

# 2020-2022



## Crawford County & Galion City Community Health Improvement Plan Commissioned by:





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*Note: Throughout the report, hyperlinks will be highlighted in **bold, gold text**. If using a hard copy of this report, please see Appendix II for links to websites.*

# Executive Summary

## Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Crawford County Health Partners has been conducting CHAs since 2015 to measure community health status. The most recent Crawford County CHA was cross-sectional in nature and included a written survey of adults and adolescents within Crawford County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). This has allowed Crawford County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Avita Health System contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The Crawford County and Galion City Health Departments, along with Avita Health System, then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of the Crawford County Health Partners that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

## Hospital Requirements

### Internal Revenue Services (IRS)

The Crawford County CHA and CHIP fulfills national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a CHNA and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospital collaboratively completed the CHA and CHIP, compliant with IRS requirements. This will result in increased collaboration, less duplication, and sharing of resources.

## Hospital Mission Statement(s)

The mission of Avita Health System is to improve the health and well-being of those we serve.

## Community Served by the Hospital

The community has been defined as Crawford County. Most (75%) of Avita Health System's discharges in 2018 were residents of Crawford County. In addition, Avita Health System collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community.

## Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every 3 years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

## Inclusion of Vulnerable Populations (Health Disparities)

Crawford County is a rural county. Approximately 16.2% of Crawford County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

## Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Crawford County Health Partners to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model



## Alignment with National and State Standards

The 2020-2022 Crawford County CHIP priorities align with state and national priorities. Crawford County will be addressing the following priorities: mental health and addiction, and chronic disease.

### Ohio State Health Improvement Plan (SHIP)

**Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.**

#### SHIP Overview

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

#### SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. Mental Health and Addiction (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. Chronic Disease (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

#### Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the Social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health:** Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors:**
  - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
  - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
  - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access:** Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2019-2021 Crawford County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Crawford County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

**Figure 1.2 2019-2021 Crawford CHIP Alignment with the 2017-2019 SHIP**

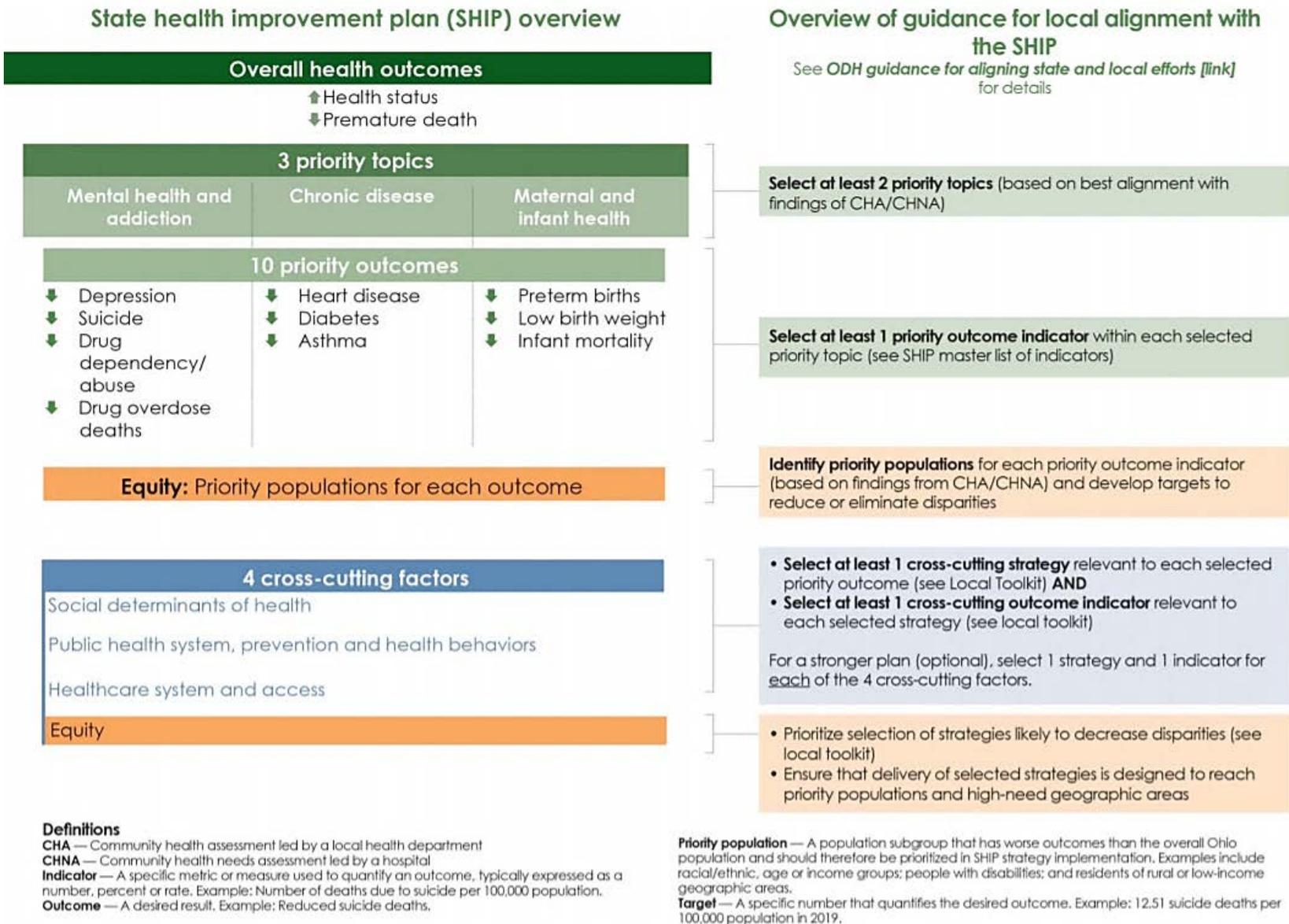
2019-2021 Crawford CHIP Alignment with the 2017-2019 SHIP			
<i>Priority Topic</i>	<i>Priority Outcome</i>	<i>Cross-Cutting Strategy</i>	<i>Cross-Cutting Outcome</i>
<b>Mental health and addiction</b>	<ul style="list-style-type: none"> <li>• Decrease depression</li> <li>• Decrease suicide deaths</li> <li>• Decrease unintentional drug overdose deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health System, Prevention, and Health Behaviors</li> <li>• Social Determinants of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease obesity</li> <li>• Decrease smoking</li> <li>• Decrease physical inactivity</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• Decrease diabetes</li> <li>• Decrease heart disease</li> </ul>		

**U.S. Department of Health and Human Services National Prevention Strategies**

The Crawford County CHIP also aligns with five of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being. For more information on the national prevention priorities, please go to [surgeongeneral.gov](http://surgeongeneral.gov).

