

STARK COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

2020-2022



Public Health
Prevent. Promote. Protect.

Stark County
Community Health Needs Assessment
Advisory Committee

Released
February 2020
Revised 1/21

ACKNOWLEDGEMENTS



Input for this report provided by staff from all four local health departments in Stark County. This includes: Alliance City Health Department, Canton City Health Department, Massillon City Health Department and Stark County Health Department.

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LETTER TO THE COMMUNITY



This has been a significant year in regards to population health planning in Stark County. Partnerships and collaborations are of vital importance in promoting health within a community. The public health departments, healthcare systems, mental health, social service agencies, and nonprofit organizations in Stark County are committed to making measurable improvements in the health of our community.

The development of the Stark County Community Health Improvement Plan (CHIP) is the result of collaboration with many community partners. The Stark County Community Health Assessment (CHA) was the foundation for determining the health priorities for the CHIP. The CHA data is a representation of the Stark County population that resides within the four local health districts of Alliance, Canton, Massillon and the Stark County Combined General Health District. This report summarizes the health status of the 371,574 residents who call Stark County home. This data includes: overall health data, behavioral health risks, health outcomes, the built environment and access to medical and dental care.

These partnerships and collaborations have identified significant social disparities and health inequities that are impacting socioeconomic groups within our communities. Together we are combating these factors that influence health by building public health policies, programs, and services to promote health equity and significantly decrease poor health outcomes.

The health of our community is our number one priority. We are committed to providing excellent public health services to the residents of Stark County. These services are built on the foundation of 10 Essential Services. These services are extremely important in guiding public health activities, as well as providing a structure for public health accreditation. Working with our community partners and aligning our resources will be essential to achieving our health priorities. We will all work together to improve the health of our neighbors and achieve a healthier and safer Stark County.

Together, we begin achieving health today.

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THE 10 ESSENTIAL SERVICES

The below framework provides a foundation for public health activities at the state and local level, and includes the 10 Essential Services. It is used as the foundation for the National Public Health Performance Standards (NPHPS), and provides structure for public health accreditation.



EXECUTIVE SUMMARY



In 2010, the Stark County Health Department began facilitating the community health assessment process to meet the requirements of the Affordable Care Act of 2010 (ACA) for nonprofit hospitals and Public Health Accreditation Board standards for health departments. The ACA requires charitable hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and adopt strategies to meet community health needs identified through the assessment. The CHNA Advisory Committee is currently in their third CHA cycle.

A CHA was completed by the Advisory Committee in 2018 which provided a valuable overview of the health issues and status of Stark County's residents. The first phase of the project consisted of a random sample telephone survey and an oversampling of African-American and Canton City residents. The second phase consisted of reviewing and analyzing secondary data sources to identify priority areas of concern. The third phase consisted of a web survey of community leaders who were knowledgeable about public health. The fourth and final phase consisted of a facilitated discussion with a demographic mix of adult Stark County residents. Using all available data, the top five priority health areas were identified as part of the CHA process.

An annual Health Improvement Summit has been organized each year since 2011. The 2019 Health Improvement Summit was held Thursday, February 28th at Walsh University. The purpose of the 2019 Summit was to vote on the strategies that were considered for the 2020-2022 CHIP. Over 100 participants attended the 2019 Summit to share ideas about new innovative strategies; identify the strengths and weaknesses of current strategies and ways to improve them; and identify any challenges for the new planning cycle. The strategies and activities voted on fell into one of the following priority health areas:

1. Access to HealthCare
2. Mental Health
3. Infant Mortality
4. Obesity & Healthy Lifestyles

The 2020-2022 Stark County CHIP identifies the goals and long-term key measures that will be utilized to improve the health outcomes of Stark County residents. Subcommittees for each priority area developed implementation plans outlining the strategies and activities that will be utilized to accomplish the long-term measures.



