

# Medina County Community Health Improvement Plan

October 2024





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# A LETTER FROM LIVING WELL MEDINA COUNTY

Living Well Medina County (LWMC) strives to bring together people and organizations to improve community wellness. The community health assessment and improvement plan process has been happening since 2010. We strive to be intentional about understanding the health issues that impact residents and work together to create a healthy community.



A primary component of creating a healthy community is assessing and prioritizing needs for impact, and then addressing those needs. In early 2024, Medina County conducted a comprehensive Community Health Assessment (CHA) process to identify priority health issues and evaluate the overall current health status of Medina County. A secondary data report was published in January 2024, with the Community Health Assessment and Prioritization Report being published in May 2024.

The Medina County Community Health Improvement Plan (CHIP) is the final report released following the CHA. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision making concerning future programs, clinics, and health resources.

The CHIP would not have been possible without the help of numerous organizations. It is vital that assessments such as this continue so that we can know where to direct our resources and use them in the most advantageous ways.

More importantly, the possibility of this report relies solely on the participation of individuals in our community. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, and recommendations.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

Sincerely,

***Kristen D. Hildreth, PhD, MCHES***

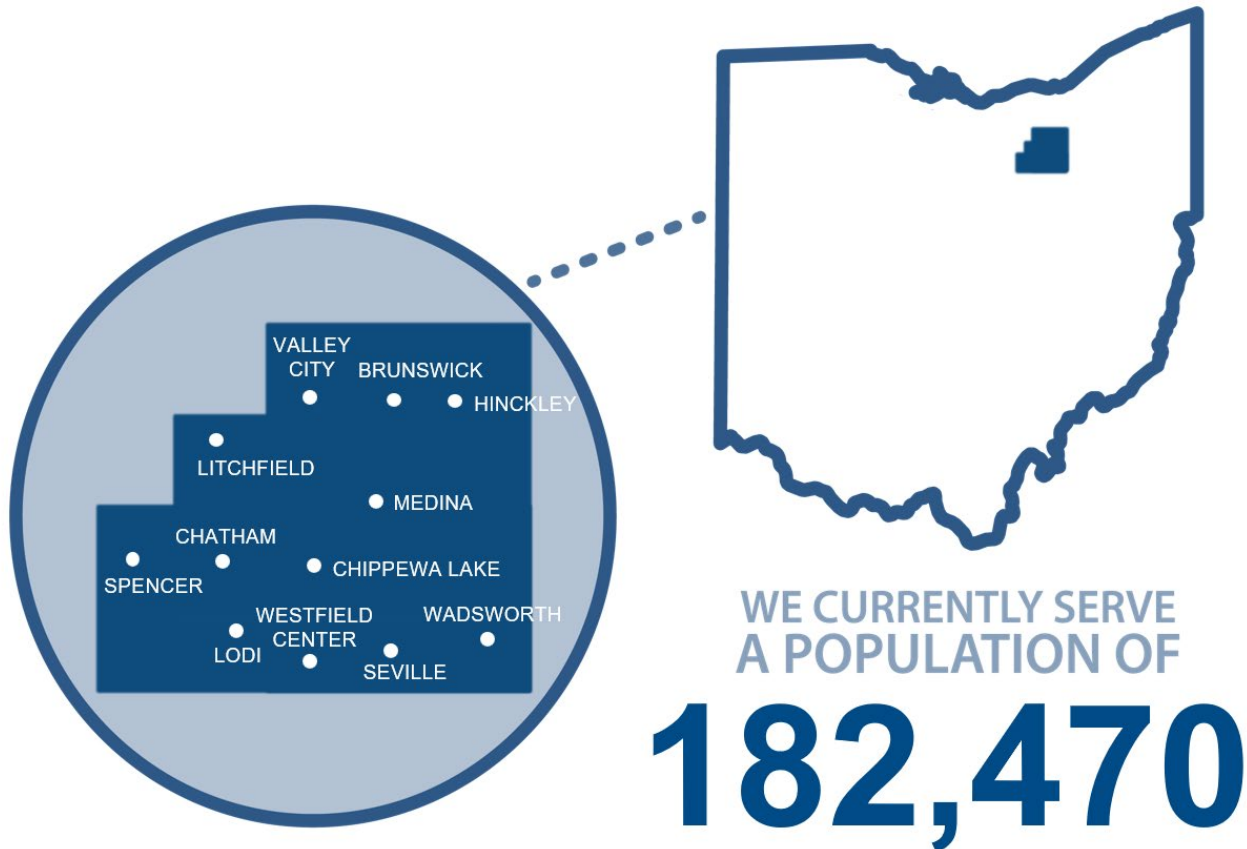
Director of Community Health  
Medina County Health Department  
LWMC Co-Chair

***Kristine Quallich, PhD***

Assistant Superintendent  
Medina City Schools  
LWMC Co-Chair

# DEFINING THE LIVING WELL MEDINA COUNTY SERVICE AREA

For the purposes of this report, Living Well Medina County defines its primary service area as being made up of Medina County.



The Community Health Assessment (CHA) and this resulting Community Health Improvement Plan (CHIP) identify and address significant community health needs and help guide community activities. This CHIP explains how Living Well Medina County plans to address the selected priority health needs identified by the CHA.

# MEDINA COUNTY AT-A-GLANCE

FROM 2010 - 2020, MEDINA COUNTY'S POPULATION IS GROWING FASTER THAN OHIO'S POPULATION.

MEDINA COUNTY



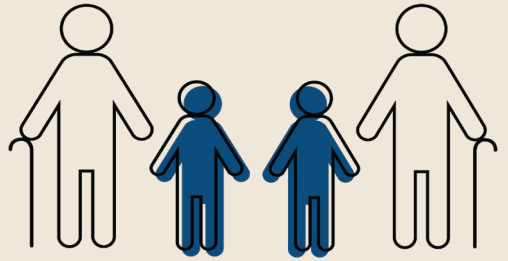
5.9%

OHIO



2.3%

YOUTH AGES 0-17 AND SENIORS 65+ MAKE UP 41.3% OF THE POPULATION IN THE MEDINA COUNTY SERVICE AREA



MEDINA COUNTY SERVICE AREA HAS LOWER POVERTY RATES THAN OHIO OVERALL



6.8% CHILDREN (0-17)    6.3% ADULTS (18-64)    7.8% SENIORS (65+)

THE % OF MALES AND FEMALES IS EQUAL

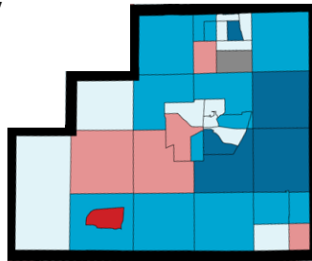


Males 50.0%    Females 50.0%



MEDINA COUNTY SERVES 10,342 VETERANS OR 5.7% OF THE POPULATION

Life Expectancy by Census Tract in Medina County



Life Expectancy at birth (Quintiles)  
 ■ 56.9 - 75.1    ■ 75.2 - 77.5    □ 77.6 - 79.5    ■ 79.6 - 81.6    ■ 81.7 - 97.5

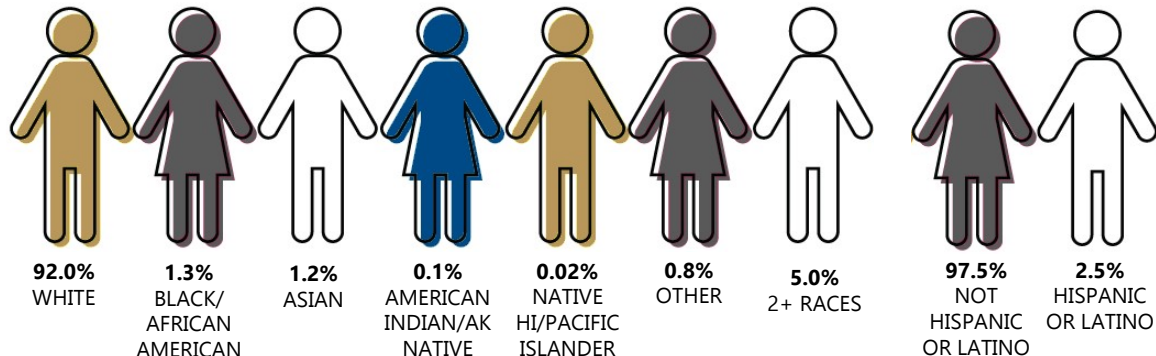
MEDINA COUNTY HAS LESS MENTAL HEALTH CARE ACCESS THAN OHIO OVERALL:

