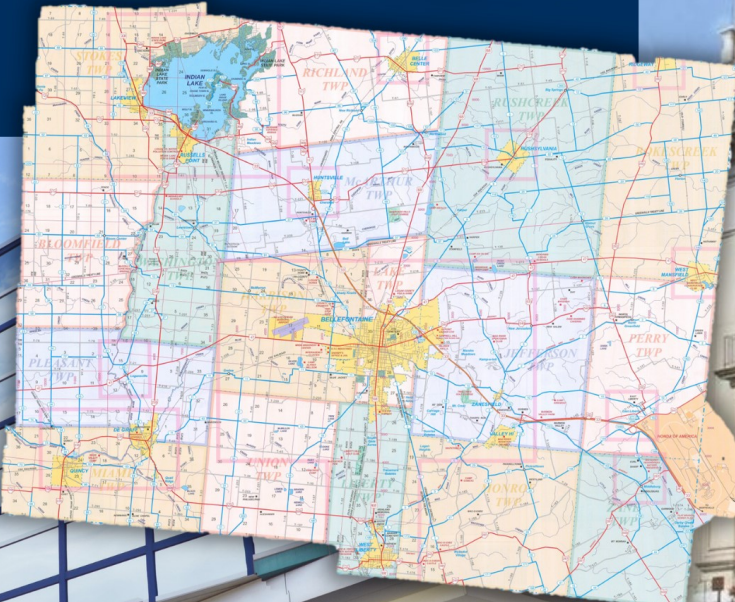




2020 - 2022

Mary Rutan Hospital Health Improvement Plan



Mary Rutan
HOSPITAL



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INTRODUCTION

MARY RUTAN HOSPITAL

Mary Rutan Hospital is the sole community, not-for-profit hospital in Logan County, with the mission of providing progressive, quality health care with a personal touch to the communities in which it serves.

To assist Mary Rutan Hospital in providing the community with quality health care programs and services, it held a lead role in partnering with numerous community agencies and organizations to develop a county-wide Health Improvement Plan (CHIP) based on the 2020 Community Health Assessment (CHA). Members of the hospital team actively participated in the six community coalitions and a member of the hospital's senior leadership team serves on the county's Coalition Advisory Board (CAB) to work with community partners, in a unified, collaborative effort to address and impact Logan County's identified areas of risk and need.

In addition, Mary Rutan Hospital developed an internal implementation plan that identifies the specific action steps that Mary Rutan Hospital will take to maintain and improve the health of Logan County.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Mary Rutan Hospital was a lead organization in facilitating and funding the community's fourth formal Community Health Needs Assessment; partnering with the Logan County Health District, Mental Health Drug and Alcohol Services Board of Logan & Champaign Counties, Community Health & Wellness Partners of Logan County, and United Way of Logan County. This collaboration allowed community partners to come together in a unified front to create a comprehensive assessment and plan to assist all agencies and organizations in fulfilling their mission and to impact the health, safety and well-being of the community and residents of Logan County.

In January of 2021, community members were publicly invited to review the findings of the needs assessment and provide comment to Mary Rutan Hospital or the Logan County Health District, as well as participate in a Community Call-To-Action at the conclusion of the 30-day comment period. No comments were submitted, however, extensive input was obtained from over 55 community leaders and residents while reviewing the findings of the CHA during the Community Call-To-Action held virtually on February 9, 2020. During this meeting community partners identified the areas of concern within Logan County and established priority areas of Mental Health, Substance Abuse, Housing & Homelessness, Workforce Development, and Healthy Living to prevent obesity/ chronic disease

and further defined action items for the community coalitions addressing each of these areas. In addition, specific strategies will be taken to address the concerns of “maltreatment of children” within mental health, substance abuse, nutrition and physical activity.

Mary Rutan Hospital wishes to thank the many organizations and individuals that participated in the community process and who continue to dedicate themselves to creating one of the healthiest counties in Ohio.

