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Goal	Strategy	Objectives
Mission: Start Strong Clark County aims to reduce infant mortality by supporting and empowering families, weaving social determinants of health into all strategies to reduce our current racial and ethnic disparities.		
Vision: All babies born in Clark County will be healthy at birth and thriving at one year.		
Overarching goals:	I. Reduce the infant moratlity rate in Clark County from 7.6 (5 year average 2015-2020) to 6 (matching the goal for the state of Ohio) by 2025	(Note: Based on a 5 year rolling average.)
	II. Cut the Clark County black:white IMR racial disparity gap in half by 2025	Black:White IMR ratio from 1.96 to 1
		Increase community engagement as a cross cutting factor in all other strategies
		Increase fatherhood engagement as a cross cutting factor in all other strategies
		Examine all stragegies and action steps with a health equity lens

Goal	Strategy	Objectives	Action Steps	Measures	Timeline	Owner
Goal 1: Provide evidence-based services that aid in the reduction of preterm births from 11.8% (5 year average 2015-2020) to 10.4 % (state of Ohio 5 year average 2015-2020)						
	A. Reduce substance exposure	A1. Decrease the percentage of women smoking/ vaping at some point in their pregnancies to less than 200 per year	a. Continue Baby and Me Tobacco Free (program ceasing June 2024)/ Mercy Reach Programming	Number of referrals to BMTF and REACH: as of 7/11/23:Referrals received from: Pregnancy Resource Center beginning September 2022= 21 (1 attended and complete; spoke with several who Did Not Show, quit on own, no longer interested in quitting, moved out of county, and several messages left, but no return phone call. Birthing Center beginning March 2023= 2 (1 no contact, VM not set up and sent letter, but no response; 1 was scheduled to meet with me, but DNS and then no contact after letter was sent) Outpatient OB = 1 (1 is scheduled to begin today 7/10/23; it's the male finace) CCCHD Baby and Me beginning March 2023= 2 (1 scheduled but DNS, sent letter, but no response; 1 was on bed rest and not interested)	complete, ongoing	BMTF
			b. Identify practice champions at each OB/GYN to enter names into BMTF portal	Number of referrals to BMTF and REACH	hault, BMTF program ending June 2024	
			c. Promote BMTF and REACH through social media	Social media analytics	hault, BMTF program ending June 2024	
			d. Contact physician offices to discuss education and referral process for REACH and BMTF (Mercy REACH)		hault, BMTF program ending	Mercy REACH
			e. Discuss in physican meeting at Mercy Health (Mercy)		emailed for status check 11/1	Mercy
			f. Encourage referrals in the Birthing Center at Mercy Health	added to EMR, need to encourage staff to complete	complete OCT 2024	Mercy
		A2. Begin data collection for positive THC and other substances at birth	a. Identify data sources for retrieving substance exposure information	Record a list of data sources, birthing center can run a report	Complete	Mercy, CCCHD
	B. Reduce health disparities	B1. Clark County will continue to offer Implicit Bias Training and Trauma Informed Care	a. Create connection with Health Equity group to provide trainings in the community and for service providers	1. Record the number of trainings provided and the number or participants	added to Start Strong end of year survey 202	
				2. Identify new training partnerships (SCSD, Mental Health Task Force)	added to Start Strong end of	Steering Comm
			b. Identify gaps in community programs needing implicit bias training and trauma informed care training		added to Start Strong end of	CCCHD
		B2a. Continue collecting data on social determinants of health	a. Clark County will write a grant to support a county navigator role to increase linkage to services.	1. Number of county navigators added (aka Community Health Worker (CHW), (aka, Neighborhood Navigator) 2023 RHC has 5, CCCHD has 2 and one stationed in Mercy Health Birthing center , . Connecting with Legacy 24 Neighborhood Influencers. RHC 5 CHWs (2023)	complete 2024, ongoing	CCCHD, RHC
