

Outcome Team Roster

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Vision

Everyone makes choices—for themselves or for those entrusted to their care—which promote better health. Everyone gets the information and support they need to avoid preventable health problems. Both physical and mental wellness are valued. Everyone has access to an adequate level of healthcare, including prenatal care, from birth through death.

Healthy People Outcome Team Report

The Healthy People Outcome Team continues to advance efforts in Montgomery County that promote community wellness. In 2010, the Outcome Team was championed by Jim Gross, Montgomery County Health Commissioner and Dr. Gary LeRoy, Associate Dean of Student Affairs and Admissions at Wright State University. Accomplishments from 2010 are highlighted in this report.

Healthcare Safety Net Task Force

In 2008, the Healthcare Safety Net Task Force established recommendations to improve access to healthcare in Montgomery County. The work to implement these recommendations began in 2009 and efforts continued throughout 2010. Two recommendations have received specific attention:

1. To strengthen and consolidate access to primary care, a pilot program was formed. Montgomery County Care provides a cost-effective primary care medical home to low-income Montgomery County residents who are uninsured, between the ages of 19 and 65, and not eligible for any other public assistance. Features include:

- Physician office visits
- Specialty care office visits
- Basic outpatient lab services
- 24-hour nurse advice line
- Disease management for chronic conditions
- Generic prescription drugs
- Case management

Healthcare benefits are administered by CareSource through the Community Health Centers of Greater Dayton (CHCGD) and other area providers.

2. To implement a community-wide electronic network between healthcare providers, the Greater Dayton Area Hospital Association (GDAHA) partnered with HealthBridge to create one of the largest collaborating health information exchanges in the nation. This collaboration will connect more than 50 hospitals and 7,500 physicians in Dayton and surrounding communities. The Greater Dayton Area Health Information Network (GDAHIN) will send electronic health data through secure networks to hospitals, physicians, laboratories, imaging centers, pharmacies, and clinics by interfacing with their electronic medical record. An estimated

HEALTHY PEOPLE

80% of GDAHA hospital participants, CompuNet Clinical Laboratories, Public Health - Dayton & Montgomery County (PHDMC), and area clinical practices will be connected to GDAHIN by 2012. GDAHIN will allow local and state health departments to receive and send information electronically. Collaboration between GDAHA, PHDMC, the ADAMHS Board, and CHCGD will allow clinicians to share patient data to decrease healthcare costs and improve the continuum of care for patients.

Low Birth Weight Registry

The rate of babies born at low birth weight (LBW) in Montgomery County has been tracked by FCFC for years. In 2007, the LBW Registry began to collect data elements to capture contributing risk factors, with the intention of identifying appropriate prevention and intervention services. The FCFC approved funding for three years of data collection, which ended in 2009; the final report and recommendations were released in 2010, and include:

- 1. Refer all eligible mothers to Brighter Futures**, a Nurse Family Partnership (NFP) program. NFP is an evidence-based program with a long history of achieving positive outcomes for mothers and infants.
- 2. Develop a coordinated smoking cessation program** as outlined in *Treating Tobacco Use and Dependence*. Educate providers to use the “5 A’s” (Ask, Advise, Assess, Assist, and Arrange) and encourage patients to use the Ohio Quit Line.
- 3. Initiate a preconception health program.** Several entities have preconception care protocols and recommendations that underscore the need for increased funding and reimbursement for preventive care practices.
- 4. Implement Ohio’s Fetal Alcohol Spectrum Disorders (FASD) Initiative campaign, “Not a Single Drop.”** Ensure all providers present the same message: NO alcohol consumption during pregnancy.
- 5. Initiate policies and make pregnant clients aware that substance abuse will be treated confidentially,**

non-judgmentally, and as a health issue. The Miami Valley Region needs expanded substance abuse treatment options for pregnant women. Models are available and the cost-effectiveness of providing treatment to pregnant women has been demonstrated.

- 6. Begin a stress management class** as part of prenatal care. Maternal massage, progressive relaxation, and yoga have shown improved birth outcomes. Stress caused by racism, poverty, food insufficiency, lack of education, transportation problems, and childcare issues also need to be addressed.
- 7. Advocate for the creation of a Fetal Infant Mortality Review (FIMR) program in Montgomery County.** This model provides a blueprint for improving maternal-child health.
- 8. Advise state legislators to implement a fully-funded Ohio Birth Defect Registry that makes prevalence data public.** In 2007, birth defects caused the most infant deaths in Montgomery County. Knowing the prevalence of these problems is the first step in preventing them.

