2020-2022



Crawford County & Galion City

Community Health Improvement Plan Commissioned by:



Table of Contents

Executive Summary	4
Introduction	4
Hospital Requirements	4
Public Health Accreditation Board (PHAB) Requirements	5
Mobilizing for Action through Planning and Partnerships (MAPP)	5
Alignment with National and State Standards	7
Vision and Mission	10
Community Health Status Assessment	12
Key Issues	18
Priorities Chosen	21
Community Themes and Strengths Assessment (CTSA)	22
Forces of Change Assessment	25
Local Public Health System Assessment	27
Priority #1: Mental Health and Addiction	30
Priority #2: Chronic Disease	37
Cross-Cutting Strategies (Strategies that Address Multiple Priorities)	44
Progress and Measuring Outcomes	50
Appendix I: Gaps and Strategies	51
Appendix II: Links to Websites	53

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:
 - o 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.
 - o 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							
Priority Topic	Priority Outcome	Cross-Cutting Strategy	Cross-Cutting Outcome				
Mental health and addiction	Decrease depressionDecrease suicide deathsDecrease unintentional drug overdose deaths	 Public Health System, Prevention, and Health Behaviors 	Decrease obesityDecrease smoking				
Chronic Disease	Decrease diabetesDecrease heart disease	 Social Determinants of Health 	 Decrease physical inactivity 				

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.

Alignment with National and State Standards, continued

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

State health improvement plan (SHIP) overview Overview of guidance for local alignment with the SHIP Overall health outcomes See ODH guidance for aligning state and local efforts [link] for details ♠ Health status ♣ Premature death 3 priority topics Select at least 2 priority topics (based on best alignment with Mental health and Chronic disease Maternal and findings of CHA/CHNA) addiction infant health 10 priority outcomes Heart disease Depression Preterm births Suicide Diabetes Low birth weight Select at least 1 priority outcome indicator within each selected Drug Asthma Infant mortality priority topic (see SHIP master list of indicators) dependency/ abuse Drug overdose deaths Identify priority populations for each priority outcome indicator (based on findings from CHA/CHNA) and develop targets to Equity: Priority populations for each outcome reduce or eliminate disparities Select at least 1 cross-cutting strategy relevant to each selected 4 cross-cutting factors priority outcome (see Local Toolkit) AND Select at least 1 cross-cutting outcome indicator relevant to Social determinants of health each selected strategy (see local toolkit) Public health system, prevention and health behaviors For a stronger plan (optional), select 1 strategy and 1 indicator for each of the 4 cross-cutting factors. Healthcare system and access Equity Prioritize selection of strategies likely to decrease disparities (see local toolkit) Ensure that delivery of selected strategies is designed to reach priority populations and high-need geographic areas **Definitions** Priority population — A population subgroup that has worse outcomes than the overall Ohio CHA — Community health assessment led by a local health department population and should therefore be prioritized in SHIP strategy implementation. Examples include CHNA — Community health needs assessment led by a hospital racial/ethnic, age or income groups; people with disabilities; and residents of rural or low-income Indicator — A specific metric or measure used to quantify an outcome, typically expressed as a number, percent or rate. Example: Number of deaths due to suicide per 100,000 population. geographic areas. Target — A specific number that quantifies the desired outcome. Example: 12.51 suicide deaths per Outcome — A desired result. Example: Reduced suicide deaths.

100,000 population in 2019.

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
Health Care Covera	age, Access, a	nd Utilizatior			
Uninsured	5%	12%	7%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	76%	64%	72%	72%	70%
Had one or more persons they thought of as their personal health care provider	86%	87%	93%	81%	77%
Prevei	ntive Medicin	е			
Had a flu shot in the past year (age 65 and older)	N/A	59%	71%	76%	75%
Ever had a pneumonia vaccine (age 65 and older)	N/A	76%	73%	63%	60%
Ever had a shingles or zoster vaccine	34%	14%	28%	29%	29%
Wor	nen's Health				
Had a clinical breast exam in the past two years (age 40 and older)	N/A	70%	57%	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	N/A	74%	65%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	N/A	76%¥	69%	82%*	80%*
0	ral Health				
Visited a dentist or a dental clinic (within the past year)	73%	63%	69%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	5%	9%	9%	11%*	10%*
He	alth Status				
Rated physical health as not good on four or more days (in the past 30 days)	29%	19%	24%	22%*	22%*
Average number of days that physical health not good (in the past 30 days)	N/A	3.4	5.2	4.0**	3.7**
Rated mental health as not good on four or more days (in the past 30 days)	31%	23%	30%	24%*	23%*
Average number of days that mental health not good (in the past 30 days)	N/A	3.7	5.7	4.3**	3.8**
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days) N/A - Not Available	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

