ACCREDITATION DOCUMENT COVER PAGE

Measure #	Required Document #	Example #	Document Date:
7.1.1	3	1	08/09/2017

Document Page #	Required Element
1	Shows workgroups going through the process of Results-Based Accountability as a part of the Community Health Improvement Plan (CHIP).
3-4	Shows members who participated in the CHIP Maternal Child workgroup.
12	Shows the use of root cause analysis during the workgroup session related to access and usage of care in which emerging issues were considered.

Document Description:

For the Community Health Improvement Planning process, the steering committee divided into workgroups to address the priority issues identified using the results based accountability during the August 9th (pg. 1) meeting. Pages 3 and 4 show the members who participated in the Maternal & Child Health workgroup (see highlighted). This meeting included the step of doing a root cause analysis (pg. 12) for the identified headline indicator which is access & usage of care. The capacity root cause was identified, and the group discussed the reasons why capacity was a root cause and highlighted is the emerging issue of the "Managed Care Accepted Plans". Although this diagram is an abbreviation, it reflects the many discussions regarding the access issue faced by our community due to specific managed care plans that clients may have, not being accepted by providers in our area.

Greene County Community Health Assessment & Improvement Plan

Steering Committee Agenda

Date: August 9, 2017 Time: 9am -10:30 am Location: 541 Ledbetter Rd. Xenia OH, 45385

Vision: A vibrant health conscious community concerned with preserving the environment, where all people are informed, have equitable opportunity and are empowered to access what they need to be healthy.

Values: Collaboration, Inclusivity, Environment and Resiliency

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Welcome/ Purpose:	9:00 am – 9:05 am
CHIP Overview: • Process *(Results Based Accountability)* • Timeline	9:05 am – 9:15 am
Breakout for 4 Priority Health Issues: • Chronic Disease • Maternal/Child Health • Mental Health/Substance Abuse • Injury Prevention	9:15 am – 10:00 am
The Work Groups: • Identify Chair • Meeting Dates/Location	10:00 am – 10:15 am
Next Steps: • Work to be done prior • Goal of the Work Group Meeting • Questions • Schedule Next Meeting	10:15 am – 10:30 am

2016 - 2017 Greene County Public Health

Community Health Improvement Plan Steering Committee Meeting August 9, 2017

Organization	Contact Name	Signature
Beavercreek Chamber of Commerce	Dawn Mader	
Cedarville University	Rene Panosian	
Cedarville University	Sharon K. Christman	
Central State University	Connie Helmuth	
Central State University	Karen Matthews	
Community Action Partnership	Judy Darnell	
Council on Rural Services	Brittney Eshelman	
Council on Rural Services	Stephanie Thomas	
Council on Rural Services	Zach Foster	
Council on Rural Services KLP Head Start	Kathy Gorby	
Dayton Children's Hospital	Jessica Saunders	
Department of Job and Family Services	Beth Rubin	
Educatonal Service Center	Amanda Pollock	
Fairborn Municipal Court	Mark Donatelli	
Family and Children First Council	Brent Lewis	
Greene CATS Public Transit	Ken Collier	Ken Collier
Greene County Council on Aging	Susan Finster	
Greene County Housing Program	Penny Madry-Johnson	

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Council on Rural Services	Stephanie Thomas	
Council on Rural Services	Zach Foster	
Council on Rural Services KLP		
Head Start	Kathy Gorby	Kathy Gorby
Dayton Children's Hospital	Jessica Saunders	
Department of Job and Family Services	Beth Rubin	
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Greene County Public Health	Jeff Webb	
Greene County Public Health	Melissa Branum	
Greene County Public Health	Pam Hamer	
Greene County Public Health	Robyn Fosnaugh	
Greene County Public Health	Sheryl Wynn	
Greene County Public Health	Ashley Steveley	
Greene Memorial Hospital	Donna Saraga	
Kettering Health	Jeff Brock /AnnaSquibb	
Mental Health and Recovery Board	Adriane Miller	
Mental Health and Recovery Board	Greta Mayer	
Ohio State University Exstension	Melanie Hart	
Parks and Trails	Chrisbell Bednar	
Planning and Zoning Department	Brian Forchner	
TCN Behavioral Health	Alicia Cormier	
The Feminist Health Fund	Ann Poortinga	
United Way of the Greater Dayton	Dawn Dudgeon	
United Way of the Greater Dayton	Melonya Cook	
United Way of the Greater Dayton	Nicole Switzer	
Wilberforce University	Solomon Cooper	