		B2b. Identify a navigation process to reduce barriers to social/ health needs.	b. Clark County will continue to explore Pathways HUB community integration.	1. Rocking Horse Community Center will provide updates on the pilot to Start Strong coalition : 7/17/23 "Rocking Horse Community Center continues to implement Pathways HUB under the Dayton Regional Pathways HUB. Pathways HUB is a regional clinical-com- munity linkages care coordination system that addresses the medical and social determinants of health. The Pathways HUB strives to help low-income women have healthy pregnancies and healthy babies by connecting pregnant women to needed medical and social services. Although RHC functioned with these goals prior to implementation, they agreed to trial the Pathways HUB model in anticipation of it melding into Unite Ohio in the future. The pilot started May 2021. Barriers have included 1.) Software is clunky and does not integrate well with pre-existing systems 2.) Lack of integration with current systems creates increased work 3.) Limited reimbursement thus far, but continue to learn the process. 4.) Staffing changes. Benefits include: 1.) Support from GDAHA/HUB/Other CHWs. 2.) Means of bringing funds into the department. 3.) Added support for expectant mothers. " 2024: HUB is #1 priority for patient advocacy.	Complete.	CCCHD
			c. Clark County will continue active engagement with CliniSync statewide social needs referral platform (UniteUs) development and role out.	1. A minimum of one member of SSCC will join the Clinisync work group and will report updates at SSCC meetings. Exploring opportunity for a Unite Ohio pilot. " AnnMarie Schmersal and Amanda Ambrosia active on Clinisync work group July 2023:. 1. Pros v Cons list complete 2. Unite Ohio presented overview to Start Strong 3. United Way in support of pursuing 4. Presentation to Housing Task Force 5. Awaiting update from Mercy Health and whether they have signed with Unite Ohio	Complete. 2024 halt in progr	CCCHD, RHC
		B3. Reduce cultural barriers to health care services	a. Increase community capacity of interpreters	1. List of interpreters able to translate for Spanish and Haitian (French) Creole, CCCHD has their own, Mercy has their own, Catholic Charities, Mercy REACH also uses the green machine, library has one, school has theirs, no cental list exists	Complete, ongoind 2024	
				Catholic Charities interpreter training in process	Complete April 2023	CCCHD
			b. Increase outreach and utilize a "meet where you are" approach	1. List of outreach events: Minority Health Fair April 29, 2023, Fathering Fest, June 1, 2023, BAM event, 8/2023, DJFS CSAM carnival 8/ 2023	complete, ongoing	Gracie Hemph
			c. Increase community capacity of peer mentors and minority health champions	1. Add a minority heath representative to Start Strong coalition 2. 5 advocates, 3 of which are trained as CHWs and the other two will attend training in the fall 2024	Complete 2/2023	Christina Cono
		B4.	a. Hire community health equity coordinator	One Health Equity Coordinator hired, CCCHD- COMPLETE 2/2023	Complete 2023	
		B5. Increase community healthcare insurance enrollment	a. Increase awareness of enrollment qualifications and process	List of community outreach activities where MCO providers, case managers, etc share info	Complete, ongoing 5/2024	
			b. Increase awareness of Medicaid / MCO benefits	List of community outreach activities where MCO providers, case managers, etc share info	5/2024 complete, ongoing	
			c. Increase member utilization of avaialbe MCO benefits	Data analytics	Begin FEB 2024, emailed MCO SS reps on	
			d. Identify early pregancy access points	Develop a list of early pegnancy access points: PRC, emergency room, health department	complete October 2024, ongoing	
	Fathers engaged in prenatal appointmer	Mindset change to understand importance of their support to	1. develop survey for collecting data to identify barriers to engagement	Complete 4/ 2023	Complete 2023	
			2. Meet dads where they are - identify groups already meeting with dads in c	June 1 Fathering Strong Event	Complete 6/2023	
			3. Identify barriers to father engagement (generational lack of parenting, mom	won't allow, single dads run together - same mindset, no support, blame, fear of child sup	see fatherhood tab	
			4. Develop plan to help overcome barriers	1 Fatherhood app developed	see fatherhood tab	

