2024-2026 IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPROVEMENT PLAN

JUNE 2024

DELIVERED BY:

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A NOTE FROM

AVITA HEALTH SYSTEM & RICHLAND PUBLIC HEALTH

Avita Health System and Richland Public Health strive to bring people and organizations together to improve community wellness. The community health needs assessment and implementation strategy/improvement plan process is one way we can live out our mission. To fulfill this mission, we must 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 2023, Richland County conducted a comprehensive Community Health Needs Assessment (CHNA) to identify priority health issues and evaluate the overall current health status of the hospital and health department's service area. These findings were then used to develop an Implementation Strategy/Improvement Plan (CHIP) to describe the response to the needs identified in the CHNA report. This Implementation Strategy/CHIP report was adopted by leadership of Avita Health System and Richland Public Health in June 2024.

The 2024-2026 Implementation Strategy/CHIP report is the third of these reports released, all following a CHNA. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning concerning future programs, clinics, and health resources.

The Richland County Implementation Strategy/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 who committed to participating in interviews and completing health need prioritization surveys. 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, praises, and behaviors.

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,

Cinda Kropka

Cinda Kropka
Corporate Compliance & Privacy Officer

Julie Chaya

Dr. Julie Chaya
Health Commissioner

ACKNOWLEDGEMENTS

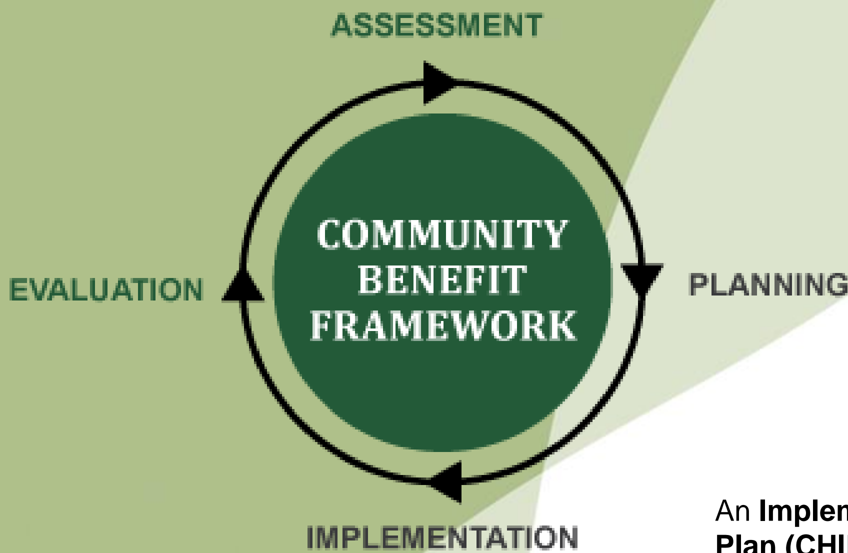
This Implementation Strategy/Improvement Plan (CHIP) was made possible thanks to the collaborative efforts of Avita Health System, Richland Public Health, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this strategic plan.

AVITA HEALTH SYSTEM & RICHLAND PUBLIC HEALTH WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Area Agency on Aging
Avita Health System
Black/Brown Coalition of Mansfield
Community Health Access Project (CHAP)
Community Action/Capable Youth (CACY)
DRM Productions
Ignited
Jobs & Family Services/Children's Services
Keim Farm
Maddox Memorial Church of God in Christ
Mansfield City Council
Mansfield City School District
Mansfield Richland County Public Library/ First Call 211
Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)
Mansfield YMCA & YWCA
Middle Ohio Education Service Center
National Association for the Advancement of Colored People (NAACP)
NAMI (National Alliance on Mental Illness) Richland County
North End Community Improvement Collaboration (NECIC)
OhioHealth Mansfield Hospital
Ohio Community Action Board
Ontario Schools
Partners for Prevention Coalition of Richland County
Pioneer Career and Technology Center School
Richland Area Chamber & Economic Development
Richland County Children's Services
Richland County Commissioner
Richland County Foundation
Richland County Mental Health And Recovery Services Board
Richland County Regional Planning Commission
Richland County Youth & Family Council
Richland NewHope
Richland Public Health
Shiloh Medical Center
The Ohio State Mansfield
Third Street Family Health Services
United Way

INTRODUCTION

WHAT IS AN IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP)?



An **Implementation Strategy/Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For hospitals, the Implementation Strategy describes their plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3). For health departments, the Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB) and outlines their plans to address priority community health needs identified through the previous Community Health Assessment (CHA).

OVERVIEW
OF THE PROCESS

In order to develop an Implementation Strategy/Improvement Plan (CHIP), Avita Health System and Richland Public Health followed a process that included the following steps:

STEP 1: **Plan and prepare for the Implementation Strategy/CHIP.**

STEP 2: **Develop goals/objectives and identify indicators to address health needs.**

STEP 3: **Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.**

STEP 4: **Select approaches with community partners.**

STEP 5: **Integrate Implementation Strategy/CHIP with community partners, hospital, and health department plans.**