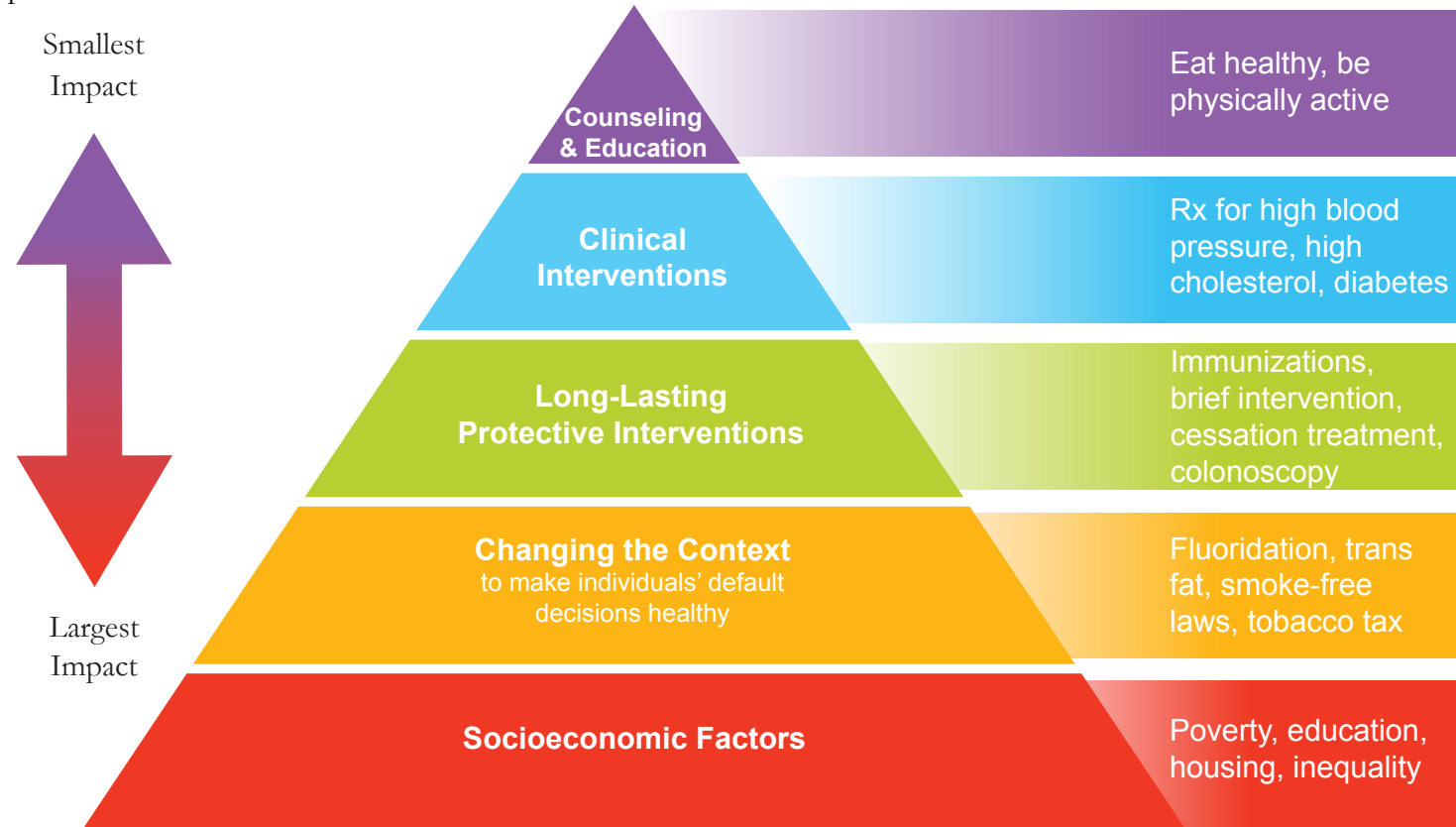
ABOUT THE PLAN

A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. In 2018, the Advisory Committee adopted the following vision for the overall goal of the community health assessment process:

"A county where all residents have the opportunity to thrive where they live, learn, work and play"

This document, the 2020-2022 CHIP, describes the goals and long-term key measures that will be addressed within the community as organizations and initiatives implement projects, programs, and policies. This plan provides the framework used by public health, healthcare, and other governmental, education, social and human service agencies, in collaboration with community partners, to set priorities, coordinate services, target resources and strive to accomplish the overall vision for the community.

The Health Impact Pyramid, below, serves as a guide to identify the most effective strategies, or those with the largest impact.



The Health Impact Pyramid (Frieden, 2010)

STARK COUNTY CHA PROCESS

CHA Model Used: Mobilizing for Action through Planning and Partnerships (MAPP)



In 2018, the Advisory Committee began implementing the MAPP Model. MAPP is a community-wide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues, and developing a shared, long-term CHIP. MAPP is an evidence-based approach to improve public health practice that includes six phases and four assessments. The three significant components underlying the foundation of this process are strategic planning, collaboration, and quality improvement.

ENERGY

COMMUNITY HEALTH IMPROVEMENT PLAN TIMELINE



July 2018

Community Health Assessment (CHA):
Telephone Poll, Community Leader Web Survey,
Community Focus Group, Secondary Data Analysis

February 2019

Annual Health Improvement Summit:
Vote on CHIP Strategies

Fall 2019

CHIP Implementation Plans

January 2020

CHIP Finalized
Implementation Begins

February 2020

CHIP Released at Health Improvement Summit

January 2021

CHIP Evaluation
Annually Report Progress of Implementation Plans

Spring 2021

Fourth CHA Cycle
Data Collection Begins Again

SOCIAL DETERMINANTS OF HEALTH

Many factors affect the health of individuals, namely diet, exercise, and smoking status. However, social determinants of health are better predictors of health outcomes. “Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The social determinants of health include the neighborhood and the built environment in which you live, work, worship, etc; availability and quality of healthcare; the type of support available to you from your community and social groups; access to and quality of education; and economic stability. Unfortunately, better social and economic opportunities are afforded to some groups of people more than others contributing to health inequalities. Therefore, when looking at community health and developing plans for its improvement, considering social determinants of health is very important.