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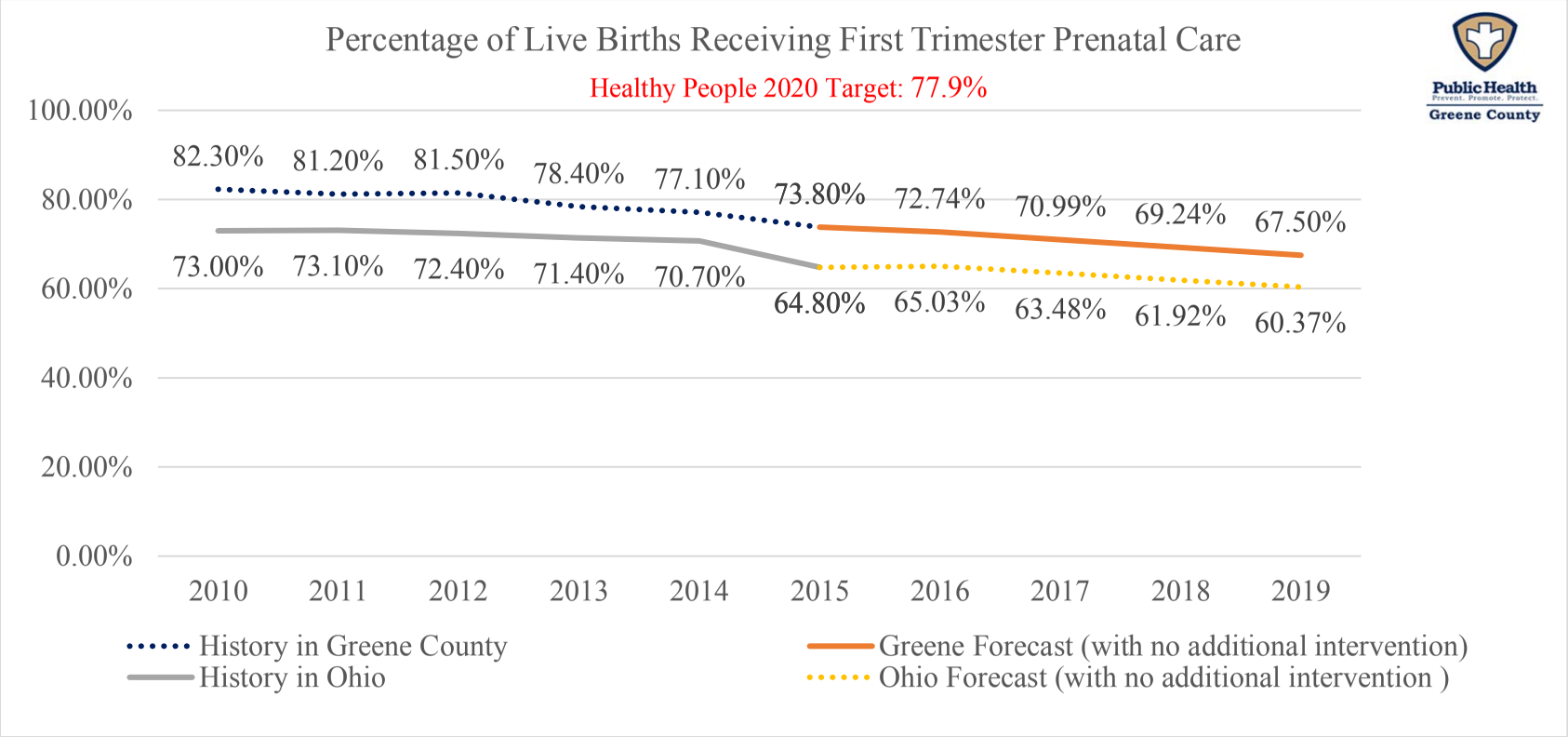
Trend Data: Headline Indicator



