CUYAHOGA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN & IMPLEMENTATION STRATEGY

2023

2023-2025
IMPROVEMENT CYCLE

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EXECUTIVE SUMMARY

The Community Health Improvement Plan (CHIP) and Implementation Strategy (IS) is a comprehensive, community-driven approach to address public health concerns identified through a Community Health Needs Assessment (CHNA). The CHIP/IS is a long-term, systematic plan that outlines the steps that hospitals, health departments, and other community stakeholders will take to improve the health of the county. It is important to note that the CHIP/IS is not limited to the responsibilities of health organizations alone, but rather reflects the results of a collaborative planning process that includes meaningful participation from a broad and diverse set of community partners and stakeholders. This approach recognizes the crucial role that equity and inclusion play in creating a healthy community and seeks to engage all members of the community in the planning process to ensure that the CHIP/IS is reflective of their unique health needs and concerns. By setting priorities, directing the use of resources, and developing and implementing projects, programs, and policies, the CHIP/IS serves as a roadmap for creating a healthier, more equitable community for all.

The Cuyahoga County Community Health Improvement Plan and Implementation Strategy aims to address the top concerns in the county that can be addressed collaboratively, including access to healthy food, community safety, accessible and affordable healthcare, behavioral health, and structural racism and trust. The plan includes strategies to increase access to healthy food options in food deserts, implement community driven solutions to improve safety, expand healthcare services to vulnerable populations, increase access to behavioral health services, and address the systems and structures that perpetuate racial disparities in the community. The plan also includes a focus on building trust between community members and local institutions through community engagement and transparency. The goal is to create a healthier, more equitable community for all residents of Cuyahoga County. Overall, the CHIP/IS will work to improve the health and well-being of the community by addressing these critical health concerns through a comprehensive and holistic approach.

COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

State of Ohio Requirements

Ohio state law required tax-exempt hospitals to collaborate with local health departments on community health assessments and improvement plans. The purpose was to reduce resource duplication and provide a comprehensive approach to health improvement. The hospitals must align with Ohio's state health assessment and improvement plan.

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio State Health Assessment provided data on health improvement priorities and strategies and identified mental health & addiction, chronic disease, and maternal and infant health as top health priorities and community conditions, health behaviors, and access to care as top priority factors.