POPULATION TO MENTAL HEALTH PROVIDERS

MEDINA COUNTY 620:1  
 OHIO 330:1



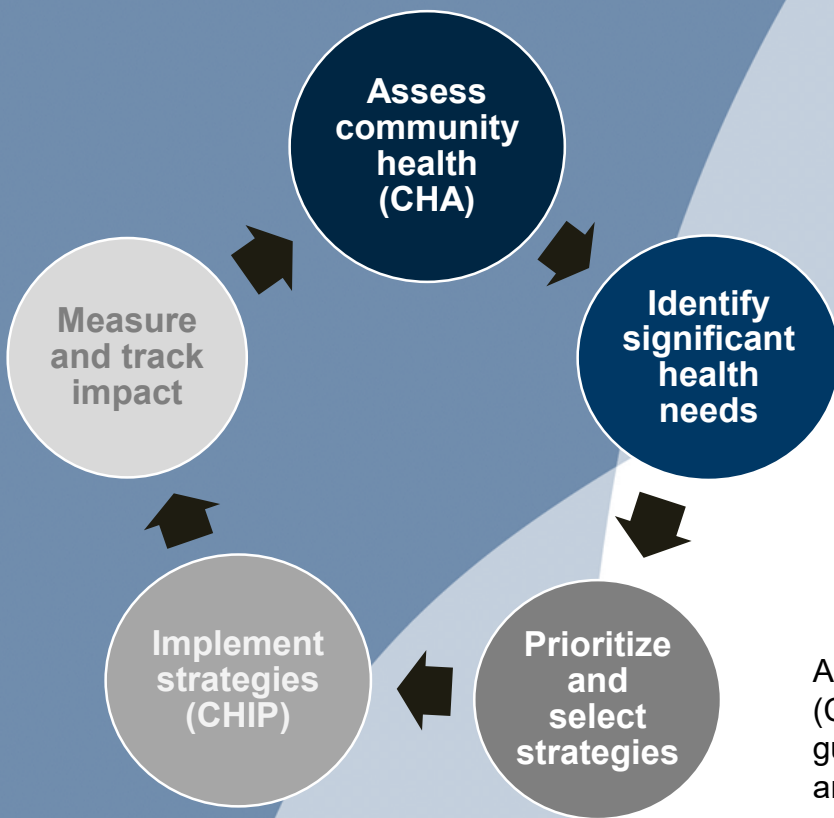
A MAJORITY OF MEDINA COUNTY'S RESIDENTS IDENTIFY AS WHITE AND NON-HISPANIC.





# INTRODUCTION

# WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?



A Community Health Improvement Plan (CHIP) is part of a framework that is used to guide community activities - policy, advocacy, and program-planning efforts.

For MCHD, the CHIP fulfills the mandates of the Public Health Accreditation Board (PHAB).



# OVERVIEW OF THE PROCESS

In order to develop a CHIP, Living Well Medina County followed a process that included the following steps:

- STEP 1:** Plan and prepare for the improvement plan.
- STEP 2:** Develop goals/objectives and identify indicators to address health needs.
- STEP 3:** Consider approaches to address prioritized needs.
- STEP 4:** Select approaches.
- STEP 5:** Integrate improvement plan with community and health department plans.
- STEP 6:** Develop a written improvement plan.
- STEP 7:** Adopt the improvement plan.
- STEP 8:** Update and sustain the improvement plan.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

## **Ohio Department of Health Requirements**

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on community health needs assessments and implementation plans. In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHA and subsequently developing a CHIP to address those needs in the community.

## **Public Health Accreditation Board Requirements**

Conducting a Community Health Assessment (CHA) and subsequent Improvement Plan (CHIP) every five years (at minimum) is a prerequisite of accreditation by the Public Health Accreditation Board (PHAB) for local Health Departments.

**THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) MEETS ALL OHIO DEPARTMENT OF HEALTH AND PUBLIC HEALTH ACCREDITATION BOARD REGULATIONS.**





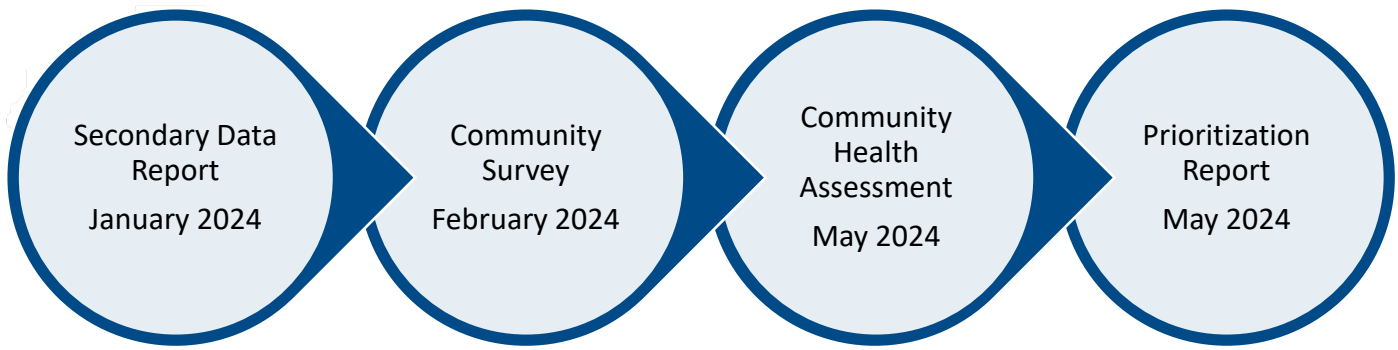
# STEP 1 PLAN AND PREPARE FOR THE CHIP



## IN THIS STEP LIVING WELL MEDINA COUNTY:

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE COMMUNITY HEALTH IMPROVEMENT PLAN
- ENGAGED COMMUNITY STAKEHOLDERS
- REVIEWED COMMUNITY HEALTH ASSESSMENT





## PLAN AND PREPARE FOR THE MEDINA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the Medina County Community Health Assessment (CHA) report. (Available at

<https://medinahealth.org/community/data-reports/community-health-assessment/>). Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse, and preventative practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data was collected through a Youth Survey (2023) and a *Prioritization Survey* from community members (798 surveys completed) and Living Well Medina County coalition members. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and determine community assets potentially available to address needs and prioritize health needs.

“

**The improvement plan deals with the “how and when” of addressing needs. While the community health assessment considers the “who, what, where and why” of community health needs, the improvement plan takes care of the how and when components.**

”

# STEP 2 DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS



## IN THIS STEP, LIVING WELL MEDINA COUNTY

- DEVELOPED GOALS FOR COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE COMMUNITY HEALTH ASSESSMENT (CHA)
- SELECTED INDICATORS TO ACHIEVE GOALS