Maternal & Child Health

Results Statement/ Goal: Women of childbearing age, teens and families in Greene County have equal access to high quality preventative and mental health education and care.
Headline Indicator: Access and usage of care
Associated Indicators: Distribution/Density of Providers/Medicaid**,** Childhood Obesity, Domestic Abuse adult/children CA/neglected removals

* Ohio Department of Health SHIP Strategy ° Potential Policy Change CHR = County Health Rankings CG= Community Guide

Last Updated: 9/22/17

Data Development: transportation (Greene Cats medical transportation), prenatal care indicator first trimester (hospitals/private practices), substance abuse/mental health treatment during pregnancy (hospitals/private practices/ MHRB)

Summary

The percentage of live births receiving first trimester prenatal care is on the decline in Ohio and Greene County. In 2014, Greene County dropped below the healthy people 2020 target of 77.9% by reporting 77.1%. Historical data for the previous 4 years (2010-2013) was above the healthy people 2020 target but the trend shows a decline. This declining trend is also seen in the state of Ohio, however, the 6 years of historical data (2010-2015) show that Ohio was not achieving the healthy people 2020 target of 77.9%. The average percentage from 2010-2015 for Ohio was 70.9%. Based on this historical data the 2019 forecasted percentage is 67.5% for Greene County and 60.37% for Ohio. With the implementation of the Patient Protection and Affordable Care Act after it was signed in 2010, there has been an increase demand for services and a decrease in access based on a limited number of physicians and physicians electing to only accept certain insurance types. In many cases, physicians are limiting the number of Medicaid clients or not accepting Medicaid clients at all.

Trend Data: Associated Indicators

Medical Professional - County Comparison, 2014					
	Greene (161,573)		Portage (161,419)	Licking (166,492)	Medina (172,332)
	County	Rate per 100,000	Rate per 100,000	Rate per 100,000	Rate per 100,000
Primary Care	148	90.3	40.2	44.3	62.5
General/Family practice	85	51.9	17.3	27.2	27.8
Internal Medicine	43	26.2	19.8	9.4	23.9
Pediatricians	20	49.5	12.9	29.1	41.9
OB/GYN	14	16.8	9.7	4.6	16.8
Psychiatrists	18	11	7.4	3	4.5
Dentist	109	66.5	37.1	34.2	44.9
Source: Health Resources & Services Administration, Health Resource Comparison Tool					

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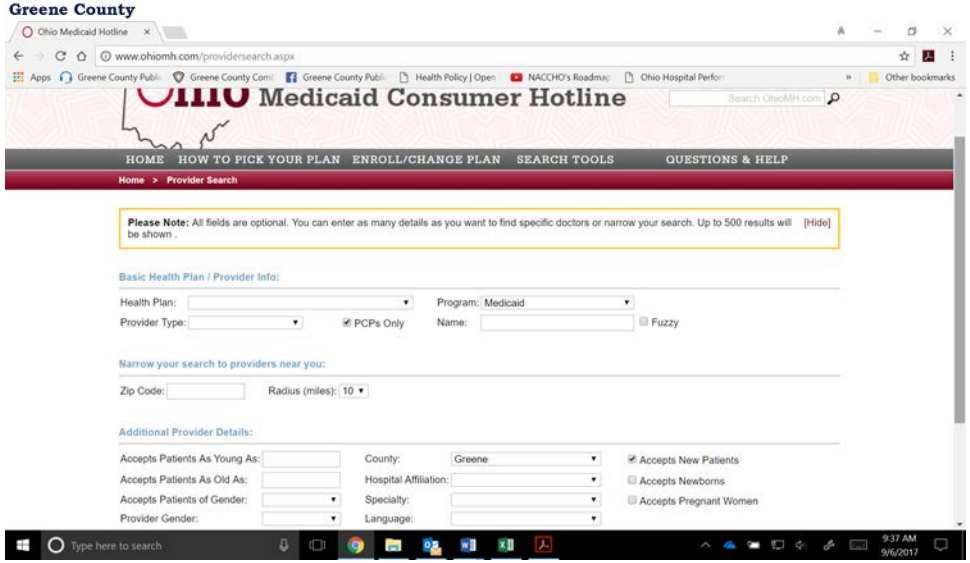

