WOOD
COUNTY

2025 WOOD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED JUNE 2025

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A NOTE FROM THE
WOOD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STEERING COMMITTEE

The Wood County CHNA Steering Committee strives to bring together people and organizations to improve community wellness. The CHNA process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2025, the Wood County CHNA Steering Committee partnered to conduct a comprehensive CHNA to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the service area's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

We have chosen to assess Wood County as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. This report guides us in our strategic planning and decision-making concerning future programs and health resources.

The 2025 Wood County CHNA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members and organizations, working together to be a thriving community that supports health and well-being at home, work, and play.

Conducting the CHNA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups, and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

Ben Robison
Health Commissioner
Wood County Health Department

Stanley Korducki
President
Wood County Hospital

Alison Avendt
President
Mercy Health—Perrysburg Hospital

ACKNOWLEDGEMENTS

The Wood County CHNA Steering Committee would like to recognize the following organizations for their contributions to this report:

Bowling Green Chamber of Commerce

Bowling Green State University

City of Bowling Green

Great Lakes Community Action Partnership

La Conexión

Mercy Health—Perrysburg Hospital

Middleton Township Emergency Medical
Services (EMS)

National Alliance on Mental Illness (NAMI) -
Wood County

North Baltimore Local Schools

Ohio State University Extension Office

Perrysburg Chamber of Commerce

Perrysburg Heights Community Center

The Cocoon

Unison Health

Wood County Board of County Commissioners

Wood County Board of Developmental Disabilities

Wood County Committee on Aging

Wood County Educational Service Center

Wood County Emergency Management Agency

Wood County Health Department

Wood County Hospital

Wood County Job and Family Services

Wood County Safety Council

Wood County Sheriff's Office

EXECUTIVE SUMMARY

Purpose

The Community Health Needs Assessment (CHNA) is a systematic evaluation of community assets, strengths, and opportunities for growth for Wood County. The findings are analyzed to develop the Implementation Strategy/Community Health Improvement Plan (IS/CHIP), which guides community efforts to address identified needs. The 2025 Wood County CHNA meets all Ohio Department of Health and federal regulations.

Process

The 2025 Wood County CHNA was guided by a committee composed of Wood County Health Department, Mercy Health—Perrysburg Hospital, and Wood County Hospital staff, with support from 24 community partners from across the county. Moxley Public Health was contracted to assist in assessment and community partner meeting coordination. A community member survey was developed by the steering committee and distributed via mail, community partner engagement, and online via a QR code. The community survey was used to gather information related to health outcomes, community conditions, and demographic information. A total of 586 responses were received.

In addition to the community survey, Moxley Public Health conducted a focus group and key informant interviews to gather qualitative data. The focus group was conducted at Perrysburg Heights Community Association and had eight participants. Community leaders from organizations across Wood County completed a total of 21 key informant interviews. More information on the CHNA process and these data collection methods can be found in Appendices A and B.

Key Findings – Community Conditions

Based on community survey results, key informant interviews, and focus groups, the three areas of highest concern among the 15 community conditions that were reviewed include:

- **Access to Healthcare:** Wood County has fewer providers per capita compared to Ohio. 41% of community survey respondents reported access to care as a priority need. Wood County has a number of assets that provide collaborative opportunities to make an impact on access to healthcare.
- **Nutrition & Physical Health:** 24% of Wood County adults did not participate in leisure time physical activity in the past month. Wood County has a number of options to support nutrition and physical health.
- **Transportation:** 9% of respondents indicated lack of transportation prevented their access to one or more essential services in the past year. Addressing transportation can make an impact on improving multiple health outcomes in Wood County.

Key Findings – Health Outcomes

Based on community survey results, key informant interviews, and focus groups, the three areas of highest concern among the 5 health outcomes that were reviewed include:

- **Mental Health:** 25% of youth report experiencing poor mental health compared to 28% of Ohio youth. Notably, 19% of Wood County youth report they considered attempting suicide in the past year compared to 13% of Ohio youth.
- **Chronic Diseases:** 64% of community survey respondents indicated they have at least one chronic health condition or disability. Focus group members voiced the importance of diabetes and heart disease screening and prevention.
- **Maternal, Infant & Child Health:** 22% of community respondents reported addressing maternal, infant, and child health as a top concern. Wood County's infant mortality rate of 6 per 1,000 is lower than the Ohio infant mortality rate of 7 per 1,000, but does not yet meet the Healthy People 2030 goal of 5 per 1,000.

Next Steps

During the previous IS/CHIP cycle, substantial progress was made, including an increase in mental health providers serving Wood County, expanded availability of dental appointment times, expansion of health screening services, the planting of community gardens, delivery of health education sessions, and more. The 2026–2028 IS/CHIP committee will continue to build upon these successes while implementing new initiatives to ensure the health of all of Wood County.

OVERVIEW
OF THE PROCESS

Affordable Care Act Requirements
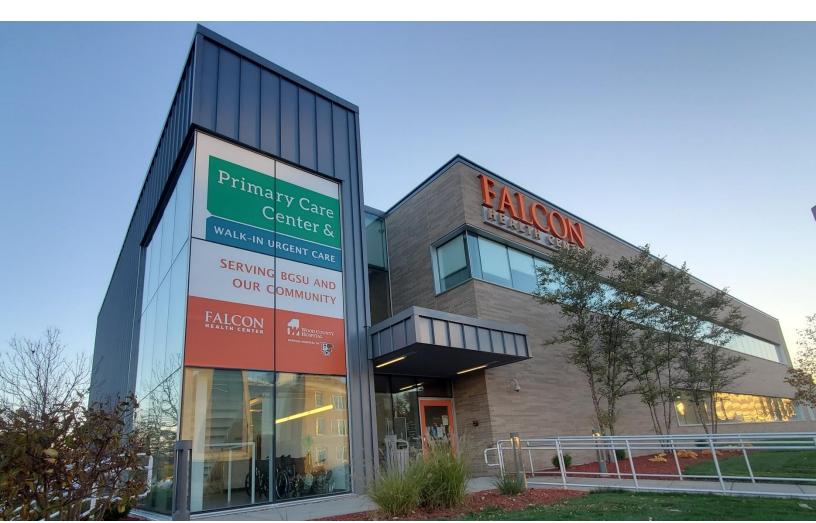
Hospital organizations under 501(c)(3) status must conduct a Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years. See Appendix D for how this report meets these requirements.

Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs/CHNAs) and Community Health Improvement Plans (CHIPs) for local health departments. See Appendix D for how this report meets these requirements.

Ohio Department of Health Requirements

Ohio Revised Code requires that health departments and tax-exempt hospitals submit CHA/CHNAs and IS/CHIP to the Ohio Department of Health every three years.

Ohio Department of Health (ODH) Framework

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

The Wood County CHNA Steering Committee desired to align with the priorities and indicators of ODH. To do this, they used the following guidelines when prioritizing the health needs of their community.

The Steering Committee used the same language as the state of Ohio when assessing the factors and health outcomes of their community this report.

In order to align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, the Wood County CHNA Steering Committee included the state's priority factors and health outcomes when assessing the community.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework

Equity
Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Priorities
The SHIP identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

Community Conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health Behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to Care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic Disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

**Vision:
Ohio is a model of health, well-being, and economic vitality**

Strategies
The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.

PROGRESS AND BENCHMARKS

Trend Summary and Benchmark Comparisons

The following tables compare Wood County rates of the identified health needs to previous years, Ohio state-level data, and national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. These tables are useful for monitoring and evaluation purposes in order to track the impact of our Implementation Strategy (IS) /Improvement Plan (CHIP) to address priority health needs.

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Wood County Health Department

MERCYHEALTH

ADULT TREND SUMMARY

This table summarizes results, trends, and comparisons for adults from the 2025 Wood County Community Health Needs Assessment (CHNA). The arrows show whether the indicator has gone up, down, or stayed the same. The color shows whether that change was **good** or **bad**.

ADULT TREND SUMMARY					
INDICATORS	**WOOD COUNTY 2021***	**CHANGE SINCE 2021**	**WOOD COUNTY 2025**	**OHIO 2025**	**COMPARED TO OHIO**
Rated general health as fair or poor[2]	12%	⬆	16%	18%	Better
Average days that physical health was not good (in the past month)[2]	4.6	⬇	3.9	4.3	Better
Average days that mental health was not good (in the past month)[2]	6.9	⬇	5.7	6.1	Better
Uninsured adults[2]	7%	⬇	6%	8%	Better
Visited a doctor for a routine checkup in the past year[5, 38]	67%	⬆	78%	77%	Better
Diagnosed with diabetes[6, 38]	8%	⬆	11%	13%	Better
Diagnosed with asthma[6, 38]	10%	⬆	11%	11%	Same
Diagnosed with arthritis[6, 38]	31%	⬇	28%	31%	Better
Had angina or coronary heart disease[6, 38]	4%	⬆	7%	8%	Better
Had a stroke[6, 38]	2%	⬆	3%	4%	Better
Diagnosed with high blood pressure[5, 38]	30%	⬆	32%	36%	Better
Diagnosed with high cholesterol[5, 38]	30%	⬆	32%	36%	Better
Adult obesity[2]	37%	⬇	36%	38%	Better
Binge or heavy drinker[2]	32%	⬇	21%	21%	Same
Current smoker[2]	10%	⬆	16%	18%	Better
Adults who used recreational marijuana in the past 6 months (Wood Co. 2021) or in the past 30 days (Wood Co. 2025)	9%	⬇	8%	N/A	N/A
Adults who misused (used prescription medication not prescribed to them or in excess) in the past 6 months (Wood Co. 2021) or in the past 30 days (Wood Co. 2025)	5%	⬇	1%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)[2]	78%	⬇	54%	51%	Better
Had a mammogram in the past two years (ages 50-74, except for Wood Co. 2021, which is ages 40 and older)[24]	71%	⬆	75%	78%	Worse
Had a Pap smear in the past three years (ages 21-65)[24]	70%	⬆	76%	77%	Worse
Colorectal cancer screenings, ages 50-75, per guidelines[24] (or had a digital rectal exam within the past year, Wood Co. 2021)	12%	⬆	57%	70%	Worse
Adult frequent mental distress (felt sad or hopeless for two or more weeks in a row)[2]	12%	⬆	19%	19%	Same
Considered attempting suicide in the past year	3%	⬆	5%	N/A	N/A
Adults who visited a dentist or dental clinic (in the past year)[6, 38]	66%	⬆	67%	64%	Better

As reported in 2021 Wood County Community Health Assessment Summary

YOUTH TREND SUMMARY

This table summarizes results, trends, and comparisons for youth from the 2025 Wood County CHNA. The arrows show whether the indicator has gone up, down, or stayed the same. The color shows whether that change was **good** or **bad**.

YOUTH TREND SUMMARY					
INDICATORS	**WOOD COUNTY 2021*, ****	**CHANGE SINCE 2021**	**WOOD COUNTY 2025**	**OHIO 2025**	**COMPARED TO OHIO**
Current smoker, 7th-12th graders (smoked on at least one day during the past 30 days)[9, 14]	2%	⬇	1%	3%	**Better**
Current drinker, 7th-12th graders (used alcohol on at least one day during the past 30 days)[9, 14]	11%	⬇	8%	9%	**Better**
Have used marijuana, 7th-12th graders (in the past 30 days)[9, 14]	5%	**Same**	5%	6%	**Better**
Seriously considered attempting suicide (in the past 12 months)[9, 14]	14%	⬆	19%	13%	**Worse**
Poor mental health (felt sad or hopeless almost every day for two weeks or more in a row during the past year)[9, 14]	29%	⬇	25%	28%	**Better**

As reported in 2021 Wood County Community Health Assessment Summary
**Note that Wood County 2021 data is for 6th-12th graders*

HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Wood County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	**DESIRED DIRECTION**	**WOOD COUNTY**	**HEALTHY PEOPLE 2030 OBJECTIVES**
High school graduation rate[2]	⬆	95.2%	90.7%
Child health insurance rate[7]	⬆	97.1%	92.1%
Adult health insurance rate[7]	⬆	94.6%	92.1%
Ischemic heart disease deaths[18]	⬇	112.4*	71.1 per 100,000 persons
Cancer deaths[18]	⬇	201*	122.7 per 100,000 persons
Colon/rectum cancer deaths[18]	⬇	19.7*	8.9 per 100,000 persons
Lung cancer deaths[18]	⬇	43.4*	25.1 per 100,000 persons
Female breast cancer deaths[18]	⬇	13.7*	15.3 per 100,000 persons
Prostate cancer deaths[18]	⬇	8.2*	16.9 per 100,000 persons
Stroke deaths[18]	⬇	45.2*	33.4 per 100,000 persons
Unintentional injury deaths[18]	⬇	49.2*	43.2 per 100,000 persons
Suicides[18]	⬇	11.7*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths[18]	⬇	10.9*	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+ [36]	⬇	78.9	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths[18]	⬇	17.9*	20.7 per 100,000 persons
Overdose deaths involving opioids[19]	⬇	15.2*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (HP2020 Goal)[37]	⬆	81.2%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%)[37]	⬇	9.1%	9.0%
Infant death rate[2]	⬇	5.6	5.0 per 1,000 live births
Adults, ages 18+, obese[2]	⬇	35.7%	36.0%, adults ages 20+
Students, grades 7th to 12th, obese	⬇	N/R	15.5%, children & youth, 2-19
Adults engaging in binge drinking[2]	⬇	21.5%	25.4%
Cigarette smoking by adults[2]	⬇	15.7%	5.0%
Pap smears, ages 21-65, screened in the past 3 years[24]	⬆	76.0%	84.3%
Mammograms, ages 50-74, screened in the past 2 years[24]	⬆	75.1%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines[24]	⬆	57.3%	74.4%
Medicare enrollee annual influenza vaccinations[2]	⬆	54.0%	70.0%, all adults
Food insecure households[11]	⬇	14.2%	6.0%
Suicide attempts by adolescents (7th to 12th grade) in past year[14]	⬇	6.9%	1.8%

Crude rates per 100,000, 2019-2023 average (only crude rates are available starting in 2021)

STEP 1
PLAN AND PREPARE FOR THE ASSESSMENT

In this step, the Wood County CHNA Steering Committee:

✓ Determined who would participate in the needs assessment process

✓ Planned for community engagement

✓ Engaged health department and hospital leadership

✓ Determined how the community health needs assessment would be conducted

✓ Developed a preliminary timeline

Wood County
Health Department

MERCYHEALTH

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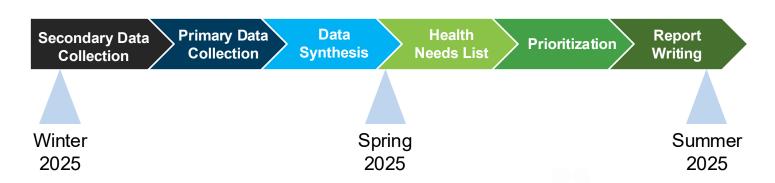
PLAN AND PREPARE

Wood County CHNA Steering Committee began planning for the 2025 Wood County Community Health Needs Assessment (CHNA) in 2025. They involved the health department and hospital leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHNA. They then formed a timeline for the process.

