategies	Lead Partner(s)
Adopt smoke-free/ tobacco-free policies (schools, colleges, employers, housing, outdoor venues)	SCPH
Decrease accessibility and availability of tobacco to youth by increasing compliance rates with sales to minors laws by 5% and by the pursuit/ adoption of at least point-of-sale targeted policy	SCPH
Raise community awareness related to youth vaping, including training of both youth and their parents	SCPH
Conduct paid media activities to educate communities on point of sale, smoke-free spaces, and youth initiation, and to direct community members to the Ohio Tobacco Quit Line and cessation services	SCPH
Provide school-aged youth with caring supportive adults as an additional resiliency building resource through mentoring programs	iCare Mentoring, Williams Man 2 Man Challenge
Provide evidence-based program curriculum Say it Straight to Summit County youth and young adults educating them on the dangers of substance use and misuse, and building resiliency and protective factors	SCPH, Planned Parenthood, Akron UMADOAP
Provide the opportunity for peer to peer education, skill-building, and positive socialization for youth	Varies
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors	Varies
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)	City of Akron, APD, Peace Justice & Equity, My Brother's Keeper NEO
See Mental Health & Addiction for additional strategies regarding substance use and abuse	-

Adolescent Health Goal 2: Reduce risky sexual behaviors

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Condom use – middle school	16.7%	46.3%	10% Increase	YRBS, 2018
Condom use most of the time, always during last 3 months – high school	58.2%	53.3%	10% Increase	YRBS, 2018
Had first sexual encounter before age 13 – high school	6.8%	3.4%	10% Reduction	YRBS, 2018
Never had sexual intercourse	58.0%	64.3%	10% Increase	YRBS, 2018
Been pregnant or gotten someone pregnant – high school	4.2%	2.3%	10% Reduction	YRBS, 2018
Teen birth rate	9.1 per 1,000	10.9 per 1,000	10% Reduction	ODH, 2019

Strategies	Lead Partner(s)
Provide the evidence based Say it Straight Curriculum to at risk and minority youth and young adults	SCPH, Planned Parenthood, Akron UMADOAP
Provide STD, HIV and Hepatitis testing	SCPH, CANAPI, Hospitals
Promote and provide evidence based long acting reversible contraception (LARC) to minority and at risk populations	SCPH
Partner with Kent State University to conduct a community needs assessment to identify gaps in care for the LGBTQ+ community	Kent State University, SCPH
Partner with Radio One to target at risk and minority populations to educate and promote HIV testing, education and prevention, PREP and care/treatment	Radio One, SCPH
Distribute condoms to community organizations and community members	SCPH
Create media and marketing campaigns that focuses on prevention of high risk sexual behaviors (unprotected sex, multiple partners, early initiation)	SCPH
Provide school-aged youth with caring supportive adults as an additional resiliency building resource through mentoring programs	iCare Mentoring, Williams Man 2 Man Challenge, Koinonia
Provide the opportunity for peer to peer education, skill-building, and positive socialization for youth	School system
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors	Varies
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)	City of Akron, APD, Peace Justice & Equity, My Brother's Keeper NEO

Adolescent Health Goal 3: Reduce youth violence (including self-inflicted)

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Engaged in physical fighting HS - (past 12 months)	25.5%	22.4%	10% Reduction	YRBS, 2018
Victim of dating violence HS - (past 12 months, all students)	8.4%	12.3%	10% Reduction	YRBS, 2018
Bullied in past 12 months (on school property)	20.6%	20.4%	17.9%	YRBS, 2018
Carried weapon in past 30 days (gun, knife or club)	15.3%	11.0%	4.60%	YRBS, 2018
Engaged in intentional self-harm HS - (past 12 months)	19.0%	18.0%	10% Reduction	YRBS, 2018

Strategies	Lead Partner(s)
Provide school-aged youth with caring supportive adults as an additional resiliency building resource through mentoring programs	iCare Mentoring, Williams Man 2 Man Challenge, Koinonia
Provide the opportunity for peer to peer education, skill-building, and positive socialization for youth	Varies
Expand programming in school setting aimed at increasing academic performance and preventing risky behaviors	Varies
Expand programming that supports positive activities for youth during high risk times, such as after school and during school breaks (Out-of-school time programming)	City of Akron, APD, Peace Justice & Equity, My Brother's Keeper NEO
Provide one-on-one support to returning youth to assist with re-enrollment in school, job training and employment, housing, reconnecting with family and children	Summit County DJFS, Man 2 Man/ Williams Challenge, Truly Reaching You, City of Akron, The Womb, Koinonia
Develop and foster police-youth relations through community policing and neighborhood response teams	Akron Public Schools, Akron Police Department
Promote and enhance gun safety, awareness and reduction programs	Varies
Provide training and consultation to raise awareness of suicide as a public health issue and to educate the public on how to recognize and respond to someone who needs help	ADM Board, Suicide Prevention Coalition