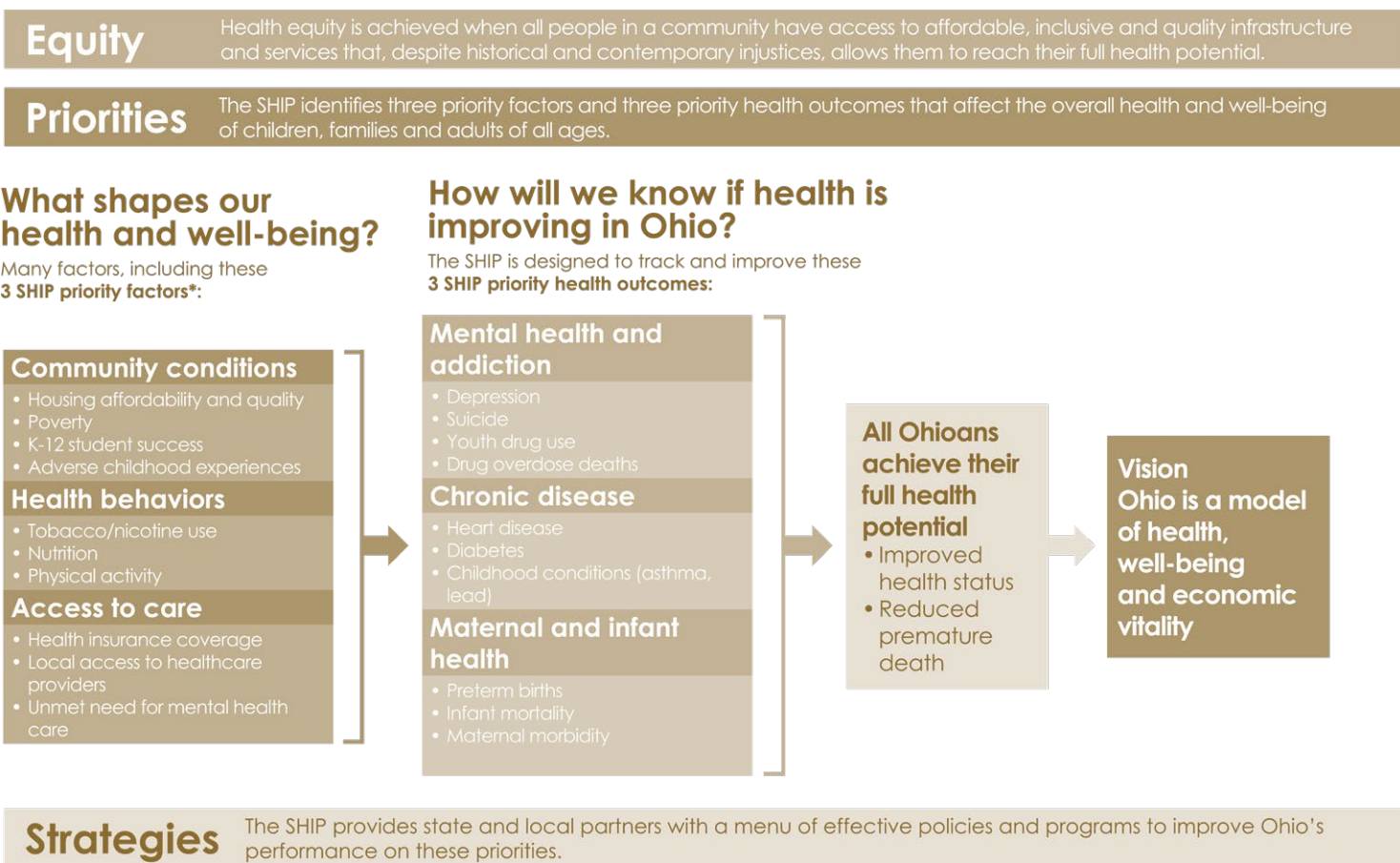


# PRIORITY HEALTH NEEDS GOALS, OBJECTIVES, AND INDICATORS

Living Well Medina County (LWMC) aligns with the priorities and indicators of the Ohio Department of Health (ODH) State Health Improvement Plan (SHIP) (Figure 1.2).

First, LWMC used the same/similar language as the state of Ohio when assessing the factors and health outcomes of their community in the Medina County Community Health Assessment (May 2024).

Figure 1.2. SHIP framework



\* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Next, with the data findings from the community health needs assessment process, LWMC used the following guidelines/worksheet (Figure 3) to align priority factors and priority health outcomes with the State Health Improvement Plan (SHIP). The goal is strengthening the ability to work with the state in order to strengthen the efforts to improve the health, well-being, and economic vitality of both Medina County and the state of Ohio.

Figure 3. Alignment with priorities and indicators

**STEP 1** Identify at least one priority factor and at least one priority health outcome

PRIORITY FACTORS	PRIORITY HEALTH OUTCOMES
<input checked="" type="checkbox"/> Community Conditions (strongly recommended)	<input checked="" type="checkbox"/> Mental Health and Addiction
<input checked="" type="checkbox"/> Health Behaviors	<input checked="" type="checkbox"/> Chronic Disease
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Maternal and Infant Health

**STEP 2** Select at least 1 indicator for each identified priority factor

PRIORITY FACTORS	
COMMUNITY CONDITIONS	
TOPIC	INDICATOR NAME*
Housing affordability and quality	<input type="checkbox"/> CC1. Affordable and Available Housing Units
Poverty	<input type="checkbox"/> CC2. Child Poverty
	<input type="checkbox"/> CC3. Adult Poverty
K-12 student success	<input type="checkbox"/> CC4. Chronic Absenteeism (K-12 students)
	<input type="checkbox"/> CC5. Kindergarten Readiness
Adverse childhood experiences	<input checked="" type="checkbox"/> CC6. Adverse Childhood Experiences (ACEs)
	<input type="checkbox"/> CC7. Child Abuse and Neglect
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME*
Tobacco/nicotine use	<input checked="" type="checkbox"/> HB1. Adult Smoking
	<input checked="" type="checkbox"/> HB2. Youth All-Tobacco/Nicotine Use
Nutrition	<input type="checkbox"/> HB3. Youth Fruit Consumption
	<input type="checkbox"/> HB4. Youth Vegetable Consumption
Physical Activity	<input type="checkbox"/> HB5. Child Physical Activity
	<input type="checkbox"/> HB6. Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME*
Health Insurance Coverage	<input checked="" type="checkbox"/> AC1. Uninsured Adults
	<input checked="" type="checkbox"/> AC2. Uninsured Children
Local Access to Healthcare Services	<input checked="" type="checkbox"/> AC3. Primary Care Health Professional Shortage Areas
	<input type="checkbox"/> AC4. Mental Health Professional Shortage Areas
Unmet Need for Mental Health Care	<input checked="" type="checkbox"/> AC5. Youth Depression Treatment Unmet Need
	<input type="checkbox"/> AC6. Adult Mental Health Care Unmet Need

**STEP 2 CONTINUED** Select at least 1 indicator for each identified priority factor



PRIORITY HEALTH OUTCOMES	
<b>MENTAL HEALTH AND ADDICTION</b>	
TOPIC	INDICATOR NAME*
Depression	<input type="checkbox"/> MHA1. Youth Depression
	<input type="checkbox"/> MHA2. Adult Depression
Suicide Deaths	<input checked="" type="checkbox"/> MHA3. Youth Suicide Deaths
	<input checked="" type="checkbox"/> MHA4. Adult Suicide Deaths
Youth Drug Use	<input type="checkbox"/> MHA5. Youth Alcohol Use
	<input type="checkbox"/> MHA6. Youth Marijuana Use
Drug Overdose Deaths	<input checked="" type="checkbox"/> MHA7. Unintentional drug overdose deaths
<b>CHRONIC DISEASE</b>	
TOPIC	INDICATOR NAME*
Heart Disease	<input checked="" type="checkbox"/> CD1. Coronary Heart Disease
	<input checked="" type="checkbox"/> CD2. Premature Death - Heart Disease
	<input checked="" type="checkbox"/> CD3. Hypertension
Diabetes	<input checked="" type="checkbox"/> CD4. Diabetes
Harmful Childhood Conditions	<input type="checkbox"/> CD5. Child Asthma Morbidity
	<input type="checkbox"/> CD6. Child Lead Poisoning
<b>MATERNAL AND INFANT HEALTH</b>	
TOPIC	INDICATOR NAME*
Preterm Births	<input type="checkbox"/> MIH1. Uninsured Adults
Infant Mortality	<input type="checkbox"/> MIH2. Infant Mortality
Maternal Morbidity/Mortality	<input type="checkbox"/> MIH3. Severe Maternal Morbidity



# ADDRESSING THE HEALTH NEEDS



The Medina County Community Health Assessment (CHA) identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked:

## *Top issues identified in Community Survey and Coalition Survey*

HEALTH NEEDS RANKED BY THE COMMUNITY (ACCORDING TO COMMUNITY SURVEY)	HEALTH NEEDS RANKED BY LWMC (ACCORDING TO COALITION MEMBERS SURVEY)
1. Mental Health and access to mental healthcare	1. Mental Health and access to mental healthcare
2. Access to healthcare	2. Substance use/drug use
3. Transportation	3. Food insecurity
4. Housing and homelessness	4. Access to healthcare
5. Substance use/drug use	5. Preventive Care
6. Food insecurity	6. Maternal, Infant and child health
7. Income/poverty	7. Chronic Diseases
8. Chronic Diseases	8. Nutrition and Physical Health
9. Adverse childhood experiences	9. Transportation
10. Access to childcare	10. Tobacco and nicotine

Living Well Medina County finalized top priority health needs by ranking each area by asking:

1. What areas would have/currently have the most IMPACT to the health and wellbeing of our residents
2. What areas are the most FEASIBLE to address?

## **THE TWO PRIORITY HEALTH NEEDS THAT RANKED HIGHEST AND WILL BE ADDRESSED IN THE 2024 – 2030 CHIP ARE:**

- Priority Area 1: Mental Health and Addiction**
- Priority Area 2: Chronic Disease Prevention**

# PRIORITY HEALTH NEED OBJECTIVES



## 1

## MENTAL HEALTH AND ADDICTION

### MENTAL HEALTH & ACCESS TO CARE, COMMUNITY CONDITIONS, SUBSTANCE USE/ADDICTION

Reduce age-adjusted suicide rate from 11.5 to HP2030 goal of 10.2 per 100,000

Reduce age-adjusted prevalence of Medina County adults (18+) with depression from 22.1% to below US percentage of 19.8%

Increase the percentage of adults, age 60 and older, who report hardly ever feeling left out from 77.4% (2019) to 86% (2029) (State Plan on Aging)

Reduce number of young adults who report 3 or more ACES

Reduce Medina County drug overdose deaths from 24.8 per 100,000 to HP2030 goal of 20.7 per 100,000

Maintain adolescent smoking rate of 1.7% below the HP2030 goal of 11.3%

Reduce adult smoking rate of 18% to below HP2030 goal of 17.4%



# PRIORITY HEALTH NEED OBJECTIVES

## 2

## CHRONIC DISEASE PREVENTION

### ACCESS TO CARE/PREVENTIVE CARE, FOOD INSECURITY, MATERNAL, INFANT, and CHILD HEALTH.

Improve percentage of residents who received a routine check-up in the past year from 72.8 % to HP20230 target of 84%

Improve screening for breast cancer from 73.5% to HP2030 goal of 80.3%

Reduce food insecurity from 8.3% to HP2030 goal of 6%

Increase the percentage of mothers who receive prenatal care from current 73.2% to HP2030 goal of 80.5%

Increase from 86.7% to 90% required immunizations completed among children entering kindergarten.