Secondary Data Collection	Primary Data Collection	Data Synthesis	Health Needs List	Prioritization	Report Writing

Winter 2025

Spring 2025

Summer 2025

PREVIOUS COMMUNITY HEALTH ASSESSMENT (CHNA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PREVIOUS CHNA (2021) AND CHIP

In 2021, Wood County conducted its previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA.

The previous CHNA was made available to the public on the following website:

https://woodcountyhealth.org/home/reports-publications/

PREVIOUS IS/CHIP (2022-2025)

In collaboration with community partners, Wood County developed and approved a CHIP report for 2022-2025 to address the significant health needs that were identified in the 2021 Wood County CHNA (community conditions, health behaviors, access to care, mental health and addiction, chronic disease, and social wellness). For an update on the 2022-2025 IS/CHIP, go to the Reports and Publications page at www.woodcountyhealth.org.

STEP 2
DEFINE WOOD COUNTY'S SERVICE AREA

In this step, the Wood County CHNA Steering Committee:

✓ Described Wood County's service area

✓ Determined the purpose of the needs assessment
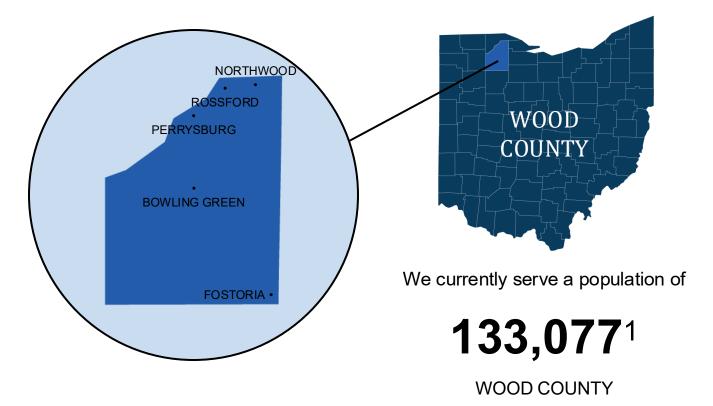
DEFINING THE WOOD COUNTY
SERVICE AREA

For the purposes of this report, Wood County defines their primary service area as being made up of Wood County, Ohio.

NORTHWOOD

ROSSFORD

PERRYSBURG

BOWLING GREEN

FOSTORIA

WOOD COUNTY

We currently serve a population of

133,077[1]

WOOD COUNTY

WOOD COUNTY
AT-A-GLANCE
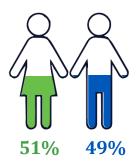
The life expectancy in Wood County of **77.4 years is 2.2 years longer** than it is for the state of Ohio.[2]

Youth ages 0-18 and seniors 65+ make up
37% of the population
(vs. **40%** for Ohio).

In the Wood County service area, nearly **1 in 6 residents are ages 65+**.[3]

51% of both Wood County and Ohio residents are **women**.[3]

51% **49%**
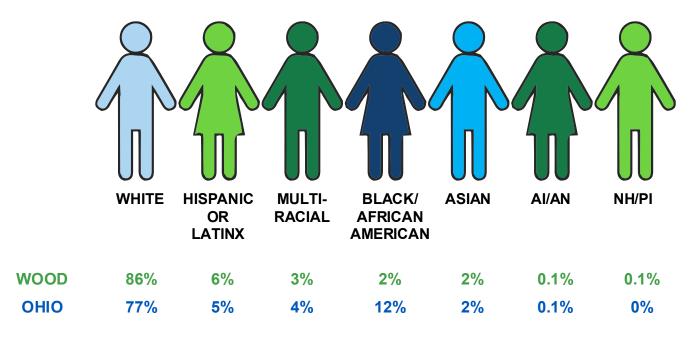
6%
of Wood County residents are **veterans**, vs. 7% for Ohio.[4]

3% of Wood County's population is **foreign-born** (vs. **5%** for Ohio), while **5%** of Wood County residents **do not speak English as their first language** (vs. **8%** for Ohio).[4]

There is a **higher proportion of White residents and Hispanic/Latinx residents** in Wood County than in the state of Ohio.[3]

	WHITE	HISPANIC OR LATINX	MULTI-RACIAL	BLACK/ AFRICAN AMERICAN	ASIAN	AI/AN	NH/PI
WOOD	86%	6%	3%	2%	2%	0.1%	0.1%
OHIO	77%	5%	4%	12%	2%	0.1%	0%

AIAN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

In this step, the Wood County CHNA Steering Committee:

- ✓ Reviewed secondary data

- ✓ Collected primary data through interviews, community member survey, and focus groups

- ✓ Collected community input and feedback

- ✓ Reviewed prior assessments and reports

- ✓ Analyzed and interpreted the data

- ✓ Identified disparities and current assets

- ✓ Identified barriers or social determinants of health

- ✓ Identified and understood causal factors

- ✓ Established criteria for setting priorities

- ✓ Validated priorities

- ✓ Identified available resources

- ✓ Determined resource opportunities

PRIMARY DATA COLLECTION
COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **586 responses** to the community survey.

The results of how the health needs were ranked in the survey for Wood County are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to health care and mental health). More details about the survey, questions, and demographics can be found in **Appendix B**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to healthcare	41%
#2 Nutrition & physical health/exercise	37%
#3 Transportation	36%
#4 Income/poverty	35%
#5 Adverse childhood experiences (ACEs)	34%
#6 Food insecurity	34%
#7 Access to childcare	31%
#8 Substance use	30%
#9 Education	25%
#10 Community engagement	25%
#11 Housing & homelessness	21%
#12 Employment/work	21%
#13 Preventive care & practices	20%
#14 Tobacco and nicotine use/smoking/vaping	18%
#15 Environmental conditions	14%
#16 Crime & violence	12%
#17 Internet/Wi-Fi access	10%
#18 Addiction to gambling, gaming, or sports betting	6%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	89%
#2 Chronic diseases	75%
#3 Disabilities	40%
#4 Infectious diseases	33%
#5 Maternal, infant, and child health	22%
#6 Injuries	17%
#7 HIV/AIDS and Sexually Transmitted Infections (STIs)	6%

HEALTH NEEDS
COMMUNITY CONDITIONS

Health Needs: Community Conditions

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall Wood County ranking from the community member survey as seen on page 19 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health).

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Wood County Health Department

MERCYHEALTH

#1 Health Need:
ACCESS TO HEALTHCARE

22% of Wood County adults **did not have a routine checkup** in the prior year, versus 23% of Ohio adults.[5, 38]

33% of Wood County adults **did not visit the dentist** in the prior year, compared to **36%** for Ohio.[6, 38]

IN OUR COMMUNITY

Wood County has fewer primary and dental care providers relative to its population when comparing the ratios to Ohio.[2]

WOOD COUNTY 1 per 1,472 **		OHIO 1 per 1,328**

**primary care providers : residents
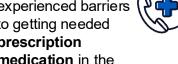
WOOD COUNTY 1 per 3,060***		OHIO 1 per 1,535***

*** dental care providers : residents

BARRIERS TO CARE

26% of survey respondents experienced barriers to getting needed **prescription medication** in the past year.

18% of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.

4% of survey respondents lack health insurance because it **costs too much.**

3% of survey respondents have been unable to get to appointments due to **lack of reliable transportation.**

20% of survey respondents' usual source of care is an **urgent care clinic.**

29% of survey respondents **have not been to the dentist** in over a year. **36%** experienced barriers to getting needed **dental care** in the last year.

41%
of community survey respondents say access to healthcare is a priority need.

Over 1 in 5 (21%)
community survey respondents say that specialist care is lacking in the community. **19%** say dental care access is lacking, **12%** say primary healthcare access is lacking, **6%** say vision care access is lacking, and **8%** say hospital/acute/emergency care is lacking.

COMMUNITY FEEDBACK

"Sometimes finding specialists who accept Medicaid has been an issue, especially when it comes to dental services, particularly oral surgery."
Community Member Interview

"We also need to be aware of the different languages that are spoken in this community...What can we do to still provide them [with that health] information?"
Community Member Interview

#1 Health Need:
ACCESS TO HEALTHCARE

Wood County has **lower uninsured rates** than Ohio among adults (5% vs. 9%), children (3% vs. 5%), and seniors (0.3% vs. 0.5%).[7, 39]

COMMUNITY FEEDBACK

"We don't have public transit, so a lot of times people struggle with getting healthcare unless there's a telehealth option."

Community Member Interview

"We have been seeing more of not necessarily the lack of coverage, but not being able to afford deductibles or the cost of their copay."

Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Transportation barriers
- Healthcare/insurance cost
- Language barriers
- Difficult to navigate healthcare/insurance system

Sub-populations most affected:
- Low-income population
- Elderly/aging population
- Immigrants/international students
- Rural population

PRIORITY POPULATIONS
ACCESS TO HEALTHCARE

Community member survey respondents who **work part-time** were more likely to rate access to healthcare as a priority than those who work full-time.

Survey respondents **ages 21-34** were less likely than other respondents to say they had a routine check-up in the past year.

In the community survey, **women** were more likely than men to say they delayed care due to not having insurance.

Survey respondents with an **income of $25,000-$49,999** were more likely to say they delayed care due to lack of insurance and inability to pay, and less likely to have a dental check-up in the past year.

Healthcare access barriers were highlighted in the **Perrysburg Heights** focus group.

According to the 2025 Edelman Trust Barometer Special Report, **younger people (ages 18-34)** are more likely to take uncredentialed health advice.[8]

#2 Health Need:
NUTRITION & PHYSICAL HEALTH
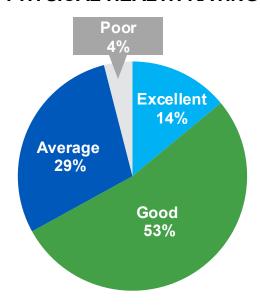
IN OUR COMMUNITY

PHYSICAL HEALTH RATING

- Poor 4%
- Excellent 14%
- Average 29%
- Good 53%

53% of community survey respondents rated their physical health as **"good,"** while **29%** rated it as **"average."**

37% of community survey respondents ranked nutrition and physical health as a **priority health need.**

12% of community survey respondents **say that recreational spaces are lacking** in Wood County.

BARRIERS TO GETTING HEALTHIER

- Lack of Energy — 51%
- Busy Schedule — 48%
- Stress — 42%
- Money — 37%
- Intimidation of Going to a Gym — 25%
- Convenience (Eating Out is Easier) — 18%

Barriers reported in community member survey.

#2 Health Need:
NUTRITION & PHYSICAL HEALTH

According to the 2025 County Health Rankings program, **24%** of both Wood County and Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).[2]

36%
WOOD COUNTY

38%
OHIO

Wood County has a **slightly lower adult obesity rate** compared to Ohio.[2]

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Healthy food access barriers
- Cost/affordability barriers
- Limited walkability

Sub-populations most affected:
- Low-income population
- Rural population
- Elderly/aging population

COMMUNITY FEEDBACK

"I know children who are growing up from a very young age in front of screens, you know too much screen time and less physical activity."
Community Member Interview

"I think people need to realize you don't have to join a gym to become physically active. You don't have to have a lot of money to be physically active."
Community Member Interview

"But even the stuff that you get at food pantries is very limited. We try to keep a very well-stocked pantry, and we do get a lot of good products. But there's only so many fresh vegetables and stuff like that that you can get."
Community Member Interview

PRIORITY POPULATIONS
NUTRITION & PHYSICAL HEALTH

Community survey respondents from **Perrysburg (43551)** were more likely to rank nutrition and physical health as a top concern in the community.

Female community survey respondents were more likely than males to say that stress, busy schedules, intimidation, and/or money keep them from getting healthier and in better shape. They were also less likely than men to rate their physical health as "excellent" or "good."

Community survey respondents **ages 35-44** were most likely to say that lack of energy or their busy schedule keeps them from getting healthier/in better shape.

On the community survey, respondents **ages 45-54** were more likely to say recreational spaces are lacking in the community.

Community survey respondents with **lower household incomes** were more likely to believe that money, intimidation, and/or lack of energy keeps them from getting healthier and in better shape.

Hispanic/Latinx survey respondents were more likely than White respondents to rate their physical health as "average." They were also more likely to say that stress, lack of energy, busy schedule, and/or convenience keep them from getting healthier and in better shape.

#3 Health Need:
TRANSPORTATION

36% of community survey respondents reported **transportation** as a top health need in Wood County.

IN OUR COMMUNITY

40% of community survey respondents say that **transportation is lacking** in Wood County. 9% of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.

When analyzing the most populous places in **Wood County,** according to Walkscore.com, all areas were **'Car Dependent'** (with a few amenities within walking distance).[10]

43/100
Walkscore
BOWLING
GREEN[10]

36/100
Walkscore
NORTH-
WOOD[10]

26/100
Walkscore
ROSS-
FORD[10]

25/100
Walkscore
PERRYS-
BURG[10]

81% of Wood County residents **drive alone to work**, compared to 77% for Ohio.[7]

3% of Wood County residents **walk to work** (vs. 2% for Ohio).[7]

The average **daily commute time** for Wood County workers **(21 minutes)** is lower than for Ohio **(24 minutes)**.[7]

COMMUNITY FEEDBACK

"I know that there's transportation to schedule a ride, but those often have to be done in advance. But if you need a ride now, that can be very difficult...so that's been a real issue."

Community Member Interview

#3 Health Need:
TRANSPORTATION

COMMUNITY FEEDBACK

"Walkability can be improved throughout the region. I think it's a general matter of how we develop communities that can be improved. Certain parts of the community aren't as walkable or as safe as other parts of the region."

Community Member Interview

"For those individuals that are looking around the community for employment, probably their biggest challenge is transportation."

Community Member Interview

"[There is transportation for students, for seniors, in Bowling Green, and in Perrysburg.] But when you get out into Lake Local, Eastwood Local, Elmwood, North Baltimore, and Otsego, I don't know what in the world you do if you need transportation, because they're just out there in the country."

Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Limited public transportation
- Limited walkability
- Lack of coverage in rural areas

Sub-populations most affected:
- Elderly/aging population
- Rural population
- Low-income population

PRIORITY POPULATIONS
TRANSPORTATION

Community survey respondents with **lower household incomes** were more likely to say they experienced **transportation barriers in the past year getting to work or appointments.**

Hispanic/Latinx survey respondents were more likely than White respondents to say they faced barriers in getting to appointments, work, and physical activity opportunities.

Survey respondents **ages 65+** were significantly more likely to rank transportation as a top concern in the community than those ages 25-34.

Community survey respondents from **Bowling Green (43402)** were significantly more likely to report transportation as a resource that is lacking in the community than those from Perrysburg (43551).

#4 Health Need:
INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income**, **employment**, **education,** and many of the most important social factors that impact the community's health.

7% of low-income Wood County adults utilize food stamps, vs. **12%** for Ohio.[7]

3% of Wood County residents are unemployed, vs. **4%** of Ohio residents.[2]

IN OUR COMMUNITY
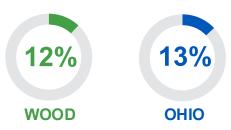
Wood County's median household income is **higher** than the state average for Ohio.[2]

WOOD COUNTY: $73,900
OHIO: $67,900

POVERTY RATE

12%
WOOD

13%
OHIO

Poverty rates are **slightly lower** for Wood County **(12%)**, compared to Ohio **(13%)**.[7]

CHILD POVERTY RATE

9%
WOOD

18%
OHIO

Child poverty rates for Wood County (**9%**) are **much lower** than the rate for Ohio (**18%**).[7]

COMMUNITY FEEDBACK

"So we have quite a few [people] at or below the poverty level, and sometimes I feel they don't get the healthcare that they need. Some of their health issues then become exacerbated because they can't receive those health services."

Community Member Interview

35%

of community survey respondents reported **income/poverty** as a top health need in Wood County, and **36%** reported that **quality, well-paying jobs** are lacking in the community.

#4 Health Need:
INCOME/POVERTY & EMPLOYMENT

COMMUNITY FEEDBACK

"I would say mental health is very significant, so that's definitely affecting people's ability to find and maintain employment, or especially to maintain full-time employment."
Community Member Interview

"If you don't have access to public transportation, you're not getting to those hubs where those support services are readily available."
Community Member Interview

"The challenge that we face is that here in the county, while there's a lot of work available, that doesn't mean that everyone is necessarily able to access work for a variety of reasons."
Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Transportation barriers
- Financial/income challenges
- Childcare barriers
- Workforce issues

Sub-populations most affected:
- Low-income population
- Immigrants/international students
- Elderly/aging population

PRIORITY POPULATIONS
INCOME/POVERTY & EMPLOYMENT

Bowling Green has a lower median income and experiences higher poverty levels than other areas in Wood County.[7]

Financial strain of health issues and income barriers were discussed in the focus group with the **Perrysburg Heights** community.

Native American/Alaska Native, Multiracial, and Black/African American community survey respondents were more likely to rate income/poverty as a top concern than other respondents.

In the community survey, those with a **high school degree or equivalent** were significantly more likely than those with a Bachelor's or graduate degree to be unemployed, have a lower household income, and be precariously housed.

Survey respondents with a **household income of $35,000-$49,999** were more likely to rate income/poverty and employment as a priority than those who make $100,000 or more.

25-34 year-old community survey respondents were more likely to rate income/poverty as a top concern than older respondents.

COMMUNITY CONDITIONS

#5 Health Need:
FOOD INSECURITY

35% of survey respondents ranked **food insecurity** as a top health concern, and when asked what community resources were lacking in the community member survey, **26%** of respondents answered **affordable food.**

IN OUR COMMUNITY
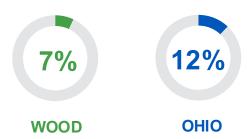
According to Feeding America, **14% of Wood County residents experience food insecurity,** compared to 15% for Ohio overall.[11]

19% of community survey respondents reported experiencing **food access barriers**, including:
- Having to choose between paying bills and buying food (12%)
- Worrying that food would run out (12%)
- Loss of income that led to food insecurity issues (8%)

A **lower rate** of Wood County than Ohio households access **Supplemental Nutrition Assistance Program (SNAP) benefits** (**7% vs. 12%**).[7] While this indicates a lower rate of access, it does not necessarily reflect a lower rate of need.

7%
WOOD COUNTY

12%
OHIO

Wood County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.7/10**, while Ohio's is **7.0/10**.[2]

7.7/10
WOOD COUNTY

7.0/10
OHIO

#5 Health Need:
FOOD INSECURITY

COMMUNITY FEEDBACK

"There are food deserts. Access to healthy food in the grocery stores [and] financial capacity to be able to buy the healthy food [are issues]."
Community Member Interview

"[Nutrition] needs to be taught in schools more to get people on a healthy start when they're younger, to eat healthier and understand nutrition, calories, carbohydrates, proteins, all the different things that are important to understand."
Community Member Interview

"I think the biggest concern is the continued rise in food costs and not seeing any end in sight. We've all felt it in our pockets in terms of we're paying more for groceries. The burden that places on low-income families is really staggering."
Community Member Interview

"I know a number of elderly gentlemen who only have bikes for transportation. So that affects getting to doctors, getting to the grocery store, and all that kind of stuff."
Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Limited grocery store access
- Lack of nutrition education
- Cost barriers to healthy food
- Travel/transportation to get healthy food

Sub-populations most affected:
- Rural population
- Low-income population
- Elderly/aging population

PRIORITY POPULATIONS
FOOD INSECURITY

According to research, food insecurity among **Black or Latino** individuals is higher than White individuals in 90% of American counties. 9 out of 10 high food insecurity counties are **rural**. This is significant to Wood County as it is considered a partially rural county.[12]

8% of Wood County residents have limited access to healthy foods (are **low-income** and **do not live close to a grocery store**).[2]

Community survey respondents **25-34 years old** were more likely than older respondents to say they experienced food access issues, including worrying that their food would run out, going hungry/eating less to provide more for their family, and having to choose between paying bills and buying food.

Hispanic/Latinx survey respondents were more likely than White respondents to select affordable food as a lacking community resource.

Community survey respondents with a **household income of $35,000-$49,999** were most likely to rate food insecurity as a top concern and to say that affordable food is lacking in the community.

Community survey respondents from **Northwood (43619)** were more likely to rate food insecurity as a priority community health need than other areas.

#6 Health Need:
ADVERSE CHILDHOOD EXPERIENCES

⚠ *Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

Over two-thirds (68%) of BRFSS Region 1* adults report having experienced **at least one ACE,** compared to **67%** for Ohio adults.[6]

*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Wood County.

IN OUR COMMUNITY

34% of survey respondents said that **ACEs** are a top concern in the community.

WOOD COUNTY	3.8
OHIO	4.1

Wood County (3.8) has a **slightly lower** rate of substantiated child abuse reports per 1,000 children than the state of Ohio **(4.1)**.[13]

According to the Wood County ADAMHS** Youth Survey, the most commonly reported ACEs among Wood County youth in grades 7-12 are:[14]

- Household separation or divorce (35%)
- Household mental illness (26%)
- Emotional abuse (19%)
- Incarcerated household member (18%)
- Household substance abuse (18%)
- Emotional neglect (15%)

**Alcohol, Drug Addiction and Mental Health Services

PRIORITY POPULATIONS
ADVERSE CHILDHOOD EXPERIENCES

Children with the following **risk factors** are more likely to be impacted by ACEs:[13]

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more survey respondents **ages 35-44** (46%) ranked ACEs as a top concern in the community, when compared to respondents age 65+.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Trauma/generational trauma
- Lack of service awareness/access
- Mental/behavioral health impact

Sub-populations most affected:
- Children who have experienced trauma
- Domestic violence survivors
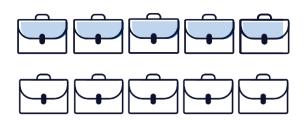- Elderly/aging population
- Low-income population

#7 Health Need:
ACCESS TO CHILDCARE

IN OUR COMMUNITY

According to the 2023 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **$8,292** per year (for school-aged children cared for outside of school hours) to **$12,989** per year (for infants under one year of age).[15]

73% of Ohioans surveyed say that quality childcare is expensive locally.[16]

According to the 2024 Groundwork Ohio statewide survey, **49% of working parents** stated that they have had to **cut back on working hours to care for their children.**[16]

31% of Wood County community survey respondents reported that **access to childcare** is a community issue.

25% reported that **access to childcare resources is lacking** in the community.
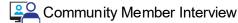
The average two-child Wood County household spends 29% of its income on childcare, compared to **32%** for Ohio.[2]

COMMUNITY FEEDBACK

"There's just a lack of state-accredited childcare providers in our community. There's a lack of childcare providers that accept some of the assistance programs that are available."

Community Member Interview

"I think it impacts any person that is a parent. But people that have a lower income are more drastically impacted by far."

Community Member Interview

PRIORITY POPULATIONS
ACCESS TO CHILDCARE

Community survey respondents from **Bowling Green (43402) and Perrysburg (43551)** were more likely to report access to childcare as a priority need.

According to the community survey, Wood County residents **ages 25-34** were more likely to rank childcare as a top health concern than residents of other ages. They were also more likely to report that access to childcare resources is lacking in the community.

Youth activities and programs were mentioned as a lacking resource in the **Perrysburg Heights** focus group.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Cost barriers
- Limited availability
- Quality/safety concerns

Sub-populations most affected:
- Low-income population
- Parents

#8 Health Need:
ADDICTION & SUBSTANCE USE

Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

IN OUR COMMUNITY

In the community survey, **29%** of Wood County respondents reported **substance use** as a top concern, and **6%** ranked **addiction to gambling, gaming, or sports betting** as a top concern.

14% say that **substance use treatment/harm reduction services are lacking** in the community.

ACCORDING TO THE WOOD COUNTY ADAMHS* YOUTH SURVEY:

8% of Wood County 7th-12th graders have **used alcohol in the past month**, vs. 9% for Ohio.[9, 14]

*Alcohol, Drug Addiction and Mental Health Services

18% of Wood County adults are considered **at-risk or problem gamblers**, compared to 20% for Ohio. **Lottery and sports gambling** are the most common forms in both Wood County and Ohio.[17]

27% of **motor vehicle crash deaths** in Wood County involve **alcohol**, compared to 32% for Ohio.[2]

21% of both Wood County and Ohio adults report engaging in **binge or heavy drinking**.[2]

5% of Wood County 7th-12th graders surveyed have **used marijuana** in the **past 30 days**, compared to 6% for Ohio youth.[9, 14]

8% of community survey respondents said they have **used marijuana recreationally in the past 30 days**.

1% of community survey respondents reported that in the past 30 days they **used prescription medication not prescribed for them or in excess** to feel good, high, more active, or more alert.
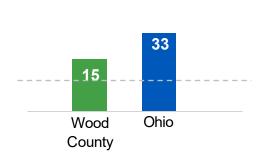
#8 Health Need:
ADDICTION & SUBSTANCE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

OPIOID OVERDOSE DEATHS PER 100,000

Wood County	15
Ohio	33

HP 2030 TARGET:
13.1 per 100,000
DESIRED DIRECTION: ⬇

✗ Wood County and Ohio do not yet meet the target. Note that only crude rates were available.[19]

Wood County experiences **much lower unintentional drug overdose deaths** at **18 per 100,000**, vs. 40 for Ohio.[18]

COMMUNITY FEEDBACK

"We have young adults experimenting with drinking and drug use, which can later lead to addiction and other problems."

Community Member Interview

"Drinking is seen as okay and now marijuana is seen as okay too. We are giving the wrong message, Those long-term effects will be seen once they are older adults...Information about those effects [is] not getting out."

Community Member Interview

PRIORITY POPULATIONS
ADDICTION & SUBSTANCE USE

Survey respondents from **Luckey (43443) and Wayne (43466)** were more likely to rate substance use as a top concern.

In the community survey, **men** were more likely than women to say that they drank every day or almost every day in the last 30 days.

State binge drinking rates are significantly higher among **men** and **higher-income people**.[6]

21-34 year-old survey respondents were more likely to say they use marijuana than other age groups.

At-risk or problem gambling is highest among **18-24 year-olds** in Wood County.[17]

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Alcohol use
- Marijuana use
- Youth substance use

Sub-populations most affected:
- Youth/adolescents
- Elderly/aging population

#9 Health Need:
EDUCATION

25% of community survey respondents reported education as a top health need in Wood County.

IN OUR COMMUNITY

According to County Health Rankings data, **Wood County (5%)** has fewer residents that **DID NOT graduate from high school** than Ohio **(8%)**.[2]

WOOD COUNTY

OHIO

According to County Health Rankings, more residents in Wood County (**75%**) have college educations than in the state of Ohio (**66%**).[2]

PRESCHOOL ENROLLMENT[20]

52%

43%

WOOD COUNTY   **OHIO**

More 3- and 4-year-olds in Wood County were **enrolled in preschool** in 2023 compared to Ohio overall.[20]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.[21]

COMMUNITY FEEDBACK

"Finding affordable Pre-K services has been an issue, or just quality of our childcare providers, as far as providing that Pre-K education."

Community Member Interview

PRIORITY POPULATIONS
EDUCATION

Community survey respondents from **North Baltimore (45872)** were more likely to report their highest level of education being a high school degree/equivalent or less than in other areas.

Community survey respondents with a **household income of $35,000-$49,999** were significantly more likely to rate education as a priority community health need than those with an income of $150,000 or more.

The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents (ages 25-64).

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Preschool/childcare accessibility
- School funding/quality issues
- Support/resources for those with disabilities
- Transportation
- Mental health support concerns

Sub-populations most affected:
- Low-income population
- Immigrants/international students
- Those with disabilities

#10 Health Need:
HOUSING & HOMELESSNESS

21% of community survey respondents ranked **housing and homelessness** as a priority health need, while **58%** of survey respondents reported **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Wood County in the community survey.**

IN OUR COMMUNITY

1% of Wood County and Ohio households are considered **"crowded"** (more than one occupant per bedroom).[22]

Freddie Mac estimates that the **vacancy rate** should be **13%** in a well-functioning housing market. There was only a **6%** vacancy rate in Wood County in 2023, while this was **8%** for Ohio.[22]

41% of Wood County households that pay rent are **"cost burdened"** (spend 30% or more of their income on housing), vs. **45%** for Ohio.[22]

12% of Wood County households experience **severe housing problems** (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities), compared to **13%** for Ohio.[2]

COMMUNITY FEEDBACK

"Housing is very expensive. I think that's been a trend that they're continuing to see. Being able to access housing and subsidized housing, I know that there's a big shortage of that."

