2018-2020 COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL REPORT

FRANKLIN COUNTY PUBLIC HEALTH: 2018-2020 CHIP ANNUAL REPORT

Franklin County Public Health (FCPH) released their 2018-2020 Community Health Improvement Plan (CHIP) in 2018, identifying four priority areas: chronic disease, mental health/behavioral health and addiction, access to overall healthcare, and maternal and infant health. Since 2018, FCPH has collaborated with over 30 partner organizations to improve health in these priority areas and make progress in the strategies and action steps identified in the CHIP. These actions were critical in FCPH's continued strides toward reaching health equity in the Franklin County community. This report explores the actions and strategies executed by FCPH to improve the selected priority health areas, as well as changes in selected health outcomes from 2017 to 2020, where data is available. The COVID-19 pandemic undoubtedly impacted both the efforts made by FCPH and trends in related health metrics in 2020. As a result, many CHIP-related efforts made by FCPH have continued throughout 2021.

Priority Area 1: Chronic Disease (p. 2-12)

Priority Area 2: Mental Health/Behavioral Health & Addiction (p. 13-26)

Priority Area 3: Access to Overall Healthcare (p. 27-30)

Priority Area 4: Maternal & Infant Health (p. 31-44)

CHIP Partners (p. 45-46)

Sources (p. 47-49)

Priority Area 1: Chronic Disease

Chronic disease was selected as the number one CHIP priority area due to the heavy burden placed on the Franklin County community. In 2019, chronic diseases accounted for four of the top five leading causes of death among Franklin County residents.[1]

OUTCOME: REDUCE HEART DISEASE

Among chronic diseases with the heaviest health burden, heart disease often ranks first. In 2019, heart disease made up 20.3% of total deaths among residents.[1] From 2017 to 2019, both age-adjusted deaths by heart disease[1] (Figure 1) and the proportion of residents ever diagnosed with heart disease[2] (Figure 2) decreased in Franklin County. There was an increase in age-adjusted deaths due to heart disease per 100,000 Franklin County residents from 2019 to 2020 (Figure 1).[1] This increase from 2019 to 2020 was observed nationwide and could potentially be attributed to underreporting of COVID-19 at the beginning of the pandemic and the resulting exacerbation of chronic health conditions like heart disease.[3] Additionally, this increase in deaths could be a result of the pandemic's disruption of usual healthcare seeking behavior which may have prevented life-saving early detection and disease management.[3]

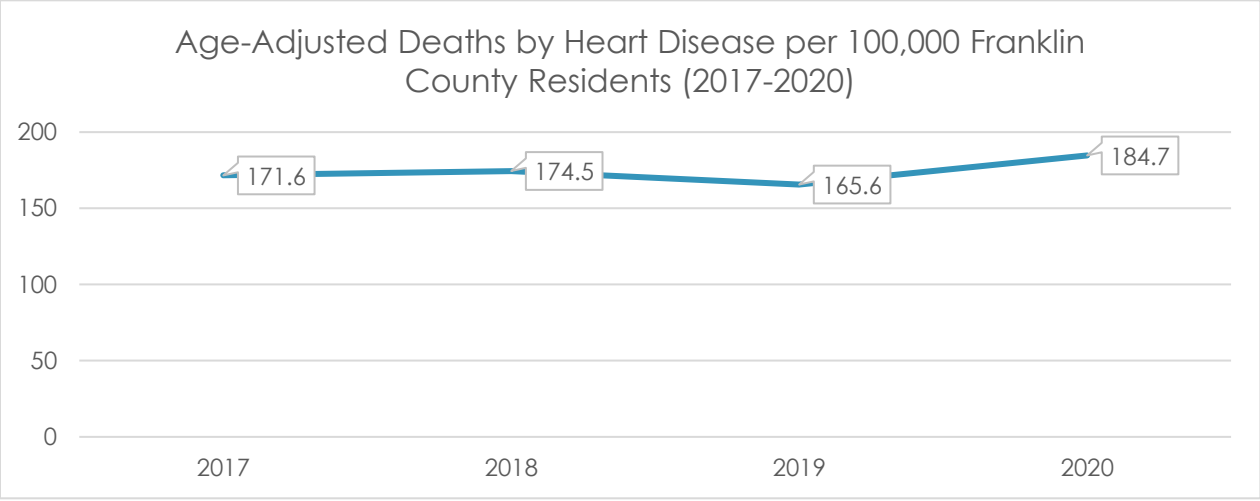


Figure 1. Source: Ohio Department of Health Ohio Public Health Information Warehouse

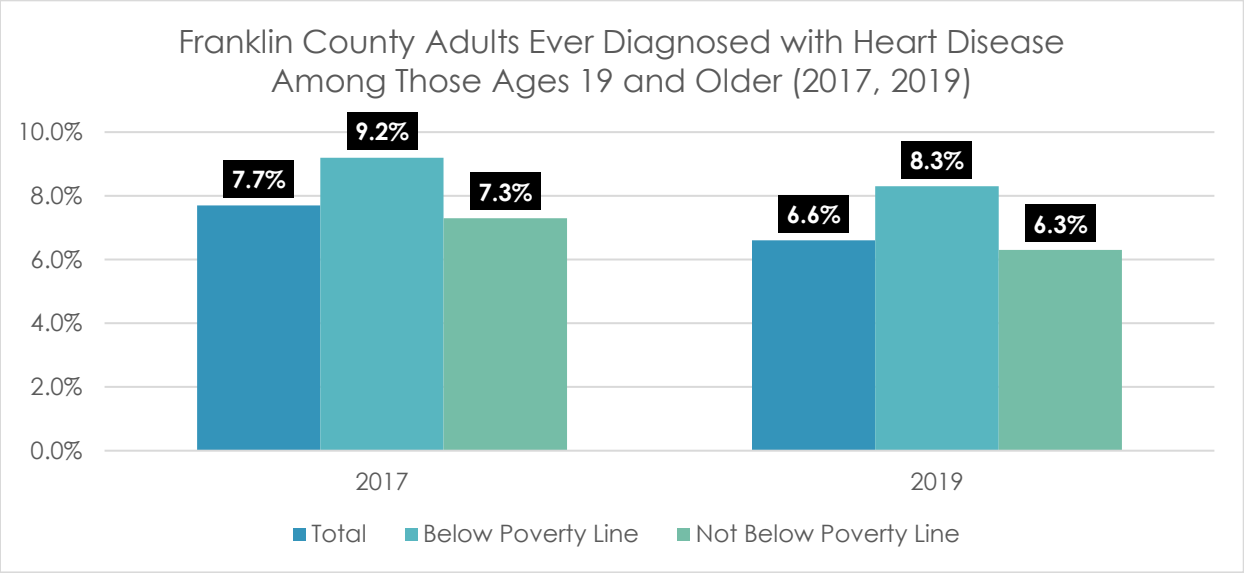


Figure 2. Source: The Ohio Medicaid Assessment Survey Dashboard

Care Coordination

In March 2019, FCPH established their Care Coordination Program as a member of the Central Ohio Pathways HUB[4], an evidence-based model for tracking risks, connections and outcomes via "pathways" and a specialized technology system. The HUB, which is managed by the Healthcare Collaborative of Greater Columbus. The HUB addresses multiple factors that contribute to an individual's health, including social determinants like culture, race, income, and education level, by connecting clients to Community Health Workers (CHWs) who identify health needs and risks, which are translated into pathways. FCPH hired their first CHW in early 2019 and hired three more CHWs in October 2019. As of November 2021, the Care Coordination Program has grown to include 6 total CHWs, with plans to expand the program to include ten CHWs by the end of the year.

FCPH CHWs work with clients for a variety of reasons, including chronic disease prevention and management through linkage to primary care, encouragement of healthy living, and provision of health education modules. In 2019 and 2020, FCPH CHWs completed 243 education modules related specifically to adult health of the 928 total education modules completed.

HUB Pathways Initiated and Completed by FCPH CHW Clients (2019-2020)

Pathway	Initiated	Finished Incomplete	Completed	Clients with Pathway
Education	931	1	928	160
Social Services Referral	561	174	340	151
Medical Referral	116	36	54	68
Pregnancy	75	16	41	75
Housing	51	26	13	49
Medical Home	51	26	13	49
Postpartum	46	7	30	43
Employment	44	20	7	44
Health Insurance	43	16	17	38
Family Planning	41	9	23	41
Adult Learning	30	18	4	27
Tobacco Cessation	27	21	0	24
Medication Assessment	10	5	5	10
Immunization Referral	5	3	2	5
Behavioral Health	4	3	1	4
Medication Management	3	2	1	3
Immunization Screening	1	0	1	1

From March 21, 2019 to December 31, 2020, FCPH CHWs enrolled 178 total clients into the HUB pathways program. FCPH CHWs enrolled and served 32 clients in 2019 and 146 clients in 2020, meaning over 4 times more clients were served in 2020. Over half (51.1%) of clients identified as Black/African American and over one third (37.1%) of clients identified as white. From program implementation in 2019 to the end of 2020, FCPH CHWs successfully completed 1,480 HUB pathways, with the two most popular being education and social services referral pathways. FCPH CHWs saw clients living in 37 different zip codes and served over 6 times more clients living in high or very high-risk census tracts than low risk census tracts according to the Social Vulnerability Index (Figure 3).

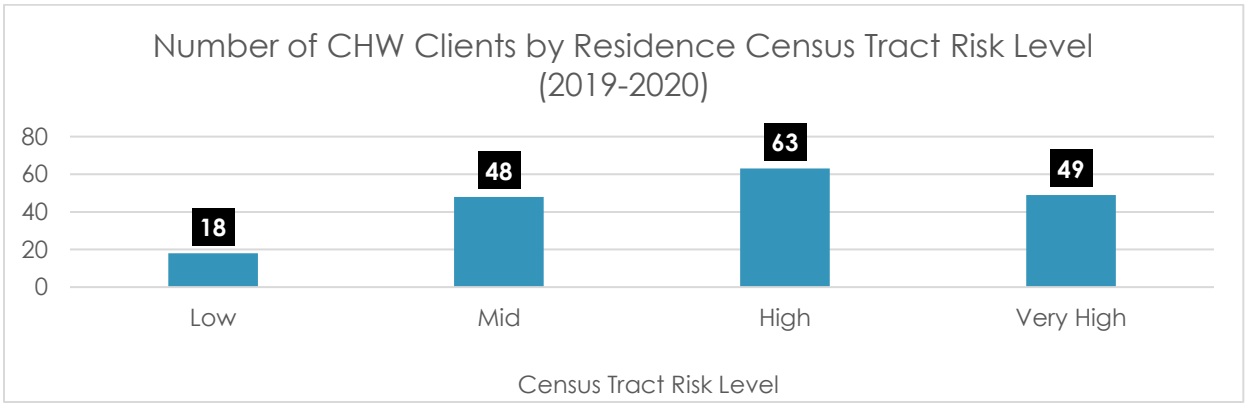


Figure 3. Source: Franklin County Public Health Division of Health Systems & Planning

Community Health Action Teams

Life's Simple 7

In 2018 and 2019, FCPH partnered with their Community Health Action Teams (CHATs) and the OSU Center for Clinical and Translation Science to host community presentations on Life's Simple 7, an education model defined by the American Heart Association to help people identify seven risk factors they should improve to achieve better heart health.[5] In total, FCPH CHATs reached 26 residents with Life's Simple 7.

Year	CHAT	Residents Reached
2018	Whitehall	16
2019	Southwest	10
Total		**26**

Healthy Heart Challenge

In 2020, FCPH partnered with the American Heart Association and Heart of Ohio Family Health to create the Healthy Heart Challenge for Whitehall and Clinton Township residents as a part of Minority Health Month. In total, 36 residents registered, and 33 blood pressure screenings were provided.

OUTCOME: REDUCE DIABETES

From 2017 to 2019, the prevalence of diabetes among Franklin County residents increased from 9.3% to 10.8% (Figure 4).[1] In 2019, the age-adjusted death rate by diabetes mellitus was 40.0 deaths per 100,000 Black/African American residents and only 20.4 deaths per 100,000 white residents[1], showing a racial disparity in mortality due to diabetes in Franklin County.

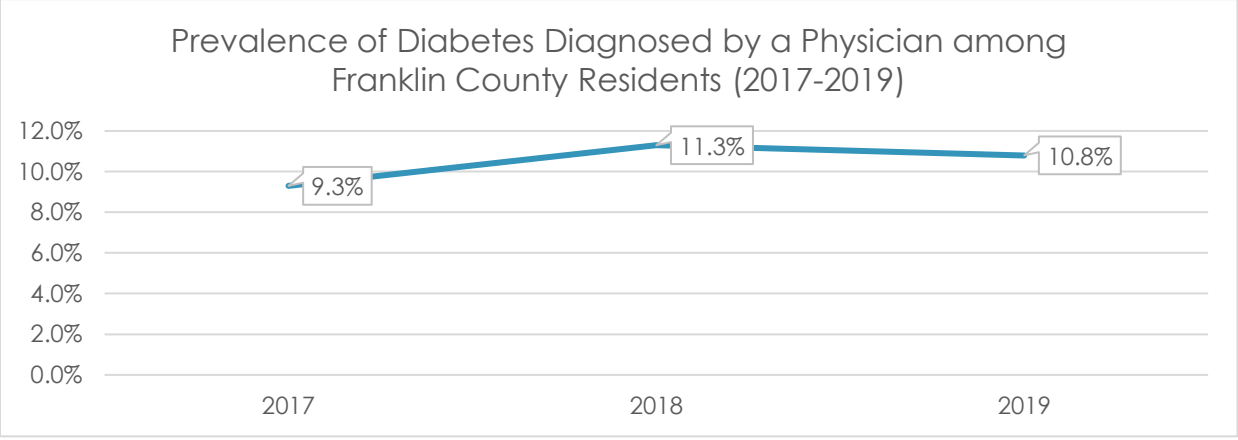


Figure 4. Source: Behavioral Risk Factor Surveillance System

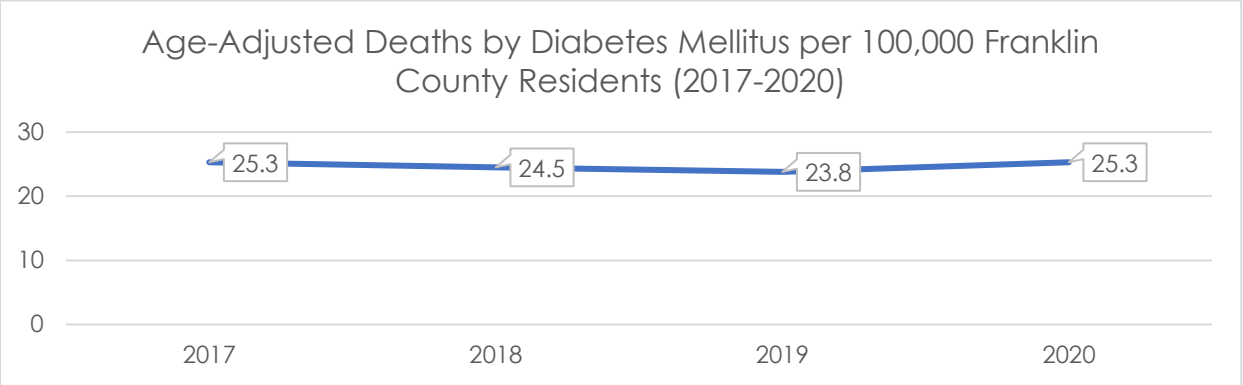


Figure 5. Source: Ohio Department of Health Ohio Public Health Information Warehouse

Franklin County Diabetes Action Plan

In 2018, FPCH convened stakeholders form local and state organizations to develop a Franklin County Diabetes Action Plan. In meetings with FCPH staff and local organizations, the workgroup discussed strategies and tactics for reducing diabetes mortality, including primary, secondary, and tertiary prevention methods. The primary intervention strategy selected for reducing mortality by diabetes was ensuring healthy food access through fresh food distribution, which overlaps with efforts made in reducing obesity through increasing nutrition. The secondary prevention strategy identified was increasing prediabetes screening and the tertiary strategy selected was increasing the proportion of diabetic patients with blood sugar in control.

