

# INTERACT FOR HEALTH

20 YEARS OF WORKING  
TOGETHER TO CREATE A  
HEALTHIER COMMUNITY



# A Catalyst for Health and Wellness

BY KATHY SCHWARTZ / FOR INTERACT FOR HEALTH

Twenty years ago, the organization that is now known as Interact for Health set out to be a different kind of regional philanthropy, one determined to do more than sign checks.

It would conduct community surveys to identify needs, and it would put knowledgeable program officers in charge of addressing them. It would adopt businesslike procedures for requesting funds and establish measurable outcomes for grantees. It would invest in innovation.

“In the early days, we had to tell the community what we weren’t,” says Don Hoffman, the first CEO of what was then called the Health Foundation of Greater Cincinnati. “We weren’t United Way. We weren’t going to fund ongoing operations. We were here because the business side of our board supported us strongly in changing the way health care is delivered, particularly for poor people.”

Two decades later, the community knows what Interact is: a nationally recognized model for other grantors, and a top promoter of health-care access and healthy living in a 20-county tristate area. It has introduced school-based health centers, unlocked the economic benefits of Medicaid expansion, funded trails and alternative transportation, led the fight against opioid-related deaths, and helped change the justice system’s treatment of the mentally ill. This summer it announced increased efforts to reduce tobacco use among low-income populations.

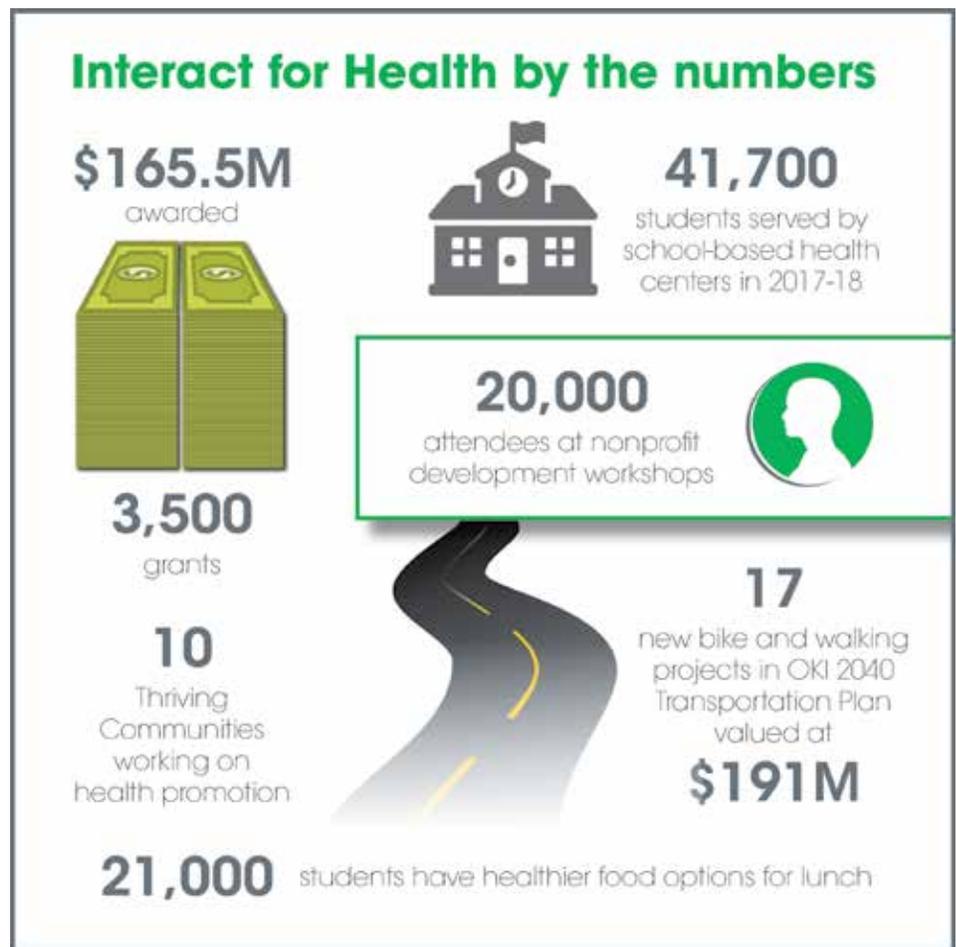
Former board chairman Col Owens feels confident that the foundation will always be looking ahead. “It’s going to continue to be the major player in this region,” he says, “because people 20 years ago were farsighted enough to create the corpus that enabled all of this to happen.”

