2022-2025

Wood County

Community Health Improvement Plan

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Introduction

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

Wood County Health Partners have been conducting CHAs since 2008 to measure the community's health status. The most recent Wood County CHA was cross-sectional in nature and included a written survey of adults, youth, and children within Wood County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH). This has allowed Wood County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

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

Hospital Requirements

Internal Revenue Services (IRS)

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

Hospital Mission Statement

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

Community Served by the Hospital

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

Public Health Accreditation Board (PHAB) Requirements

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

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

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 13.3% of Wood County residents were below the poverty line, according to the 2014-2018 American Community Survey five-year estimates. To allow for broad comparisons across indicators, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities. While this does not align perfectly with poverty determinations, it most effectively captures the impact of reduced income on health status for the range of data reviewed.

Mobilizing for Action through Planning and Partnerships (MAPP)

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

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

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

Figure 1.1 The MAPP model

Alignment with National and State Standards

The 2023-2025 Wood County Community Health Improvement Plan priorities align with regional, state and national priorities. Wood County will be addressing the following priority health factors: community conditions, health behaviors, and access to care, which were all identified in the State Health Improvement Plan (SHIP). Wood County will be addressing the following priority health outcomes: mental health and addiction, chronic disease, and social wellness. The first two outcomes align with priorities identified in the SHIP, and social wellness captures the broader community goals identified in the aftermath of the COVID-19 pandemic.

Healthy People 2030

Wood County's priorities also fit specific Healthy People 2030 goals. For example:

- Health Care Access and Quality (AHS) – 01: Increase the proportion of people with health insurance
- Mental Health and Mental Disorder (MHMD) – 02: Reduce suicide attempts by adolescents

Please visit https://health.gov/healthypeople/objectives-and-data for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

The 2020-2022 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioan's achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying three (3) priority factors, i.e., community conditions, health behaviors, and access to care, that impact the three (3) priority health outcomes, i.e., mental health and addiction, chronic disease, and maternal and infant health.

The three priority factors are the following:

1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences);
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity) ;
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care).

The three priority health outcomes address the following three areas:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths);
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead]);
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births).

The Wood County CHIP was required to select at least one priority factor, one priority health outcome, one indicator for each identified priority, and one strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol 🛡 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Wood County CHIP identifies strategies likely to reduce disparities and inequities. This symbol √ will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities.

The following Wood County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:
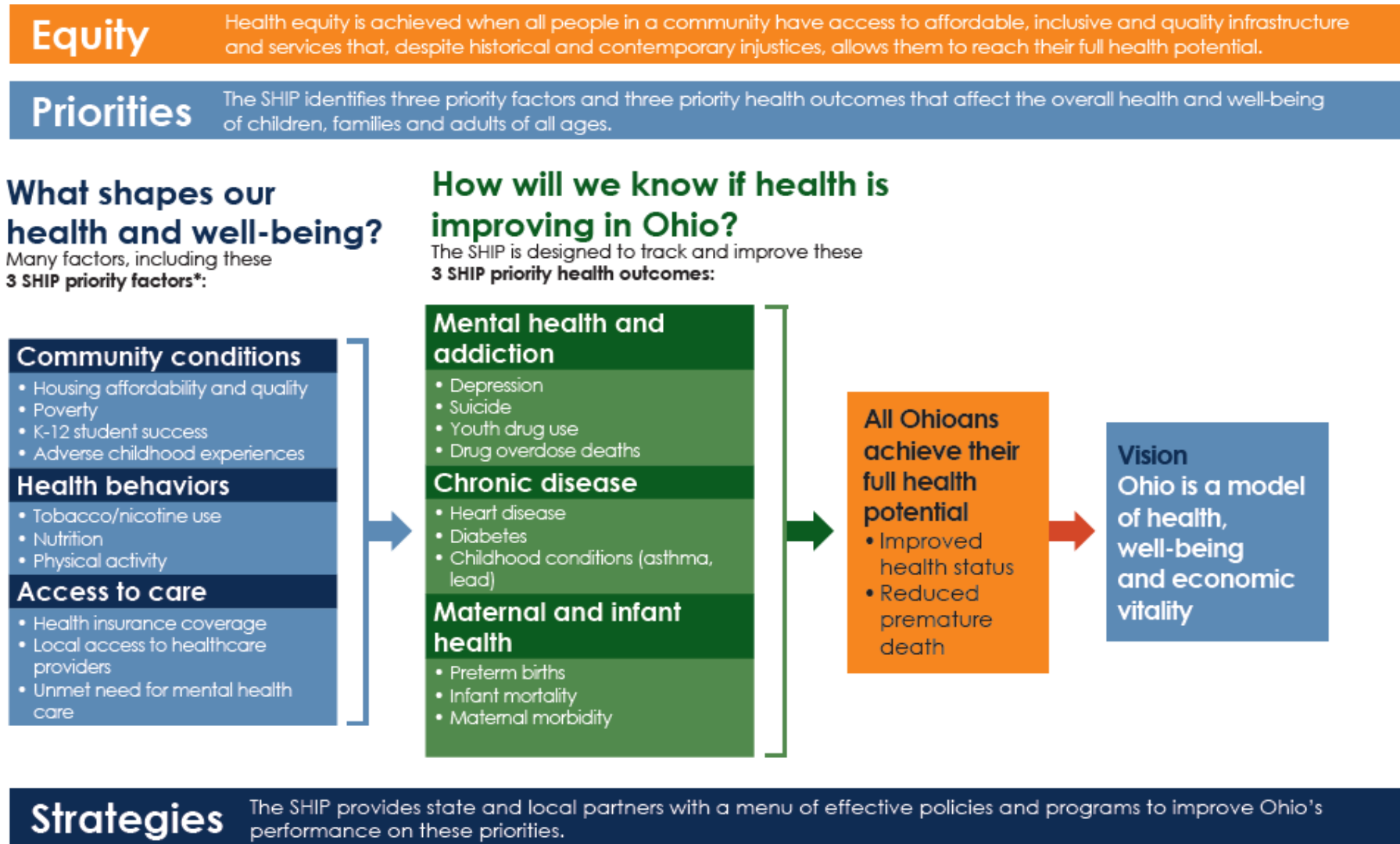
Figure 1.2 2022-2024 Wood CHIP Alignment with the 2020-2022 SHIP