OUTCOME: REDUCE OBESITY THROUGH PHYSICAL ACTIVITY & NUTRITION

In the United States, three in four adults do not get enough physical activity, which can lead to heart disease, type 2 diabetes, certain kinds of cancer, and overweight/obesity.[6] Similarly, an unhealthy diet lacking nutrition can increase risk for the same chronic health issues.[7] Nutrition can help people live longer lives and manage and prevent chronic diseases.

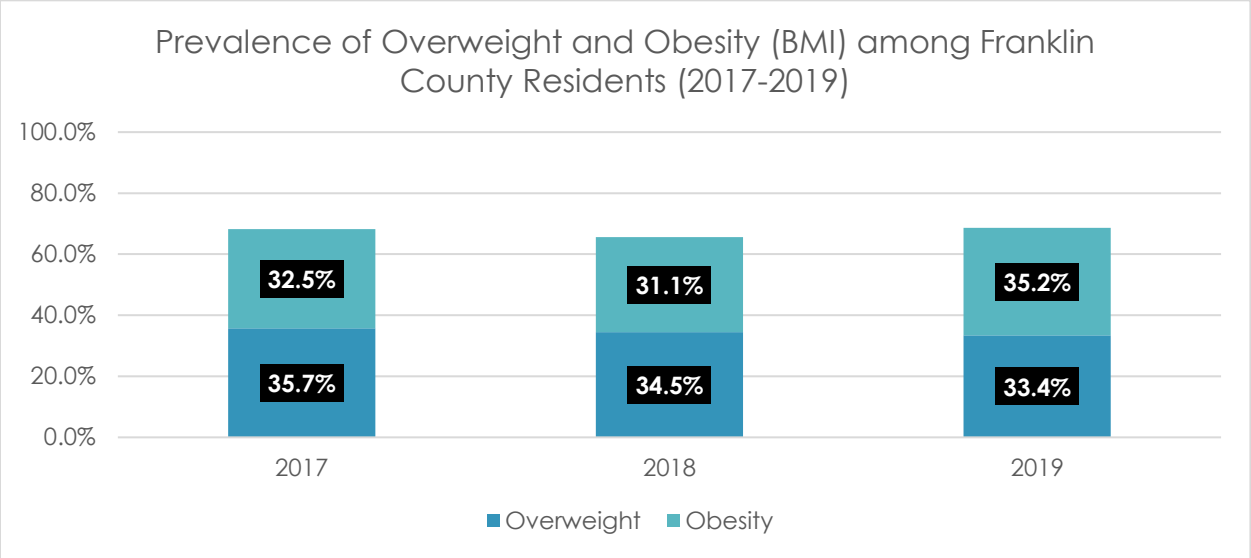


Figure 6. Source: Behavioral Risk Factor Surveillance System

The prevalence of overweight and obesity, did not change significantly from 68.2% of Franklin County residents in 2017 to 68.6% of residents in 2019 (Figure 6). Of those community members, a larger proportion were considered obese rather than overweight in 2019 (35.2%) than in 2017 (32.5%). A previous focus on obesity and overweight has largely shifted toward a focus on sedentary lifestyle and food insecurity due to stereotypes surrounding weight bias[8] and unreliability of body mass index (BMI) as a measure of health and wellbeing, as some individuals can have overweight or obese BMI but be very healthy.[9]

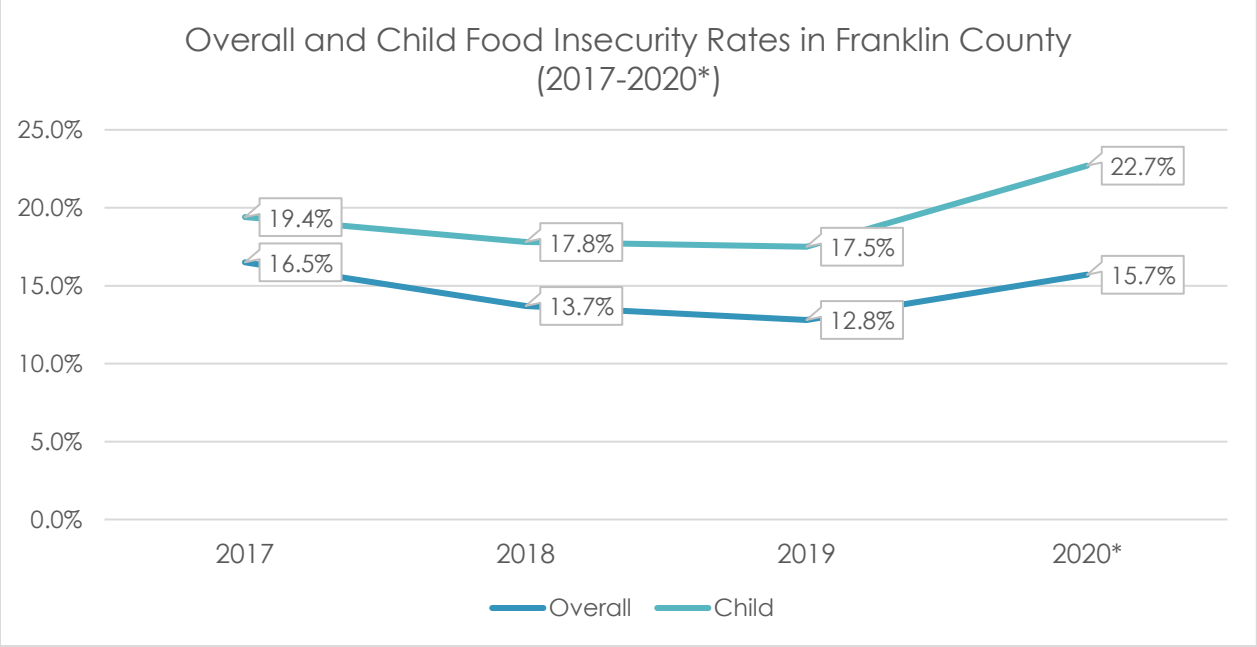


*Figure 7. Source: Feeding America; *Rates from 2020 are projected.*

From 2017 to 2019, the food insecurity rate decreased 3.7% among the overall Franklin County population and 1.9% among children (Figure 7). Though the proportion of children who were food insecure in 2019 decreased to 17.5%, this still constituted 52,860 food insecure children, 37% of whom were likely ineligible for federal nutrition programs like the Supplemental Nutrition Assistance Program (SNAP).[10] Unfortunately, food insecurity in Franklin County likely increased in 2020 because of economic hardships caused by the COVID-19 pandemic. Projected data from 2020 show food insecurity rates increasing to 15.7% overall and 22.7% among children.[11]

Complete Streets & Active Living

Complete Streets are roads designed and maintained "in an equitable and context-sensitive manner so that people of all ages, incomes, and abilities can use them safely."[12] Complete Streets policies work to ensure people's safety in many different manners of transportation. In 2019, FCPH attended the Mid-Ohio Regional Planning Commission's (MORPC) Active Transportation Working Group meeting to learn more about MORPC's regional complete streets policy implementation toolkit, which can be used to provide resources for local governments, project sponsors, consultants, etc. to plan, design, and implement Complete Streets projects.[13]

In 2019 and 2020, FCPH met with partners at the American Heart Association, Franklin County Engineer's Office, MORPC, and city council members to discuss and promote Complete Streets policies. In 2019, the cities of Gahanna and Worthington adopted Complete Streets policies, bringing the total number of cities that adopted Complete Streets policies in FCPH service area since the initiation of the 2018-2020 CHIP to two. FCPH identified the cities of Reynoldsburg and Whitehall for future intervention.

In October 2020, FCPH participated in a walking audit organized by MORPC & the Franklin County Engineer's Office, as well as a debrief meeting to talk about the findings from the audit. The debrief discussion included areas of potential improvement along the route and suggestions for safety, walkability, and accessibility improvements. In 2021, FCPH began developing an Active Living Toolkit for its community members to assist in increasing physical activity and decreasing chronic disease. One of the elements of this Toolkit is Neighborhood Walking Maps. As of November 2021, two walk audits have been completed in Dublin and Grove City.

Ohio Days & Farm to School Grant

In 2018, FCPH hosted Ohio Days: My Plate, My State[14] (OHDays), which features one meal a month served in school cafeterias that is grown, raised, or processed in Ohio to encourage youth to eat healthy, local, fresh foods. In 2018, OHDays reached over 62,000 PreK through 12th grade students in FCPH service area school districts, Columbus City Schools, and one early childcare center. The participating FCPH service area school districts included Bexley, Upper Arlington, New Albany-Plain, and Grandview.

In 2019, FCPH was awarded the Farm to School Grant from the U.S. Department of Agriculture to expand the OHDays program. OHDays meals were promoted through school announcements, posters, newsletters to families, classroom discussions, social media, and more. In the 2019-2020 school year, an estimated total 2,428 students chose the OHDays meal. Most teachers reported that their students enjoyed the OHDays meals "very much" and that they would serve the meals again. In January 2020, FCPH conducted eight focus groups with primary and secondary school teachers from Columbus City Schools, Whitehall City Schools, and Dublin City Schools about experiences, barriers, and more related to Farm to School programs.

During the 2020-2021 school year, FCPH had to adjust their methods to provide children with food through local procurement and school-led gardening because of the COVID-19 pandemic. As a result, FCPH implemented Ohio Days at Home in partnership with Columbus City School Food Service Production Center and Columbus Public Health to provide students with the resources to grow their own food, including pots, dirt, and seeds. Teachers received lesson plans to assist them. Forty-nine educators in 6 school districts were provided with resources and lesson plans. Overall, approximately 2,240 PreK through 5th grade students participated.

Participating OHDays & Farm to School Districts (2018-2020)
Bexley City School District
Canal Winchester Local School District
Columbus City School District
Dublin City School District
Gahanna-Jefferson Public Schools
Grandview Heights City School District
Groveport Madison Local School District
Hilliard City School District
Little Dreamers Big Believers Childcare Center
New Albany-Plain Local School District
Upper Arlington City School District
Whitehall City School District

Tower Gardens

In 2018 and 2019, FCPH partnered with Mt. Carmel to distribute tower gardens to jurisdiction area schools in four public school districts. Tower gardens provide students an opportunity to learn about healthy foods and sustainability, as well as consume fresh produce.

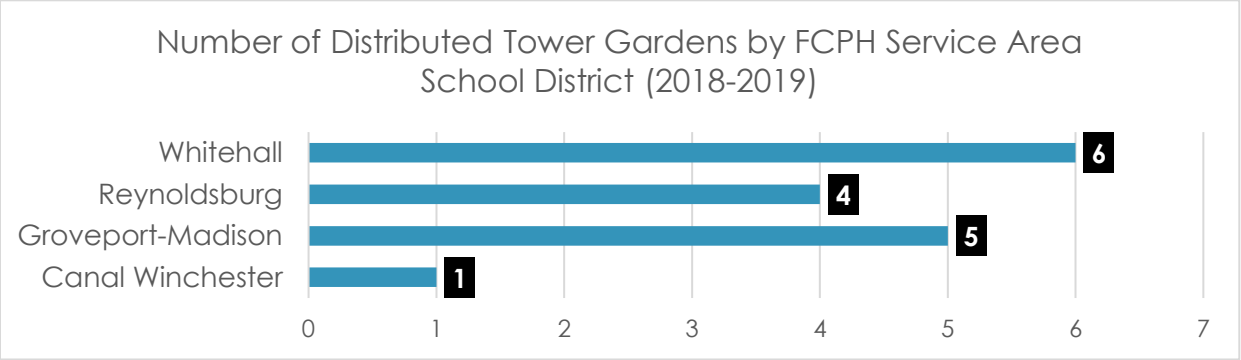


Figure 8. Source: Franklin County Public Health Division of Health Systems & Planning

Community Health Action Teams

Produce Markets

FCPH hosted various monthly produce markets in partnership with the Prairie Township and Clinton Township CHATs. These markets aimed to provide residents with free, fresh produce to combat food insecurity, a leading contributor to overweight and obesity,[15,16] and encourage healthy eating.

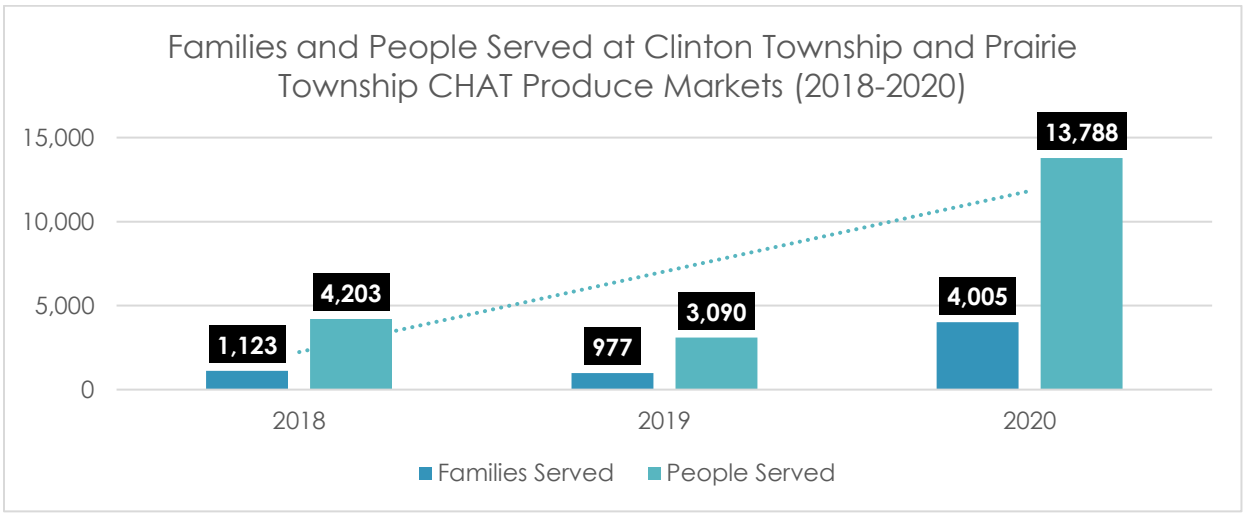


Figure 9. Source: Franklin County Public Health Division of Health Systems & Planning

Prairie Township hosted produce markets in 2018 and Clinton Township hosted produce markets in 2019. In 2020, both Prairie Township and Clinton Township hosted produce markets. The number of people served at FCPH produce markets increased 228% from 4,203 in 2018 to 13,788 in 2020 (Figure 9). In total, from 2018 to 2020, FCPH provided 189,729 meals to Franklin County community members (Figure 10).

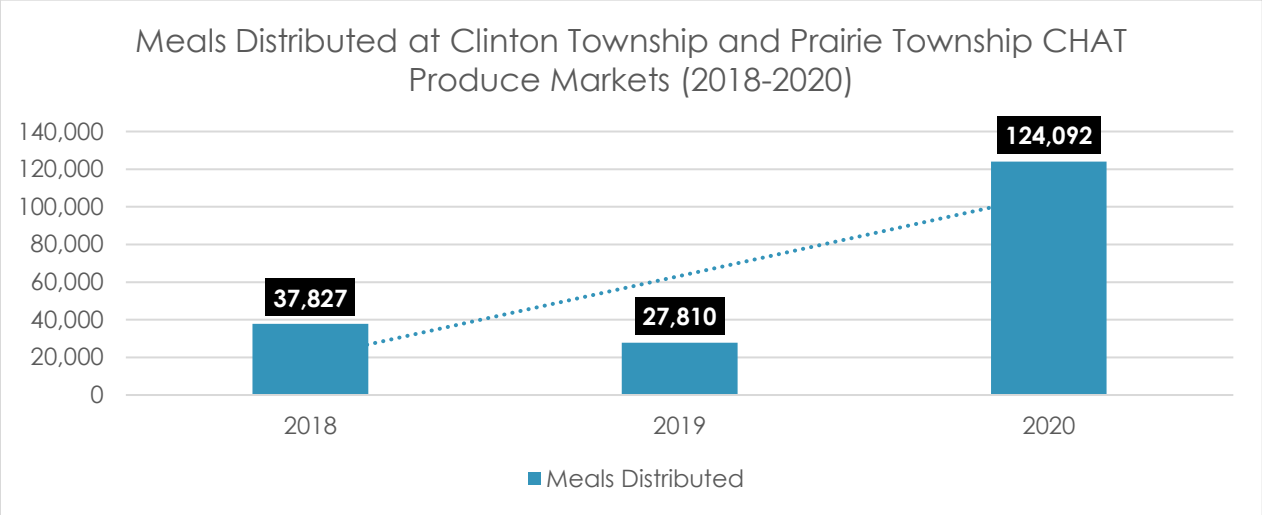


Figure 10. Source: Franklin County Public Health Division of Health Systems & Planning

Whitehall Community Food Survey

In 2018, the Whitehall CHAT rolled out a Community Food Survey in order to better understand how Whitehall residents access and use healthy foods. The survey was administered both electronically and physically at community events and captured 139 responses. While the USDA recommends consuming 3-5 servings of fruits and vegetables each day, over half (54%) of respondents reported eating only 1-2 servings each day. Some of the barriers to eating enough healthy foods reported by the community included high costs, poor quality options, time restrictions, lack of availability, and lack of transportation. In total, 50% of respondents reported that a barrier to fruit and vegetable consumption was that the prices were not in their budget.