Mary Rutan Hospital's Improvement Plan addresses each of the community health needs identified in the 2020 CHA and CHIP. A workgroup including the Medical Director, Vice President of Community Health/Foundation COO, Vice President of Physician Integration, Director of Cardiovascular Services, Director of Education, Director of Pharmacy, Director of Respiratory Therapy, Pediatric Patient Center Medical Homes Clinic Manager, Chief Registered Dietician, Community Health Nurse, and the Community Health and Wellness Coordinator developed the Implementation Plan. The plan was reviewed and approved by Mary Rutan Hospital Senior Leadership to assure alignment with strategic planning and goals of the organization.



IMPLEMENTATION PLAN

RESOURCES

The Implementation Plan was developed by a workgroup consisting of organizational leaders with the ability to make recommendations for staff and resources to be budgeted for their work toward improving the targeted health needs.

FEEDBACK MECHANISM

The Community Health Needs Assessment (CHA) and Community Health Improvement Plan (CHIP) for Logan County and Mary Rutan Hospital Implementation Plan (HIP) are available to the public on the hospital's website at www.maryrutan.org. A printed copy and feedback of the CHA and CHIP may be requested or submitted at tammy.allison@maryrutan.org or by calling Mary Rutan Hospital Community Health Department at (937) 599-7003.

EVALUATION PLAN

The improvement plan will be used as a baseline for performance and used to guide the evaluation process and future strategic development. The actions and anticipated impacts included in this document will be evaluated against the data collected for the identified measures. The leaders will ensure that the applicable information is reported and assessed annually as a part of the Community Benefit reporting process through Mary Rutan Hospital's Community Relations Department. An annual written report will be presented to the Board of Directors and available on the hospital's website.

PRIORITIZED HEALTH NEEDS

ALIGNMENT WITH OHIO'S STATE HEALTH IMPROVEMENT PLAN (SHIP)

The State Health Improvement Plan (SHIP) is a tool to strengthen state and local efforts to improve health, well-being and economic vitality of Ohio.



Collaboration between local health departments and tax exempt hospitals, and alignment between state and local entities, will allow for more effective and efficient health improvement activities. Alignment with the Ohio SHIP is required for the 2020-2022 period and every three years thereafter.

Hospitals and health departments must align with the following components of the 2020-2022 SHIP:

1. Identify and select at least one priority factor established in the SHIP: Community Conditions, Health Behaviors or Access to Care.
2. Identify and select at least one priority health outcome established in the SHIP: Mental Health and Addiction, Chronic Disease or Maternal and Infant Health.
3. Select at least one strategy for each selected priority factor and priority health outcome.
4. Whenever possible, identify priority populations for objectives and select strategies likely to reduce disparities and inequities.

(Refer to page 6, Figure 1.2)

MARY RUTAN HOSPITAL HEALTH IMPROVEMENT PLAN (HIP)

An internal workgroup reviewed the findings of the 2020 Logan County CHA and Ohio SHIP and were asked to select what they considered to be the highest priority issues, while meeting ODH requirements and SHIP alignment and using the criteria and questions listed below:

1. Consequential – Will it make a difference if we address this as a priority? What will be the consequence of not addressing it?
2. Community Support – Are there sufficient resources that could be dedicated to this priority by community partners and Mary Rutan Hospital?
3. Pragmatic – Can we do something to address this priority?

After much review and discussion, a two-step voting process was utilized to gain consensus of priorities. The priorities mostly mirrored those identified by community partners and were identified as:

- 1. Mental Health**
- 2. Substance Abuse**
- 3. Obesity & Chronic Disease**
- 4. Maltreatment of Children to be addressed through specific strategies within the 3 previous areas of priority.**

The workgroup then reviewed existing programs and services, rating what programs and services were working, needed modified, improved or discontinued. New programs, services, suggested process and policy changes and outreach items were presented to the group for discussion. Work plans were designed to assist in preparing the implementation plan and for tracking, during the 3-year plan period.

OTHER NEEDS IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT AND THE COMMUNITY CALL TO ACTION BUT NOT ADDRESSED IN THIS PLAN.

Two other areas of need were identified by the CHA and Call to Action: absence of affordable housing and workforce development.

These areas are not addressed in Mary Rutan Hospital's improvement plan due to limited staff and financial resources and the need to allocate significant resources to the priority health needs identified and in line with the mission of the organization. However, support will be given to community efforts in these areas through participation and support of the Logan County Coalition

Advisory Board (CAB), Logan County Chamber of Commerce, and United Way of Logan County.