SHIP Priorities	Wood County CHIP Strategies
Community Conditions	• Expand and improve housing options for residents of Wood County. • Increase awareness, identification and intervention for Adverse Childhood Experiences (ACEs). • Strengthen public transportation to make it more accessible to more people in more places and for more purposes.
Health Behaviors	• Reduce nicotine use among Wood County residents. • Increase the number of Wood County residents who have access to and regularly eat nutritious foods. • Increase the number of hours Wood County residents engage in regular physical activity.
Access to Care	• Increase the number of individuals who receive recommended medical. • Increase the number of individuals who receive recommended dental care. • Develop a multi-year plan to increase the number of mental health professionals available to serve Wood County residents.
Mental Health and Addiction	• Develop multi-year plan to increase the number of mental health professionals available to support Wood County residents. • Increase care-seeking behavior for mental health among Wood County residents.
Chronic Disease	• Increase the number of individuals who receive recommended medical care. • Increase the number of individuals who receive recommended dental care. • Increase the number of Wood County residents who have access to and regularly eat nutritious foods. • Increase the number of hours Wood County residents engage in regular physical activity • Reduce nicotine use among Wood County residents
	• Increase individual well-being among Wood County residents, including opportunities that enhance self-care.

Figure 1.3 2020-2022 State Health Improvement Plan (SHIP) Overview

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, allows them to reach their full health potential.

Priorities — The SHIP identifies three priority factors 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 health care

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 and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

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

Maternal and infant 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.

Vision and Mission

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

The Vision of the Wood County Community Partners

Making *Healthy* happen in Wood County through collaboration, care, prevention and wellness.

The Mission of the Wood County Community Partners

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

Community Partners

The CHIP was planned by various agencies and service-providers within Wood County. From April 2022 to June 2022, they reviewed many data sources concerning the health and social challenges that Wood County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize and thank them for their dedication to this process:

Arrowhead Behavioral Health
BG Independent News
Bowling Green Christian Academy
Bowling Green Covenant Church
Bowling Green Manor
Bowling Green State University
Bridge Home Healthcare and Hospice
Cedar Creek Church
Children's Resource Center
City of Bowling Green
Community Health Services
Family and Children First Council
Great Lakes Community Action Partnership
Harbor Behavioral Health
Hospital Council of NW Ohio
Islamic Center of Greater Toledo
NAMI Wood County
Northwood Local Schools
Ohio Department of Health
Otsego Local Schools
Penta Career Center
Perrysburg Area Chamber of Commerce
Perrysburg Schools
The Cocoon
TH Plastics
United Way in Wood County
Way Public Library
Wood County Alcohol, Drug Addiction and Mental Health Services Board

Wood County Board of Developmental Disabilities
Wood County Board of Health
Wood County Commissioners
Wood County Committee on Aging
Wood County Community Health Center
Wood County Educational Service Center
Wood County Health Department
Wood County Hospital
Wood County Jobs and Family Services
Wood County Park District
Wood County Sheriff's Office

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Gabrielle Mackinnon, Community Health Improvement Manager, from HCNO.