^{*}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
We	ight Status				
Normal Weight (BMI of 18.5 – 24.9)	18%	24%	23%	30%	32%
Overweight (BMI of 25.0 – 29.9)	33%	40%	28%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) ■	49%	35%	49%	34%	32%
То	bacco Use	İ			ı
Current smoker (currently smoke some or all days)	16%	20%	17%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	23%	24%	24%	25%
Alcoho	l Consumptio	on			
Current drinker (drank alcohol at least once in the past month)	58%	51%	55%	54%	55%
Binge drinker (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%
Drove after having perhaps too much alcohol to drink	15%	9%	7%	4%*	4%*
	Orug Use				
Adults who used non-medical marijuana or hashish (in the past 6 months)	1%	10%	3%	N/A	N/A
Adults who used recreational drugs (in the past 6 months)	2%	1%	4%	N/A	N/A
Adults who misused prescription medications (in the past 6 months)	4%	10%	7%	N/A	N/A
Sexu	al Behavior				
Had more than one sexual partner (in past 12 months)	4%	2%	5%	N/A	N/A
Mei	ntal Health				
Considered attempting suicide (in the past 12 months)	2%	5%	5%	N/A	N/A
Attempted suicide (in the past 12 months)	1%	2%	1%	N/A	N/A
Felt sad or hopeless for two or more weeks in a row	16%	14%	16%	N/A	N/A
Cardiov	ascular Heal	th			
Ever diagnosed with angina or coronary heart disease	1%	5%	5%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	8%	5%	5%	6%	4%
Ever diagnosed with a stroke	2%	1%	3%	4%	3%
Had been told they had high blood pressure	41%	42%	40%	35%	32%
Had been told their blood cholesterol was high	37%	40%	41%	33%	33%
Had their blood cholesterol checked within last five years	84%	80%	81%	85%	86%
	Cancer				
Ever been told they had skin cancer	7%*	2%*	5%*	6%	6%
Ever been told they had other types of cancer (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
Arthritis, A	Asthma, & Dia	betes			
Had been told they have arthritis	48%	32%	44%	29%	25%
Had ever been told they have asthma	15%	12%	17%	14%	14%
Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis	13%	8%	12%	8%	6%
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	17%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	9%	5%	7%	2%	2%

Indicates alignment with Ohio State Health Assessment (SHA)

Youth Trend Summary

Middle Sch		lle School (6	ool (6 th -8 th)		High School (9 th -12 th)			
	Crawford	Crawford	Crawford	Crawford	Crawford	Crawford	Crawford	U.S.
Youth Variables	County	County	County	County	County	County	County	0.S. 2017
Toutil Vallables	2014	2015	2019	2019	2014	2015	2019	(9 th -12 th)
	(6 th -8 th)	(6 th –8 th)	(6 th –8 th)	(6 th -12 th)	(9 th -12 th)	(9 th -12 th)	(9 th -12 th)	(0 12 /
	N1/A	N1/A	Weight Sta		N1 / A	N1 (A	4.60/	450/
Obese	N/A	N/A	23%	19%	N/A	N/A	16%	15%
Overweight Described themselves as	N/A	N/A	12%	15%	N/A	N/A	16%	16%
slightly or very overweight	N/A	N/A	34%	33%	N/A	N/A	32%	32%
Tried to lose weight	N/A	N/A	52%	47%	N/A	N/A	44%	47%
Physically active at least 60		,			•	,		
minutes per day on every day	N/A	N/A	26%	28%	N/A	N/A	29%	26%
in past week								
Physically active at least 60 minutes per day on 5 or more	N/A	N/A	46%	51%	N/A	N/A	54%	47%
days in past week	IN/A	IN/A	40%	51%	N/A	IN/A	54%	47%
Did not participate in at least								
60 minutes of physical activity	N/A	N/A	16%	14%	N/A	N/A	13%	15%
on any day in past week								
Watched 3 or more hours per			450/	1007	.		4007	2424
day of television (on an average school day)	N/A	N/A	15%	18%	N/A	N/A	19%	21%
average scrioot day)			Tobacco U	lse				
Ever tried cigarette smoking								
(even one or two puffs)	11%	13%	8%	15%	41%	30%	20%	29%
Currently smoked cigarettes								
(on at least one day during the	2%	5%	2%	3%	14%	11%	4%	9%
past 30 days)								
Currently frequently smoked cigarettes (on 20 or more days	1%	1%	1%	1%	6%	6%	2%	3%
during the past 30 days)	170	170	170	170	078	070	270	370
First tried cigarette smoking								
before age 13 years (even one	5%	7%	7%	5%	11%	8%	4%	10%
or two puffs)								
From discussion along the last and		Al	cohol Consu	mption				
Ever drank alcohol (at least one drink of alcohol, on at least one	21%	17%	16%	33%	46%	45%	44%	60%
day during their life)	2170	1770	1070	3370	70/0	7570		3070
Currently drank alcohol (at								
least one drink of alcohol, on at	N/A	7%	6%	12%	23%	21%	15%	30%
least one day during the past 30	''/^	',3	0,0	1270	2570	2170	1370	3070
days)	 							
Binge drinker (consuming more than four [female] or five [male]								
alcoholic beverages on a single	N/A	N/A	3%	7%	N/A	15%	10%	14%
occasion in the past 30 days)								
Had their first drink of alcohol	100:	400:	607		100:	100:	227	1.00:
before age 13 years (other than	13%	12%	6%	7%	13%	12%	9%	16%
a few sips) Usually got the alcohol they	+	-				1		
drank by someone giving it to	N/A	N/A	25%	27%	N/A	N/A	27%	44%
them (of youth drinkers)	'''	,		/•	,, .	,, .	/ •	
Rode with a driver who had								
been drinking alcohol (in a car	100/	2.40/	130/	110/	130/	130/	100/	170/
or other vehicle, on one or more occasion during the past 30	19%	24%	13%	11%	13%	13%	10%	17%
days)								
Drove when they had been								
drinking alcohol (of youth who	N/A	N/A	1%	2%	6%	7%	3%	6%
had driven a car or other vehicle	IN/A	IN/A	1 /0	∠/0	0 /0	1 /0	3/0	0 /0
during the past 30 days) /A – Not Available	1	L				L		

