

2019-2021

WOOD COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN



Commissioned by
Wood County Health Partners

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Note: Throughout the report, hyperlinks will be highlighted in **bold, gray text**. If using a hard copy of this report, please see Appendix I 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.

Wood County Health Partners have been conducting CHAs since 2008 to measure community health status. The most recent Wood County CHA was cross-sectional in nature and included a written survey of adults, adolescents and parents within Wood 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), Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH). This has allowed Wood 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.

Wood County Health Department and Wood County Hospital contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The health department and hospital then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA was 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 Wood 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 Wood County CHA and CHIP fulfill 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 shifted their definition of "community" to encompass the entire county, and collaboratively completed the CHA and CHIP, compliant with IRS requirements. This will result in increased collaboration, less duplication, and sharing of resources. This report serves as the implementation strategy for Wood County Hospital and documents the hospital's efforts to address the community health needs identified in CHA.

Hospital Mission Statement

The Wood County Hospital Board of Trustees, Employees, Medical Staff and Volunteers are dedicated to providing the highest quality preventative, restorative, educational, and rehabilitative healthcare services to all. In fulfilling our mission, we shall strive to: provide the highest quality care; maintain an environment attractive to retain qualified healthcare personnel; identify, initiate and provide innovative services in response to the healthcare needs of the region; cultivate a proactive approach to the provision of safe, effective care; identify and implement business practices that promote the stability and viability of Wood County Hospital; and foster a spirit of cooperation among area providers.

Community Served by the Hospital

The community has been defined as Wood County. Wood County Hospital collaborates with multiple stakeholders, most of which provide services at the county-level. For this reason, the county was defined as the community served by the hospital.

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)

Approximately 14% of Wood County residents were below the poverty line, according to the 2012-2016 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 WCHP 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 2019-2021 Wood County CHIP priorities align with state and national priorities. Wood County will be addressing the following priorities: mental health and addiction, and chronic disease.

Ohio State Health Improvement Plan (SHIP)

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

SHIP Overview

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

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

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

SHIP Priorities

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

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

Cross-cutting Factors

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

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

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

CHIP Alignment with the 2017-2019 SHIP

The 2019-2021 Wood 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 Wood County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2 2019-2021 Wood CHIP Alignment with the 2017-2019 SHIP

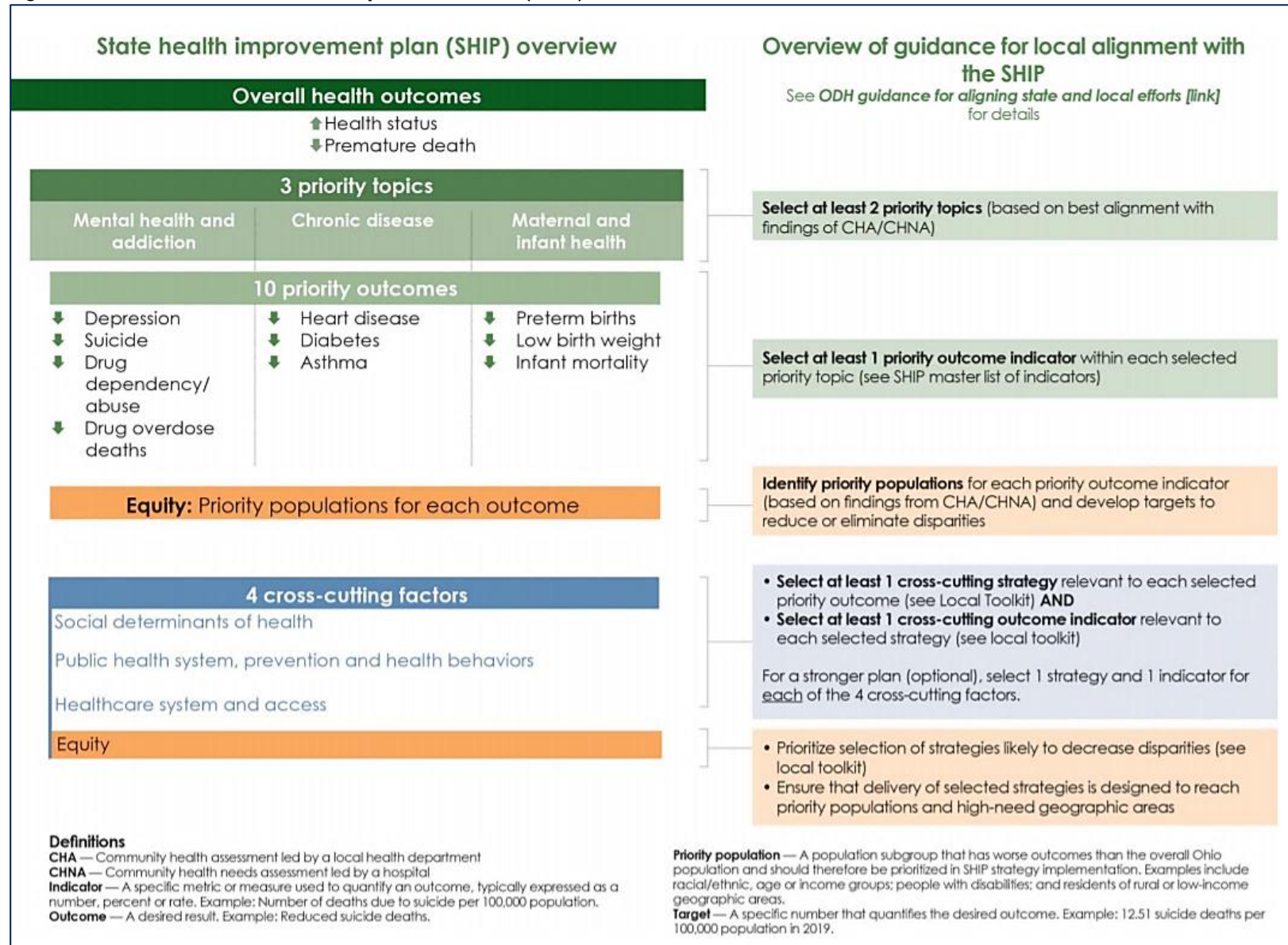
2019-2021 Wood CHIP Alignment with the 2017-2019 SHIP			
Priority Topic	Priority Outcome	Cross-Cutting Strategy	Cross-Cutting Outcome
Mental health and addiction	<ul style="list-style-type: none"> • Decrease depression • Decrease suicide • Decrease unintentional drug overdose deaths 	<ul style="list-style-type: none"> • Public Health System, Prevention, and Health Behaviors • Healthcare System and Access 	<ul style="list-style-type: none"> • Decrease the number of adults without a usual source care. • Decrease the number of uninsured adults • Decrease adult smoking
Chronic Disease	<ul style="list-style-type: none"> • Decrease adult diabetes • Decrease adult heart disease 		

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

The Wood County CHIP also aligns with six of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, and mental and emotional well-being. For more information on the national prevention priorities, please go to [**surgeongeneral.gov**](https://www.surgeongeneral.gov).

Alignment with National and State Standards, continued

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



Vision and Mission

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

The Vision of Wood County Health Partners

Making healthy happen in Wood County through collaboration, prevention and wellness.

The Mission of Wood County Health Partners

To foster and guide the implementation of recommendations resulting from the community health assessment with the collective purpose of improving the health of our community.