## Alignment with National and State Standards, continued

Figure 1.4 2017-2019 State Health Improvement Plan (SHIP) Overview



## Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

### **The Vision of The Crawford County Health Partners:**

Making healthy happen in Crawford County through collaboration, prevention and wellness

### **The Mission of The Crawford County Health Partners:**

To bring together people and organizations to improve community wellness in Crawford County

## Community Partners

The CHIP was planned by various agencies and service-providers within Crawford County. From June to August 2019, the Crawford County Health Partners reviewed many data sources concerning the health and social challenges that Crawford County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

### **Crawford County Health Partners (CHIP Committee)**

Andrea Barnes, Galion City Health Department  
Brad DeCamp, Crawford-Marion ADAMH Board  
Christi Eckert, Marion-Crawford Prevention  
Cinda Kropka, Avita Health System  
Cindy Parrott, Galion City Schools  
Cindy Wallis, Community Counseling Services  
Emily Miller, Galion City Health Department  
Erin Stine, Crawford County Education and Economic Development Partnership  
Gary Frankhouse, Crawford County Education and Economic Development Partnership  
Jenny Burton, Crawford County Public Health  
Jenny Klein, Crawford County Board of Developmental  
Joe Stafford, Community Counseling Services & Restore Ministries  
Kate Siefert, Crawford County Public Health  
Kathy Bushey, Crawford County Public Health  
Laura Busher Marion-Crawford Prevention  
Lauren Fricke, Community Member  
Lisa Workman, The Community Foundation for Crawford County  
Mary Jo Carle, Together We Hurt, Together We Heal  
Morgan Brook, Community Member  
Nadia Oehler, United Way of Crawford County  
Paula Brown, Crawford-Marion ADAMH Board  
Steve Jozwiak, Crawford County Public Health  
Terry Gribble, Galion YMCA  
Trish Factor, Galion City Health Department  
Whitney Waterhouse, OSU Extensions, SNAP Ed

The community health improvement process was facilitated by Tessa Elliott, Community Health Improvement Coordinator, and Jodi Franks, Graduate Assistant, from HCNO.

## Community Health Improvement Process

Beginning in June 2019, the Crawford County Health Partners met four (4) times and completed the following planning steps:

1. Initial Meeting
  - Review the process and timeline
  - Finalize committee members
  - Create or review vision
2. Choose Priorities
  - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
  - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
  - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
  - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
  - Review the Local Public Health System Assessment with committee
7. Gap Analysis
  - Determine discrepancies between community needs and viable community resources to address local priorities
  - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
  - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
  - Identification of evidence-based strategies to address health priorities
10. Best Practices
  - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
  - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
  - Review of all steps taken
  - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

# Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 163-page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at <http://www.hcno.org/community/reports.html>. Below is a summary of county primary data and the respective state and national benchmarks.

## Adult Trend Summary

Adult Variables	Galion City 2018	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
<b>Health Care Coverage, Access, and Utilization</b>					
<b>Uninsured</b>	5%	12%	7%	9%	11%
<b>Visited a doctor for a routine</b> checkup (in the past 12 months) 	76%	64%	72%	72%	70%
<b>Had one or more persons they thought of as their personal health care provider</b> 	86%	87%	93%	81%	77%
<b>Preventive Medicine</b>					
<b>Had a flu shot in the past year</b> (age 65 and older)	N/A	59%	71%	76%	75%
<b>Ever had a pneumonia vaccine</b> (age 65 and older)	N/A	76%	73%	63%	60%
<b>Ever had a shingles or zoster vaccine</b>	34%	14%	28%	29%	29%
<b>Women's Health</b>					
<b>Had a clinical breast exam in the past two years</b> (age 40 and older)	N/A	70%	57%	N/A	N/A
<b>Had a mammogram within the past two years</b> (age 40 and older)	N/A	74%	65%	74%*	72%*
<b>Had a pap test in the past three years</b> (ages 21-65)	N/A	76% <sup>‡</sup>	69%	82%*	80%*
<b>Oral Health</b>					
<b>Visited a dentist or a dental clinic</b> (within the past year) 	73%	63%	69%	68%*	66%*
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	5%	9%	9%	11%*	10%*
<b>Health Status</b>					
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	29%	19%	24%	22%*	22%*
<b>Average number of days that physical health not good</b> (in the past 30 days) 	N/A	3.4	5.2	4.0**	3.7**
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	31%	23%	30%	24%*	23%*
<b>Average number of days that mental health not good</b> (in the past 30 days) 	N/A	3.7	5.7	4.3**	3.8**
<b>Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	30%	24%	28%	22%*	22%*

N/A - Not Available

Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population.

\*2016 BRFSS Data

\*\* 2016 BRFSS as compiled by 2018 County Health Rankings

<sup>‡</sup>In 2015, pap test was reported for women ages 19 and over

 Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Galion City 2018	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
<b>Weight Status</b>					
<b>Normal Weight</b> (BMI of 18.5 – 24.9)	18%	24%	23%	30%	32%
<b>Overweight</b> (BMI of 25.0 – 29.9)	33%	40%	28%	34%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above) 	49%	35%	49%	34%	32%
<b>Tobacco Use</b>					
<b>Current smoker</b> (currently smoke some or all days) 	16%	20%	17%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	26%	23%	24%	24%	25%
<b>Alcohol Consumption</b>					
<b>Current drinker</b> (drank alcohol at least once in the past month)	58%	51%	55%	54%	55%
<b>Binge drinker</b> (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	32%	19%	25%	19%	17%
<b>Drove after having perhaps too much alcohol to drink</b>	15%	9%	7%	4%*	4%*
<b>Drug Use</b>					
<b>Adults who used non-medical marijuana or hashish</b> (in the past 6 months)	1%	10%	3%	N/A	N/A
<b>Adults who used recreational drugs</b> (in the past 6 months)	2%	1%	4%	N/A	N/A
<b>Adults who misused prescription medications</b> (in the past 6 months)	4%	10%	7%	N/A	N/A
<b>Sexual Behavior</b>					
<b>Had more than one sexual partner</b> (in past 12 months)	4%	2%	5%	N/A	N/A
<b>Mental Health</b>					
<b>Considered attempting suicide</b> (in the past 12 months)	2%	5%	5%	N/A	N/A
<b>Attempted suicide</b> (in the past 12 months)	1%	2%	1%	N/A	N/A
<b>Felt sad or hopeless for two or more weeks in a row</b>	16%	14%	16%	N/A	N/A
<b>Cardiovascular Health</b>					
<b>Ever diagnosed with angina or coronary heart disease</b> 	1%	5%	5%	5%	4%
<b>Ever diagnosed with a heart attack or myocardial infarction</b> 	8%	5%	5%	6%	4%
<b>Ever diagnosed with a stroke</b>	2%	1%	3%	4%	3%
<b>Had been told they had high blood pressure</b> 	41%	42%	40%	35%	32%
<b>Had been told their blood cholesterol was high</b>	37%	40%	41%	33%	33%
<b>Had their blood cholesterol checked within last five years</b>	84%	80%	81%	85%	86%
<b>Cancer</b>					
<b>Ever been told they had skin cancer</b>	7%*	2%*	5%*	6%	6%
<b>Ever been told they had other types of cancer</b> (other than skin cancer)	13%	9%	9%	7%	7%

N/A - Not Available

Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population.

\*2016 BRFSS Data

\*Melanoma and other skin cancers are included for "diagnosed with skin cancer"

 Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Galion City 2018	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
<b>Arthritis, Asthma, &amp; Diabetes</b>					
<b>Had been told they have arthritis</b>	48%	32%	44%	29%	25%
<b>Had ever been told they have asthma</b> 	15%	12%	17%	14%	14%
<b>Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis</b>	13%	8%	12%	8%	6%
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related) 	16%	16%	17%	11%	11%
<b>Had been diagnosed with pre-diabetes or borderline diabetes</b>	9%	5%	7%	2%	2%

 Indicates alignment with Ohio State Health Assessment (SHA)