STEP 6: **Develop a written Implementation Strategy/CHIP.**

STEP 7: **Adopt the Implementation Strategy/CHIP.**

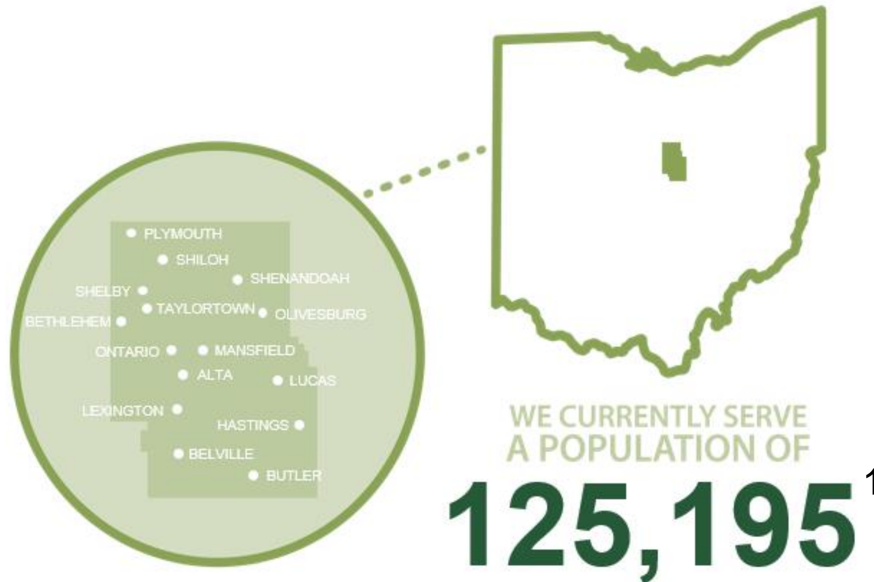
STEP 8: **Update and sustain the Implementation Strategy/CHIP.**

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

THE 2024-2026 RICHLAND COUNTY IMPLEMENTATION STRATEGY/CHIP MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL (IRS & PHAB) REGULATIONS.

DEFINING THE RICHLAND COUNTY SERVICE AREA

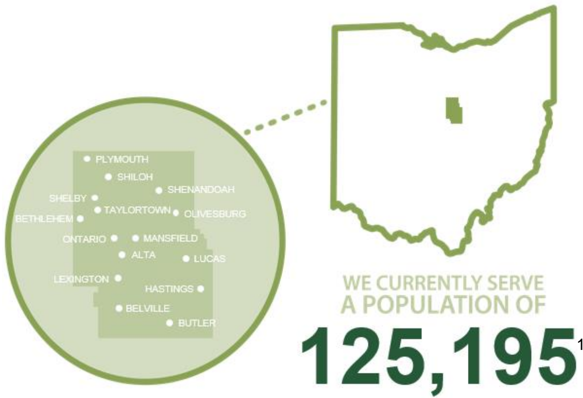
For the purposes of this report, Avita Health System and Richland Public Health define their primary service area as being made up of Richland County, Ohio. The Community Health Needs Assessment (CHNA) and this resulting Implementation Strategy/Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This Implementation Strategy/CHIP plans to address the selected priority health needs identified by the CHNA.



RICHLAND COUNTY SERVICE AREA			
GEOGRAPHIC AREA	**ZIP CODE**	**GEOGRAPHIC AREA**	**ZIP CODE**
Fredericktown*	43019	Plymouth*	44865
Ashland*	44805	Shelby	44875
Belville	44813	Shiloh	44878
Butler	44822	Mansfield	44901
Crestline*	44827	Mansfield	44902
Galion*	44833	Mansfield	44903
Greenwich*	44837	Mansfield	44904
Lucas	44843	Mansfield	44905
Ontario	44862	Mansfield	44906
Perrysville*	44864	Mansfield	44907

*While portions of these communities lie outside of Richland County, the associated ZIP Codes are at least partially contained within Richland County and form part of Avita Health System's service area.

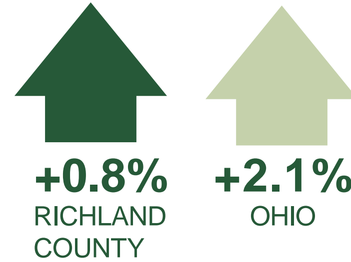
RICHLAND COUNTY
AT-A-GLANCE



WE CURRENTLY SERVE A POPULATION OF

125,195[1]

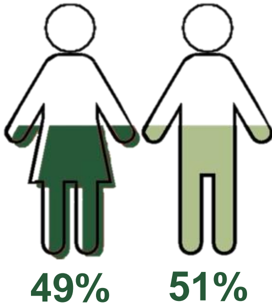
The population of Ohio is increasing. The Richland County population is **increasing at a slightly lower rate**[1]



+0.8% RICHLAND COUNTY

+2.1% OHIO

The % of males and females is **nearly equal**[3]



49% **51%**

7%

of Richland County residents are veterans, the same as the state[4]

Over half of veterans in the service area are aged 65+[4]

Youth ages 0-19 and seniors 65+ make up

44% OF THE POPULATION

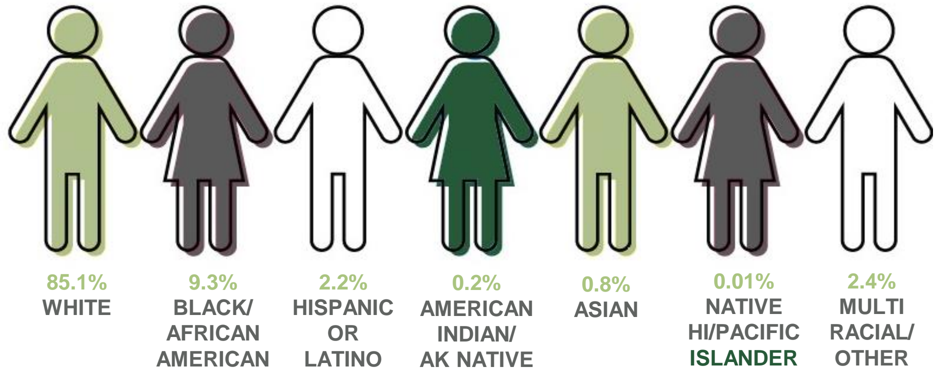
In the Richland County service area[5]