Cooking Demonstrations & Community Cookbooks

In 2018, the Prairie Township CHAT created and distributed community cookbooks to 3 agency partners to pass out to community members. In 2018, 2019, and 2020, FCPH partnered with OSU Extension to host cooking demonstrations with a Registered Dietician to prepare healthy, culturally appropriate snacks as part of Minority Health Month events. In 2018, the CHATs reached approximately 70 people and, in 2019, the Prairie Township CHAT reached 100 people with two demonstrations. In 2020, 36 community members attended one virtual cooking demonstration.

Community in Motion Initiative

In 2018, the Southwest CHAT launched a new Community in Motion initiative to promote the use of physical activity as a primary means of disease prevention and to educate the community on the nine dimensions of wellness.[17] The CHAT recruited 14 local businesses and organizations to provide discounted or free wellness resources. In 2019, the Southwest CHAT connected with 300 residents at seven community events to promote the Community in Motion initiative.

Care Coordination

FCPH CHWs referred many clients to services that could decrease the risk of chronic health conditions through improved nutrition and reduced food insecurity. In total, FCPH CHWs completed 135 nutrition-related pathways with clients in 2019 and 2020.

FCPH CHW-Initiated Nutrition-Related Pathways (2019-2020)

Service	Initiated	Finished Incomplete	Completed
Food Assistance (General)	144	27	111
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	30	3	21
Mid-Ohio Food Collective	5	5	0
Kroger Community Pantry	3	0	3
Nutrition Assistance	2	1	1

Priority Area 2: Mental Health/Behavioral Health and Addiction

OUTCOME: REDUCE UNINTENTIONAL DRUG OVERDOSE DEATHS

Unintentional overdose deaths in Franklin County increased 105% from 2017 to 2020,[1] which was consistent with state and national trends.[18] FCPH worked diligently to mitigate deaths due to overdose through outreach efforts, including naloxone trainings and distribution. Still, unintentional drug overdose deaths were exacerbated nationally by the COVID-19 pandemic[18], and the age-adjusted death rate due to unintentional overdose in 2020 was approximately 59.6 deaths per 100,000 Franklin County residents (Figure 11).[1]

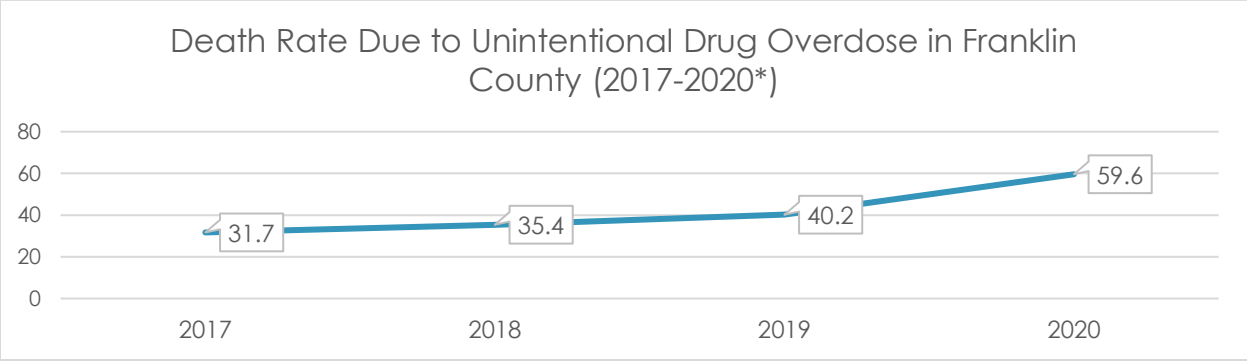


*Figure 11. Source: Ohio Department of Health Ohio Public Health Information Warehouse; *Rates from 2020 are preliminary*

Project Deaths Avoided with Naloxone & Integrated Naloxone Access and Infrastructure Grant

Naloxone is a medication that can be administered to reverse an opioid overdose, potentially saving someone's life.[19] Project DAWN (Deaths Avoided with Naloxone) is a collaboration of overdose education and naloxone distribution programs coordinated by the Ohio Department of Health (ODH). In 2018, FCPH began receiving Project DAWN funding. In 2019, FCPH received the Integrated Naloxone Access and Infrastructure (IN) Grant from ODH, which allowed FCPH to greatly expand their community naloxone distribution.

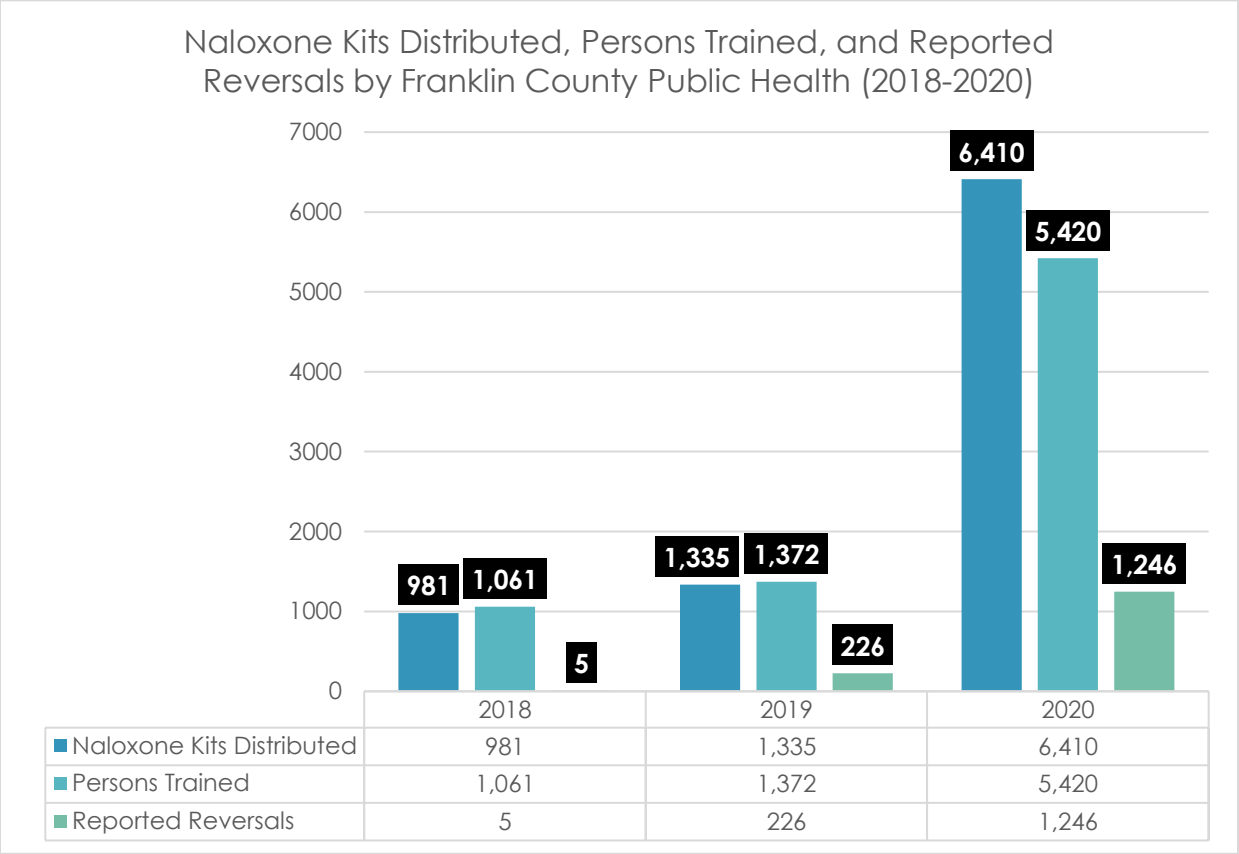


Figure 12. Source: Ohio Department of Health

There was a 553% increase in naloxone distribution by FCPH from 2018 to 2020. Through ODH's Project DAWN program and the IN Grant, as well as funding from the Ohio Department of Mental Health and Addiction Services, FCPH distributed 8,726 naloxone kits, trained 7,852 people, and recorded 1,477 reported overdose reversals from 2018 to 2020 (Figure 12).

From May 2019 to the end of 2020, approximately 263 naloxone kits were distributed by FCPH in jails or prisons (Figure 13) and 112 individuals who received naloxone from FCPH shared that they had been recently incarcerated. Furthermore, over 350 naloxone kits were distributed at drop-in centers, many of which serve Franklin County community members who are experiencing homelessness (Figure 13). In 2020, FCPH rolled out a mail order naloxone program to combat some of the barriers created by the COVID-19 pandemic to ensure that community members still had access to naloxone. In 2020, the mail order program was utilized by 1,065 of 5,408 (19.7%) total naloxone kit recipients (Figure 13).

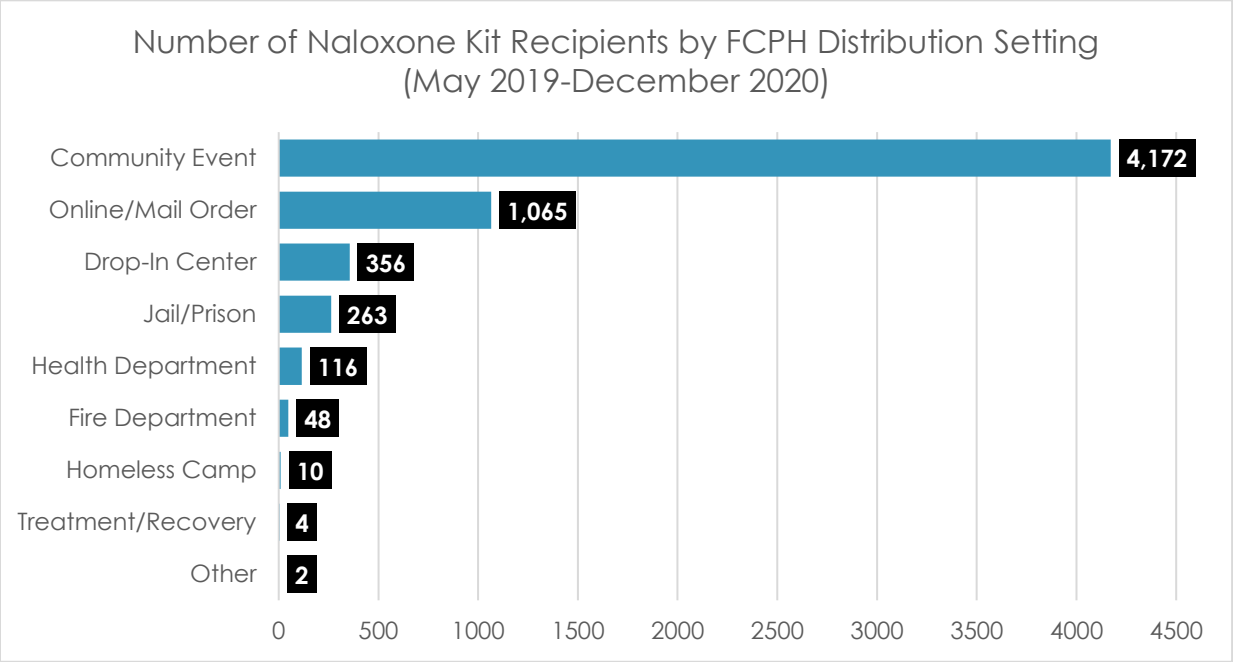


Figure 13. Source: Franklin County Public Health Division of Health Systems & Planning

A large proportion of FCPH naloxone recipients reported high risk overdose-related experiences and behaviors. In fact, over 1,000 naloxone recipients reported using intravenous (IV) drugs and/or overdosing in the past. Furthermore, 3,150 recipients from May 2019 to the end of 2020 reported having no health insurance or having Medicaid for health insurance (Figure 14).

Reported Overdose-Related Behaviors and Experiences by FCPH Naloxone Recipients (May 2019-December 2020)

Questions	Answers	
"Have you…	**Yes**	**No**
...ever used intravenous (IV) drugs?"	1,206	4,525
...ever been in a formal treatment program (other than AA, NA or other peer support groups)?"	1,110	4,618
...been released from a treatment facility within the past 30 days?"	138	5,573
...been released from a jail or correctional facility within the past 30 days?"	112	5,599
…ever overdosed?"	1,022	4,689

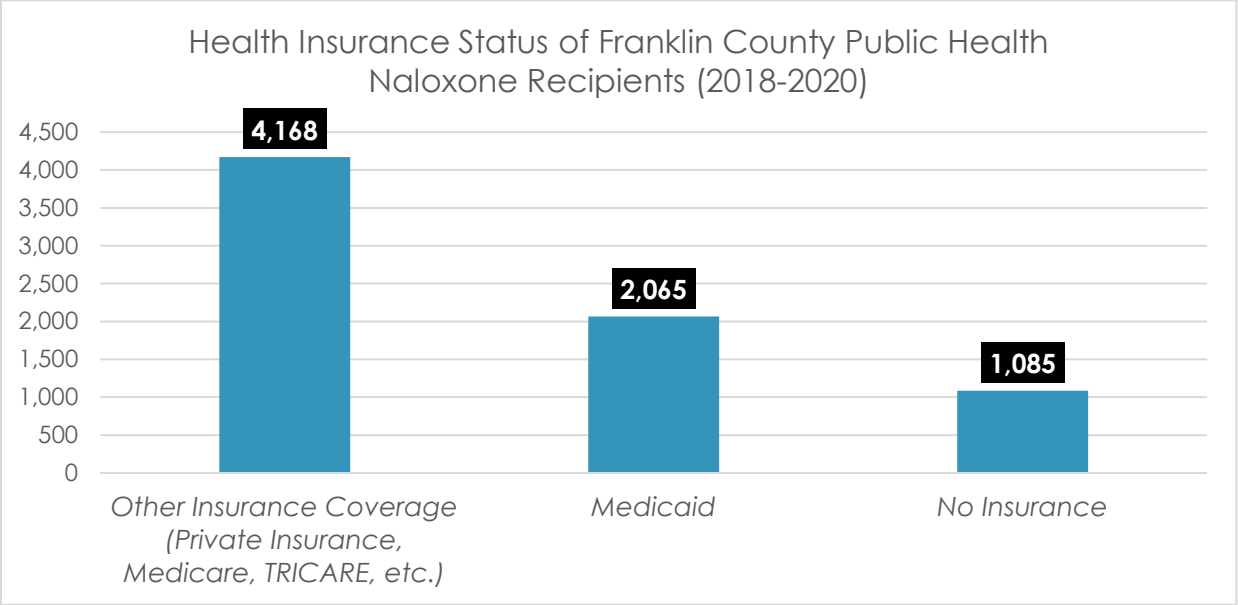
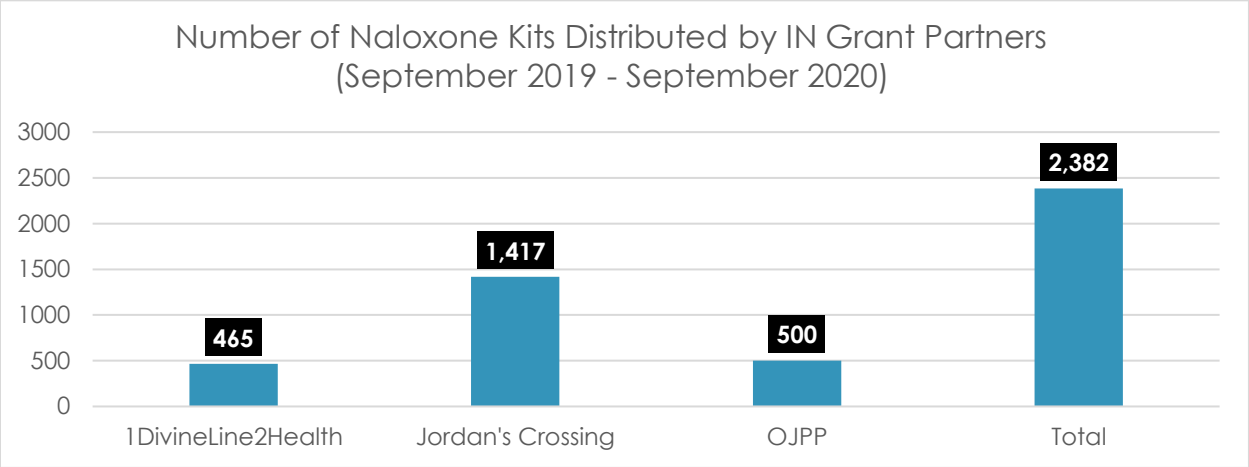


Figure 14. Source: Franklin County Public Health Division of Health Systems & Planning

IN grant partner organizations included 1DivineLine2Health, Jordan's Crossing, and the Office of Justice Policy and Programs (OJPP). These organizations serve community members who are suffering from domestic violence, sex trafficking, or homelessness and community members who are exiting the justice system.