Community dissemination and implementation of the preceding recommendations will begin in 2011.



County-Wide Childhood Obesity Prevention Initiative

GetUp Montgomery County is a county-wide initiative to address childhood obesity and promote healthy lifestyles for children and families. Officially launched in 2009, GetUp assists kids with eating better and being more physically active. GetUp is funded by the Montgomery County Human Services Levy Council and the CareSource Foundation, and is administered by PHDMC. Over 100 community partners currently support GetUp.

Building upon the successes from 2009, GetUp accomplished several milestones in 2010. A public education campaign was launched to

introduce “5-2-1 Almost None” (see 2009 FCFC Annual Report for more information). Two local communities—Centerville and Vandalia—participated in a healthy city challenge to promote 5-2-1 Almost None behaviors among their respective residents. An online tracking tool was available on the GetUp website for participants to track their daily progress.

GetUp also sponsored a “Get Fit Kids Summer Challenge,” and partnered with the Dayton Dragons to promote 5-2-1 Almost None behaviors. The Dragons created and distributed a tracking sheet for participating youth. Almost 300 children

attended a special Kids Day at Fifth Third Field to celebrate the success of the summer challenge.

Key priorities for 2011 include exploring opportunities for continued funding, additional partner recruitment, and the development of appropriate metrics and outcome measurements.

A sector-based approach to overall measurement and evaluation will include schools, worksites, healthcare settings, and communities.



Outcome: Healthy People

Indicator: Low Birth Weight



2008

1 Lorain	7.5
2 Butler	7.8
3 Summit	8.5
4 Montgomery	8.7
5 Stark	9.3
6 Lucas	9.4
7 Franklin	9.6
8 Hamilton	10.2
9 Cuyahoga	10.4
10 Mahoning	10.8

2009

1 Lorain	7.7
2 Butler	7.8
3 Stark	8.5
4 Franklin	9.1
5 Summit	9.1
6 Lucas	9.3
7 Montgomery	9.8
8 Mahoning	10.0
9 Hamilton	10.1
10 Cuyahoga	10.5

2010

1 Lorain	7.0
2 Butler	7.6
3 Stark	8.4
4 Summit	9.1
5 Franklin	9.4
Lucas	9.4
7 Montgomery	9.5
8 Hamilton	9.7
9 Mahoning	10.1
10 Cuyahoga	10.4

Most desirable ranking is number one.

Background

The term “low birth weight” is used to describe babies born with a weight of less than 2,500 grams, or 5 lbs. 8 oz. Babies with higher birth weights are more likely to begin life with a healthy start and to have mothers who had prenatal care and did not smoke or drink during pregnancy. Strategies to affect birth weight are focused on education and prevention.