Community Member Interview

"There is no crisis place we can send someone. There is no homeless shelter. I think it's been on the list of community issues for as long as I've been around."

Community Member Interview

In 2024, **homelessness** point-in-time count was reported as **14** in Wood County.[23] Note that this count likely does not account for all who may be experiencing homelessness, as it is an observation from one day.

Data shows that **12%** of Wood County households are **seniors who live alone**, compared to **13%** for Ohio. Seniors living alone may be isolated and lack adequate support systems.[4]

#10 Health Need:
HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"We definitely have an issue with affordable housing. We have very limited subsidized housing...And then we just have a lack of housing choice vouchers, or Section 8 vouchers. There's been slight increases, but it's not been enough to keep up with rents going up."
Community Member Interview

"Homelessness is not as noticeable in Wood County, but it exists; many students live in cars. The homeless population is not well known."
Community Member Interview

"Our group homes have an astronomical wait list. And so we don't have the space in our group homes for individuals living with serious mental health conditions."
Community Member Interview

"Taxes on property (cost of owning land) and cost of home repairs are high."
Community Member Focus Group

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Limited/no affordable housing
- Homelessness
- Not enough housing in general

Sub-populations most affected:
- Low-income population
- Those struggling with mental health
- Elderly/aging population

PRIORITY POPULATIONS
HOUSING & HOMELESSNESS

Bowling Green and Rossford experience higher rates of rental housing cost burden than Wood County overall.[22]

21-24 year old community survey respondents were more likely to say they are concerned about losing their housing than other age groups.

Women who responded to the community survey were more likely than men to report affordable housing as a resource that is lacking in the community.

More than half of both **Hispanic/Latinx and White/Caucasian** survey respondents reported affordable housing as a lacking community resource.

Community survey respondents with **lower household incomes** were more likely to say that high cost is the biggest housing challenge they face.

#11 Health Need:
PREVENTIVE CARE & PRACTICES

IN OUR COMMUNITY

19%

of community survey respondents said that addressing **preventive care and practices** in Wood County is a top concern.

54%

of Wood County Medicare enrollees received a **flu shot in the past year**, compared to 51% of Ohio enrollees.[2]

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Lack of awareness/education
- Vaccine hesitancy
- Financial barriers

Sub-populations most affected:
- Low-income population
- Non-English speakers
- Rural population

COMMUNITY FEEDBACK

"Everything is very expensive, so a lot of folks will have to weigh their options and decide if it's worthwhile to do those things, leading to missing out on some of those preventative opportunities. I think they're probably available and there, but considering all of that, I think that a lot of folks don't do that until it's too late."
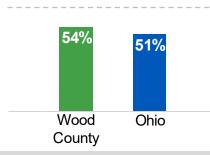
Community Member Interview

#11 Health Need:
PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS
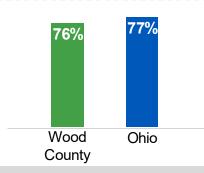
MEDICARE ENROLLEE ANNUAL FLU VACCINATION

54% Wood County
51% Ohio

HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✗ Wood County and Ohio do not yet meet the target.[2]
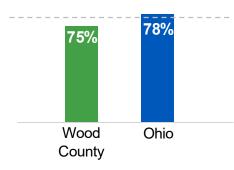
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

76% Wood County
77% Ohio

HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✗ Wood County and Ohio do not yet meet the target.[24]
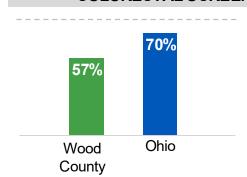
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

75% Wood County
78% Ohio

HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✗ Wood County does not yet meet the target.[24]

✓ Ohio exceeds the target.[24]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

57% Wood County
70% Ohio

HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✗ Wood County and Ohio do not yet meet the target.[24]

PRIORITY POPULATIONS
PREVENTIVE CARE & PRACTICES

Community survey respondents **ages 55-64** were more likely to get their health information from the internet (Google, WebMD) than other age groups.

Data shows that Ohioans with **lower levels of education and income** are less likely to engage in preventive care.[6]

According to the community survey, **younger respondents** were less likely to have received a routine checkup in the past year than other age groups.

Asian survey respondents were more likely to rate preventive care and practices as a top community concern.

According to the 2025 Edelman Trust Barometer Special Report, only 38% of **U.S. residents** trust the media to report accurate information about healthcare.[8]

#12 Health Need:
TOBACCO & NICOTINE USE
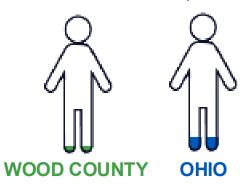
18% of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Wood County.

IN OUR COMMUNITY

5% of survey respondents reported **vaping daily or almost every day in the past 30 days,** while **3%** reported **smoking** daily or almost every day.

Rates of current cigarette smoking are slightly lower for Wood County 7th-12th graders than Ohio teens (1% vs. 3%).[9, 14]

WOOD COUNTY   **OHIO**

6% of Wood County students in 7th-12th grade said they **vaped in the past 30 days,** compared to 9% of Ohio teens.[9, 14]
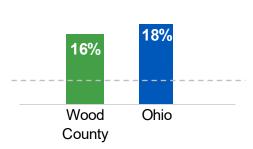
#12 Health Need:
TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

Wood County: 16%
Ohio: 18%

HP 2030 TARGET: 5%
DESIRED DIRECTION: ↓

✗ Wood County and Ohio do not yet meet the target.[2]

COMMUNITY FEEDBACK

"We are certainly seeing an increase in vaping among youth. And I don't think that the impacts or the addictiveness of vaping are understood well by youth."

Community Member Interview

"Bowling Green is probably typical of many communities [in that] we have seen a rapid increase in the number of vape shops opening."

Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Vaping
- Too many vape shops
- Lack of education

Sub-populations most affected:
- Youth/adolescents
- Young adults/college students

PRIORITY POPULATIONS
TOBACCO & NICOTINE USE

Community survey respondents from **Northwood (43619)** were more likely to say that they vape or use e-cigarettes than those from other areas.

According to Ohio data, the smoking rate is highest in **multi-racial people, people ages 25-64, people with disabilities**, and **lower-income and less-educated people**.[6]

Community member survey respondents with a **high school degree/equivalent or some college education** were more likely to say they smoke or vape.

For Ohio overall, e-cigarette rates are highest in **people with disabilities**, **lower-income people,** and **those without a college degree**.[6]

Youth are more likely to vape/use e-cigarettes than smoke tobacco.[9]

Survey respondents with a **household income of $150,000 or more** were more likely to rate tobacco and nicotine use as a top community concern.

#13 Health Need:
ENVIRONMENTAL CONDITIONS

14% of community survey respondents reported environmental conditions as a top health need for the community.

IN OUR COMMUNITY

8.3
WOOD COUNTY

7.9
OHIO
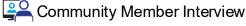
In 2020 (most recent data available), Wood County had **higher levels of air pollution,** at **8.3** micrograms of particulate matter per cubic meter of air, than Ohio at **7.9**.[2]

In 2023 (most recent data available), there were not any **health-based drinking water violations** reported in Wood County.[2]

COMMUNITY FEEDBACK

"There are aging buildings, with aging pipes and not enough funding for wastewater treatment facilities to address issues."
Community Member Interview

"Of course, in the rural areas, just the runoffs. There are certain areas where I drive, and it's like severe sulfur smells. I don't know what chemical reaction, or what is causing that smell, but it's a thing where it's a constant daily [occurrence], and it's just prominent."
Community Member Interview

PRIORITY POPULATIONS
ENVIRONMENTAL CONDITIONS

Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.[2]

Wood County residents who responded to the community survey reported that outdoor vectors (14%) and outdoor air pollution (10%) threatened their health or their family's health in the past year.

Women who responded to the community survey were more likely than men to rate environmental conditions as a top community concern.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Water quality
- Agricultural issues
- Air quality

Sub-populations most affected:
- Rural population
- Elderly/aging population
- Low-income population

#14 Health Need:
CRIME & VIOLENCE

⚠️ *Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

12% of survey respondents said that **crime and violence** are top concerns in the community.

IN OUR COMMUNITY

In the past year, **9% of survey respondents say they have experienced abuse** (physical, sexual, emotional, or verbal), and **7%** say that someone has **threatened to abuse them**.

Both property and violent crime rates are lower in Wood County than Ohio overall.[25]

PROPERTY CRIME RATES PER 100,000[25]

WOOD COUNTY	219
OHIO	1,783
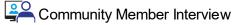
VIOLENT CRIME RATES PER 100,000[25]

WOOD COUNTY	31
OHIO	294

📢 COMMUNITY FEEDBACK

"There's a lot of fraud when it comes to people's bank accounts. That's nationwide. The elderly population is often the victim of scams."
Community Member Interview

"[Crime], to my knowledge, is fairly low. But certainly, things pop up now and again. So, I think just education and awareness around those pieces are important."
Community Member Interview

PRIORITY POPULATIONS
CRIME & VIOLENCE

Female community survey respondents were more likely to rate crime and violence as a top concern than male respondents.

Community survey respondents **ages 18-20** were more likely to rate crime and violence as a top concern than other age groups.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Domestic violence
- Drug-related crime/violence
- Financial fraud

Sub-populations most affected:
- Those involved with the criminal justice system
- Children
- Elderly/aging population
- Low-income population
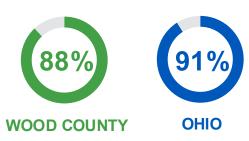
#15 Health Need:
INTERNET ACCESS

Ohio ranks 30th out of the 50 U.S. States in BroadbandNow's 2025 rankings of internet coverage, speed, and availability (with 1 being better coverage).[26] **10%** of community survey respondents rate internet access as a **priority health need**.

IN OUR COMMUNITY

88%

WOOD COUNTY

91%

OHIO

88% of Wood County households have a broadband internet connection, vs. **91%** for Ohio.[26]

COMMUNITY FEEDBACK

"So in Bowling Green, Rossford, Perrysburg, I think they all have more access to opportunities. But outside of that, we only have satellite Internet available...or your cellular data, and both are expensive. Both are not great. It's a struggle."
Community Member Interview

"We have some pretty rural areas in our county. There are definitely some pockets in our county that just don't have Wi-fi access physically. So, not from a financial standpoint, but that there's no wiring."
Community Member Interview

"I would say, we have pretty good access. It's more just an affordability of people being able to afford that. A lot of times, people are relying on their phones to access the Internet, which kind of prevents them from doing some things where you may need a laptop or tablet."
Community Member Interview

PRIORITY POPULATIONS
INTERNET ACCESS

Bowling Green has lower broadband coverage than Perrysburg, but both are greater than Wood County overall.[26]

According to the community survey, residents **ages 55-64** ranked internet access as a top concern more than other age groups.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Rural access issues
- Cost barriers
- Infrastructure limitations

Sub-populations most affected:
- Rural population
- Low-income population
- Elderly/aging population
- Students

HEALTH OUTCOMES

Health Needs: Health Outcomes

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the Wood County ranking from the community member survey as seen on page 19 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health).

Wood County
Health Department

MERCYHEALTH

WOOD COUNTY
HOSPITAL
Depend on us.

#1 Health Need:
MENTAL HEALTH

⚠️ *Trigger Warning: The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.*

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community member survey **(89%)**.

42% of survey respondents say that **mental healthcare access is lacking** in the community.

45% said they **experienced barriers to accessing needed mental, behavioral health, or substance use counseling**. The most common barriers are not being able to get an appointment and insurance not covering the cost of services.
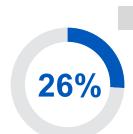
Among survey respondents who said they **travelled outside of Wood County for mental healthcare/counseling services** in the past year, **40%** of them travelled **more than 15 miles**.

IN OUR COMMUNITY

YOUTH

25%
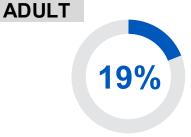
of Wood County youth experienced **poor mental health** (felt sad or hopeless almost every day for two weeks or more in a row during the past year), vs. **28%** for Ohio. [9, 14]

19%

of Wood County youth **considered attempting suicide** in the past year, compared to **13%** for Ohio. [9, 14]

ADULT

26%

of Wood County adults have been diagnosed with **depression**, compared to **25%** of Ohio adults. [6, 38]

19%

of Wood County and Ohio adults experienced **frequent mental distress** (2+ weeks/month in the past month). [2]

WOOD COUNTY
448:1

OHIO
286:1

The 2025 County Health Rankings found that **Wood County has fewer mental health providers relative to its population when comparing the ratio to Ohio** (ratio of residents : mental health providers). [2]

Wood County adults experience an average of **5.7 mentally unhealthy days per month**, while this is **5.5 days** for Ohio. [2]

5% of respondents to the community member survey **seriously considered attempting suicide** in the past 12 months.

COMMUNITY FEEDBACK

"I know that it's a problem everywhere. There's not enough resources, not enough beds, not enough support as far as mental health goes."
Community Member Interview

"Stigma—people don't talk about being depressed, or suicidal ideation. They don't know it's okay to talk about being depressed and don't reach out."
Community Member Interview

#1 Health Need:
MENTAL HEALTH

47% of community survey respondents rate their mental health as 'good', while **26%** rate it as 'average'.

The **suicide rate** in Wood County is **slightly lower** than Ohio overall, at 12 per 100,000 (vs. 15 for Ohio).[18]

COMMUNITY FEEDBACK

"We are in an HRSA shortage area for behavioral health professionals all throughout Northwest Ohio. Telehealth is not always accessible and may not always be the right avenue to deliver care. So yes, it is a need."
Community Member Interview

"Mental health is critical to the [point that it prevents] people from working a full 40-hour week...mental health holds them back from that."
Community Member Interview

"[We need more] mental health services, especially for youth."
Community Member Focus Group

PRIORITY POPULATIONS
MENTAL HEALTH

Community survey respondents from **Perrysburg (43551) and Bowling Green (43402)** were more likely to rate their mental health as 'average' than other areas. This indicates that these areas may be more likely to experience mental health struggles.

18-20 year-old and 65+ year-old community survey respondents were most likely to rate mental health as a priority health need than other ages groups. **45-54 year-olds** were more likely to report mental healthcare access as lacking in the community.

On the community survey, **women** were significantly more likely than men to rate mental health as a top community concern and mental healthcare access as lacking.

Community member survey respondents with **a bachelor's or graduate degree** were significantly more likely than those with some college education to report mental healthcare access as lacking in the community.