Public Health Accreditation Board (PHAB) Accreditation Requirements

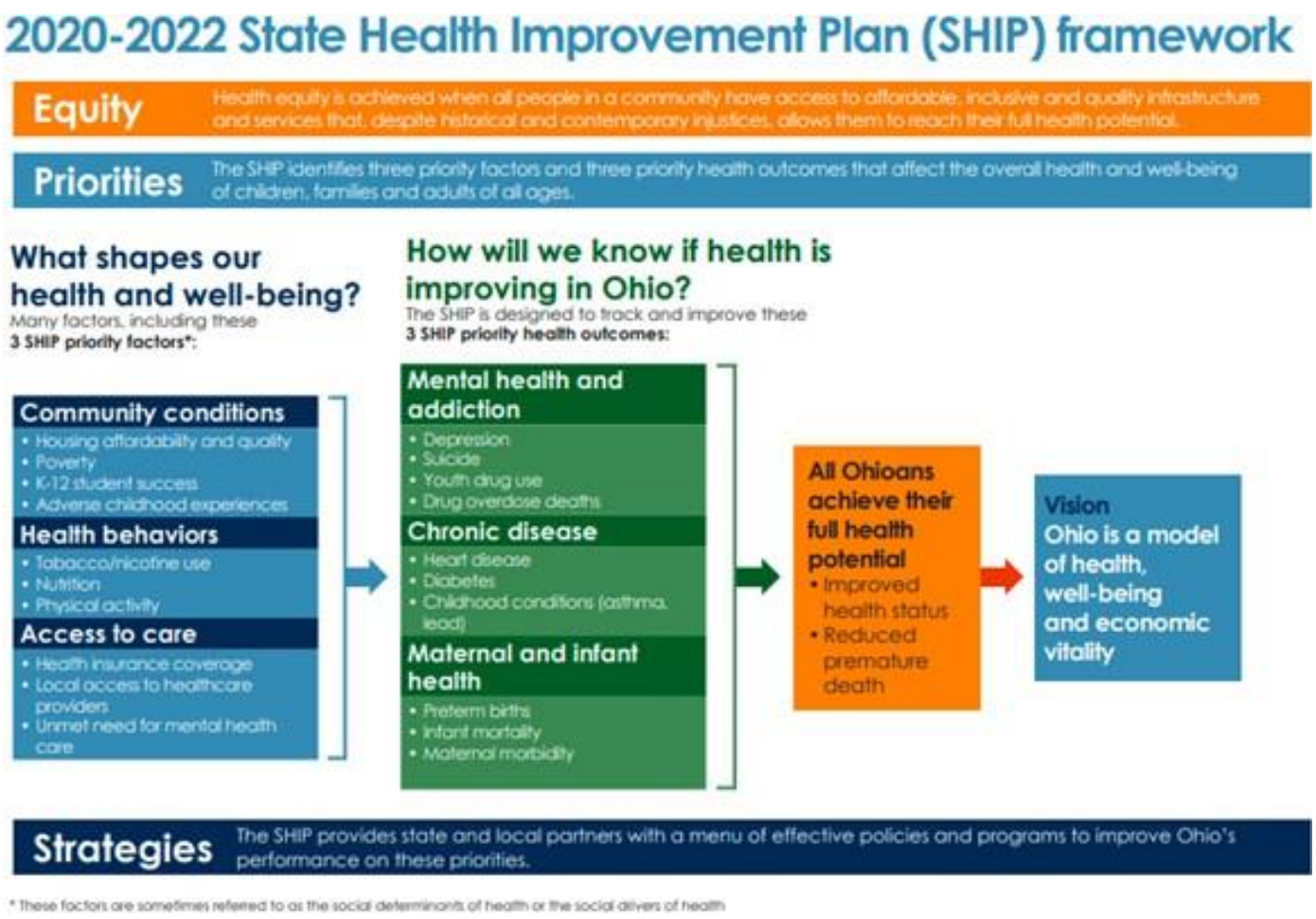
Cuyahoga County Board of Health and Cleveland Department of Public Health are PHAB accredited. Accreditation offers a structure for health departments to find areas for improvement, establish credibility, foster leadership, and enhance their relationship with the community. It acts as a means of accountability and transparency and is a step towards transforming public health practices. One of the requirements for PHAB accreditation is participation in or leadership of a collaborative process that results in a comprehensive community health assessment. For local health departments, the community health assessment examines the health of residents in the area they serve.

Hospital Internal Revenue (IRS) Requirements

In addition to being community-driven and comprehensive, the Community Health Improvement Plan (CHIP) must also adhere to the Implementation Strategy (IS) requirements set forth by the Internal Revenue Service (IRS). Specifically, the IRS requires that the CHIP/IS include a clear implementation strategy that outlines the steps necessary to bring the plan to fruition. This implementation strategy must be well-defined and include a timeline, budget, and a system for measuring and reporting progress. The implementation strategy must also take into consideration any potential barriers to implementation and provide solutions to overcome these barriers. By including a robust implementation strategy, the CHIP/IS is able to demonstrate that it is a well thought-out and actionable plan, capable of delivering meaningful results and improving the health of the community. It is crucial that the implementation strategy aligns with the goals and objectives outlined in the most recent CHNA and ensures the equitable and inclusive participation of all members of the community.

COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

The 2020-2022 Ohio State Health Improvement Plan (SHIP) serves as a strategic guide for state agencies, local health departments, hospitals, and other community partners and sectors beyond health such as education, housing, employers, and regional planning. It includes specific priorities, objectives, and evidence-based strategies, and a set of measurable outcomes that will be monitored annually. The Ohio SHIP Framework is outlined in the graphic below. The overall goal of the SHIP is to improve health and well-being. The state will focus on the following three priority factors: community conditions, health behaviors, and access to care. Additionally, the state will track progress on the following three priority health outcomes: mental health and addiction, chronic disease, and maternal and infant health.



COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

Cuyahoga County Alignment with SHIP

In order to align with the State of Ohio Health Improvement Plan (SHIP), Cuyahoga County will prioritize three health outcomes identified in the state plan. These include focusing on community conditions, behavioral health, and access to care. By aligning with the state plan, Cuyahoga County can work towards improving the overall health and well-being of its residents in a more efficient and effective manner. Partners will work closely with state agencies, local health departments, hospitals, and other community partners and sectors beyond health, such as education, housing, employers, and community led organizations. The CHIP/IS will include specific priorities, objectives, and evidence-based strategies outlined in the 2020-2022 Ohio SHIP.

PHAB Reaccreditation Requirements	2020-2022 SHIP Requirements
At least 2 health priorities	Community Conditions · Housing affordability and quality · Poverty · K-12 student success · Adverse childhood experiences
Measurable objectives for each priority	
Improvement strategy(ies) or activity(ies) for each priority · Each strategy or activity must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it · At least 2 of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities	Health behaviors · Tobacco/nicotine use · Nutrition · Physical activity
	Access to care · Health insurance coverage · Local access to healthcare providers · Unmet need for mental health care
Identification of the assets or resources that will be used to address at least one of the specific priority areas	Mental health and addiction · Depression · Suicide · Youth drug use · Drug overdose deaths
Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities	Chronic disease · Heart disease · Diabetes · Childhood conditions (asthma, lead)
	Maternal and infant health · Preterm births · Infant mortality · Maternal morbidity

****requirements are divided into two categories, blue and green, and one strategy from each category must be selected****

COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

Prioritized Aligned Health Needs

The Cuyahoga County Community Health Improvement Plan (CHIP) and Implementation Strategy (IS) aim to tackle the major issues in the county, such as lack of access to nutritious food, community security, accessible and affordable healthcare, mental health, and structural racism and trust. The plan strives to improve access to healthy food in food deserts, enhance community safety, provide healthcare to vulnerable communities, increase behavioral health services, and reduce racial disparities. It prioritizes building trust between the community and institutions through community involvement and openness. The ultimate objective is to create a healthier and more just society for all residents of Cuyahoga County where everyone has an opportunity to thrive. In summary, this plan will implement strategies to improve the health and well-being of the community through an all-encompassing approach.

2015 CHIP (for 2013 CHNA)	2019 IS (for 2018 CHNA)	2020 IS (for 2019 CHNA)	2023 IS (for 2022 CHNA)
Eliminating structural racism	Poverty	Eliminating structural racism	Behavioral health (mental health and drug use/misuse)
Healthy eating active living	Opioids/substance use disorders/mental and behavioral health	Enhancing trust and trustworthiness across sectors, people and communities	Accessible and affordable healthcare
Clinical and public health	Infant mortality	Addressing community conditions, such as reducing poverty and its effects	Community conditions (made up of access to healthy food and community safety
Improve chronic disease management	Homicides/violence/safety	Enhancing mental health and reducing substance abuse	
	Chronic disease management and prevention	Reducing chronic illness and its effects	

The table above reflects priorities that were identified over past community health improvement cycles. This cycle's selections included Access to care, Community Conditions (Access to Healthy Food, and Community Safety), and Behavioral health. The state of Ohio prioritizes equity and structural racism in health outcomes, but these are not part of the formula from the specific requirement selections. A focused strategy to eliminate structural racism and enhance trust and trustworthiness are critical components of this CHIP/IS as an independent focus and through strategies integrated within the identified aligned health needs. This work builds upon the systems change work to eliminate structural racism since the 2015 Cuyahoga County Community Health Improvement Plan.