Community Partners

The CHIP was planned by various agencies and service-providers within Wood County. From September 2018 to November 2018, Wood County Health Partners reviewed many data sources concerning the health and social challenges that Wood 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:

Wood County Health Partners

Alex Aspacher, Wood County Health Department
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Amy Jones, Wood County Health Department
Angela Patchen, Wood County Educational Service Center
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Stan Korducki, Wood County Hospital
Sue Clanton, United Way in Wood County
Tessa Elliott, Hospital Council of Northwest Ohio
Tyler Briggs, Wood County Health Department

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Tessa Elliott, community health improvement coordinator, HCNO.

Community Health Improvement Process









Beginning in September 2018, Wood County Health Partners met four 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 170-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 WoodCountyHealth.org/Reports/reportsandpubs. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Health Status						
Rated general health as good, very good, or excellent	89%	91%	90%	86%	82%	83%
Rated health as excellent or very good	53%	62%	59%	52%	51%	52%
Rated health as fair or poor 	11%	9%	10%	14%	18%	17%
Average days that physical health not good (in the past month)	N/A	3.0	1.6	3.1	4.0‡	3.7‡
Rated physical health as not good on four or more days (in the past 30 days)	20%	17%	14%	18%	22%	22%
Average days that mental health not good (in the past month)	N/A	3.8	1.9	4.8	4.3‡	3.8‡
Rated their mental health as not good on four or more days (in the previous month) 	23%	29%	16%	32%	24%	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day in the past 30 days)	13%	N/A	18%	32%	22%	22%
Health Care Coverage, Access, and Utilization						
Uninsured	8%	15%	6%	6%	7%	10%
Had at least one person they thought of as their personal doctor or health care provider	N/A	89%	85%	85%	83%	77%
Visited a doctor for a routine checkup in the past year 	55%	51%	49%	61%	75%	71%
Diabetes, Asthma, and Arthritis						
Diagnosed with diabetes 	7%	8%	6%	8%	11%	11%
Diagnosed with pre-diabetes or borderline diabetes	8%	11%	5%	5%	1%	2%
Diagnosed with asthma 	17%	13%	15%	15%	14%	14%
Diagnosed with arthritis	33%	27%	29%	28%	31%	26%
Cardiovascular Health						
Had angina or coronary heart disease 	N/A	N/A	4%	5%	5%	4%
Had a heart attack 	N/A	N/A	4%	3%	5%	4%
Had a stroke	N/A	N/A	3%	2%	4%	3%
Diagnosed with high blood pressure 	35%	30%	26%	35%	34%*	31%*
Diagnosed with high blood cholesterol	31%	31%	30%	32%	37%*	36%*
Had blood cholesterol checked within the past 5 years	69%	69%	73%	80%	78%*	78%*
Weight Status						
Overweight	40%	36%	42%	33%	35%	35%
Obese	30%	30%	22%	39%	32%	30%

 Indicates alignment with Ohio SHA

N/A – Not Available

‡2016 BRFSS Data as compiled by 2018 County Health Rankings

*2015 BRFSS


Adult Variables	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	63%	59%	68%	68%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 🍷	29%	24%	20%	27%	18%	17%
Drove after having too much alcohol to drink	N/A	N/A	N/A	7%	4%	4%
Tobacco Use						
Current smoker (currently smoke some or all days) 🚬	23%	11%	11%	11%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	33%	23%	18%	23%	24%	25%
Tried to quit smoking	52%	44%	59%	38%	N/A	N/A
Drug Use						
Adults who used recreational marijuana (in the past 6 months)	5%	6%	3%	6%	N/A	N/A
Adults who used other recreational drugs (in the past 6 months)	5%	6%	<1%	2%	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	6%	10%	6%	4%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner (in the past year)	4%	5%	2%	7%	N/A	N/A
Preventive Medicine						
Had a pneumonia vaccine (age 65 and older)	57%	64%	53%	76%	75%	73%
Had a flu vaccine in the past year (ages 65 and older) 🍷	73%	64%	76%	74%	57%	58%
Had a mammogram in the past two years (age 40 and older)	67%	82%	73%	63%	74%	72%
Had a clinical breast exam in the past two years (age 40 and older)	70%	91%	74%	64%	N/A	N/A
Had a Pap smear in the past three years	75%	79%	68%	73%	82%**	80%**
Had a digital rectal exam within the past year	21%	31%	9%	17%	N/A	N/A
Mental Health						
Felt sad or hopeless for two or more weeks in a row	11%	12%	5%	14%	N/A	N/A
Considered attempting suicide in the past year	1%	2%	N/A	2%	N/A	N/A
Attempted suicide in the past year	0%	0%	N/A	0%	N/A	N/A
Oral Health						
Adults who had visited a dentist or dental clinic in the past year 🍷	64%	74%	74%	71%	68%	66%
Adults who had one or more permanent teeth removed	N/A	N/A	N/A	31%	45%	43%
Adults 65 years and older who had all their permanent teeth removed	N/A	N/A	N/A	10%	17%	14%
Quality of Life						
Limited in some way because of a major impairment or health problem	25%	37%	25%	38%	N/A	N/A


🍷 Indicates alignment with Ohio SHA

N/A - Not Available

**Ohio and U.S. BRFSS reports women ages 21-65

Youth Trend Summary

Youth Variables	Wood County 2008 (6 th -12 th)	Wood County 2012 (6 th -12 th)	Wood County 2015 (6 th -12 th)	Wood County 2018 (6 th -12 th)	Wood County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control						
Obese 	16%	13%	17%	16%	20%	15%
Overweight	11%	11%	15%	13%	13%	16%
Described themselves as slightly or very overweight	30%	27%	29%	30%	32%	32%
Trying to lose weight	44%	48%	41%	45%	47%	47%
Exercised to lose weight (in the past 30 days)	N/A	50%	43%	56%	58%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	N/A	32%	27%	32%	35%	N/A
Went without eating for 24 hours or more (in the past 30 days)	11%	6%	3%	6%	6%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	5%	1%	1%	3%	4%	N/A
Vomited or took laxatives (in the past 30 days)	3%	1%	2%	2%	2%	N/A
Physically active at least 60 minutes per day on every day (in the past week)	N/A	28%	28%	31%	29%	26%
Physically active at least 60 minutes per day on five or more days (in the past week)	N/A	52%	49%	54%	53%	46%
Did not participate in at least 60 minutes of physical activity on any day (in the past week)	N/A	11%	14%	10%	10%	15%
Tobacco Use						
Ever tried cigarette smoking (even one or two puffs)	35%	27%	21%	14%	23%	29%
Current smoker (smoked on at least one day during the past 30 days)	15%	11%	5%	3%	6%	9%
Tried to quit smoking (of those youth who smoked in the past year)	41%	55%	46%	45%	46%	N/A
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	10%	9%	6%	5%	7%	10%
Alcohol Consumption						
Ever tried alcohol	61%	48%	44%	38%	52%	60%
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	30%	23%	16%	15%	23%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least one day during the past 30 days)	21%	12%	7%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	24%	18%	11%	10%	9%	16%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	18%	17%	13%	12%	14%	17%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past 30 days)	6%	3%	4%	1%	1%	6%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	N/A	41%	33%	36%	40%	N/A