Community Health Improvement Process

Beginning in April 2022, the Wood County Community Partners met four times and completed the following planning steps:

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

Strategies and Lead Agencies

Strategies	Lead Agencies	Priorities Supported
1. **Expand and improve housing options for residents of Wood County.** Potential actions: • Increase public awareness of affordable housing options available by providing a comprehensive guide to available housing resources. • Advocate for expansion of affordable housing programs for the lowest-income renters. • Advocate for zoning and housing policies to expand areas where affordable housing can be built. • Expand available transitional housing options that provide transitional housing for 6 to 24 months.	United Way of Wood County	Priority 1: Community Conditions
2. **Increase awareness, identification and intervention for Adverse Childhood Experiences (ACEs).** Potential actions: • Survey health care providers, teachers, coaches, social service providers and other community members on their awareness and use of trauma-informed care, including toxic stress and ACEs. • Develop materials on ACEs that can be used by agencies to mitigate their impact on the people they serve. • Train teachers, superintendents, and organizations that work with people with ACEs on trauma-informed care.	Children's Resource Center Wood County Educational Services Center	Priority 1: Community Conditions
3. **Strengthen public transportation to make it more accessible to more people in more place and for more purposes.** Potential actions: • Continue to increase the public awareness of all transportation options through marketing activities. • Expand coordination for public transportation with adjoining counties. • Increase funding for the NET Plus Program in Wood County. • Seek an increase in funding for transportation providers who serve seniors, individuals with disabilities and low-income individuals.	Great Lakes Community Action Partnership	Priority 1: Community Conditions
4. **Reduce nicotine use among Wood County residents.** Potential actions: • Mass media campaigns against tobacco use. • Smoke-free policies for indoor/outdoor areas. • Tobacco cessation therapy affordability.	Wood County Health Department Wood County Hospital	Priority 2: Health Behaviors Priority 5: Chronic Disease

5. **Increase the number of Wood County residents who have access to and regularly eat nutritious foods.** Potential actions: • Food insecurity screening program. • Healthy food initiatives in food banks. • School-based nutrition education programs.	Wood County JFS/SNAP Wood County Health Department/WIC	Priority 2: Health Behaviors Priority 5: Chronic Disease
6. **Increase the number of hours Wood County residents engage in regular physical activity**. Potential actions: • Community-wide physical activity campaign. • Safe Routes to Schools programs. • Exercise prescriptions from healthcare providers. • Increase access to free/affordable opportunities for exercise. • Policies to promote physical activity at work and school.	BGSU Wood County Parks Districts	Priority 2: Health Behaviors Priority 5: Chronic Disease

7. **Increase the number of individuals who receive recommended medical care.** Potential actions:
• Identify barriers and gaps in accessing healthcare services.
• Raise awareness of:
  • Importance of seeing a primary care provider annually;
  • Engage in preventative care;
  • How to lower risks for chronic disease;
  • Importance of hypertension and diabetes screenings and follow up;
  • Importance of prenatal and post-partum care.
	Wood County Hospital
	Wood County Health Department
		Priority 3: Access to care
		Priority 5: Chronic Disease

8. **Increase the number of individuals who receive recommended dental care**. Potential actions: • Improve awareness of the benefits of routine dental care. • Create and maintain a database of local resources to help individuals find low-cost providers.	Wood County Health Department	Priority 3: Access to Care
9. **Develop a multi-year plan to increase the number of mental health professionals available to serve Wood County residents.** Potential actions: • Telehealth Services for mental health. • Raise awareness of benefits of mental telehealth services. • School-based counseling services. • Develop and publish a Mental Health Resource Guide.	Wood County ADAMHS Board	Priority 3: Access to Care Priority 4: Mental Health and Addiction
10. **Increase care-seeking behavior for mental health among Wood County residents.** Potential Actions: • Implement "Stigma-free Workplace" program in area businesses.	Wood County ADAMHS Board	Priority 4: Mental Health and Addiction