PRIORITIZATION

It is imperative to pinpoint at least two aligned strategies in line with the previously identified priority areas: Access to Healthcare, Behavioral Health, Community Conditions: Healthy Foods and Community Safety that all stakeholders can collaborate on. Following the results of the prioritization exercise, our recommended approach is to focus on these selected aligned strategies and develop a comprehensive action plan. If any additional highlighted strategies, such as addressing structural racism, are desired, we can reconvene priority-specific working groups to draft action plans associated.

Pictured below is a timeline outlining key collaborative meetings with stakeholders, subject matter experts, and valued organizations. These joint sessions and feedback opportunities allowed true alignment at the beginning phases of this work and delivered key components to the working plans for the aligned health needs.

Structural Racism

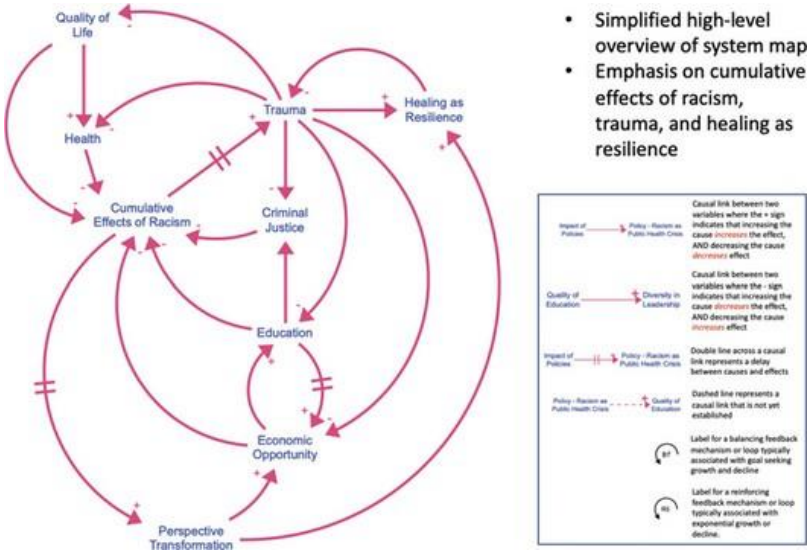
STRUCTURAL RACISM

Eliminating Structural Racism

Structural racism serves as the most profound determinant of health in the Cuyahoga County community. This underlying cause of health disparities has been identified in repeated health assessments over decades in Cuyahoga County and is rooted in complex systems and structures. In the 2015 CHIP which first identified eliminating structural racism as a key priority area for community health improvement, the need for a systems approach to tackle this entrenched and long-standing determinant of health became evident.

HIP-Cuyahoga partners have worked together over more than a decade to develop tools for perspective transformation and systems thinking to create a critical mass of partners to work on this upstream determinant of health. Collaborative partners developed a map of the impacts of structural racism in Cuyahoga County which is included in our 2022 Community Health Needs Assessment report. This work was developed through dozens of community sessions building the causal map and identifying goal outcomes and areas for intervention. A system thinking toolkit to use as the basis for community interventions has also been developed and will serve as a key tool in the eliminating structural racism aligned strategy. This work will both focus on addressing structural racism through continued systems and policy impact and will also be woven throughout each of the other aligned strategies. It is through this multi-level approach that the collaborative seeks to impact systems change toward the end of achieving health equity in Cuyahoga County.

This shared work has generated a comprehensive understanding of the drivers of health inequities and begun to identify potential system solutions that are spurring collective action to build trust, unleash resources and community capacity, increase power, and support racial healing. The work has engaged core team members from different community neighborhoods, as well as representatives from various sectors including social services, policy, academia, education, private sector, public health, healthcare, and philanthropy.