INTERVIEW AND FOCUS GROUP INSIGHTS
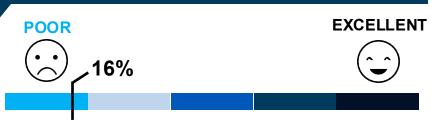
Top issues/barriers:
- Lack of access to services
- Stigma
- Employment challenges

Sub-populations most affected:
- Youth/adolescents
- Young adults/college students
- Elderly/aging population
- Low-income population

#2 Health Need:
CHRONIC DISEASES

IN OUR COMMUNITY

POOR **EXCELLENT**

16%

16% of Wood County adults rate their health as **fair or poor** (vs. **18%** for Ohio).[2]
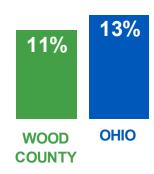
HEART DISEASE

Almost 1 in 10 (7%)
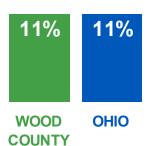
Wood County adults and **8%** of Ohio adults report being told they have **coronary heart disease**.[6, 38]

DIABETES

11% (WOOD COUNTY) **13%** (OHIO)

11% of Wood County adults have **diabetes**, compared to 13% of Ohio adults.[6, 38]

ASTHMA

11% (WOOD COUNTY) **11%** (OHIO)

11% of Wood County and Ohio adults have **asthma**.[6, 38]

13% of Wood County adults identify as having a **disability**, vs. 14% for Ohio.[4]
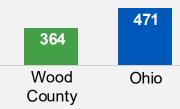
75% of community survey respondents chose chronic diseases as a top community health need. The most commonly cited conditions were **diabetes, heart disease, cancer, and obesity.**

64% of community survey respondents say they have **at least one chronic health condition or disability**.

5% of those surveyed felt that **providers lack awareness and/or education about their health condition,** which is a barrier to accessing healthcare.

364 (Wood County) **471** (Ohio)

There were **364** (age-adjusted) premature deaths among Wood County residents under age 75 per 100,000, vs. **471** for Ohio.[2] Chronic diseases are a major contributor to premature deaths.

#2 Health Need:
CHRONIC DISEASES

COMMUNITY FEEDBACK

"Diabetes is still a strong concern in our community, and not only diabetes, but the other chronic health conditions that go with that, like heart disease. So, they kind of go hand in hand."
Community Member Interview

"[I see] a lack of consumption of fruits and vegetables. We are not getting enough [of them]. We're not getting enough fiber in our diet."
Community Member Interview

"Having that education, access to screening and preventive measures, and access to ongoing care once it's diagnosed. Then being able to afford the cost of getting the prescriptions or the medications necessary to address that issue, to avoid a stroke or heart attack."
Community Member Interview

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Diabetes
- Heart disease
- Limited healthy food/nutrition access
- Lack of education
- Accessibility challenges

Sub-populations most affected:
- Low-income population
- Elderly/aging population
- Those with disabilities

PRIORITY POPULATIONS
CHRONIC DISEASES

North Baltimore (45872) and **Wayne (43466)** survey respondents (81% and 80%, respectively) were more likely to rate chronic diseases as top concerns to address in the community, compared to 58% in Northwood (43619).

Community survey respondents with incomes of **less than $10,000** (88%) and **over $150,000** (84%) were the most likely to rank chronic diseases as a top concern.

Chronic conditions are more common in **older adults.**[6]

Residents **ages 45-54** who responded to the community survey were more likely to rank chronic diseases among their top health concerns than residents from other age groups.

Lower-income people are at a higher risk of developing many chronic conditions.[6]

Male residents (76%) were slightly more likely to rank chronic diseases as top concerns to address than female residents (74%) on the community survey.

Other groups who are more likely to be affected by chronic disease:
- People with **high exposure to air pollution.**[27]
- People who **smoke.**[28]
- People with **challenges with physical activity and nutrition.**[29]

#2 Health Need:
CHRONIC DISEASES

According to the Centers for Disease Control and Prevention, cancer is the **second leading cause of death** in Wood County. Wood County has a **slightly lower overall cancer incidence rate** per 100,000 than Ohio.[18, 30]
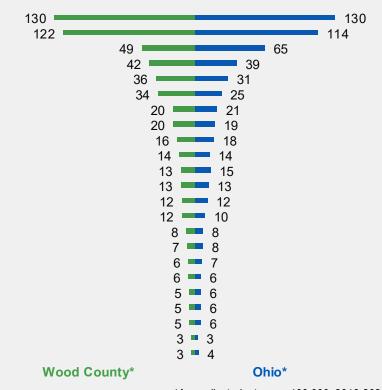
463
WOOD COUNTY[30]

465
OHIO[30]

CANCER INCIDENCE

Prostate, colon and rectal, uterine, melanoma of the skin, Non-Hodgkin's lymphoma, and ovarian cancers had higher incidence rates in Wood County than Ohio.[30]

Cancer Type	Wood County*	Ohio*
Breast (Females)	130	130
Prostate (Males)	122	114
Lung and Bronchus	49	65
Colon and Rectum	42	39
Uterus	36	31
Melanoma of the Skin	34	25
Urinary Bladder	20	21
Non-Hodgkin's Lymphoma	20	19
Kidney and Renal Pelvis	16	18
Pancreas	14	14
Thyroid	13	15
Oral Cavity and Pharynx	13	13
Leukemia	12	12
Ovary	12	10
Cervix	8	8
Liver And Intrahepatic Bile Duct	7	8
Brain and other CNS**	6	7
Multiple Myeloma	6	6
Esophagus	5	6
Stomach	5	6
Testis (Males)	5	6
Larynx	3	3
Hodgkin's Lymphoma	3	4

Wood County* **Ohio***

*Age-adjusted rates per 100,000, 2016-2020 average
**Central Nervous System

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

✕ Wood County does not yet meet the Healthy People 2030 target for colon and rectal, lung, and overall cancer mortality rates.[18]

#3 Health Need:
MATERNAL, INFANT, & CHILD HEALTH

22% of community survey respondents say that addressing **maternal, infant, and child health** in the community is a top concern.

9% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY

7%

WOOD COUNTY[2]

9%

OHIO[2]

Wood County has a **slightly lower low-birth-weight rate** compared to Ohio (less than 5 pounds and 8 ounces).[2]

8

WOOD COUNTY[2]

17

OHIO[2]

Wood County's **teenage birth rate** for ages 15-19 per 1,000 females is **lower** than Ohio's rate.[2]

#3 Health Need:
MATERNAL, INFANT, & CHILD HEALTH
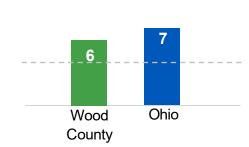
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

INFANT MORTALITY RATE PER 1,000

6 Wood County

7 Ohio

HP 2030 TARGET:
5 PER 1,000

DESIRED DIRECTION: ⬇

✕ Wood County and Ohio do not yet meet the target.[2]

COMMUNITY FEEDBACK
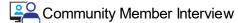
"We know that people who have limited resources often struggle to get access to prenatal care. Even some of the access points can be challenging to navigate. And so that is a real need."
Community Member Interview

"I think if you've had children, then you also know the extent of doctor's appointments that you have to have, and sometimes that ability to be able to be that consistent is hard for our population of people."
Community Member Interview

"The hospital does not have a NICU. So I know that high-risk deliveries, if they know about it in advance, have a pretty strong plan of delivering in a hospital with a NICU."
Community Member Interview

"Survivors [of abuse] tend to go a long time without getting medical care. And so by the time that we get to that point of having medical care, there's been a lot of untreated illnesses."
Community Member Interview

PRIORITY POPULATIONS
MATERNAL, INFANT, & CHILD HEALTH

Survey respondents from **Northwood (43619)** were less likely to say they received care throughout their pregnancy, postpartum care, and/or pediatric care for their infant.

Survey respondents from **Luckey (43443)** were more likely to say that maternal and infant health is a top concern than those from other areas.

Survey respondents with a **bachelor's or graduate degree** were significantly more likely to rate maternal, infant, and child health as a top concern than respondents with an associate's degree.

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to White women.[31]

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Lack of prenatal/postnatal care
- Cost barriers

Sub-populations most affected:
- Those with disabilities/special needs
- Low-income population
- Domestic violence survivors

#4 Health Need:
INJURIES
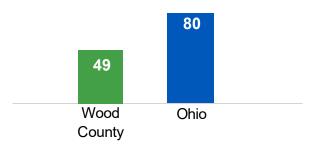
17% of community survey respondents chose **injuries** as a top community health need.

IN OUR COMMUNITY

UNINTENTIONAL INJURY DEATH RATE PER 100,000[18]

49 — Wood County
80 — Ohio

Wood County's **unintentional injury death rate** is **lower** than that of Ohio.[18]

COMMUNITY FEEDBACK

"I feel like car accidents are extremely prevalent now, much more so than they were historically. It seems like we're hearing about them all the time. I'm not sure if that's due to distracted driving, but it just seems like it's constant."

Community Member Interview

"We see a lot of people who are struggling to maintain employment because of things like low back pain, and other things like that."

Community Member Interview

"[With the] elderly population, there's always a concern with falls. Balance becomes an issue as people get older."

Community Member Interview

"Income does play a large part as a barrier, because some people don't want to report [injuries] because they think that they'll have a loss of wages if they report them."

Community Member Interview

PRIORITY POPULATIONS
INJURIES

Community survey respondents from **North Baltimore (45872)** were more likely to report injuries as a top health concern.

Community survey respondents with a **household income of $10,000-$14,999** were more likely to rate injuries as a priority health need in the community.

Older residents are at a higher risk of falling and sustaining injuries from falling.[32]

Individuals who work in jobs such as **manufacturing, construction, agriculture, transportation, trades,** and **frontline workers,** have a higher risk of occupational injuries.[33]

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Workplace injuries
- Car accidents/traffic safety
- Falls

Sub-populations most affected:
- Elderly/aging population

#5 Health Need:
HIV/AIDS & STIs
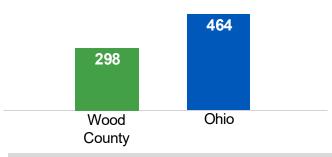
IN OUR COMMUNITY
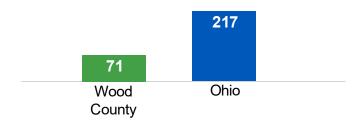
6% of community survey respondents in Wood County feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a **top concern.**

Chlamydia rates per 100,000 people[34]

Wood County	Ohio
298	464

HIV rates per 100,000 people[35]

Wood County	Ohio
71	217

Wood County has **lower rates of HIV and STIs** than Ohio overall.[41, 42]

COMMUNITY FEEDBACK

"They think they're safe, and then they find out later they're not."
Community Member Interview

"I think the stigma [is an issue], and I think it's knowing where to go to get support and resources."
Community Member Interview

"We do free and confidential testing here for HIV, and we do chlamydia, syphilis, and gonorrhea tests, too, now here at BGSU."
Community Member Interview

PRIORITY POPULATIONS
HIV/AIDS & STIs

Community survey respondents from **Bowling Green (43402)** were more likely to report HIV/AIDS and STIs as a top health concern.

Women have higher rates of chlamydia, particularly those **ages 20-24**.[34]

Men have higher rates of syphilis and gonorrhea.[34]

Community survey respondents **ages 21-24** were more likely to rate HIV/AIDS and STIs as a top concern.

In the community survey, those with **trade/vocational education** were more likely to rank HIV/AIDS and STIs as a priority health need.

INTERVIEW AND FOCUS GROUP INSIGHTS

Top issues/barriers:
- Lack of education/awareness of resources

Sub-populations most affected:
- College students
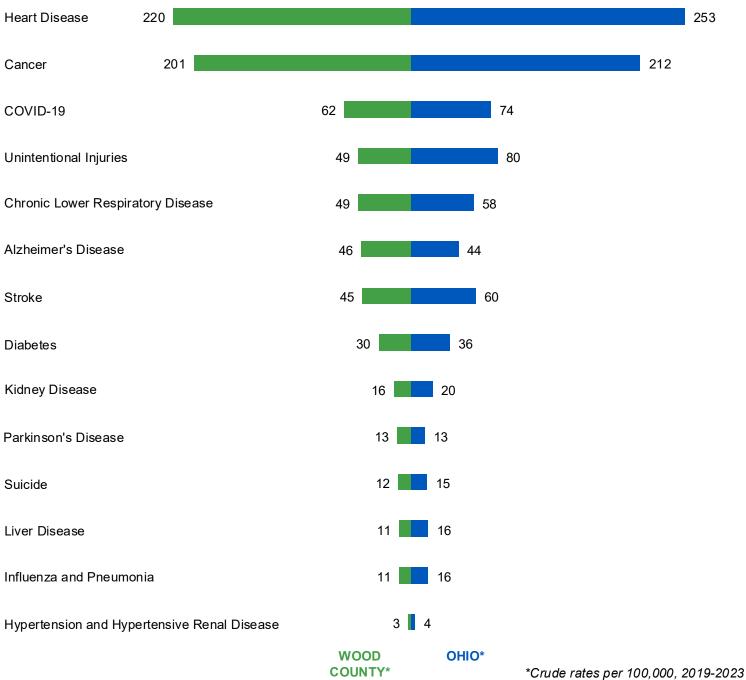
LEADING CAUSES
OF DEATH

The top two leading causes of death in Wood County are heart disease and cancer. Wood County has a **slightly lower all-cause crude mortality rate** at 979 per 100,000 compared to Ohio at 1,160.[18]

Cause	Wood County*	Ohio*
Heart Disease	220	253
Cancer	201	212
COVID-19	62	74
Unintentional Injuries	49	80
Chronic Lower Respiratory Disease	49	58
Alzheimer's Disease	46	44
Stroke	45	60
Diabetes	30	36
Kidney Disease	16	20
Parkinson's Disease	13	13
Suicide	12	15
Liver Disease	11	16
Influenza and Pneumonia	11	16
Hypertension and Hypertensive Renal Disease	3	4

WOOD COUNTY*   **OHIO***

*Crude rates per 100,000, 2019-2023 average (only crude rates are available starting in 2021)

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

ACCESS TO HEALTHCARE
- Create emergency ride services for medical appointments.
- Expand telehealth services in rural areas.
- Develop mobile health clinics for underserved areas.
- Increase language interpretation services.
- Add more specialist services within the county.
- Create psychiatric hospitalization services locally.
- Establish crisis intervention programs.
- Improve healthcare facility accessibility.
- Expand pharmacy delivery services.