 Indicates alignment with Ohio SHA

N/A-Not Available

Youth Variables	Wood County 2008 (6 th -12 th)	Wood County 2012 (6 th -12 th)	Wood County 2015 (6 th -12 th)	Wood County 2018 (6 th -12 th)	Wood County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Drug Use						
Youth who used marijuana (in the past month)	8%	12%	8%	9%	14%	20%
Used methamphetamines (in their lifetime)	3%	2%	<1%	1%	1%	3%
Used cocaine (in their lifetime)	4%	4%	1%	2%	3%	5%
Used heroin (in their lifetime)	2%	3%	0%	0%	0%	2%
Used steroids (in their lifetime)	3%	3%	1%	2%	3%	3%
Used inhalants (in their lifetime)	11%	7%	3%	3%	4%	6%
Used ecstasy/MDMA/molly (in their lifetime)	N/A	4%	2%	1%	1%	4%
Ever misused medications (in their lifetime)	15%	11%	6%	5%	8%	14%
Ever been offered, sold, or given an illegal drug by someone on school property (in the past year)	13%	8%	5%	6%	8%	20%
Sexual Behavior						
Ever had sexual intercourse	31%	32%	27%	20%	35%	40%
Used a condom at last intercourse	74%	76%	69%	54%	58%	54%
Used birth control pills at last intercourse	28%	41%	33%	34%	38%	21%
Used an IUD to prevent pregnancy before last sexual intercourse	N/A	N/A	0%	5%	5%	4%
Used a shot, patch or birth control ring to prevent pregnancy before last intercourse	N/A	N/A	3%	4%	4%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	13%	11%	7%	9%	10%	14%
Had four or more sexual partners (of all youth)	7%	6%	6%	4%	7%	10%
Had sexual intercourse before age 13 (of all youth)	4%	4%	3%	2%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	20%	18%	13%	9%	9%	19%
Mental Health						
Seriously considered attempting suicide (in the past 12 months)	9%	9%	16%	19%	20%	17%
Attempted suicide (in the past 12 months)	4%	4%	6%	5%	4%	7%
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)	21%	20%	26%	27%	28%	32%
Social determinants of health						
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	71%	82%	79%	78%	78%	N/A
Suffered a blow or jolt to their head while playing with a sports team	N/A	N/A	13%	15%	14%	N/A
Unintentional Injuries and Violence						
Carried a weapon (in the past month)	10%	10%	10%	9%	10%	16%
Had been in a physical fight (in the past year)	28%	20%	16%	21%	17%	24%
Electronically bullied (in the past year)	12%	13%	9%	12%	11%	15%
Bullied (in the past year)	46%	42%	38%	37%	34%	N/A
Bullied on school property (in past the year)	N/A	N/A	22%	23%	22%	19%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (in the past year)	4%	6%	3%	2%	4%	8%

N/A-Not Available

Child Trend Summary

Child Variables	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Wood County 2012 Ages 6-11	Wood County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	93%	98%	94%	93%	92%	93%	91%	89%
Dental care visit in past year	61%	53%	54%*	59%*	94%	93%	95%	91%
Diagnosed with ADHD/ADD	1%	1%	2%**	3%**	8%	12%	13%	9%
Diagnosed with asthma 🍷	7%	6%	9%	6%	16%	9%	16%	15%
Diagnosed with autism or autism spectrum disorder (ASD)	1%	1%	N/A	2%*	1%	4%	N/A	3%
Diagnosed with behavioral or conduct problems	2%	3%	3%**	5%**	3%	4%	13%	11%
Diagnosed with a head injury, brain injury, or concussion	1%	1%	N/A	1%	2%	2%	N/A	2%
Health Care Access								
Had public insurance	13%	12%	28%	37%	9%	11%	33%	38%
Been to doctor for preventive care in past year	94%	100%	91%	89%	83%	91%	83%	79%
Received all the medical care they needed	96%	94%	N/A	98%	95%	93%	N/A	97%
Early Childhood (Ages 0-5)								
Never breastfed their child	26%	11%	30%	21%	N/A	N/A	N/A	N/A
Family member read to child every day in the past week	35%	54%	39%	38%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Child participated in one or more activities	N/A	N/A	N/A	N/A	87%	63%	82%	76%
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	13%	16%	26%	29%
Did not engage in any physical activity during the past week	N/A	N/A	N/A	N/A	1%	4%	3%	5%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	N/A	N/A	72%	77%	79%
Family and Community Characteristics								
Family eats a meal together every day of the week	50%	38%	51%	53%	33%	33%	43%	45%
Child experienced two or more ACEs 🍷	N/A	7%	18%	12%	N/A	6%	29%	23%
Parent definitely agreed that their child lived in a safe neighborhood	N/A	87%	64%	63%	N/A	78%	66%	62%

🍷 Indicates alignment with Ohio SHA

N/A – Not Available

* Ages 1-5

** Ages 3-5

Key Issues

Wood County Health Partners reviewed the 2018 Wood County Community 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 ADULT health issues or concerns identified in the 2018 assessment report? Examples of how to interpret the information include: 14% of Wood County adults felt sad or hopeless for two or more weeks in a row, increasing to 31% of those with incomes less than \$25,000.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Mental Health (10 votes)			
Felt sad or hopeless for two or more weeks in a row in the past year	14%	Income: <\$25K (31%)	N/A
Considered attempting suicide in the past year	2%	N/A	N/A
Attempted suicide in the past year	0%	N/A	N/A
Rated their mental health as not good on four or more days (in the previous month)	32%	N/A	N/A
Poor physical or mental health kept them from doing usual activities such as self-care, work, or recreation (on at least one day during the past 30 days)	32%	N/A	N/A
Weight Status (8 votes)			
Obese	39%	Age: 30-64 (41%), Income: <\$25K (40%)	Male (40%)
Overweight	33%	Age: 65+ (41%), Income: \$25K Plus (41%)	Male (37%)
Chronic Disease (6 votes)			
Diagnosed with diabetes	8%	Age: 65+ (15%), Income: <\$25K (24%)	Male (11%)
Diagnosed with high blood pressure	35%	Age: 65+ (62%), Income: <\$25K (53%)	Male (38%)
Diagnosed with high blood cholesterol	32%	Age: 65+ (60%), Income: \$25K Plus (32%)	Male (37%)
Had angina or coronary heart disease	5%	Age: 65+ (16%)	N/A
Had a heart attack	3%	Age: 65+ (10%)	N/A
Had a stroke	2%	Age: 65+ (7%)	N/A
Drug Misuse/Abuse (5 votes)			
Adults who used recreational marijuana (in the past 6 months)	6%	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	4%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Distracted Driving (2 votes)			
Texted while driving	20%	N/A	N/A
Using the internet on their cell phone while driving	10%	N/A	N/A
Eating and driving	32%	N/A	N/A
Alcohol Use (2 votes)			
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	27%	N/A	N/A
Drove after having too much alcohol to drink	7%	N/A	N/A
Oral Health (2 votes)			
Adults who had visited a dentist or dental clinic in the past year	71%	Age: Under 30 (58%), Income: <\$25K (36%)	Male (65%)
Preventive Medicine/Health Care Utilization (0 votes)			
Visited a doctor for a routine checkup in the past year	61%	Age: Under 30 (28%), Income: <\$25K (46%)	Male (59%)
Had a mammogram in the past two years (age 40 and older)	63%	N/A	N/A
Had a clinical breast exam in the past two years (age 40 and older)	64%	N/A	N/A
Had a Pap smear in the past three years (age 21 to 65)	73%	N/A	N/A
Had a digital rectal exam (within the past year)	17%	N/A	N/A
Quality of Life (0 votes)			
Limited in some way because of a major impairment or health problem	38%	Age: 65+ (59%), Income: <\$25K (61%)	Male (43%)
Limited due to stress, depression, anxiety or emotional problems	38%	N/A	N/A

What are the most significant YOUTH health issues or concerns identified in the 2018 assessment report? Examples of how to interpret the information include: 23% of all Wood County youth reported they were bullied on school property in the past year.