IN Grant Partners	Target Population	Number of Naloxone Kits Distributed (Sep. 2019- Sep. 2020)
1DivineLine2Health	Individuals who have survived or are suffering from domestic violence, sex trafficking, and/or homelessness.	465
Jordan's Crossing	Individuals suffering from homelessness.	1,417
Office of Justice Policy & Programs	Individuals exiting the justice system.	500



First Responder Naloxone Distribution

Between 2018 and 2020, there were 17,064 naloxone administrations by Franklin County Emergency Medical Services (EMS) agencies. With support from the Ohio Department of Mental Health & Addiction Services (OMHAS), FCPH distributed naloxone to 13 EMS organizations from January 2018 through May 2019, who reported 146 reversals and 131 completed transportations to emergency departments or healthcare facilities. In 2019 alone, FCPH distributed 586 Narcan kits and 780 syringes to first responders in 26 different jurisdiction areas.

Emergency Medical Service Naloxone Recipients (January 2018-May 2019)
Bexley Police Department
Clinton Township Police Department
Franklin County Sherriff's Office
Gahanna Police Department
Grove City Police Department
Hamilton Township Fire Department
Madison Township Police Department
Reynoldsburg Police Department
Upper Arlington Police Department
Violet Township Fire Department
Westerville Police Department
Whitehall Fire Department
Whitehall Police Department

Overdose Data to Action Grant

In 2019, FCPH was awarded the CDC's Overdose Data to Action (OD2A) Grant. This 3-year, 3.9-million-dollar grant provided funding and resources to combat the overdose epidemic, focusing on reducing fatal and nonfatal overdoses due to opioids. The OD2A grant provided support to FCPH in gathering comprehensive and timely overdose data and using those data to inform innovative, local prevention and response efforts. FCPH awarded OD2A funds to and collaborated with 12 partner agencies in 2019 and 2020 to develop a collective approach to the overdose epidemic and make use of the unique backgrounds and skills of different organizations.

African American Male Wellness Agency

In September 2020, FCPH began funding the African American Male Wellness Agency (AAMWA) with OD2A funds, which were used towards communications materials and community outreach efforts that targeted barbershops, salons, churches, and recreation centers within African American communities. Between September 2020 and February 2021, AAMWA distributed 5,000 hot cards, placed 150 yard signs, and established 16 billboards. They also facilitated naloxone training for 15 people and held 3 community conversations in local businesses, educating them on opioid overdoses and substance use disorder in the community.

Columbus Public Health

In November 2019, FCPH began providing OD2A funding to Columbus Public Health (CPH), which was used to address stigma and support the development of informational resources and trainings for medical prescribers and the public pertaining to opioid addiction, treatment, and recovery resources. OD2A funds were used to hire 4 Health Ambassadors. From September 2020 to February 2021, these Health Ambassadors conducted 7 community trainings and 2 medical prescriber trainings.

Columbus Public Safety & RREACT

FCPH provided OD2A grant funding to the City of Columbus Public Safety Division Rapid Response Emergency Addiction Crisis Team (RREACT) beginning in September of 2019. RREACT is a multi-disciplinary outreach team dedicated to face-to-face patient follow-up with substance users who experience overdose and are revived by police or EMS, but then refuse immediate transport to clinical care. Paramedics and Crisis Intervention Team (CIT) peace officers do friendly check-ins with survivors and let them know they can contact RREACT for transport and a warm handoff to the provider if and when they are ready for treatment. A social worker or clinician is also present to talk through treatment options, harm reduction strategies, and support services.

Between September 2019 and August 2020, OD2A funds supported the addition of a RREACT outreach team, which included a paramedic, a CIT trained police officer, and a nurse. Between September 2020 and March 2021, RREACT hosted community outreach events to increase naloxone access and harm reduction education. RREACT established new partnerships with over 7 organizations. In total, RREACT conducted 3,862 outreach attempts and linked 133 individuals to treatment. Of the 1,734 new referrals made, 510 referrals were made for individuals located in priority zip-codes. A total of 3,379 participants attended 115 RREACT training events, 95 of which were facilitated in high-risk areas.

Educational Service Center of Central Ohio

The Educational Service Center of Central Ohio (ESCCO) began receiving FCPH OD2A funds in November 2019. This funding was used to facilitate monthly Prime for Life (PFL) Substance Abuse Family Engagement (SAFE) sessions, to coordinate and offer an after school-based PFL curriculum, and to help build the capacity of school-based PFL coordinators at participating high schools.

From September 2019 to August 2020, ESCCO successfully recruited 11 high schools for onsite PDL afterschool programs in four school districts: South-Western City Schools, Groveport-Madison Local Schools, Hilliard City Schools, and Westerville City Schools. Additional PFL SAFE trainings for students and their families took place in three high schools in Dublin City Schools District and at Upper Arlington High School. In total, 16 school-based coordinators completed the PFL train the trainer program.

Equitas Health

Equitas Health was awarded OD2A funds in November 2019 to establish a new satellite Safe Point site to enhance outreach to target communities and provide linkage to care. From September 2019 to August 2020, Equitas Safe Point staff planned implementation of the site and developed partnerships with over 6 community organizations. From September 2020 to March 2021, the Equitas team conducted regular street-based outreach activities and implemented a system for mail-order naloxone distribution, as well as health navigation services and linkage to care.

Franklin County Children Services

FCPH provided OD2A funding to Franklin County Children Services (FCCS) during Year 2 of the grant. Since, FCCS opted to participate as a non-funded partner in surveillance activities around substance use under a Memorandum of Understanding (MOU). Through this MOU, FCCS has enhanced their capabilities to provide data pertaining to child welfare with census and ZIP code level counts of FCCS referrals.

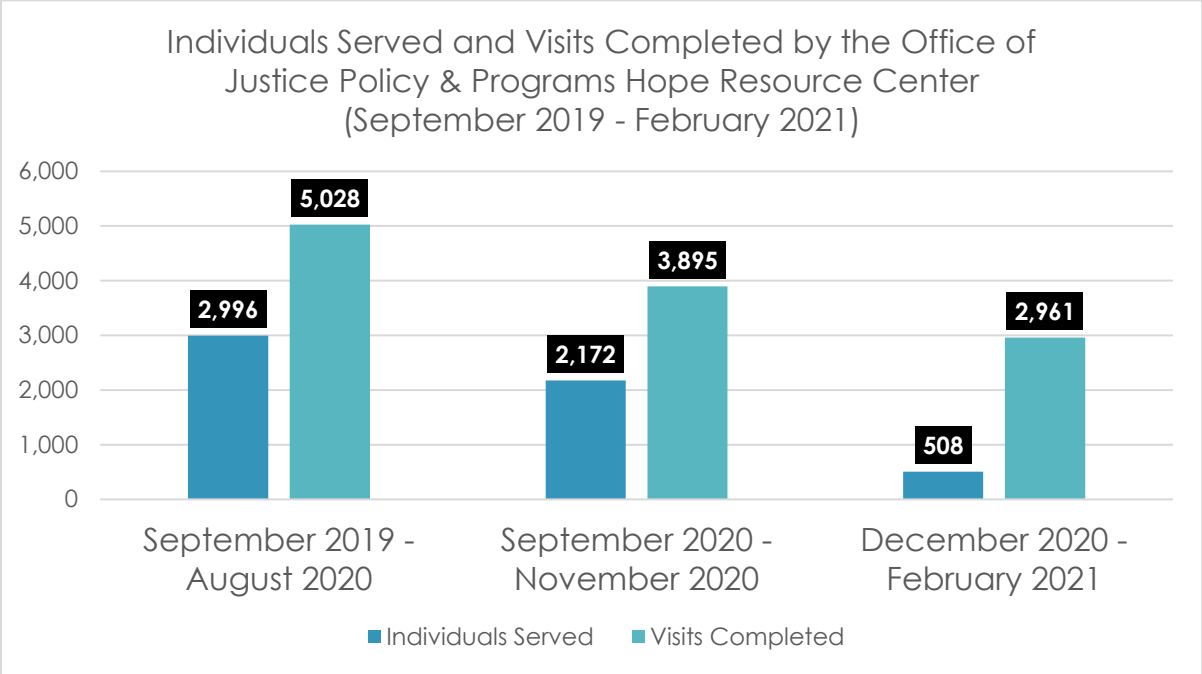
Franklin County Coroner's Office

In 2019, OD2A funding was used to hire a Franklin County Coroner's Office (FCCO) epidemiologist, who created, managed, and analyzed an internal-facing Overdose Death Surveillance System, which contains demographic, medical, social, and toxicological information on all deaths due to unintentional drug overdose in Franklin County. Between September 2019 and February 2020, FCCO facilitated 6 Drug Overdose Death Investigation meetings convening authorities and experts throughout Franklin County to investigate individual unintentional drug overdose deaths with aims of developing recommendations for preventing similar events from occurring in the future. Between September 2019 and February 2021, the FCCO participated in 5 pop-up outreach events within the community, partnering with community agencies and distributing a total of 299 naloxone kit to attendees of these events.

Franklin County Office of Justice Programs and Policy

FCPH began funding OJPP with the OD2A grant in September 2019. This funding was used to fund two initiatives spearheaded by OJPP: the Peer Support Specialist (P2P) program, and the Hope Resource Center (HRC). OJPP's P2P program provides support to justice-involved individuals, offering transportation assistance, case management services, and referrals and linkages to substance use disorder treatment prior to and immediately following release from Franklin County jails. These services are conducted by Peer Support Specialists. Between September 2019 and February 2021, OD2A funding enabled the hiring of 3 Peer Support Specialists, who were referred to and served 110 justice-involved individuals, providing case management and treatment referral services.

The HRC, located in and serving Hilltop and nearby Franklinton, offers sober and transitional housing to women. The services offered include weekly recovery management support groups; screening for overdose risk; referral to treatment, supportive services, and Peer Support Specialists; transportation assistance; wound care and personal hygiene kits; onsite testing and referrals for HIV, Hepatitis, and STIs; and access to naloxone education and kits. The HRC was fully staffed through the OD2A grant, employing 2 street outreach case managers, 1 volunteer and donation manager, and 1 HRC director.



From September 2019 to February 2021, the HRC served 5,676 individuals in 11,884 visits. Furthermore, HRC screened 331 individuals for overdose risk and found that 259 (78.3%) were high-risk. Additionally, the HRC distributed 2,395 wound care and personal hygiene kits, distributed 188 naloxone kits, served 98 individuals with a Peer Support Specialist, and transported 34 individuals directly to treatment services. The HRC provided 27 referrals to Alcohol and Other Drug (AOD) treatment, 14 to mental health treatment, 40 to Medically Assisted Treatment (MAT), and 39 to medical assistance between September 2019 and August 2020, with an additional 118 linkages to care between September 2020 and February 2021.

Healthcare Collaborative of Greater Columbus

Between September 2019 and February 2021, HCGC onboarded and trained 6 CHWs with OD2A funds. These CHWs have been linked to Franklin County and City of Columbus drug court diversion programs, as well as City of Columbus municipal courts for nonviolent drug, solicitation, and theft offenses. Between September 2019 and August 2020, 25 total drug court clients were successfully diverted to HCGC's HUB and shepherded through 176 referral pathways. Between September 2019 and February 2021, nearly all clients referred from Franklin County and City of Columbus courts for opioid or drug-related concerns agreed to referral and completed the mandated 6 months of enrollment. Among these referrals, 95% did not reappear before the court for crimes during the project period. At the same time, HCGC received more than 400 online referrals from community partners linking clients to OD2A-funded CHWs.

Ohio Association of Community Health Centers

The Ohio Association of Community Health Centers (OACHC) oversees 7 Federally Qualified Health Centers (FQHCs) in Franklin County and made use of OD2A funding to improve Prescription Drug Monitoring Programs (PDMPs), implement linkages to care, and provide support for health systems to improve opioid and substance use responses among these FQHCs. OACHC also utilized funding to enhance linkages to care among FQHCs by increasing the use of social determinants of health (SDoH) screening tools, developing an SDoH referral process, linking FQHCs with HCGC's Pathways HUB, and connecting FQHC not providing medically assisted treatment (MAT) to those FQHCs that provide MAT for patients with substance use disorder.

The Ohio State University College of Public Health

FCPH provided OD2A grant funding to The Ohio State University College of Public Health (OSU CPH) beginning in September 2019. The funding was used to enhance opioid overdose surveillance efforts conducted by OSU CPH's Franklin County Opioid Crisis Activity Levels (FOCAL) Map project by enabling more precise geographic analyses of overdose data, facilitating conversations with data providers to enhance data sharing, determining community data needs and use cases, and improving the capacity of FOCAL Map. This project has allowed EMS agencies to share their data simply and efficiently, bringing FOCAL Map closer to a near-real-time view of overdose events.

The Ohio State University Wexner Medical Center

OD2A funding for The Ohio State University Wexner Medical Center (OSU WMC) was utilized to improve the use of innovative PDMPs within the medical center, and to provide referrals for MAT individuals presenting to emergency departments for suspected drug overdoses. Between September 2019 and February 2021, OSU WMC partnered with the OAHC to refer patients presenting to OSU WMC emergency departments to the FQHCs overseen by OACHC.

Columbus and Franklin County Addiction Plan

In 2019, the Columbus and Franklin County Addiction Plan (CFCAP) was established by Columbus and Franklin County officials with a collective impact model involving all sectors of government and public and private human services organizations.[20] In partnership with ESCCO, FCPH assumed the responsibilities of the CFCAP Prevention & Education Subcommittee, whose mission is to work in partnership with community agencies and members to create, develop and implement evidence-based prevention strategies related to addiction. The subcommittee met monthly in 2019 and

2020. In 2019, the Prevention & Education Subcommittee recorded 47 community naloxone trainings with 1,078 participants and 14 community-based forums with 569 attendees. In 2020, the Subcommittee, reported 383 trainings and pop-up events, 7 prescriber education events, 446 prescribers and social workers trained in safe prescriber practices, and 3 FQHCs who implemented prescriber education training. Furthermore, 348 youth attended Subcommittee outreach events. Of the 17,345 reported naloxone kits distributed in 2020, 4,126 (23.8%) of these kits were distributed in the top 10 zip codes for EMS runs. These metrics are a combination of work completed by FCPH and many other partner organizations within CFCAP.

Care Coordination

In 2019 and 2020, FPCH CHWs initiated 3 substance use referrals, 1 of which was completed.