ADOPTION

BOARD APPROVAL

An overview of the findings of the Logan County Health Risk and Needs Assessment (CHA) and the Mary Rutan Hospital Health Improvement Plan (HIP) were presented to the Mary Rutan Hospital Board of Directors on Monday, April 26, 2021 for approval. The Board unanimously approved the documents as presented.

Figure 1.2 SHIP Framework

Equity

Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities

The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?

Many factors, including these 3 SHIP priority factors*:

Community conditions
<ul style="list-style-type: none"> Housing affordability and quality Poverty K-12 student success Adverse childhood experiences
Health behaviors
<ul style="list-style-type: none"> Tobacco/nicotine use Nutrition Physical activity
Access to care
<ul style="list-style-type: none"> Health insurance coverage Local access to healthcare providers Unmet need for mental health care

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these 3 SHIP priority health outcomes:

Mental health and addiction
<ul style="list-style-type: none"> Depression Suicide Youth drug use Drug overdose deaths
Chronic disease
<ul style="list-style-type: none"> Heart disease Diabetes Childhood conditions (asthma, lead)
Maternal and infant health
<ul style="list-style-type: none"> Preterm births Infant mortality Maternal morbidity

All Ohioans achieve their full health potential

- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Ohio—State Health Improvement Plan (SHIP)

Mary Rutan Hospital Alignment

Priority Factors/ Social Determinants of Health

1. Community Conditions

- **Adverse childhood experiences**
 - CC7. Childhood abuse and neglect
 - Parenting, mentorship and school-based prevention
 - Well-child check ups
 - Patient portal reminders
 - School prevention program

2. Health Behaviors

- **Tobacco/nicotine use**
 - HB1. Adult smoking
 - Pregnant women cessation class
 - HB2. Youth tobacco/nicotine use
 - Youth smoking & vaping cessation
 - Youth class alternative to suspension
- **Increase Physical Activity**
 - HB6. Adult Physical Activity
 - Promote benefits of walking
 - Promote Winter Walking program
 - Distribute/monitor use of Nature Rx

3. Access to Care

- **Unmet need for mental health care**
 - AC5. Youth mental health care unmet need
 - Genetic testing/counseling
 - Health and wellness grants
 - AC4. Adult mental health care unmet need
 - Healthy and wellness grants
 - Postpartum depression programming
 - Scheduled communication with mental health team; MRH, Coleman, TCN, CHWP
 - EMS Home visit program for at-risk

Priority Health Outcomes

1. Mental Health and Addiction

- **Reduce suicide deaths**
 - MHA3. Youth suicide deaths
 - MHA4. Adult suicide deaths
 - Provider recruitment, counseling & CNP health strategies
- **Reduce drug overdose deaths**
 - MHA7. Unintentional drug overdose deaths
 - Educate providers on opiate prescribing
 - Promote county medication drop boxes
 - Buprenorphine and Methadone added to formulary for OUD pain options
 - Identify patients with OUD
 - Research alternative pain mgmt. for surgery and ED patients
 - Track opiate prescriptions by month
 - Report average MME/day at discharge
 - Install additional med drop box
 - Research development of MAT in ED
 - MAT offered by MRH providers

2. Chronic Disease

- **Heart disease**
 - CD1. Coronary heart disease
 - CD3. Hypertension
- **Diabetes**
 - CD4. Diabetes
 - Research start up of DPP
 - Determine DPP patient referral
 - Provider recruitment—IM CDM
 - Collaboration to expand weight management and bariatric surgeries
 - Research library of “Rutan Resources”
 - Transition health blog to MRH website
 - CDa. Physical Activity
 - Monitor use of Nature Rx
 - CDb. Tobacco/nicotine use
 - Youth smoking/vaping cessation class
 - Youth class alternative to suspension

3. Maternal and Infant Health

- **Reduce Infant Mortality**
 - MIH2. Infant Mortality
 - Support LCHD with Newborn Visit program
- **Reduce maternal morbidity/mortality**
 - MIH3. Severe maternal morbidity.
 - Participation in the AIM program in partnership with ODH and OHA.