Key Issue or Concern	Percent of Population At risk	Age Group or Grade Level Most at Risk	Gender Most at Risk
Violence (7 votes)			
Bullied on school property in the past year	23%	N/A	N/A
Electronically bullied in the past year	12%	N/A	Female (17%)
Carried a weapon in the past 30 days	9%	Grade Level: 9-12 (10%)	N/A
Had been in a physical fight in the past year	21%	N/A	N/A
Mental Health (2 votes)			
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%	Grade Level: 9-12 (28%)	Female (37%)
Seriously considered attempting suicide (in the past 12 months)	19%	Age: 14-16 (22%); Grade Level: 9-12 (20%)	Female (25%)
Weight Status (1 vote)			
Obese	16%	Age: 14 to 16 (22%), Grade Level: 9-12 (20%)	Male (17%)
Overweight	13%	Age: 14 to 16 (16%)	Female (17%)
Went without eating for 24 hours or more (in the past 30 days)	6%	N/A	N/A
Trying to lose weight	45%	Grade level: 9-12 (47%)	Female (61%)
Sexual Health (1 vote)			
Used a condom to prevent pregnancy during last intercourse	54%	Grade Level: 9-12 (58%)	N/A
Did not use any method to prevent pregnancy during last sexual intercourse	9%	Grade Level: 9-12 (10%)	N/A
Distracted Driving (1 vote)			
Texted while driving	25%	N/A	N/A
Used cell phone other than talking or texting	23%	N/A	N/A
Eating and driving	38%	N/A	N/A
Substance Abuse (0 votes)			
Used e-cigarettes/vapes in the past year	14%	N/A	N/A
Used marijuana in the past 30 days	9%	Age: 17+ (19%), Grade Level: 9-12 (14%)	Female (11%)
Used cocaine (in their lifetime)	2%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group or Grade Level Most at Risk	Gender Most at Risk
Alcohol Use (0 votes)			
Current drinker (at least one drink of alcohol on at least one day during the past 30 days)	15%	Age: 17+ (27%), Grade Level: 9-12 (23%)	Female (17%)
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	7%	Age: 17+ (10%), Grade Level: 9-12 (11%)	N/A
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	12%	Grade Level: 9-12 (14%)	N/A
Oral Health (0 votes)			
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	78%	N/A	N/A
Safety (0 votes)			
Suffered a blow or jolt to their head while playing with a sports team	15%	N/A	N/A

What are the most significant CHILD health issues or concerns identified in the 2018 assessment report? Examples of how to interpret the information include: 22% of all Wood County children were considered obese.

Key Issue or Concern	Percent of Population At risk	Age Group Most at Risk	Gender Most at Risk
Weight Status (1 vote)			
Obese	22%	N/A	N/A
Overweight	16%	N/A	N/A
Physical inactivity	4%	N/A	N/A
School Safety (1 vote)			
Parent definitely agreed that their child was safe at school	72%	N/A	N/A
Developmental Disability (1 vote)			
Diagnosed with ADHD/ADD	8%	Age: 6-11 (12%)	N/A
Family Functioning (0 votes)			
Family eats a meal together every day of the week	35%	Age: 6-11 (33%)	N/A
Oral Health (0 votes)			
Had been to the dentist in the past year	80%	Age: 6-11 (93%)	N/A
Household Tobacco Use (0 votes)			
Parents reported that someone in the household used cigarettes, cigars, or pipe tobacco	14%	N/A	N/A

Priorities Chosen

Based on the 2018 Wood County Community Health Assessment, key issues were identified for adults, youth and children. Key issues were combined by age group. Overall, there were 15 key issues identified by the committee. Each committee member was given five votes. The committee then voted and came to a consensus on the priority areas Wood County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues
Adult and Youth Mental Health
Adult, Youth and Child Weight Status
Youth Violence
Adult Chronic Disease
Adult and Youth Substance Abuse/Misuse
Adult and Youth Distracted Driving
Adult, Youth and Child Oral Health
Adult and Youth Alcohol Use
Youth Sexual Behavior
Child School Safety
Child Developmental Disability
Child Secondhand Smoke (Household Tobacco Use)
Adult Preventive Medicine/Health Care Utilization
Youth Concussion/Injury Prevention
Child Family Functioning

Wood County will focus on the following two priority areas over the next three years:

1. Mental health and addiction 🍊 (includes adult and youth mental health, adult and youth substance abuse, youth bullying and youth violence)
2. Chronic disease 🍊 (includes adult, youth and child obesity; adult diabetes; and adult heart disease)

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?
 - Employment
 - Low drug use
 - A healthy economy
 - Support systems
 - Collaboration
 - Safety
 - Access to physical activity opportunities
 - Accessibility
 - Good educational opportunities
 - Availability of quality jobs
 - Diversity
2. What makes you most proud of our community?
 - Collaboration between agencies
 - Strong academic environment
 - Geographical diversity
 - Educational opportunities
 - Community events relating to families
 - Low unemployment
 - Clean environment
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
 - CHIP Committee (Wood County Health Partners)
 - Project Connect, Net Plus
 - Association for Professionals in Infection Control and Epidemiology (APIC)
 - Wood County HP
 - Prevention Coalition
 - United Way
 - Opiate Task Force
 - Wood County Continuum of Care
 - Social Service Clubs
 - University Groups
 - Civic and Community Engagement at BGSU

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
 - Distracted driving
 - Violence
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
 - Funding
 - Access to resources
 - Communication
 - Stigma
 - Education/prevention
 - Seeking help
 - Size of the county
 - Marketing and the inability to reach certain places
6. What actions, policy, or funding priorities would you support to build a healthier community?
 - Transportation
 - Caps for prescription costs
 - Sidewalks
 - Paths and trails
 - More access to farmers markets and community garden
 - Getting more people involved
7. What would excite you enough to become involved (or more involved) in improving our community?
 - Collaboration on social media between all CHIP agencies
 - Available funding
 - More time
 - Getting new people involved

Quality of Life Survey

Wood County Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 591 Wood County community members who completed the 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.

Eighty-seven percent (87%) of the respondents lived in Wood County, and 81% indicated they worked in the County.

Quality of Life Questions	Likert Scale Average Response
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]	4.08
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.41
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.16
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.)	3.73
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.)	3.49
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?)	4.09
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?	3.81
8. Do all individuals and groups have the opportunity to contribute to and participate in the community’s quality of life?	3.68
9. Do all residents perceive that they – individually and collectively – can make the community a better place to live?	3.46
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.44
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.42
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?)	3.44

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?" Wood County Health Partners were 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 Wood County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change	Potential Impact
1. Medical marijuana legalization	<ul style="list-style-type: none"> • There will be a medical marijuana dispensary in Bowling Green and Gibsonburg. Dispensaries will begin to sell in December. Some sites are not taking the security requirements seriously. • People are anticipating a continual shortage of medical marijuana which may lead to recreational legalization. • Gubernatorial candidate may allow recreational marijuana on the ballot. • Issue 1 may pass. • Mixed messages surround marijuana use to youth/youth have easier accessibility to marijuana. • Potential issues for employers if employees are using medical marijuana on the job. • Difficulty for law enforcement to identify when someone is under the influence of marijuana (marijuana can stay in someone's system for days/weeks).
2. Economic impact of substance abuse	<ul style="list-style-type: none"> • Employers are unable to find individuals who can pass a drug screen. • The potential increase in the number of people driving distracted or under the influence, especially with the legalization of medicinal marijuana.
3. Suicide rates have fluctuated	<ul style="list-style-type: none"> • No impact noted.
4. State level agencies	<ul style="list-style-type: none"> • Many people at the state level (ODH, OMAS, etc.) have left since the mid-term election is coming up and we will be getting a new governor. Do not know what kind of administration the new governor will establish. • Certain grants may be cut.
5. Local government funding	<ul style="list-style-type: none"> • Gubernatorial candidate vowed to fund local governments.