EQUALITY VS. EQUITY

Social Determinants of health are addressed throughout each of the priority areas identified in this report. Like a ribbon that is weaved throughout this plan, social determinants have been considered in selecting many of the strategies, interventions and/or programs identified. There will be a focus on increasing cultural awareness and competency of health care and social service providers, addressing environmental factors and barriers, and connecting to communities at risk for poor health outcomes in a respectful and appropriate manner. This is essential in order to make positive health outcomes to our community as a whole. Many of the goals and strategies identified in this plan aim to provide “equity” for individuals who are at a higher risk for poor health outcomes, as opposed to “equality” as illustrated below.

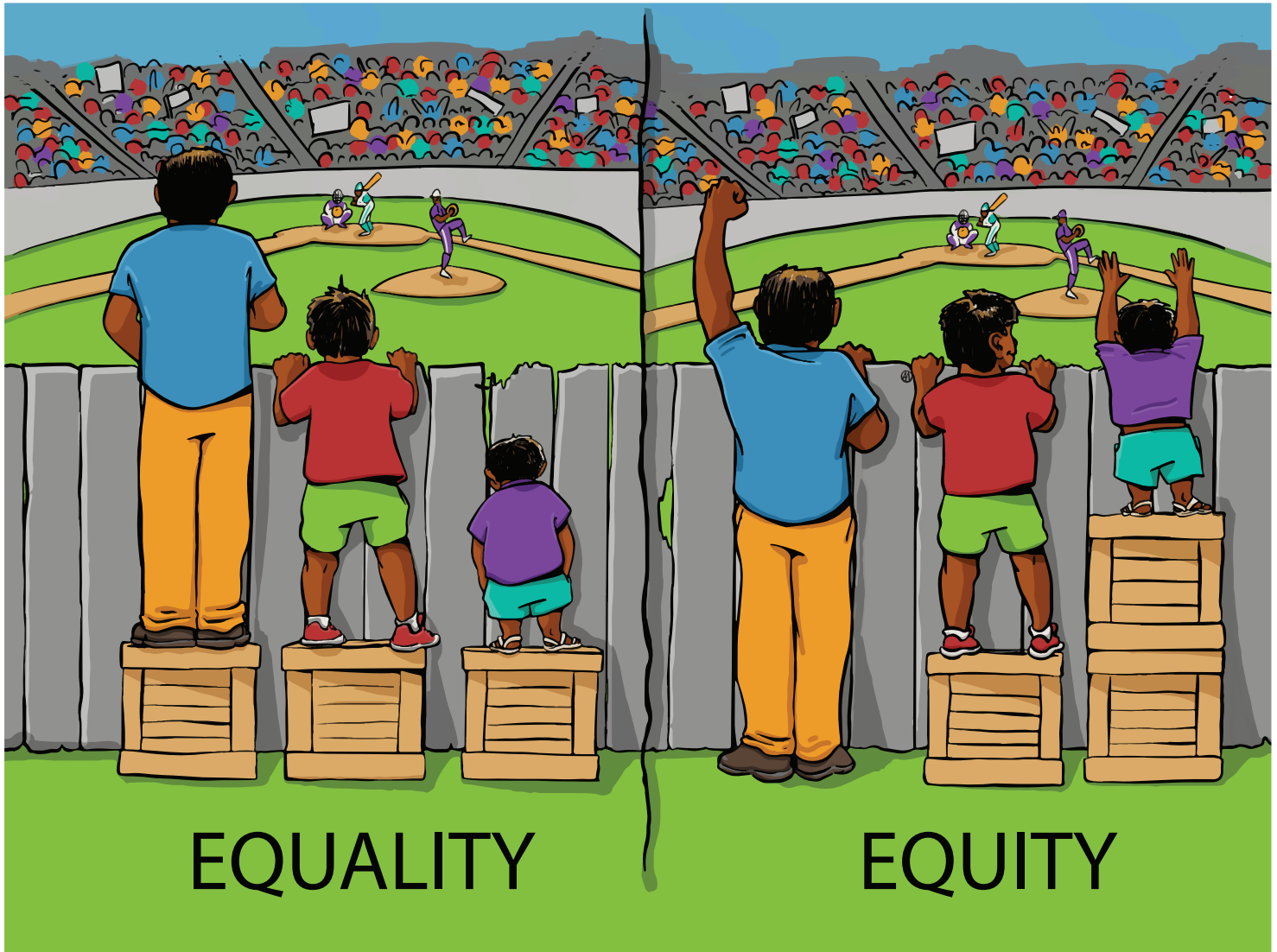


Image Credit: Interaction Institute for Social Change | Artist: Angus Maguire.