N/A − Not Available

Indicates alignment with Ohio SHA

		Middle School (6 th -8 th)			High School (9 th -12 th)			
Youth Variables	Crawford County 2014 (6 th -8 th)	Crawford County 2015 (6th–8th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
			Drug Use	•				
Ever used marijuana (in their lifetime)	4%	5%	4%	9%	19%	21%	12%	36%
Currently used marijuana (one or more times during the past 30 days)	N/A	3%	1%	2%	8%	10%	4%	20%
Ever used synthetic marijuana (also called K2 or spice, in their lifetime)	N/A	N/A	2%	1%	N/A	N/A	1%	7%
Ever used methamphetamines (in their lifetime)	N/A	N/A	1%	1%	2%	2%	<1%	3%
Ever used heroin (in their lifetime)	N/A	N/A	1%	1%	2%	2%	0%	2%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	1%	1%	2%	1%	3%
Ever used inhalants (in their lifetime)	5%	5%	5%	3%	6%	6%	2%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	N/A	<1%	<1%	4%	3%	0%	7%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	1%	<1%	4%	2%	0%	4%
Ever used cocaine (in their lifetime)	N/A	N/A	1%	1%	N/A	N/A	1%	5%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	N/A	N/A	1%	3%	8%	11%	5%	20%
			Mental Hea	lth				
Felt sad or hopeless (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%
Seriously considered attempting suicide (in the past 12 months)	N/A	N/A	14%	13%	N/A	N/A	13%	17%
Attempted suicide (in the past 12 months)	N/A	N/A	8%	6%	N/A	N/A	5%	7%
		Social	Determinant	s of Health				
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	57%	71%	N/A	N/A	81%	75%
Visited a dentist within the past year (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

	Midd	lle School (6	th-8th)			High School	ol (9 th -12 th)	
Youth Variables	Crawford County 2014 (6th–8th)	Crawford County 2015 (6th–8th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
			Violence					
Carried a weapon (in the past 30 days)	N/A	N/A	7%	7%	N/A	N/A	8%	16%
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	<1%	N/A	N/A	<1%	4%
Were in a physical fight (in the past 12 months)	N/A	N/A	27%	18%	N/A	N/A	12%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	8%	5%	N/A	N/A	3%	9%
Did not go to school because they felt unsafe (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%
Threatened or injured with a weapon on school property (in the past 12 months)	N/A	N/A	6%	6%	N/A	N/A	6%	6%
Electronically bullied (in the past year)	N/A	N/A	6%	8%	16%	19%	8%	15%
Were bullied on school property (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
Adult and Youth Mental Health			
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
Adult and Youth Obesity			
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
Adult Drug Use			
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
Adult and Youth Physical Inactivity			
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
Adult and Youth Alcohol Use			
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
Youth Bullying			
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%)
Adult Diabetes			
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
Food Insecurity			
Adults who experienced at least one issue related to hunger/food insecurity in the past year	14%	N/A	N/A
Heart Disease			
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
Adult and Youth Vaping	00/	N. (2	N1 / A
Adults who did not know if a sign of the	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
Arthritis			
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 COPD	77%	N/A	N/A
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
Change in school administrators	 Possibility of schools not participating in youth survey
2. Meth use increasing	 Resources and treatment not available for meth use or addiction
3. Local grocery store closed	No access to fresh foods in area
4. Severe flooding	 Economic burden to agriculture and farming community Increase cost for beef, gas, and other materials
5. Community not utilizing community gardens	None noted
6. Adults giving alcohol, tobacco, and marijuana to minors	Youth using alcohol, tobacco and marijuana leading to possible addiction in the future
7. Behavioral health re-design at state level	Funding cuts to mental health at state level
8. New Ohio Department of Health (ODH) Director	None noted
9. Parenting skills	 Parents not involved in child's lives and daily care Parents not making good choices
10. Public transportation	 Not available on weekends or after 5pm weekdays Intermittent taxi service available
11. Childcare	Not enough providers to meet demandWaitlist (even for day shift)
12. Golf carts	None noted
13. Bike trail	None noted
14. Both the Crawford County and Galion City health departments offer free naloxone trainings and kits and depression screenings	None noted
15. Community Counseling bringing on FQHC (primary care)	None noted
16. New ambulance service	None noted

17. Galion City Health Department starting a sexual health clinic	Increased access to care/treatment
18. New U.S. Census approaching	Can impact grants and funding depending on numbers and reporting
19. Various community 5ks	None noted
20. Medical marijuana	 Avita physicians not permitted to "recommend" Medical Marijuana (Medicare/Medicaid patients since it is illegal at the federal level)
21. Increase in youth living in poverty	Homeless youthYouth couch surfingYouth having to work to provide for family
22. Increase in grandparents taking care of grandchildren	None noted
23. Social media	Youth sexting/pandering18 cases of pandering in past 6 months
24. Bed bugs	No funding for affected elderly

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

Civic Groups Schools Neighborhd. Orgs. **EMS** Community Non-Profit Organizatio Hospitals Home Health Public Health Drug Laboratorie Treatment Mental Health Faith Instit. Law Enforcement Transit Tribal Health CHCs Employers **Elected Officials** Corrections

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?"