1 in 5 Richland County residents are age 65+[6]

96%

of the population in the Richland County service area speaks **only English** and only 2% are **foreign-born**[7]

The **majority (85%)** of the population in Richland County identifies as **white** as their only race, while **Black/African Americans** number nearly **10%**[1]



85.1%	9.3%	2.2%	0.2%	0.8%	0.01%	2.4%
WHITE	BLACK/ AFRICAN AMERICAN	HISPANIC OR LATINO	AMERICAN INDIAN/ AK NATIVE	ASIAN	NATIVE HI/PACIFIC ISLANDER	MULTI RACIAL/ OTHER

The age-adjusted mortality rate in Richland County is **4%** higher than the state of Ohio[8]

1 in 213 Richland County residents will **die prematurely**, which is higher than the Ohio state rate [9]

Richland county is ranked in the **bottom half** of healthiest counties in Ohio based on **health factors that we can modify** [9]

AVITA HEALTH SYSTEM

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STEP 1

PLAN AND PREPARE FOR THE IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP)

IN THIS STEP, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH:

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY/CHIP
- ENGAGED BOARD AND EXECUTIVE LEADERSHIP
- REVIEWED COMMUNITY HEALTH NEEDS ASSESSMENT

PLAN AND PREPARE FOR THE 2024-2026 RICHLAND COUNTY IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the 2023 Richland County Community Health Needs Assessment (CHNA) report. (Available at https://avitahealth.org/about-us/#community-wellness and https://richlandhealth.org/wp-content/uploads/2024/01/Richland-County-CHNA_FINAL_2024-01-11.pdf). 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 preventive 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 key informant interviews with **26** experts from various organizations serving the Richland County service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. Prior to each key informant interview, the respondents were asked to complete a short survey in order to prioritize the health needs identified by secondary data collection, which was also shared broadly with the community in both English and Spanish. There were **420** responses to the *Community-Wide Survey* from community members. Finally, there were **7** focus groups held across the county, representing a total of 38 community members. Additionally, we had conversations with over 100 people from the Amish and Mennonite community in Richland County at a health and safety fair attended by hundreds of residents. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and prioritize health needs. More detail on methodology can be found in the 2023 Richland County CHNA Report.

> **The implementation strategy/improvement plan (CHIP) deals with the “how and when” of addressing needs. While the community health needs assessment considers the “who, what, where and why” of community health needs, the CHIP 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, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH:

- DEVELOPED GOALS FOR THE IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHNA
- SELECTED INDICATORS TO ACHIEVE GOALS

AVITA HEALTH SYSTEM

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PRIORITY HEALTH NEEDS
GOALS, OBJECTIVES, AND INDICATORS

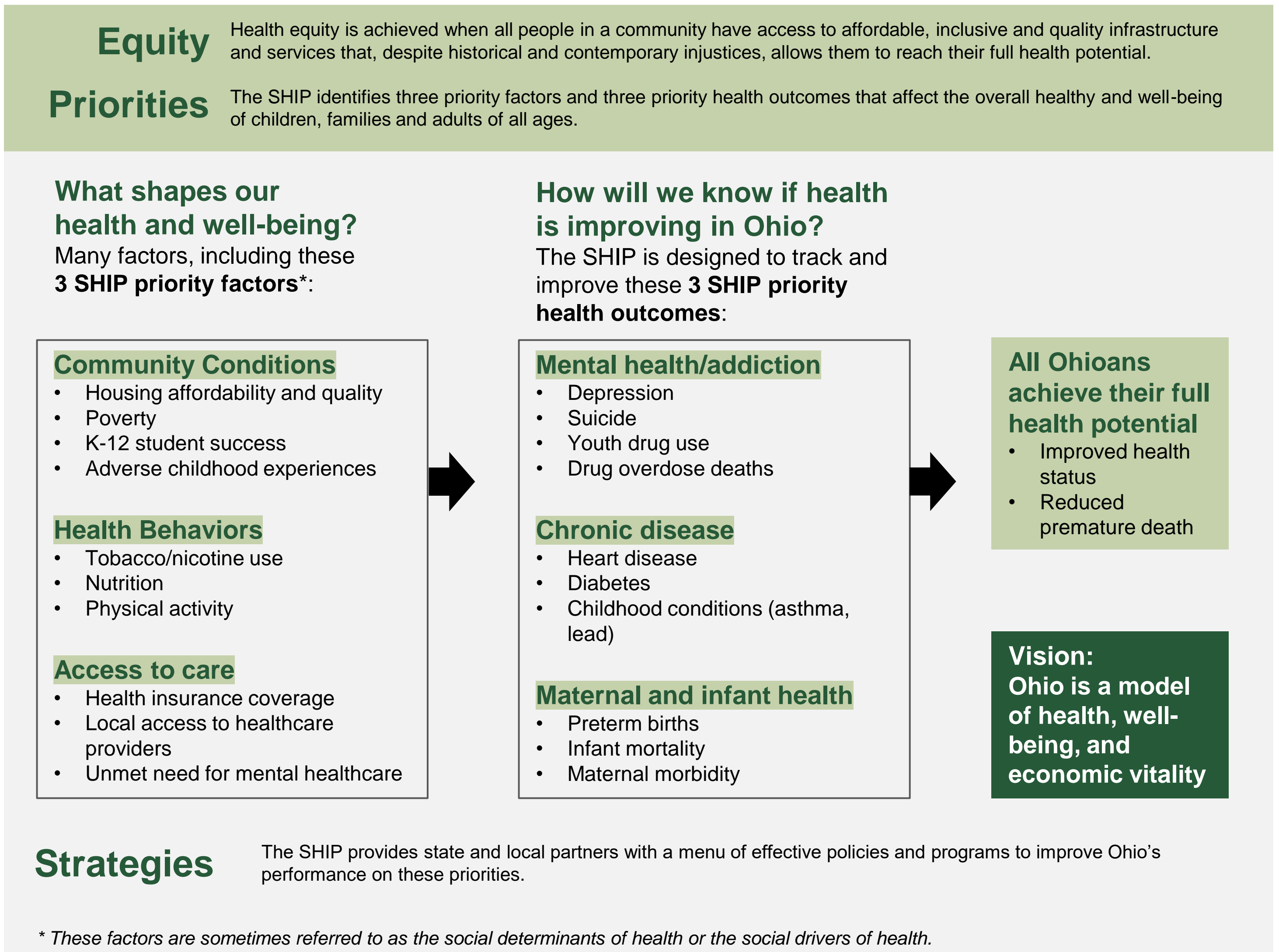
Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Avita Health System and Richland Public Health desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, Avita Health System and Richland Public Health used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2023 Richland County Community Health Needs Assessment.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework



Next, with the data findings from the community health needs assessment process, Richland County used the following guidelines/worksheet to choose priority health factors and priority health outcomes. Using the guidance from ODH's State Health Improvement Plan (SHIP) strengthened the ability to align with the state in order to strengthen the efforts to improve the health, well-being, and economic vitality of both the Richland County service area and the state of Ohio (worksheet/guidelines continued to next page).

ALIGNMENT WITH PRIORITIES AND INDICATORS

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

ALIGNMENT WITH PRIORITIES AND INDICATORS (CONTINUED)

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

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

ADDRESSING THE HEALTH NEEDS

The 2023 Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked:

HEALTH NEEDS RANKED IN THE COMMUNITY MEMBER SURVEY:
#1 Mental health and access to mental healthcare
#2 Substance use
#3 Income/poverty and Employment
#4 Crime and violence
#5 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)
#6 Food insecurity (e.g. not being able to access and/or afford healthy food)
#7 Access to childcare
#8 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, etc.)
#9 Housing and homelessness
#10 Nutrition and physical health/exercise
#11 Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)
#12 Education (e.g. early childhood education, elementary school, post-secondary education)
#13 Transportation (e.g. public transit, cars, cycling, walking)
#14 Tobacco and nicotine use/smoking
#15 Preventive care and practices (e.g. mammograms, vaccinations)
#16 Environmental conditions (e.g. air and water quality)
#17 Internet/Wi-Fi access
#18 Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
#19 HIV/AIDS and Sexually Transmitted Infections (STIs)

ADDRESSING THE
HEALTH NEEDS

From the significant health needs, Avita Health System and Richland Public Health chose health needs that considered the health department's capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department's priorities.

THE 3 PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2024-2026 IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP) ARE:

Priority Area 1: Mental Health & Addiction
Priority Area 2: Chronic Disease
Priority Area 3: Maternal & Infant Health

STEPS 3 & 4

CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS

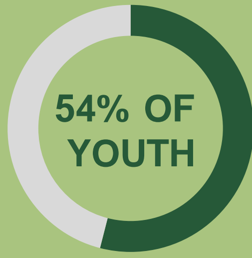
IN THESE STEPS, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH:

- SELECTED APPROACHES/STRATEGIES TO ADDRESS BUTLER COUNTY SERVICE AREA PRIORITIZED HEALTH NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP) REPORT

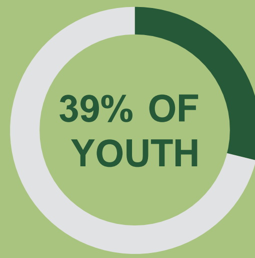
#1 PRIORITY AREA MENTAL HEALTH & ADDICTION

Includes adverse childhood experiences

IN OUR COMMUNITY

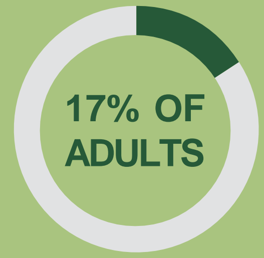


in Ohio with major depressive episodes in the past year **did not receive mental health services**[10]



in Ohio with major depressive episodes in the past year received some **consistent mental health services** (7+ visits)[10]

in BRFSS* Region 3 have been diagnosed with **depression and suicidal ideation** by a mental health professional, compared to 29% for Ohio[11]



in Richland County experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 16% for Ohio[11]

Richland County's suicide rate of 22 per 100,000 is **higher than Ohio's** rate of 19 per 100,000[12]

The **drug poisoning death rate** in Richland County was 49 per 100,000 from 2018-2020, **higher than the state** (39 per 100,000)[12]

STRATEGIES

YOUTH	ADULTS
Expand Mental Health Education to Parents and Youth (e.g. through implementation of public awareness and social media campaigns, school programs).	Expand Mental Health Education to Parents and Youth (e.g. through implementation of public awareness and social media campaigns, community courses and programs).