Adolescent Health Goal 4: Reduce unintentional injuries

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Suffered a blow or jolt to the head	14.2%	-	-	YRBS, 2018
Got a concussion from sports	-	12.7%	10% reduction	YRBS, 2018

Strategies	Lead Partner(s)
Identify and recruit members/ member organizations that represent underserved sectors of the community	Akron Children's Hospital, Safe Kids Summit County Coalition
Implement population specific and culturally appropriate evidence-based strategies to address high-risk areas	Akron Children's Hospital, Safe Kids Summit County Coalition
Implement Return to Learn program in at least one Summit County school	Akron Children's Hospital, Safe Kids Summit County Coalition
Decrease the number of bike and pedestrian accidents around schools through Safe Routes to School countermeasures	SCPH

Adolescent Health Goal 5: Reduce the proportion of adolescents who are overweight or obese

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Obese - HS	12.90%	16.40%	10% Reduction	YRBS, 2018
Overweight -HS	16.30%	17.00%	10% Reduction	YRBS, 2018

Strategies	Lead Partner(s)
Increase the number of local jurisdictions that support active transportation through complete street policy adoption, connectivity plans, and community designs that promote safe streets for all users	SCPH
Increase the number of organizations with healthy food and beverage policies	SCPH
Decrease the number of bike and pedestrian accidents around schools through Safe Routes to School countermeasures	SCPH, Akron Children's Hospital
Increase the number of inclusive and free recreation amenities (i.e., parks and playgrounds)	SCPH
Increase access to healthy food options through the establishment of community gardens	SCPH
Apply for Safe Routes to School funding in additional Summit County communities	SCPH
Structure recess breaks to include inclusive physical activity opportunities	SCPH
Adopt policies that identify minimum amounts of recess	SCPH
Incorporate physical activity breaks into the classroom setting	SCPH, School system
Enhance school based physical education and extracurricular activities for physical activity	SCPH, School system

Aging Population Goal 1: Reduce unintentional injuries, including falls, among seniors/ older adults

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Falls among senior citizens leading to death	39 per 100,000	51.4 per 100,000	10% reduction	ODH, 2018
ER visit rate resulting from falls among senior citizens	66.4 per 100,000	82.4 per 100,000	10% reduction	Epicenter, 2018

Strategies	Lead Partner(s)
Age Friendly Akron/ Age Friendly Summit County initiatives to ensure that the built environment (sidewalks, parks, streets) is safe for all ages and abilities	Age Friendly Akron/ Summit County
Senior Independent Living Coalition (SILC) falls prevention subcommittee strategies	SILC
Train healthcare provider agencies and/or community based organizations to screen and refer older adults to evidence based falls prevention programming	SCPH
Provide falls prevention outreach and education at senior/ older adult community education events	SCPH

Aging Population Goal 2: Ensure older adults have access to information and services enabling them to successfully age in the place they call home

Strategies	Lead Partner(s)
Develop a comprehensive strategic plan focused on gaps in service and funding for older adults and persons with disabilities	SCPH, Direction Home
Advocate at the state and federal level for funding and programming to address gaps in services for older adults	SCPH
Continue to train community partners on the "No Wrong Door" coordinated intake process within Summit County	SCPH

Aging Population Goal 3: Provide and promote culturally specific Alzheimer's disease and related dementia prevention, healthcare and long-term planning education to improve quality of life

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Number of older adults and minority older adults receiving preventative health care services and assessments for problems with memory or thinking	-	16%	26%	SCPH, 2019

Strategies	Lead Partner(s)
Provide geriatric "Dementia Friends" training to raise awareness among internal and external partners	SCPH
Provide targeted educational outreach related to early detection of memory and cognitive decline to internal and external partners	SCPH

Aging Population Goal 4: Educate, empower and assure that older adults, persons with disabilities and their caregivers have access to evidence based programming focused on active, healthy and safe living enabling them to maintain their independence for as long as possible.