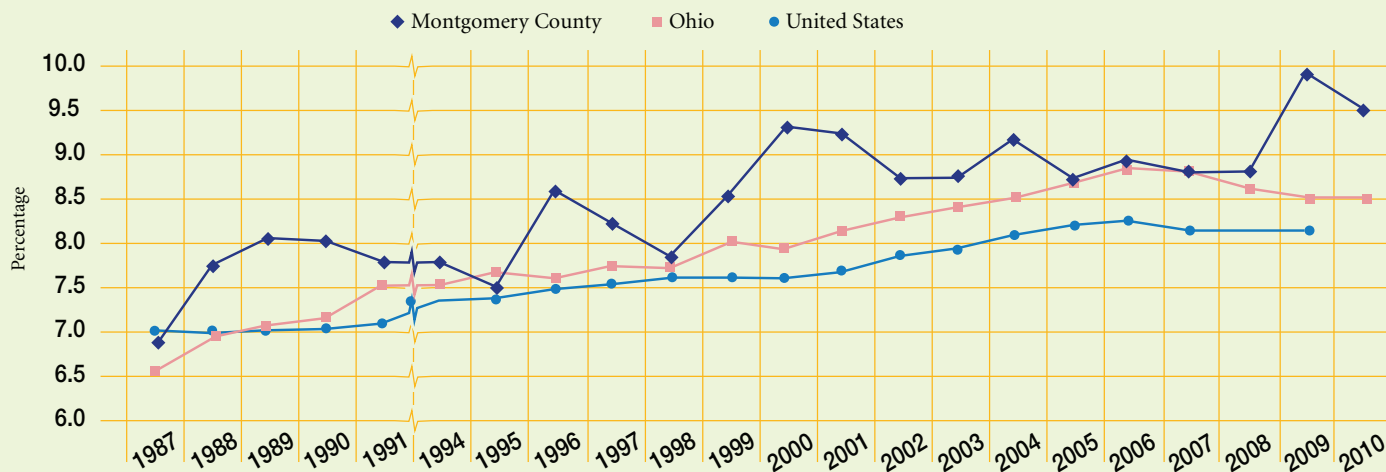
New Data

The new data for this Report include preliminary values for 2009 and 2010, except the US value for 2010 is not yet available. The US value for 2008 is now available. Note that the 2003 value for Montgomery County has been revised downward, from 9.1% to 8.7%.

Short-Term Trends

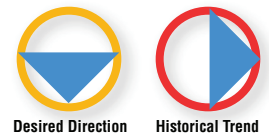
The short-term trend from 2009 to 2010—from 9.8% to 9.5%—is in the desired direction. The county comparative rank, 7th, remains unchanged.

NUMBER OF BIRTHS WITH WEIGHTS LESS THAN 2,500 GRAMS (5 LBS. 8 OZ.) AS A PERCENT OF TOTAL BIRTHS



	1987	1988	1989	1990	1991	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Montgomery Co.	6.8%	7.7%	8.0%	8.0%	7.7%	7.7%	7.4%	8.6%	8.2%	7.8%	8.6%	9.3%	9.2%	8.7%	8.7%	9.1%	8.7%	8.9%	8.7%	8.7%	9.8%	9.5%
Ohio	6.6%	6.9%	7.0%	7.1%	7.5%	7.5%	7.6%	7.6%	7.7%	7.7%	8.0%	7.9%	8.1%	8.3%	8.4%	8.5%	8.7%	8.8%	8.7%	8.6%	8.5%	8.5%
United States	6.9%	6.9%	7.1%	7.0%	7.1%	7.3%	7.3%	7.4%	7.5%	7.6%	7.6%	7.6%	7.7%	7.8%	7.9%	8.1%	8.2%	8.3%	8.2%	n/a	8.2%	n/a

Note: n/a is not available.



Desired Direction Historical Trend

Outcome: Healthy People

Indicator: Premature Mortality

Background

Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic. This statistic is calculated as the sum across individual deaths of the difference between age at the time of death and age 75 for each death. The method of calculation gives greater computational weight to deaths among younger persons and does not include deaths after 75 years of age. The Premature Mortality statistic reflects the preventability of early deaths through changes in lifestyle, reduction of substance abuse, behavior modification, accident prevention measures, and so forth. Smaller values are desired.

New Data

A number of the values for Montgomery County, Ohio, and the US have been revised for the years 2000 – 2006, primarily due to revisions in the population estimates for those years; see the table below the graph. The 2007 value for the US is now available. The 2008 and preliminary 2009 values for Montgomery County and Ohio are now available.

Short-Term Trends

The short-term trend from 2008 to 2009—from 89.3 to 84.1—is in the desired direction. The comparative county rank did not change, remaining at 10th.

2007

1 Stark	64.1
2 Lorain	64.7
3 Summit	69.5
4 Butler	73.6
5 Franklin	75.7
6 Hamilton	76.2
7 Cuyahoga	79.3
8 Lucas	83.0
9 Montgomery	83.4
10 Mahoning	87.5