PARTNERS

YOUTH	ADULTS
Entire list of Richland County mental health and substance use partners (see page 23).	Entire list of Richland County mental health and substance use partners (see page 23).

POPULATIONS

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

Children and youth, adults, older adults, low-income residents, Black/African American, Black, Hispanic, and Non-Hispanic White residents, LGBTQ+ residents, men, people experiencing homelessness

Youth in the service area will **significantly benefit**, as they are less likely to report being able to access help for mental health and substance use issues and may be greatly impacted by adverse childhood experiences early in life.

OUTCOMES

DESIRED OUTCOMES OF STRATEGIES

Education and awareness on mental health

Mental health stigma

Access to mental health and substance abuse care and support

OVERALL IMPACT OF STRATEGIES

Mental health

Quality of life

Substance abuse

Mental health and substance abuse emergency department visits and hospitalizations

Overdose deaths

Suicides

Psychological distress and depression

ALL RICHLAND COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

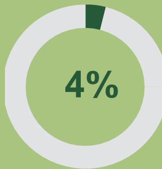
AVITA HEALTH SYSTEM — Richland Public Health, Prevent. Promote. Protect.

*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Richland County.

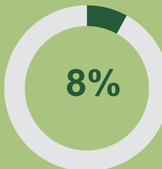
#2 PRIORITY AREA CHRONIC DISEASE

Includes nutrition and physical health, overweight and obesity, food security, preventive care and practices

IN OUR COMMUNITY

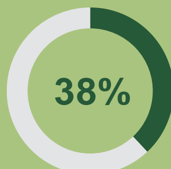


of both Richland County and Ohio adults reported they have had a **stroke**[14]

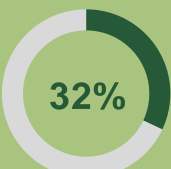


of Richland County adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 7% for Ohio[14]

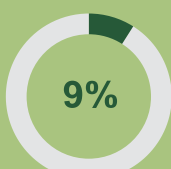
of both Richland County and Ohio adults have **diabetes**[14]



of Richland Count adults have **hypertension**, compared to 35% for Ohio adults[14]



of Richland County adults have **high cholesterol**, compared to 31% of Ohio adults[14]



of BRFSS* Region 3 has **asthma, compared to 11% for Ohio**[14]

CANCER IS THE **LEADING CAUSE OF DEATH** IN RICHLAND COUNTY, WHILE THE OVERALL INCIDENCE PER 100,000 IS **HIGHER** THAN OHIO[15]

483	461
RICHLAND	OHIO

STRATEGIES / PARTNERS

	ADULTS WITH HEART DISEASE AND AT RISK OF HEART DISEASE	YOUTH	DIVERSE POPULATIONS WITH HEALTH DISPARITIES
STRATEGIES	Develop text message-based app for monitoring and/or prevention of Heart Disease (e.g. train health care providers to implement program).	Provide free A1C screenings (e.g. evaluate cost and consider providing at health fairs).	Expand access to health care providers, especially specialists (e,g. implement promotional campaign to invite new specialists and advertise openings).
PARTNERS	Avita Health System	Avita Health System	Avita Health System, OhioHealth, Cleveland Clinic, University Hospital, Third Street, Veterans Affairs, Richland County Transit & transportation providers, transportation funders: Area Agency on Aging, Job and Family Services

POPULATIONS

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

Children and youth, adults, older adults, low-income residents, Black/African American, Multiracial, Latino/a, Asian, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander residents, LGBTQ+ residents

Older adult residents in the service area will **significantly benefit**, as they are at a higher risk of developing many chronic conditions.

OUTCOMES

DESIRED OUTCOMES OF STRATEGIES

- ↑ Education on chronic diseases & risk factors
- ↑ Chronic disease prevention, screening & management
- ↓ Sedentary youth & adults
- ↑ Opportunities for physical activity
- ↓ Food insecurity
- ↑ Nutrition, including fruit and vegetable consumption

OVERALL IMPACT OF STRATEGIES

- ↑ Mental and physical health
- ↑ Quality of life
- ↑ Health status
- ↓ Overweight & obesity
- ↓ Chronic disease
- ↓ Premature mortality

ALL RICHLAND COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Richland County.

#2 PRIORITY AREA CHRONIC DISEASE (CONTINUED)

Includes nutrition and physical health, overweight and obesity, food security, preventive care and practices

STRATEGIES

DISPROPORTIONATELY AFFECTED POPULATION, SENIORS, YOUTH, ADULTS, FAMILIES WITH KIDS, TRAUMA POPULATION, UNDER-INSURED, PEOPLE WITH HISTORY OR FAMILY HISTORY OF CHRONIC CONDITIONS	YOUTH, FAMILIES, SENIORS, ADULTS	WOMEN, YOUTH, PARENTS, SENIORS
Increase awareness of and access to preventative screenings (e.g. implement more screening location, such as in workplaces, and coordinate and implement public education campaign to increase awareness).	Promote healthy habits (healthy eating, physical activity, not smoking/ quitting smoking). (e.g. explore possibility of making parks more accessible and opening more parks and sports facilities, adding bike lanes, implementing a bike to work day, providing healthy food in schools, etc.).	Promote healthcare literacy & importance of primary care providers (to avoid emergency department visits) (e.g. apply for grants for healthcare navigators/liaisons to provide outreach to women, youth, parents, seniors, etc.)