## Youth Trend Summary

Youth Variables	Middle School (6 <sup>th</sup> -8 <sup>th</sup> )				High School (9 <sup>th</sup> -12 <sup>th</sup> )			
	Crawford County 2014 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2015 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2014 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2019 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Weight Status</b>								
<b>Obese</b> 	N/A	N/A	23%	19%	N/A	N/A	16%	15%
<b>Overweight</b>	N/A	N/A	12%	15%	N/A	N/A	16%	16%
<b>Described themselves as slightly or very overweight</b>	N/A	N/A	34%	33%	N/A	N/A	32%	32%
<b>Tried to lose weight</b>	N/A	N/A	52%	47%	N/A	N/A	44%	47%
<b>Physically active at least 60 minutes per day on every day in past week</b>	N/A	N/A	26%	28%	N/A	N/A	29%	26%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	N/A	N/A	46%	51%	N/A	N/A	54%	47%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b>	N/A	N/A	16%	14%	N/A	N/A	13%	15%
<b>Watched 3 or more hours per day of television (on an average school day)</b>	N/A	N/A	15%	18%	N/A	N/A	19%	21%
<b>Tobacco Use</b>								
<b>Ever tried cigarette smoking (even one or two puffs)</b>	11%	13%	8%	15%	41%	30%	20%	29%
<b>Currently smoked cigarettes (on at least one day during the past 30 days)</b>	2%	5%	2%	3%	14%	11%	4%	9%
<b>Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)</b>	1%	1%	1%	1%	6%	6%	2%	3%
<b>First tried cigarette smoking before age 13 years (even one or two puffs)</b>	5%	7%	7%	5%	11%	8%	4%	10%
<b>Alcohol Consumption</b>								
<b>Ever drank alcohol (at least one drink of alcohol, on at least one day during their life)</b>	21%	17%	16%	33%	46%	45%	44%	60%
<b>Currently drank alcohol (at least one drink of alcohol, on at least one day during the past 30 days)</b>	N/A	7%	6%	12%	23%	21%	15%	30%
<b>Binge drinker (consuming more than four [female] or five [male] alcoholic beverages on a single occasion in the past 30 days)</b>	N/A	N/A	3%	7%	N/A	15%	10%	14%
<b>Had their first drink of alcohol before age 13 years (other than a few sips)</b>	13%	12%	6%	7%	13%	12%	9%	16%
<b>Usually got the alcohol they drank by someone giving it to them (of youth drinkers)</b>	N/A	N/A	25%	27%	N/A	N/A	27%	44%
<b>Rode with a driver who had been drinking alcohol (in a car or other vehicle, on one or more occasion during the past 30 days)</b>	19%	24%	13%	11%	13%	13%	10%	17%
<b>Drove when they had been drinking alcohol (of youth who had driven a car or other vehicle during the past 30 days)</b>	N/A	N/A	1%	2%	6%	7%	3%	6%

N/A – Not Available

 Indicates alignment with Ohio SHA

Youth Variables	Middle School (6 <sup>th</sup> -8 <sup>th</sup> )				High School (9 <sup>th</sup> -12 <sup>th</sup> )			
	Crawford County 2014 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2015 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2014 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2019 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Drug Use</b>								
<b>Ever used marijuana</b> (in their lifetime)	4%	5%	4%	9%	19%	21%	12%	36%
<b>Currently used marijuana</b> (one or more times during the past 30 days)	N/A	3%	1%	2%	8%	10%	4%	20%
<b>Ever used synthetic marijuana</b> (also called K2 or spice, in their lifetime)	N/A	N/A	2%	1%	N/A	N/A	1%	7%
<b>Ever used methamphetamines</b> (in their lifetime)	N/A	N/A	1%	1%	2%	2%	<1%	3%
<b>Ever used heroin</b> (in their lifetime)	N/A	N/A	1%	1%	2%	2%	0%	2%
<b>Ever took steroids without a doctor's prescription</b> (in their lifetime)	1%	1%	1%	1%	1%	2%	1%	3%
<b>Ever used inhalants</b> (in their lifetime)	5%	5%	5%	3%	6%	6%	2%	6%
<b>Ever used hallucinogenic drugs</b> (in their lifetime)	N/A	N/A	<1%	<1%	4%	3%	0%	7%
<b>Ever used ecstasy</b> (also called MDMA in their lifetime)	N/A	N/A	1%	<1%	4%	2%	0%	4%
<b>Ever used cocaine</b> (in their lifetime)	N/A	N/A	1%	1%	N/A	N/A	1%	5%
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	N/A	N/A	1%	3%	8%	11%	5%	20%
<b>Mental Health</b>								
<b>Felt sad or hopeless</b> (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	N/A	N/A	23%	27%	N/A	N/A	29%	32%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	N/A	N/A	14%	13%	N/A	N/A	13%	17%
<b>Attempted suicide</b> (in the past 12 months)	N/A	N/A	8%	6%	N/A	N/A	5%	7%
<b>Social Determinants of Health</b>								
<b>Did not get 8 or more hours of sleep</b> (on an average school night)	N/A	N/A	57%	71%	N/A	N/A	81%	75%
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	N/A	N/A	69%	72%	N/A	N/A	74%	98%

N/A – Not Available

Youth Variables	Middle School (6 <sup>th</sup> -8 <sup>th</sup> )				High School (9 <sup>th</sup> -12 <sup>th</sup> )			
	Crawford County 2014 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2015 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -8 <sup>th</sup> )	Crawford County 2019 (6 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2014 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Crawford County 2019 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Violence</b>								
<b>Carried a weapon</b> (in the past 30 days)	N/A	N/A	7%	7%	N/A	N/A	8%	16%
<b>Carried a weapon on school property</b> (in the past 30 days)	N/A	N/A	1%	<1%	N/A	N/A	<1%	4%
<b>Were in a physical fight</b> (in the past 12 months)	N/A	N/A	27%	18%	N/A	N/A	12%	24%
<b>Were in a physical fight on school property</b> (in the past 12 months)	N/A	N/A	8%	5%	N/A	N/A	3%	9%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days)	N/A	N/A	9%	6%	N/A	N/A	4%	7%
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	N/A	N/A	6%	6%	N/A	N/A	6%	6%
<b>Electronically bullied</b> (in the past year)	N/A	N/A	6%	8%	16%	19%	8%	15%
<b>Were bullied on school property</b> (during the past 12 months)	N/A	N/A	25%	20%	21%	26%	18%	19%

N/A – Not Available

## Key Issues

The Crawford County Health Partners reviewed the 2019 Crawford County Health Assessment. The detailed primary data for each identified key issue can be found in the section it corresponds to. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following tables were the group results.

### What are the most significant health issues or concerns identified in the 2019 assessment report?

Examples of how to interpret the information include: 16% of Crawford County adults felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities) in the past 12 months, increasing to 24% of females.

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, City and/or Grade Level Most at Risk	Gender Most at Risk
<b>Adult and Youth Mental Health</b>			
Adults who felt sad or hopeless for 2 or more weeks in a row	16%	Age: Under 30 (40%)	Females (24%)
Adults who considered attempting suicide (in the past 12 months)	5%	N/A	N/A
Adults who attempted suicide (in the past 12 months)	1%	N/A	N/A
Adults who rated their mental health as not good on four or more days (in the past 30 days)	30%	Galion City (31%)	N/A
Adults who experienced 4+ adverse childhood experiences in their lifetime (ACEs)	15%	Income: <\$25K (23%) Under 30 (36%)	Females (22%)
Youth who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	N/A	Females (35%)
Youth who purposefully hurt themselves during their life	23%	N/A	Females (29%)
Youth who seriously considered attempting suicide (in the past 12 months)	13%	N/A	Females (19%)
Youth who attempted suicide (in the past 12 months)	6%	N/A	N/A
Youth who experienced 3+ adverse childhood experiences (ACEs) in their lifetime	20%	N/A	Females (28%)