EDUCATION
- Increase affordable childcare options.
- Expand pre-K programs and services.
- Create childcare assistance programs.
- Develop trauma-informed care in schools.
- Implement school-based behavioral health services.
- Establish more after-school programs.
- Create job training and career pathway programs.
- Expand early childhood education centers.
- Develop parent education programs.
- Increase childcare provider certification support.

FOOD INSECURITY
- Expand food pantry services and funding.
- Create mobile food pantries for rural areas.
- Establish more community gardens.
- Develop farmers' markets in underserved areas.
- Provide transportation to grocery stores.
- Create more food assistance programs.
- Establish community kitchens.
- Expand SNAP/WIC program awareness.
- Develop healthy food distribution programs.
- Create emergency food voucher programs.

HIV & STIs
- Expand STI testing and treatment services.
- Create comprehensive sex education programs.
- Develop culturally competent prevention programs.
- Increase awareness campaigns.
- Expand access to prevention medications.
- Create anonymous testing options.
- Develop peer education programs.
- Increase healthcare provider training.
- Create youth-focused prevention programs.
- Establish community outreach programs.

HOUSING & HOMELESSNESS
- Develop affordable housing initiatives.
- Create homeless shelters and services.
- Establish housing assistance programs.
- Develop transitional housing options.
- Create more housing voucher programs.
- Establish emergency housing services.
- Develop supportive housing for special populations.
- Create home repair assistance programs.
- Establish housing counseling services.
- Develop rent assistance programs.

INTERNET/WI-FI ACCESS
- Expand fiber optic infrastructure to rural areas.
- Create affordable internet access programs.
- Establish public Wi-Fi hotspots.
- Develop digital literacy programs.
- Create device lending programs.
- Expand broadband coverage.
- Develop tech support services.
- Create community internet access centers.
- Establish internet assistance programs.
- Improve cellular service coverage.

IDEAS FOR CHANGE (CONTINUED)
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

MATERNAL/INFANT/CHILD HEALTH
- Expand prenatal care services.
- Create birthing center options.
- Develop newborn intensive care unit.
- Establish lactation support programs.
- Create parenting education classes.
- Develop home visiting programs.
- Expand childcare for medical appointments.
- Create maternal mental health services.
- Establish family support programs.
- Expand nutrition programs for pregnant women.

MENTAL HEALTH
- Increase mental health providers.
- Create crisis intervention services.
- Develop community mental health programs.
- Establish peer support programs.
- Create mental health first aid training.
- Develop school-based counseling services.
- Establish stigma reduction campaigns.
- Create affordable therapy options.
- Develop trauma-informed care programs.
- Expand 24/7 crisis hotlines.

NUTRITION/PHYSICAL HEALTH
- Expand community fitness center access.
- Develop affordable gym memberships.
- Establish more walking trails and bike paths.
- Create recreational programs for all ages.
- Expand nutrition education programs.
- Establish community exercise classes.
- Create outdoor fitness equipment.
- Develop workplace wellness programs.
- Establish cooking classes.
- Create healthy lifestyle programs.

TOBACCO/NICOTINE USE
- Expand vaping cessation programs.
- Create more tobacco-free policies.
- Establish smoking cessation support groups.
- Develop more youth prevention programs.
- Create awareness campaigns about vaping risks.
- Establish tobacco treatment services.
- Develop school-based prevention programs.
- Create community cessation challenges.
- Establish nicotine replacement programs.
- Develop culturally competent cessation programs.

OTHER OPPORTUNITES
- Establish a countywide public transportation system.
- Develop comprehensive transportation solutions.
- Create economic development initiatives.
- Establish community resource centers.
- Develop disaster preparedness programs.
- Create more workforce development programs.
- Establish volunteer coordination programs.
- Develop community engagement initiatives.
- Create environmental health programs.
- Establish social services coordination.
- Develop community health worker programs.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
WOOD COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Blanchard Valley Health System
CVS Pharmacy
Dental Center of Northwest Ohio
Falcon Health Center
Hospice of Northwest Ohio
Medicare and Medicaid
Mercy Health—Mobile Mammography
   Van
Mercy Health—Perrysburg Hospital
Mobile Health Center
Planned Parenthood
ProMedica Clinics
ProMedica Hospice
Telehealth Services
The Sight Center
Unison Health
Urgent Care Centers
Women's Care of Wood County
Wood County Board of Developmental
   Disabilities
Wood County Community Health
   Center
Wood County Early Intervention
Wood County Health Department
Wood County Hospital

Community & Social Services
Ability Center
Advocates for Basic Legal Equality,
   Inc. (ABLE)
American Red Cross
Autism Society of Northwest Ohio
Bittersweet Farms
Big Brothers Big Sisters
Bowling Green Chamber of Commerce
Bowling Green, Ohio (BGO) Pride
   Association
Child Protective Services
Clothesline
Community Christian Legal Service
Deacon's Shop
Emergency Management Agency
Faith-based Organizations/Local
   Churches

Community & Social Services (cont.)
Family & Youth Advocacy Center
Great Lakes Community Action Partnership
   (GLCAP)
Help Me Grow
Her Choice
Juvenile Residential Center of Northwest
   Ohio
La Conexión
Legal Aid Line
Local Police Departments
Not In Our Town Bowling Green
Perrysburg Heights Community Association
   (PHCA)
Safe Communities
Salvation Army
Shared Bounty
United Way
Welcome Bowling Green (BG)
Wood County Area Ministries
Wood County Child Support Enforcement
   Agency
Wood County Clerk of Courts
Wood County Committee on Aging
Wood County Family and Children First
   Council (FCFC)
Wood County Job and Family Services
Wood County Public Library
Wood County Safety Council
Wood County Sheriff's Office
Wood County Veterans Service Office

Education
Bowling Green City Schools
Bowling Green State University (BGSU)
Eastwood Local Schools
Elmwood Local Schools
Head Start
Lake Local Schools
North Baltimore Local Schools
Northwood Local Schools
Otsego Local Schools
Owens Community College
Penta Career Center
Perrysburg Exempted Village Schools

Education (cont.)
Public Libraries
Rossford Exempted Village Schools
Summer STARS Program
The Nest
Wood County Educational Service
   Center
Wood County Technical Center
Wood Lane School

Employment
Bureau of Workers' Compensation
Ohio Means Jobs—Wood County
Opportunities for Ohioans with
   Disabilities
Wood County Employment
   Resource Center
Work Leads to Independence

Food Insecurity
Bowling Green (BG) Christian Food
   Pantry
Bowling Green State University
   (BGSU) Student Food Pantry
Brown Bag Food Project
Community Garden
Farmers' Markets
First Christian Church—Bowling
   Green (BG)
Food Pantries
Islamic Food Bank
Meals on Wheels
Mom's Mobile Mission
Perrysburg Christians United (PCU)
   Food Pantry
Sharing Kitchen—Fostoria
St. Mark's Lutheran—Bowling
   Green (BG)
Supplemental Nutrition Assistance
   Program (SNAP)
Women, Infants, and Children
   (WIC) Program
Zoar Lutheran Church--Perrysburg

ADDRESSING PRIORITY HEALTH NEEDS
WOOD COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Housing & Homelessness
Community Housing Impact (CHIP)
Department of Housing and Urban Development (HUD)/Section 8 Housing
First Step
Habitat for Humanity of Wood County
The Cocoon
The Fair Housing Center
Wood County Housing and Homelessness Coalition

Mental Health & Addiction
Access to Wellness Program
Alcoholics Anonymous (AA)
Arrowhead
Behavioral Connections of Wood County
Brightview
Children's Resource Center (CRC)
Community Mental Health Providers
Crisis Helplines/Hotlines
Crisis Stabilization Unit (CSU)
Harbor Behavioral Health
Heroin Anonymous
HOPE National Suicide Prevention
Lutheran Social Services
Midwest Recovery Center
Narcotics Anonymous
National Alliance on Mental Illness (NAMI) Wood County
Narcan distribution

Mental Health & Addiction (cont.)
Ohio Guidestone
The Willow Center
Wood County Addiction Response Collaborative (ARC)
Wood County Addiction Task Force
Wood County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
Wood County Crisis Line
Wood County Prevention Coalition
Wood County Suicide Prevention Coalition
Zepf Center

Nutrition & Physical Health
American Cancer Society
American Heart Association
Bike/Walking Trails
Bowling Green Community Center
Bowling Green State University (BGSU) Recreation Center
City of Bowling Green Parks and Recreation
City of Perrysburg Parks and Recreation
Fitness Made Simple Program
Ohio State University (OSU) Extension Wood County
Private Gyms
Rossford Recreation Department
Silver Sneakers
Wood County Hospital—Diabetes Education Program
Wood County Hospital—Medical Nutrition Therapy (MNT)
Wood County Park District
YMCA

Transportation
Bowling Green State University (BGSU) Shuttle Service
Bowling Green (BG) Transit
Perrysburg Transit
Ride Right
Taxi Services
Toledo Area Regional Transit Authority (TARTA)
Uber/Lyft
Wood County Committee on Aging—Medical Transportation
Wood County Job and Family Services—Non-Emergency Transportation (NET) Plus
Ziggy Zooms

STEP 6
DOCUMENT, ADOPT/POST, AND COMMUNICATE RESULTS

In this step, the Wood County CHNA Steering Committee:

- Wrote an easily understandable Community Health Needs Assessment (CHNA) report

- Adopted and approved CHNA report

- Disseminated the results so that it was widely available to the public

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DOCUMENT, ADOPT/POST, AND COMMUNICATE RESULTS

Wood County CHNA Steering Committee worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, the Wood County CHNA Steering Committee will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2025 Wood County CHNA, which builds upon the prior assessment completed in 2021, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by Wood County Health Department, Wood County Hospital, and Mercy Health—Perrysburg Hospital leadership and made widely available on their websites in June 2025.

Wood County Health Department: https://woodcountyhealth.org/home/reports-publications/
Wood County Hospital: https://www.woodcountyhospital.org/about-us/community-programs
Mercy Health—Perrysburg Hospital: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment

Written comments on this report are welcomed and can be made by emailing: psnyder@woodcountyohio.gov, laurert@woodcountyhospital.org, or lindsay_chandler@mercy.com.

CONCLUSION & NEXT STEPS

The next steps will be:

- Develop Implementation Strategy (IS)/Improvement Plan (CHIP) for 2026-2028

- Select priority health needs

- Choose indicators to view for impact change for 2026-2028 priority health needs

- Develop SMART objectives for IS/CHIP

- Select evidence-based and promising strategies to address priority health needs

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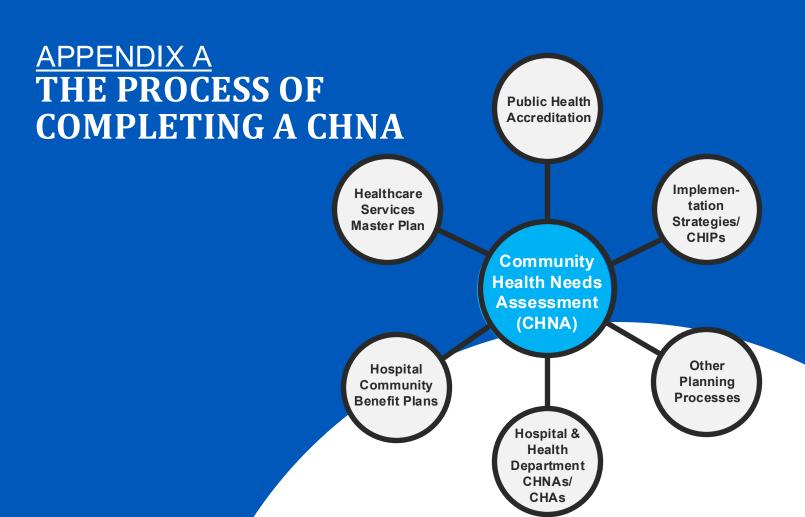
CONCLUSION
NEXT STEPS FOR WOOD COUNTY
CHNA STEERING COMMITTEE

- Monitor community comments on the CHNA report (ongoing) to the provided Wood County CHNA Steering Committee contacts.

- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by the Wood County CHNA Steering Committee. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).

- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).

- The 2026-2028 IS/CHIP (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by the Wood County CHNA Steering Committee, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

THE PROCESS OF COMPLETING A CHNA

Public Health Accreditation

Healthcare Services Master Plan

Implemen-tation Strategies/ CHIPs

Community Health Needs Assessment (CHNA)

Other Planning Processes

Hospital Community Benefit Plans

Hospital & Health Department CHNAs/ CHAs

A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Implementation Strategy (IS)/Improvement Plan (CHIP).

A CHNA is an important piece in the development of an IS/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, the Wood County CHNA Steering Committee utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and surveys with community residents and leaders.

OVERVIEW
OF THE PROCESS

In order to produce a comprehensive CHNA, the Wood County CHNA Steering Committee followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.
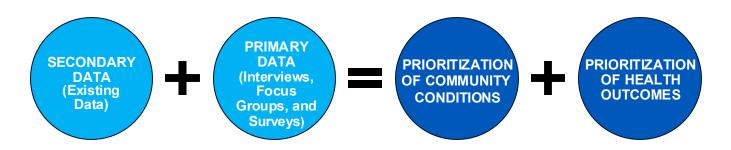
STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Secondary Data Collection	Primary Data Collection	Data Synthesis	Health Needs List	Prioritization	Report Writing

UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS

SECONDARY DATA (Existing Data) + **PRIMARY DATA (Interviews, Focus Groups, and Surveys)** = **PRIORITIZATION OF COMMUNITY CONDITIONS** + **PRIORITIZATION OF HEALTH OUTCOMES**

Community conditions (or social determinants of health or barriers to health) are components of someone's environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

Health outcomes are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

DATA COLLECTION

Primary and Secondary Data Collection

More information on the data collection methods listed below can be found on the following pages:

- Secondary Data, p. 68

- Key Informant Interviews, p. 69

- Community Member Survey, p. 72

- Focus Groups, p. 77

Wood County
Health Department

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PRIMARY & SECONDARY DATA
DATA COLLECTION

ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION
Priority health needs were identified using the following criteria:

Criteria for Identification of Priority Health Needs:
1. Review of the secondary (existing) data collected for each health need.
2. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.

To determine the seriousness of the problem, the health need indicators of the Wood County service area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen on **page 12**).

The health needs were further assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHNA report and the decisions on health needs that Wood County CHNA Steering Committee will address in its Implementation Strategy (Is)/Improvement Plan (CHIP).

This data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, decide on community assets to address needs, and uncover gaps in resources.