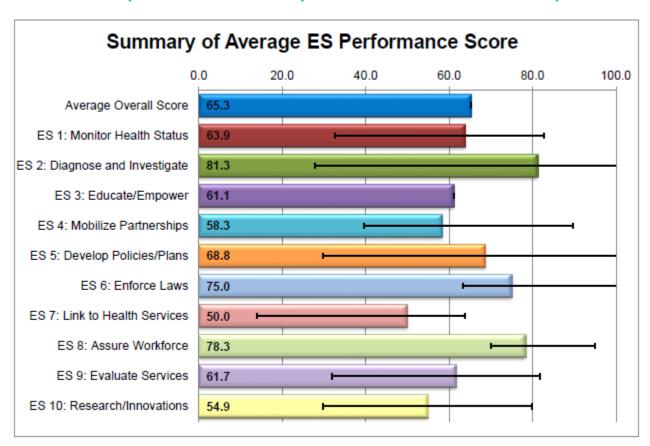
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**

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 a 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

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority #1: Mental Health and Addiction 💆						
Strategy 1: Create an Overdose Fatality Review Board						
Goal: Create an Overdose Fatality Review Board (OFRB) in Crawford County.						
Objective: Establish an OFRB by October 3	1, 2022.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency		
Year 1: Create an Overdose Fatality Review Board (OFRB) to standardize practices across Crawford County.	October 31, 2020	drug ove deaths: N	Unintentional drug overdose deaths: Number of age adjusted			
Recruit members from law enforcement, hospitals, health departments, and other community agencies to participate in the OFRB.			deaths dues to unintentional drug overdoses per 100,000	Crawford County Prevention Coalition		
Year 2: Collaborate with other counties with an Overdose Fatality Review Board (e.g., Stark County) to share experiences and lessons learned. Consider a train-the-trainer approach. Create a standardized model to implement across Crawford County.	October 31, 2021		population (Baseline: 32.8 for Crawford County, 2015- 2017, ODH Data Warehouse)	Crawford County Public Health Galion City Health Department Crawford-Marion ADAMH		
Year 3: Enter OFRB data into ODH database (if appropriate), or another database.	October 31, 2022					
Host regular calls or meetings to discuss trends.						
Type of Strategy: ○ Social determinants of health ○ Healthcare system and access ○ Public health system, prevention and health behaviors ○ Mot SHIP Identified						
Strategy identified as likely to decrease disparities? O Yes O No ⊗ Not SHIP Identified Resources to address strategy: Crawford County Prevention Coalition						

Priority #1: Mental Health and Addiction

Strategy 2: Community awareness/education of risky behaviors and substance use issues/trends and Cellphone 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.

topics, risky behaviors, and substance use to	topics , risky behaviors, and substance use issues and trends.					
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency		
Year 1: Continue existing awareness campaigns (e.g., Operation Street Smart) to increase education and awareness of mental health and substance use issues/trends. 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. 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.). Continue to promote and market the Escape the Vape program. Consider presenting the program at mandatory sports trainings for parents or similar events. Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741)	October 31, 2020	Adult, youth	Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse Unintentional drug overdose deaths: Number of age adjusted deaths dues to unintentional drug overdoses per 100,000 population (Baseline: 32.8 for Crawford County, 2015-2017, ODH Data Warehouse) Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 16.0 for Crawford County,	Crawford County Prevention Coalition Crawford County Suicide Prevention Coalition Crawford-Marion ADAMH Community Counseling Services		
throughout the county. Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.			2015-2017, ODH Data Warehouse)	Together We Hurt Together We Heal		
Year 2: 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.	October 31, 2021					
Attain media coverage for all programs and/or workshops.						
Continue efforts from year 1.						

Year 3: Continue efforts of years 1 and	2. October 31, 2022			
Type of Strategy: ○ Social determinants of health ⊗ Public health system, prevention behaviors	and health	O Healthca O Not SHII	are system and access P Identified	
Strategy identified as likely to decre	ase disparities?			
O Yes ⊗ No	O Not SHIP Ide	ntified		
Resources to address strategy: Crawf	ord-Marion ADAMI	H, Prevention p	programming in Crawfo	rd County schools

Priority #1: Mental Health and Addiction 💆							
Strategy 3: Trauma Informed Care							
Goal: Improve mental health outcomes.							
Objective: Facilitate an assessment on awar a year.	reness and unc	derstanding of	trauma-informed health	n care at least once			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency			
Year 1: Continue to administer trainings to increase education, understanding and awareness of the following: Trauma informed care Toxic stress ACEs and what the ACE scores mean Market trainings to all sectors of society including churches, schools, civic clubs, law enforcement, chambers of commerce, local government, etc. Assess interest in the showing of the Resilience Film in schools, faith-based organizations, and other local organizations. Year 2: Continue efforts from year 1.	October 31, 2020	Adult, youth	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) Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide				
Research existing trauma screening tools. Determine the feasibility of implementing a trauma screening tool for schools, social service agencies and/or faith-based organizations who work with at-risk adults and youth. Market and educate organizations on the importance of the trauma screening tool. Develop a 1-page handout defining trauma and where to find help. Distribute to at-risk populations. Determine interest and potential organizations to implement the trauma screening tool. Provide technical assistance where necessary. Year 3: Continue efforts from years 1 and	2021 October 31,		within the past 12 months (baseline: 5%, 2019 CHA) Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 13%, 2019 CHA)	Crawford-Marion ADAMH			
2. Implement the trauma screening tool.	2022						
Type of Strategy: ○ Social determinants of health ⊗ Healthcare system and access							

organizations to implement the trauma screening tool. Provide technical assistance where necessary. Year 3: Continue efforts from years 1 and 2. Implement the trauma screening tool. Type of Strategy: O Social determinants of health Public health system, prevention and health behaviors Strategy identified as likely to decrease disparities? O Yes No Not SHIP Identified Resources to address strategy: Crawford County Public Health, Community Counseling, Together We Hurt Together We Heal, faith-based organizations