PARTNERS

Richland Public Health (RPH), Third Street Family Health Services, Avita Health System, OhioHealth, Cleveland Clinic, University, Veterans Affairs, First Call 211, Richland Source & media, Area Agency on Aging, Richland County Homeless Coalition, North End Community Improvement Collaborative (NECIC), food pantries, senior centers, YMCA, Richland County Safety Council, Mansfield Interdenominational Ministerial Alliance (MIMA), Godsfield & churches, Richland County Transit & transportation partners, employers (on-site screenings), health coalitions (e.g. diabetes prevention, community health workers)	RPH, Richland County Park District, Physicians, grocers/farmers markets, County parks, city parks, local state parks, Muskingum Watershed Conservancy District, North Central Ohio Land Conservancy, YMCA, land trusts, Ohio Bird Sanctuary, SNAP Educators, Richland County Regional Planning, chefs, garden clubs	Mansfield Richland County Public Library, RPH, managed care organizations, school systems, Supplemental Nutrition Assistance Program (SNAP) Educators, Lucas Community Center, Lexington Senior Center

POPULATIONS

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

Children and youth, adults, older adults, low-income residents, Black/African American, Multiracial, Latino/a, Asian, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander residents, LGBTQ+ residents

Older adult residents in the service area will **significantly benefit**, as they are at a higher risk of developing many chronic conditions.

OUTCOMES

DESIRED OUTCOMES OF STRATEGIES

- ↑ Education on chronic diseases & risk factors
- ↑ Chronic disease prevention, screening & management
- ↓ Sedentary youth & adults
- ↑ Opportunities for physical activity
- ↓ Food insecurity
- ↑ Nutrition, including fruit and vegetable consumption

OVERALL IMPACT OF STRATEGIES

- ↑ Mental and physical health
- ↑ Quality of life
- ↑ Health status
- ↓ Overweight & obesity
- ↓ Chronic disease
- ↓ Premature mortality

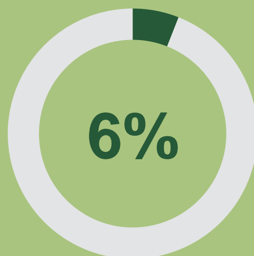
ALL RICHLAND COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Richland County.

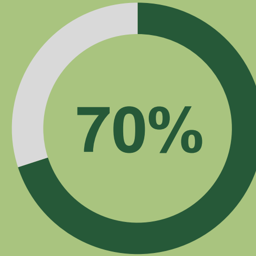
#3 PRIORITY AREA
MATERNAL & INFANT HEALTH

IN OUR COMMUNITY

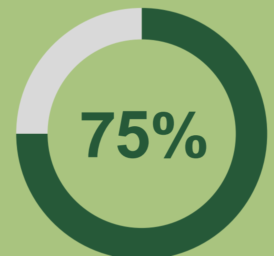
of births in Richland County and Ohio are pre-term[15]



of infants in Butler County are low birth weight, compared to 9% for Ohio[15]



of pregnant women in Butler County receive on-time (first trimester) prenatal care, compared to 62% for Ohio[15]



of infants were breastfed at discharge, compared to 77% for Ohio[15]

Richland County's **infant mortality rate** is 7.9 per 1,000 live births, compared to 7 per 1,000 for Ohio[15]

Ohio's **pregnancy-related maternal mortality rate** is 15 per 100,000 for Ohio. More than half (57%) of these deaths **may be preventable**[15]

STRATEGIES

	PREGNANT WOMEN, POSTPARTUM WOMEN, NEWBORNS, AND INFANTS	TEENS AND WOMEN OF CHILDBEARING AGE
STRATEGIES	Increase the number of prenatal and newborn home visits by Community Health Workers (CHWs) and public health nurses in Richland County (e.g. implement a public awareness campaign on home visiting program).	Increase awareness of women's health and preconception health, prenatal care, healthy pregnancies, and family planning (e.g. implement sexual health education in schools).
PARTNERS	Richland Public Health, Women, Infants, and Children (WIC), Third Street Family Health Services, Community Health Access Project (CHAP), OhioHealth, Richland Pregnancy Services, managed care companies	Third Street Family Health Services, Cornerstone OB/GYN, OhioHealth Mansfield, Avita Health System, Richland Pregnancy Services, Women, Infants, and Children (WIC), Local schools, Planned Parenthood, Women's Care

POPULATIONS

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

Women, low-income residents, Black/African American, Multiracial, Latino/a, Asian, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander residents, LGBTQ+ residents, rural residents

Black/African women and infants in the service area will **significantly benefit**, as experience the highest rates of maternal mortality, morbidity, infant mortality, and other negative health outcomes related to maternal and infant health.