## GETTING STARTED

The Health Foundation was born out of the 1997 sale of the ChoiceCare HMO to Humana. The ChoiceCare Foundation — by then mostly reduced to a leadership core of Hoffman and Dan Geeding, onetime dean of Xavier University’s business school — received \$221 million from the transaction and combined it with \$30 million already on hand.

The ChoiceCare Foundation had awarded scholarships and funded a program to educate doctors about managed care, but it was “a little, small thing off to the side,” Hoffman says. Suddenly responsible for a quarter-billion dollars, Hoffman and Geeding, who became chief financial officer, researched how to make a greater impact.

To avoid confusion with ChoiceCare Corp., they changed the organization’s name



to the Health Foundation of Greater Cincinnati. Hoffman and Geeding also hired Pat O’Connor as vice president of programming, interviewing her amid stacks of boxes at their makeshift office inside what was then the Central Trust Bank building (now PNC Tower). “It looked a little bit like a bookie operation,” jokes O’Connor, who was a professor of nursing at Duke University and an administrator at Cincinnati’s University Hospital. The environs were a far cry from the spacious fifth floor that Interact now occupies at Rookwood Tower.

Despite the questionable appearance of their early surroundings and a lack of experience with foundations, the trio made sure professionalism and research guided every decision that lay ahead. “We were all learning and studied like you-know-what to learn what to do and what not to do,” says Hoffman, who came to the organization from Cincinnati Bell, where he oversaw benefits and health plans.

The foundation immediately stood out by choosing to serve a diverse 20-county area, recognizing that residents from rural Ripley County, Ind.; Highland County, Ohio; and

Grant County, Ky., came to Cincinnati for health care. At the same time, it opted to narrow the focus of its grants to just four areas: community primary care, school-aged children’s health care, substance use disorders and severe mental illness.

Children’s health repeatedly came up as the No. 1 concern in community surveys, Hoffman and O’Connor say. But the leadership determined that it was an area already well covered by other funders and institutions such as Children’s Hospital. The Health Foundation could be a pioneer, however, by bringing health care directly to the community’s most vulnerable children by setting up services inside schools. No school-based health centers (SBHCs) existed in Greater Cincinnati 20 years ago. Today, 35 centers serve 41,700 students in six counties.

As it introduced evidence-based initiatives such as SBHCs and mental health courts to the region, the foundation itself became an example of innovation for other local nonprofits.

Kate Keller, Interact’s vice president for community and system strategies, has been with the organization since the beginning. She



remembers that Hoffman, O'Connor, Geeding and founding board members spent long weekends sifting through program models and visiting sites across the country. "Evaluations, sustainability, technical assistance, partnerships, investments — those were all a new way of looking at philanthropy back in 1997," Keller says.

Hoffman says several years were spent educating the local nonprofit community about the Health Foundation's approach to grantmaking. "There were strings attached to what we did. You had to set up criteria as you came in here for a grant, and then you had to come talk to us periodically. Most grantmakers never required that," he says. "And if (a program) wasn't working, we were willing to work with you to see if we could tweak it and make it work."

Program officers invited nonprofits — even ones that didn't win grants — to education sessions about how to keep data or tailor initiatives to match resources. In doing so, the foundation added an unexpected role as a coach for the social service community. After each grantee learned the business model, it became their way of life and a steppingstone to other innovations, Hoffman says.

O'Connor, who retired as COO in 2015, says it was important that the board of directors wanted to know the expected outcomes before investing in a project. But it was also important that the directors had heart. "They wanted to see good things and were willing to take risks to get there," she says. That later included supporting programs such as needle exchanges for drug users and Off the Streets for prostitutes.

Though other regional grantmakers had appeared to max out the effectiveness of traditional models, the Health Foundation board was not a rubber stamp for every new idea, former directors Dr. Bob Maltz and John Kron say. But because of the program officers' due diligence and the executives' transparency, the Health Foundation was able to build itself upon an internal foundation of trust.

As the foundation developed its unique grantmaking approach, it also began investing in innovative startups through the venture funds at Queen City Angels and CincyTech.