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Number of community residents referred to hoarding support services	-	11	44	SCPH, 2019

Strategies	Lead Partner(s)
Implement best practice approaches to address hoarding through the lens of public health and housing	SCPH, Hoarding Task Force
Implement the Gatekeeper/ Senior Reach program that identifies at-risk isolated and vulnerable older adults in need of support services to remain safe in the community	SCPH
Provide education and support to caregivers focused on self-care, compassion fatigue, and provide access to community resources	SCPH

Aging Population Goal 5: Address the biopsychosocial needs of older adults by having long-term sustainable services

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Number of new sustainably funded senior service programs	-	0	2	SCPH, 2019

Strategies	Lead Partner(s)
Develop a written funding plan	SCPH, Direction Home
Secure funding to implement Geriatric Workforce Enhancement Program	SCPH
Complete a written Senior and Adult Services sustainability plan	SCPH

Aging Population Goal 6: Reduce risk factors related to chronic disease among seniors/ older adults

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Older adults (65+) told by a medical provider that they have diabetes	-	23%	10% reduction	BRFSS, 2018

Strategies	Lead Partner(s)
<i>See Chronic Disease Goal 2 and Goal 3 and related strategies (page 27)</i>	

Chronic Disease Goal 1: Reduce the prevalence of tobacco use

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Adult smoking	21%	22.3%	12%	BRFSS, 2018

Strategies	Lead Partner(s)
Decrease the number of people exposed to secondhand smoke through adopting smoke free/ tobacco free policies in schools, colleges, venues, employers, and housing	SCPH
Decrease accessibility and availability of tobacco to youth by increasing compliance rates with sales to minors laws by 5% and by the pursuit/adoption of at least one point of sale targeted policy (flavor ban, t21)	SCPH
Increase community readiness of community organizations and service providers to address tobacco dependence and increase individual readiness of tobacco users to quit	SCPH
Raise community readiness related to youth and vaping by .5 through trainings and the creation and implementation of a community action plan with community specific objectives	SCPH
Conduct paid media activities to educate communities on point of sale, smoke free spaces, and youth initiation, and to direct community members to the Ohio Tobacco Quit Line and cessation services	SCPH
Increase the sale price of tobacco products	SCPH
Continue to monitor the public health research on the health impact of electronic cigarettes and vaping devices	SCPH

Chronic Disease Goal 2: Increase physical activity opportunities

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of adults engaging in any exercise (2019)/ proportion of adults who engage in no-leisure time physical activity (2017)	70.4%	72.3%	10% increase	CHR, 2019
Access to exercise opportunities	96%	NA	10% increase	CHR, 2019

Strategies	Lead Partner(s)
Increase the number of local jurisdictions that support active transportation through complete street policy adoption, connectivity plans and community designs that promote safe streets for all users	SCPH
Increase the number of inclusive and free recreation amenities (e.g., parks, playgrounds, walking trails) for all populations and ability levels	SCPH
Apply for Safe Routes to School funding in additional Summit County communities	SCPH
Structure recess breaks to include inclusive physical activity opportunities	SCPH
Adopt policies that identify minimum amounts of recess	SCPH

Strategies	Lead Partner(s)
Incorporate physical activity breaks into the classroom setting	SCPH
Enhance school based physical education and extracurricular activities for physical activity	SCPH
Implement shared/joint use agreements to allow community access to opportunities for physical activity	SCPH
Expand activity programs for older adults	SCPH
Develop free community fitness programs and community wide physical activity campaigns	SCPH

Chronic Disease Goal 3: Strengthen access to healthy food

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of population living in a food desert	11.9%	7.8%	10% decrease	ACS, 2018

Strategies	Lead Partner(s)
Increase the number of organizations with healthy food and beverage policies	SCPH
Increase access to healthy good options through the establishment of community gardens	SCPH
Expand and enhance school based nutrition programs offering affordable, healthy food items to students	SCPH
Expand farm-to-school and community gardening programs at school with Summit County	SCPH
Increase the number of farmers' markets that accept SNAP/ EBT payment options	SCPH
Expand EBT programs which incentivize the purchase of healthy food items	SCPH

Chronic Disease Goal 4: Reduce the burden of pediatric asthma through community level interventions

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of children with asthma diagnosis	-	21.5%	10% reduction	BHP, 2019