OUTCOMES

DESIRED OUTCOMES OF STRATEGIES

- ↑ Access to pre- and post-natal care
- ↑ Access to primary care, screening, and routine checkups
- ↑ Access to culturally and linguistically appropriate care
- ↑ Breastfeeding
- ↓ Delayed care

OVERALL IMPACT OF STRATEGIES

- ↑ Health status
- ↑ Quality of life
- ↓ Unmet care needs
- ↓ Infant mortality
- ↓ Maternal mortality and morbidity
- ↓ Low birth weight and pre-term births

ALL RICHLAND COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Cancer
American Cancer Society
Avita Health System
Breast Cancer Group Krocker
Cancer Services for Richland Counties
Cleveland Clinic
Mansfield Cancer Foundation
Mansfield Radiation Oncology
OhioHealth
Support Groups
United Way
University Hospital
YMCA

Dementia/Alzheimer's Disease
Alzheimer's Association
Area Agency on Aging
Avita Health System
Conard House Assisted Living
Crestwood Care Center
Good Samaritan Hospital
Liberty Nursing Center
Mansfield Place
Memory Care Units
OhioHealth
Ontario Pointe
Richland County Mental Health and Recovery Services Board
Wedgewood Estates of Mansfield

Diabetes
Akron Children's Hospital
Avita Health System
Bike Trail
Community Health Educators
Diabetes Association
Diabetes Prevention Program
Good Samaritan Hospital
North End Community Improvement Collaborative (NECIC)
OhioHealth
Richland County Diabetes Coalition
Richland Endocrinology and Diabetes Center
Richland Public Health
Third Street Family Health Services
YMCA

Disabilities
Catalyst Life Services
Chiropractor
Free Yoga for Veterans
Opportunities for Ohioans With Disabilities
Pain-Management Specialists
Physical Therapists
Richland County Mental Health and Recovery Services Board

Family Planning
Avita Health System
Catalyst Life Services
CHAP – Community Health Access Project
Community Action Commission of Erie, Huron & Richland
OhioHealth
Planned Parenthood
Richland Pregnancy Services
Richland Public Health
Third Street Family Health Service

Heart Disease
Akron Children's Hospital
Avita Health System
Cleveland Clinic
Community Health Workers
From the Heart
OhioHealth
Richland Public Health
Third Street Family Health Services

Social Services, Injury and Violence
211
Avita Health System
Catalyst Life Services
Community Action Commission of Erie, Huron & Richland
Crisis Line
Harmony House
Law Enforcement
Mansfield Peace Coalition
Metrich Crime Reporting Line
North End Community Improvement Collaborative (NECIC)
OhioHealth
Richland County Community Alternative Center
Volunteers of America
Women's Shelter
Youth and Family Council

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Kidney Disease
Avita Health System
Dialysis Centers
Fresenius Kidney Care Central Ohio East
Richland Public Health

Mental Health
Behavioral Health Services
Catalyst Life Services
Counseling Centers
Faith-Based Organizations
Family Life Counseling
Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)
Mental Health and Recovery Board
National Alliance on Mental Illness (NAMI)
New Day
OhioHealth
Richland County Mental Health and Recovery Services Board
Substance Abuse Programs
The Center
The Oasis
Third Street Family Health Services
Veteran's Outpatient Clinic

Nutrition, Physical Activity, and Weight
Avita Health System
Bellville Neighborhood Outreach Center
Bike Trail
City/County Parks
Community Gardens
Farmers Markets
Fitness Center/Gyms
Food Banks
North End Community Improvement Collaborative
OhioHealth
Parks and Recreation
Planet Fitness
Richland County Health Department
Third Street Family Health Services

Oral Health
Catholic Charities
North End Community Improvement Collaborative
Richland Public Health
Third Street Family Health Services

Respiratory Disease
Avita Health System Pulmonary Rehab

Sexual Health
Planned Parenthood
Richland Public Health
Third Street Family Health Services

Substance Use
Abraxas
Alcoholics Anonymous
Ashland County Council on Drug Addictions
Avita Health System
Catalyst Life Services
Celebrate Recovery
Court Assisted/Ordered Recovery Programs
Crossroads Community Church
Department of Mental Health
Domestic Violence Center
Drug Court Family Health Services
Family Life Counseling
First Responders
Healing Hearts
Law Enforcement
Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)
Mental Health and Recovery Board
National Alliance on Mental Illness (NAMI)
New Beginnings
New Directors
Richland County Mental Health and Recovery Services Board
Richland County Community Alternative Center
Starfish Project
Suboxone Clinics
Substance Abuse Treatment Centers
The Center
Third Street Family Health Services

Tobacco Use
Avita Health System
Richland County Health Department
Smoking Cessation Programs

STEPS 5-8

INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP)

IN THIS STEP, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH WILL:

- INTEGRATE IMPLEMENTATION STRATEGY/CHIP WITH COMMUNITY PARTNERS AND HOSPITAL AND HEALTH DEPARTMENT PLANS
- ADOPT THE IMPLEMENTATION STRATEGY/CHIP
- UPDATE AND SUSTAIN THE IMPLEMENTATION STRATEGY/CHIP

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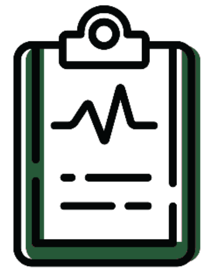
RICHLAND COUNTY
NEXT STEPS



The Community Health Needs Assessment (CHNA) and this resulting Implementation Strategy/Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This Implementation Strategy/CHIP explains how Avita Health System and Richland Public Health plan to address the selected priority health needs identified by the CHNA.

This Implementation Strategy/CHIP report was adopted by Avita Health System and Richland Public Health leadership in June 2024.

This report is widely available to the public on the hospital and health departments' websites:

Avita Health System: https://avitahealth.org/about-us/#community-wellness
Richland Public Health: https://richlandhealth.org/

Written comments on this report are welcomed and can be made by emailing: ckropka@avitahs.org or jchaya@richlandhealth.org.