COLLABORATIVE EFFORTS

Toward Health Resiliency for Infant Vitality & Equity (THRIVE) is a coalition of community agency's working together to decrease the infant mortality rate in Stark County and to decrease the disparity in birth outcomes between Caucasian and African American infants.

- Housing
- Adolescent Health

Stark County Opiate Task Force is comprised of individuals from a variety of community organizations working together to address the increasing public health concern regarding opiates. The Task Force was designed to bring people and resources together from all sectors of the community to collaboratively focus on goals and strategies to decrease opioid overdose deaths.

Live Well Stark County is a coalition of community leaders working together to make Stark County, Ohio healthier by promoting policies and programs that support wellness. **Vision:** *A community in which healthy eating and exercise habits are the norm and the incidence of chronic disease resulting from poor nutrition, inactive lifestyles, and tobacco is steadily declining.*

- **Creating Healthy Communities** is a grant funded initiative, focusing on policy, system and environmental changes, surrounding active living and healthy eating strategies. The project is currently funded through 2024 focusing efforts in Alliance, Canton, and Stark County.

Strengthening Stark is an informal group of organizational leaders from Stark County, commissioned by Stark Community Foundation, to implement an assessment of the current economic and social health of Stark County. The Strengthening Stark report examines key issues that shape the country's vibrancy and recommends specific actions to help reverse downward trends and transform Stark into a growing and more prosperous community.

Stark County Coordinating Committee consists of a variety of organizations dedicated to working towards the prevention of youth suicide. The committee works together to better understand the elements contributing to the increase in suicides among middle and high school students.

CARE Team is a collaboration of StarkMHAR, UW of Greater Stark County, Stark County Family Court, Stark County ESC, Stark County JFS, and Stark County Family Counsel. Teams are implemented in individual school-based environments to address obstacles facing at-risk students and their families. CARE Teams use a proven wrap-around service model to improve the quality of life of children in Stark County by providing prevention, intervention and asset-building programs tailored to the needs of the child.

COLLABORATIVE EFFORTS

Public Health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Stark County has four public health departments protecting its residents:

- Alliance City Health Department
- Canton City Public Health
- Massillon City Health Department
- Stark County Health Department

Health Care System is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations. Stark County has three hospitals maintaining and/or restoring the health of its residents:

- Aultman-Alliance Community Hospital
- Aultman Hospital
- Mercy Medical Center

Federally Qualified Health Centers (FQHCs) are community-based health care providers enhancing the provision of primary care services in underserved urban and rural communities. Stark County has two certified FQHCs and one local health care center with a Look-Alike status. A Look-Alike is an organization that meets all of the eligibility requirements of an organization, but does not receive grant funding.

- Alliance Family Health Center (Look-Alike)
- Lifecare Family Health & Dental Center
- My Community Health Center

Mental Health System is the organization of people, institutions, and resources that improve the lives of individuals, families, and communities facing substance abuse and behavioral health challenges. The mental health system empowers and enables people to manage their mental health. Stark County has one behavioral health board and two behavioral health agencies:

- Stark County Mental Health & Addiction Recovery (StarkMHAR) Board
- CommQuest
- Coleman Professional Services



ELIMINATING HEALTH INEQUITIES



In 2020, Stark County was faced with many obstacles from the COVID-19 pandemic to racism becoming a public health crisis. While the CHNA Advisory Committee focused on improving the health of the community by addressing health disparities and inequities, additional unmet needs were identified widening gaps for high risk populations. All four Priority Health Implementation Plans were updated to include specific activities to address cultural diversity & awareness, inclusion, racism & social justice. Stark County organizations and agencies pulled together to implement community-wide initiatives addressing these emerging health issues.

The Unity Challenge to Dismantle Racism is a 15 day challenge, designed to develop and build more effective social justice habits through daily activities that explore racial equity and social injustice. Dismantling Racism is a movement, not a moment. The Unity Challenge may be utilized at any time by universities, businesses and organizations to help individuals explore race, power, privilege and leadership.



The Dismantling Racism Coalition of Stark County is comprised of agencies, organizations and individuals committed to dismantling racism and creating racial equity. The Coalition provides guidance to individuals and organizations on their journey to promoting equitable and just outcomes through advocacy, education, investment and community outreach.

Implementing CLAS is one way to improve the quality of services for all individuals, helping to reduce health disparities and achieve health equity. Tailoring services to an individual's culture and language preference can help close the gap for health outcomes. CLAS is about respecting the whole individual and responding to each individual's health needs and preferences.