Aligned Health Needs

Behavioral Health (Mental Health & Drug Use/Misuse)

Accessible and Affordable Healthcare

Community Conditions (Access to Healthy Food & Community Safety)

ALIGNED HEALTH NEEDS

The Community Health Improvement Plan (CHIP) and Implementation Strategy for Cuyahoga County aims to address the top health concerns facing the community, including access to healthy food, community safety, accessible and affordable healthcare, and behavioral health. Interwoven throughout and between the aligned health needs surfaced strong community led support to address structural racism and trust, as it remains rooted at the intersectionality of structural determinants of health.

Community Conditions: Access to Healthy Food

Access to healthy food is a major concern in the county, as many residents lack access to fresh fruits and vegetables and are at risk of diet-related illnesses. To address this issue, the CHIP will work to increase the availability of healthy food options in low-income neighborhoods and educate residents on nutrition and healthy eating.

Community Conditions: Community Safety

Community safety is also a major concern, as crime and violence continue to affect residents and their built environment. The CHIP will work to improve community safety by partnering with local grassroots organizations that are embedded into communities most in need. These partners will continue to build linkages by promoting violence interrupter programming and addressing the underlying social and economic factors that contribute to crime.

Accessible and Affordable Healthcare

Accessible and affordable healthcare is a critical issue in Cuyahoga County, as many residents struggle to access healthcare services. The CHIP will work to improve access to healthcare by expanding health clinics, increasing outreach to underserved populations, and promoting health insurance enrollment.

Behavioral health (Mental Health and Drug Use/Misuse

Behavioral health is another major concern, as many residents suffer from mental health and substance abuse issues. The CHIP will work to improve behavioral health by increasing access to mental health services, promoting early intervention, and addressing the underlying social determinants of behavioral health.

ALIGNED HEALTH NEEDS

Aligned Health Priority: Community Conditions Access to Healthy Foods			
Goal: Ensure that everyone has access to healthy and nutritious foods			
Aligned Strategies			
★ Increase access to nutritious foods by connecting the local food system to serve Early care and education (ECE) and K-12 school systems			
Improve health by the continued promotion of healthy eating and increase making nutritious foods	Policy effort to lower thresholds and higher amounts for WIC and SNAP	Full scale grocery stores (accessible to all)	Address transportation needs to improve food access
Access to healthy food including a built out of purchasing power over locally grown food	Expanding organizational capacity to support regional local food system efforts, partnership and planning	Increase local food purchasing by K-12 school systems and ECE programs	Strengthen the mid-tier value chain to effectively serve K-12 schools and ECE programs

Planned Collaboration:

The previous community health improvement plan from 2015 focused on healthy eating and active living, and that work has now shifted to be primarily focused on access to healthy foods as an aligned health need. The current and future efforts in this strategy will be anchored by the work of the Cuyahoga County Board of Health and its community partners. The work involves implementing a regional farm to school and farm to early care and education program aimed at improving nutrition security for school-aged children, expanding reach to 45 counties in Ohio, and addressing food system equity. This work plan will continue to be developed over the next few months with the goal of improving access to healthcare services, and the strategy will be implemented over the three-year cycle. The work plan will focus on short-term and long-term outcomes and will be evaluated over time to ensure it meets the community's needs.

Aligned Partners:
A Vision of Change·Better Health Partnership·Case Western Reserve University·Case Western Reserve University School of Medicine·Cleveland Clinic·Cleveland Department of Public Health·Cuyahoga County Board of Health·Cuyahoga County Clerk of Courts·Cuyahoga County Department of Health and Human Services ·The MetroHealth System·Neighborhood Family Practice·PolicyBridge·Southwest General·St. Vincent Charity Medical Center·The Center for Health Affairs·United Way·University Hospitals

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★ INDICATES THE TOP ALIGNED STRATEGY PER THE COLLABORATIVE RANKING ACTIVITY

ALIGNED HEALTH NEEDS

Aligned Health Priority: Community Conditions Community Safety		
Goal: Modify the physical and social environment to reduce exposure to community level risk		
Aligned Strategies		
Youth mentor and gun violence prevention approaches	★ Invest in economic and educational opportunity in neighborhood with high violence (i.e., Crime Prevention Through Environmental Design- CPTED)	Intervene to lessen harms and prevent future risk