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A. Promote Start Stro	A1. Promote through partner agencie	A1a. Distribution Start Strong promo	30 flyers distributed, presented to RHC providers 5/2023,	complete, ongoing
		A1b. Schedule presence on social m	Social media analytics	2023- 2024
	A2. Maintain accurate, up to date info	A2a. CCCHD staff dedicated to mair	JAN 2024 met with social media and IT specialist to webis	complete 2024
		A2b. Routinely request website feed	continued modifications and improvements per feedback	COMPLETE
B. Targetted efforts fo	B1. Identify access points for adolesc	B1a. Mercy Health to provide child b	number of adolescents reached via attendance tracking	
	B2. Maintain and increase collaborative relationships with Clark County E		One additional GRADS staff member hired (Candace Cop	Complete, ongoing
	B3. Education provided at SCSD and	multiple education sessions provide	complete october 2024	
	B4. Create a pregnancy educational resource packet in partnerhship with		not started. GRADs does not have capacity for another project	
	B5. Involve fathers in classes and tee	in process	Complete, targetted efforts to include Dads in GRADs program. 2023-2024 school ye	
	B6. Violence Prevention	Erin's Law education at Clark Count	CAC and Project Woman providing education. Compile a	List is not yet started.
C. Decreasing Lead E	C1. Identify a baseline number of pre	C1a. Recruit local OB provider advo	August 2024 - emailed Mercy Health manager to inquire a	
		C1b. CCCHD lead case manageme	Letter sent to all area providers 5/2022. No response. Foll	attempted,completeOctob
		C1c. Obtain prenatal EBLL results fr	RHC , but not Mercy or Phsicans and Surgeons , OB senc	Dece
		C1d. CCCHD lead team and Shann	The CCCHD lease case management nurse makes referr	March 2022 and ongoing
	C2. Identify baseline number of wom	C2a.. Obtain lead test results of wor	Received stats from ODH on Clark County women of child	Dece
		C2b. Identify an existing tracking me	Submit proposal to the Ohio Department of Health reques	Complete 12/1/2023
		C2c. Collate women of childbearing	complete	Septe
D. Increase Early Ide	D1: Establish OB policy to lead scree	D1a. Investigate related polices in st	Sandy collected this data	6/1/2023, complete
		D1b. Work with local OB providers t	Spreadsheet creased 9/2022. in process	Dece
		D1c. Work with local OB providers t	in process. RHC OB referrals to CCCHD but follow up is l	Jar
	D2: Establish hospital policy for lead	D2a. Investigate related policies in s	Only two states in the nation have written policies for testi	Dece
		D2b. Enlist OB cooperation to either	on hold until procedure established for pregnant women	
E. Increasing Lead S	E1: Marketing efforts to increase con	E1a. CCCHD distribute lead safe lite	ongoing	Complete April 2022 and c
		E1b. CCCHD press releases	E1b1. How lead affects the fetus in pregnancy a	Jar
			E1b2. Partnership with local OBs to address ma	