• Develop and launch a communication campaign to make people aware of when they should seek care and normalize seeking care.		
11. Increase individual well-being among Wood County residents, including opportunities that enhance self-care. Potential actions: • Research strategies demonstrated to improve aspects of health, such as sleep, reduced screen time, healthy social interactions, happiness, reducing chronic pain, families that share meals together, reading to kids, etc. • Compile list/overview of free and low-cost resources available for self-care that are available to residents. • Enhance and expand *No Wrong Door* resources and training to include opportunities for self-care. • Develop programs to implement across multiple organizations - schools, churches, businesses, etc. • Community education about the importance of self-care. • Advocate for policies that promote self-care.	Wood County Health Department	Priority #6: Social Wellness
12. Develop a protocol/process for creating and maintaining alignment among agencies involved in improving health in Wood County. Potential actions: • Conduct a community assessment to understand/document all organizations that provide care and community services. • Establish an executive committee of leaders of various agencies that impact health and wellness in the county to develop a sustainable approach to networking all relevant organizations. Establish a forum that allows each organization to share needs, opportunities and priorities.	Wood County Health Department	All Priorities

Community Health Assessment

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

Adult Trend Summary

Adult Trend Summary	Wood County 2018	Change since 2018	Wood County 2021	Ohio 2019	How does Wood County compare to Ohio average?	U.S. 2019
Health Status						
Rated general health as good, very good, or excellent	86%	⬆	88%	81%	**Better**	83%
Rated health as excellent or very good	52%	⬇	49%	48%	**Better**	51%
Rated health as fair or poor 🛡	14%	⬇	12%	19%	**Better**	18%
Average days that physical health not good (in the past month) 🛡	3.1	⬆	4.6	3.9‡	**Worse**	3.8‡
Rated physical health as not good on four or more days (in the past 30 days)	18%	⬆	24%	24%	**Same**	23%
Average days that mental health not good (in the past month) 🛡	4.8	⬆	6.9	4.6‡	**Worse**	4.0‡
Rated their mental health as not good on four or more days (in the previous month)	32%	⬆	49%	26%	**Worse**	24%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	32%	⬆	38%	N/A	N/A	N/A
Health Care Coverage, Access, and Utilization						
Uninsured	6%	⬆	7%	9%	**Better**	11%
Had at least one person they thought of as their personal doctor or health care provider	85%	⬇	77%	80%	**Worse**	77%
Visited a doctor for a routine checkup in the past year 🛡	61%	⬆	67%	78%	**Worse**	78%
Diabetes, Asthma, and Arthritis						
Diagnosed with diabetes 🛡	8%	Same	8%	12%	**Better**	11%
Diagnosed with pre-diabetes or borderline diabetes	5%	⬇	3%	2%	**Worse**	2%
Diagnosed with asthma 🛡	15%	⬇	10%	16%	**Better**	15%
Diagnosed with arthritis	28%	⬆	31%	31%	**Same**	26%
Cardiovascular Health						
Had angina or coronary heart disease 🛡	5%	⬇	4%	5%	**Better**	4%
Had a heart attack	3%	Same	3%	5%	**Better**	4%
Had a stroke	2%	Same	2%	4%	**Better**	3%
Diagnosed with high blood pressure 🛡	35%	⬇	30%	35%	**Better**	32%
Diagnosed with high blood cholesterol	32%	⬇	30%	33%	**Better**	33%
Had blood cholesterol checked within the past 5 years	80%	⬇	72%	85%	**Worse**	87%

‡2017 BRFSS Data as compiled by 2020 County Health Rankings
N/A – Not Available
🛡 Indicates alignment with the Ohio State Health Assessment