Strategies	Lead Partner(s)
Offer smoking cessation education and resources for patients and families	Akron Children's Hospital, SCPH
Ameliorate substandard housing to reduce environmental risks	SCPH, AMHA, County of Summit
Use medical-legal partnership to address landlord-tenant issues	Akron Children's Hospital, Summa Health System, Community Legal Aid
Improve medication management and compliance through education, care coordination, home health and technology	Akron Children's Hospital

Strategies	Lead Partner(s)
Improve and standardize screening protocols to identify patients with asthma	Akron Children's Hospital
Leverage school health strategies for identification of unidentified and poorly controlled asthmatics	Akron Children's Hospital

Maternal & Child Health Goal 1: Reduce the preterm birth rate

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Preterm birth rate	11.70%	10.30%	11.4%	SCPH, 2018
Progesterone therapy as % of all pregnancies (2019) / Percent of high-risk pregnant women on progesterone therapy (59.7% 2017 figures)	2.20%	2.80%	10% increase	SCPH, 2018

Strategies	Lead Partner(s)
Increase screening for high-risk pregnant women for progesterone treatment	FTFB, Hospital Systems, Medical Providers
Support healthy birth spacing by increasing awareness of the full-range of efficacy based contraceptive options including LARC	FTFB, SCPH
Expand access to Summit County home visiting programs to identify needs and improve pregnancy outcomes	Help Me Grow, Nurse Family Partnership, Pathways Hub
Initiate a community-wide information campaign with consistent messages to promote preconception health and safety, vaccinations, family planning/birth spacing and early prenatal care	FTFB
Promote birth spacing of 12-18 month intervals between pregnancies to improve birth outcomes	FTFB
Increase engaging opportunities for fathers to be supportive/ involved in the health and wellness of the mothers of their children and their children	FTFB
Expand the use of the Centering Pregnancy model within targeted high-risk neighborhoods	FTFB

Maternal & Child Health Goal 2: Eliminate sleep-related deaths

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of infant deaths in Summit County that are sleep related	15%	40%	0	SCPH, 2019

Strategies	Lead Partner(s)
Expand Cribs for Kids program through awareness and toolkits to address safe sleep habits of parents and babies	FTFB
Continue to provide outreach and education to families (parents, siblings and	FTFB

Strategies	Lead Partner(s)
grandparents) and daycare/ home care providers on safe sleep practices through key messages and communication	
Systematically educate boots on the ground professionals (first responders, children's services, home visitors, WIC staff) on safe sleep education	FTFB

Maternal & Child Health Goal 3: Reduce the number of pregnant women who utilize alcohol, tobacco or other drugs (ATOD)

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
<i>See Mental Health and Addiction section for ATOD Outcome Measures (starting page 31)</i>				

Strategies	Lead Partner(s)
Expand access to evidence based tobacco cessation treatments (e.g., Baby & Me Tobacco Free/ Moms Quit for Two)	SCPH
Implement smoke-free policies	SCPH
Expand Centering Pregnancy programs for opiate addicted mothers	Summa Health System, Cleveland Clinic

Maternal & Child Health Goal 4: Ensure early access to prenatal care

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
First trimester prenatal care	72%	70%	77.9%	ODH, 2019

Strategies	Lead Partner(s)
Utilize Summit County home visiting programs to connect mothers and families to health insurance coverage	Help Me Grow, Pathways HUB, Nurse Family Partnership
Ensure eligible clients are enrolled into Medicaid	Department of Job and Family Services
Increase first trimester enrollment into the Pathways Hub	Pathways Community HUB
Expand Centering Pregnancy Programs for high-risk populations	Summa Health System, Cleveland Clinic

Maternal & Child Health Goal 5: Use qualitative and quantitative data to educate, influence and impact policies and practices that will improve birth outcomes

Strategies	Lead Partner(s)
Develop position statements for key policy issues identified by FTFB members	FTFB, SCPH
Meet with key state and federal policymakers to advocate for policy changes pertaining to maternal and child health	FTFB, SCPH
Meet with employer CEOs to advocate for family friendly corporate policies and practices	FTFB

Strategies	Lead Partner(s)
Identify and partner with other coalitions within Ohio that are engaged with advocacy efforts to reduce infant mortality	FTFB