# STEPS 3 & 4 CONSIDER AND SELECT APPROACHES TO ADDRESS PRIORITIZED HEALTH NEEDS



## IN THESE STEPS, LIVING WELL MEDINA COUNTY

- SELECTED APPROACHES TO ADDRESS MEDINA COUNTY SERVICE AREA PRIORITIZED HEALTH NEEDS



# LWMC members who will be leads to help monitor the progress of the Community Health Improvement Plan (CHIP) include:

## LWMC Co-Chair:

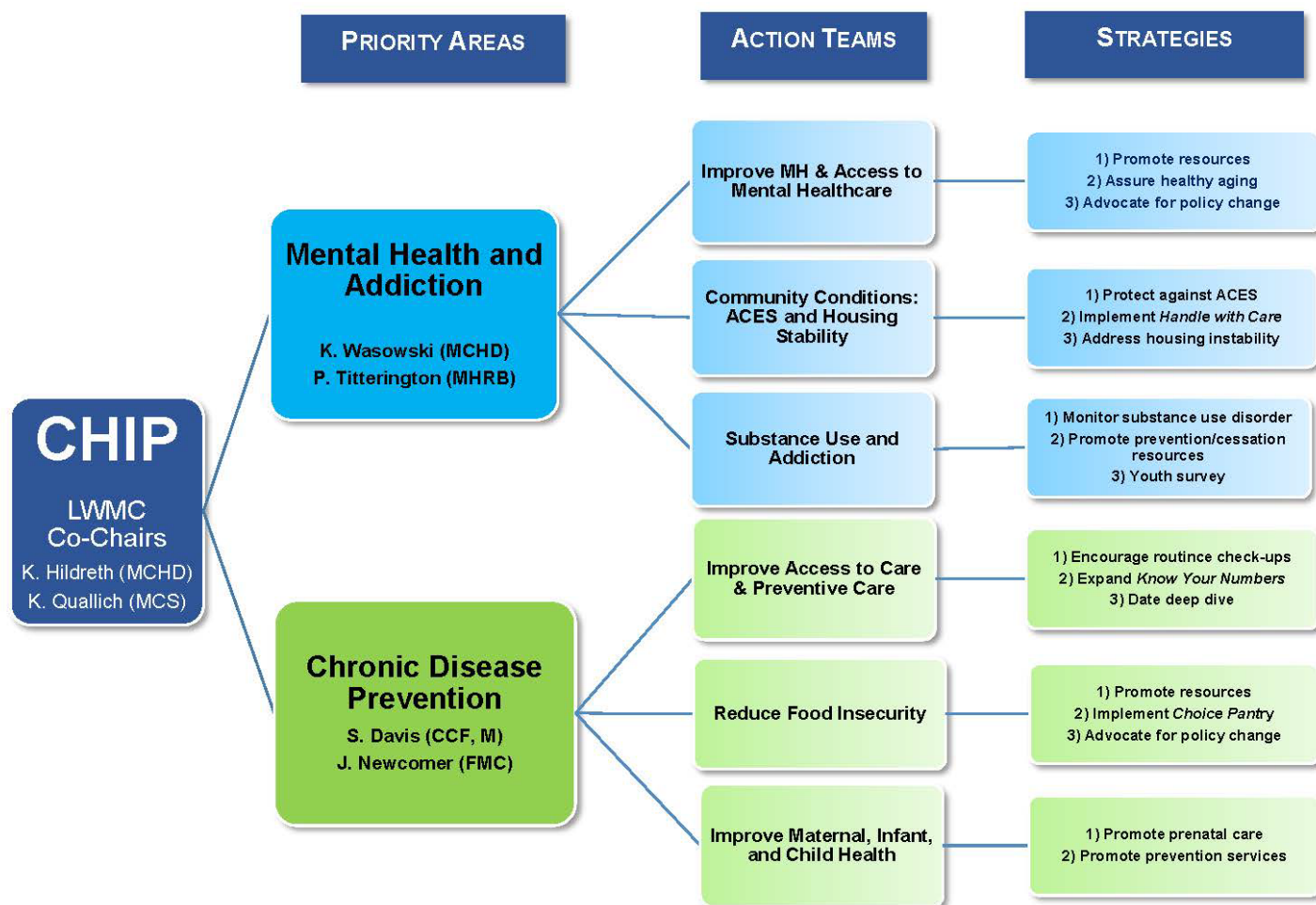
- Kristen Hildreth (Medina County Health Department)
- Kristine Quallich (Medina City Schools)

## Mental Health and Addiction Priority Area:

- Phillip Titterington (Medina County Mental Health and Recovery Board)
- Krista Wasowski (Medina County Health Department)

## Chronic Disease Prevention Priority Area:

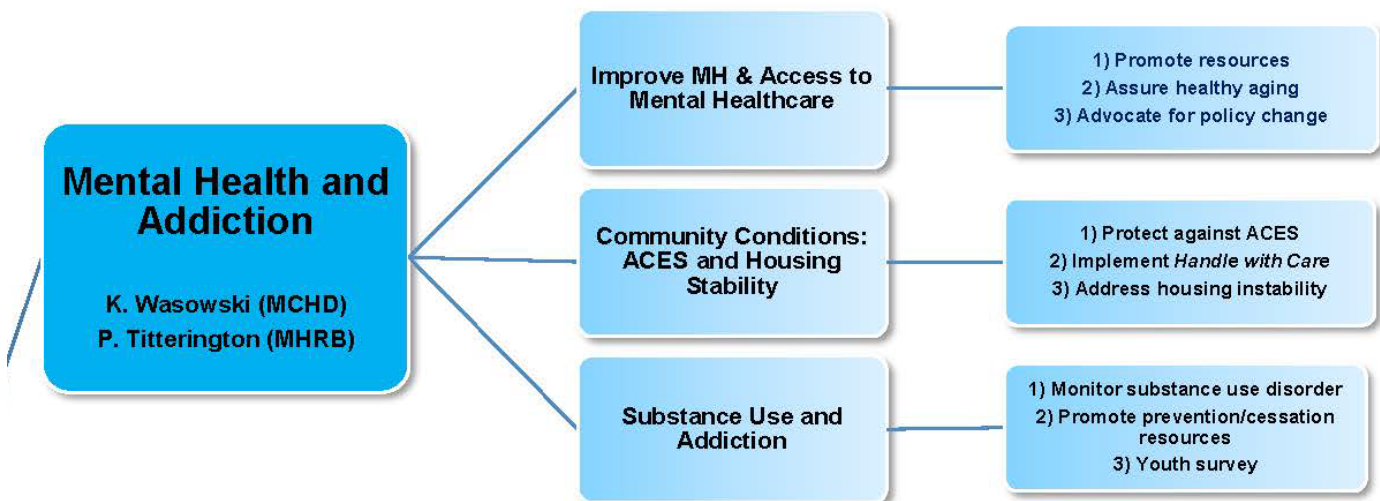
- Samantha Davis (Cleveland Clinic, Medina Hospital)
- Janet Newcomer (Feeding Medina County)



# #1 Mental Health and Addiction

## *Includes:*

- *Access to Mental Healthcare*
- *Community Conditions: ACES and Housing Stability*
- *Substance Use and Addiction*





# #1 Mental Health and Addiction

Includes Access to Mental Healthcare, Community Conditions (ACES, Housing), Substance Use

OUR COMMUNITY

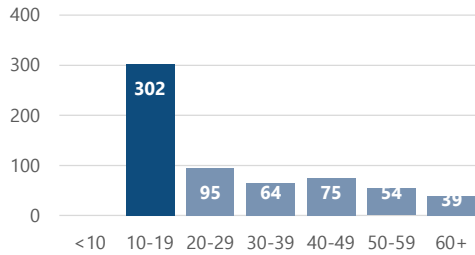
## ADULT DEPRESSION

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021

**MEDINA COUNTY**  
**22.1%**

**UNITED STATES**  
**19.8%**

## SUICIDE ATTEMPT ED VISITS BY AGE GROUP



## Drug Overdose Mortality Rate

AGE-ADJUSTED RATE PER 100,000 PERSONS, FIVE-YEAR AVERAGE, 2016 – 2020

	Medina County	Ohio	U.S.
	Rate	Rate	Rate
Drug overdose death rate	24.8	41.4	22.4

The Healthy People 2030 objective for drug overdose deaths is 20.7 per 100,000 population.