The National CLAS Standards give organizations action steps to advance health equity, improve quality and help eliminate disparities by offering guidance in the following areas:



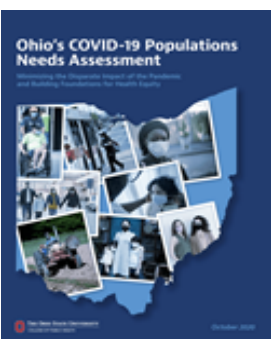
- Governance, Leadership & Workforce
- Communication & Language Assistance
- Engagement, Continuous Improvement & Accountability



The System of Care collaborative and StarkMHAR's SC3C Committee are implementing strategies throughout the county addressing cultural diversity and CLAS standards.



The Ohio Health Equity Group and Health360 administered *Ohio's COVID-19 Populations Needs Assessment* and created a Stark County specific data analysis report. The *Needs Assessment* can be used to inform COVID-19 response, recovery, research and policy formulation activities. The assessment describes critical barriers vulnerable populations face and how to address those barriers through specific recommended strategies. The recommendations center the COVID-19 response in organizations and cultures of local communities by minimizing the impact of the pandemic and building a foundation for health equity. This is accomplished by:



- Addressing Economic Injustice & Widespread Health/Social Impacts By Providing Resources
- Directly Addressing Racism & Immigration-Related Fears
- Strengthening Employment Policy & Other Relevant Public Policies
- Increasing Access to Affordable, Low-Density Housing
- Improving Public & Shared Transportation Services
- Improving The Quality of COVID-Related Education & Increasing Its Dissemination
- Addressing Language & Communication Barriers

The Stark County Data Analysis Report will be used to support local interventions for those most vulnerable to COVID-19. The analyses utilizes several different data sets to identify where vulnerable populations are clustered and who is most at risk for worsened health outcomes from COVID-19.

HEALTH PRIORITY SELECTION



ACCESS TO
HEALTHCARE



MENTAL HEALTH



INFANT MORTALITY



OBESITY & HEALTHY
LIFESTYLES

EMERGENCY



ACCESS TO HEALTHCARE

Goal 1

ALL PEOPLE HAVE EQUITABLE ACCESS TO HEALTHCARE

Key Measures:

1. Decrease the percent of respondents who report not having health insurance or Medicaid by 5%.
2. Increase the percent of respondents who report having a primary care provider by 10%.
3. Reduce the number of low income respondents reporting they do not have access to reliable transportation by 7%.



Why is this Important?

Mercy Medical Center, Canton, OH

A large portion of county residents still do not have access to basic healthcare services.

- 53.3% of community health leaders reported access to healthcare as a top three issue that needs to be addressed (Community Health Leader Web Survey).
- 8.1% of community residents who were surveyed did not have health insurance (Community Survey).
- 90.3% of community health leaders identified lack of transportation as a barrier that prevents residents from receiving necessary medical care (Community Health Leader Web Survey).
- 75.9% of community residents indicated they receive their healthcare most often from a primary care doctor (Community Survey).



MENTAL HEALTH

Goal 1

STARK COUNTY WILL HAVE ZERO SUICIDES

Key Measures:

1. Decrease youth (7th-12th grade) suicide rate by 25%.
2. Decrease adult suicide rate by 10%.
3. Strengthen access & delivery of suicide care.

Goal 2

ALL RESIDENTS WILL HAVE SEAMLESS ACCESS TO MENTAL HEALTH SERVICES THROUGH INTEGRATED HEALTH

Key Measures:

1. Reduce wait time list for initial behavioral health assessment & services.
2. Increase the mental health workforce by 20 licensees, while also reducing staff turnover by 7%.
3. Enhance system to assist individuals in behavioral health crisis.

Goal 3

STARK COUNTY WILL HAVE ZERO UNINTENTIONAL DRUG OVERDOSE DEATHS

Key Measures:

1. Reduce adult overdose deaths by 25%.
2. Reduce youth alcohol & drug use by 15%.



Why is this Important?

The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates of depression, as well as an increase in suicide rates substantiate this issue.

- 69% of community health leaders identified lack of providers and services as a barrier that prevents residents from receiving the substance abuse treatment they need. Other barriers included: lack of insurance, stigma and lack of transportation (Community Health Leader Web Survey).
- 23% of community residents reported that their mental health was not good 1 to 5 days in the past 30 days. A notable percentage, 16%, indicated that their mental health was not good for more than half of the month (Community Survey).
- 12.5% of community residents indicated that they or a family member had to wait more than 10 days to see a counselor or psychiatrist in the past year (Community Survey).
- The suicide death rate in Stark County had increased by 30.6% over the last five years from 14.4 to 18.8. The suicide death rate in Stark County is significantly higher than the state of Ohio (Ohio Department of Health).
- 15% of community residents know someone who was treated for a drug overdose with Narcan (Community Survey).
- 19% of Stark County middle and high school students have used a substance in the past 30 days (Northeast Ohio Youth Health Survey).