REVIEW OF PRIOR CHNA DATA
In order to build upon the work that was initiated previously, the prior 2021 CHNA was reviewed. When making final decisions for the 2026-2028 IS/CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS
Behavioral Risk Factor Surveillance System (BRFSS) Region 1: BRFSS Region 1 includes Defiance, Fulton, Henry, Lucas, Paulding, Williams, and Wood Counties.

HIV Prevention Planning Region 1: Wood County is part of HIV Planning Region 1, which also includes Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, and Williams Counties.

Wood County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Youth Survey: Includes data from schools within Wood County.

2025 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant and maternal morbidity/mortality, etc.)
- Mental health (depression/suicide, etc.)
- Nutrition and physical health
- Preventive care and practices
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

> The secondary and primary data collection will ultimately inform the decisions on health needs that Wood County CHNA Steering Committee will address in the IS/CHIP.

This report will focus on presenting data at the county level where available. The geography used will be specified when county-level data is not available.

Secondary data was collected for the Community Health Needs Assessment (CHNA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to the References section.

PRIMARY DATA COLLECTION
KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke **with 21 experts** from various organizations serving the Wood County community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen on **pages 70-71**). The interview questions asked and key findings can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing healthcare and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
- Access to healthcare
- Transportation
- Mental/behavioral health

Top socioeconomic, behavioral, and/or environmental factors impacting community:
- Lack of transportation
- Affordability/income barriers
- Lack of affordable housing

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Low-income population
- Elderly/aging population
- Rural population

KEY INFORMANT INTERVIEW PARTICIPANTS
WOOD COUNTY

NAME(S)	ROLE	ORGANIZATION
1. Erin Konecki	Deputy Director	Wood County EMA
2. Jessica Hartman	Executive Director	NAMI
3. Ruthann House	President/CEO	Great Lakes Community Action Partnership
4. Katie Frank	Director of Wood County Services	Unison Health
5. Faith Ann DeNardo	Director for Office of Health and Wellness	Bowling Green State University
6. Tim Ansted	Executive Director	Perrysburg Chamber of Commerce
7. Doris Herringshaw	Commissioner	Wood County Commissioners
8. Lucia Myers	Executive Director	La Conexión
9. Sheriff Mark Waslynshyn	Sheriff	Wood County Sheriff
10. Melissa Coe	Family & Children First Council Coordinator	Wood County Board of Developmental Disabilities
11. Mayor Mike Aspacher	Mayor	City of Bowling Green
12. Nancy Orel	Interim Director	Wood County Committee on Aging
13. Ryan Delaney	Superintendent	North Baltimore Local Schools

KEY INFORMANT INTERVIEW PARTICIPANTS
WOOD COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
14. Mark North	Superintendent	Wood County Educational Service Center
15. Brittany Kahyaoglu	Executive Director	Perrysburg Heights Community Center
16. Mary Hinkelman	Director	Bowling Green Chamber/Wood County Safety Council
17. Kathy Mull	Executive Director	The Cocoon
18. Ben Robison	Health Commissioner	Wood County Health Department
19. Susan Zies	Family and Consumer Sciences Educator	OSU Extension Office
20. Shannon Fisher	Employment and Support Services Supervisor	Wood County Job and Family Services
21. Tom Mackin	Mayor	City of Perrysburg

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to those who live and/or work in Wood County to get their perspectives and experiences on the health assets and needs of the community. **586 responses** were received. To view the Wood County Community Member Survey, including response options, please visit the following link:

https://bit.ly/WoodCoSurvey

Welcome!

Wood County is conducting a Community Health Assessment (CHA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Wood County) to complete this short, 20-minute survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

Demographics

1. Where do you live or reside? (choose one)

2. What School District do you live in?

3. Do you live within any of the following city limits?

4. Where do you work? (choose one)

5. Which of the following best describes your age?

6. What is your sex?

7. What is your race and/or ethnicity? (select all that apply)

8. What is your primary language spoken at home?

9. How many people live in your household who are less than 5 years old, 5 to 12 years old, 13 to 17 years old, adults 18 to 54 years old, or adults 55 years old and over?

10. What is the highest level of education you have completed?

11. Are you currently employed?

12. What is your annual household income?

13. What is your current living situation? (select all that apply)

14. What is the biggest challenge you face when it comes to housing?

Ranking Health Needs

15. While it can be hard to choose, please do your best to select what you feel are the TOP 5 COMMUNITY OR SOCIAL CONDITIONS of concern in your community. (please check your top 5)

16. While it can be hard to choose, please do your best to select what you feel are the TOP 3 HEALTH ISSUES (e.g. impacts, diseases, conditions, etc.) of concern in your community. (please check your top 3)

17. What resources are lacking within your community? (select all that apply)

Access to Healthcare

18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)

19. If you or a member of your household recently delayed or went without necessary healthcare, what were the main reasons why? (select all that apply)

20. What, if any, are your main barriers to accessing mental, behavioral health, or substance use disorder services, if needed? (select all that apply)

21. What, if any, were your main barriers to getting the dental care you needed in the last year? (select all that apply)

22. What, if any, were your main barriers to getting the prescription medications you needed in the last year? (select all that apply)

23. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)

24. If you were sick, where would you go first for treatment? Assume this is not an emergency situation.

25. In the past 12 months, have you chosen to travel a) outside of Wood County or b) more than 15 miles for any of these health care services? (select all that apply)

26. Do you have a healthcare provider you can go to when you have concerns or need non-emergency healthcare?

27. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

28. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

29. About how long has it been since you have been to the optometrist (or other vision care professional) to get a checkup (not for an emergency)?

COMMUNITY MEMBER SURVEY

Health Status

30. Overall, my physical health (including body, dental, and vision) is:

31. Overall, my mental health is:

32. Overall, my connection with others, such as community, friendships, family, faith groups, etc. is:

33. Do you have any of the following disabilities or chronic conditions? (select all that apply)

34. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)

35. Have you been pregnant in the past 12 months?

36. During your last pregnancy, which of the following applied to you? (select all that apply)

37. What environmental factors threatened you or your family's health in the past year? (select all that apply)

Trigger Warning: The following questions may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

38. In the last year, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

39. During the past 12 months, did you ever seriously consider attempting suicide?

40. During the past 12 months, how many times did you actually attempt suicide?

41. Did any of the following happen to you as a child (under the age of 18)? (select all that apply)

42. Do you believe that the experiences listed in the previous question have affected your health?

43. During the past 12 months, has a spouse or partner, a parent, another person living in your household, a caregiver, or someone else threatened to abuse you or actually abused you (including physical, sexual, emotional, and verbal abuse)? (select all that apply)

44. Have you ever been forced or coerced to have any sexual activity when you did not want to? (select all that apply)

Transportation and Community Resources

45. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):

46. What forms of transportation do you usually use (e.g. to go to work, school, appointments, shopping, etc.)? (select all that apply)

47. Have you experienced any of the following in the past 12 months? (select all that apply)

Health Behaviors

48. In the last 30 days (last month), how often did you use cigarettes, vape/use e-cigarettes, smokeless tobacco, nicotine pouches, or other nicotine products?

49. In the last 30 days (last month), how often did you have any drink containing alcohol, men: have 5 or more drinks in one day/women: have 5 or more drinks in one day, have any drink containing alcohol while under the age of 21, have any drink containing alcohol while pregnant, or drive after drinking 2 or more drinks containing alcohol?

50. How often in the last 30 days (last month) have you used marijuana for recreational purposes, marijuana for medical purposes, illicit/illegal drugs/substances, prescription drugs not prescribed to you, or more medicine than was prescribed to you to feel good, high or more alert (intentionally?

51. What sources do you use to get information about your health or healthcare services? (select all that apply)
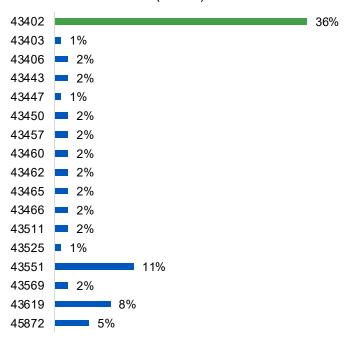
Final Comments

52. Do you have any other feedback or comments to share with us?
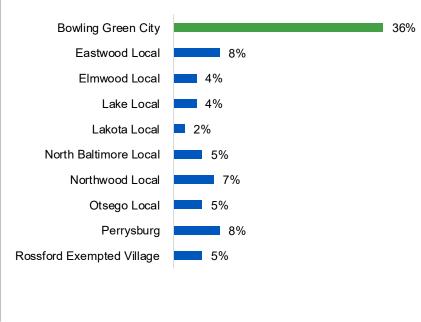
Thank you! Please send this survey to anyone you know who lives and/or works in Wood County.

COMMUNITY MEMBER SURVEY DEMOGRAPHICS
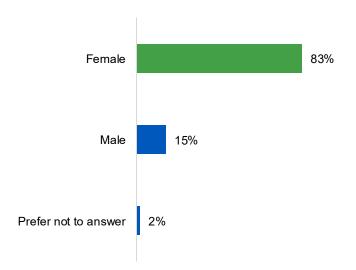
The majority of respondents live in **Bowling Green (43402)**, while there was representation from Perrysburg (43551), Northwood (43619), and North Baltimore (45872).

Zip	%
43402	36%
43403	1%
43406	2%
43443	2%
43447	1%
43450	2%
43457	2%
43460	2%
43462	2%
43465	2%
43466	2%
43511	2%
43525	1%
43551	11%
43569	2%
43619	8%
45872	5%
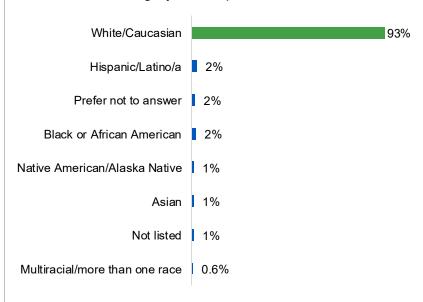
The survey had responses from all Wood County school districts, with most from **Bowling Green City School District**.

District	%
Bowling Green City	36%
Eastwood Local	8%
Elmwood Local	4%
Lake Local	4%
Lakota Local	2%
North Baltimore Local	5%
Northwood Local	7%
Otsego Local	5%
Perrysburg	8%
Rossford Exempted Village	5%

The majority of respondents were **female** (males were underrepresented).

	%
Female	83%
Male	15%
Prefer not to answer	2%
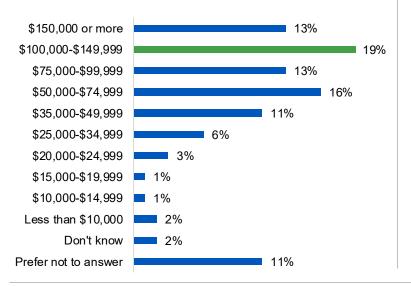
The majority of respondents were **White**, consistent with the composition of the service area. However, Hispanic/Latinx and Multiracial residents were slightly underrepresented.

Race	%
White/Caucasian	93%
Hispanic/Latino/a	2%
Prefer not to answer	2%
Black or African American	2%
Native American/Alaska Native	1%
Asian	1%
Not listed	1%
Multiracial/more than one race	0.6%

COMMUNITY MEMBER SURVEY DEMOGRAPHICS
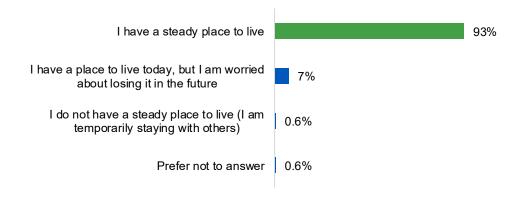
Respondents were generally **higher income**, with over half having an annual household income of $50,000-$150,000 or more. This representation is similar to the service area as a whole.

Income	Percent
$150,000 or more	13%
$100,000-$149,999	19%
$75,000-$99,999	13%
$50,000-$74,999	16%
$35,000-$49,999	11%
$25,000-$34,999	6%
$20,000-$24,999	3%
$15,000-$19,999	1%
$10,000-$14,999	1%
Less than $10,000	2%
Don't know	2%
Prefer not to answer	11%

99% of respondents reported that their primary language spoken at home was **English.**

The majority of respondents have a **steady place to live**, while some are worried about losing it in the future.

	Percent
I have a steady place to live	93%
I have a place to live today, but I am worried about losing it in the future	7%
I do not have a steady place to live (I am temporarily staying with others)	0.6%
Prefer not to answer	0.6%
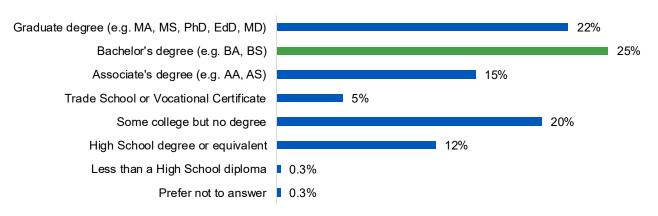
The majority of respondents are **employed full-time**, while significant proportions are employed part-time, retired, or are unemployed.

	Percent
Yes, full-time (30 hours per week or more)	71%
Yes, part-time (less than 30 hours per week)	13%
Retired	6%
Not employed - not actively looking for work	4%
Student	2%
Not employed - but looking for work	1%
Disabled	1%
Prefer not to answer	1%

COMMUNITY MEMBER
SURVEY DEMOGRAPHICS

The majority of respondents have at least a **high school degree or equivalent, with a significant number having a Bachelor's or Graduate degree.**

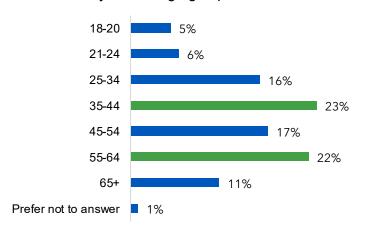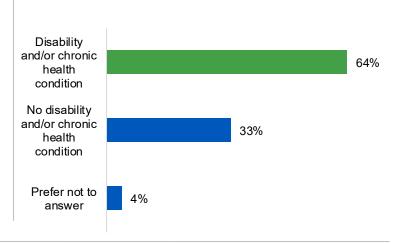| Category	Percentage
Graduate degree (e.g. MA, MS, PhD, EdD, MD)	22%
Bachelor's degree (e.g. BA, BS)	25%
Associate's degree (e.g. AA, AS)	15%
Trade School or Vocational Certificate	5%
Some college but no degree	20%
High School degree or equivalent	12%
Less than a High School diploma	0.3%
Prefer not to answer	0.3%
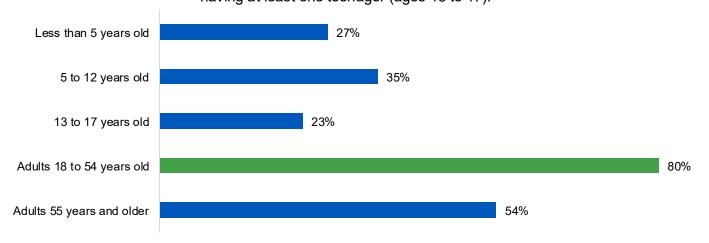
There was a greater proportion of survey responses from **middle-aged adults** rather than younger adults, particularly from the 35-44, 55-64, and 45-54 year-old age groups.