Mental Health & Addiction Goal 1: Reduce overdose deaths

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of law enforcement agencies carrying Narcan	89%	-	100%	ADM, 2020
Opioid Doses per Capita	54.1 (2016)	31.3 (2019)		OARRS Data, 2020
Percent of communities deploying Quick Response teams	65%	80%	100%	ADM, 2020
Unused prescriptions collected	8159 lbs	5528 lbs (2020)		ADM, Summit County Sherriff, SCPH, 2020
DAWN kits distributed	970	3156	1000	ADM, SCPH, 2020

Strategies	Lead Partner(s)
Increase access or reduce the delay to detoxification services	ADM, OAAC
Increase access or reduce the delay to addiction residential treatment beds	ADM, OAAC
Maintain an Overdose Fatality Review Board to identify and address community needs.	SCPH, ADM, Law Enforcement, Medical Examiner, Community Stakeholders
Increase the number of law enforcement agencies in Summit County carrying Narcan	ADM, SCPH, Law Enforcement
Decrease the number of opioid prescriptions per capita	ADM, SCPH, OAAC
Decrease the access to unused prescription medications	ADM, SCCP, OAAC
Increase the number of communities deploying Quick Response Teams	ADM, SCPH, Law Enforcement,
Provide free community based access to Naloxone	ADM, SCPH, Project DAWN
Provide access to and promote the use of Fentanyl test strips in the community and routine Fentanyl testing in clinical settings.	SCPH, OAAC
Promote and expand the Needle Exchange program	SCPH, OAAC
Promote the use of ODMAPS with law enforcement agencies to rapidly identify overdose spikes	SCPH, Law Enforcement, ADM, OAAC

Mental Health & Addiction Goal 2: Reduce suicide deaths

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Suicide Rate	18 per 100,000 (2016)	14.6 per 100,000 (2019)	0	ODH, 2019

Strategies	Lead Partner(s)
Improve care and outcomes for individuals at risk of suicide in health care systems through expanding the Zero Suicide Initiative.	ADM
Facilitate coordination of local resources, increase awareness of suicide as a public health problem, and educate the community to recognize suicide risk factors through the Suicide Prevention Coalition (SPC).	ADM, SPC
Increase understanding in the community surrounding trauma and its effects.	ADM, TICC
Engage in and implement strategic planning for youth suicide prevention.	ADM, Akron Children's Hospital

Mental Health & Addiction Goal 3: Increase system training in and use of recognized evidence-based practices which are known to improve behavioral health outcomes

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Number of first responders trained in Crisis Intervention training	768	-	960	ADM, 2020
Percent of ADM system agencies employing evidence-based treatment programs	88%	-	100%	ADM, 2020
Number of Emergency Departments with Medication Assisted Treatment Initiation Programs	0	2	4	Summa Health, 2020

Strategies	Lead Partner(s)
Ensure agencies serving dually diagnosed clients have training in evidence-based practices.	ADM
Support agencies in the development and implementation of a full continuum of services.	ADM
Increase Medication Assisted Treatment availability in the Outpatient Setting	ADM, OAAC
Increase availability of Medication Assisted Treatment in the Emergency Department Setting	OAAC, Summa Health, CCAG
Strengthen relationships which allow referral efficacy to community recovery services such as Peer Support, residential treatment and housing from primary care providers.	ADM, OAAC
Ensure access to recovery supports that enhance treatment services and support sustained recovery through increased training and staff (i.e.: Peer Support, Quick Response Teams, CIT)	ADM, OAAC, CSS, Law Enforcement

Mental Health & Addiction Goal 4: Ensure access to Mental Health and Substance Use Treatment in the Criminal Justice setting.

Strategies	Lead Partner(s)
Continue funding for Behavioral Health services in Summit County Jail and Juvenile Detention.	ADM, Summit Psychological Associates, Summit County Jail
Provide linkage to community based treatment, recovery supports, supportive housing and other related needs upon release from incarceration.	ADM, Summit Psychological Associates
Increase the availability of Medication Assisted Treatment and Naloxone in the jail settings and upon release from incarceration.	ADM, OAAC, Summit Psychological Associates, SCPH
Continue support for adult/ juvenile specialty court dockets through case management and support services.	ADM, CSS, Oriana House

Mental Health & Addiction Goal 5: Prevent or delay the onset of substance use or mental illness/ increase the perception of risk of substance abuse and other risky behaviors

Strategies	Lead Partner(s)
Maintain training for educators in the PAX Good Behavior Game to promote self-regulation in elementary school students that result in positive academic and behavioral health outcomes	ADM, Local School Systems
Enhance awareness of the opiate epidemic and provide education about addiction in general through community collaboration	ADM, SCPH, SCOATF, OAAC, ALC,
Increase awareness of and screening for postpartum depression through the Maternal Depression Network	ADM, Maternal Depression Network

Adolescent Health Equity Goal: Address the increased risk for discrimination, violence, bullying, negative mental health and substance use among LGBTQ+ youth.