6. Affordable Care Act (ACA)	<ul style="list-style-type: none"> Both candidates support Medicaid Expansion. However, work requirements may leave more people to opt of having coverage all together, possibly leaving more people uninsured.
7. Opiates	<ul style="list-style-type: none"> Fentanyl is now the driving force behind the number of overdose deaths. On average, 3 Narcan's are administered per police shift.
8. Technology	<ul style="list-style-type: none"> Technology has both its positives and negatives. Will more than likely increase in the next 3 years.
9. Davis-Besse	<ul style="list-style-type: none"> Davis-Besse is closing down. Unclear on the environmental and political impact this will cause. What will happen to the material? The economic impact of people losing their jobs.
10. Narcan	<ul style="list-style-type: none"> Funding is becoming an issue with obtaining Narcan. People want to get it for free. Some agencies in the county provide it for free, some charge. Narcan expires quickly.
11. Health Department is opening a dental clinic	<ul style="list-style-type: none"> Provides more access to dental care.
12. Regional Partnership	<ul style="list-style-type: none"> There has been an increase in the NWO Alliance on Substance Abuse.
13. Wood County ARC program	<ul style="list-style-type: none"> If Issue 1 passes, funding will be gone. The program has helped 75 people get into treatment, there have been cost savings associated with this. Overall opiate deaths within the county has gone down.
14. Multiple behavioral health programs within Wood County	<ul style="list-style-type: none"> New Vision – a new medical detox facility at Wood County Hospital.
15. NET Plus	<ul style="list-style-type: none"> NET Plus could possibly be centralized in Columbus (depending on how mid-term election turns out). Individuals in Columbus may not know what transportation programs are available in Wood County.

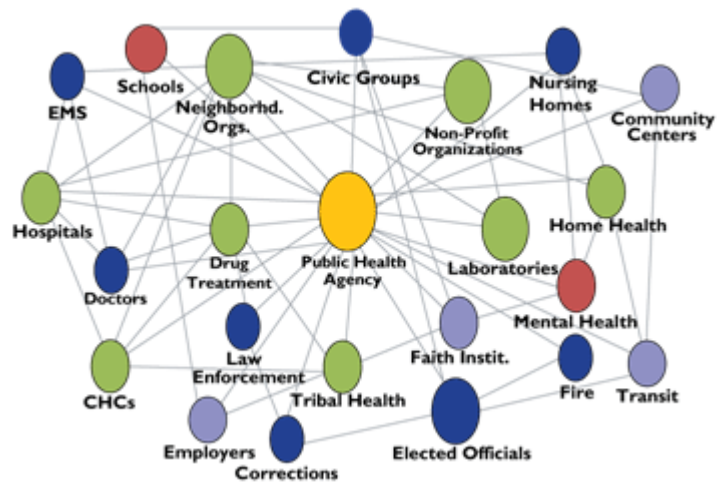
Local Public Health System Assessment

The Local Public Health System

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

The public health system includes:

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



The 10 Essential Public Health Services

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

Public health systems should:

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

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

The Local Public Health System Assessment (LPHSA)

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

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

Members of Wood 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.

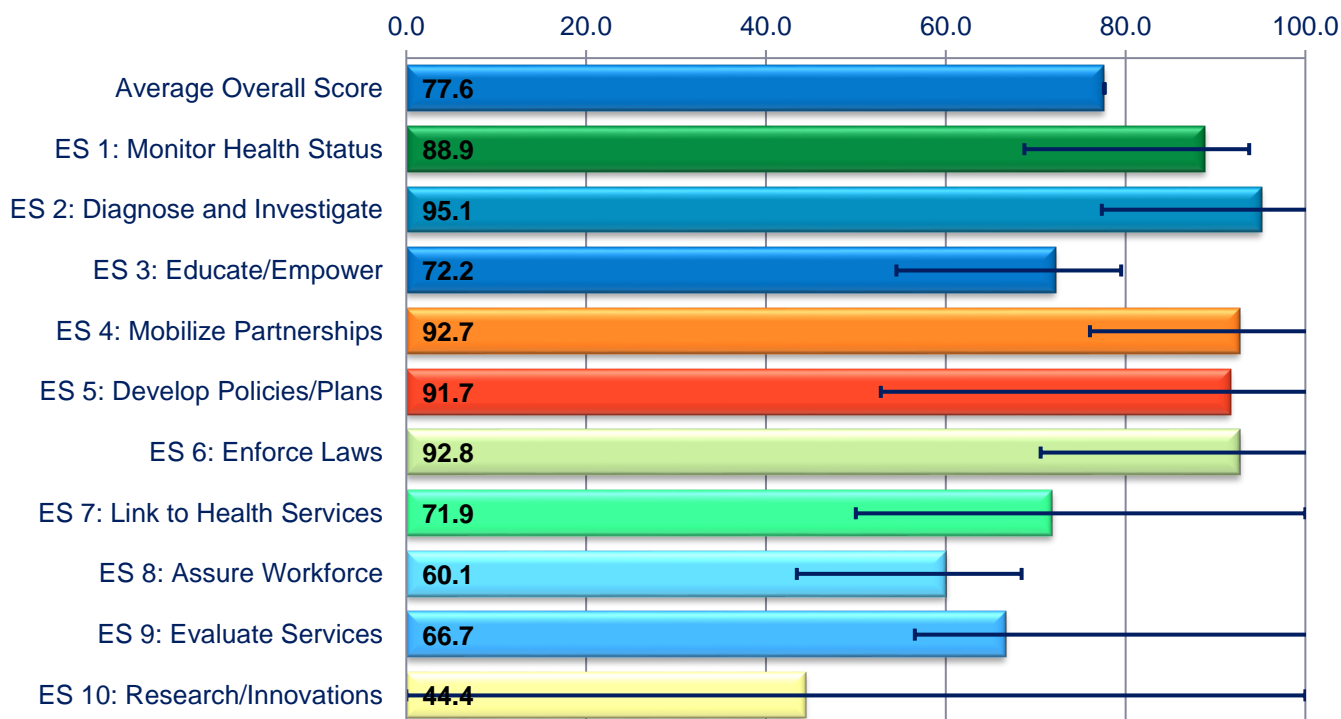
The CHIP committee identified 2 indicators that had a status of "minimal" and 1 indicator that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

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 Alex Aspacher from Wood County Health Department at 419-354-9212.

Wood County Local Public Health System Assessment 2018 Summary

Summary of Average ES Performance Score



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

Evidence-Based Practices

As part of the gap analysis and strategy selection, Wood 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.

Resource Inventory




Based on the chosen priorities, Wood 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: Cell phone-based support program				
Goal: Increase awareness of suicide among adults and youth.				
Objective: Promote the Crisis Text Line in at least two new additional ways by December 31, 2021.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county.	December 31, 2019	Adult and youth	Suicide ideation (adult): Percent of adults with suicidal thoughts within the past year	Wood County ADAMHS Board Wood County Suicide Prevention Coalition
Year 2: Continue to promote and monitor the use of the Crisis Text Line. Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.	December 31, 2020		Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months	
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: ADAMHS Board, Wood County Suicide Prevention Coalition, Jobs and Family Services, 2-1-1, United Way, Community Health Services, No Wrong Door, Wood County Health Department, Wood County Educational Service Center, Children's Resource Center, Wood County Hospital.				