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Strategy	Objectives	Action Steps	Measures	Timeli
A. Promote Start Strong website	media and county events	A1a. Distribution Start Strong promotion flyers to partner agencies	5/2023, 300 flyers distribued to member of Haitian	comple
		Haitian channel with Philomena Philistine.	Social media analytics	2023- 2
	website	A2a. CCCHD staff dedicated to maintaining website	webiste improvements	comple
		Strong meetings minimum of annually)	received, updated landing page, added parenting	COMPl
adolescents	B1. Identify access points for adolescents	B1a. Mercy Health to provide child birth classes at SCSD	number of adolescents reached via attendance tracking	
	relationships with Clark County ESC/ GRADS and		Copeland) and placed at Springfield High School.	Comple
	B3. Education provided at SCSD and Cliff Park	multiple education sessions provided by sexual health and wellness	complete october 2024	
	packet in partnerhship with GRADS program and		project	
	GRADS	in process	program. 2023-2024 school year 53 participated in	
	B6. Violence Prevention	Erin's Law education at Clark County Schools	a list of all school districts, connect and document	List is r
C. Decreasing Lead Exposure	providers using the Ohio Department of Health	C1a. Recruit local OB provider advocate to join Start Strong	about presenting to providers and seeking involvement	
		C1b. CCCHD lead case management team will survey all prenatal care providers regarding use of the Prenatal Risk Assessment for Lead and tally results	Letter sent to all area providers 5/2022. No response. Follow up by phone. RHC OB only response.	attemp
		C1c. Obtain prenatal EBLL results from OB practices and collaborate to decrease them	RHC , but not Mercy or Phsicans and Surgeons , OB sends referrals to CCCHD to test.	
		C1d. CCCHD lead team and Shannon Chatfield make referrals as needed for home lead assessment, ODH, WIC, food pantry, CCJFS, Project Woman, and Early Childhood services	The CCCHD lease case management nurse makes referrals on all EBLL cases.	March
	C2. Identify baseline number of women of childbearing age identified with an elevated blood lead level (EBLL).	C2a.. Obtain lead test results of women of childbearing age to measure outcomes.	Received stats from ODH on Clark County women of child bearing age with EBLLs.	
		C2b. Identify an existing tracking mechanism for women of childbearing age lead results or create a tracking mechanism if needed	Submit proposal to the Ohio Department of Health requesting CCCHD access to data	Comple
		C2c. Collate women of childbearing age lead test results annually to monitor change in percent of increase or decrease of women of childbearing age with an EBLL	complete	
D. Increase Early Identification and Intervention for lead exposed mothers, infants and childrens	D1: Establish OB policy to lead screen pregnant women.	D1a. Investigate related polices in states that require lead screening of all pregnant women	Sandy collected this data	6/1/20
		D1b. Work with local OB providers to create a mechanism for tracking prenatal blood lead lab results.	Spreadsheet creased 9/2022. in process	

		E1c. CCCHD website		June 2022 and ongoing
		E1d. CCCHD social media	E1d1. Facebook Live session re: lead affects pregnancy a	Oc
			E1d2. Facebook posts re: lead affects pregnancy and bre	October 2022 and ongoing
		E1e. Start Strong website	E1e1. Incorporate information re: lead affects pregnancy a	Started January 2024
	E2: Engage local prenatal care provi	E2a. CCCHD lead case manageme	RHC OB refers to CCCHD	
		E2b. Send letter to OBs requesting p	complete	
		E2c. Disseminate lead related pregnancy and breastfeeding brochures and resources following		Complete August 2022 an
		E2d. CCCHD lead team presentatio	RHC OB presentation complete	Dece
		E2e. Schedule statewide lead medical expert to address Start Strong Clinical Collaborative		
		E2f. Establish exchange of elevated	in process	August 2022 and ongoing
F. Reduce health dis	F1. Increase availability of culturally a	F1a. Start Strong website includes c	One CLAS presentation with toolkit provided for Start Stro	complete 2023
	F2. Clark County will continue to offe	F2a. Create connection with Health	1. Record the number of trainings provided and the numb	survey sent to SS membe
	F3a. Continue collecting data on soc	F3a1. Clark County will write a grant	1. Number of county navigators added (aka Community H	complete 2024, ongoing
	F3b. Identify a navigation process to	F3b1. Clark County will continue to e	1. Rocking Horse Community Center will provide udpates	complete 2024, ongoing
	Fathers learning about birth spacing		1. identify resources available	see Fatherhood sheet
	Fathers engaged in prenatal appointments & bonding w/unborn child		2. identify barriers to attending	see Fatherhood sheet
			3. connect dads to resources and mentoring opportunities	see Fatherhood sheet
	F4. Ensure that all flyers and social media follow CLAS guidelines			see Fatherhood sheet
G. Increase Commur	G1. Provide community education ev	Host at least 4 community educatior	1. Use Outreach Event Reporting Form to report on educa	events happening 2024, C
			2. . Report number of participants at each community edu	complete 2024, ongoing
	G2. Provide community preconceptic	G2a. Hold at least 4 preconception h	1. Use Outreach Event Reportign Form to report screenin	complete 2024, ongoing
			2. Report number of referrals provided at each screening	complete 2024, ongoing
			3. Report number of people reached, screened, visist prov	complete 2024, ongoing
	G3. Develop promotional material in print			complete 2024, ongoing
	G4. Distribute promotional material	G4a. Gather and develop materials for Springfield HS call center		not started