INFANT MORTALITY

Goal 1

ALL BABIES IN STARK COUNTY WILL CELEBRATE THEIR FIRST BIRTHDAYS

Key Measures:

1. Decrease/Sustain the overall, Black and White infant mortality rate to less than 6.0.
2. Decrease/Sustain the disparity/inequity rate ratio to less than 1.0.



Why is this Important?

Not all babies are celebrating their first birthdays.

- 54% of community residents feel that infant mortality is a serious problem in Stark County with 20% saying that it is a very serious problem and 34% indicating that it is a moderately serious problem (Community Survey).
- Just a third of community residents, 37.5% had heard of the ABC's safe sleep guidelines for newborns (Community Survey).
- 70% of pregnant women in Stark County accessed prenatal care in the first trimester in 2017 (Ohio Department of Health).



OBESITY & HEALTHY LIFESTYLES

Goal 1

ALL STARK COUNTY RESIDENTS WILL HAVE EQUITABLE ACCESS TO ENVIRONMENTS SUPPORTING A HEALTHY LIFESTYLE & MAKING HEALTHY CHOICES

Key Measures:

1. Increase Stark County residents consumption of fruits & vegetables by 5%.
2. Increase the prevalence of Stark County residents who report participating in physical activity by 5%.
3. Increase the prevalence of Stark County residents who report thier health as excellent/good by 3%.



Why is this Important?

A portion of Stark County residents consider their health status to be unfavorable.

- 69% of community residents reported a favorable rating of their health, a noted decrease from 74% in 2015 (Community Survey).
- 53.4% of community residents reported being overweight (Community Survey).
- 15.8% of community residents reported having difficulty getting fresh fruits and vegetables in their neighborhood (Community Survey).
- Community health leaders identified major risk factors and behaviors that contribute to poor health status including food insecurity, finances, use of drugs, alcohol, and tobacco (Community Health Leaders Web Survey).
- 78% of community residents reported exercising in the past month, a notable decrease from 83% in 2015 Community Survey).
- 74% of community residents identified cost as the most common barrier to getting needed food with 37% identifying the distance of the store and 33% identifying the quality of food as barriers to getting needed food (Community Survey).

NEXT STEPS

Implementation of CHIP will begin in 2020.

The priority area subcommittees will be responsible for continued planning and implementation with community partners.



Conduct annual review of the Community Health Improvement Plan.

An annual evaluation of the CHIP will be conducted by the CHNA Advisory Committee. Revisions to the implementation plans will be based on the outcome of the evaluation report.



A Community Health Improvement Plan is a long-term plan.

This CHIP describes the goals and long-term key measures to be implemented over the next three years (2020-2022). The Advisory Committee will initiate the next Community Health Assessment process in 2021.

The most effective strategies are those that are Evidence-Based, Best Practice, Scientifically Supports or those that are Expert Opinion Programs. Evidence-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (This definition was adopted by the Public Health Accreditation Board (PHAB)).

The following 4 pages outline evidence-based strategies and policies that relate to the 4 priority areas selected for this CHIP.

Access to HealthCare

Evidence-based strategies/programs/policies from What Works For Health

[http://www.countyhealthrankings.org/policies?f\[0\]=field_program_health_factors%3A12068](http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors%3A12068)

- Community Health Workers: Engage professional or lay health workers to provide education, referral and follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes.
- Health Insurance Enrollment Outreach & Support: Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.
- Medical Homes: Provide continuous, comprehensive, whole person primary care that uses a coordinated team of medical providers across the health care system.
- Cultural Competence Training for Health Care Professionals: Increase health care providers' skills and knowledge to understand and respond to cultural differences, value diversity, etc. via factual information, skills training, and other efforts.
- Culturally Adapted Health Care: Tailored health care to patients' norms, beliefs, and values, as well as their language and literacy skills.



Mental Health

Evidence-based strategies/programs/policies from What Works For Health

[http://www.countyhealthrankings.org/policies?f\[0\]=field_program_health_factors%3A12068](http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors%3A12068)

- **Mental Health First Aid:** Provide an 8 or 12 hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance abuse disorders.
- **Behavioral Health Primary Care Integration:** Revise health care processes and provider roles to integrate mental health and substance abuse treatment into primary care; continue to refer patients with severe conditions to specialty care.
- **Cultural Competence Training for Health Care Professionals:** Increase health care providers' skills and knowledge to understand and respond to cultural differences, value diversity, etc. via factual information, skills training, and other efforts.
- **Culturally Adapted Health Care:** Tailored health care to patients' norms, beliefs, and values, as well as their language and literacy skills.
- **Universal School-Based Suicide Awareness & Education Programs:** Deliver a curriculum-based program that helps all students learn to recognize warning signs of suicide in themselves and others in a school setting.
- **Naloxone Education & Distribution Programs:** Support community members who are likely to encounter individuals who might overdose with education and training to administer naloxone and ensure all first responders are trained and authorized to administer naloxone.