Community Engagement

In 2020, FCPH partnered with Columbus RREACT to distribute 604 total naloxone kits at the Clinton Township Produce markets. Additionally, FCPH partnered with ADAMH in 2020 to distribute medication disposal kits, which have been found to encourage the destruction of leftover opioid prescription medications without risk or stigma.[21] From 2019 to 2020, FCPH distributed 2,633 total medication disposal kits at various community events (Figure 15).

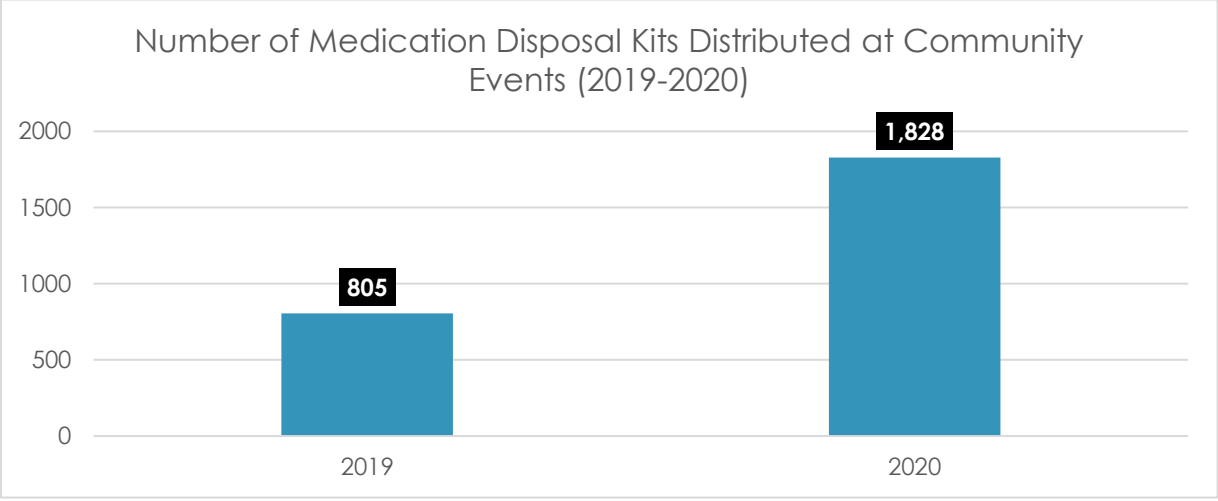


Figure 15. Source: Franklin County Public Health Division of Health Systems & Planning

OUTCOME: REDUCE TOBACCO USE

From 2017 to 2019, the prevalence of current tobacco users in Franklin County decreased slightly from 20.3% to 19.4% (Figure 16).

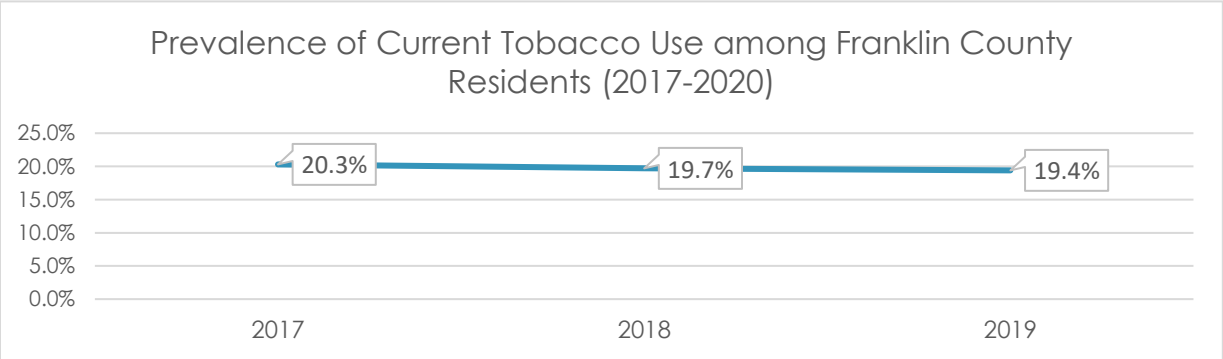


Figure 16. Source: Behavioral Risk Factor Surveillance System

Community Cessation Initiative Grant

In 2018, FCPH was awarded a Community Cessation Initiative (CCI) Grant from ODH to increase tobacco quit rates. This initiative had two main goals to achieve within its first year: to coordinate and promote tobacco cessation services in Franklin County and to create a referral system that would help refer patients to interventions within a ten-mile radius of their residence while considering personal preferences in services. In 2019, FCPH received 776 referrals for individuals wanting to quit tobacco use and enrolled 354 individuals into the program. Over 204 individuals reported to have reduced their tobacco use, while 65 reported to have quit for at least 30 days.

Tobacco Use Prevention & Cessation Grant

In 2018, FCPH was awarded the Tobacco Use Prevention and Cessation Program grant with aims to reduce secondhand smoke exposure, decrease tobacco availability, and increase community readiness for cessation. Two main strategies for accomplishing these goals included increasing the number of smoke-free units in multi-unit housing and increasing tobacco-free public or outdoor space policies. In 2019, FCPH was awarded an additional $12,000 of funding.

FCPH targeted their messages to be widely accessible by producing fact sheets and other communications at no higher than a 6th grade reading level. Messages were designed to be culturally competent and accessible in multiple languages to reach historically vulnerable populations. From 2019 through 2020, FCPH released over 15 different visual/audio media campaigns covering tobacco cessation, secondhand smoke, youth vaping, and more.

In 2020, FCPH created the Franklin County Vaping Taskforce, which involved a large partnership of community agencies and representatives to work against vaping in the community.

In August 2020, FCPH distributed the Community Survey on Tobacco in partnership with ODH to gauge attitudes surrounding tobacco use and legislation. FCPH received 960 responses. This group of respondents was mostly highly educated white females with high household incomes. In total, 13.5% of respondents reported currently using some form of tobacco. Moreover, 88.9% of respondents agreed or stongly agreed that tobacco use should not be allowed on school grounds or at any school events. A lesser proportion (74.1%) of respondents agreed or stongly agreed that smoking should be limited in multi-unit housing residences. While 61.1% of respondents agreed or strongly agreed that smoking should be prohibited in outdoor public spaces, 56.4% of respondents agreed or strongly agreed that tobacco use of any kind should be prohibited in outdoor public spaces. Many respondents agreed that e-cigarettes and vaping products should be treated the same as cigarettes in terms of tobacco laws and policies.

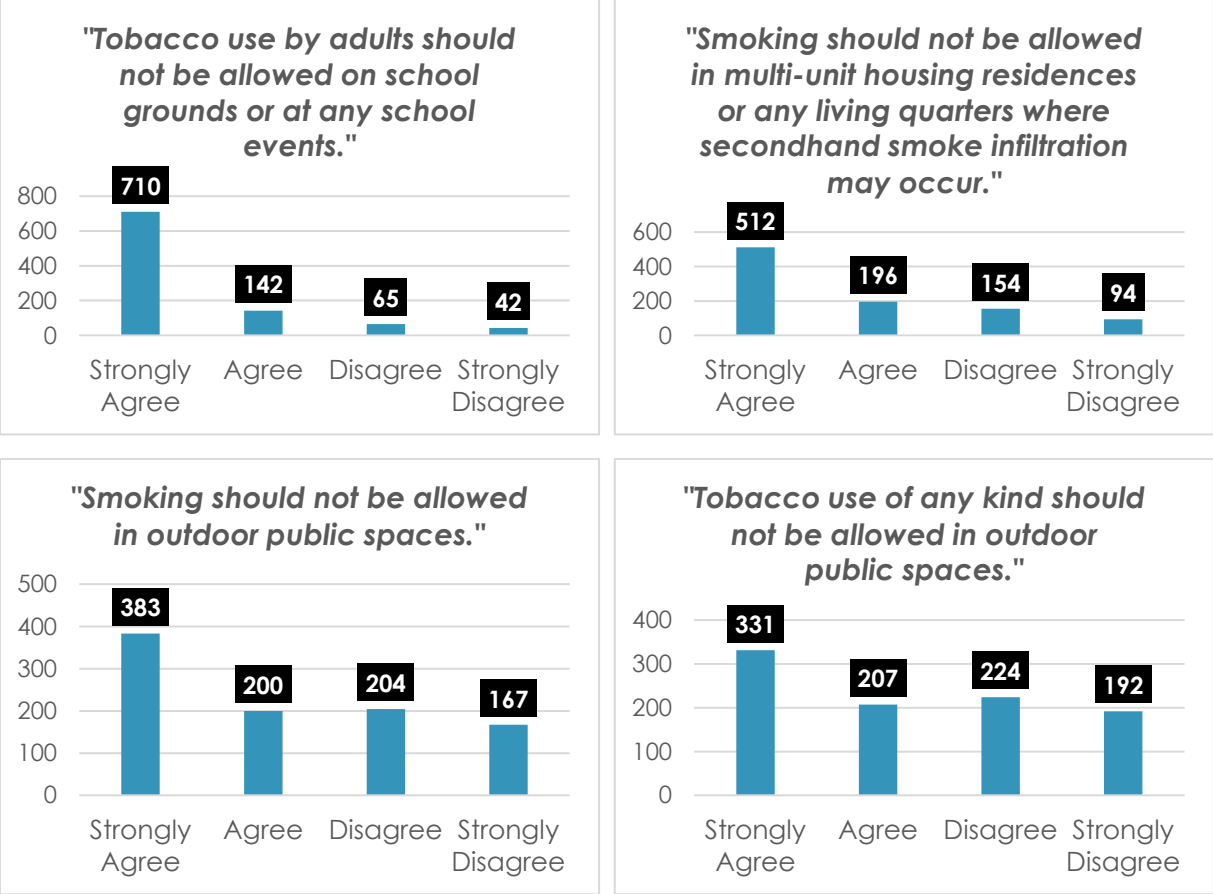


Figure 17. Source: Franklin County Public Health Division of Health Systems & Planning

Tobacco 21 & Tobacco-Free Community Policies

Before 2018, approximately 5 FCPH service area cities had already passed legislation prohibiting tobacco sales to individuals under the age of 21 and/or tobacco use in public community spaces like parks or schools. In March 2018, Dublin's Tobacco 21 ordinance went into effect and FCPH entered a contract with the city of Dublin to collect fees on the sales of tobacco products. In October 2019, Ohio's "Tobacco 21" law went into effect, raising the age to purchase cigarettes and other nicotine products like e-cigarettes from 18 to 21. In June 2018, FCPH and the Reynoldsburg Parks and Recreation Department partnered to make all city-owned or operated parks and recreation facilities tobacco-free. The city of Westerville passed an ordinance in July 2018 prohibiting smoking in public parks, which went into effect in August. In August 2018, FCPH presented a model for tobacco-free and smoke-free policies to Grove City. In April 2019, the city of Upper Arlington also passed policy for tobacco-free parks.

Community Engagement

Vaping Seminar

In November 2019, FCPH partnered with The Breathing Association, Buckeye Health Plan, American Heart Association, and the Educational Service Center of Central Ohio, to host *A Seminar on Vaping: What You Need to Know*. This seminar was designed to prepare professionals working with youth and adults to understand the impact of vaping and e-cigarette use. In total, 113 community members attended.

School Initiatives

In 2019, FCPH partnered with Hilliard Schools to present tobacco prevention and education materials to middle and high school students. More than 1,200 attended Hilliard's Be-Well event.

Beginning in 2020, FCPH partnered with the American Heart Association to successfully aid Groveport Madison schools in changing their youth tobacco use policy from punitive action to focusing on providing cessation resources for students.

Care Coordination

In 2019 and 2020, FCPH CHWs initiated 27 HUB pathways related to tobacco cessation among 24 clients in the community.

Priority Area 3: Access to Overall Healthcare

Access to healthcare consists of four components: coverage, services, timeliness, and workforce.[22] During the 2018-2020 CHIP period, FCPH aimed to focus its efforts specifically on increasing health insurance coverage and availability and utilization of healthcare services.

OUTCOME: INCREASE ACCESS TO MEDICAL CARE

Uninsured individuals are less likely to receive medical care and more likely to have poor health status.[23,24] From 2017 to 2019, the proportion of residents in FCPH jurisdiction cities and villages who did not have health insurance decreased from 4.8% to 4.0% while Franklin County as a whole increased slightly from 7.2% to 8.0% (Figure 18).[25] Disparities in uninsured rates were apparent by race, ethnicity, socioeconomic status, nativity, and citizenship. In 2019, 2.1% of children under 19 years and 0.8% of seniors 65 years and older were uninsured in FCPH jurisdiction cities and villages.

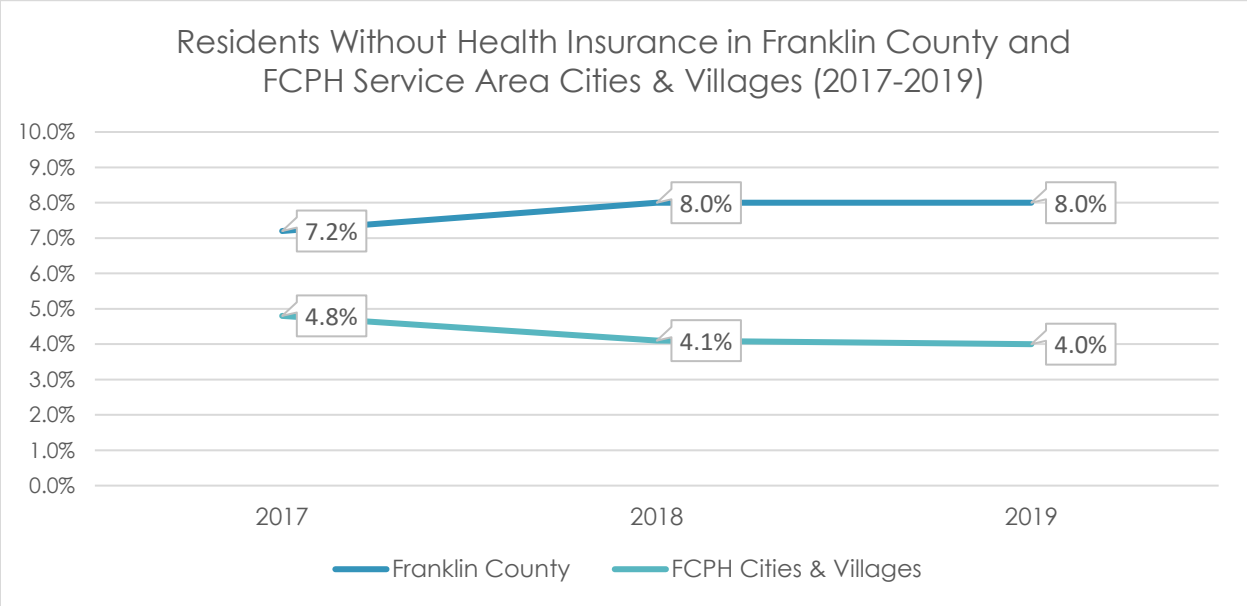


Figure 18. Source: U.S. Census Bureau American Community Survey

Community Health Action Team Health Fairs

The CHATs hosted seven local health fairs in 2018, 2019, and 2020 in Whitehall, Clinton Township, and Prairie Township with aims to connect residents to medical and wellness resources. In 2019, FCPH provided 160 health screenings and 30 flu shots. In total, these health fairs reached 1,082 community members from 2018 through 2020.

Care Coordination

In 2019 and 2020, FCPH CHWs connected 68 clients to medical pathways, 38 clients to health insurance pathways, 10 clients to medication assessment pathways, and 5 clients to immunization referral pathways. Among medical referrals, 54 were successfully completed, with the two most popular being specialty medical care and infant connection to medical care.

OUTCOME: INCREASE ACCESS TO MENTAL/BEHAVIORAL HEALTHCARE RESOURCES IN SCHOOLS

Stop the Bleed Program Implementation

In 2018, FCPH was awarded the Franklin County Commissioners Community Partnership Grant in the amount of $52,800.00 to aid in the completion of Stop the Bleed trainings to provide education about how to respond to a mass casualty incident. In 2019, FCPH partnered with the Columbus Medical Reserve Corp to implement Stop the Bleed programming in its jurisdiction area schools. FCPH purchased 100 public treatment cases and 1,098 online licensers in partnership with Citizen Aid to allocate to 15 local school districts in Franklin County. FCPH staff connected with local superintendents, public safety officers, Health Works Franklin County, emergency preparedness points of contact, etc. to encourage Stop the Bleed program implementation.