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		D1c. Work with local OB providers to establish practice of lead screening all pregnant women at the beginning of their 2nd trimester and to retest them at the beginning of theri 3rd trimester.	in process. RHC OB referrals to CCCHD but follow up is low	
	D2: Establish hospital policy for lead screening cord blood of all stillborn babies prior to disposal and newborns whose mother either identified with an EBLL or was not screened for lead.	D2a. Investigate related policies in states requiring lead screening of all pregnant women	Only two states in the nation have written policies for testing pregnant women	
		D2b. Enlist OB cooperation to either establish practice of neonatologists ordering lead screening or make pediatric lead screening referrals for newborns of mothers with EBLL	on hold until procedure established for pregnant women	
E. Increasing Lead Safe Awareness	E1: Marketing efforts to increase community lead safe awareness.	E1a. CCCHD distribute lead safe literature throughout Clark County – April 2022 and ongoing	ongoing	Compl distribu
		E1b. CCCHD press releases	E1b1. How lead affects the fetus in pregnancy and breastfeeding implications	
			E1b2. Partnership with local OBs to address maternal and prenatal lead poisoning	
		E1c. CCCHD website		June 2
		E1d. CCCHD social media	E1d1. Facebook Live session re: lead affects pregnancy and breastfeeding implications	
			E1d2. Facebook posts re: lead affects pregnancy and breastfeeding implications	Octobe
		E1e. Start Strong website	E1e1. Incorporate information re: lead affects pregnancy and breastfeeding implications	Starte
	E2: Engage local prenatal care providers.	E2a. CCCHD lead case management team connect with local prenatal care providers to develop a partnership to identify and lead screen pregnant women at risk for lead exposure	RHC OB refers to CCCHD	
		E2b. Send letter to OBs requesting partnership	complete	

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		E2c. Disseminate lead related pregnancy and breastfeeding brochures and resources following CLAS guidelines		Compl
		E2d. CCCHD lead team presentations to local prenatal care providers	RHC OB presentation complete	
		E2e. Schedule statewide lead medical expert to address Start Strong Clinical Collaborative		
		E2f. Establish exchange of elevated blood lead level (EBLL) information between CCCHD and local OBs	in process	August
F. Reduce health disparities	F1. Increase availability of culturally appropriate resources for minority populations following CLAS guidelines	F1a. Start Strong website includes culturally appropriate information following CLAS guidelines	One CLAS presentation with toolkit provided for Start Strong coalition members	comple
	F2. Clark County will continue to offer implicit bias training and trauma informed care training.	F2a. Create connection with Health Equity group to provide trainings in the community and for service providers	1. Record the number of trainings provided and the number or participants	survey
	F3a. Continue collecting data on social determinants of health	F3a1. Clark County will write a grant to support a county navigator role to increase linkage to services.	1. Number of county navigators added (aka Community Health Worker (CHW), (aka, Neighborhood Navigator)	comple
	F3b. Identify a navigation process to reduce barriers to social/ health needs.	F3b1. Clark County will continue to explore Pathways HUB community integration.	1. Rocking Horse Community Center will provide udpates on the pilot to Start Strong coalition	comple
	Fathers learning about birth spacing		1. identify resources available	see Fa
	Fathers engaged in prenatal appointments & bonding w/unborn child		2. identify barriers to attending	see Fa
			3. connect dads to resources and mentoring opportunities	see Fa
	F4. Ensure that all flyers and social media follow CLAS guidelines			see Fa
G. Increase Community awareness of preconception health	G1. Provide community education events covering preconception health topics	Host at least 4 community education sessions on preconception health topics	1. Use Outreach Event Reporting Form to report on education sessions and screening events	events Market Univers Elemer
			2. . Report number of participants at each community educational class/ event	comple
	G2. Provide community preconception health screening events	G2a. Hold at least 4 preconception health screening events.	1. Use Outreach Event Reportign Form to report screening events	comple
			2. Report number of referrals provided at each screening event	comple
			3. Report number of people reached, screened, visist provided at each screening event	comple
	G3. Develop promotional material in print			comple
	G4. Distribute promotional material	G4a. Gather and develop materials for Springfield HS call center		not sta