Geeding, who had been at Xavier when it established its entrepreneurial center, was instrumental in introducing the Health Foundation board to this new economic ecosystem that promised to help build companies from the ground up. In addition to a financial return for the foundation, he saw other plusses.

"It looked like a great opportunity to give back to the community that gave us the \$250 million to get the foundation going," Geeding says. "In my view, health systems only survive and thrive when there are healthy economies."

Cincinnati today appears on various top 10 lists of best cities for entrepreneurs. And approximately 40 percent of the startups that CincyTech supports are involved in life sciences, Geeding adds. Moreover, some of them are investigating ways to address heroin addiction and smoking — two of Interact's current priorities.

### **POLICY WORK, MEDICAID AND SUSTAINABILITY**

Early on, it was apparent the foundation had to make another kind of investment, too — in policy work. To protect initiatives such as school-based health centers, access to care needed to be guaranteed. However, there was trepidation about getting involved with legislative doings. Nonpartisanship was a must.

The Health Foundation began its push for policy work with a public opinion survey about health care issues. Few polls asked about Medicaid nearly 20 years ago, O'Connor says, but the foundation uncovered 80 to 90 percent support for the safety-net program. O'Connor pointed to such data as she spent two to three years visiting other health foundations around Ohio to build support for a statewide resource that could provide top decision-makers with nonpartisan information about health issues. The resource that emerged from those meetings was the Columbus-based Health Policy Institute of Ohio (HPIO), created in 2003.

Later, after the U.S. Supreme Court ruled in 2012 that states could choose whether to expand Medicaid under the Affordable Care Act, Keller and O'Connor worked with HPIO to develop a study about the economic impact Medicaid expansion would have on Ohio. The findings are credited with providing Republican Gov. John Kasich the justification he needed in 2013 to expand the federal health insurance program, which now covers 720,000 low-income Ohioans.

"The governor took his risk, and we are in the risk business," O'Connor says. She calls HPIO's success story a case study in working over time to achieve policy change.

"You can't walk in the day you want something and plunk money on policy and think you are going to get any results," she says. "You have to be there when it's time, and you have to be accepted as an honest broker to be able to help. That requires spending money not when it's urgent, but before it's urgent."

### **NEW PRIORITIES, NEW NAME**

With access to health coverage broadened under the Affordable Care Act, Hoffman announced he'd retire at the start of 2011. Meanwhile, the foundation developed a strategic plan to protect the insurance safety

net but leverage dollars to improve the region's health through additional avenues, such as exercise and nutrition. The board found an eager new CEO in Jim Schwab of U.S. Bank, who would champion a fresh set of priorities: healthy eating, active living, mental and emotional well-being, and healthy choices about substance use.

The foundation chose health promotion rather than disease prevention as its new direction in order to convey a positive message and be able to determine the results of its spending. It's really hard to measure what doesn't happen, especially in the short term, O'Connor says. But under its health promotion focus, the foundation can count 34 Red Bike stations and more than 21,000 students receiving healthier meals through the Cook for America program.

To raise its profile in the community and communicate its new direction, the Health Foundation of Greater Cincinnati also re-branded itself in 2013 as Interact for Health — a catalyst for health and wellness. "A part of the pivot was understanding that there was a lot of good knowledge here about health care systems and policy," says Dr. Tom DeWitt, a former board chairman. "The question was, 'How could we be at more tables when health is being discussed?'"

Schwab and the others are proud that the foundation's early work in the field of substance use allowed its grantees to be ready with Narcan when the heroin epidemic hit. "We were the organizer, putting together a coordinated response," Schwab says. "It's a skill that we have."

### **ANOTHER PIVOT**

Schwab retired in 2016, and Dr. O'dell Owens became the foundation's third CEO. As a physician, former coroner, former city health commissioner and former president of Cincinnati State, "I've sort of been my own little health disparity expert," he says. Under his leadership, Interact has refined its health promotion strategy with an emphasis on health equity. For example, tobacco use has not dropped significantly among poor people — the group that can least afford to continue the habit.

DeWitt applauds Interact's willingness to adapt and continue to lead regionally and nationally. "It's a striking organization that has demonstrated the ability to look at the horizon, see what's changing, and build on past experiences but not be tied to them," the pediatrician says. "It's great for what it has done, great for what it is doing, and great for what it is going to be doing."