Franklin County Public Health Stop the Bleed Training Metrics

Number of Trainings	Participating Districts	School Staff Trained	Students Trained	New Trainers Trained	Total People Trained
5	2	85	26	21	123

Number of districts with active Stop the Bleed programs	5	• Dublin City School District • Grandview Heights City School District • Hilliard City School District • New Albany-Plan Local School District • Reynoldsburg City School District

By the end of 2020, 5 of 15 FCPH school districts had implemented Stop the Bleed programming, 123 total community members had been trained, and 4 of 15 FCPH school districts had received public treatment cases with public treatment kits. In total, FCPH distributed 24 of 100 purchased public treatment cases, which included 192 public treatment kits.

Franklin County Public Health Stop the Bleed Public Treatment Case Distribution

School Districts	Public Treatment Cases Distributed	Public Treatment Kits Distributed
Dublin City School District	6	48
Gahanna-Jefferson City School District	6	48
Hamilton Local School District	6	48
New Albany-Plain Local School District	6	48
Total	**24**	**192**

Additional Stop the Bleed training and kit distribution were delayed in order to allocate resources to COVID-19 testing and vaccination. FCPH still plans to distribute remaining public treatment kits to all 15 districts and to conduct at least two additional trainings in 2022.

OUTCOME: INCREASE ACCESS TO DENTAL CARE

Dental care is essential to general health and well-being. Tobacco use and diabetes, two other focuses of the 2018-2020 CHIP, are major risk factors for poor oral health.[26] Oral Health Survey data from 2013-2015 showed that 15% of 3rd graders needed dental care but could not get it.[27]

Oral Health Workgroup Workplan

In 2019, stakeholders met to establish a workplan with five main objectives and associated metrics to address gaps in dental care for school-aged children (ages 2-17).

FCPH Oral Health Workplan Objectives
Objective 1: Assess the utilization, availability, accessibility, and affordability of dental services in at least 5 zip codes in Franklin County.
Objective 2: Draft one oral health plan that outlines performance measures, collective impact goals and objectives in alignment with the State Oral Health Plan.

Objective 3: Educate policymakers about 3 leading oral health issues while advocating for better access to oral health care via policy, systems and environmental change as aligned with Oral Health Ohio.
Objective 4: Improve awareness about the relationship between oral health and overall health care by 2%.
Objective 5: Provide three educational resources and informing to a wide variety of audiences (e.g., professionals, parents, etc.).

Data from 2013 to 2015 showed that Franklin County 3rd grade schoolchildren had higher proportions of poor oral health indicators than at the state level. Similarly, the general Franklin County population had worse oral health and lower dental insurance coverage than Ohio residents. FCPH identified nine zip codes in health professional shortage areas including 43203, 43204, 43205, 43206, 43211, 43219, 43222, 43223, and 43224. Dental care and oral health are associated with many other priority health areas in the 2018-2020 CHIP, including infant mortality, heart disease, opiate use, etc.

Care Coordination

In 2019 and 2020, FCPH CHWs initiated 32 dental referrals for clients, 6 of which were completed.

Ohio Public Health Association Partnership

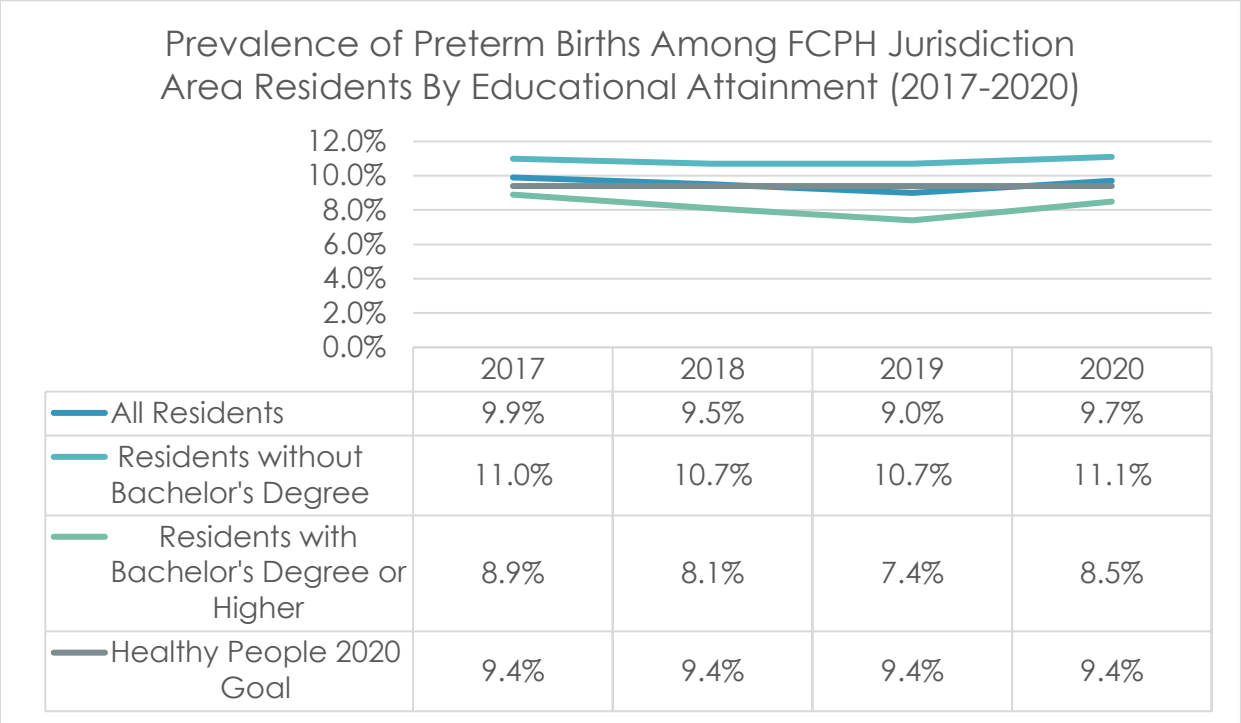
In 2021, FCPH entered a partnership with the Ohio Public Health Association (OPHA). Through this agreement, OPHA will submit a final report in 2022 with recommendations to improve oral health with an emphasis on health equity.

Priority Area 4: Maternal & Infant Health

Ensuring the health and wellbeing of our mothers and infants is a major focus among public health professionals and these metrics oftentimes reflect the health of a community. Racial and socioeconomic disparities in maternal and infant health (MIH) outcomes have been evident at national, state, county, and subcounty levels.

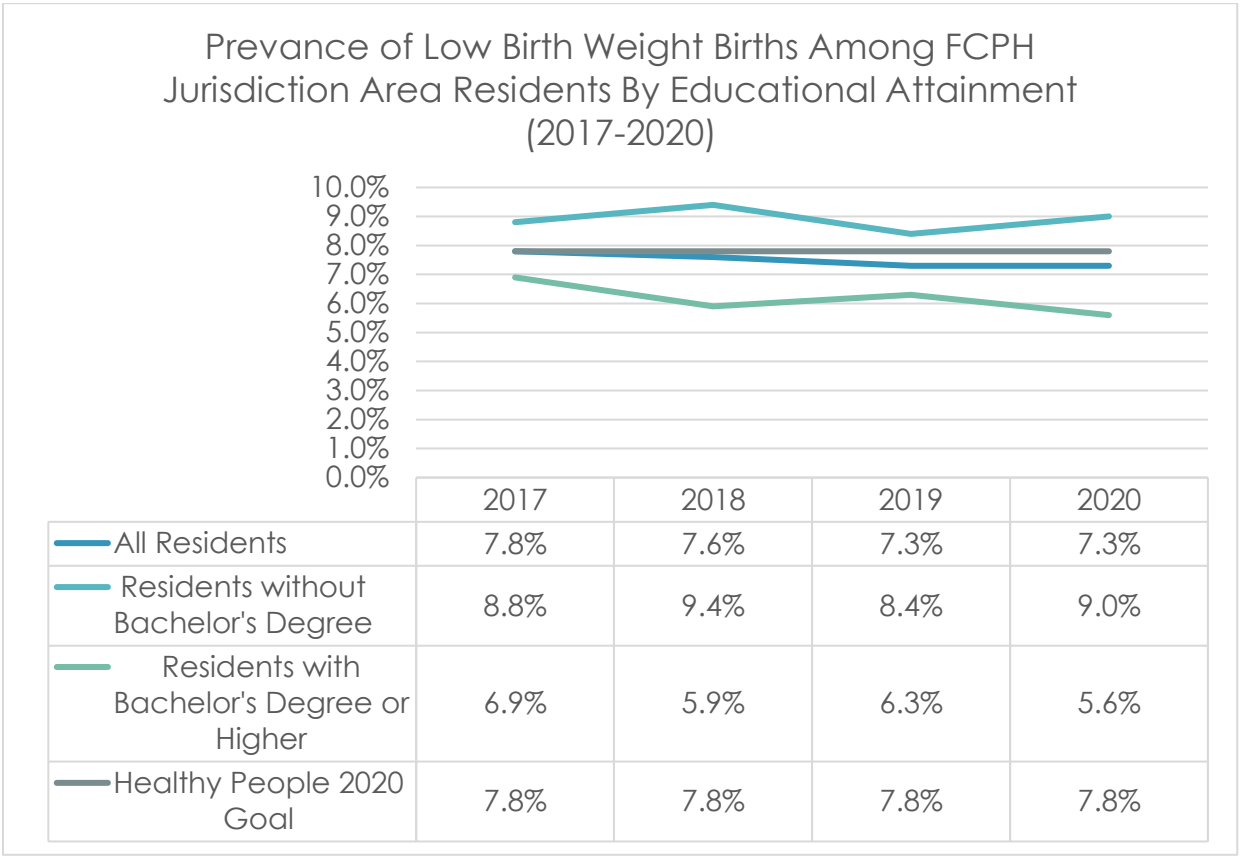
OUTCOMES: REDUCE PRETERM & LOW BIRTH WEIGHT BIRTHS

Births are considered preterm when they occur prior to 37 weeks of pregnancy and low birth weight (LBW) when an infant weighs 2,500 grams or less at birth. Babies who are born preterm are at greater risk for infant death, breathing problems, developmental delays, and more.[28] From 2017 to 2020, preterm births decreased from 9.9% to 9.7% among FCPH service area residents.[1] In 2020, the overall proportion of preterm births among residents was higher than the Healthy People 2020 goal of 9.4%. In 2020, residents without a bachelor's degree had a 2.6% greater proportion of preterm births than residents with a bachelor's degree, and residents with bachelor's degrees met the Healthy People 2020 goal of 9.4% (Figure 19). Similarly, LBW births decreased overall by 0.5% from 2017 to 2020, with residents without bachelor's degrees at higher risk of LBW than residents with bachelor's degrees (Figure 20).



	2017	2018	2019	2020
All Residents	9.9%	9.5%	9.0%	9.7%
Residents without Bachelor's Degree	11.0%	10.7%	10.7%	11.1%
Residents with Bachelor's Degree or Higher	8.9%	8.1%	7.4%	8.5%
Healthy People 2020 Goal	9.4%	9.4%	9.4%	9.4%

Figure 19. Source: Ohio Department of Health Ohio Public Health Information Warehouse



	2017	2018	2019	2020
All Residents	7.8%	7.6%	7.3%	7.3%
Residents without Bachelor's Degree	8.8%	9.4%	8.4%	9.0%
Residents with Bachelor's Degree or Higher	6.9%	5.9%	6.3%	5.6%
Healthy People 2020 Goal	7.8%	7.8%	7.8%	7.8%

Figure 20. Source: Ohio Department of Health Ohio Public Health Information Warehouse

Community Health Action Teams & CelebrateOne

In 2019, The CHATs and CelebrateOne established an informal partnership as CelebrateOne expanded into FCPH jurisdiction zip codes, with Community Connectors joining the Whitehall, Reynoldsburg, Prairie Township, Southwest, and Canal Winchester teams to connect and share community resources from CHAT partners with expectant mothers. In total, 322 pregnant residents were served in 2020 through this partnership with CelebrateOne (Figure 21).

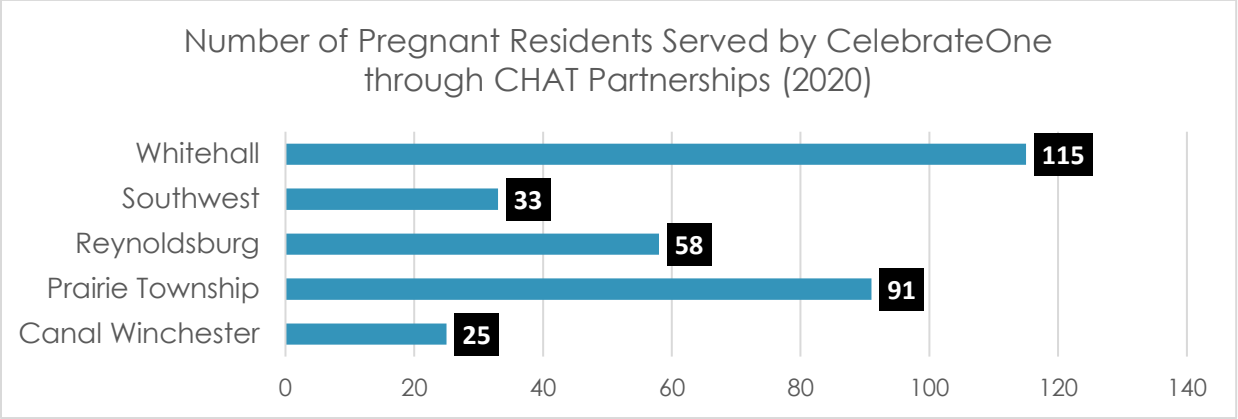


Figure 21. Source: Franklin County Public Health Division of Health Systems & Planning

Healthy Homes: Lead Exposure

Lead exposure has lasting impacts on individuals at every life stage. In addition to chronic lead exposure increasing the risk of chronic diseases like heart disease among adults, data shows that infants exposed to lead before birth are at greater risk for preterm birth and LBW.[29] Individuals can be exposed to lead at home through drinking water, soil, paint, dust, and more, particularly in homes that were built before 1978.[30] FCPH provides numerous lead-related services through their Healthy Homes program to the entire county, including risk assessments and lead inspections. From 2018 through 2020, 68,706 Franklin County children under the age of 6 were tested for lead exposure (Figure 22).