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, City and/or Grade Level Most at Risk	Gender Most at Risk
<b>Adult and Youth Obesity</b>			
Adult overweight (BMI of 25.0 – 29.9)	28%	Galion City (33%)	N/A
Adult obesity (includes severely and morbidly obese, BMI of 30.0 and above)	49%	Income: <\$25K (62%)	Females (46%)
Youth overweight	15%	N/A	N/A
Youth obesity	19%	Age: 13 or younger (24%)	N/A
<b>Adult Drug Use</b>			
Adults who used recreational drugs (in the past 6 months)	4%	N/A	N/A
Adults who misused prescription medications in the past 6 months	7%	Income: <\$25K (17%) Age: 65 & over (11%)	N/A
<b>Adult and Youth Physical Inactivity</b>			
Adults who did not participate in any physical activity in the past week	18%	N/A	N/A
Adults who participated in physical activity for at least 30 minutes 5 or more days a week	31%	Galion City (26%)	N/A
Youth who did not participate in at least 60 minutes of physical activity on any day in the past week	14%	N/A	N/A
Youth who participated in at least 60 minutes of physical activity on 5 or more days a week	51%	N/A	N/A
Youth watched 3 or more hours per day to television (on an average school day)	18%	N/A	N/A
<b>Adult and Youth Alcohol Use</b>			
Adult binge drinking (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	25%	Galion City (32%)	N/A
Adult current drinker (drank alcohol at least once in the past month)	55%	Income: >\$25K (62%) Galion City (58%)	Males (63%)
Adults who drove after having perhaps too much alcohol to drink	7%	Galion City (15%)	N/A
Youth who ever drank alcohol	33%	Age: 17 and older (45%)	N/A
Youth who currently drank alcohol (at least one drink of alcohol, on at least one day during the past 30 days)	12%	N/A	N/A
Youth binge drinking	7%	Age: 14 to 16 (11%)	N/A
Youth rode in a car or other vehicle with a driver who had been drinking alcohol	11%	N/A	N/A
Youth usually obtained the alcohol they drank by someone giving it to them (of youth drinkers)	27%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, City and/or Grade Level Most at Risk	Gender Most at Risk
<b>Youth Bullying</b>			
Youth who were in a physical fight (in the past 12 months)	18%	Age: 13 or younger (26%)	Males (25%)
Youth who were electronically bullied (in the past year)	8%	N/A	N/A
Youth who were bullied on school property (during the past 12 months)	20%	N/A	N/A
Youth who were bullied in the past year	36%	N/A	Females (44%)
<b>Adult Diabetes</b>			
Adults ever told by a doctor they have diabetes (not pregnancy-related)	17%	Age: 65+ (27%) Income: <\$25K (22%)	N/A
Adults ever diagnosed with pre-diabetes or borderline diabetes	7%	Galion City (9%)	N/A
<b>Food Insecurity</b>			
Adults who experienced at least one issue related to hunger/food insecurity in the past year	14%	N/A	N/A
<b>Heart Disease</b>			
Adults who had been told their blood cholesterol was high	41%	Age: 65+ (64%)	N/A
Adults who had been told they had high blood pressure	40%	Age: 65+ (62%)	N/A
<b>Adult and Youth Vaping</b>			
Adults who used e-cigarettes/vape pens	8%	N/A	N/A
Adults who did not know if e-cigarette vapor was harmful	40%	N/A	N/A
Youth were had used an electronic vapor product in their life	20%	N/A	N/A
<b>Arthritis</b>			
Adults who had been told they have arthritis	44%	Age: 65+ (67%) Income: <\$25K (56%) Galion City (48%)	N/A
Adults diagnosed with arthritis who were also overweight or obese	77%	N/A	N/A
<b>COPD</b>			
Adults ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis	12%	Income: <\$25k (26%) Galion City (13%)	N/A

## Priorities Chosen

Based on the 2019 Crawford County Health Assessment, key issues were identified for adults and youth. Overall, there were 12 key issues identified by the committee. Each organization was given 5 votes. The committee then voted and came to a consensus on the priority areas Crawford County will focus on over the next three years. The key issues are described in the table below.

Key Issues
1. Adult and Youth Mental health
2. Adult and Youth Obesity
3. Adult Drug Use
4. Adult and Youth Physical Inactivity
5. Adult and Youth Alcohol Use
6. Youth Bullying
7. Adult Diabetes
8. Food Insecurity
9. Heart Disease
10. Adult and Youth Vaping
11. Arthritis
12. COPD

### **Crawford County will focus on the following two priority areas over the next three years:**

1. Mental health and addiction *(includes adult/youth depression, adult/youth suicide, adult/youth ACEs, youth bullying, 4+ poor mental health days, adult drug use, adult/youth alcohol use, and adult/youth vaping)* 🗳️
2. Chronic disease *(includes adult/youth obesity, heart disease, diabetes, and adult/youth physical inactivity)* 🗳️

# Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Below are the results:

## Open-ended Questions to the Committee

1. What do you believe are the 2-3 most important characteristics of a healthy community?
  - Built environment (bike trails, physical activity)
  - Employment
  - Access to fresh foods (farmers markets)
  - Good schools
  - Access to care
  - Preventive programs
  - Partnership/collaboration
  - Absence of stigma (mental health)
  - Low crime
  - Faith-based
2. What makes you most proud of our community?
  - Collaboration (people helping people)
  - Passion (grassroots efforts)
  - Community working together
  - Number of hospitals and medical centers in Crawford County
  - Quality of school systems
  - Partnerships between schools and local agencies
  - Active youth
  - Youth programs (libraries)
  - Economic development
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
  - Crawford County Health Partners
  - Crawford County Partnership for Education and Economic Development
  - Collaboration among public health, health care, and economic development
  - Suicide prevention coalition
  - Operation Hope
  - Faith-based organizations
  - Success Center
  - Crestline Presbyterian
  - Come Home Scholarship
  - Community Foundation
  - Ohio Heartland Community Action Commission (Head Start and other assistance)

- Support and Recovery Services
  - Peer support counseling
  - Crawford County Prevention Coalition
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
- Mental health and addiction
  - Chronic disease
  - Poor living conditions for youth/students
  - Increasing poverty
  - Children caring for relatives
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
- Money/funding
  - Uneven distribution/prioritization of funding for Crawford County issues
  - Lack of human resources/involvement
  - Overall lack of resources
  - Workforce development
  - Burnout of current people
  - Retaining/replenishing people in Crawford County
6. What actions, policy, or funding priorities would you support to build a healthier community?
- Bring in more mental health providers/psychiatrists
  - Focus on preventive medicine
  - Need more involvement from the community
  - Tuition reimbursement/loan forgiveness
  - Healthy food access
  - Improve housing
  - Using residual funding from partners
7. What would excite you enough to become involved (or more involved) in improving our community?
- Sense of making a difference
  - Setting opinions aside
  - Residual/consistent support (funding and participation)
  - Tracking priority areas
  - Aligning agency goals with CHIP strategies
  - Visualizing overlap of agency service and programs
  - Finding gaps that need addressed
  - Seeing results

## Quality of Life Survey

The Crawford County Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 731 Crawford County community members who completed the survey. The chart below shows the Likert scale average response for Crawford County compared to the Likert scale average response of demographically similar counties in Ohio who also participated in the Quality of Life survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2016 (n=273)	2019 (n=731)	Average Likert Scale Survey Response 2018-19
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.38	3.39	3.88
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.71	3.16	3.38
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.41	3.36	3.98
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.35	3.24	3.68
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.58	2.76	3.29
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.31	3.45	3.89
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.45	3.38	3.76
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.38	3.31	3.59
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.86	2.92	3.33
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.88	2.98	3.35
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.93	3.06	3.41
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	2.89	2.96	3.37

## Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Crawford County Health Partners was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Crawford County in the future. The table below summarizes the forces of change agent and its potential impacts:

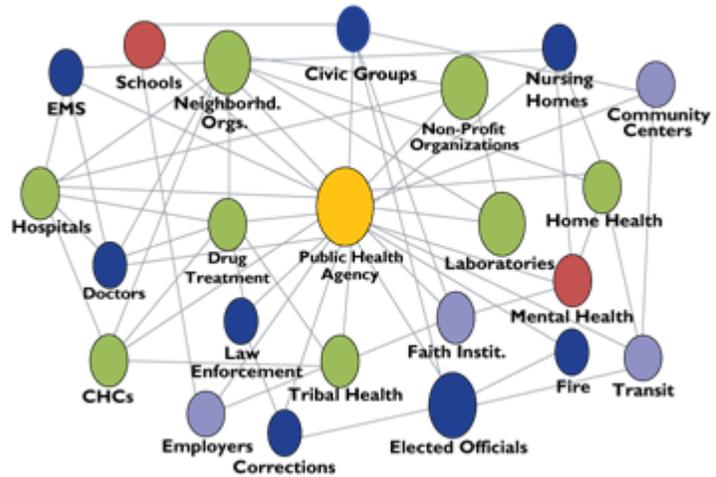
Force of Change (Trend, Events, Factors)	Potential Impact
1. Change in school administrators	<ul style="list-style-type: none"> <li>• Possibility of schools not participating in youth survey</li> </ul>
2. Meth use increasing	<ul style="list-style-type: none"> <li>• Resources and treatment not available for meth use or addiction</li> </ul>
3. Local grocery store closed	<ul style="list-style-type: none"> <li>• No access to fresh foods in area</li> </ul>
4. Severe flooding	<ul style="list-style-type: none"> <li>• Economic burden to agriculture and farming community</li> <li>• Increase cost for beef, gas, and other materials</li> </ul>
5. Community not utilizing community gardens	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
6. Adults giving alcohol, tobacco, and marijuana to minors	<ul style="list-style-type: none"> <li>• Youth using alcohol, tobacco and marijuana leading to possible addiction in the future</li> </ul>
7. Behavioral health re-design at state level	<ul style="list-style-type: none"> <li>• Funding cuts to mental health at state level</li> </ul>
8. New Ohio Department of Health (ODH) Director	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
9. Parenting skills	<ul style="list-style-type: none"> <li>• Parents not involved in child's lives and daily care</li> <li>• Parents not making good choices</li> </ul>
10. Public transportation	<ul style="list-style-type: none"> <li>• Not available on weekends or after 5pm weekdays</li> <li>• Intermittent taxi service available</li> </ul>
11. Childcare	<ul style="list-style-type: none"> <li>• Not enough providers to meet demand</li> <li>• Waitlist (even for day shift)</li> </ul>
12. Golf carts	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
13. Bike trail	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
14. Both the Crawford County and Galion City health departments offer free naloxone trainings and kits and depression screenings	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
15. Community Counseling bringing on FQHC (primary care)	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
16. New ambulance service	<ul style="list-style-type: none"> <li>• None noted</li> </ul>

17. Galion City Health Department starting a sexual health clinic	<ul style="list-style-type: none"> <li>• Increased access to care/treatment</li> </ul>
18. New U.S. Census approaching	<ul style="list-style-type: none"> <li>• Can impact grants and funding depending on numbers and reporting</li> </ul>
19. Various community 5ks	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
20. Medical marijuana	<ul style="list-style-type: none"> <li>• Avita physicians not permitted to "recommend" Medical Marijuana (Medicare/Medicaid patients since it is illegal at the federal level)</li> </ul>
21. Increase in youth living in poverty	<ul style="list-style-type: none"> <li>• Homeless youth</li> <li>• Youth couch surfing</li> <li>• Youth having to work to provide for family</li> </ul>
22. Increase in grandparents taking care of grandchildren	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
23. Social media	<ul style="list-style-type: none"> <li>• Youth sexting/pandering</li> <li>• 18 cases of pandering in past 6 months</li> </ul>
24. Bed bugs	<ul style="list-style-type: none"> <li>• No funding for affected elderly</li> </ul>

# Local Public Health System Assessment

## The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



### The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

## The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

### Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

## The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

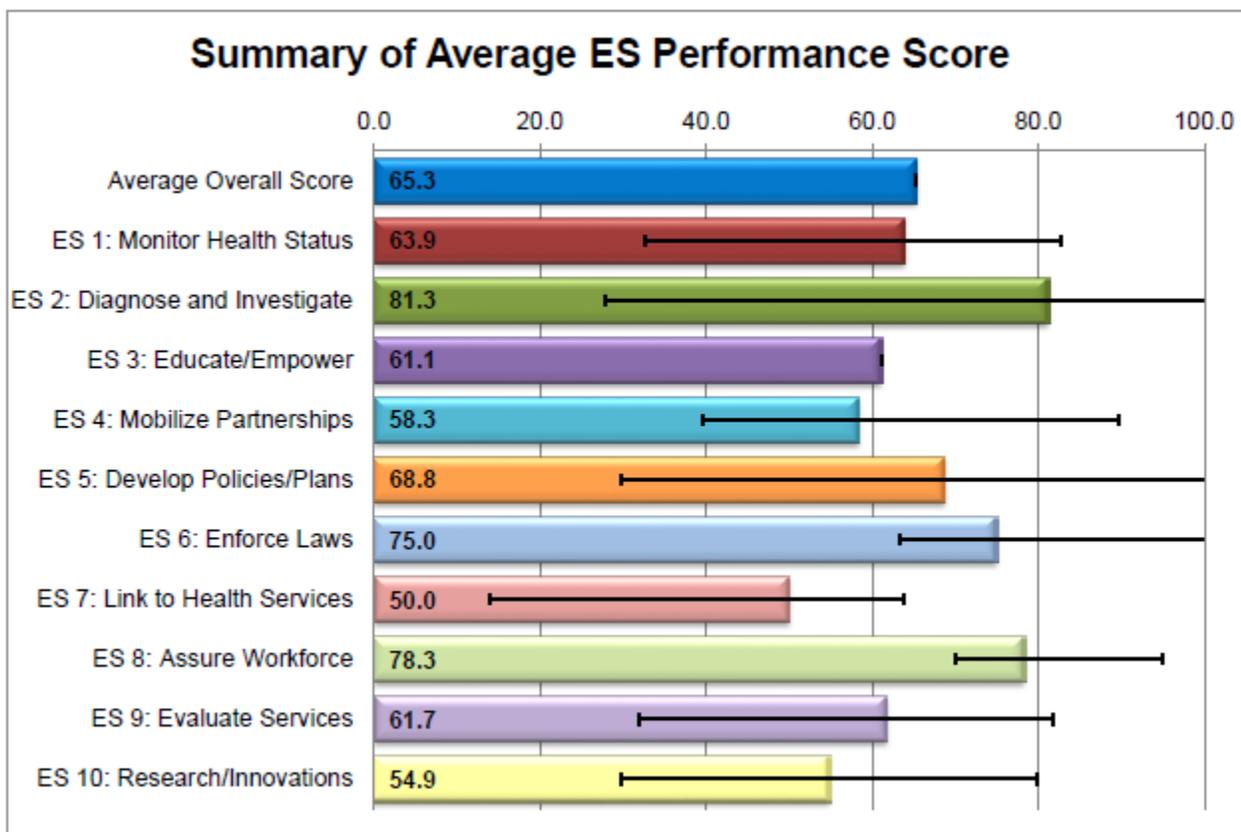
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

Members of Crawford County Health Partners completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Trish Factor, Galion City Health Department, at 419-468-1075 or Kate Siefert, Crawford County Public Health, at 419-562-5871.

## Crawford County Local Public Health System Assessment 2019 Summary



**Note: The black bars identify the range of reported performance score responses within each Essential Service**

# Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

## Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The Crawford County Health Partners were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

## Strategy Selection

Based on the chosen priorities, the Crawford County Health Partners were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

## Evidence-Based Practices

As part of the gap analysis and strategy selection, the Crawford County Health Partners considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy. *Note: hyperlinks for best practices and evidence-based strategies will be highlighted in **bold, gold text**. If using a hard copy of this report, please see Appendix II for links to websites.*

## Resource Inventory

Based on the chosen priorities, the Crawford County Health Partners were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.