Subcommittee #2 Safe Sleep

Goal: ↓ Safe sleep deaths to ZERO by 9/30/2025 (Grant year cycle)

A. Increase availability of safe sleep environments to 300 per year.	A1. Increase community awareness of Cribs for Kids portable crib program	A1a. Promote at community events and through social media	Number of new referrals sources	Start Strong home
		A1b. Increase access to portable cribs at various locations	Number of cribs distributed	list started 5/2024
B. Reduce health disparities	B1. Increase availability of culturally appropriate resources for minority populations	B1a. Identify current resources	Resource page on SS website	
	B2. Clark County will continue to offer implicit bias training and trauma informed care training.	in the community and for service providers	number or participants	not started
	B3a. Continue collecting data on social determinants of health	increase linkage to services.	Health Worker (CHW), (aka, Neighborhood Navigator)	Complete 2023
	B3b. Identify a navigation process to reduce barriers to social/ health needs.	integration.	on the pilot to Start Strong coalition	ongoing
	B4. Education provided to father on safe sleep practices	Incentivize fathers to take training	incentives fathers and other caregivers to attend	started May 2024
			2. identify barriers to attending	started May 2024
			opportunities	started May 2024
	B5. Ensure that both standardized reporting forms and social media outreach follow CLAS guidelines.			
surrounding sudden unexpected infant deaths.	C1.Outline a county wide process for collection and submission of SUIDI form.	utiliztion of SUIDI forms.	Survey results.	complete 3/1/2023
		C1b. Identify county process for collection of SUIDI form.	Document outlined process.	December 2023
	reviews.	C2a. Identify current reporting process	Record current reporting process	
		C2b. Research availability of standardized reporting forms.		
		develop a reporting form and process.		
E. Increase community awareness of safe sleep recommendations	E1. Social media presence	E1a. CCCHD Facebook live	1. Record number of views	
		E1b. SS website banner promoting safe sleep	1. Record number of views of safe sleep education page	
		E1c. Ensure social media information follows CLAS guidelines		
	E2. Infant caregivers receive education on safe sleep recommendations	E2a. Cribs for Kids provides virtual education		
		E2b. FYI Parenting network incentivies parents to complete education and additional incentive if they bring additional infant caregivers with them to class		

11/26/24 Subcommittee #2 Breastfeeding

A. Implement a care coordination system across the prenatal thro	A1. Establish community clinical linkages among healthcare providers, communi	A1a. Support hospitals to strengthen evidence- based maternity care practices (such as	BF referral system developed, 2023, beginning implementation 6/2023
		A1b. Recruit and engage key community stakeholders to the Start Strong Breastfeeding	9 community stakeholders recruited to join BF subcommittee 6/2023
B. Increase community capacity to provide breastfeeding support	B1. Mercy Health to continue to explore opportunity to develop a community brea	B1a. Identify a curriculem to follow within this support group.	
	B2. Increase the number of health care professional enrolled in the CLC/CLS training provided by WIC.		2 health care professionals enrolled in this training 6/2023, WIC in process of hiring peer h
C. Improve consistency of breastfeeding messaging by using evidence-based information and co-creating educational materials among lactation s		Complete a Fresh Eyes Endeavor by visiting 1-2 WIC clinics with breastfeeding initiation rates at state average or above.	
D. Reduce Health Disparities/ Increase fatherhood engagement	D1. Ensure that both curriculum and breastfeeding messaging follow CLAS guidelines		
	D2. Survey parents at BAM event 1.) would you be interested in joining a BF support group 2.) Who/where do you get BF support currently		