Infant Mortality

Evidence-based strategies/program/policies from What Works for Health

[http://www.countyhealthrankings.org/policies?f\[0\]=field_program_health_factors%3A12068](http://www.countyhealthrankings.org/policies?f[0]=field_program_health_factors%3A12068)

- **CenteringPregnancy:** Provide prenatal care in a group setting, integrating health assessment, education, and support.
- **Reproductive Life Plans:** Establish plans consistent with personal values and current life circumstances that set goals related to having or not having children; goals often change over time.
- **Preconception Education Interventions:** Provide women with information about the risks and benefits of behaviors that affect their health before, during, and after pregnancy.
- **Community Health Workers:** Engage professional or lay health workers to provide education, referral and follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes.
- **Father Involvement Programs:** Support fathers' active involvement in child rearing via various father-focused or family focused interventions.
- **Early Childhood Home Visiting Programs:** Provide at-risk expectant parents and families with young children with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors.



Obesity & Healthy Lifestyles

Evidence based strategies/programs/policies from What Works For Health

<http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

- **Healthy Food in Convenience Stores:** Encourage convenience stores, corner stores, or gas station markets to carry fresh produce and other healthier food options at reasonable price points.
- **Community Gardens:** Establish and support land that is gardened or cultivated by community members via community land trusts, gardening education, zoning regulation changes or service provision.
- **EBT Payment at Farmers' Markets:** Enable farmers' markets to accept EBT, the electronic payment system of debit cards used to issue and redeem Supplemental Nutrition Assistance Program (SNAP) benefits.
- **Nutrition Prescriptions:** Provide prescriptions with healthy eating goals for patients and families, often accompanied by progress checks at office visits; can include partnerships with local farmers' markets via FVRx programs.
- **Green Space & Parks:** Increase recreational green space through new parks or open spaces, renovation or enhancement of under-used recreation areas, rehabilitation of vacant lots, brownfields, etc.
- **Bike & pedestrian master plans:** Establish a framework to increase walking and biking trails and improve connectivity of non-auto paths and trails in a particular area.
- **Complete Streets & Streetscape Design Initiatives:** Enhance streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures and other design elements.
- **Chronic disease management programs:** Implement multi-component efforts that include coordination of health services by multidisciplinary teams of health care professionals, patient self-management, and patient education.



PARTNERS – STARK COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY COMMITTEE

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Aultman-Alliance Community Hospital



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Amy Krebs, Stark Community Foundation
Tim Lewis, American Heart Association
Ron Manse, North Canton Medical Foundation
Sandy Marenchick, Canton City Public Health
Mary Martell, Stark County Community Action Agency
Danielle Massey, OSU Extension Office
Christina May, Stark County Health Department
Janet McPeek, LifeCare Family Health & Dental Center
Audrey Milburn, Massillon City Health Department
Angela Moore, United Healthcare
Kaitlyn Moyes, The Salvation Army of Canton Citadel
Keith Muruyes, University of Mount Union
Michele Oyster, Access Health Stark County
Bethany Perkowski, Massillon City Health Department
Jerrice Pue, Access Health Stark County
William Robinson, Alliance City Health Department
Ashley Rodgers, Stark County Community Action Agency
Melissa Rudolph, Alliance City Health Department
John Schuster, Access Health Stark County
Lisa Seeden, Stark Metropolitan Housing Authority
Susan Seifert, Stark County Health Department
Leslie Shaffer, Alliance City Health Department
Amy Simpkins, Louisville YMCA
Karleigh Stichert, Malone University
Kevin Strickland, Buckeye Health Plan
India Thomas, Access Health Stark County
Madison Thomas, Kent State University
Jan Trieff, LifeCare Family Health & Dental Center
Victoria VanBuskirk, Congressman Bob Gibbs
Stephanie Villella, Hospital Council of Northwest Ohio
Anne Villella-Covert, North Canton YMCA
Tonya Wagler, Stark County Health Department
Gayle Walters, Access Health Stark County
DeAnn Wandler-Vukovich, LiveWell Project
Dale Wells, Northeast Professional Home Care
Theresa Whitman, Access Health Stark County
DaJoanna Williams, Malone University
Elonda Williams, THRIVE
Eric Williams, StarkFresh
Tiffany Williams, CommQuest
Diana Wood, Massillon City Health Department
Yanmei Xu, Walsh University

Access to HealthCare

Isaac Baez, Stark MHAR
 Jessica Bloss, Aultman-Alliance Community Hospital
 Kay Conley, Stark County Health Department
 Mary Dunbar, Sisters of Charity Foundation of Canton
 Liz Edmunds, Aultman Hospital
 Julie Elkin, North Canton Medical Foundation
 Draya Ellis, Access Health Stark County
 Karen Hrdlicka, VANTAGE Aging
 John Humphrey, North Canton Medical Foundation
 Kellie Johnson, Alliance Family Health Center
 Amanda Kelly, Stark County Health Department