**Priority #1: Mental Health and Addiction**

**Strategy 2: Community awareness/education of risky behaviors and substance use issues/trends and Cell-phone based support programs**

**Goal:** Educate community members on substance use issues and trends.

**Objective:** By October 31, 2022, develop at least three awareness programs and/or workshops focusing on “hot topics”, risky behaviors, and substance use issues and trends.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p><b>Year 1:</b> Continue existing awareness campaigns (e.g., Operation Street Smart) to increase education and awareness of mental health and substance use issues/trends.</p> <p>Include information on e-cigarettes/health effects of vaping, THC/marijuana in vapes, perception of harm surrounding marijuana and vaping, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use.</p> <p>Determine best ways to educate community and parents about substance use issues, trends, treatment options and treatment availability (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).</p> <p>Continue to promote and market the Escape the Vape program. Consider presenting the program at mandatory sports trainings for parents or similar events.</p> <p>Promote and raise awareness of the Crisis Text Line (Text <b>4hope</b> to 741741) throughout the county.</p> <p>Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.</p>	October 31, 2020	Adult, youth	<p>Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse</p> <p>Unintentional drug overdose deaths: Number of age adjusted deaths due to unintentional drug overdoses per 100,000 population (Baseline: 32.8 for Crawford County, 2015-2017, ODH Data Warehouse)</p> <p>Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 16.0 for Crawford County, 2015-2017, ODH Data Warehouse)</p>	<p>Crawford County Prevention Coalition</p> <p>Crawford County Suicide Prevention Coalition</p> <p>Crawford-Marion ADAMH</p> <p>Community Counseling Services</p> <p>Together We Hurt Together We Heal</p>
<p><b>Year 2:</b> Plan awareness programs and/or workshops focusing on different “hot topics”, risky behaviors, and substance use issues and trends. Consider implementing the <i>In Plain Sight</i> program.</p> <p>Attain media coverage for all programs and/or workshops.</p> <p>Continue efforts from year 1.</p>	October 31, 2021			

<b>Year 3:</b> Continue efforts of years 1 and 2.	October 31, 2022			
<b>Type of Strategy:</b> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Crawford-Marion ADAMH, Prevention programming in Crawford County schools				



**Priority #1: Mental Health and Addiction**

**Strategy 4: Provide information about depression and suicide screening for employers and healthcare providers**

**Goal:** Increase employer and provider knowledge regarding mental health issues.

**Objective:** By October 31, 2022 at least 75% of employers and providers will have been offered a training on how to provide better care/support for their employees or patients with mental health issues.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p><b>Year 1:</b> Determine interest among Crawford County businesses of implementing <b>QPR (Question, Persuade, Refer)</b> and/or <b>Mental Health First Aid (MHFA)</b> trainings.</p> <p>Work employers and healthcare providers to assess what information and/or materials they are lacking to provide better care/support for employees or patients with mental health issues.</p>	October 31, 2020	Adult, youth	<p>Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 16.0 for Crawford County, 2015-2017, ODH Data Warehouse)</p> <p>Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 5%, 2019 CHA)</p> <p>Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 13%, 2019 CHA)</p>	<p>Crawford County Partnership for Education and Economic Development</p> <p>Crawford-Marion ADAMH</p>
<p><b>Year 2:</b> Recruit at least one business to participate in the <b>QPR Online Gatekeeper Training</b>.</p> <p>Provide at least two MHFA trainings.</p> <p>Begin offering depression and suicide specific trainings/education to employers and healthcare providers to provide better care for employees and patients with mental health issues.</p> <p>Offer trainings to at least 75% of employers and healthcare providers in Crawford County.</p>	October 31, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	October 31, 2022			

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Not SHIP Identified

**Resources to address strategy:** Community Counseling Services, Avita, Crawford County Suicide Prevention Coalition, Chambers of Commerce, other healthcare providers throughout the county



**Priority #1: Mental Health and Addiction**

**Strategy 6: Universal school-based suicide awareness and education programs**

**Goal:** Increase awareness of suicide among youth.

**Objective:** By October 31, 2022 all school districts will have at least one school-based suicide awareness and education program.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Continue to promote and implement the <b>Signs of Suicide (SOS)</b> program in Crawford County schools.</p> <p>If applicable, expand current programming to additional districts or grade levels.</p> <p>Continue to provide <b>QPR (Question, Persuade, Refer)</b> training to teachers and other administrative staff.</p>	October 31, 2020	Youth	<p>Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 16.0 for Crawford County, 2015-2017, ODH Data Warehouse)</p> <p>Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 13%, 2019 CHA)</p>	Crawford County Suicide Prevention Coalition
<p><b>Year 2:</b> Continue efforts from years 1.</p>	October 31, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p> <p>Expand program service area where necessary.</p>	October 31, 2022			

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Not SHIP Identified

**Resources to address strategy:** Crawford-Marion ADAMH, Crawford County schools, Community Counseling Services.







Priority #2: Chronic Disease				
Strategy 4: Food insecurity screening and referral and Grocery store development and improvement in underserved areas				
<b>Goal:</b> Reduce food insecurity.				
<b>Objective:</b> By October 31, 2022, a food insecurity screening model will be implemented in at least one location in Crawford County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Research the <b>2-item Food Insecurity (FI) Screening Tool</b> , or another screening tool, and determine the feasibility of implementing a food insecurity screening and referral program.	October 31, 2020	Adult, youth	Food insecurity: Percent of households that are food insecure (Baseline: 14%, Feeding America Map the Meal Gap, 2017)	Crawford County Partnership for Education and Economic Development
<b>Year 2:</b> Continue efforts of year 1. Implement the screening model in at least one location with accompanying evaluation measures. Consider schools and churches as possible locations. Research and review requirements of the <b>Healthy Food for Ohio Program</b> , which aims to encourage the development and/or improvement of grocery stores and other retail outlets selling fresh food in underserved areas.	October 31, 2021			
<b>Year 3:</b> Continue efforts of year 2. Determine feasibility of providing technical assistance to local grocery stores or future grocery stores to develop/improve fresh food access in underserved areas. Assess county data related to food deserts, food insecurity, and any preliminary data from the food insecurity screening and referral program to identify specific areas in the most need.	October 31, 2022			
<b>Type of Strategy:</b> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Galion City Health Department, United Way				

**Priority #2: Chronic Disease**

**Strategy 5: Healthy food initiatives**

**Goal:** Increase fruit and vegetable consumption.

**Objective:** By October 31, 2022, Crawford County will implement at least 2 healthy food initiatives in local food pantries or farmers markets.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Collaborate with local churches in the county to distribute information on where to obtain fresh fruit and vegetables. Update information on a quarterly basis.</p> <p>Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets.</p> <p>Determine feasibility of <b>SNAP/EBT at farmers markets</b> (meet with market managers to determine readiness).</p> <p>Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.</p>	October 31, 2020	Adult, youth	<p>Fruit consumption: Percent of adults who report consuming 0 servings of fruit per day (Baseline: 16%, 2019 CHA)</p> <p>Vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per day (Baseline: 5%, 2019 CHA)</p>	United Way
<p><b>Year 2:</b> Continue efforts of year 1. Determine feasibility of implementing any of the following in local food pantries and/or farmers markets:</p> <ul style="list-style-type: none"> <li>• Cooking demonstrations and recipe tastings</li> <li>• Produce display stands</li> <li>• Nutrition and health education</li> <li>• Health care support services (e.g., pre-diabetes and hypertension screenings)</li> </ul> <p>Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources.</p>	October 31, 2021	<p>Food insecurity: Percent of households that are food insecure (Baseline: 14%, Feeding America Map the Meal Gap, 2017)</p>		
<p><b>Year 3:</b> Continue efforts of year 2. Implement at least 2 items above within local food pantries or farmers markets.</p>	October 31, 2022			