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.

to provide better care/support for th	en employees	or patterns wi	tii iiiciitat iicattii taatea.		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency	
Year 1: Determine interest among Crawford County businesses of implementing QPR (Question, Persuade, Refer) and/or Mental Health First Aid (MHFA) trainings. 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. Year 2: Recruit at least one business to participate in the QPR Online Gatekeeper Training. Provide at least two MHFA trainings. 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. Offer trainings to at least 75% of employers and healthcare providers in Crawford County.	October 31, 2020 October 31, 2021	Adult, youth	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) Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 5%, 2019 CHA) Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 13%, 2019 CHA)	Crawford County Partnership for Education and Economic Development Crawford-Marion ADAMH	
Year 3: Continue efforts from years 1 and 2.	October 31, 2022				
behaviors	 Social determinants of health Public health system, prevention and health 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 5: Parenting programs and resources

Goal: Expand awareness and education of parenting programs and resources.

Objective: By October 31, 2022, Crawford County will increase the number of parents enrolled in a parenting program 5% from baseline.

program 5% from baseline.						
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency		
Year 1: Conduct an environmental scan and gather baseline data on the availability of parenting programs and resources available in the county (e.g., Positive Parenting Program (Triple P), Strengthening Families). Determine parenting resources specifically available for parents with children with behavioral health needs. Collect information regarding eligibility and cost.	October 31, 2020	Adult, youth	Parenting programs: Number of parenting programs implemented in Crawford County.			
Increase public awareness regarding access to parenting programs within the county. Determine additional avenues for referrals.				Community Counseling Services		
Year 2: Continue efforts from year 1. If there is a need for additional parenting resources, increase the number of parenting programs available in Crawford County.	October 31, 2021					
Year 3: Continue efforts from years 1 and 2. Increase the number of parents enrolled in a parenting program by 5% from baseline.	October 31, 2022					
Type of Strategy: ○ Social determinants of health ○ Healthcare system and access ○ Public health system, prevention and health behaviors ○ 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 support groups for grandparents as parents, Jobs and Family Services (JFS), Juvenile Court						

Priority #1: Mental Health and Addiction 35

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, 20 education program.	22 all school d	istricts will have	e at least one school-based suicic	le awareness and				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency				
Year 1: Continue to promote and implement the Signs of Suicide (SOS) program in Crawford County schools. If applicable, expand current programming to additional districts or grade levels. Continue to provide QPR (Question, Persuade, Refer) training to teachers and other administrative staff.	October 31, 2020	Youth	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) Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 13%, 2019 CHA)	Crawford County Suicide Prevention Coalition				
Year 2: Continue efforts from years 1.	October 31, 2021							
Year 3: Continue efforts from years 1 and 2.	1 2022							
Expand program service area where necessary.								
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 #1: Mental Health and Addiction 36

Priority #2: Chronic Disease

Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Strategy 1: Prediabetes screening and re	ferral 👿				
Goal: Prevent diabetes in adults.					
Objective: By October 31, 2022, increase p	rediabetes refe	errals by 10% f	rom baseline.		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes.	October 31, 2020	Adult	Diabetes: Percent of adults who have been told by a health		
Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or a similar assessment) and/or the Prevent Diabetes STAT Toolkit.			professional that they have diabetes (Baseline: 17%, 2019 CHA)		
Partner with local organizations such as libraries and pharmacies to administer the screening and/or raise awareness of prediabetes.			Prediabetes: Percent of adults who have been told by a health	Avita Health	
Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).			professional that they have prediabetes (Baseline: 7%, 2019 CHA)	System	
Year 2: Increase awareness of prediabetes screening, identification and referral.	October 31, 2021		2013 CIWY		
Increase the number of individuals that are screened for diabetes.					
If needed, increase the number of organizations that screen for prediabetes.					
Year 3: Continue efforts of years 1 and 2.	October 31, 2022				
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					
Strategy identified as likely to decrease ○ Yes ⊗ No	•	ldentified			

Priority #2: Chronic Disease					
Strategy 2: Diabetes prevention program	ns 💜				
Goal: Increase awareness of diabetes preve	ntion and self-	management.			
Objective: Create and implement one fully	functioning DF	PP by October	31, 2022		
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Research evidence-based diabetes education programs.	October 31, 2020	Adult	Diabetes: Percent of adults who have been		
Consider the Center for Disease Control and Prevention's (CDC) National Diabetes Prevention Program (DPP) and determine the feasibility of implementing the program in Crawford County.			told by a health professional that they have diabetes (Baseline: 17%, 2019 CHA) Prediabetes: Percent of adults who have been told by a health		
Work with local YMCA's that offer the DPP program to provide mentorship in creating a DPP plan.				Avita Health System	
Year 2: Continue efforts from year 1. Seek approval from the CDC and recruit individuals to participant in the DPP. Implement the DPP program within six months of CDC approval.	October 31, 2021			YMCA	
Year 3: Continue efforts of years 1 and 2.	October 31,		2015 CHA)		
Create an inventory of current diabetes education programs in the county.	2022				
Consider developing a marketing plan to increase program participation.					
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Not SHIP Identified					

Strategy identified as likely to decrease disparities?