Priority #1: Mental Health and Addiction 				
Strategy 2: Universal school-based suicide awareness and education programs. 				
Goal: Increase awareness of suicide among youth.				
Objective: Implement both programs to fidelity in participating school districts.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather baseline data on any mental health screening tools or programs that are currently being used by county schools. Continue to introduce the Signs of Suicide (SOS) and QPR (Question, Persuade, Refer) , along with supporting data, to district schools.	December 31, 2019	Youth	Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months 	Wood County Suicide Prevention Coalition
Year 2: Continue efforts of year 1. Implement the program(s) in all County schools in select grade levels.	December 31, 2020			
Year 3: Continue efforts of years 1 and 2. Expand program service area where necessary.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County ADAMHS Board.				

Priority #1: Mental Health and Addiction				
Strategy 3: Implement school-based social and emotional instruction				
Goal: Increase mental health resilience in youth				
Objective: Train additional teachers in primary grades in the PAX Good Behavior Game at participating schools				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement The PAX Good Behavior Game at participating schools. Contact all county schools implementing the PAX Good Behavior Game to identify training needs for school staff. Offer a training to new teachers, as well re-training to any interested teachers.	December 31, 2019	Youth	Social-emotional skills (not currently available via SHIP)	Wood County Educational Service Center
Year 2: Continue offering trainings to teachers in participating schools.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <div> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access </div> <div> <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County ADAMHS Board.				


Priority #1: Mental Health and Addiction				
Strategy 4: School-based violence prevention programs				
Goal: Reduce youth bullying				
Objective: Offer bullying prevention trainings to new school employees and/or new Olweus building teams at least once a year.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Contact all county schools currently implementing the Olweus Bullying Prevention Program to identify training needs for school staff. Offer a training to train new school employees, as well as training any new Olweus building teams. Continue to encourage schools to have Expect Respect support groups.	December 31, 2019	Youth	Bullying at school: Percent of youth who report being bullied on school property within the past 12 months	Wood County Educational Service Center
Year 2: Continue to offer a training to new school employees, as well as training any new Olweus building teams. Maintain participation in Expect Respect support groups.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors </div> <div> <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County ADAMHS Board.				

Priority #1: Mental Health and Addiction 🇺🇸				
Strategy 5: School-based alcohol/other drug prevention programs 🇺🇸				
Goal: Decrease drug dependence or abuse.				
Objective: All participating schools will implement the LifeSkills Training program in selected grades 3-12 by December 31, 2021.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the LifeSkills Training program in grades 3-12 in selected grades 3-12 in interested school districts. Explore and secure alternative funding sources to sustain the LifeSkills Training program.	December 31, 2019	Youth	Youth alcohol use: Percent of youth who drank one or more drinks of an alcoholic beverage in the past 30 days 🇺🇸	Wood County Educational Service Center
Year 2: Continue efforts from year 1. Share fidelity and evaluation standards for the LifeSkills program implementations with Wood County Health Partner agencies. Present LifeSkills process and outcome evaluation data at one quarterly meeting of Wood County Health Partners.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors </div> <div> <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County ADAMHS Board.				

Priority #1: Mental Health and Addiction 				
Strategy 6: School-based mental health services				
Goal: Increase awareness of mental health services among youth.				
Objective: By December 31, 2021, each school district will have their own school-based mental health counselor or care coordinator.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Implement at least one of the following mental health services in schools: <ul style="list-style-type: none"> School-based mental health therapy Care coordination Work with the Children's Resource Center or mental health board to secure funding for each district to have their own school-based mental health counselor and/or care coordinator by creating a sustainability plan.	December 31, 2019	Youth	Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months 	Wood County ADAMHS Board
Year 2: Continue efforts of year 1. Increase awareness of these services.	December 31, 2020			
Year 3: Continue efforts of years 1 and 2.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors </div> <div> <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Children's Resource Center, Wood County Educational Service Center.				

Priority #1: Mental Health and Addiction 🇺🇸				
Strategy 7: Trauma-informed intervention (Trauma-informed health care) 🇺🇸				
Goal: Identify at-risk youth.				
Objective: Facilitate an assessment on awareness and understanding of trauma-informed health care at least once a year.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Survey health care providers, teachers, coaches, social service providers and other community members on their awareness and use of trauma-informed care, including toxic stress and adverse childhood experiences.	December 31, 2019	Adults	Suicide ideation (adult): Percent of adults with suicidal thoughts within the past year 🇺🇸	Family and Children First Council
Year 2: Increase awareness of trauma-informed care. Continue efforts from Year 1.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors </div> <div> <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County Educational Service Center, Board of Developmental Disabilities, Family and Children First Council, ADAMHS Board.				

Priority #1: Mental Health and Addiction **Strategy 8: Community awareness and education of risky behaviors and substance abuse issues and trends****Goal:** Educate community members on substance abuse issues and trends.**Objective:** By December 31, 2021, develop at least three awareness programs and/or workshops focusing on “hot topics”, risky behaviors, and substance abuse issues and trends.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Include information on e-cigarettes, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).	December 31, 2019	Adult and youth	Youth marijuana use (past 30 days): Percent of youth who report using marijuana one or more times within the past 30 days 	Wood County Educational Service Center Wood County Prevention Coalition
Year 2: Focus awareness programs and/or workshops on different “hot topics”, risky behaviors, and substance abuse issues and trends. Consider implementing the In Plain Sight program. Attain media coverage for all programs and/or workshops.	December 31, 2020			
Year 3: Continue efforts of years 1 and 2.	December 31, 2021			

Type of Strategy:

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

Strategy identified as likely to decrease disparities?

- | | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Not SHIP Identified |
|---------------------------|--------------------------|--|

Resources to address strategy: Wood County Educational Service Center, Wood County Prevention Coalition, law enforcement.

Priority #1: Mental Health and Addiction				
Strategy 9: Medication Assisted Treatment (MAT)				
Goal: Decrease drug dependence or abuse.				
Objective: Develop a community awareness campaign about recognizing the signs of substance abuse and where to find treatment.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research current available treatment options in the county. Explore partnerships with local mental health providers, hospital and the health department to establish a referral system for treatment. Continue to provide vivitrol (naltrexone) and suboxone (buprenorphine) within county. Determine the feasibility of offering methadone within the county. Explore other treatment options for detox, recovery housing, etc.	December 31, 2019	Adult	Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdoses per 100,000 population (age-adjusted)	Wood County ADAMHS Board
Year 2: Continue efforts from year 1. Plan and implement a community awareness campaign that will increase awareness of substance abuse and the availability of treatment options. Target community members, businesses, stakeholders, etc.	December 31, 2020			
Year 3: Continue efforts of years 1 and 2.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Harbor, Zepf, A Renewed Mind, Unison Health, Opiate Task Force, Wood County Prevention Coalition, Wood County Hospital.				




Priority #1: Mental Health and Addiction 🇺🇸				
Strategy 11: Screening, brief intervention and referral to treatment 🇺🇸				
Goal: Decrease adult and youth drug dependence/abuse.				
Objective: Increase the number of healthcare providers using the SBIRT model by 15% from baseline by December 31, 2021.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to Introduce a screening, brief intervention and referral to treatment model (SBIRT) or a similar screening tool to hospital emergency departments, urgent care centers, and primary care providers (including pediatricians) or other healthcare providers. Continue offering the SBIRT screenings in the school setting.	December 31, 2019	Adult and youth	Drug dependence or abuse: Percent of persons 12+ who report past-year illicit drug dependence or abuse 🇺🇸	Wood County Hospital Wood County Educational Service Center
Year 2: Evaluate and continue efforts from year 1.	December 31, 2020			
Year 3: Evaluate and continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Community Health Services, Wood County Hospital, Wood County Educational Service Center, Health Center Division of Wood County Health Department.				