4. Cancer

- **Breast Cancer**
 - Breast Cancer reduction
 - Include prevention education in outreach setting. Evidenced-based programming
 - Research Oncology and breast care program.
- **Melanoma and other skin cancers**
 - Skin Cancer reduction
 - Include prevention education in outreach setting. Evidenced-based programming

COMMUNITY CONDITIONS

Adverse childhood experiences

What shapes our health and well-being?

Adverse childhood experiences (ACEs) are strongly linked to the development of a wide range of physical health, mental health and addiction problems, such as diabetes, depression, alcohol and other drug use and premature death. ACEs include a child's exposure to family dysfunction, violence in the home or neighborhood and living in a family with financial hardship. As the number of ACEs a child is exposed to increases, so does his or her risk for poor health outcomes.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress toward reducing ACEs in Logan County.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
CC7. Childhood abuse and neglect. Number of reports of child abuse and/or neglect in Logan County. Source: LCDJFS	1300/yr	Monitor only, no target	

Priority Populations

Low income (household income below 200% PPL)			
Number of pediatric Medicaid patients receiving well-checks. A total of 3562 Medicaid/Managed Care patients exist as of 4/16/2021.	1,498		
Number of children in at-risk schools receiving evidenced-based education on ACE's	0		

Featured Strategies	Includes	Target	Lead
Parenting, mentorship and school-based prevention.	• Improve the number of well-child check-ups through managed care plans	Report 12/31/2021 Report 12/31/2022	Peds—Tammy B.
	• Utilize patient portal to send reminders of well-child visits.	Implement 01/01/2022	Peds—Tammy B. Analytics—Nick W.
	• Research, develop and Implement an evidenced-based school prevention program. Pilot to an at-risk school spring of 2022.	Create by 12/31/21 Pilot 03/31/22 Implement 08/31/22	Outreach—Deb O. Peds—Tammy B. Peds—Erica R.

HEALTH BEHAVIORS

Tobacco/nicotine use

What shapes our health and well-being?

Tobacco use and secondhand smoke exposure contribute to many of Logan County's greatest health challenges, including cancer and heart disease among others. In recent years there has been a surge in e-cigarette use (vaping) among youth in our community and across the nation, raising concern about future addiction to nicotine and other drugs. Also a concern in Logan County is women who continue to use tobacco while pregnant.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress toward reducing tobacco and nicotine use among youth and pregnant women.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
HB2. Youth—smokeless tobacco/nicotine use Number of youth grades 10th and 12th who indicate they've vaped tobacco, nicotine, or marijuana during the past 30 days. Source: MHDAS	6% - 10th grade 15% - 12th grade	Monitor only, no target	
HB1. Adult smoking Number of pregnant women at OBGYN enrolled in smoking cessation class.	Zero (0)		
Priority Populations			
Pregnant women (same data as HB1 above)			

Featured Strategies	Includes	Target	Lead
Tailored tobacco cessation access. ►	<ul style="list-style-type: none"> Explore need for YOUTH smoking/vaping cessation classes; N-O-T (Not on Tobacco) with MHDAS funding source. Explore evidenced-based cessation programming for pregnant women. 	Complete by 1/1/2022 Complete by 1/1/2022	Outreach—Deb O. Resp.—Brooxie C. Resp.—Brooxie C. OBGYN—Carla D.
School-based tobacco prevention. ►	<ul style="list-style-type: none"> Explore interest with county schools and Family Court the implementation of INDEPTH; an alternative to suspension or citation. American Lung Association provided these evidenced-based programs. 	05/30/2021	Outreach—Christie Outreach—Deb Resp—Brooxie

HEALTH BEHAVIORS



Physical activity

What shapes our health and well-being?

Physical activity contributes to many positive health outcomes, including prevention of diabetes, heart disease, hypertension, cancer and obesity. Exercise can also be an important part of chronic disease management for those living with these conditions. Active living supports mental health, brain health for older adults and academic achievement for youth.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress toward improving physical activity.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
HB6. Adult physical activity. Increase the number of adults who are participating the Winter Winter Walking.	407	Monitor only, no target	

Featured Strategies	Includes	Target	Lead
Community fitness programs. ►	<ul style="list-style-type: none"> Additional promotion of the benefits of walking. Additional promotion of the Winter Walking program 	By year-end 2021 By 03/31/2022	Outreach—Christie
Exercise prescriptions ►	<ul style="list-style-type: none"> Distribute and monitor use of exercise prescriptions; Nature Rx, developed by the Healthy Living Coalition, with MRH providers. 	Implemented by 04/01/2021 Evaluate use 10/01/2021	Outreach—Christie Clinic Managers

ACCESS TO CARE

Unmet needs for mental health care

What shapes our health and well-being?