STRATEGIES

## Adolescents

## Adults/Older Adults

Promote existing resources

Education on various levels of care available and when appropriate.

Healthy relationship education

Continue/Expand Hope Squad & Crisis Intervention Team (CIT) training

Implement Handle with Care Program

Train trusted adults on mandatory reporting

Expand QPR Training

Increase access to naloxone

Promote Ohio Quitline

Reduce isolation

Promote Matter of Balance

Nature Prescriptions

PARTNERS

- ❖ MCMHRB
- ❖ Cornerstone Wellness
- ❖ Alternative Paths
- ❖ Opiate Task Force

- ❖ Local school districts
- ❖ Alternative Paths
- ❖ Cornerstone
- ❖ Ohio Guidestone

- ❖ Local school districts
- ❖ School Resource Officers
- ❖ LOSS Team

- ❖ Alternative Paths
- ❖ Coalition to Prevent Suicide
- ❖ Medina County HD
- ❖ Veterans Office

- ❖ County and City Parks
- ❖ Non-Profits
- ❖ United Way
- ❖ Recreation Centers
- ❖ MC Board of DD

POPULATIONS

THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:

Adolescents, Adults, Men, Women, LGBTQ+, Older Adults, veterans, geographic areas with higher SVI for overall vulnerability, household composition, minority status, socioeconomic status, and housing and transportation.

**Adolescents, Veterans and Older Adults** in the service area will significantly benefit, as they have been identified to be at higher risk for negative health outcomes associated with mental health issues.

OUTCOMES

DESIRED OUTCOMES OF STRATEGIES

↑ Trainings on mental health

↑ Treatment received

↓ Social isolation for older adults

OVERALL IMPACT OF STRATEGIES

↓ Suicide rate, attempts, ideation

↓ Drug overdose deaths

↓ Adult depression rate

ALL MEDINA COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL



Source: Medina County Community Health Assessment May 2024  
[https://medinahealth.org/wp-content/uploads/2024.05.13\\_2024-CHA\\_Final.pdf](https://medinahealth.org/wp-content/uploads/2024.05.13_2024-CHA_Final.pdf)



## Mental Health and Addiction Priority Area

### Goal 1: Improve Mental Health and Access to Mental Healthcare

#### Objectives:

- Reduce age-adjusted suicide rate from 11.5 to HP2030 goal of 10.2 per 100,000.
- Reduce age-adjusted prevalence of Medina County adults (18+) with depression from 22.1% to below US percentage of 19.8%
- Increase the percentage of adults, age 60 and older, who report hardly ever feeling left out from 77.4% (2019) to 86% (2029) – State Plan on Aging

#### Strategy 1:

##### Promote resources to reduce suicide ideation, attempts, and deaths

- Provide training to PCP/NP on psychological triage
- Develop talking points on the role a variety of services for mental health services – e.g., Don't wait for highest level of treatment 🌐
- Sustain and expand Hope Squad and QPR for youth ✦
- Implement education to adolescents on healthy relationships (suicide prevention)
- Promote local and national crisis lines, local Suicide Awareness Walk, and continue training for Crisis Intervention Team (CIT) for law enforcement ✦
- Support data-driven initiatives to reduce suicide ideation and attempts

#### Strategy 2:

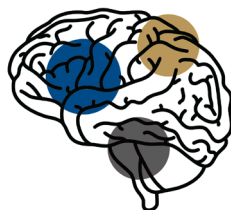
##### Assure healthy aging

- Provide QPR training to older demographic
- Educate healthcare providers on Nature Prescriptions
- Promote volunteerism to reduce social isolation (State Plan on Aging)
- Promote Matter of Balance to reduce fear of falling and provide opportunity for small-group trainings/engagement 🦿

#### Strategy 3:

##### Advocate for Policy Change

- Train local partners on Ohio Rule Review process
- Advocate for Medicaid Reimbursement for group treatment sessions
- LWMC members support local school districts cell phone policies



## Mental Health and Addiction Priority Area

### Goal 2: Address Community Conditions ~ ACES & Housing Instability

#### Objectives:

Reduce number of young adults who report 3 or more adverse childhood experiences (ACES).

#### Strategy 1:

Promote social norms that protect against violence and adversity (ACES)

- Provide training on mandatory reporting
- Identify positive/resiliency program(s)

#### Strategy 2:

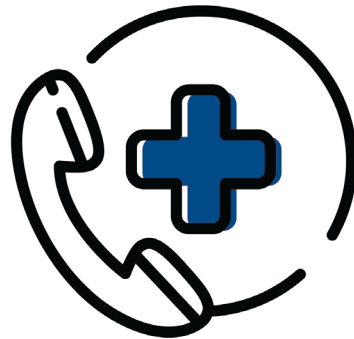
Implement Handle with Care Program (ACES)

- Explore this evidence-based program for training/implementation in MC schools. ♥
- Pilot program in at least one school
- Expand to other schools

#### Strategy 3:

Address housing instability

- Data deep dive to compare geographic differences in social determinant of health related to % of income on housing (MC is currently 15.7%) 📍
- Support local efforts for a homeless shelter, transitional housing, recovery housing and the land bank by promoting the connections between housing and improved health outcomes



## Mental Health and Addiction Priority Area

### Goal 3: Address Substance Use and Addiction

#### Objectives:

- Reduce Medina County Drug Overdose deaths from 24.8 per 100,000 to HP2030 goal of 20.7 per 100,000.
- Maintain adolescent smoking rate of 1.7% below the HP2030 goal of 11.3%
- Reduce adult smoking rate of 18% to below HP2030 goal of 17.4%

#### Strategy 1: Monitor substance use disorder

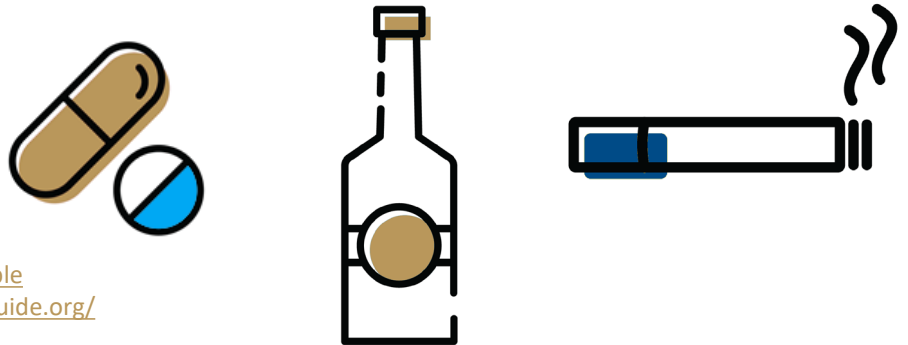
- Expand naloxone distribution by increasing number of sites and/or naloxoboxes in county
- Continue with Overdose Fatality Review Committee
- Data deep dive to assess use of substances, including but not limited to: opioids, alcohol, marijuana, and nicotine.

#### Strategy 2: Promote prevention and cessation resources

- Conduct mass media campaigns on prevention and Ohio Quitline\*
- Promote adoption of smoke-free policies to businesses, schools, non-profits, and government entities. \*

#### Strategy 3: Youth survey

- Data deep dive to conduct additional analysis, surveys, or focus groups to confirm reported youth nicotine rate from past survey; include vaping of tobacco and marijuana



Key for Evidence-Based Programs:

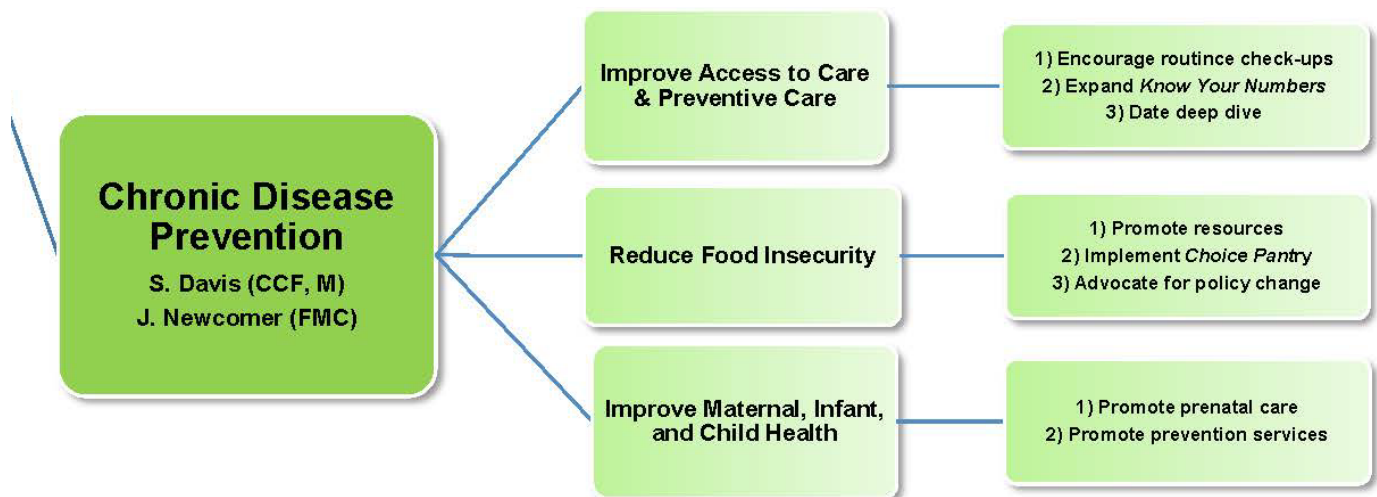
- 🌐 Healthy People 2030 - <https://health.gov/healthypeople>
- \* The Community Guide - <https://www.thecommunityguide.org/>
- ✚ SAMSA - <https://www.samhsa.gov/>
- ♥ Handle with Care - <https://www.handlewithcareoh.org/>
- ∞ Matter of Balance: <https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance>



# #2 Chronic Disease Prevention

## *Includes:*

- *Access to Care and Preventive Services*
- *Food Insecurity*
- *Maternal, Infant, & Child Health*





# #2 Chronic Disease Prevention

Includes Access to Care, Food Insecurity, and Maternal, Infant, & Child Health

OUR COMMUNITY

## ROUTINE CHECKUP WITHIN PAST YEAR

MEDINA COUNTY **72.8%**  
UNITED STATES **71.8%**

The Healthy People 2030 objective routine checkup is 84%

## Map the Meal Gap 2022 Findings

DATA COLLECTED IN 2019-2020

	Medina County	Ohio
Rate of Food Insecurity	8.3%	11.6%
Rate of Child Food Insecurity	14.8%	11.8%

The Healthy People 2030 objective for food insecurity is 6%

## Percent Required Immunizations Completed among Children Entering Kindergarten

2022 - 2023

All Required Doses	86.7%
Reason of Conscience or Religious Objection	5.6%
Medical Contraindication	0.2%
Incomplete	7.5%

STRATEGIES

### Adults

### Children

### Geography

Promote existing FQHC/Free clinic

Expand Know Your Numbers

Increase breast cancer screening

Promote pantry options in county

Implement Choice Food Pantry

Screenings at food pick-up

Explore Community Health Workers

Explore gardening partnership with older adults

Promote newborn home visits, well child visits, and vaccinations

Conduct additional data analysis to explore geographic differences in need across MC

- ❖ MC Health Department
- ❖ Free Clinic
- ❖ Cleveland Clinic
- ❖ Libraries

- ❖ Feeding Medina County
- ❖ MC Health Department
- ❖ Free Clinic
- ❖ Cleveland Clinic

- ❖ Cleveland Clinic
- ❖ Medina County Health Department
- ❖ Libraries
- ❖ Office Older Adults
- ❖ Soprema

- ❖ Medina County Health Department
- ❖ Free Clinic
- ❖ Cleveland Clinic

- ❖ Medina County Health Department

PARTNERS

POPULATIONS

THESE STRATEGIES WILL POSITIVELY IMPACT ALL RESIDENTS, BUT DATA SHOWS THESE POPULATIONS ARE IN THE MOST NEED:

Adolescents, Adults, Men, Women, LGBTQ+, Older Adults, veterans, geographic areas with higher SVI for overall vulnerability, household composition, minority status, socioeconomic status, and housing and transportation.

Adults and specific geographic locations in the service area will significantly benefit, as they are at higher risk for adverse health outcomes from chronic diseases.

OUTCOMES

### DESIRED OUTCOMES OF STRATEGIES

↑ Routine check-up and preventive care

↓ Use of tobacco & nicotine products

↓ Food insecurity

### OVERALL IMPACT OF STRATEGIES

↓ Reduce rates of diabetes, heart disease, stroke, and cancer.

↓ Reduce disparity in life expectancy across the county

ALL MEDINA COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL



Source: Medina County Community Health Assessment May 2024  
[https://medinahealth.org/wp-content/uploads/2024.05.13\\_2024-CHA\\_Final.pdf](https://medinahealth.org/wp-content/uploads/2024.05.13_2024-CHA_Final.pdf)

## Chronic Disease Prevention Priority Area

### Goal 1: Improve Access to Care and Preventive Care

#### Objectives:

- Improve percentage of residents who received a routine check-up in the past year from 72.8 % to HP20230 target of 84%.
- Improve screening for breast cancer from 73.5% to HP2030 goal of 80.3%

#### Strategy 1:

##### Encourage routine check-ups

- Promote recommended preventive services, and services available for those with limited income/health insurance
- Utilize mass media campaigns to increase enrollment in ACA, Medicaid, and Medicare
- Promote digital and overall health literacy
- Increase screenings for breast cancer 🌐

#### Strategy 2:

##### Expand Know Your Numbers outreach to address heart disease and diabetes.

- Update Leadership project (geared toward employers) to focus on general community
- Implement free screenings widely
- Participate in Better Health Partnership Diabetes QI Project
- Explore providing TeamsSTEPPS for Office-Based Care training to healthcare providers in MC 🌐
- Pilot utilizing community health workers for diabetes management ✨

#### Strategy 3:

##### Conduct Data Deep Dive

- Create health profiles per MC jurisdiction to inform future strategies
- Conduct focus groups to find additional information on barriers to access care





## Chronic Disease Prevention Priority Area

### Goal 2: Reduce Food Insecurity

#### Objective:

Reduce food insecurity from 8.3% to HP2030 goal of 6%.

#### Strategy 1:

Promote resources, including farmers markets, food pantries, and FMC

- Conduct mass media campaign to promote resources
- Educate providers on Food as Medicine
- Explore partnership for school community gardens and older adult volunteer opportunities\*

#### Strategy 2:

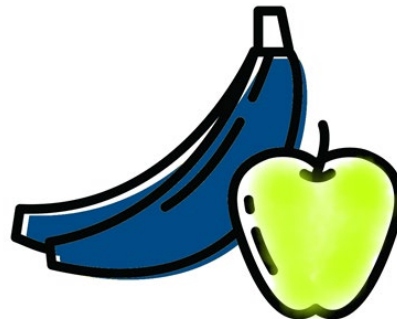
Implement Choice Pantry

- Encourage healthy food donations to food pantries
- Work with local business to support the development of a Choice Pantry
- Provide health screenings at pantries
- Increase home-delivered and congregate meal services for older adults living independently (i.e., not residents of senior living or retirement community centers) \*

#### Strategy 3:

Advocate for Healthy School Meals for All

- Advocate for policy change for funding to support Healthy School Meals for All \*
- Increase summer weekend bag program



## Chronic Disease Prevention Priority Area

### Goal 3: Improve Maternal, Infant, and Child Health

#### Objectives:

- Increase the percentage of mothers who receive prenatal care from current 73.2% to HP2030 goal of 80.5%
- Increase from 86.7% to 90% required immunizations completed among children entering kindergarten.

#### Strategy 1: Promote importance of prenatal care

- **Conduct mass media campaign on Folic Acid use during pregnancy \***
- **Improve vaccination rates by providing vaccines in conjunction with WIC clinics \***
- **Deep data dive: analyze differences in prenatal care based on geography, income, and other factors; Utilize finding from Fetal Fatality Review Committee to recommend strategies.**

#### Strategy 2: Promote prevention services for improved birth outcomes

- **Increase newborn home visits in MC**
- **Increase use of well-child visits**
- **Utilize community health workers to promote prenatal care and vaccinations**



Key for Evidence-Based Programs:

- 🌐 Healthy People 2030 - <https://health.gov/healthypeople>
- ✳ The Community Guide - <https://www.thecommunityguide.org/>
- 🍷 Food as Medicine - <https://nutrition.org/food-as-medicine/>

# STEPS 5-8 INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPROVEMENT PLAN



## IN THIS STEP, LIVING WELL MEDINA COUNTY WILL:

- INTEGRATE IMPLEMENTATION STRATEGY WITH COMMUNITY AND HEALTH DEPARTMENT PLANS
- DEVELOP A WRITTEN IMPROVEMENT PLAN
- ADOPT THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
- UPDATE AND SUSTAIN THE CHIP



# LIVING WELL MEDINA COUNTY NEXT STEPS



The CHA and this resulting Community Health Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This CHIP explains how members of Living Well Medina County plan to address the selected priority health needs identified by the CHA. This CHIP was adopted Living Well Medina County on October 2, 2024. This report is widely available to the public on the Medina County Health Department website at <https://medinahealth.org/community/data-reports/community-health-assessment/>. Request for copies and questions on this report can be submitted to Kristen Hildreth at [khildreth@medinahealth.org](mailto:khildreth@medinahealth.org).