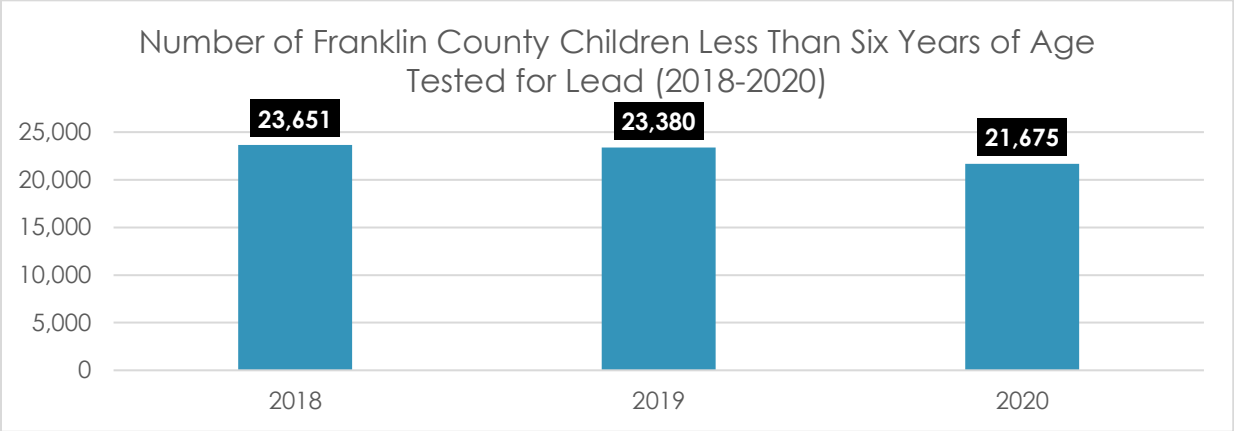
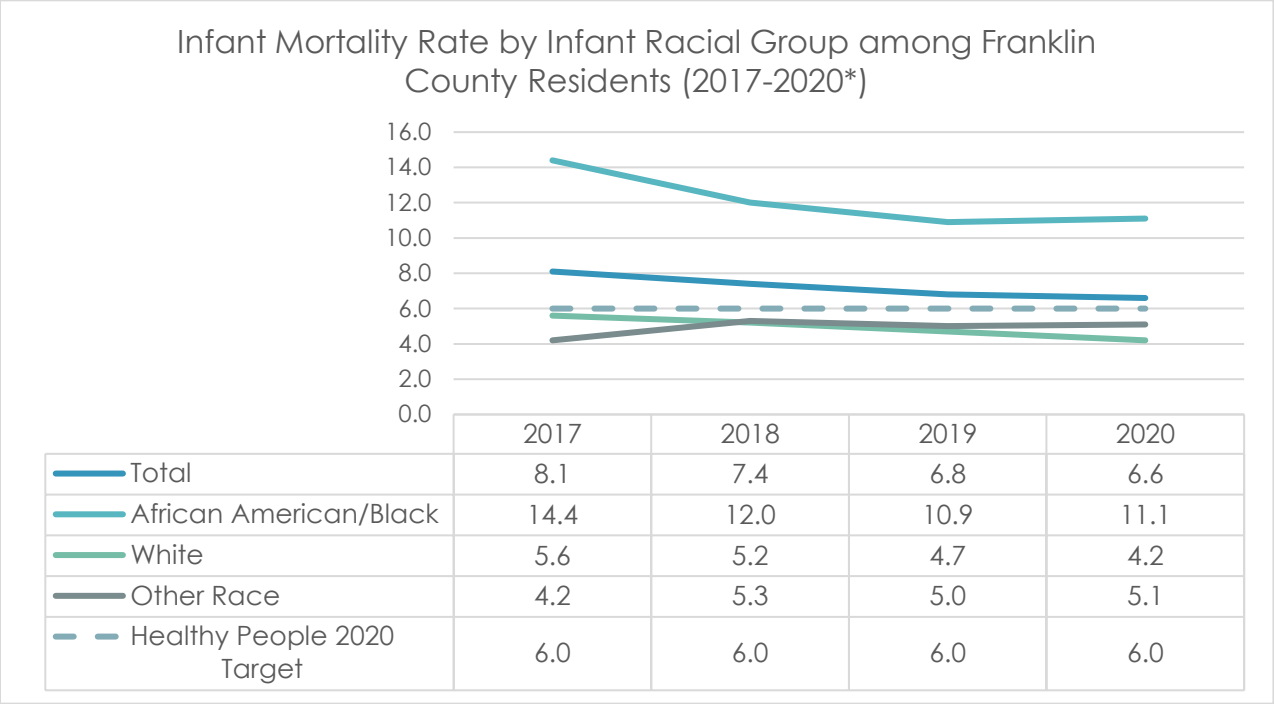


Figure 22. Source: Ohio Department of Health Ohio Public Health Information Warehouse

From January 2018 to November 2021, FCPH partnered with various local government agencies and organizations to provide lead-based paint inspections, risk assessments, and clearance inspections for primary prevention efforts in 516 housing units in Franklin County, including the cities of Columbus and Worthington. During the same period, FCPH responded to 69 referrals for children with elevated blood lead levels (EBLLs) as a form of secondary prevention. Of the 69 referrals, 28 required an environmental assessment of the child's primary residence. Of the 28 environmental assessments, 4 housing units were identified as the source of the child's EBLL.

OUTCOME: REDUCE INFANT MORTALITY

Infant mortality is defined as the death of an infant before their first birthday, and infant mortality rate is the total number of infant deaths per 1,000 live births in a given year.[31] From 2017 to 2020, the infant mortality rate decreased overall among Franklin County residents. Furthermore, the infant mortality rate decreased for African American/Black infants, white infants, and infants in other racial groups from 2018 to 2020 (Figure 23). However, in 2020, the infant mortality rate for African American/Black infants (11.1) was still 2.6 times greater than the infant mortality rate for white infants (4.2) in Franklin County. In 2020, Franklin County did not reach the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.



	2017	2018	2019	2020
Total	8.1	7.4	6.8	6.6
African American/Black	14.4	12.0	10.9	11.1
White	5.6	5.2	4.7	4.2
Other Race	4.2	5.3	5.0	5.1
Healthy People 2020 Target	6.0	6.0	6.0	6.0

*Figure 23. Source: Ohio Department of Health Public Health Information Warehouse; *Rates from 2020 are preliminary*

Maternal & Child Health Programs

Children with Medical Handicaps Program

The FCPH Maternal and Child Health (MCH) section administers the Children with Medical Handicaps (CMH) program to children ages 0-22 years old living in Franklin County. The CMH program operates similarly to a backup insurance for children with special healthcare needs. The Public Health Nurses (PHNs) in the CMH program provide case management services for enrolled children. These services include assisting families with finding quality health care for their children, providing community resources, assessing for social needs, participating in community outreach, and assisting with coordination of the child's care. CMH PHNs provide services via telephone communication, email communication, mail and/or home visits.

From 2018 to 2019, FCPH increased the number of total home health visits by 58 visits and increased the home visits with an infant under the age of 1 year by 22 visits. In 2020, the number of home visits completed was greatly impacted by the cessation of visits due to the COVID-19 pandemic and the reassignment of staff to Incident Command System (ICS) roles. From 2018 to 2020, FCPH completed 487 total home health visits, nearly a quarter (24.0%) of which were with infants under the age of 1 year (Figure 24).

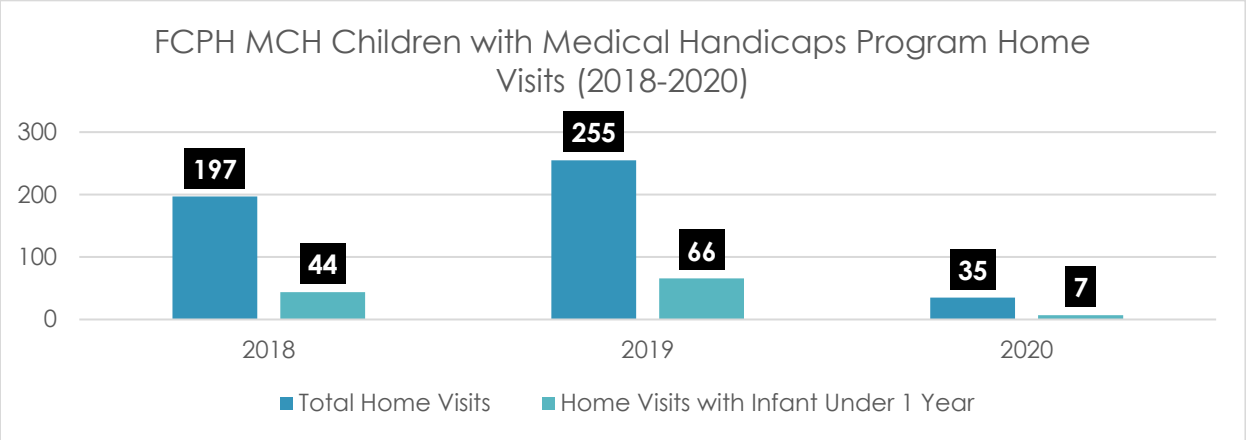


Figure 24. Source: Franklin County Public Health Division of Prevention & Wellness

Social Determinants of Health-Core 5 Tool

In January 2020, the MCH section implemented a social determinants of health screening tool known as the Core 5. This concise, nurse-led social needs screening assesses for the 5 core determinants of health including: food insecurity, housing, utility issues, transportation issues, and personal safety. If the client indicates they have a need related to any of the core determinants, the need will be further assessed. After assessment, appropriate referrals will be made, and resources provided to the client in a timely manner.

Social Determinants of Health (Core 5 Screening Tool)
Do you or your family worry about whether your food will run out and you will not be able to get more?
Are you worried about losing your housing, or are you homeless?
Are you currently having issues at home with your utilities such as your heat, electric, natural gas, or water?
Has a lack of transportation kept you from attending medical appointments or from work, or from getting things you need for daily living?
Are you worried that someone may hurt you or your family?

Infant Mortality & Safe Sleep

MCH PHNs with FCPH conduct safe sleep assessments using a Safe Sleep Assessment tool from ODH with any family that has an infant under the age of 1 in the home. The

purpose of this assessment is to review and reinforce safe sleep practices and to provide education and resources as needed. If a family does not have any safe sleep space available for their infant, an MCH PHN can deliver a portable crib to the family.

FCPH MCH PHNs are also responsible for providing outreach to families in FCPH jurisdictions that have experienced the loss of an infant due to SUID (Sudden Unexplained Infant Death) or other cause of death. Grief resources are provided to the family and a home visit is offered. The PHN is available to provide immediate and ongoing support to the grieving families.

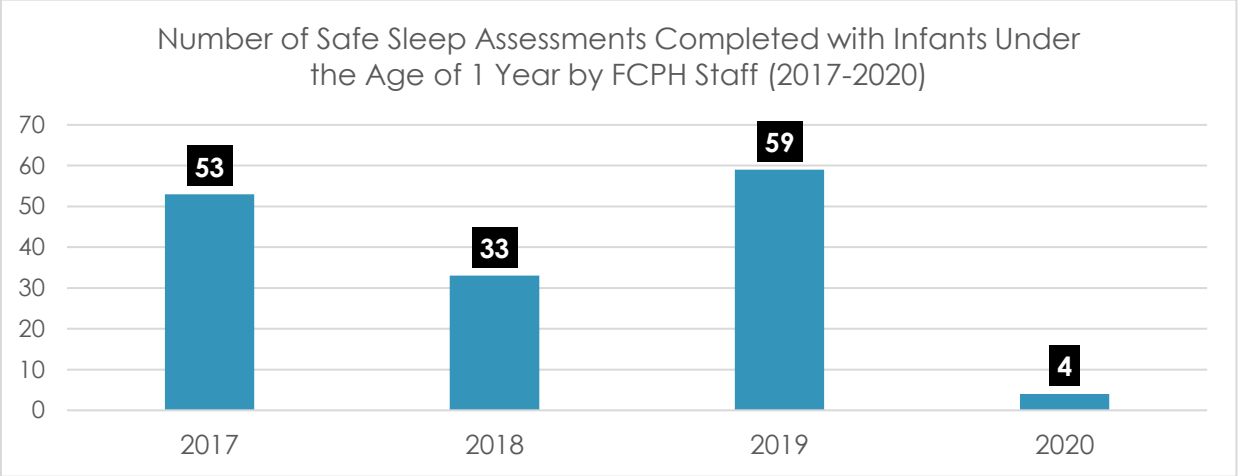


Figure 25. Source: Franklin County Public Health Division of Prevention & Wellness

From 2018 to 2020, FCPH completed 96 total safe sleep assessments (Figure 25). From 2018 to 2019 alone, FCPH increased the number of assessments completed by 26. Like the number of home visits, the number of assessments completed in 2020 was greatly impacted by the COVID-19 pandemic. In 2019 and 2020, FCPH completed 1.4 times more safe sleep assessments in moderate to high and high social vulnerability zip codes than in low and moderate to low social vulnerability zip codes (Figure 26).

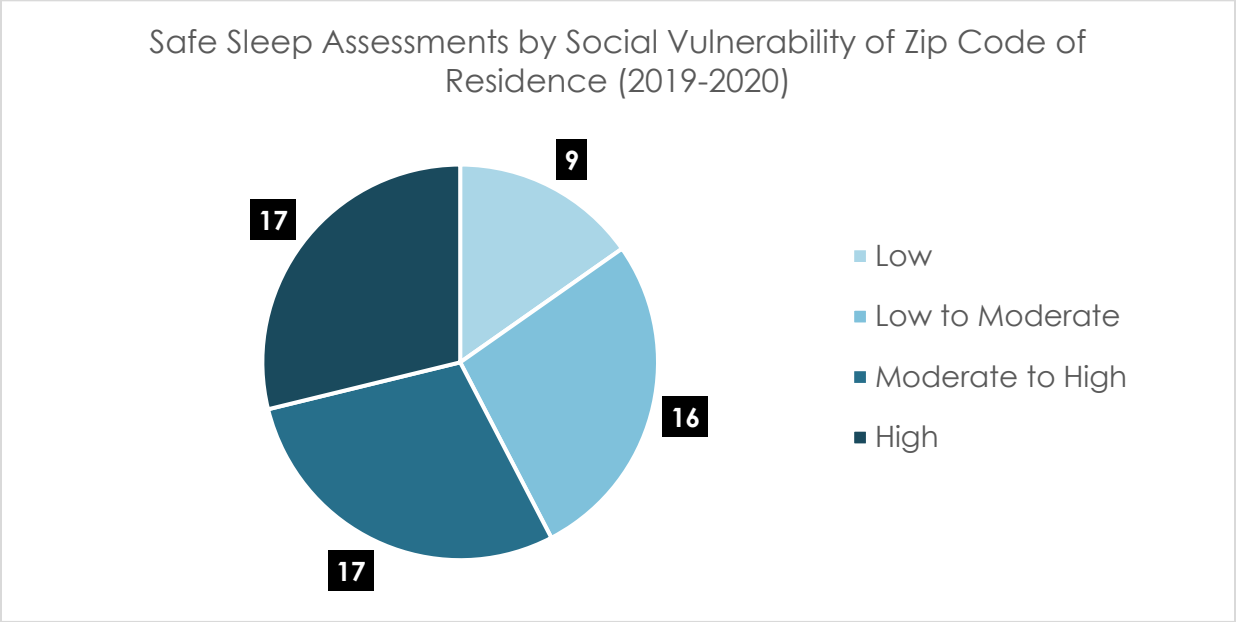


Figure 26. Source: Franklin County Public Health Division of Prevention & Wellness

Public Health Nurse Led Home Visiting Pilot Project

FCPH began piloting a home visiting project in 2020 in collaboration with a local FQHC. This program is focused on PHN-led case management and care coordination for mothers and infants. The clients referred to this program are from African American/Black and other minority communities who are currently pregnant or recently postpartum. The mother and their infant(s) are eligible for services throughout pregnancy and up to the child's 3rd birthday.

This program is designed to provide comprehensive home and community visiting services to families. During visits with clients, curricula specific to the month of pregnancy or the infant's age are used to initiate conversation with the family. The PHN also completes comprehensive assessments and screenings to identify the unique needs of the family. Appropriate referrals are made based on the identified and expressed needs. A strong emphasis is placed on providing safe sleep education to not only the mother, but also other caregivers in the family unit. The intent of this program is to meet clients where they are regardless of what barriers may be present. This program is intended to provide client-driven, flexible services to those most at risk for experiencing health disparities.

Care Coordination

FCPH CHWs initiated pathways related to maternal and infant health, as well as provided resources to pregnant individuals and new parents, classified as "pregnant" or "maternal" clients. In 2019 and 2020, CHWs served 43 pregnant and 75 maternal clients

by providing education on safe sleep, preparing and caring for a baby, baby development, maternal/family health, and family planning.

Education Module	Total Pathways	Finished Incomplete	Completed
Safe Sleep	28	0	28
Preparing/Caring for Baby	21	0	21
Baby's Development	10	0	10
Maternal/Family Health	3	0	3
Family Planning	2	0	2

Among pregnant and maternal clients, 60.2% identified as Black/African American and 54.2% reported living in high or very high-risk census tracts. Among 54 clients who gave birth, 14.8% had infants with LBW and 16.7% gave birth preterm. Forty-six postpartum clients were enrolled in 2020, some of which were also clients when they were pregnant. Among 43 postpartum clients, 65.1% reported breastfeeding and 9.3% reported currently smoking.