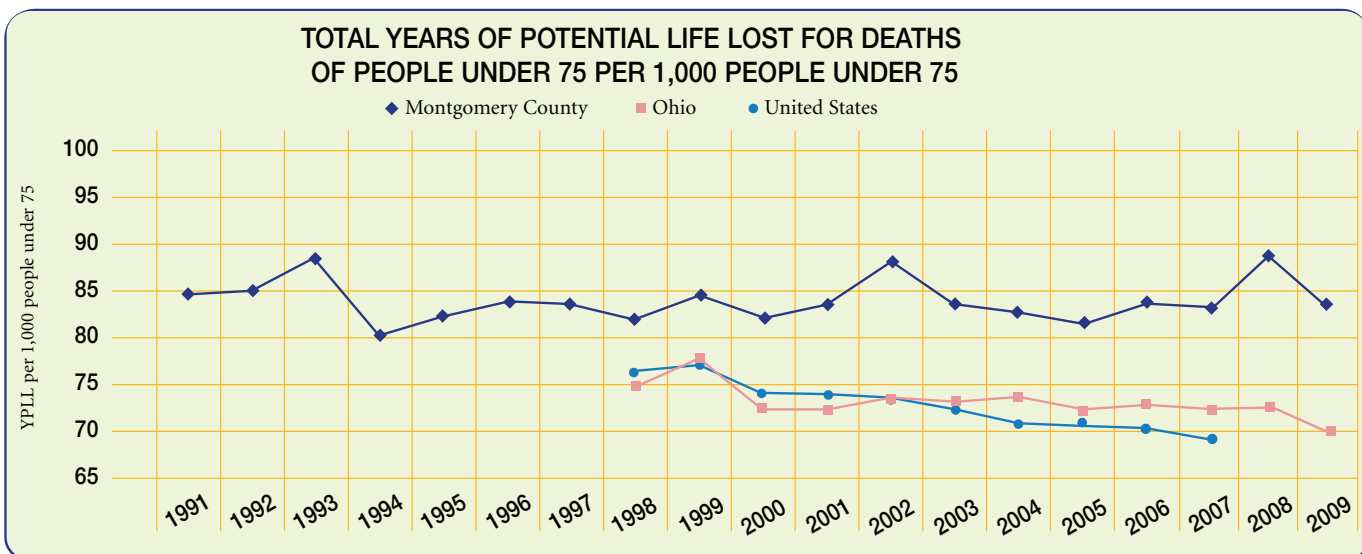
2008

1 Lorain	62.3
2 Stark	68.8
3 Summit	71.0
4 Butler	72.2
5 Hamilton	77.4
6 Franklin	77.5
7 Lucas	79.5
8 Cuyahoga	81.1
9 Mahoning	85.5
10 Montgomery	89.3

2009

1 Lorain	62.5
2 Stark	64.4
3 Butler	70.7
4 Hamilton	71.0
5 Summit	72.0
6 Lucas	74.9
7 Franklin	76.4
8 Cuyahoga	77.6
9 Mahoning	82.3
10 Montgomery	84.1

Most desirable ranking is number one.



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Montgomery Co.	84.5	84.6	88.1	80.2	82.6	84.0	83.1	82.2	84.7	82.2	83.8	87.1	84.2	83.2	82.8	84.7	83.4	89.3	84.1
Ohio	n/a	n/a	n/a	n/a	n/a	n/a	n/a	75.0	77.5	73.9	73.2	74.3	74.0	73.5	75.6	73.2	73.0	73.7	70.6
United States	n/a	n/a	n/a	n/a	n/a	n/a	n/a	76.7	76.0	74.0	73.8	73.6	73.1	71.3	71.5	70.8	69.5	n/a	n/a

Note: n/a is not available.



Outcome: Healthy People

Indicator: Childhood Immunizations

Background

This indicator tracks the proportion of 24 – 35 month old children attending Health District clinics who are up-to-date with their immunizations. For 2008 and earlier that meant they had received at least 4 doses of Diptheria, Tetanus and Pertussis vaccine, 3 doses of Polio vaccine, 1 dose of Measles, Mumps and Rubella vaccine, 3 doses of Hepatitis B vaccine, and 3 doses of Haemophilus influenzae type b conjugate vaccine. In 2009 the criteria were updated to include 1 dose of Varicella vaccine. Because not all providers participate in a registry, it is difficult to assess the true up-to-date rate of children in a geographic area.

“The benefits of universal immunization have been demonstrated by the eradication of debilitating diseases. Routine immunization has eradicated smallpox from the planet, nearly eliminated the polio virus worldwide, and dramatically reduced the occurrence of other preventable infectious diseases including measles, pertussis and rubella. In fact, vaccines have safely and effectively prevented more disease and death than any other medical intervention or treatment, including antibiotics. In the absence of widespread vaccination, epidemics of vaccine-preventable diseases would return. Millions of lives would be lost. Children would suffer needlessly, the incidence of infant and childhood deaths would rise dramatically, and we would reverse the tremendous progress already made in protecting children and communities from disabling and deadly diseases.

Vaccines have been shown to be safe and effective in preventing the transmission of serious infectious diseases. Routine immunization is the most effective way to protect children from harmful but preventable diseases, and to thwart the reemergence of the deadly disease outbreaks of the past.”

(From a joint statement issued on April 6, 2000 by nine national nonprofit organizations that are deeply involved in immunization education.)

New Data

The value for 2010 is 85%.