## EVALUATION OF IMPACT

Medina County Health Department (MCHD), as a co-chair of Living Well Medina County (LWMC), will monitor and evaluate the programs and actions outlined above. LWMC anticipates the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. MCHD is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of the LWMC actions to address these significant health needs will be reported in the next scheduled CHA.



## ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since members of LWMC cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our community given our areas of focus and expertise. Taking existing organization and community resources into consideration, LWMC will not directly address the remaining health needs identified in the CHA. LWMC will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that the LWMC cannot independently lead in order to address the other health needs identified in the May 2024 CHA.



# Appendices



# Appendix A:

## Medina County Schools Mental Health and Prevention Services

School	Agency	Service
Black River	OhioGuidestone	OhioGuidestone is currently hiring staff to provide school-based mental health and prevention services in all buildings, as well as whole classroom groups with a psychoeducation focus for various grades.
	ADAMH K-12 Funding	This funding was used to implement <i>Skillstreaming</i> resiliency groups for grades K-12.
	Medina County Health Department	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	Medina County Aware - KSU	The Mental Health First Aid (MHFA) program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
Brunswick	Alternative Paths	Mental health and substance use prevention presentations are held each year at the middle school and high school level. One dual-diagnosis therapist is assigned to both the middle school and high school one day per week, per school, and both therapists offer one Early Intervention SUD group per school, per week.
	Catholic Charities	Has one counselor at St. Ambrose school one day per week.
	OhioGuidestone	All prevention work is with the <i>Botvin Life Skills</i> curriculum and tailored to the needs of each school. Prevention services and <i>Skillstreaming</i> resiliency groups are provided at Brunswick High School and Middle School. Individual mental health services and groups are also offered. Two full-time therapists split Brunswick High School (9-12) and Middle School (6-8).
	OhioGuidestone	District Preschool receives Classroom Consultation Services.
	ADAMH K-12 Funding	This funding was used to implement <i>Skillstreaming</i> resiliency groups for grades K-12, and to expand both <i>Second Step</i> programming, and <i>Where Everyone Belongs</i> to middle school youth in the district.
	Medina County Health Department	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
Buckeye	Medina County Aware - KSU	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
	Alternative Paths	Mental health and substance use prevention presentations are held each year at the middle school and high school level.
	Catholic Charities	Catholic Charities has one counselor at Buckeye Schools one day per week.
	OhioGuidestone	OhioGuidestone is in the process of hiring one staff member to provide prevention groups for the high school and middle school.
	The Oaks	One mental health counselor four hours per week at Buckeye Middle School.
	ADAMH K-12 Funding	The funding was used to implement the <i>ROX (Ruling Our Experience)</i> program for girls in alternating grades 5 through 11, as well as the <i>HOPE Squad</i> for all middle school and high school students.
Medina County Health Department	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows):	

School	Agency	Service
		<ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	<b>Medina County Aware - KSU</b>	The Mental Health First Aid (MHFA) program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
<b>Cloverleaf</b>	<b>Alternative Paths</b>	Mental health and substance use prevention presentations are held each year at the middle school and high school level.
	<b>ADAMH K-12 Funding</b>	This funding was used to implement <i>HOPE Squad</i> for middle school and high school students, as well as <i>Why Try</i> for high school students and <i>Second Step</i> for middle school youth.
	<b>Medina County Health Department</b>	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	<b>Medina County Aware - KSU</b>	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
<b>Highland</b>	<b>Alternative Paths</b>	Mental health and substance use prevention presentations are held each year at the middle school and high school level.
	<b>OhioGuidestone</b>	OhioGuidestone is in the process of trying to hire one staff member to provide prevention services in Highland HS and MS, using <i>Botvin Life Skills</i> and <i>Skillstreaming</i> curricula.
	<b>Medina County ESC</b>	Has one full time licensed social worker in Highland Schools.
	<b>ADAMH K-12 Funding</b>	This funding was used to expand <i>Second Step</i> programming.
	<b>Medina County Health Department</b>	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	<b>Medina County Aware - KSU</b>	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
<b>MCCC</b>		The Medina County Career Center has a dedicated counselor on staff to meet the personal and social needs of their students. In addition, some students receive services through their home school. Additionally, students are referred out to services as needed. Due to the unique characteristics of the MCCC's shortened school day, students traveling from other parts of the county, this is how service needs have been met.
	<b>Medina County Health Department</b>	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> </ul>



School	Agency	Service
		- Support in modifying or improving tobacco policies on school grounds
	<b>Medina County Aware - KSU</b>	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
<b>Medina</b>	<b>Alternative Paths</b>	Provides prevention groups for resiliency and social skills weekly, as well as general prevention services one day per week at Claggett Middle School.
	<b>Bellefaire</b>	Bellefaire is in Medina High School, two of the Middle Schools and in multiple elementary schools providing mental health services to at-risk populations receiving Medicaid.
	<b>ADAMH K-12 Funding</b>	This funding was used to implement <i>HOPE Squad</i> for grades 6-12, and <i>Skillstreaming</i> resiliency programming for grades K-12.
	<b>OhioGuidestone</b>	District Preschool receives Classroom Consultation Services.
	<b>Medina County ADAMH Board</b>	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	<b>Medina County Aware - KSU</b>	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.
<b>Wadsworth</b>	<b>Alternative Paths</b>	Mental health and substance use prevention presentations are held each year at the middle school and high school level.
	<b>Bellefaire</b>	Provides school-based mental health services for grades 6-12, and a mental health specialist provides case management services in all three elementary schools. Referrals are made to their after school program.
	<b>Red Oak Behavioral Health (Akron)</b>	Three full time school-based therapists in the district.
	<b>Cornerstone Psychological</b>	Provides three school based therapists to fill gaps from current partnerships.
	<b>ADAMH K-12 Funding</b>	This funding was used to implement <i>7 Mindset</i> programming for middle school youth, <i>Teen Mental Health First Aid</i> training for all 10 <sup>th</sup> graders, <i>ROX (Ruling Our Experiences)</i> programming for 5 <sup>th</sup> through 12 <sup>th</sup> grade girls, and to expand their <i>Too Good for Drugs</i> curriculum to the high school. Additionally, they added the <i>Second Step</i> curriculum in elementary schools, and the <i>Signs of Suicide</i> curriculum for 9 <sup>th</sup> graders.
	<b>Medina County Health Department</b>	The Medina County Health Department offers several vaping and tobacco related services upon request (as availability allows): <ul style="list-style-type: none"> <li>- Vaping and tobacco presentations for students</li> <li>- Flyers and bookmarks with quit vaping/smoking resources for students or staff</li> <li>- Staff or school nurse trainings/professional development</li> <li>- Q&amp;A information for parents</li> <li>- Support in modifying or improving tobacco policies on school grounds</li> </ul>
	<b>Medina County Aware - KSU</b>	The <i>Mental Health First Aid (MHFA)</i> program was implemented into the school district by training approximately 35% of their teachers, staff and administrators over a 3-year period. The district selected two individuals to complete the MHFA Instructor training and are now able to facilitate ongoing training sessions throughout the district.