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Not SHIP Identified

**Resources to address strategy:** OSU Extension, Jobs and Family Services (JFS), farmers markets, Community Action Agency, food pantries, faith-based organizations



**Priority #2: Chronic Disease**

**Strategy 7: Physically active classrooms**

**Goal:** Increase physical activity.

**Objective:** By October 31, 2022 at least two school districts will integrate physically active classrooms into their curriculum.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Research <b>physically active classrooms</b>. Determine if any schools currently implement physically active classrooms within their curriculum. Evaluate the frequency and effectiveness of the implementation of physically active classrooms.</p> <p>Meet with district superintendents to encourage the implementation of physically active classrooms in their schools. Recruit at least one school district to integrate physically active classrooms into their curriculum.</p> <p>Consider the following programs/strategies to implement as part of a physically active classroom:</p> <ul style="list-style-type: none"> <li>• <b>Take 10!</b></li> <li>• <b>Instant Recess</b></li> <li>• <b>Power Up for 30</b></li> <li>• <b>Go Noodle</b></li> </ul>	October 31, 2020	Youth	Physical inactivity (youth): Percent of youth who did not participate in at least 60 minutes of physical activity on at least one day in the past seven days (Baseline: 14%, 2019 CHA)	Crawford County Partnership for Education and Economic Development
<p><b>Year 2:</b> Recruit at least one additional school district to adopt physically active classrooms into their curriculum.</p> <p>Consider collaborating with the YMCA to provide different physical activities to Crawford County students in participating school districts.</p>	October 31, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	October 31, 2022			

**Type of Strategy:**

- |  |  |
|--|--|
| <input type="radio"/> Social determinants of health                                    | <input type="radio"/> Healthcare system and access |
| <input checked="" type="radio"/> Public health system, prevention and health behaviors | <input type="radio"/> Not SHIP Identified          |

**Strategy identified as likely to decrease disparities?**

- Yes       No       Not SHIP Identified

**Resources to address strategy:** YMCA or other fitness centers in Crawford County, Crawford County schools

## Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

To work toward improving chronic disease and mental health and addiction outcomes, the following cross-cutting strategies are recommended:

Strategy 1: Links to cessation support and Mass-reach communications 				
Goal: Reduce tobacco use.				
Objective: Crawford County will implement at least two mass-reach communication campaigns by October 31, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Consider implementing the following <b>Mass-reach communication</b> strategies:</p> <ul style="list-style-type: none"> <li>Share messages and engage audiences on social networking sites like Facebook and Twitter.</li> <li>Deliver messages through different websites and stakeholders communications.</li> <li>Generate free press through public service announcements.</li> </ul> <p>The <b>strategies</b> should focus on motivating tobacco users to quit, protecting people from the harm of secondhand smoke exposure, and preventing tobacco use and vaping initiation.</p> <p>Raise awareness of the recently passed <b>Tobacco 21</b> initiative.</p> <p>Promote and raise awareness of the <b>Ohio Tobacco Quit Line</b> and the My Life, My Quit ODH campaign.</p>	October 31, 2020	Adult, young adult	Adult smoking: Percent of adults that are current smokers (Baseline: 17%, 2019 CHA) 	<p>Crawford County Prevention Coalition</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p> <p>Avita Health System</p>
<p><b>Year 2:</b> Continue efforts from year 1.</p> <p>Implement one mass-reach communication strategy.</p> <p>Collect baseline data on the availability of evidence-based tobacco cessation programs in Crawford County.</p> <p>Research evidence-based tobacco cessation programs.</p> <p>Determine the feasibility of implementing a tobacco cessation program in the county.</p> <p>Secure funding.</p>	October 31, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p> <p>Begin implementing a tobacco cessation program and increase awareness of the program.</p>	October 31, 2022			

Look for opportunities to reduce out of pocket costs for cessation therapies. Evaluate the effectiveness of the program.				
<b>Type of Strategy:</b> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
<b>Priority area(s) the strategy addresses:</b> <input checked="" type="radio"/> Mental Health and Addiction <input checked="" type="radio"/> Chronic Disease <input type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Community Counseling Services, Crawford County schools, Crawford-Marion ADAMH				



**Strategy 3: Health workforce pipeline programs and Community-scale urban design land use policies and streetscape design**

**Goal:** Increase provider availability.

**Objective:** Develop a written plan to implement a health workforce pipeline program by October 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Create a combined coalition of health care agencies that are impacted by workforce issues and shortages.</p> <p>Research and determine areas or organizations with the greatest needs in relation to their workforce.</p> <p>Collaborate with economic development and other local partners on ways to improve the built environment in Crawford County. Consider the following <b>streetscape design initiatives</b>:</p> <ul style="list-style-type: none"> <li>• Improved street lighting</li> <li>• Enhanced street landscaping and street furniture</li> <li>• Increased sidewalk coverage</li> <li>• Connectivity of pedestrian walkways</li> <li>• Bicycling infrastructure</li> </ul>	October 31, 2020	Adult, youth	<p>Physical inactivity (adult): Percentage of adults reporting no leisure time physical activity (Baseline: 18%, 2019 CHA)</p> <p>Access to exercise opportunities: Percent of individuals who live reasonably close to a location for physical activity, defined as parks or recreational facilities (Baseline: 82% for Crawford County, 2019 CHR)</p> <p>Ratio of population to primary care physicians (CHR) (Baseline: 3,010:1 for Crawford County, 2019 CHR)</p> <p>Ratio of population to dentists (CHR) (Baseline: 1,740:1 for Crawford County, 2019 CHR)</p> <p>Ratio of population to mental health providers (CHR) (Baseline: 770:1 for Crawford County, 2019 CHR)</p>	<p>Crawford County Partnership for Education and Economic Development</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p> <p>Crawford Success Center</p>
<p><b>Year 2:</b> Continue efforts of year 1.</p> <p>Explore <b>health workforce pipeline programs</b>, sometimes referred to as a "Grow-Your-Own" model of care, and determine the feasibility of implementing a pipeline program.</p> <p>Identify an area in Crawford County and either renovate under-used recreation areas, rehabilitate vacant lots, or abandoned infrastructure to create local parks, playgrounds, trails, walking paths and other <b>green space</b>.</p>	October 31, 2021			
<p><b>Year 3:</b> Continue efforts from year 1 and year 2.</p> <p>Secure funding that would support the implementation of a behavioral health workforce pipeline program, such as <b>grant opportunities</b> from HRSA's <b>Federal Office of Rural Health Policy</b>.</p> <p>Develop a written plan to implement a health workforce pipeline program.</p> <p>Create a written plan to create the additional green space.</p>	October 31, 2022			

**Type of Strategy:**

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

**Priority area(s) the strategy addresses:**

- Mental Health and Addiction
- Chronic Disease
- Not SHIP Identified

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Not SHIP Identified

**Resources to address strategy:**



## Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The full committee will meet quarterly or as needed to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Crawford County will continue facilitating CHA every three years to collect data and determine trends. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Crawford County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the  icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP committee will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

### Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

#### **Trish Factor**

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#### **Kate Siefert**

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## Appendix I: Gaps and Strategies

The following tables indicate mental health and addiction, and chronic disease gaps with potential strategies that were compiled by the Crawford County Health Partners.