# TOP ACCOMPLISHMENTS

Since its beginning in 1997 as The Health Foundation of Greater Cincinnati, Interact for Health has awarded \$165.5 million in about 3,500 grants. Here are 20 of the foundation's top accomplishments during its first 20 years:



## ACTIVE LIVING

Bolstered the active transportation network with 34 Red Bike stations, 5.3 miles of trails and the development of Cincinnati Connects, a plan to link urban trails in a 42-mile loop.

*Read more on page 7*



## INTEGRATED CARE

Pioneered integration of physical and mental health care to improve access and coordination of care, allowing more than 3,000 people to gain health care that was previously unavailable.

## CONFERENCE CENTER

Provides professional meeting space for nonprofit groups that otherwise could not afford it, hosting 352,000 people attending 22,000 meetings for a community benefit of more than \$3 million.

## MEDICAID EXPANSION

Helped develop, fund and disseminate an economic impact analysis that led to the expansion of Medicaid in Ohio, allowing 720,000 Ohioans to gain health insurance.



## LEARNING CENTER

Offers affordable nonprofit development opportunities, so far reaching 20,000 attendees through 600+ workshops for a community benefit of more than \$2.7 million.

## DATA AND RESEARCH

Provides trusted, critical data used by the public, key stakeholders, researchers and lawmakers in our region and throughout Ohio and Kentucky. Interact has issued more than 300 data releases about health issues such as insurance, smoking, drug use, healthy eating and more.



## SCHOOL-BASED HEALTH CENTERS

Pioneered school-based health centers in the region and developed a model to make them sustainable. Currently 35 SBHCs serve 41,000 students in six counties. Five of the centers offer dental services and four offer vision services.

*Read more on page 7*



## OPIOID EPIDEMIC

Leads the fight against opioids, reducing harm for 1,449 clients through a syringe exchange, training 1,723 people to use overdose-reversal drug Naloxone, collecting 706 pounds of unused medication and saving 110 lives and counting.

*Read more on page 7*





### EQUITY

Is a leader in creating an All-In City policy agenda so that everyone has fair opportunities to attain their full potential.



### LOCAL FOOD ACCESS

Teamed with other funders in the Ohio Regional Convergence Partnership (ORCP) to produce a statewide study and report about food access, resulting in \$2 million of state funding to improve access to healthy food.



### HEALTHY EATING IN SCHOOLS

Through the Cook For America® program, trained food service personnel to prepare healthy, scratch-cooked foods in eight school districts (40 school buildings) in all three states. A total of 21,219 students now have healthier meals at school.

### HEALTH POLICY INSTITUTE OF OHIO (HPIO)

Helped launch HPIO, which provides timely, accurate and nonpartisan health policy information used widely by policymakers and advocates throughout Ohio.

### THRIVING COMMUNITIES

Works hand in hand with 10 local communities to assist their efforts to make their communities better using the Assistance for Substance Abuse Prevention (ASAP) Center's model of engagement and prevention.

### TOBACCO

Sixteen new tobacco-free environment policies were implemented, encouraging nonsmoking and eliminating secondhand smoke at behavioral health agencies, parks, schools, public housing units and fairgrounds.



### ACA EDUCATION

Informed the community about the Affordable Care Act through the distribution of 1.6 million one-pagers, consultations with 3,000 people and a website that has been visited 212,000 times.

### NIATx/PROCESS IMPROVEMENT

Helped 15 agencies improve engagement and retention of clients being treated for substance use disorders by implementing NIATx, a process-improvement model in which providers make small changes that substantially improve performance.

### HIPAA

Helped all local safety net providers become compliant with the Health Information Portability and Accountability Act (HIPAA).

### MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM

Brought diversion to treatment to the criminal justice system, improving the health of more than 8,700 people with severe mental illnesses and substance use, saving \$16.4 million and counting in criminal justice costs, and reducing recidivism. *Read more on page 7*



### MENTAL WELL-BEING

Introduced mindfulness practices to the region, helping to improve the mental well-being of veterans, students, teachers, mental health professionals and others.



### HEALTH CARE ACCESS NOW (HCAN)

Launched HCAN to improve access to care, supporting about 2,500 women through Pregnancy Care Coordination and coordinating emergency department care or chronic disease care for about 7,500 people.