Age group	Percentage
18-20	5%
21-24	6%
25-34	16%
35-44	23%
45-54	17%
55-64	22%
65+	11%
Prefer not to answer	1%

The majority of respondents reported having at least one **disability and/or chronic health condition**, while 33% did not.

Category	Percentage
Disability and/or chronic health condition	64%
No disability and/or chronic health condition	33%
Prefer not to answer	4%

Most respondents reported having **at least one adult 18-54 years old in their household,** while only 23% reported having at least one teenager (ages 13 to 17).

Category	Percentage
Less than 5 years old	27%
5 to 12 years old	35%
13 to 17 years old	23%
Adults 18 to 54 years old	80%
Adults 55 years and older	54%

PRIMARY DATA COLLECTION
FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We **conducted 1 focus group** with a total of **8 people** in the Wood County community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen on **page 79**). The focus group questions asked and key findings can be seen below.

FOCUS GROUP QUESTIONS:
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
- Heart disease/heart health
- Diabetes
- Obesity/overweight

How health concerns are impacting community:
- Financial strain
- Age and income barriers
- Transportation limitations

Sub-populations in the area that face barriers to accessing healthcare and social services:
- Elderly/aging population
- Hispanic population
- Children/youth
- Low-income population

Resources people use in the community to address their health needs:
- Perrysburg Heights Community Association
- Perrysburg Transport

Top resources that are lacking in the community:
- Mental health services
- Activities for youth
- Transportation
- Mobile clinics

TOP FINDINGS FROM
WOOD COUNTY FOCUS GROUPS

- The group emphasized Perrysburg Heights Community Association's critical role as their primary community resource and highlighted significant needs for youth services and mental health support.
- **Top health issues** include youth obesity/weight status, heart disease, blood pressure, diabetes, kidney disease, and elderly and child healthcare access.
- **Access barriers** include language (Spanish speakers), transportation, insurance coverage, property taxes/home repair costs, and age and income disparities.
- **Existing resources** include Perrysburg Heights Community Association (PHCA), Perrysburg Transport, and PHCA Summer Camp.
- **Resource gaps** exist for youth activities/programs, swimming facilities, mental health services (especially youth), mentoring programs, community resource information, and transportation services.
- **Improvement suggestions** were expanded youth activities, more mental health services, implementing mentoring programs like Big Brothers Big Sisters, and creating a one-stop medical center.

FOCUS GROUP PARTICIPANTS

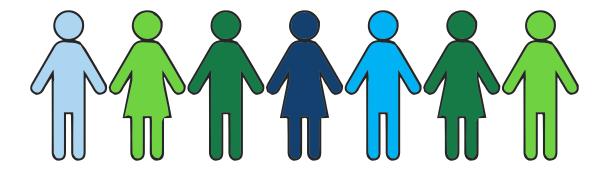| FOCUS GROUP PARTICIPANTS			
GROUP/TOPIC REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	# OF PARTICIPANTS
Perrysburg Heights	In-Person	Perrysburg Heights Community Association	8

FOCUS GROUP DEMOGRAPHICS

Note: 50% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- The greatest proportion of participants came from **Perrysburg (43551)** – 67%, with representation from Custar (43511) – 33% as well.
- **Half (50%)** of the participants were **age 65+**, and the other half were **age 35-44**.
- **75% of participants were women**.
- **All participants (100%) were straight.**
- There was representation from **White/Caucasian** (33%), **Native American/Alaska Native** (33%), and **Hispanic/Latinx** (33%) participants.
- **All participants spoke English** as a primary language (100%).
- **75% of participants had at least one child** in their home.
- **All participants had a high school diploma or equivalent**, with half (50%) having some college.
- **75% of participants were not employed.** 50% were disabled and 25% retired.
- Participants were generally **lower income**, with 75% having a household income under $35,000 per year.
- 75% of participants **identified as having a disability**.
- 75% of participants **have a steady place to live**.

CHALLENGES AND LESSONS LEARNED

MERCYHEALTH

WOOD COUNTY HOSPITAL

Depend on us.

Wood County Health Department

CHALLENGES AND LESSONS LEARNED

Conducting the 2025 Wood County Community Health Needs Assessment (CHNA) provided valuable insights into the health priorities and strengths of our community. However, the process also presented a number of challenges that required thoughtful navigation and adaptation. From coordinating diverse community input to addressing data limitations, the experience offered important lessons that will inform future assessments. Below is a summary of the key challenges encountered and the lessons learned throughout the CHNA process.

Data Challenges

- **Limited or outdated data:** Often, the most recent data available is already a few years old, which may not reflect current conditions. For example, while County Health Rankings releases a new data set each year, many of the data points in the 2025 report may still use data from 2022 or 2023.
- **Data gaps:** Some health issues, subpopulations, or geographic areas may lack sufficient data. While a broad representation of geographic areas/subpopulations is strived for, there are often challenges with reaching all areas with the key informant interviews, community member survey, and focus groups. There can always be improvement around reaching more areas of the community and looking into how we can increase representation from certain groups or areas.
- **Inconsistent data sources:** Data collected from different sources might use varying definitions, time frames, or collection methods. This makes comparing data difficult, especially to previous years, as sometimes data sources used previously may not be updated anymore, or may not be the most up-to-date data available.
- **Underreporting:** Sensitive issues such as mental health, substance use, and documentation status may be underreported or inaccurately represented.

Community Engagement Barriers

- **Low participation:** Community members may not engage due to mistrust, survey fatigue, or lack of awareness. Time constraints further limit participation, as more time allows for the possibility of more survey responses.
- **Language and cultural barriers:** These can hinder communication, particularly in diverse or multilingual communities. While the community member survey was also available in Spanish, there was a low rate of Spanish responses.
- **Power imbalances:** Marginalized populations may be underrepresented or not have their voices meaningfully considered.

APPENDIX D
CHNA REQUIREMENTS CHECKLIST

Meeting the IRS And PHAB Requirements for Community Health Needs Assessment

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance.

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of CHAs/CHNAs for local health departments. The following pages demonstrate how this CHNA meets both IRS and PHAB requirements.

APPENDIX D:
IRS CHNA REQUIREMENTS CHECKLIST

<table>
<tr><td colspan="5">INTERNAL REVENUE SERVICE REQUIREMENTS
FOR COMMUNITY HEALTH NEEDS ASSESSMENTS</td></tr>
<tr><th>YES</th><th>PAGE #</th><th>IRS REQUIREMENTS CHECKLIST</th><th>REGULATION SUBSECTION NUMBER</th><th>NOTES/ RECOMMENDATIONS</th></tr>
<tr>
<td>✓</td>
<td>15</td>
<td>A. Activities Since Previous CHNA(s)

i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.

ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).</td>
<td>(b)(5)(C)

(b)(6)(F)</td>
<td>For an update on the 2022-2025 IS/CHIP, go to the Reports and Publications page at <u>www.woodcountyhealth.org</u>.</td>
</tr>
<tr>
<td>✓</td>
<td>3-8, 13-20</td>
<td>B. Process and Methods

Background Information

i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).

ii. Identifies any third parties contracted to assist in conducting a CHNA.

iii. Defines the community it serves, which:

  a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.

  b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.

  c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.

iv. Describes how the community was determined.

v. Describes demographics and other descriptors of the hospital service area.</td>
<td>

b)(6)(F)(ii)

(b)(6)(F)(ii)

(b)(i)

(b)(3)

(b)(6)(i)(A)

(b)(6)(i)(A)

(b)(6)(i)(A)</td>
<td></td>
</tr>
</table>

APPENDIX D:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✔	Methods: 3-8, 13-20 Appendix A, B Data: 9-12, 18, 20-60	*Health Needs Data Collection* i. Describes data and other information used in the assessment:	(b)(6)(ii)	Primary and secondary data is integrated together throughout the report
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

APPENDIX D:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✔️	5-8, 13-20 Appendix A, B	**C. CHNA Needs Description & Prioritization**		Integrated throughout the report
		i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	59, 50	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	
✔️		**D. Finalizing the CHNA**		Integrated throughout the report

The CHNA was adopted by Wood County Health Department, Wood County Hospital, and Mercy Health leadership in June 2025 and made widely available by posting on their websites (report will be made available in other formats such as paper upon request):

Wood County Health Department: https://woodcountyhealth.org/home/reports-publications/

Wood County Hospital: https://www.woodcountyhospital.org/about-us/community-programs

Mercy Health—Perrysburg Hospital: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment |
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)- 1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

APPENDIX D:
PHAB CHA/CHNA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
✓	5–8, 13-20 Appendix A, B	b. The process for how partners collaborated in developing the CHA.	
✓	9-12, 18, 20-60 Appendix B	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	18	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	18, 20-60 Appendix B	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	18, 20-60	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	59-60	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.	

REFERENCES

APPENDIX E:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[1]U.S. Census Bureau, Population Estimates Program (PEP), V2024. https://www.census.gov/quickfacts/fact/table

[2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

[3]U.S. Census Bureau, American Community Survey, DP05, 2023 5-year estimate. http://data.census.gov

[4]U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate. http://data.census.gov

[5]Ohio Behavioral Risk Factor Surveillance System: 2021 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

[6]Ohio Behavioral Risk Factor Surveillance System: 2022 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

[7]U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate. http://data.census.gov

[8]Edelman Trust Institute, 2025 Edelman Trust Barometer Special Report: Trust and Health. https://www.edelman.com/trust/2025/trust-barometer/special-report-health

[9]Ohio Healthy Youth Environment Survey – OHYES!, Entire State Report, 2023-2024. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/2023-2024/ohyes-entire-state-report-2023-2024

[10]Walk Score, 2025. https://www.walkscore.com

[11]Feeding America, Map The Meal Gap, 2023. https://map.feedingamerica.org

[12]Hake, M., Dewey, A., Engelhard, E., & Dawes, S. (2024). Map the Meal Gap 2024: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2022. Feeding America.

[13]Ohio Department of Jobs & Family Services, Child Abuse and Neglect Referrals and Outcomes Dashboard. (2023). Https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes

[14]Wood County ADAMHS Youth Survey 2024. https://www.wcesc.org/media/Prevention/2024.Reduced%20ADAMHS%20Youth%20Survey%20FINAL.pdf

[15]Ohio Childcare Resource & Referral Association, 2023 Annual Report. https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2024/12/Annual-Report-2023.pdf

[16]Groundwork Ohio, 2024 Poll Data. https://www.groundworkohio.org/poll

[17]Ohio Department of Mental Health & Addiction Services, Ohio Gambling Survey 2022 Highlights.

[18]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[19]State of Ohio Integrated Behavioral Health Dashboard. https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd*Rates calculated using population from ACS, DP05, 2023 5-year estimate

[20]U.S. Census Bureau, American Community Survey, S1401, 2023 5-year estimate. http://data.census.gov

[21]Ansari A. THE PERSISTENCE OF PRESCHOOL EFFECTS FROM EARLY CHILDHOOD THROUGH ADOLESCENCE. J Educ Psychol. 2018 Oct;110(7):952-973. doi: 10.1037/edu0000255. Epub2018 Mar 8. PMID: 30906008; PMCID: PMC6426150.

[22]U.S. Census Bureau, American Community Survey, DP04, 2023 5-year estimate. http://data.census.gov

[23]Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. https://cohhio.org/boscoc/hicpit/

[24]Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics

[25]Federal Bureau of Investigation, Crime Data Explorer, https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend. *Rates for Ohio taken from FBI Crime Data Explorer; rates for all other jurisdictions calculated from agency-specific population data provided in the FBI's 2023 Crime by County National Excel file; as such, they are estimates and should be interpreted with caution.

[26]BroadbandNow (2025). Ohio Internet Coverage & Availability in 2025. Retrieved from https://broadbandnow.com/Ohio

[27]United States Environmental Protection Agency, Research on Health Effects from Air Pollution. https://www.epa.gov/air-research/research-health-effects-air-pollution

[28]Centers for Disease Control and Prevention, Cigarette Smoking. https://www.cdc.gov/tobacco/about/index.html

[29]Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-nutrition-physical-activity-and-obesity.html#:~:text=Poor%20nutrition%20and%20inadequate%20physical,%2C%20certain%20cancers%2C%20and%20depression.

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[32]Centers for Disease Control and Prevention, Older Adult Falls Data, 2020. https://www.cdc.gov/falls/data-research/index.html#cdc_data_surveillance_section_2-older-adult-falls-reported-by-state

[33]U.S. Bureau of Labor Statistics, National Census of Fatal Occupational Injuries in 2023. https://www.bls.gov/news.release/pdf/cfoi.pdf

APPENDIX E:
REFERENCES (CONTINUED)

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[34]Ohio Department of Health, Sexually Transmitted Diseases Data and Statistics, 2019-2023 Ohio Infectious Disease Status Reports. https://odh.ohio.gov/know-our-programs/std-surveillance/Data-and-Statistics

[35]Ohio Department of Health, Ohio HIV Surveillance Data Tables, 2023. https://odh.ohio.gov/know-our-programs/hiv-aids-surveillance-program/Data-and-Statistics

[36]Ohio Department of Health, 2022 Ohio Unintentional Fall Deaths Among Older Adults. https://odh.ohio.gov/wps/wcm/connect/gov/9d241268-bbb3-4186-b42f-95ad8cf0f8ca/2022_Unintentional+Falls+Report_Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-9d241268-bbb3-4186-b42f-95ad8cf0f8ca-p94jgAR

[37]Ohio Department of Health, DataOhioPortal, 2020-2024 average, updated May 15, 2025. https://data.ohio.gov/wps/portal/gov/data/view/ohio_births *2023 and 2024 data is considered preliminary at this time. These data were provided by the Ohio Dept. of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

[38]PLACES. Centers for Disease Control and Prevention. Accessed June 20, 2025. https://www.cdc.gov/places

[39]U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate. http://data.census.gov

www.moxleypublichealth.com
stephanie@moxleypublichealth.com