### Chronic Disease Gaps

Gaps	Potential Strategies
Built environment: opportunities for physical activity	<ul style="list-style-type: none"> <li>• Currently have free splash park and skateboard park</li> <li>• Currently developing a bike path</li> <li>• Consider implementing programs on how to become physically active for all ages, including seniors</li> <li>• Need to advocate for better lighting, maintained sidewalks, and recreational activities for youth</li> <li>• In need of a sports supply shop in Crawford County</li> </ul>
No local tobacco cessation program in the county	<ul style="list-style-type: none"> <li>• Continue to refer to the Ohio State Quit Line</li> </ul>
Food desert in Galion	<ul style="list-style-type: none"> <li>• Local grocery store closed, in need of local store offering fresh/healthy food</li> </ul>
Lack of prevention/education about heart disease, nutrition, diabetes	<ul style="list-style-type: none"> <li>• A lot of cardiologists currently available throughout county</li> <li>• Diabetes educator currently available, but only through Avita referral</li> <li>• Currently providing recipes at farmer's markets on how to prepare fruits and vegetables</li> <li>• Consider developing a campaign encouraging individuals to get their blood pressure/blood cholesterol checked and knowing their numbers</li> <li>• Consider developing messaging to educate the public on the signs and symptoms of heart disease</li> <li>• Education/prevention on nutrition and diabetes</li> </ul>
Lack of physical activity opportunities for youth	<ul style="list-style-type: none"> <li>• Focus on keeping recess and P.E. in schools</li> <li>• Promote available recreational activities (splash park, skateboard park, etc.) for youth and advocate for new resources/opportunities (roller skating rink, etc.)</li> </ul>
Economic development	<ul style="list-style-type: none"> <li>• Consider promoting/supporting local stores and resources</li> <li>• Continue the great work the Chamber of Commerce is doing to encourage residents to shop local</li> </ul>

## Mental Health and Addiction Gaps

Gaps	Potential Strategies
Lack of inpatient detox/addiction treatment facilities	<ul style="list-style-type: none"> <li>• Two new contracts signed with ADAMHs Board guaranteed beds in Columbus for Crawford and Marion County residents</li> <li>• Community Action Plan has applied for grant for opioid overdose/fatality review team</li> </ul>
Insurance costs (unaffordable deductibles and copays)	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
Stigma	<ul style="list-style-type: none"> <li>• Consider educating people on the warning signs/symptoms and when to seek help</li> <li>• Consider educating people on how to reach out and help those who are struggling with mental health issues or addiction</li> <li>• Encourage people to talk openly about suicide</li> <li>• Educate the public about ACEs and trauma and how they can significantly impact individual's lives</li> </ul>
Suicide among elderly	<ul style="list-style-type: none"> <li>• Consider identifying stressors (finances, isolation, medical despair, etc.) and provide support</li> </ul>
Factory workers being able to pass drug tests (marijuana, meth, alcohol abuse)	<ul style="list-style-type: none"> <li>• None noted</li> </ul>
Mental health in the workplace	<ul style="list-style-type: none"> <li>• Consider providing depression screening in the workplace</li> <li>• Consider QPR training for employers and employees to assist in suicide intervention</li> </ul>
Personnel and staff at capacity	<ul style="list-style-type: none"> <li>• In need of funding</li> <li>• Consider competitive salaries/incentives to keep youth in Crawford Count</li> <li>• Research strategies to attract people from other areas to live and work in Crawford County</li> </ul>
Vaping education	<ul style="list-style-type: none"> <li>• Educating parents about youth vaping (health effects, high nicotine levels, THC/marijuana in vapes)</li> <li>• Addressing the perception of harm around vaping</li> </ul>
Youth drug education/prevention	<ul style="list-style-type: none"> <li>• All school districts currently have some form of prevention programming</li> <li>• Youth led prevention teams currently in all middle schools and high schools (not in elementary schools)</li> <li>• Alcohol, prescription, and marijuana education for 9<sup>th</sup> graders currently being implemented</li> </ul>

## Appendix II: Links to Websites

Title of Link	Website URL
CDC National Diabetes Prevention Program (CDC)	<a href="http://www.cdc.gov/sixeighteen/docs/6-18-evidence-summary-diabetes.pdf">www.cdc.gov/sixeighteen/docs/6-18-evidence-summary-diabetes.pdf</a>
Child Passenger Safety	<a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-injury-prevention/child-passenger-safety/">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-injury-prevention/child-passenger-safety/</a>
Cooking Matters	<a href="https://cookingmatters.org/courses">https://cookingmatters.org/courses</a>
Crisis Text Line 741741	<a href="http://www.crisistextline.org/">www.crisistextline.org/</a>
Cure Stigma	<a href="http://www.curestigma.org/">www.curestigma.org/</a>
Electronic Benefit Transfer payment at farmers markets	<a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets">www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets</a>
Exercise Prescriptions	<a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/exercise-prescriptions">www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/exercise-prescriptions</a>
Food Insecurity Assessment Tool and Resource List	<a href="http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf">www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf</a>
Go Noodle	<a href="https://healthmpowers.org/programs/power-up-for-30/">https://healthmpowers.org/programs/power-up-for-30/</a>
Healthy Food for Ohio Program Overview	<a href="http://www.financefund.org/userfiles/files/Program%20Fact%20Sheets/HFFO%20Fact%20Sheet.pdf">www.financefund.org/userfiles/files/Program%20Fact%20Sheets/HFFO%20Fact%20Sheet.pdf</a>
Help Me Grow	<a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow</a>
Hidden in Plain Sight	<a href="http://powertotheparent.org/be-aware/hidden-in-plain-sight/">http://powertotheparent.org/be-aware/hidden-in-plain-sight/</a>
HRSA	<a href="http://www.hrsa.gov/rural-health/index.html">www.hrsa.gov/rural-health/index.html</a>
HRSA Rural Health Funding Opportunities	<a href="http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx">www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx</a>
Instant recess	<a href="http://www.toniyancey.com/IR_NEWS_SHO_112213.html">www.toniyancey.com/IR_NEWS_SHO_112213.html</a>
Mass reach communications	<a href="http://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html">www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html</a>
Mental Health First Aid	<a href="http://www.mentalhealthfirstaid.org/">www.mentalhealthfirstaid.org/</a>
Nutrition Prescriptions	<a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions">www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions</a>
ODH Infant Safe Sleep	<a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/safe-sleep/">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/safe-sleep/</a>
Ohio Tobacco Program Quit Line	<a href="https://ohio.quitlogix.org/en-US/">https://ohio.quitlogix.org/en-US/</a>
Patient Health Questionnaire (PHQ-9)	<a href="http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf">www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf</a>
Physically active classrooms	<a href="http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/physically-active-classrooms">www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/physically-active-classrooms</a>
Power Up for 30	<a href="https://healthmpowers.org/programs/power-up-for-30/">https://healthmpowers.org/programs/power-up-for-30/</a>
QPR Online Gatekeeper Training for Organizations	<a href="https://qprinstitute.com/organization-training">https://qprinstitute.com/organization-training</a>
Question. Persuade. Refer.	<a href="https://qprinstitute.com/">https://qprinstitute.com/</a>
Rural Health Information Hub: Health Workforce Pipeline	<a href="http://www.ruralhealthinfo.org/project-examples/topics/health-workforce-pipeline">www.ruralhealthinfo.org/project-examples/topics/health-workforce-pipeline</a>
Signs of Suicide (SOS)	<a href="http://www.sprc.org/resources-programs/sos-signs-suicide">www.sprc.org/resources-programs/sos-signs-suicide</a>
Strengthening Families	<a href="http://www.strengtheningfamiliesprogram.org/">www.strengtheningfamiliesprogram.org/</a>
Take 10	<a href="https://take10.net/">https://take10.net/</a>
Tobacco 21	<a href="https://tobacco21.org/state-by-state/">https://tobacco21.org/state-by-state/</a>
Triple P	<a href="http://www.triplep.net/glo-en/home/">www.triplep.net/glo-en/home/</a>