# PAST CEOs SHARE THOUGHTS

Donald Hoffman, James Schwab and Dr. O'dell Owens, who all have served as CEO of the Health Foundation of Greater Cincinnati/Interact for Health, share their thoughts on the organization's impact during their tenures.

*(Comments have been condensed and edited for space and clarity.)*



**Donald Hoffman** (1997-2011)

**What did you believe would set the Health Foundation apart among local philanthropies?**

With help from the University of Cincinnati's Institute of Policy Research, we decided that our area of grant making should be 20 counties in three states. This alone made us different from most local grant makers that serve a smaller region.

We used community forums and survey data to narrow our focus to four primary areas: community primary care, school-based child health, substance use disorders and severe mental illness.

Our board was very determined to support health improvement through businesslike procedures, and not merely fund ongoing operations. We studied an area thoroughly before issuing a request for proposals to see what innovation nonprofits could bring. We quickly discovered that groups of professionals, working with our staff, could prepare programs that brought new treatments to this area much faster.

**What were some challenges during this early period?**

Our biggest challenge was educating organizations that our program officers were in charge, and that cozying up to foundation executives was not the way to get a grant. We viewed our grants as investments, and each grant included at least two measurable outcomes that we expected grantees to report on. Grantees were encouraged to return unused funds. This was unheard of. We entered into a massive education effort to familiarize nonprofits with goal-setting and evaluation.

**What do you consider highlights of your tenure?**

Our legacy is a world-class organization that truly impacts the health of area citizens. We built a staff of professionals who not only worked with grantees but were sought out to lead national forums or present papers on their success here. And we helped form the Health Policy Institute of Ohio.



**James Schwab** (2011-2016)

**During your tenure, Medicaid was expanded in Ohio. How did your organization help effect this change?**

Then-COO Pat O'Connor and the Health Policy Institute of Ohio led an economic impact study of the effects of Medicaid expansion in Ohio. I feel very strongly that the study played an important role in Gov. John Kasich's early support for expansion in the face of strong opposition from his own party. Interact was known for being a "safe place" for discussion during the early days of the Affordable Care Act. Our educational activity was extensive, and the quality of the informational materials was very high.

**The Health Foundation of Greater Cincinnati became Interact for Health in 2013. Why the switch?**

The original name sounded a little too formal and didn't convey the kind of organization that I wanted to be part of. I was hoping we could build a brand that depicted the idea that we were action-oriented professionals looking to work side-by-side with the community in improving the health status of all our citizens.

**What do you consider key accomplishments as the organization shifted its focus to health promotion?**

I hope I was able to create an environment where everyone could grow. I feel very strongly that every member of the staff is capable of being a change agent in the community.

Things I talk about when I tell people about my time at Interact are: the expansion of school-based health centers; work on the opioid epidemic, including a controversial syringe exchange program; Medicaid expansion; nutrition programs and awareness of "food deserts"; mindfulness programs for schools; and the beginning of a "health equity" orientation for Interact's work.

Interact has an important role to play in eliminating health disparities in Greater Cincinnati. The expansion of the school-based centers brings me the most pride. If we are to reduce poverty, these centers seem like a great place to start.



**Dr. O'dell Owens** (2016-present)

**In your first year, what has impressed you most about Interact?**

The main asset is that we have a set of very smart people and very good people — good people being defined as people that really care about the community, care about other people. Those projects that don't come from the heart don't sustain themselves. I also was not aware of the depth of the research and the use of the data. You'd expect it to come out of the health department rather than a health foundation.

**What programs will Interact build upon under your leadership?**

The main one is certainly school-based health centers. That's the unique highway of Interact for Health. Going forward, we will be more strategic in how we choose a school-based health center and try to make each more comprehensive, with dental and eye care, and other services that support families, such as access to healthy foods. We'd like a center to serve more than just the kids of that particular neighborhood, but also the community it sits in, as well as bring in kids from other schools whose numbers don't justify a health center.

**What's changing under your leadership?**

Developing a new strategic plan allowed us to ask not only what have we done right, but what have we done wrong. We didn't connect the dots. You're doing food (education), you're doing healthful activity, but how are they connecting? To be more impactful, you narrow. So that's why we're taking on tobacco. Tobacco impacts so many different areas throughout our community. We also want a bigger role as a convener, bringing people together for the common good. We want more collaboratives that translate into a collective impact. I look at Interact's previous five years (focused on wellness and health promotion) as prologue, with contacts to bring in as needed in order to be successful in the arenas that we have chosen.