O Yes ⊗ No O Not SHIP Identified

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

■					
Priority #2: Chronic Disease					
Strategy 3: Hypertension screening and follow	v up 🚩				
Goal: Prevent coronary heart disease in adults.					
Objective: Provide at least two blood pressure so	creening event	ts annually.			
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Partner with local organizations to screen for hypertension and/or raise awareness of hypertension (high blood pressure). Distribute educational materials.	October 31, 2020	Adult	Hypertension: Percent of adults ever diagnosed with hypertension		
Continue to implement the Avita WorkWell program.			(Baseline: 40%, 2019 CHA)		
Encourage Crawford County employers to provide blood pressure/wellness screenings.				Avita Health	
Promote and market free/reduced cost screening events within the county (ex: health fairs, farmers markets, hospital screening events, etc.).				System Crawford County Public	
Develop a campaign encouraging residents to "know their numbers" (i.e., blood pressure and cholesterol) and the signs and symptoms of heart disease. Consider developing a wallet sized card with the signs of hypertension and information on resources and referral sources.				Health Galion City Health Department	
Year 2: Continue to raise awareness of existing free/reduced cost blood pressure screenings throughout the county.	October 31, 2021				
Implement campaign.					
Year 3: Continue efforts of years 1 and 2.	October 31, 2022				
Type of Strategy: O Social determinants of health O Public health system, prevention and health behaviors W Healthcare system and access O Not SHIP Identified					
Strategy identified as likely to decrease dispa					
O Yes	Not SHIP Iden	tified			
nesources to address strategy. Avita, total libra	1163				

D	_ шо . /	Cl : .	Disease	
PHARIT	/ # / •	nranic	HIICASCA	
	/ // L.		Discuse	

Strategy 4: Food insecurity screening and referral and Grocery store development and improvement in underserved areas

Goal: Reduce food insecurity.

Objective: By October 31, 2022, a food insecurity screening model will be implemented in at least one location in Crawford County.

Crawford County.																							
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency																			
Year 1: Research the 2-item Food Insecurity (FI) Screening Tool, or another screening tool, and determine the feasibility of implementing a food insecurity screening and referral program.	October 31, 2020	Adult, youth		Adult, youth		•	•	Food insecurity: Percent of households that are food insecure (Baseline: 14%,															
Year 2: 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.	October 31, 2021	October 31, 2021																			Feeding America Map the Meal Gap, 2017)	Map the Meal	
Research and review requirements of the Healthy Food for Ohio Program, which aims to encourage the development and/or improvement of grocery stores and other retail outlets selling fresh food in underserved areas.				Crawford County Partnership for Education and Economic Development																			
Year 3: 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.	October 31, 2022																						
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.																							

Type of Strategy:

- O Social determinants of health
- O Public health system, prevention and health behaviors
- $oldsymbol{\otimes}$ Healthcare system and access
- O Not SHIP Identified

Strategy identified as likely to decrease disparities?

O Yes

No O Not SHIP Identified

Resources to address strategy: 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 Count pantries or farmers markets.	y will implem	ent at least 2	healthy food initiative	s in local food
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: 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. Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets. Determine feasibility of SNAP/EBT at farmers markets (meet with market managers to determine readiness). Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.	October 31, 2020 Adult, youth Percent of adults who report consuming 0 servings of fruit per day (Baseline: 16%, 2019 CHA) Itly s. Vegetable consumption: Percent of adults who report day (Baseline: 16%, 2019 CHA) Vegetable consumption: Percent of adults who report consuming 0			
 Year 2: Continue efforts of year 1. Determine feasibility of implementing any of the following in local food pantries and/or farmers markets: Cooking demonstrations and recipe tastings Produce display stands Nutrition and health education Health care support services (e.g., prediabetes and hypertension screenings) Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources. 	October 31, 2021		(Baseline: 5%, 2019 CHA) Food insecurity: Percent of households that are food insecure (Baseline: 14%, Feeding America Map the Meal Gap, 2017)	United Way
Year 3 : Continue efforts of year 2. Implement at least 2 items above within local food pantries or farmers markets.	October 31, 2022			
Type of Strategy: O Social determinants of health	0	Healthcare s	vstem and access	

Implement at least 2 items above within local food pantries or farmers markets. Type of Strategy: Social determinants of health Public health system, prevention and health behaviors Strategy identified as likely to decrease disparities? Yes No 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 6: Healthy eating practices through fostering self-efficacy