Strategies	Lead Partner(s)
Improve access to healthcare and care coordination to the LGBTQ+ community through the Summa Health Pride Clinic	Summa Health
Provide cultural competence training about caring for LGBTQ+ patients throughout Summa Health System	Summa Health
Provide the evidence based Say it Straight Curriculum to at risk and minority youth and young adults	SCPH, Planned Parenthood, Akron UMADOAP
Provide STD, HIV and Hepatitis testing	SCPH, CANAPI
Promote and provide evidence based long acting reversible contraception (LARC) to minority and at risk populations	SCPH
Partner with Kent State University to conduct a community needs assessment to identify gaps in care for the LGBTQ+ community	Kent State University, SCPH

Aging Population Health Equity Goal: Provide and promote culturally specific Alzheimer's disease and related dementia prevention, health care and long-term planning education to improve quality of life.

Strategies	Lead Partner(s)
Provide geriatric and "Dementia Friends" training	SCPH
Incorporate "Brain Health" prevention into chronic disease prevention messaging	SCPH
Provide one presentation on the topic of Brain Health each year at events targeting older adults and/or senior service providers	SCPH
Provide targeted educational outreach related to early detection of memory and cognitive decline to 10 agencies providing services to older adults, including minority serving agencies	SCPH

Chronic Disease Health Equity Goal: Decrease social conditions that cause health inequalities and inequities.

Strategies	Lead Partner(s)
Increase the number of policies adopted to reduce exposure to secondhand smoke in multi-unit housing and outdoor areas by December 31, 2021	SCPH
Provide education and training on healthy homes and environmental health in targeted neighborhoods by December 31, 2021	SCPH
Increase participation in Supplemental Nutrition Assistance Program (SNAP) incentive programs by 10% to promote healthy food and beverage purchases by December 31, 2021	SCPH
Increase the number of tobacco retailers that are compliant with T21 laws by 10% by December 31, 2021	SCPH

Maternal & Child Health Equity Goal: Address structural racism that interplays between race, equity and infant mortality by advancing consistent evidence and research-based cultural responsiveness and implicit bias curriculum across Summit County.

Strategies	Lead Partner(s)
Convene a diverse assessment team of community experts to identify individual or organizational needs and recommend strategies and resources to develop cultural responsiveness and effectively impact infant mortality	FTFB
Develop a recommended action plan and budget for the roll-out of system wide structural racism, implicit bias and cultural responsiveness training, beginning with the agencies with the FTFB collaborative	FTFB
Build the capacity of FTFB partner organizations to initiate and maintain training programs and activities	FTFB
Identify measurable outcomes and quality improvement strategies as a part of FTFB's ongoing training and education	FTFB
Build a culture of leadership that cultivates relationship-building among organizations and providers, and between those who serve and those being served	FTFB

Mental Health & Addiction Health Equity Goal: Promote Health Equity and reduce disparities across populations (eg: racial, ethnic and linguistic minorities, LGBTQ+) through collaboration, education and community involvement.

Strategies	Lead Partner(s)
Continued investment in training and evidenced based practice towards underserved populations for service providers.	ADM
Implement Recovery-Oriented System of Care recommendations.	ADM, ROSC Assessment
ADM will maintain a presence on and a strong connection with the Social Services Advisory Board Interpretation Resources Sub-Committee.	ADM, SSAB
ADM will maintain a presence on and a strong connection with the Refugee Task Force to address the needs of foreign-born residents particularly in navigating community resources to access behavioral health services.	ADM, Refugee Task Force

Healthcare Access Goal 1: Improve access to quality medical care

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percentage of adults without health insurance	8.2%	9%	0%	CMS, American Community Survey, 2018
Percentage of children without health insurance	3.4%	4%	0%	CMS, American Community Survey, 2018

Strategies	Lead Partner(s)
Enroll all eligible adults and children into Medicaid	DJFS

Education Access & Quality Goal 1: Ensure that all children enter kindergarten ready to learn