# SPOTLIGHT ON...

## TRAILS/ACTIVE TRANSPORTATION WORK

When Interact for Health changed its focus to health promotion in 2013, it determined that a network of walking and biking trails represented a significant opportunity to improve health by making a long-term difference in the region's activity level and economic development. A trail system that connects to workplaces and shopping encourages people to use paths for more than just recreation. The trails become part of daily living, and a tool for job recruiters.

Interact partnered with Tri-State Trails, a coalition working to connect and expand the trail network in 10 counties. With Interact's support, the coalition successfully advocated for more trails to be included in the OKI 2040 Regional Transportation Plan, which guides how federal transportation funds are spent in the region. Over the next 20 years, 17 bike and pedestrian projects worth \$191 million will receive priority in the funding process. Previously, only three projects valued at \$2.5 million were included.

At the same time, Interact worked with Tri-State Trails to envision the Miami 2 Miami Connection, a link between the region's two longest trails — the Little Miami Scenic Trail and the Great Miami River Trail. Thanks to Interact, Tri-State Trails was able to hire a full-time staff member and collect data on daily trail use.

Within Cincinnati, Interact provided funds to plan the Wasson Way bike trail, plus challenge funds to help with construction of the East Side project. The Mill Creek Greenway Trail received money for Phases 4 (along South Cumminsville and Millvale) and 5 (through Spring Grove Village and Winton Hills). Both tie into the Cincinnati Riding Or Walking Network (CROWN), which emerged from a 2015 plan for a 42-mile loop around the urban core that was funded by Interact.

In addition to building trails, Interact for Health focused on ways to help people in Cincinnati use active transportation to get around. As a promoter of health equity within our active living priority area, Interact for Health funded a Red Bike station at the CityLink Center to connect the West End to the bicycle-share system. Thirty-eight CityLink clients took advantage of discounted memberships and logged nearly 2,000 rides in a year.

— Resources: Megan Folkerth, program officer at Interact for Health, and Wade Johnston, director, Tri-State Trails

## OPIOID EPIDEMIC

Because of the foundation's early focus on substance use disorders, its program officers and partners were some of the area's first health professionals to start monitoring the opioid problem in the mid-2000s.

It became clear that local and regional action would be needed to address the looming epidemic. Interact for Health worked with all the counties in our region to develop local action plans. At the regional level, Interact started and continues to lead the Funders' Response to the Heroin Epidemic (FRHE). The FRHE is a collaborative of local grantmakers that looks at the epidemic systemically and works together to fund efforts that reduce overdoses and deaths from opioids. The FRHE provides support for Quick Response Teams that connect people to treatment after an overdose, plus funding for overdose data reporting, abuse-prevention projects and pre-arrest diversion programs.

Interact also invested in learning experiences for its regional partners. In the spring, representatives from three health departments were sent to the National Council on Behavioral Health conference. Together, Interact and the health departments collaborate to advance syringe exchanges and share data. Currently there are six needle exchange sites in Interact's 20-county region.

On the ground, Interact is working with local counties to implement efforts to turn the tide of the epidemic. Rural Highland County's accidental overdose rate is higher than the Ohio average, and reports suggest overdoses this year will double from 2016. Until recently the sheriff's office was the only law enforcement agency that had kits with the overdose-reversal drug naloxone, so Interact provided funds for community naloxone training. An Interact-funded survey of youths in grades seven through 12 found an average age for first drug use of 12½ — data that has enabled officials to focus their prevention efforts more effectively in a county with a shortage of medical and mental health providers. With money from Interact, partner R.E.A.C.H. for Tomorrow is conducting trauma training with educators so they can recognize the effects of adverse childhood experiences in their students and get them help in hopes that they don't become the next generation of opioid addicts.

— Resources: Kelly Firesheets, senior program officer at Interact for Health, and Heather Gibson, president, Highland County Drug Abuse Prevention Coalition

## SCHOOL-BASED HEALTH CENTERS

There were no school-based health centers (SBHCs) in Greater Cincinnati in the late 1990s. Now thanks to Interact, our region is a model for the nation. Currently, 35 sites serve 45 schools in nine districts. Plans are in place for two more this school year, in Middletown and West Clermont.