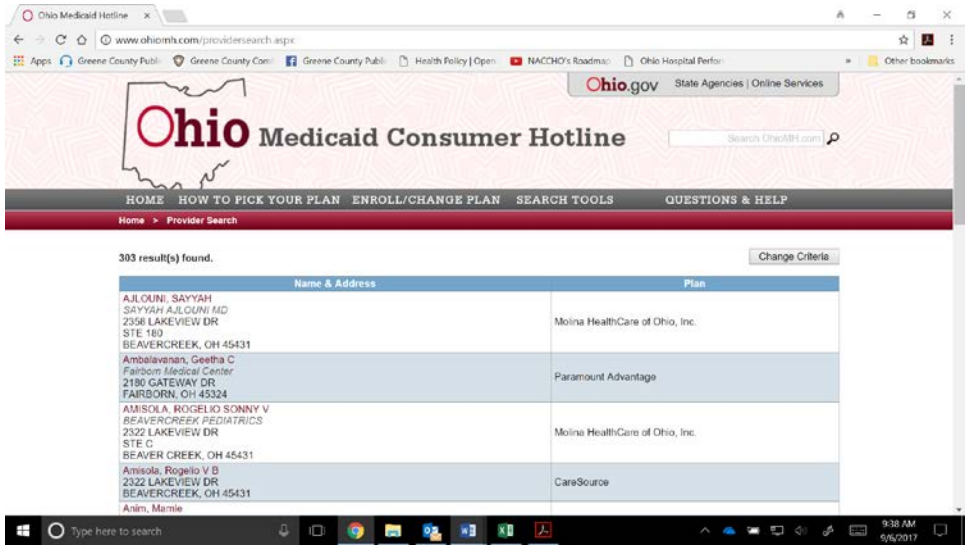

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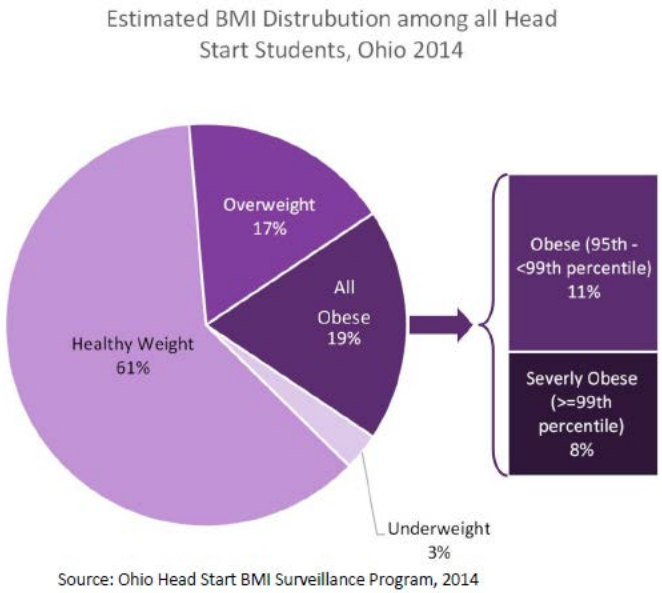
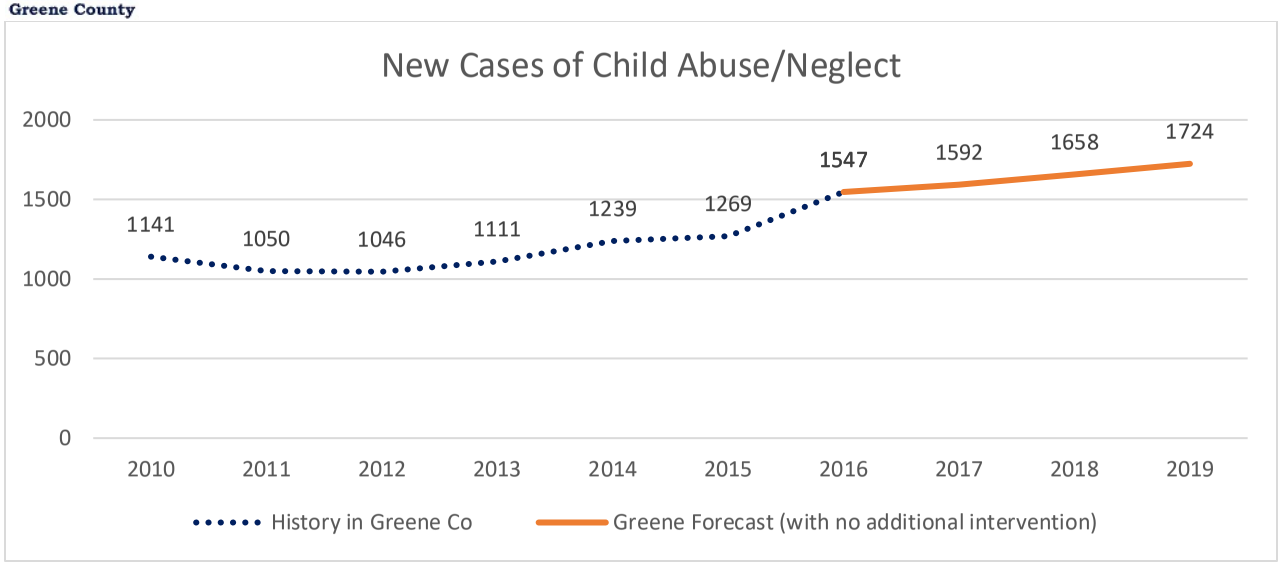
Ohio Medicaid Provider Search, http://www.ohiomh.com/providersearch.aspx



Severely Obese	BMI at or above the 99th percentile
Obese	BMI at or above the 95th percentile
Overweight	BMI at or above the 85th percentile, but below the 95th percentile
Healthy	BMI at or above the 5th percentile, but be low the 85th percentile
Underweight	BMI below the 5th percentile

Source: Ohio Head Start SMI Surveillance Program, link: http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/Childhood-Obesity/Ohio-Early-Childhood-BMI-Data-Brief.pdf?la=en