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Kindergarten readiness	65%	60%	80%	SEI, 2016, 2018

Strategies	Lead Partner(s)
Increase access to high quality preschool experiences	SEI, FTF
Measure and describe child development at the end of preschool	SEI, FTF
Increase the proportion of students who begin kindergarten on track for success	SEI, FTF

Education Access & Quality Goal 2: Increase the number of students exceeding the minimum passing level on the third grade reading assessment

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Third grade reading, proficient or better	56%	64%	70%	SEI, 2016, 2018

Strategies	Lead Partner(s)
Identify schools or communities with the greatest need for literacy development support	SEI
Increase teacher capacity through literacy coaching	SEI
Identify and replicate effective volunteer tutoring programs	SEI

Education Access & Quality Goal 3: Increase the number of eighth grade students demonstrating strong math skills

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Eight grade math, proficient or better	52%	68%	70%	SEI, 2016, 2018

Strategies	Lead Partner(s)
Increase student motivation and confidence	SEI
Help parents support their children at home	SEI
Develop high-quality, low stakes assessments	SEI

Education Access & Quality Goal 4: Ensure that all ninth graders have a good start in high school

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Ninth grade success, percent of students with 3.1 GPA or higher and 6.5 credits	32%	39%	--%	SEI, 2016, 2018

Strategies	Lead Partner(s)
Ensure that students miss no more than 8 days of school	SEI
Ensure students earn at least 6.5 credits by the end of ninth grade	SEI
Ensure students maintain a B or B+ average	SEI

Education Access & Quality Goal 5: Ensure that students graduate college and/or career ready

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent scoring 21 or higher on ACT	42%	45%	50%	SEI, 2016, 2018

Strategies	Lead Partner(s)
All students graduate from high school with a plan to be employed, enrolled or enlisted	SEI
All students who plan to attend college after high school will complete a FAFSA	SEI
Increase the proportion of students who earn a "college ready"	SEI

score on college placement tests	College and Career Academies of Akron	Akron Public Schools, United Way of Summit County
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Education Access & Quality Goal 6: College and career persistence

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Percent of adults that persisted in accredited post-secondary programs	87%	86%	90%	SEI, 2016, 2017

Strategies	Lead Partner(s)
Recruit adults with college experience to return and earn a degree, in partnership with local employers	SEI
Award retroactive associate degrees to adults who did not complete a bachelor's degree program	SEI
Strengthen the transition from high school to post-secondary enrollment	SEI

Social & Community Context Goal 1: Build and foster community engagement as a means to address health and wellbeing

Strategies	Lead Partner(s)
Family resource centers at Akron Public Schools CLCs	Akron Public Schools, United Way of Summit County
Neighborhood Network: civic engagement, neighborhood development	Habitat for Humanity of Summit County
Facilitate neighbor-led creative place making, sustainability and health equity efforts throughout Akron	The Big Love Network
Enhance and promote cultural, artistic and educational activities	The W.O.M.B.
Promote and facilitate discussion circles within Summit County in order to obtain community voice and include those with lived experience in planning and decision making	Project Ujima

Neighborhood & Built Environment Goal 1: Improve air quality in Summit County

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Air Quality Violation Rate	N/A	40%	20%	SCPH, 2019
Air quality compliance rate	N/A	88%	90%	SCPH, 2019

Strategies	Lead Partner(s)
Educate the public on air quality issues	Akron Regional Air Quality Management District, SCPH
Provide public or industry educational trainings on open burning, fugitive dust and	Akron Regional Air Quality Management District, SCPH

Strategies	Lead Partner(s)
permitting	
Increase the capacity of the Akron Regional Air Quality Management District	Akron Regional Air Quality Management District, SCPH

Neighborhood & Built Environment Goal 2: Reduce the overall housing with lead hazards in Summit County

Outcome Measures	2017 CHIP	2020 CHIP	CHIP 2022 Target	Source
Rate of positive lead tests (blood) in children	-	2.27 positive tests per 1,000 children	1.816 positive tests per 1,000 children	SCPH, 2019

Strategies	Lead Partner(s)
Complete/ assist in the abatement of 240 homes by December 31, 2022	SCPH
Increase the number of lead abated homes in areas outside the City of Akron, using the new Environmental Health Lead code and HUD Lead Based Paint Hazard Control (LBPHC) grant by December 31, 2022	SCPH
Provide messaging and education related to home based lead hazards, health related impacts, remedial strategies and prevention by December 31, 2022	SCPH

NEXT STEPS



Monitoring CHIP Priorities

CHIP priorities will continue to be monitored by the Summit Coalition for Community Health Improvement (SCCHI) on an ongoing basis. SCPH employs a variety of tools utilized to monitor health outcomes related to CHIP goals and strategies including a variety of data dashboards, maps, and data briefs. As health outcomes are routinely monitored, priorities may shift and require refinement.