Planned Collaboration:

Community Safety as an aligned health priority centers on reducing exposure to various environmental risks, specifically, violence in the community. The top ranked strategy is investing in equity, economic, and educational opportunities at neighborhood levels where violence is concentrated. The collaborative recognizes there is a challenge in identifying the organizations and individuals who are ready to lead these efforts to align programmatic work as a community. The first planned collaboration is to conduct an environmental scan to understand who is doing what work and what data exists on penetrating trauma and gun violence. There is a possibility of implementing a 10-year violence prevention strategic plan in 2023 with the aim of making identified neighborhoods safer. The development of a violence prevention committee is underway with community partners. This work plan will continue to be developed over the next few months with the goal of improving access to healthcare services, and the strategy will be implemented over the three-year cycle. The work plan will focus on short-term and long-term outcomes and will be evaluated over time to ensure it meets the community's needs.

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ALIGNED HEALTH NEEDS

Aligned Health Priority: Accessible and Affordable Healthcare		
Goal: Increase equitable access and affordable health care services (including specialists)		
Objective: From 2023 to 2025, the Collaborative aims to improve equitable access through standardizing the integration of tools that facilitate inter- and intra-agency referrals.		
Aligned Strategies		
Improve community-based preventive care	★ Integrated health and social care to serve the whole person at the right place, at the right time by the right people with the right resources	Cultural sensitivity training for health care providers; immersing health care providers in under-resourced communities
Increase system investment in primary care and safety net specialty care to support a person and relationship- focus for health care	Enhance the value of community-based primary care team approach to avoid inappropriate use of ER, readmission and institutional care (hospital, nursing home, etc.) with focus on preventive approach, care management and home health care	Standardize Social Determinants of Health assessment and implement appropriate timely and adequate intervention

Planned Collaboration:

The Collaborative continues discussion about creating a strategy for accessible and affordable healthcare services. The focus is on increasing equitable access to healthcare, with a specific emphasis on behavioral health and alignment with that prioritized health need. There is an emphasis on the importance of integrated health and social services and acknowledgement that there is room for improvement in terms of accessibility of clinical services. The input of the community health worker network will be interwoven, as well as access for newcomers to the community (immigrants and refugees). This work plan will continue to be developed over the next few months with the goal of improving access to healthcare services, and the strategy will be implemented over the three-year cycle. The work plan will focus on short-term and long-term outcomes and will be evaluated over time to ensure it meets the community's needs.

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ALIGNED HEALTH NEEDS

Aligned Health Priority: Behavioral health (Mental health and Drug Use/Misuse)		
Goal: Mental/behavioral health is accessible and integrated with primary care		
Aligned Strategies		
Alcohol and other drug use screening	★ Coordinated care for behavioral health	Suicide awareness, prevention and peer norm programs
Comparable insurance coverage for mental health	Improve mental health and decrease substance misuse	Housing programs for people with behavioral health conditions
Increase access to harm reduction (naloxone, fentanyl test strips, safe use supplies, etc.)	Identify disparate populations and create linkages to care for at-risk populations	Mental/behavioral health accessible and integrated with primary care (Accessible Substance Use Disorder treatment)

Planned Collaboration:

The behavioral health aligned health priority focuses on drug abuse, access to mental health care, and the opioid crisis. It is closely related to the access to health care health priority and has specific pieces focused on these issues. At the neighborhood level, cocaine and methamphetamine use were also identified as concerns. This priority aligns with the Neighborhood CHNA and the focus on mental health for adults and children. This work plan will continue to be developed over the next few months with the goal of improving access to healthcare services, and the strategy will be implemented over the three-year cycle. The work plan will focus on short-term and long-term outcomes and will be evaluated over time to ensure it meets the community's needs.