Priority #2: Chronic Disease

Strategic Plan of Action




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

Priority #2: Chronic Disease				
Strategy 1: Promote physical activity and nutrition (Community-wide physical activity campaign)				
Goal: Prevent diabetes and decrease obesity in adults and youth				
Objective: Implement a community-wide physical activity and nutrition campaign in collaboration with at least six Wood County organizations by December 31, 2021				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Organize an executive committee of Wood County Health Partners and discuss ways to promote physical activity and nutrition. Continue to promote SNAP/EBT benefits for use at farmers markets.	December 31, 2019	Adult and youth	Physical inactivity: (adult) Percentage of adults reporting no leisure time physical activity	Wood County Health Department
Year 2: Implement ideas generated during year 1.	December 31, 2020		Physical inactivity (youth): Percent of youth who did not participate in at least 60 minutes of physical activity on at least 1 days in the past seven days.	
Year 3: Evaluate and continue initiatives implemented in year 2.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Bowling Green State University College of Health and Human Services, BGSU Wellness Connection, CrossFit BG, St. Luke's Hospital, OSU Extension, Wood County Commissioners' Office, Wood County Committee on Aging, Wood County Educational Service Center, Wood County Hospital, Wood County Health Department, Wood County Park District.				

Priority #2: Chronic Disease 				
Strategy 2: Food insecurity screening and referral 				
Goal: Reduce the percentage of food insecure households.				
Objective: Implement a food insecurity screening tool or model in at least two locations by December 31, 2021.				
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. Educate healthcare organizations on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Implement the screening model in at least one location with accompanying evaluation measures.	December 31, 2019	Adult, youth and child	Food insecurity: Percent of households that are food insecure 	Wood County Hospital
Year 2: Continue efforts of year 1. Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources.	December 31, 2020			
Year 3: Increase the number of locations offering food insecurity screening and referrals by 50%.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors </div> <div> <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County Hospital, WIC (Women, Infants, and Children), United Way, Local Food Pantries, Community Health Services.				

Priority #2: Chronic Disease 				
Strategy 3: Nutrition and/or physical activity education materials being offered by primary care offices				
Goal: Reduce adult obesity.				
Objective: At least 20% of the primary care physician offices in the county will be trained on nutrition and physical activity best practices and referral sources by December 31, 2021.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for overweight and obese patients.	December 31, 2019	Adults	Physical inactivity: Percentage adults reporting no leisure time physical activity 	Wood County Hospital
Year 2: Offer trainings for PCP offices on nutrition and physical activity best practices, as well as referral sources. Enlist at least 3 primary care physician offices.	December 31, 2020			
Year 3: Offer additional trainings to reach at least 20% of the primary care physician offices in the county.	December 31, 2021			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County Health Department, OSU Extension, Wood County Hospital				


Priority #2: Chronic Disease 🇺🇸				
Strategy 4: Prediabetes screening and referral 🇺🇸				
Goal: Prevent diabetes in adults.				
Objective: By December 31, 2021, increase prediabetes referrals by 15%.				
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. Increase provider training and education to raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment , and Prevent Diabetes STAT Toolkit .	December 31, 2019	Adults	Prediabetes screening: number of patients screened for prediabetes 🇺🇸	Wood County Hospital
Year 2: Continue efforts from year 1.	December 31, 2020			
Year 3: Increase the number of providers screening for prediabetes by 15% from baseline.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors </div> <div> <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County Health Department, OSU Extension, Wood County Hospital				

Priority #2: Chronic Disease 				
Strategy 5: Diabetes Prevention Program (DPP) 				
Goal: Increase awareness of diabetes prevention and self-management.				
Objective: By December 31, 2021, increase enrollment in the diabetes education program by 5%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement diabetes education programs. Increase enrollment in diabetes education programs by 5%. Create an inventory of current diabetes education programs in the county. Consider developing a marketing plan to increase program participation.	December 31, 2019	Adults	Adult obesity: Percent of adults that report body mass index (BMI) greater than or equal to 30 	Wood County Hospital
Year 2: Continue efforts from years 1.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Type of Strategy: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Public health system, prevention and health behaviors </div> <div> <input type="radio"/> Healthcare system and access <input type="radio"/> Not SHIP Identified </div> </div>				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Community Health Services, Wood County Health Department, OSU Extension, Wood County Hospital				




Cross-Cutting Strategies




Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors


Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors 🍷				
Strategy 1: Policies to decrease availability of tobacco products 🍷				
Goal: Reduce adult and youth tobacco use.				
Objective: Increase awareness of the Tobacco 21 initiative				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy. Begin efforts to encourage smoke-free policies in county parks, fairgrounds, schools and other public locations. Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.	December 31, 2019	Adult and youth	Adult smoking: Percent of adults that are current smokers 🍷	Wood County Prevention Coalition
Year 2: Present information to local governments on the Tobacco 21 initiative and smoke free outdoor public locations.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Priority area(s) the strategy addresses: <input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Wood County Educational Service Center, Bowling Green State University.				

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors 				
Strategy 2: Evaluate existing and potential new members of Wood County Health Partners				
Goal: Increase participation within Wood County Health Partners.				
Objective: Recruit additional members to Wood County Health Partners.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Evaluate existing membership of Wood County Health Partners to determine those actively participating and what new partners should be added.	December 31, 2019	Adult and youth	Not Identified	Wood County Health Partners
Year 2: Increase efforts of year 1.	December 31, 2020			
Year 3: Increase efforts of years 1 and 2.	December 31, 2021			
Priority area(s) the strategy addresses:				
<input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities?				
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Health Center Division of Wood County Health Department.				

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access 				
Strategy 1: Health insurance enrollment and outreach 				
Goal: Increase health insurance enrollment.				
Objective: Continue efforts to enroll uninsured residents in the Health Insurance Marketplace by December 31, 2021.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue the community-wide effort to market the Health Insurance Marketplace and continue to educate and enroll uninsured residents in the Marketplace.	December 31, 2019	Adults	Uninsured adults: Percent of adults who are uninsured 	Wood County Health Department
Year 2: Continue efforts from year 1.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Priority area(s) the strategy addresses: <input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
Resources to address strategy: Community Health Services, Jobs and Family Services, Wood County Hospital.				

Cross-Cutting Factor: Healthcare System and Access 				
Strategy 2: Improve access to comprehensive primary care (Patient Centered Medical Homes) 				
Goal: Increase access to healthcare.				
Objective: Develop a community awareness campaign on available health services and the importance of preventive healthcare.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Maintain Wood County Health Department relationship with Wood County Hospital to continue developing physician and clinical service capacities (and facilities as needed) appropriate to this market as the employment and population base expands. Continue to provide patient education/discharge instructions, implement discharge planning protocols, and medication reconciliation, to facilitate safe return home and develop transitional care protocols to increase communication on discharge status and pertinent information to the primary care physicians and office staff at the patient's discharge.	December 31, 2019	Adults	Without usual source of care: Percent of adults who don't have one (or more) persons they think of as their personal healthcare provider 	Wood County Hospital Wood County Health Department
Year 2: Continue efforts from year 1. Increase awareness of non-emergent afterhours care through Falcon Urgent Care. Coordinate efforts to increase community outreach and education on available health services (many of which are free or at a reduced cost). Increase community education on the importance of preventive health care.	December 31, 2020			
Year 3: Continue efforts from years 1 and 2.	December 31, 2021			
Priority area(s) the strategy addresses: <input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
Resources to address strategy: No resources identified.				