Evaluation of CHIP Strategies

CHIP strategies will be evaluated based on relevant outcome and process measures identified by lead agencies and/or coalitions. SCCHI will review evaluation measures on a regular basis or as those measures become available. Additionally, SCCHI will continue to work collaboratively with lead partners to identify and circumvent challenges, address any forces of change, and adapt to political or funding changes.

APPENDIX 1 – CHIP PARTNERS

- Akron Area YMCA
- Akron Canton Regional Foodbank
- Akron Children's Hospital
- Akron Metropolitan Area Transportation Study
- Akron Metropolitan Housing Authority
- Akron Regional Interprofessional Area Health Education Center
- Akron Summit County Public Library
- American Cancer Society
- Asian Services in Action, Inc.
- AxessPointe Community Health Center
- Child Guidance and Family Solutions
- City of Akron
- Cleveland Clinic Akron General
- Community Action Akron Summit
- Community Health Center
- Community Legal Aid
- County of Summit
- County of Summit Alcohol Drug Addiction and Mental Health Services Board
- International Institute of Akron
- Ohio Guidestone
- Open M
- Project Learn of Summit County
- Summa Health System
- Summit County Board of Developmental Disabilities
- Summit County Children's Services Board
- The Blick Center
- United Way of Summit County

APPENDIX 2 – SUMMIT COUNTY COALITIONS

- Akron Commission on Aging
- Akron Summit County Community Reinvestment Coalition
- Eviction Task Force
- First Things First
- Full Term First Birthday
- Hoarding Task Force
- Income Education Workforce Development
- Let's Move Summit County
- Maternal Depression Network
- Minority Health Advisory Committee
- Ohio Equity Institute/ Better Birth Outcomes
- Opiate Abatement Advisory Committee
- Opiate Task Force
- Refugee Task Force
- Reimagining Civic Commons
- Safe Kids Summit County
- Safe Routes to School
- Senior Independent Living Coalition
- Social Services Advisory Board
- Summit Food Coalition
- Summit County Trauma Informed Care Coalition
- Suicide Prevention Coalition
- Tuff Stuff
- Welcoming Akron Summit County
- Youth Violence Prevention Steering Committee

APPENDIX 3 – ACRONYMS

- ACS – American Community Survey
- ADM – County of Summit Alcohol Drug and Mental Health Services Board
- ALC – Addiction Leadership Council
- AMHA – Akron Metropolitan Housing Authority
- APD – Akron Police Department
- APS – Akron Public Schools
- ATOD – Alcohol, tobacco and other drugs
- BHP – Better Health Partnership
- BRFFS – Behavioral Risk Factor Surveillance System
- CCAG – Cleveland Clinic Akron General
- CHA – Community Health Assessment
- CHNA – Community Health Needs Assessment
- CHIP – Community Health Improvement Plan
- CHR – County Health Rankings
- CIT – Crisis Intervention Training
- CMS – Centers for Medicare and Medicaid Services
- CSS – Community Support Services
- DJFS – Department of Job and Family Services
- EFHC – Employers for Health Consortium
- FTF – First Things First
- FTFB – Full Term First Birthday
- LGBTQ+ -
- OAAC – Opiate Abatement Advisory Council
- OARRS – Ohio Automated Rx Reporting System
- ODH – Ohio Department of Health
- PHAB – Public Health Accreditation Board
- ROSC – Recovery-oriented system of care
- SCCHI – Summit Coalition for Community Health Improvement
- SCOATF – Summit County Opiate and Addiction Task Force
- SCPH – Summit County Public Health
- SEI – Summit Education Initiative
- SILC – Senior Independent Living Coalition
- SNAP – Supplemental Nutrition Assistance Program
- SPC – Suicide Prevention Coalition
- SSAB – Social Services Advisory Board
- T21 – Tobacco 21
- YRBS – Youth Risk Behavior Survey

REFERENCES

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