Complete 2024

WIC Fresh Eyes Endeavor - Complete (2023)

Increased communication between resources via Start Strong meetings

Increased attendance at Start Strong (after meeting location changed to Mercy Birthing Center).

Increased awareness of county resources via Start Strong website & meetings

Goal	Strategy	Objectives	Action Steps	Measures	Timeline	Status
that aid in the reduction of preterm births						
	A. Fathers engaged in prenatal appointments and bir	Mindset change to understand importance of their support to partner -	identify barriers to engagement	One completed survey	2024	5/1/24.
			groups already meeting with dads in			
			(generational lack of parenting, mom won't			
			4. Develop plan to help overcome barriers			
		B5. Increase community healthcare insurance enrollment	a. Increase awareness of enrollment qualific	List of community outreach activities where MCO prov	Begin FEB 2024	
			b. Increase awareness of Medicaid / MCO be	List of community outreach activities where MCO prov	Begin FEB 2024	
			c. Increase member utilization of avaialbe M	Data analytics	Begin FEB 2024	
			d. Identify early pregancy access points	Develop a list of early pegnancy access points	Begin FEB 2024	
related infant deaths to zero by 9/30/2025.	B. Data collection is able to demonstrate health dispa	B1. Demographic collection forms updated to provide options meeting CLAS guidelines and reflecting rapid population increase in immigrants for Haiti				
	Fathers trained in safe sleep practices	Get fathers to take training	1. identify resources available			
			2. identify barriers to attending			
			mentoring opportunities			
Importance of Preconception and 1st						
	Fathers learning about birth spacing		1. identify resources available	2 resource sharing events. Reviewed birth spacing with 24 students in nursing class at Wittenbert 4/1/24. Shared Start Strong website at Rocking Horse Community Health Center Resource Fair and Baby Shower (4/4/24)	2024	Complete 5/1/24
	Fathers engaged in prenatal appointments & bonding w/unborn child		2. identify barriers to attending			
			3. connect dads to resources and mentoring opportunities	Dad resource page on Start Strong website	by 2025	Resources collected 3/2024.
	Increased Awareness of the importance of fatherhood engagement for maternal child health		1. Fathering Strong Tool kick off at Father Fest			
			2. Collect information fo fathering tool from organizations (All members)			Complete 5/1/2024
		Targetted efforts for Clark County adolescents		Sexual health and wellness clinic is scheduled to provide preconception health education during health classes at SCSD	2024	In progress
	Improve health equity	Ensure that all survey's and identified,resources and mentoring	6/22/23, CLAS guideline overview and presentation for Start Strong coalaition by Health Equity Coordinator			Complete 5/1/2024

11/26/24 Subcommittee #3 Fatherhood Engagement / HE

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Goal	Strategy	Objectives
Goal 1: Provide evidence-based services that aid in the reduction of preterm births from 11.8% (5 year average 2015-2020) to 10.4 % (state of Ohio 5 year average 2015-2020)		
	A. Fathers engaged in prenatal appointments and birt	Mindset change to understand importance of their support to partner - r
		B5. Increase community healthcare insurance enrollment
	B. Data collection is able to demonstrate health dispar	B1. Demographic collection forms updated to provide options meeting (
Goal 2: Reduce the number of sleep related infant deaths to zero by 9/30/2025.		
	Fathers trained in safe sleep practices	Get fathers to take training
Goal 3: Raise Awareness of the Importance of Preconception and 1st Trimester Health		
	Fathers learning about birth spacing	
	Fathers engaged in prenatal appointments & bonding w/unborn child	