Stacy Kelly, Access Health Stark County
 Rob Knight, Canton City Public Health
 Cindy Linger, Access Health Stark County
 Janet McPeck, LifeCare Family Health & Dental Center
 Amanda Nelson, Alliance Family Health Center
 Bethany Perkowski, Massillon City Health Department
 Kelly Potkay, Stark County Health Department
 Adrienne Price, United Way of Greater Stark County
 Chelsea Sadinski, Stark County Health Department
 Ryan Sullivan, Jackson Township Fire Department
 Diane Thompson, Canton City Public Health

Mental Health

Amanda Archer, Canton City Public Health
 Terri Argent, Massillon City Health Department
 Isaac Baez, Stark MHAR
 Tasha Catron, Stark County Health Department
 Kay Conley, Stark County Health Department
 Liz Edmunds, Aultman Hospital
 Draya Ellis, Access Health Stark County
 Allison Esber, Stark MHAR
 Chris Fogarty, Mercy Medical Center
 Dan Gichevski, Stark County Family Council
 Gizelle Jones, VANTAGE/Meals on Wheels
 Amanda Kelly, Stark County Health Department
 Stacy Kelly, Access Health Stark County
 Renee Lung, LifeCare Family Health & Dental Center

Anju Mader, Stark County Educational Service Center
 Amanda Nelson, Alliance Family Health Center
 Heather Nettle, YMCA of Central Stark County
 Kay Port, Stark County Education Service Center
 Kelly Potkay, Stark County Health Department
 Jen Richeson, Stark MHAR
 Tiffanie Rigs, Paramount Advantage
 Chelsea Sadinski, Stark County Health Department
 Kay Scarp, LifeCare Family Health & Dental Center
 Michelle Schoonover, Stark County Health Department
 Sherry Smith, Stark County Health Department
 Audrey Nelson, Massillon City Health Department
 Tonya Wagler, Stark County Health Department

Infant Mortality

Amanda Archer, Canton City Public Health
 Terri Argent, Massillon City Health Department
 Isaac Baez, Stark MHAR
 Lynette Blasimar, Stark County Educational Service Center
 Jolene Bloomquist, Help Me Grow
 Jessica Boley, Canton City Public Health
 Kay Conley, Stark County Health Department
 Mary Dunbar, Sisters of Charity Foundation of Canton
 Patti Fetzer, Stark County Educational Service Center
 Tracy Glaer-Becon, Domestic Violence Prevention Initiative
 Cassie Hunt, Fatherhood Coalition
 Delight Howells, Stark County Health Department

Amanda Kelly, Stark County Health Department
 Stacy Kelly, Access Health Stark County
 Cindy Linger, Access Health Stark County
 Dawn Miller, Canton City Public Health
 Amanda Nelson, Alliance Family Health Center
 Kay Port, Stark County Educational Service Center
 Kelly Potkay, Stark County Health Department
 Tiffanie Rigs, Paramount Advantage
 Laura Roach, Canton City Public Health
 Chelsea Sadinski, Stark County Health Department
 Shauna Shell, CareSource

Obesity & Healthy Lifestyles

Jim Adams, Canton City Public Health
 Shannon Aman, OSU Extension Office
 Kay Conley, Stark County Health Department
 Yvette Graham, OSU Extension Office
 Bruce Joseph, AULTCARE Wellness
 Amanda Kelly, Stark County Health Department

Kelly Potkay, Stark County Health Department
 Jen Richeson, Stark MHAR
 Chelsea Sadinski, Stark County Health Department
 Haley Skolosh, Aultman Hospital
 Stephanie Wheeler, Mercy Medical Center

State & National Alignment



DEFINITIONS/GLOSSARY/ACRONYMS

Definitions/Glossary

Evidence-based strategy — A policy, program or service that has been evaluated and demonstrated to be effective based on the best available research evidence, rather than personal belief or anecdotal information. **Goal** – The larger overarching outcome of a the project – the end toward which effort is directed.

Health disparities — Differences in health status among distinct segments of the population, including differences that occur by gender, race, ethnicity, education, income, disability or living in various geographic localities.

Health equity — Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Health inequity — A subset of health disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Key measure – A type of performance measurement used to determine the success of a program or intervention.

Population health — The distribution of health outcomes across a geographically-defined group that results from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems (as defined by HPIO’s Population Health Definition Workgroup and published in the HPIO publication “What is ‘Population Health?’”)

Acronyms

State assessments and plans

SHA — State health assessment

SHIP — State health improvement plan

Hospital assessments and plans

CHNA — Community health needs assessment

IS — Implementation strategy

Local health department (LHD) assessments and plans

CHA — Community health assessment

CHIP — Community health improvement plan

Organizations

PHAB — Public Health Accreditation Board

Miscellaneous

CHR — County Health Rankings

PCMH — Patient-Centered Medical Home