Access to quality mental healthcare services is critical for maintaining mental health, managing mental illness, preventing and assisting with mental health crises and reducing premature death. Equal access to mental health care is also an important step toward achieving health equity for all Logan County residents.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress toward reducing unmet need for mental health care. There are no priority populations for these indicators.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
AC5. Youth mental health care unmet need. Suicide screening data—local schools. Source: MHDAS	283 screened 47 positive 14 suicidal ideation 7 suicide attempts	Monitor only, no target	
AC4. Adult mental health care unmet need. Mental Health Related Services and MRH Emergency Department Source: Logan County CHA—Table 1-2 (MRH, LCHD, TCN)	5769 Visits 1230 Patients	Monitor only, no target	

Featured Strategies	Includes	Target	Lead
Develop overall strategy to better align behavioral health services with community partners. (SP) ►	• Explore genetic testing/counseling for mental health treatment optimization.	12/31/2022	Clinics—Tom D. Behav. Health—Andrea
	• Assess, standardize and further develop postpartum depression programming and provide assistance to mothers.	By 12/31/2022	Peds.—Tammy B. OBGYN—Carla D. FBC—Sandy N.
	• Establish regular schedule with Coleman, TCN, CHWP and MRH for coordinated communication and patient flow.	Implement by 12/31/2021	ED—Crystal D. CC—Jim S.
	• Fund Community Health & Wellness grants focused on mental health.	Fund by 12/31/2021 Fund by 12/31/2022	Foundation—T.Allison
	• Pilot EMS Home Visit Program for at-risk, behavioral health, readmission individuals. Coordinate with MRH, Robinaugh and IL squad. (SP)	Finalize by 12/31/2021	Com Health—T. Allison Foundation

► indicates strategy is used in more than one focus area.

MENTAL HEALTH AND ADDICTION**Suicide Reduction**

How will we know if our health is improving?

Fewer Logan County residents will die by suicide, disparities in the suicide rate will be eliminated and supports will be available for everyone in crises.

**Objectives**

Mary Rutan Hospital will use the following objectives to monitor progress toward reducing deaths by suicide. Priority groups are historically those most at-risk.

Indicator (source)		Baseline 2020	Short Term 2021	Intermediate 2022
MHA3. Youth suicide deaths				
Number of deaths by suicide for youth ages 0-17. Source: MHDAS, LCHD		1	Monitor only, no target	
Number of MRH Treatments for attempted suicide-youth ages, 0-17 Source: MRH		68		
MHA4. Adult suicide deaths				
Number of deaths by suicide for adults, ages 18+ Source: MHDAS, LCHD		4	Monitor only, no target	
Number of MRH Treatments for attempted suicide for adults 18+ Source: MRH		168		
Priority Populations				
Male, ages 18-49 Number of MRH Treatments for attempted suicide		63		
Featured Strategies	Includes	Target		Lead
Develop an overall strategy to better align behavior health services with community partners. (SP)	• Provider recruitment, counseling and CNP health strategies.	Report 12/31/2021		Clinics—Tom D. Med. Dir.—Hood Outreach—Tammy A.

MENTAL HEALTH AND ADDICTION

Drug overdose death reduction

How will we know if our health is improving?