10/3/2024



## Appendix B:

# Medina County Assets and Resources Living Well Medina County Coalition Members

### ACCESS AND FUNCTIONAL NEEDS

- Medina County Board of Developmental Disabilities
- Medina County Office for Older Adults
- Soprema Center, Wadsworth
- The Society

### ECONOMIC STABILITY AND SOCIAL SERVICES

- Community Action Wayne/Medina Counties
- Lodi Resource Center
- Medina County Economic Development Corporation
- Medina County Job and Family Services
- Salvation Army
- United Way Summit and Medina Counties

### EDUCATION

- Brunswick City Schools
- Buckeye Schools
- Cloverleaf Schools
- Highland Schools
- Medina City Schools
- Medina County District Library
- Project Learn
- Wadsworth City Schools

### HEALTHCARE AND PUBLIC HEALTH

- Akron Children's Hospital
- Cleveland Clinic, Main, Medina, and Lodi
- Free Clinic Medina County
- Medina County Health Department
- MetroHealth

### HEALTHY FOOD AND NUTRITION

- Feeding Medina County
- Medina County Extension Office
- Medina County WIC

### MATERNAL, INFANT, CHILD, AND YOUTH HEALTH

- Akron Children's Hospital
- Catholic Charities Medina County
- Cleveland Clinic, Medina Hospital
- Community Action Wayne/Medina Counties
- Family First Council
- Lodi Resource Center
- Medina County Health Department

### MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER

- Alternative Paths
- Catholic Charities Medina County
- Cornerstone Wellness
- Medina County Mental Health and Recovery Board
- Medina County Veterans
- Ohio Guidestone

### PHYSICAL ACTIVITY

- Brunswick Recreation Center
- Cloverleaf Recreation Center
- Medina County Park District
- Medina Community Recreation Center

### TRANSPORTATION/HOUSING

- Medina County Metropolitan Housing Authority
- Medina County Transit System

### OTHER

- Leadership Medina County
- Medina Chamber of Commerce
- Medina County Commissioners
- Medina County Emergency Management Agency
- Medina County Veterans Office
- OutSupport
- Village of Seville
- Wadsworth Chamber



# Appendix C: Healthy People 2030 and Sources for Mental Health and Addiction

Goal	HP 2030 Goals	Sources
<b>GOAL 1: Improve Mental Health and Access to Mental Healthcare</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of children with mental health problems who get treatment — MHMD-03</li> <li>• Increase the proportion of adolescents with depression who get treatment — MHMD-06</li> <li>• Reduce the suicide rate — MHMD-01</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Abuse and Mental Health Services Administration. (2020). Treatment for Suicidal Ideation, Self-harm, and Suicide Attempts Among Youth. Retrieved from <a href="https://store.samhsa.gov/product/Treatment-for-Suicidal-Ideation-Self-harm-and-Suicide-Attempts-Among-Youth/PEP20-06-01-002">https://store.samhsa.gov/product/Treatment-for-Suicidal-Ideation-Self-harm-and-Suicide-Attempts-Among-Youth/PEP20-06-01-002</a>. †</li> <li>• Handle with Care: <a href="https://handlewithcareoh.org/index.php">https://handlewithcareoh.org/index.php</a></li> <li>• State Plan on Aging: <a href="https://aging.ohio.gov/about-us/reports-and-data/ohios-state-plan">https://aging.ohio.gov/about-us/reports-and-data/ohios-state-plan</a></li> <li>• SAMSA 988: <a href="https://988lifeline.org/help-yourself/youth/">https://988lifeline.org/help-yourself/youth/</a> †</li> <li>• Matter of Balance: <a href="https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance">https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance</a> 🔄</li> </ul>
<b>GOAL 2: Address Community Conditions ~ ACES &amp; Housing Instability</b>	<ul style="list-style-type: none"> <li>• Reduce the number of young adults who report 3 or more adverse childhood experiences — IVP-D03 (Developmental)</li> <li>• Reduce the proportion of families that spend more than 30% of income on housing — SDOH-04</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy People 2030 early childhood home visitation: <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/violence-prevention-early-childhood-home-visitation-prevent-child-maltreatment">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/violence-prevention-early-childhood-home-visitation-prevent-child-maltreatment</a> 🌐</li> <li>• Healthy People 2030 school-based anti-bullying interventions: <a href="https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/violence-prevention-school-based-anti-bullying-interventions">https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/violence-prevention-school-based-anti-bullying-interventions</a> 🌐</li> <li>• Healthy People 2030 spend more than 30% of income on housing: <a href="https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04">https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04</a> 🌐</li> <li>• Handle with Care: <a href="https://www.handlewithcareoh.org/">https://www.handlewithcareoh.org/</a> ♥</li> </ul>
<b>Goal 3: Address Substance Use and Addiction</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of people with a substance use disorder who got treatment in the past year — SU-01</li> <li>• Reduce drug overdose deaths — SU-03</li> <li>• Reduce current tobacco use in adolescents — TU-04</li> <li>• Reduce current tobacco use in adults — TU-01</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy People 2030 Drug Overdose: <a href="https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-drug-overdose-deaths-su-03">https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-drug-overdose-deaths-su-03</a> 🌐</li> <li>• Community Guide: <a href="https://www.thecommunityguide.org/findings/tobacco-use-mass-reach-health-communication-interventions.html">https://www.thecommunityguide.org/findings/tobacco-use-mass-reach-health-communication-interventions.html</a> *</li> <li>• <a href="https://www.thecommunityguide.org/findings/tobacco-use-internet-based-cessation-interventions.html">https://www.thecommunityguide.org/findings/tobacco-use-internet-based-cessation-interventions.html</a> *</li> <li>• <a href="https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies.html">https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies.html</a> *</li> </ul>
<b>Key for Evidence-Based Programs:</b> 🌐 Healthy People 2030 - <a href="https://health.gov/healthypeople">https://health.gov/healthypeople</a> * The Community Guide - <a href="https://www.thecommunityguide.org/">https://www.thecommunityguide.org/</a> † SAMSA - <a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a> ♥ Handle with Care - <a href="https://www.handlewithcareoh.org/">https://www.handlewithcareoh.org/</a> 🔄 Matter of Balance: <a href="https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance">https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance</a>		



# Appendix D: Healthy People 2030 and Sources for Chronic Disease Prevention

Goal	HP 2030 Goals	Sources
<b>Goal 1: Improve Access to Care and Preventive Care</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of people with a usual primary care provider — AHS-07</li> <li>• Increase the proportion of adults who get recommended evidence-based preventive health care — AHS-08</li> </ul>	<ul style="list-style-type: none"> <li>• Community Guide One Pager: Community Health Workers: <a href="https://www.thecommunityguide.org/media/pdf/One-Pager-CHW-508.pdf">https://www.thecommunityguide.org/media/pdf/One-Pager-CHW-508.pdf</a> *</li> <li>• Agency for Healthcare Research and Quality. (2015). TeamSTEPS for office-based care version. Agency for Healthcare Research and Quality: Rockville, MD. Retrieved from <a href="https://www.ahrq.gov/teamsteps/officebasedcare/index.html">https://www.ahrq.gov/teamsteps/officebasedcare/index.html</a> 🌐</li> <li>• Healthy People 2030 Screening for Breast Cancer: <a href="https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-breast-cancer-c-05">https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-breast-cancer-c-05</a> 🌐</li> <li>• Food as Medicine: <a href="https://nutrition.org/food-as-medicine/">https://nutrition.org/food-as-medicine/</a> 🌐</li> </ul>
<b>Goal 2: Reduce Food Insecurity</b>	<ul style="list-style-type: none"> <li>• Reduce household food insecurity and hunger – NWS-01 (LHI)</li> </ul>	<ul style="list-style-type: none"> <li>• Community Guide Nutrition: <a href="https://www.thecommunityguide.org/findings/nutrition-gardening-interventions-increase-vegetable-consumption-among-children.html">https://www.thecommunityguide.org/findings/nutrition-gardening-interventions-increase-vegetable-consumption-among-children.html</a> *</li> <li>• Guide to Community Preventive Services. (2022). Social Determinants of Health: Healthy School Meals for All. Retrieved from <a href="https://www.thecommunityguide.org/findings/social-determinants-health-healthy-school-meals-all.html">https://www.thecommunityguide.org/findings/social-determinants-health-healthy-school-meals-all.html</a>. *</li> <li>• <a href="https://www.thecommunityguide.org/findings/nutrition-home-delivered-and-congregate-meal-services-older-adults.html">https://www.thecommunityguide.org/findings/nutrition-home-delivered-and-congregate-meal-services-older-adults.html</a> *</li> </ul>
<b>Goal 3: Improve Maternal, Infant, and Child Health</b>	<ul style="list-style-type: none"> <li>• Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08</li> <li>• Reduce the proportion of children who get no recommended vaccines by age 2 years — IID-02</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://www.thecommunityguide.org/findings/pregnancy-health-community-wide-campaigns-promote-use-folic-acid-supplements.html">https://www.thecommunityguide.org/findings/pregnancy-health-community-wide-campaigns-promote-use-folic-acid-supplements.html</a> *</li> <li>• <a href="https://www.thecommunityguide.org/findings/vaccination-programs-special-supplemental-nutrition-program-women-infants-children-wic.html">https://www.thecommunityguide.org/findings/vaccination-programs-special-supplemental-nutrition-program-women-infants-children-wic.html</a> *</li> </ul>
<b>Key for Evidence-Based Programs:</b> 🌐 Healthy People 2030 - <a href="https://health.gov/healthypeople">https://health.gov/healthypeople</a> * The Community Guide - <a href="https://www.thecommunityguide.org/">https://www.thecommunityguide.org/</a> 🌐 Food as Medicine - <a href="https://nutrition.org/food-as-medicine/">https://nutrition.org/food-as-medicine/</a>		







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