Goal: Reduce heart disease.					
Objective: Once per quarter, at least one C	ooking Matters	s class will be i		wford County.	
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency	
Year 1: Continue to implement the Share Our Strength's Cooking Matters program to SNAP-eligible adults through the Ohio State University Extension. Work with at least one new organization, such as a school, senior center, or community center, to pilot an additional 6-week course of the Cooking Matters program. Offer the program to all adults and families.	October 31, 2020	Adult, youth	Fruit consumption: Percent of adults who report consuming 0 servings of fruit per day (Baseline: 16%, 2019 CHA) Vegetable		
Measure knowledge gained through evaluations. Search for grants and funding opportunities to support efforts.			consumption: Percent of adults who report consuming 0 servings of vegetables per day (Baseline: 5%, 2019 CHA)		
Year 2: Continue efforts to implement at least one Cooking Matters class per quarter.	October 31, 2021			OSU Extension	
Utilizing the Cooking Matters at the Store framework, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout the county.					
Measure knowledge gained through evaluations.					
Year 3: Continue efforts from years 1 and 2.	October 31, 2022				
Measure knowledge gained through evaluations.					
Type of Strategy: O Social determinants of health O Public health system, prevention and I behaviors	nealth		re system and acces Identified	S	
Strategy identified as likely to decrease of Yes O No S No	ot SHIP Identif		City Health Departs	nent Crawford County	

Resources to address strategy: Crawford County Public Health, Galion City Health Department, Crawford County businesses, grocery stores, Chambers of Commerce

Priority #2: Chronic Disease ♥				
Strategy 7: Physically active classrooms	V			
Goal: Increase physical activity.				
Objective: By October 31, 2022 at least two curriculum.	school distric	ts will integrat	e physically active c	lassrooms into their
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research physically active classrooms. Determine if any schools currently implement physically active classrooms within their curriculum. Evaluate the frequency and effectiveness of the implementation of physically active classrooms. 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. Consider the following programs/strategies to implement as part of a physically active classroom: Take 10! Instant Recess Power Up for 30	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
Go Noodle Year 2: Recruit at least one additional school district to adopt physically active classrooms into their curriculum.	October 31, 2021			
classrooms into their curriculum. Consider collaborating with the YMCA to provide different physical activities to Crawford County students in participating school districts.				
Year 3: Continue efforts from years 1 and 2.	October 31, 2022			
Type of Strategy: O Social determinants of health		O Healthcar	re system and acces	S

Type of Strategy: O Social determinants of health Public health system, prevention and health behaviors Strategy identified as likely to decrease disparities? O 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 N	Mass-reach co	ommunication	ns 👿	
Goal: Reduce tobacco use.				
Objective: Crawford County will implement at 2022.	least two ma	ss-reach comn	nunication campaigi	ns by October 31,
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 : Consider implementing the following Mass-reach communication strategies:	October 31, 2020	Adult, young adult	Adult smoking: Percent of adults that are current	
 Share messages and engage audiences on social networking sites like Facebook and Twitter. Deliver messages through different websites and stakeholders communications. Generate free press through public service announcements. 			smokers (Baseline: 17%, 2019 CHA)	Crawford County Prevention Coalition
The strategies should focus on motivating tobacco users to quit, protecting people from the harm of secondhand smoke exposure, and preventing tobacco use and vaping initiation.				Crawford County Public Health Galion City Health
Raise awareness of the recently passed Tobacco 21 initiative.				Department Avita Health
Promote and raise awareness of the Ohio Tobacco Quit Line and the My Life, My Quit ODH campaign.				System
Year 2: Continue efforts from year 1.	October 31, 2021			
Implement one mass-reach communication strategy.	31, 2021			
Collect baseline data on the availability of evidence-based tobacco cessation programs in Crawford County.				
Research evidence-based tobacco cessation programs.				
Determine the feasibility of implementing a tobacco cessation program in the county. Secure funding.				
Year 3: Continue efforts from years 1 and 2.	October			
Begin implementing a tobacco cessation program and increase awareness of the program.	31, 2022			

Look for opportunities to reduce out of pocket costs for cessation therapies.						
Evaluate the effectiveness of the program.						
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 ⊗ Chr	onic Disease		O Not SHIP Ider	ntified		
Strategy identified as likely to decrease disparities?						
O Yes ⊗ No O Not SHIP Identified						
Resources to address strategy: Community Counseling Services, Crawford County schools, Crawford-Marion ADAMH						

Strategy 2: Community-wide physical activity campaign (including green space and parks)

Goal: Increase physical activity among adults and youth.

Objective: Implement a community-wide physical activity campaign in collaboration with at least five Crawford County agencies by October 31, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency	
Year 1: Create a community-wide physical activity campaign. Recruit at least five agencies who are working to improve and promote Crawford County's physical activity opportunities. Determine the goals and objectives of the physical activity campaign. Engage community agencies to coordinate a unified message to increase awareness of Crawford County physical activity opportunities and create a culture of health. Continue the work of the Crawford Obesity Coalition (Healthy Weight, Healthy Heart). Brand the campaign and explore the feasibility of creating a county physical activity resource that houses all physical activity opportunities. Continue to build upon the bike trail system in Crawford County. Collaborate with local partners to advertise local parks, playgrounds, trails, and other green space. Year 2: Continue efforts of year 1. Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least once a week. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics,	October 31, 2020 October 31, 2021	Adult, youth	Physical inactivity (adult): Percentage of adults reporting no leisure time physical activity (Baseline: 18%, 2019 CHA) Physical inactivity (youth): Percentage 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)	Healthy Weight, Healthy Heart	
maps, flyers, etc. Year 3: Continue efforts of years 1 and 2.	October				
Type of Strategy: O Social determinants of health Public health system, prevention and health behaviors Priority area(s) the strategy addresses: O Not SHIP Identified O Not SHIP Identified					
Mental Health and Addiction					

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.