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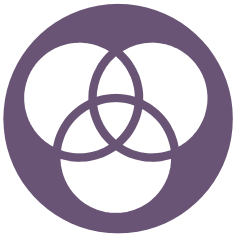
NEXT STEPS & CONCLUSION

Plans and reports are not just about monitoring and evaluation, but also planning for the future. The CHIP/IS is a continuous work in progress - a way for collaboratives to track impact and improvements over time. This section outlines components of a strategy for continuing the work done thus far.

01 — Stakeholder & Community Commitment

Building strong relationships and fostering community commitment are key to ensuring the success of this implementation strategy. By involving the community in the decision-making processes and ensuring that their needs and priorities are being met, the collaborative can continue to build a foundation of trust and gain the support necessary to drive successful implementation.



02 — Collaboration & Inclusion

The collaborative will continue to use these critical components within the implementation strategy, as they help to ensure that all stakeholders are fully engaged and working together towards the aligned health needs. By involving diverse perspectives and experiences, organizations can make better decisions and achieve greater outcomes.

03 — Continued Action & Quality Improvement

The collaborative plans to consistently monitor and evaluate the implementation to ensure its ongoing success and to identify areas for improvement. This process focuses on making changes and optimization to enhance the overall effectiveness and efficiency of the collaborative work. The three-year cycle will continue to incorporate opportunities for improvement and actions steps toward measured progress.

It is expected that through collaboration between health systems and community-based social need organizations, and through workshops focusing on future planning, the quality of care will improve. This will lead to better coordination of care, a decrease in the burden on families within the community, reduced costs, and increased equitable access to resources and services. By connecting citizens from vulnerable populations with community resources for unmet social needs, such as mental and behavioral health, healthy and nutritious foods, and access to affordable healthcare, it is expected that barriers to health and wellness will be reduced, leading to better health outcomes.

ACKNOWLEDGEMENTS

Such valuable work couldn't move forward without the contributions of the people who worked tirelessly on community improvement efforts. A collaborative of organizations operating in Cuyahoga County established a Leadership Steering Committee to facilitate the Implementation Plan development process with community partners. Comprising representatives from various sectors including government, healthcare, and social services, these organizations are crucial in enhancing the community's health. Over the course of several months, the committee convened regularly to examine secondary data and community input, propose new partners for the prioritization process, and endorse the finalized aligned health needs.

Below, is a listing of those committed to these collaborative efforts and planning work:

Better Health Partnership
Collaborating for a healthy community

Cleveland Clinic

Cuyahoga County Board of Health
Your Trusted Source for Public Health Information

cdph
Cleveland Department of Public Health

Metro Health

St. Vincent Charity Medical Center
A Ministry of the Sisters of Charity Health System

Southwest General
Partnering with University Hospitals

The Center for Health Affairs

University Hospitals

Healthy Northeast Ohio
Sharing Knowledge to Create Healthier Communities

HiP Cuyahoga

School of Medicine
Case Western Reserve University

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We thank you for your continued support in our efforts to contribute to this valuable work.

COMMUNITY HEALTH IMPROVEMENT PLAN *At-a-Glance*

CUYAHOGA COUNTY

Prioritized Health Needs

Accessible and Affordable Healthcare

Community Conditions (Access to Healthy Food)

Community Conditions (Community Safety)

Behavioral Health (Mental Health & Drug Use/Misuse)

Process

**Ohio State Health Improvement Plan (SHIP), Ohio State Health Assessment (SHA), Public Health Accreditation Board (PHAB)*

Community Health Themes

Structural Racism

Goal 1: Include community members who have experienced structural racism to help identify objectives and activities from the onset with development.

Goal 2: Improve healthcare access, quality, and outcomes by eliminating structural and institutional racism.

Objectives

- Develop short, intermediate and long-term action steps to affect structural racism in Cuyahoga County. Identified action steps will include community-generated ideas on multiple levels, from the neighborhood to organizational, policy and systems change levels
- Racial trauma and healing work