In total, 64 education module pathways related to maternal and infant health were initiated in 2019 and 2020, and 100% of these modules were completed. The most utilized education module among pregnant and maternal clients was the module covering safe sleep, which is protective against infant mortality.[32] CHWs also connected clients to baby items such as breast pumps, car seats, diapers, portable cribs, and clothing, in addition to social services such as nutrition and housing assistance.

OUTCOME: IMPROVE CHILDHOOD IMMUNIZATION RATES

Routine immunizations for children are important to preventing long-term illness as individuals grow into adulthood. The CDC,[33] American Academy of Pediatrics,[34] and the American Academy of Family Physicians[35] recommend seven to eleven vaccines, many with multiple doses and boosters, for children from birth through 12th grade to prevent approximately 15 diseases. These vaccinations are safe, effective, and can save lives.

Childhood Immunization Rates & Implementation

In the 2018-2019 Get Vaccinated Ohio (GVO) grant year, FCPH made large strides in implementing efforts to increase childhood immunization rates. The three selected target areas for GVO included: education of parents on the importance of timely immunization in under-immunized schools, education of providers about the results of immunization disparities, and scheduling of specialty immunization clinics in under-immunized areas. From 2018 to 2020, the estimated immunization coverage rate of DTaP, MMR, MCV4, and HPV vaccines among Franklin County children and

adolescents increased 4.2% from 45.1% to 49.3% and FCPH vaccinated 5,933 children and adolescents (Figure 27). Though the number of children vaccinated decreased in 2020 due to the COVID-19 pandemic, FCPH vaccinated children and adolescents ages 5 through 18 against COVID-19 in 2021.

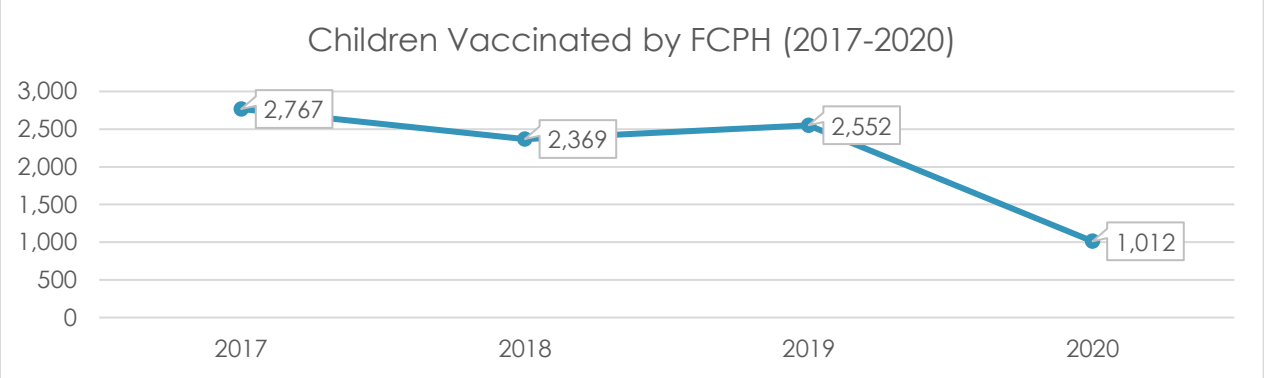


Figure 27. Source: Franklin County Public Health Division of Prevention & Wellness

Immunization Provider Education, Assessments, & Outreach

Fifty-four Maximizing Office-Based Immunization (MOBI) and Teen Immunization Education Sessions (TIES) presentations were given by FCPH to 564 attendees in 16 different zip codes to increase provider education surrounding vaccination. MOBI and TIES presentations focused on immunization schedule updates, vaccine-specific recommendations, National Immunization Survey (NIS) data, best practices, vaccine safety and handling, and more.

MOBI/TIES Immunization Provider Education Presentations (2018-2020)

	2018	2019	2020
Number of Presentations	12	38	4
Number of Attendees	96	371	97
Zip Codes	• 43081 • 43123 • 43207 • 43213 • 43221	• 43016 • 43026 • 43054 • 43068 • 43081 • 43082 • 43123 • 43147 • 43213 • 43220 • 43221 • 43230	• 43017 • 43123 • 43213

In 2018 and 2019, FCPH completed three Assessment-Feedback-Incentive-Exchange (AFIX) assessments in two different zip codes. In 2019, ODH discontinued AFIX and initiated a new program, Immunization Quality Improvement for Providers (IQIP). In 2019 and 2020, FCPH executed two IQIP assessments in two different zip codes, one of which was the FCPH service area zip code with the highest disparity score.

In late 2019 and early 2020, FCPH created an informational packet with customized immunization coverage rate data fliers specific to each zip code. These fliers and provider education promotional materials were to be mailed to every primary care office in FCPH jurisdiction, but efforts were interrupted by the COVID-19 pandemic.

Childhood Immunization Disparity Analysis

Because of the unreliability of local-level NIS data, FCPH calculated a disparity score for each zip code in FCPH jurisdictions using seven weighted indicators: poverty rates, uninsured rates, free and reduced meal price eligibility (FRME), school immunization coverage, immunization provider distribution, philosophical vaccine exemptions, and coverage level reports from the statewide immunization registry. In computing the disparity score, FCPH assigned a specific weight to each indicator, reflective of its importance in influencing potential disparities, as well as any known limitations to the available data. Then, FCPH constructed a formula which subtracts out the total protective value of indicators like provider access and existing coverage level estimates from indicators which contribute towards greater disparities. Disparity score indicators were utilized at the zip-code level. The percentage of students with incomplete immunization and immunization exemptions were obtained from FCPH jurisdiction area schools within each zip code of interest.

Immunization Disparity Score Variables and Associated Weights

Disparity Indicator	Weight
Proportion of students with "incomplete" immunization	25%
Immunization providers per 10,000 residents	20%
Proportion of students with immunization exemption on file	15%
Average Free Reduced Meal Eligibility (FRME) rate	15%
Poverty rate	10%
Average ImpactSIIS coverage rate	5%
Uninsured persons under 65 years of age	5%
Uninsured persons under 19 years of age	5%

The lower the disparity score, the smaller degree of immunization disparity factors present in the area, with negative values as most desirable. Seventeen of twenty-two

zip codes had positive disparity scores, indicating the presence of a disparity in that area (Figure 28). The three zip codes with the highest disparity scores identified for future target intervention were 43213 (13.374), 43232 (12.393), and 43228 (12.109).

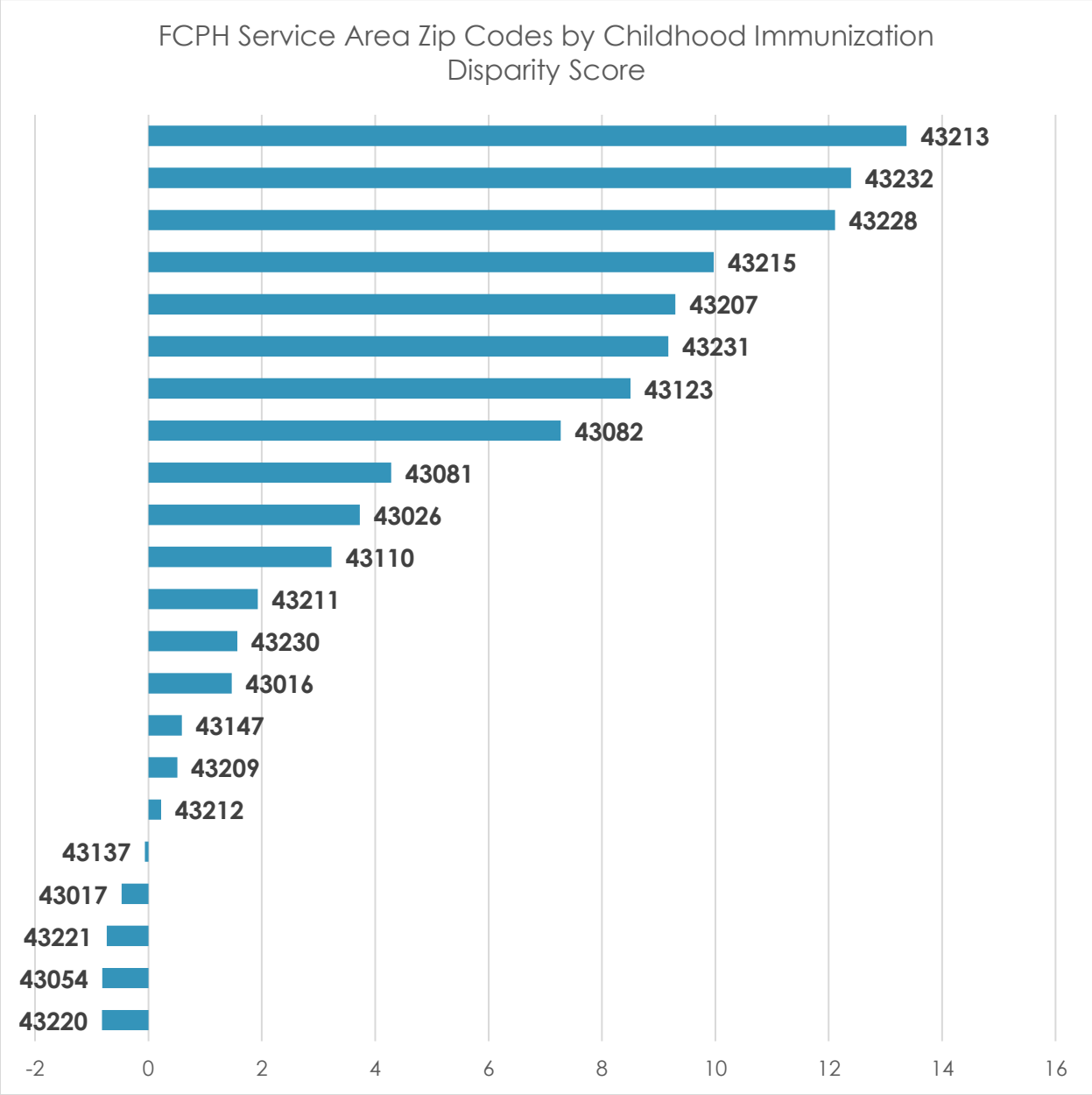


Figure 28. Source: Franklin County Public Health Division of Prevention & Wellness

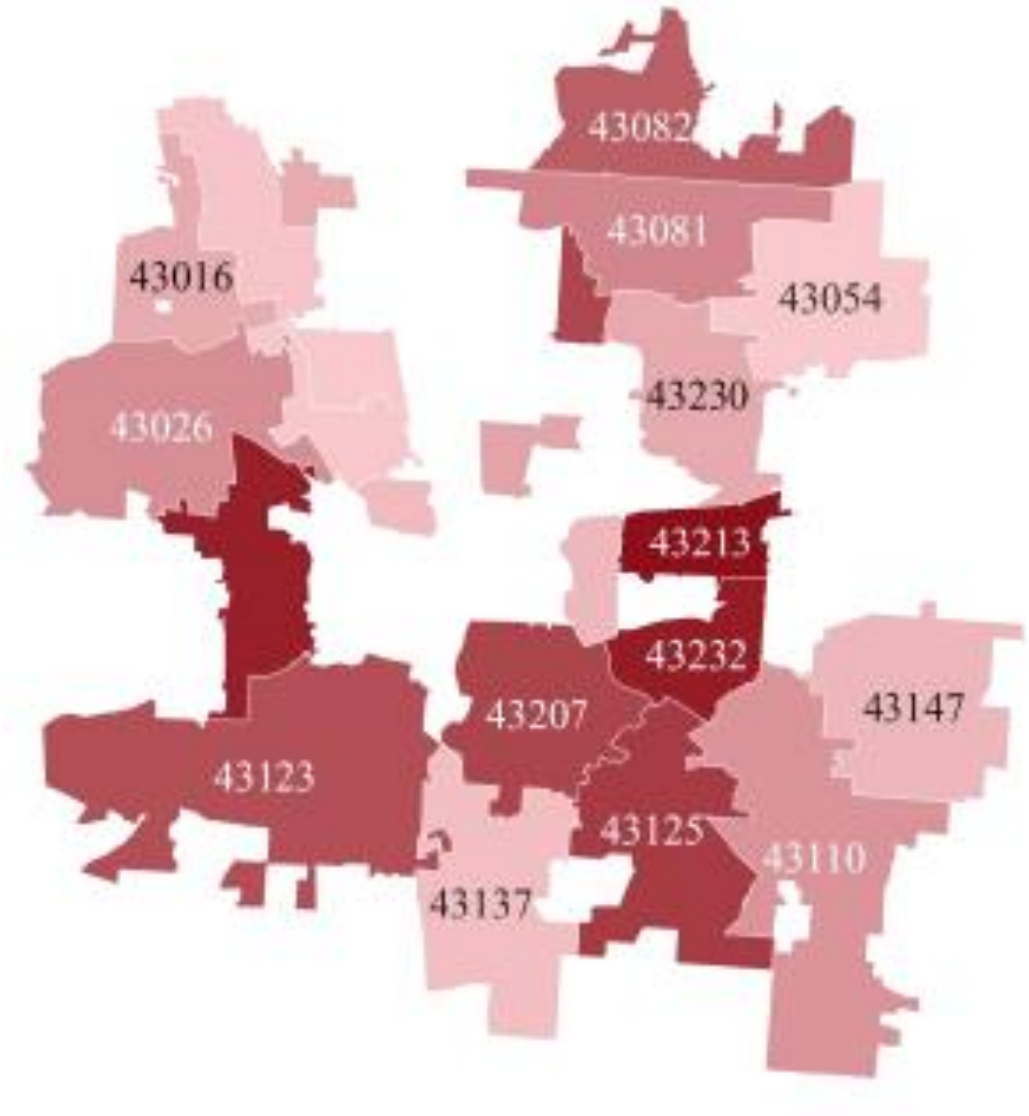


Figure 29. Source: Franklin County Public Health Division of Prevention & Wellness

FCPH conducted telephone interviews with school nurse at two elementary, two middle, and two high schools with some of the highest exemption rates of all schools in FCPH jurisdiction. According to the school nurse and school health records, the most common reported reasons for vaccine refusal among parents were:

- *Fear of autism and other side effects*
- *Concern about the safety/toxicity of vaccine ingredients*
- *Religious concerns (i.e., use of stem cells in vaccine development)*
- *Custody-related dispute which involves decisions pertaining to child's healthcare*
- *Convenience (ex. easier to exempt a child rather than taking them to get a vaccine from a provider once outside of the 14-day grace period allowed for by the ORC)*

As a result of this disparity analysis, Grove City and Prairie township were selected as FCPH priority areas for increasing childhood immunization. Therefore, FCPH decided to focus their efforts on six schools within the South-Western City School District to address the immunization status of children experiencing significant racial and socioeconomic disparities, children attending schools with higher incidence of incomplete immunizations, and children being exempted or postposed from vaccines. FCPH plans to continue parent education and specialty immunization clinics in the future once efforts can be diverted from COVID-19.

2018-2020 CHIP Partners

1DivineLine2Health

ADAMH Board

African American Male Wellness Agency

American Heart Association

Buckeye Health Plan

CelebrateOne

Columbus and Franklin County Addiction Plan

Columbus City Schools Food Service Production Center

Columbus Public Health

Columbus Public Safety

Educational Service Center of Central Ohio

Franklin County & Columbus Medical Reserve Corp

Franklin County Coroner's Office

Franklin County Engineer's Office

Franklin County Office of Justice Policy & Programs

Franklin County Public Health Community Health Action Teams

Healthcare Collaborative of Greater Columbus

Health Works Franklin County

Heart of Ohio Family Health

Jordan's Crossing Resource Center

Mid-Ohio Food Collective

Mid-Ohio Regional Planning Commission

National Association of County and City Officials

Ohio Association of Community Health Centers

Ohio Department of Health

Ohio Department of Mental Health & Addiction Services

Ohio Public Health Association

Ohio State University Center for Clinical and Translational Science

Ohio State University College of Public Health

Ohio State University Extension

Rapid Response Emergency Addiction Crisis Team

The Breathing Association

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   The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

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For more information about FCPH initiatives, programs, and efforts, visit ***myfcph.org***.

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