Cajetine: Develop a written plan to ampt	ciriciti a ricatt	ii workioree pi	peline program by October	31, 2022.
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Create a combined coalition of health care agencies that are impacted by workforce issues and shortages. Research and determine areas or organizations with the greatest needs in relation to their workforce. Collaborate with economic development and other local partners on ways to improve the built environment in Crawford County. Consider the following streetscape design initiatives: Improved street lighting Enhanced street landscaping and street furniture Increased sidewalk coverage Connectivity of pedestrian walkways Bicycling infrastructure Year 2: Continue efforts of year 1. Explore health workforce pipeline programs, sometimes referred to as a "Grow-Your-Own" model of care, and determine the feasibility of implementing a pipeline program. Identify an area in Crawford County and either renovate under-used recreation areas, rehabilitate vacant lots, or abandoned infrastructure to create local parks, playgrounds, trains, walking paths and other green space. Year 3: Continue efforts from year 1 and year 2. Secure funding that would support the implementation of a behavioral health workforce pipeline program, such as grant opportunities from HRSAs Federal Office of Rural Health Policy. Develop a written plan to implement a health workforce pipeline program. Create a written plan to create the additional green space.	October 31, 2021	Adult, youth	Physical inactivity (adult): Percentage of adults reporting no leisure time physical activity (Baseline: 18%, 2019 CHA) 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) Ratio of population to primary care physicians (CHR) (Baseline: 3,010:1 for Crawford County, 2019 CHR) Ratio of population to dentists (CHR) (Baseline: 1,740:1 for Crawford County, 2019 CHR) Ratio of population to mental health providers (CHR) (Baseline: 770:1 for Crawford County, 2019 CHR)	Crawford County Partnership for Education and Economic Development Crawford County Public Health Galion City Health Department Crawford Success Center

Type of Strategy: ⊗ Social determinants of health ○ Public health system, prevention and health behaviors	Healthcare system and accessNot SHIP Identified			
Priority area(s) the strategy addresses:				
⊗ Mental Health and Addiction ⊗ Chronic Dise	ase O Not SHIP Identified			
Strategy identified as likely to decrease disparities?				
⊗ Yes O No O N	ot SHIP Identified			
Resources to address strategy:				

Strategy 4: Safe sleep practices and Early child	dhood home	visiting prog	rams 🔻	
Goal: Increase kindergarten readiness and promo	ote safe sleep	environments		
Objective 1: Continue to promote and monitor t	the Help Me G	row program.		
Objective 2: Implement at least two safe sleep c				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Wear 1: Continue to offer the Help Me Grow Home Visiting program. Evaluate effectiveness of the program by using the following measures: Improvement in maternal and newborn health; Reduction in child injuries, abuse, and neglect; Improved school readiness and achievement; Reduction in crime or domestic violence; Improved family economic self-sufficiency; and Improved coordination and referral for other community resources and supports Continue to implement the Cribs for Kids program in Crawford County. Work with local hospitals, FQHC's and other corganizations to integrate safe sleep practices (i.e. The ABC's of Safe Sleep, Cribs for Kids) into the community. Disseminate ODH materials targeted at education and awareness. Continue to implement the OBB Child Passenger Program (car seat program). Year 2: Continue to promote and monitor the Help Me Grow Home Visiting program.	October 31, 2020 October 31, 2021	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) Safe sleep: Percent of parents who put their infant to sleep in a crib/bassinette without bumper pads, blankets and toys (baseline: 58%, 2019 CHA)	Crawford County Public Health Crawford County Help Me Grow Galion City Health Department
Continue to raise awareness and promote safe sleep practices through coordinated messages.	October			
Year 3: Continue efforts from years 1 and 2.	31, 2022			
Type of Strategy: Social determinants of health O Public health system, prevention and health behaviors O Not SHIP Identified				
	onic Disease		O Not SHIP Ide	entified
Strategy identified as likely to decrease dispa ⊗ Yes O No	rities? O Not SHI	P Identified		

Resources to address strategy: Help Me Grow, Crawford County schools, Crawford County Public Health, Galion City Health Department, Avita, WIC, Crawford County healthcare providers

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 asneeded 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 vicon.

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:

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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	 Currently have free splash park and skateboard park Currently developing a bike path Consider implementing programs on how to become physically active for all ages, including seniors Need to advocate for better lighting, maintained sidewalks, and recreational activities for youth In need of a sports supply shop in Crawford County
No local tobacco cessation program in the county	Continue to refer to the Ohio State Quit Line
Food desert in Galion	Local grocery store closed, in need of local store offering fresh/healthy food
Lack of prevention/education about heart disease, nutrition, diabetes	 A lot of cardiologists currently available throughout county Diabetes educator currently available, but only through Avita referral Currently providing recipes at farmer's markets on how to prepare fruits and vegetables Consider developing a campaign encouraging individuals to get their blood pressure/blood cholesterol checked and knowing their numbers Consider developing messaging to educate the public on the signs and symptoms of heart disease Education/prevention on nutrition and diabetes
Lack of physical activity opportunities for youth	 Focus on keeping recess and P.E. in schools Promote available recreational activities (splash park, skateboard park, etc.) for youth and advocate for new resources/opportunities (roller skating rink, etc.)
Economic development	 Consider promoting/supporting local stores and resources Continue the great work the Chamber of Commerce is doing to encourage residents to shop local

Mental Health and Addiction Gaps

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

Appendix II: Links to Websites

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