EVALUATION OF IMPACT

Avita Health System and Richland Public Health will monitor and evaluate the programs and actions outlined above. We anticipate 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. Avita Health System and Richland Public Health are 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 Avita Health System and Richland Public Health's actions to address these significant health needs will be reported in the next scheduled CHNA.

ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since Avita Health System and Richland Public Health 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 region given our areas of focus and expertise. Taking existing organization and community resources into consideration, Avita Health System and Richland Public Health will not directly address the remaining health needs identified in the CHNA, including but not limited to crime and violence, environmental conditions, internet access, access to childcare, education, access to healthcare, HIV/AIDS and STIs, economic stability, and COVID-19. We 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 health department cannot independently lead in order to address the other health needs identified in the 2023 CHNA.

APPENDIX A

INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS CHECKLIST: IMPLEMENTATION STRATEGY

MEETING THE IRS REQUIREMENTS FOR THE IMPLEMENTATION STRATEGY

The Internal Revenue Service (IRS) requirements for an Implementation Strategy serve as the official guidance for IRS compliance. The following pages demonstrate how this Implementation Strategy/ Improvement Plan meets those IRS requirements.

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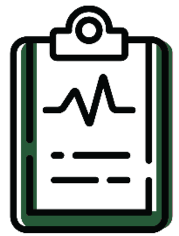
APPENDIX A:
IRS IMPLEMENTATION STRATEGY REQUIREMENTS CHECKLIST



INTERNAL REVENUE SERVICE REQUIREMENTS FOR IMPLEMENTATION STRATEGIES				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	18-23	(2) Description of how the hospital facility plans to address the health needs selected, including: i. Actions the hospital facility intends to take and the anticipated impact of these actions; ii. Resources the hospital facility plans to commit; and iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.	(c)(2) (c)(2)(i) (c)(2)(ii) (c)(2)(iii)	
✓	25	(3) Description of why a hospital facility is not addressing a significant health need identified in the CHNA. *Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.*	(c)(3)	
✓	Throughout report	(4) For those hospital facilities that adopted a joint CHNA report, a joint IS may be adopted that meets the requirements above. In addition, the joint IS must: i. Be clearly identified as applying to the hospital facility; ii. Clearly identify the hospital facility's role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4) (c)(4)(i) (c)(4)(ii) (c)(4)(iii)	Strategies that Avita Health System is leading/collaborating on are indicated throughout the report.
✓	3, 25	(5) An authorized body adopts the IS on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year. **Exceptions (if applicable):** **Transition Rule (if applicable):**	(c)(5)	

APPENDIX B
PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)

MEETING THE PHAB REQUIREMENTS FOR THE CHIP

The Public Health Accreditation Board (PHAB) Standards & Measures serve as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.

AVITA HEALTH SYSTEM

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APPENDIX B:
PHAB IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR IMPROVEMENT PLANS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	 4 8, 12-16, 18-23 13-16 22-23 12-16	Community health improvement planning process that includes: i. Broad participation of community partners. ii. Information from community health assessments. iii. Issues and themes identified by stakeholders in the community. iv. Identification of community assets and resources. v. A process to set health priorities.	
✓	6-23	Implementation of the plan, in partnership with others, including: i. Process to track actions taken to implement strategies in the plan ii. Examples of plan implementation	A detailed workplan (living document) has been developed that included strategies, SMART objectives, annual activities, indicators, partners, and priority populations.
✓	N/A	Evaluation reports, including: i. Progress related to health improvement indicators ii. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment	
✓	18-21	Desired measurable outcomes or indicators of health improvement and priorities for action.	Indicators are included in both the CHIP report and workplan.
✓	18-21	Policy changes needed to accomplish health objectives.	Detailed activities and policy changes needed to accomplish health objectives are included in the workplan.
✓	18-21	Individuals and organizations that have accepted responsibility for implementing strategies.	Partners are included in both the CHIP report and workplan. A lead organizational contact has been identified to be accountable for each strategy.
✓	12-16, 18-21	Consideration of state and national priorities.	This CHIP report aligns with the Ohio and national priorities including health needs, indicators, priority populations, and evidence-based strategies.

APPENDIX C
REFERENCES

AVITA HEALTH SYSTEM

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APPENDIX C: REFERENCES

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[5]U.S. Census Bureau, American Community Survey, S0101, 2020 & 2021. http://data.census.gov/

[6]U.S. Census Bureau, American Community Survey, S1601, 2020. http://data.census.gov/

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[8]Ohio Public Information Warehouse, Mortality, 2022, https:// publicapps.odh.ohio.gov/EDW/DataCatalog/

[9]County Health Rankings & Roadmaps, 2022 Data Set, http:// www.countyhealthrankings.org/

[10]County Health Rankings & Roadmaps, 2023 Data Set, http:// www.countyhealthrankings.org/

[11]Community Member Survey

[12]U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via 2023 County Health Rankings, 2020 data. http://www.countyhealthrankings.org

[13]U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2023 data. http://www.countyhealthrankings.org/

[14]U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2023 data. http://www.countyhealthrankings.org/

[15]Ohio Department of Health, County Health Department Information Ware- house, 2017-2022. 2022 data is preliminary and may change. https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/

[16]U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2023 data. http://www.countyhealthrankings.org

[17]Community Member Survey

[18]County Health Rankings & Roadmaps, 2023 Data Set, http:// www.countyhealthrankings.org/

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