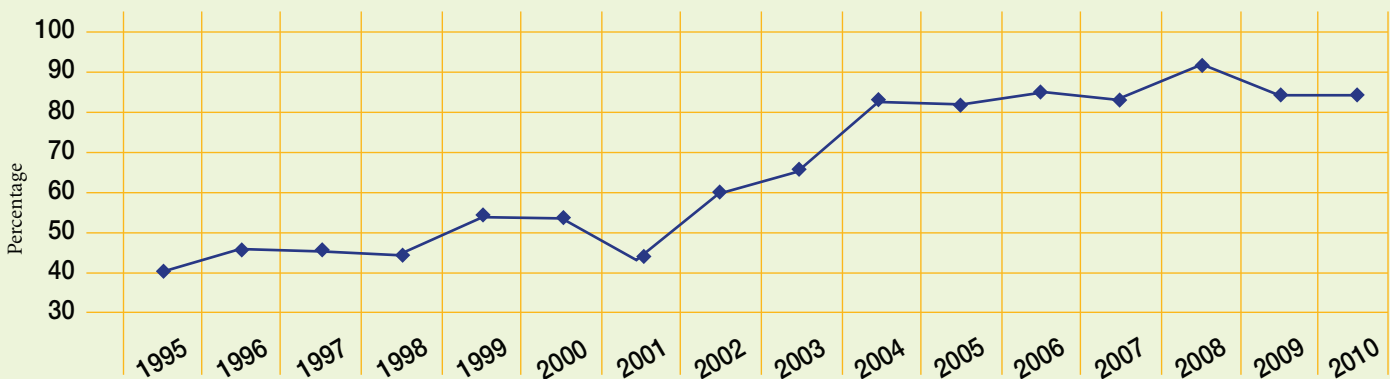
Short-Term Trends

The short-term trend from 2009 to 2010—from 85% to 85%—is flat. The addition of one more vaccine to the up-to-date criteria in 2009 is the probable explanation.

**Note that children who were 24 – 35 months old in 2001 were infants in 1999, a time when there was a lot of controversy and media coverage regarding thimerosal, a preservative in infant vaccines. Since then there has been a big increase in education regarding vaccine safety and thimerosal has been removed from many vaccines. The general increase in the rate for the last several years probably reflects the fact that there has also been an increased emphasis on educating parents on the need for timely vaccinations.*

PERCENTAGE OF CHILDREN UP-TO-DATE WITH IMMUNIZATIONS BY THE AGE OF 35 MONTHS*

◆ Montgomery County



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Montgomery Co.	39.5%	48.3%	48.2%	47.9%	52.5%	52.4%	42.8%	60.0%	63.4%	81.7%	80.7%	85.0%	83.0%	91.0%	85.0%	85.0%



Outcome: Healthy People

Indicator: Access to Healthcare

Background

For the purposes of this indicator, access to healthcare is defined as either having private health insurance OR having public coverage (Medicaid) OR applying for Medicaid OR having information about how to obtain access to free or subsidized clinics.

The HealthLink Regional Health Information Organization (RHIO) is a Montgomery County collaborative working to monitor and improve access to healthcare for health uninsured and to better coordinate health and human services across provider organizations. Increasingly, providers in the community are documenting, through a secure Web-based health information exchange called HIEx™, demographic, eligibility and services utilization information. When community members request service, a Community Health Advocate contacts them to assist in accessing healthcare through available public sector resources. Individuals who are not eligible for means-tested or premium-based programs are referred to free and low-cost public and hospital clinics.

Although HIEx™ data represent only a sample of Montgomery County residents, HIEx™ is currently the only data source for an unduplicated count of citizens who use multiple safety net organizations. A conservative estimate of data currently housed in HIEx™ suggests that at least 24% of Montgomery County residents living at or below the poverty level are represented in this data set.

New Data

The value for 2010 is 41.5%

Short-Term Trends

The short-term trend from 2009 to 2010—from 35.5% to 41.5%—is in the desired direction. According to an analysis of the data by HealthLink, the increase in people who report access to health care is primarily because of increased Medicaid enrollment for 2010.

**An unduplicated count is obtained of the number of clients served by HIEx™ agencies at some point during the year for whom one of the following is true: (1) they report having health insurance or (2) they are included in active Medicaid applications or (3) they are uninsured and referred for Medical Services (free or subsidized clinics). That count is then divided by the total number of clients served by HIEx™ agencies during the year and the result is expressed as a percentage. Data are available beginning with July 2004.*