Source: Greene County Department of Job and Family Services

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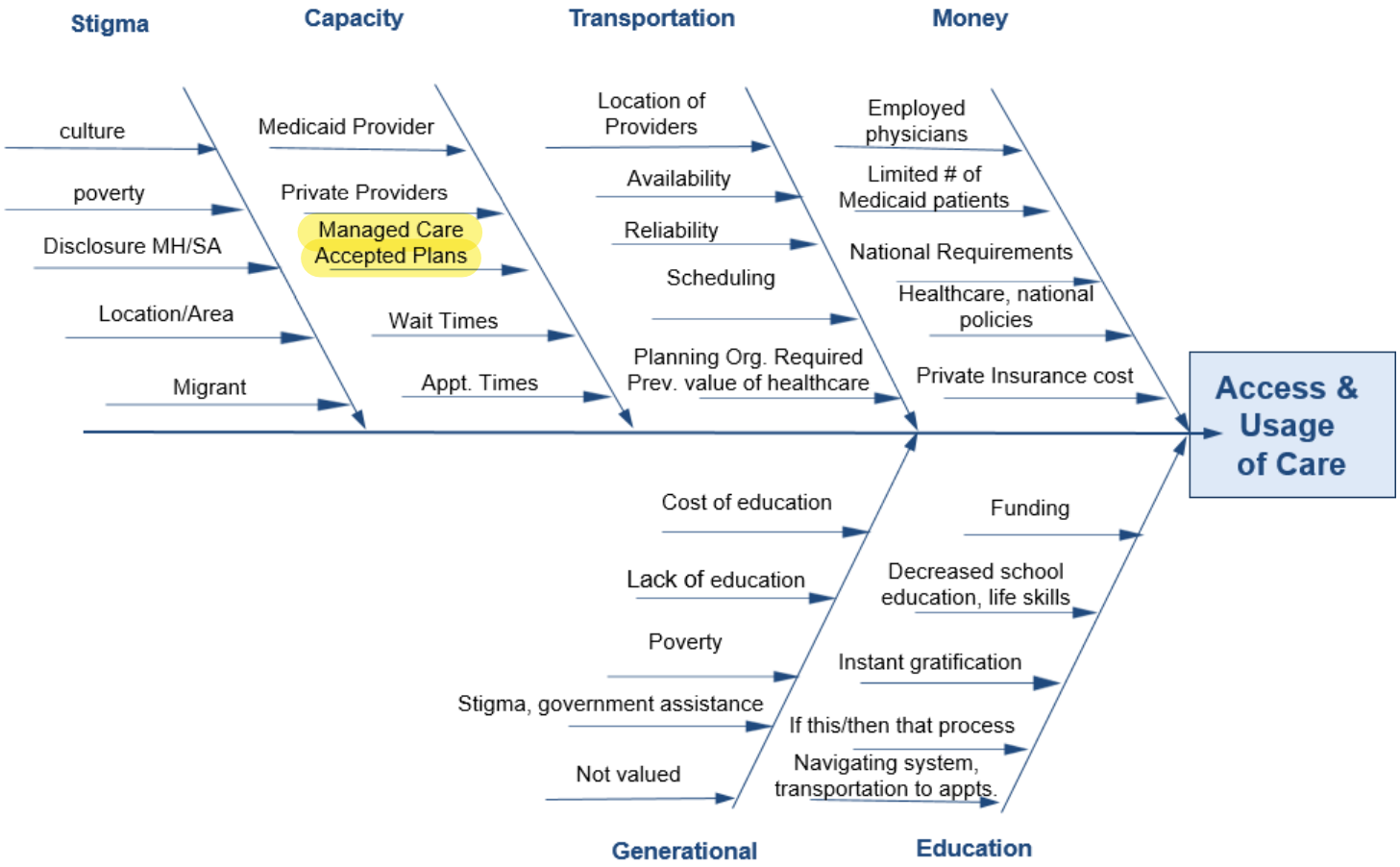
Root Cause Analysis for Maternal & Child Health



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Prioritized Root Causes: education (address cultural stigma and generational)

Additional Partners

- Mental Health and Recovery Board/TCN/Family Solutions Center
- CFRB
- Department of Developmental Disabilities
- Greene CATS
- Family Violence Prevention Center
- Housing Coalition
- Hospitals
- 4 C
- GRADS
- School Nurses
- Educational Services Center
- OSU Extension
- Media
- EC3
- Women's Center
- Business Community – breastfeeding, Chamber of Commerce
- United Way
- Women's Recovery Center
- Family & Youth Initiatives