The foundation early on developed a model to ensure the sustainability of the SBHCs. Interact partners with federally qualified health centers or hospitals to provide medical services in schools with at least 600 students, a majority of whom are eligible for Medicaid.

SBHCs are staffed by a nurse practitioner and have a supervising or part-time physician. At some centers, the patients include not only students but also parents and community members. In addition to physical exams, treatment for acute illness and injuries, and management of chronic conditions, SBHCs also offer immunizations, lab tests, prescriptions and access to mental health resources. Some of the SBHCs include dental clinics and vision centers. The eye clinic at Cincinnati's Oyler School, which was the first school-based vision center in the nation when it opened in 2012, dispensed more than 6,200 pairs of glasses in its first three years.

After opening the first SBHCs in 1999, the Foundation conducted studies that showed how they made an immediate and significant difference. For example, spending on hospitalizations and emergency room visits for children with asthma fell by 84 percent. Parents didn't have to miss work to care for a youngster.

Interact plans to continue to fund SBHCs with the goal of opening two to three a year in areas where they can serve as a hub for the community.

— Resource: Francie Wolgin, executive director of Growing Well and senior program officer at Interact for Health

## CRIMINAL JUSTICE SYSTEM WORK (MENTAL HEALTH AND SUBSTANCE USE)

When the Health Foundation of Greater Cincinnati identified substance use disorders and severe mental illness as two of its original focus areas, the criminal justice and behavioral health systems were largely disconnected from one another. There was a drug court, but there were no mental health courts in the region to recommend community-based treatment services instead of incarceration. A 2003 study by the Foundation found that 90 percent of Cincinnati-area men convicted of low-level crimes had at least one previously unidentified mental illness. As it provided grants to care providers, the Foundation required collaboration with criminal justice officials to reduce recidivism. "Boundary spanners" facilitated communication between the systems.

The Foundation funded mental health courts in Butler and Hamilton counties, and one serving Boone, Kenton and Campbell counties in Northern Kentucky. The Kentucky court was able to save taxpayers more than \$371,000 in its first three years by diverting people with severe mental illness from the justice system into treatment. A quarter of the 123 people treated reported improvement in their mental health and quality of life. The recidivism rate was 15 percent, compared with 38 percent statewide.

The Foundation also provided funding to Cincinnati Union Bethel for Off the Streets, a program addressing what resources prostitutes need so they don't return to criminal activity and the court system. Women are referred to addiction-treatment programs and mental health services, receive medical exams, and work on life skills with a peer facilitator. Since 2006, more than 800 women have gone through the program; nearly 73 percent of participants found sobriety, and more than 78 percent left prostitution behind.

— Resources: Ann Barnum, retired vice president of community strategies, and Janice Bogner, retired senior program officer, Interact for Health

Interact for Health works in Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren counties in Ohio; Boone, Bracken, Campbell, Gallatin, Grant, Kenton and Pendleton counties in Kentucky; and Dearborn, Franklin, Ohio, Ripley and Switzerland counties in Indiana.



# LOOKING AHEAD:

## Working to eliminate key barriers to health

As Interact for Health begins its third decade, it seeks to make an even larger impact by focusing its efforts on eliminating key barriers to better health in our region: tobacco use, the opioid epidemic and healthcare for low-income children.

"As we reviewed our community's health data, it became clear that if we want to become the healthiest region in the country, we must do everything we can to lower the high rates of tobacco use, end the opioid epidemic, and get our kids the comprehensive, early healthcare they need to become healthy adults," says Dr. O'dell Owens, Interact's president and CEO.

For the next five years, Interact will work to increase the number of tobacco-free environments in the region so

that tobacco use is de-normalized and healthy behaviors are modeled for young people. It will work to prevent the initiation of tobacco use by seeking to raise the legal age to buy tobacco to 21. Interact will continue to lead the region's efforts in fighting the opioid epidemic and maintain its commitment to opening and sustaining school-based health centers that serve the community.

Despite this change in focus, Interact will continue to provide Learning Center classes for all nonprofits and support its 10 Thriving Community grantees. Education and policy efforts about health care legislation also will continue, including legislation related to potential changes in Affordable Care Act.

*"We remain committed to building healthy communities for all people."*

**- Dr. O'dell Owens**

[www.interactforhealth.org](http://www.interactforhealth.org)

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