Fewer Logan County residents will die from drug overdoses, disparities in the drug overdose rate will be eliminated and more individuals will be on the path to recovery from addiction.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress toward reducing drug overdose deaths.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
MHA7. Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose in Logan County. Source: LCHD Treatment for Drug Overdose Source: MRH	12 (2 lived out of Co) 11= Fentanyl 2856 F=1617 M=1239	Monitor only, no target	

Featured Strategies	Includes	Target	Lead
Expansion of Pain Management Stewardship Program. (SP)	• Educate physicians on evidenced-based practices on opiate prescribing.	09/31/2021 Ongoing	Pharm—Jessi PMSP task force
	• Buprenorphine and Methadone added to formulary for pain management options with OUD.	Implemented 03/01/2021	Pharm—Jessi PMSP task force
	• Implement pilot program to Identify patients with Opiate Use Disorder in PAC.	Implement 04/30/2021	Pharm—Jessi PMSP task force
	• Research alternative pain management for surgery and ED patients.	In process 03/01/2021	Pharm—Jessi PMSP task force
	• Tracking opiate prescriptions by month by MRH providers.	Implemented 01/01/2021	Pharm—Jessi PMSP task force
	• Reporting average MME/day at discharge	Implemented 03/01/2021	Pharm—Jessi PMSP task force
	• Additional drop box location at Retail Pharmacy	Install by 12/31/2021	Pharm—Jessi Pharm.—Christy Outreach—Tammy A.
	• County medication drop box information added to discharge packets and make available at all clinics. List drop box locations on MRH website.	Complete by 12/31/2021	Outreach—Christie

MENTAL HEALTH AND ADDICTION

Continued...

Drug overdose death reduction

Featured Strategies	Includes	Target	Lead
Develop an overall strategy to better align behavior health services with community partners. (SP)	<ul style="list-style-type: none"> • Research development of MAT program in the ED. (SP) 	Development by 12/31/21 Implementation by 12/31/22	Nursing—Wendy R ED—Mackey ED—Adam Outreach—Tammy A.
	<ul style="list-style-type: none"> • Medically assisted treatment offered by MRH providers. (SP) 	5 new providers by 12/31/2022	Outreach—Tammy A. Clinics—Tom D. Med Dir—Hood

CHRONIC DISEASE



Heart disease and diabetes

How will we know if our health is improving?

Fewer Logan County residents will develop type 2 diabetes or heart disease, disparities will be eliminated and all residents will have the opportunity to engage in healthy behaviors that prevent chronic disease.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress towards reducing heart disease and diabetes.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
CD1. Coronary heart disease/heart attacks Number of adults, ages 18 and older, treated for coronary heart Disease/heart attack. Source: MRH	845	Monitor only, no target	
CD3. Hypertension. Number of adults, ages 18 and older, treated for hypertension. Source: MRH	14,077	Monitor only, no target	
CD4. Diabetes. Number of adults, ages 18 and older, treated for diabetes. Source: MRH	5,899	Monitor only, no target	
CDa. Stroke Number of adults, ages 18 and older, treated for stroke. Source: MRH	602	Monitor only, no target	

Featured Strategies	Includes	Target	Lead
Process to refer pre-diabetic patients to Diabetes Prevention Program (DPP)	<ul style="list-style-type: none"> Research start up costs and feasibility of offering DPP. Explore others in the area offering the program. 	Complete by 07/01/2021	Nutrition—Amy K.
	<ul style="list-style-type: none"> Task force to determine patient referral process and implementation of DPP. 	Assemble Task Force 12/31/2021 Develop plan by 01/01/2022 Implement by 01/01/2023	Nutrition—Amy K. CDM—Liz C. Outreach—Tammy A.
Preventative care delivered through patient-centered medical homes	<ul style="list-style-type: none"> Provider recruitment for Internal Med PCMH model—Chronic Disease Management. 	Ongoing	Recruit—Tammy G Med Dir—Hood Clinics—Tom D.

CHRONIC DISEASE

Continued...

Heart disease and diabetes

Featured Strategies	Includes	Target	Lead
Healthy behavior support delivered through technology.	• Transition Nutrition & Wellness blog from Healthy Habits website to MRH as a blog, then push on social media.	Complete 05/01/2021	Outreach—Christie Nutrition—Amy K.
	• Research the cost and program for a library of MRH “Ted Talks,” “Mary Moments,” “Rutan Resources.”	Broad Range Completion by 07/31/21	Outreach—Christie Com Health—Tammy A.
Expansion of services	• Explore collaboration with OSU to expand weight management and bariatric surgical services	Complete by 03/31/2022	Cardio—Mike H. Senior Leadership
Exercise prescriptions ►	• Distribute and monitor use of exercise prescriptions; Nature Rx, developed by the Healthy Living Coalition, with MRH providers.	Implemented by 04/01/2021 Evaluate use 10/01/2021	Outreach—Christie
Tobacco/nicotine use reduction strategies. ►	• Explore need for YOUTH smoking/vaping cessation classes; NOT (Not on Tobacco) with MHDAS funding source.	Complete by 01/01/2022	Outreach—Deb O. Resp.—Brooxie C.
	• Explore interest with county schools and Family Court the implementation of INDEPTH; an alternative to suspension or citation. American Lung Association provided these evidenced-based programs.	Complete by 05/30/2021	Outreach—Christie Outreach—Deb Resp—Brooxie