Data & Potential Strategies

Data

Greene County Data	ODH Indicator	HP 2020 Indicators/Goals
• 73.8% (2015) receiving 1st trimester prenatal care • 9.7% of births to mothers who smoke - HP 2020 target of 1.4% • neonatal abstinence syndrome rate 12.1/1000 livebirths (2011-2015) • infant mortality rate 6.9/1,000 live births - HP 2020 target of 6.0/1,000	Reduce Infant Mortality: Rate of infant deaths per 1,000 live births (Vital Stats, ODH) Baseline: 7.2 (2015) Target: 6.8 (2019), 6.0 (2022)	**MICH-10.1** Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester Baseline: 70.8 percent of females delivering a live birth received prenatal care beginning in the first trimester in 2007 Target: 77.9 percent **MICH-1.3** Reduce the rate of all infant deaths (within 1 year) Baseline: 6.7 infant deaths per 1,000 live births occurred within the first year of life in 2006 Target: 6.0

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Strategies

- *Preconception education interventions (Some Evidence) * (CHR)*
  Preconception education interventions provide information about the risks and benefits of behaviors that affect a woman's health before, during, and after pregnancy; improving certain health behaviors prior to pregnancy reduces risks to mothers' and infants' health. Preconception education interventions cover a variety of topics related to those behaviors, such as nutrition, exercise and weight management, birth control methods, STI prevention, controlling chronic disease, reducing alcohol consumption, quitting smoking and other tobacco use, or improving mental health. Interventions can be delivered in clinical or community settings, and may be presented by medical providers, public health professionals, lay people, or others with relevant education and training (e.g., community health workers). Ongoing well-woman care, as well as education for men partnered with women of child bearing age, often compliment these interventions.

- *Mobile reproductive health clinics (Some Evidence) (CHR)*
  Mobile reproductive health clinics are medically equipped vans with clinicians that offer reproductive health services, usually to women in low income areas. Services can include pregnancy tests, prenatal and postpartum care, gynecological exams, sexually transmitted infection (STI) screenings, health education, and referrals to social services. Vans may include a waiting room, private exam areas, an education area, and a laboratory, as well as monitors, diagnostic equipment, and educational materials (O'Connell 2010). Vans sometimes offer screening and referral services for health concerns outside reproductive health (AHRQ HCIE-Bennett).

- *Patient financial incentives for preventive care (Scientifically Supported) (CHR)*
  Financial incentives such as payments, vouchers, and tickets for prize drawings can be used to encourage patients to undergo preventive care such as screenings, vaccinations, and other brief interventions. Personal incentive programs are usually offered through the public sector and typically offer incentives to low income individuals (Sutherland 2008).

- *Group-based parenting programs (Scientifically Supported) (CHR)*

Group-based parenting programs use standardized curriculums to teach parenting skills in a group setting. Such programs are usually based on behavioral or cognitive-behavioral approaches and targeted at parents whose children display aggressive and disruptive behaviors, possess low self-esteem or poor social skills. Participants' children are often at risk of, or diagnosed with, Conduct Disorder or Oppositional Defiant Disorder (Cochrane-Furlong 2012)

Strategy Selection

Options for action/ What are you currently doing or should be doing:

- Public campaign at prenatal care – target early contact
- One centralized message that all partners can use and media
- Public campaign to address child obesity
- Continuation and expansion of PAX in Greene County Schools (and CC centers?)

Low/No Cost Ideas:

- Assessment tool (like ACES) can be used early to target community activities?

Selected Strategy:

- Develop subcommittee
- Group develops single message and spreads by partners and media
- Group develops toolkit (resource) to share among partners for all clients

Summary:
To turn the curve and keep prenatal care utilization from declining as projected by the data, the work group identified education as an essential root cause to guide the intervention strategy. Many community organizations and agencies can have an impact on whether or not mothers seek early prenatal care. To aid in the linkage and improve access to prenatal health care services, this work group will be taken over by a community organization that already convenes many of the partners mentioned in the resource needs. The group is

names EC3. They intend to work toward approval by their leaders in implementing the strategies of being the subcommittee, developing a single message and sharing the message and developing a toolkit for members of the subcommittee to use with clients. Many future negative health outcomes can be addressed through our residents starting in the womb with adequate and regular care. Knowledge of resources and how to access and navigate the health care system is a barrier that can be addressed through education and can help in reversing generational barriers to health and stigma associated with seeking care.