Cross-Cutting Factor: Healthcare System and Access 				
Strategy 3: Increase access to transportation				
Goal: Identify current gaps and unmet needs for residents in Wood County pertaining to transportation				
Objective: To ensure residents have accessible transportation options to adequately meet their healthcare needs.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Improve customer service, increase the service area, and expand hours and weekend service for county residents using public and private transportation.</p> <p>Improve coordination and efficiency between providers to lessen wait times and keep costs as affordable as possible.</p> <p>Continue to increase the public awareness of all transportation options through marketing projects such as Getting around Guides and GLCAP's mobility website.</p> <p>Research feasibility of expanding regional coordination with adjoining counties.</p> <p>Continue to expand the number of available providers and vehicles providing transportation services in Wood County by securing funding such as ODOT 5310 and 5311 grants.</p>	December 31, 2019	Adult, youth and child	<p>Improve results and positive feedback from surveys and focus groups conducted with Wood County residents.</p> <p>Increase numbers of trips provided through public and private transportation providers.</p> <p>Increase the number of vehicles in provider fleet inventories providing service.</p>	Great Lakes Community Action Partnership (GLCAP) (WSOS) And the Mobility Management Program Coordinator
<p>Year 2: Continue efforts from year 1.</p> <p>Continue to advocate for maintaining the Net Plus Program in Wood County</p> <p>Continue to build upon coordination of regional planning with Toledo Metropolitan Area Council of Governments (TMACOG).</p> <p>Seek an increase in funding for transportation providers who serve seniors, individuals with disabilities and low income individuals and families.</p>	December 31, 2020			
<p>Year 3: Continue efforts from year 1 and year 2.</p> <p>Expand efficient and affordable demand response transportation service available throughout Wood County.</p>	December 31, 2021			
<p>Priority area(s) the strategy addresses:</p> <p> <input type="radio"/> Mental Health and Addiction <input type="radio"/> Chronic Disease <input checked="" type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy: Transportation providers, health and human service agencies, local jurisdictions, county government, and the Ohio Department of Transportation.</p>				

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The full committee will meet quarterly to report 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.

Wood 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 Wood County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the 🍊 icon.

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

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future WCHP 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:

Alex Aspacher
Community Outreach Coordinator
Wood County Health Department
1840 E. Gypsy Lane Road
Bowling Green, OH 43402
419-354-9212

Appendix I: Gaps and Strategies

The following tables indicate mental health and chronic disease gaps and potential strategies that were compiled by Wood County Health Partners.

Mental Health and Addiction Gaps

Gaps	Potential Strategies
1. There is a discrepancy between the actual definition of bullying and how parents and youth perceive bullying (a gap in the definition)	<ul style="list-style-type: none"> Consider getting more parents involved through a parent program at the schools. Implement a social media campaign aimed at decreasing overall use of social media.
2. Olweus bullying program is not being implemented to fidelity in all school districts	<ul style="list-style-type: none"> Continue to train any new staff on the Olweus bullying program. Continue to implement the Pax Good Behavior game.
3. Marketing is difficult to do in Wood County due to the large size of the county	<ul style="list-style-type: none"> Consider offering incentives to get people to events, trainings, etc. within the county. Expand 2-1-1. "Shut down" other community events or activities for one important event that everyone should attend. Expand the "Project Change" program/campaign that was done at Lake school to other schools within the county.
4. Stigma associated with mental health and substance abuse	<ul style="list-style-type: none"> Consider developing a campaign that shows the connection between substance abuse and mental health. Consider implementing school-based health centers and/or mental health counselors within the schools.
5. There is a need for additional recovery housing and residential treatment centers	<ul style="list-style-type: none"> Wood County Hospital recently added the New Vision program which is a medical stabilization service for patients battling addiction.
6. Linking individuals to services can be difficult due to the lack of wrap around services in the area	<ul style="list-style-type: none"> Develop a system where sharing information between different medical professionals (medical, mental, oral, etc.) is effective and efficient with case management.

Chronic Disease Gaps

Gaps	Potential Strategies
1. Marketing: it is difficult to get people to engage with the messaging or listen to the information	None noted.
2. Lack of knowledge among the aging population regarding the signs and symptoms of chronic diseases (heart disease, diabetes)	None noted.
3. People are using the emergency room (ER) and urgent care for preventive medical care	None noted.
4. Screening guidelines differ by doctors, medical organizations and insurance companies	None noted.
5. Lack of connection/coordination between certain agencies within the county (e.g. schools, businesses)	A multifaceted approach should be used when addressing this issue.
6. OSU extension	OSU offers several programs for preventing and managing chronic diseases including cooking classes and diabetes programming.
7. Lack of access to fresh, healthy food	Recruit different agencies to come together to address this issue.
8. Transportation	None noted.

Appendix II: Links to Websites

Title of Link	Website URL
2-item Food Insecurity (FI) Screening Tool	https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf
Text “4hope”	https://mha.ohio.gov/Portals/0/assets/Prevention/Suicide/CTL-fact-sheet.pdf
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Community gardens	http://www.countyhealthrankings.org/policies/community-gardens
Community-wide physical activity campaigns	https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns
Competitive pricing for healthy foods	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/competitive-pricing-for-healthy-foods
Expect Respect	http://www.expectrespectaustin.org/about/
Fuel Up to Play 60	https://www.fueluptoplay60.com/
Health insurance enrollment outreach and support	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/health-insurance-enrollment-outreach-support
Increase prediabetes screening and referral	http://www.cdc.gov/sixteen/docs/6-18-evidence-summary-diabetes.pdf
LifeSkills Training	https://www.lifeskillstraining.com/
Medication-Assisted Treatment	http://www.wsipp.wa.gov/BenefitCost?topicId=7
Master list of SHIP indicators	http://www.odh.ohio.gov/sha-ship
Naloxone access	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/naloxone-education-distribution-programs
Olweus Bullying Prevention Program	http://www.violencepreventionworks.org/public/index.page
PAX Good Behavior Game	https://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
Prediabetes Risk Assessment	http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/
Question, Persuade, Refer (QPR)	https://qprinstitute.com/
Rural transportation services	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/rural-transportation-services
Medical homes	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-homes
Nutrition prescriptions	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions

School-based nutrition education programs	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-based-nutrition-education-programs
School-based social and emotional instruction	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-based-social-and-emotional-instruction
School-based violence prevention	https://www.cdc.gov/policy/hst/hi5/violenceprevention/index.html
Serving Up MyPlate: A Yummy Curriculum	https://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum
Screening, brief intervention, and referral to treatment (SBIRT)	http://www.integration.samhsa.gov/clinical-practice/sbirt
Shared use agreements	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/shared-use-agreements
Signs of Suicide (SOS)	https://www.sprc.org/resources-programs/sos-signs-suicide
Tobacco 21	https://tobacco21.org/state-by-state/
Trauma-informed Care	http://www.countyhealthrankings.org/policies/trauma-informed-health-care
Universal school-based suicide awareness and education programs	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/universal-school-based-suicide-awareness-education-programs
Wholesome Rx	https://www.ruralhealthinfo.org/project-examples/897