MATERNAL AND INFANT HEALTH

Infant mortality & maternal morbidity/mortality

How will we know if our health is improving?

More babies born in Logan County will be healthy, at full-term and will celebrate their first birthdays.
More women of child-bearing age will have healthy pregnancies and safe deliveries in Logan County.

**Objectives**

Mary Rutan Hospital will use the following objectives to monitor progress towards improvement of infant and maternal health.

Indicator (source)	Baseline 2020	Short Term 2021	Intermediate 2022
MIH2. Infant mortality Five-year infant mortality rate for Logan County	2015-2019 5 - 6 per 1,000 live births	Monitor only.	
MIH3. Severe maternal morbidity/mortality (SMM) Three-year mortality rate for pregnant women in Ohio. Three-year mortality rate for pregnant women in Logan County	2015-2017 18.8 per 100,000 live births 0 = Logan Co.	Monitor only.	

Featured Strategies	Includes	Target	Lead
Family, social and educational support programs.	<ul style="list-style-type: none"> Partner with LCHD in support of the Newborn Visit program to address infant safe sleep and maternal depression. 	Supply 100 packs of diapers annually.	Fdn/Com Health—Tammy A.
Safety and quality improvement.	<ul style="list-style-type: none"> FBC participation in Alliance for Innovation on Maternal Health Program (AIM) with ODH and OHA. Implement evidenced-based programs to improve maternal health and prevent deaths, while addressing health disparities, improving access and expanding services. Current focus—Postpartum Hemorrhage and Maternal Hypertension 	Ongoing Ongoing	FBC—Sandy N. OBGYN Providers FBC—Sandy N. OBGYN Providers

Severe maternal morbidity (SMM) has risen 75% over the past decade and affects more than 52,000 women annually in the United States. SMMs are physical and psychological conditions, relating directly or indirectly to pregnancy, that negatively impact a women's health. SMMs occur 100 times more frequently than maternal deaths. (Callaghan et al 2008, 2012)

CANCER

Breast cancer and melanoma (& other skin cancers)

How will we know if our health is improving?

Fewer Logan County residents will develop breast cancer and various types of skin cancer and all residents will have the opportunity to engage in healthy behaviors that prevent cancer.



Objectives

Mary Rutan Hospital will use the following objectives to monitor progress towards reducing cancer in Logan County.

Indicator (source)		Baseline	Short Term 2021	Intermediate 2022
C1. Breast cancer				
Number of individuals diagnosed with breast cancer.	Per 2015 CHA Per 2018 CHA	54 67	Monitor only, no target	
According to the ODH for the years 2013-2017 combined, there were 176 new cases of breast cancer and 33 died in Logan County.				
Number of individuals treated for breast cancer.	2020	75		
C2. Melanoma and other skin cancers				
Number of individuals diagnosed with skin cancer.	Per 2015 CHA Per 2018 CHA	114 100		
Number of individuals treated for skin cancer.	2020	15		

Featured Strategies	Includes	Target	Lead
Increase awareness and preventative measures for certain types of cancer.	<ul style="list-style-type: none"> Include evidenced-based prevention education in outreach settings. 2019—Community Health nurse screened 338 individuals at 9 different locations. 	Implement by 07/01/2021 For Skin Cancer Implement by 10/01/2021 For Breast Cancer	Outreach—Deb O.
Improved access to cancer care. (SP)	<ul style="list-style-type: none"> Explore the addition of Medical Oncology Services through a clinical partnership. 	Update status 12/31/2021	Admin—Chad R. Senior Leadership



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