Adult Trend Summary	Wood County 2018	Change since 2018	Wood County 2021	Ohio 2019	How does Wood County compare to Ohio average?	U.S. 2019
Weight Status						
Overweight	33%	⬇	32%	35%	**Better**	35%
Obese 🛡	39%	⬇	37%	35%	**Worse**	32%
Overweight or Obese	72%	⬇	69%	70%	**Better**	67%
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	68%	⬆	71%	53%	**Worse**	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 🛡	27%	⬆	32%	18%	**Worse**	17%
Drove after having too much alcohol to drink	7%	**Same**	7%	4%*	**Worse**	3%*
Tobacco Use						
Current smoker (currently smoke some or all days) 🛡	11%	⬇	10%	21%	**Better**	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	23%	⬇	21%	24%	**Worse**	25%
Tried to quit smoking	38%	⬆	58%	N/A	N/A	N/A
Drug Use						
Adults who used recreational marijuana (in the past 6 months)	6%	⬆	9%	N/A	N/A	N/A
Adults who used other recreational drugs (in the past 6 months)	2%	⬆	5%	N/A	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	4%	⬆	5%	N/A	N/A	N/A
Sexual Behavior						
Had more than one sexual partner (in the past year)	7%	⬇	<1%	N/A	N/A	N/A
Preventive Medicine						
Had a pneumonia vaccine (age 65 and older)	76%	⬇	68%	75%	**Worse**	73%
Had a flu vaccine in the past year (ages 65 and older)	74%	⬆	78%	63%	**Better**	64%
Had a mammogram in the past two years (age 40 and older)	63%	⬆	71%	74%*	**Worse**	72%*
Had a clinical breast exam in the past two years (age 40 and older)	64%	⬇	61%	N/A	N/A	N/A
Had a Pap smear in the past three years (age 21-to-65)	73%	⬇	70%	79%	**Worse**	80%
Had a digital rectal exam within the past year	17%	⬇	12%	N/A	N/A	N/A
Mental Health						
Felt sad or hopeless for two or more weeks in a row	14%	⬇	12%	N/A	N/A	N/A
Considered attempting suicide in the past year	2%	⬆	3%	N/A	N/A	N/A
Attempted suicide in the past year	0%	⬆	3%	N/A	N/A	N/A
Oral Health						
Adults who visited a dentist or dental clinic (in the past year)	71%	⬇	66%	67%	**Worse**	68%
Adults who had one or more permanent teeth removed	31%	⬆	41%	45%*	**Better**	41%*
Adults 65 years and older who had all their permanent teeth removed	10%	⬇	5%	17%*	**Better**	14%*
Quality of Life						
Limited in some way because of a major impairment or health problem	38%	⬆	42%	N/A	N/A	N/A

N/A – Not Available
*2018 BRFSS Data
🛡Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

| Youth Trend Summary	6th through 12th graders			9th through 12th graders			
	Wood County 2018	Change since 2018	Wood County 2021	Wood County 2021	Ohio 2019	U.S. 2019	How does Wood County compare to the U.S. average?
Weight Control							
Obese 🔹	16%	⬆	18%	16%	17%	16%	**Same**
Overweight	13%	**Same**	13%	16%	12%	16%	**Same**
Overweight or Obese	29%	⬆	31%	32%	29%	32%	**Same**
Described themselves as slightly or very overweight	30%	⬇	28%	31%	N/A	32%	**Better**
Trying to lose weight	45%	⬇	40%	46%	N/A	48%	**Worse**
Exercised to lose weight (in the past 30 days)	56%	⬇	46%	51%	N/A	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	32%	⬆	33%	43%	N/A	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	6%	⬆	8%	13%	N/A	N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	3%	⬇	1%	3%	N/A	N/A	N/A
Vomited or took laxatives (in the past 30 days)	2%	⬆	3%	4%	N/A	N/A	N/A
Physically active at least 60 minutes per day on every day (in the past week)	31%	**Same**	31%	25%	24%	23%	**Better**
Physically active at least 60 minutes per day on five or more days (in the past week)	54%	⬇	53%	49%	43%	44%	**Better**
Did not participate in at least 60 minutes of physical activity on any day (in the past week)	10%	**Same**	10%	13%	21	17%	**Better**
Tobacco Use							
Ever tried cigarette smoking (even one or two puffs)	14%	⬇	8%	13%	22%	24%	**Better**
Current smoker (smoked on at least one day during the past 30 days)	3%	⬇	2%	4%	5%	6%	**Better**
Tried to quit smoking (of those youth who smoked in the past year)	45%	⬇	41%	28%	N/A	48%	**Worse**
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	5%	⬇	3%	3%	9%	8%	**Better**
Alcohol Consumption							
Ever tried alcohol	38%	⬇	28%	40%	N/A	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	15%	⬇	11%	17%	26%	29%	**Better**
Binge drinker (drank 5 or more drinks within a couple of hours on at least one day during the past 30 days)	7%	⬇	5%	10%	13%	14%	**Better**
Drank for the first time before age 13 (of all youth)	10%	⬇	7%	6%	16%	15%	**Better**
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	12%	⬇	10%	12%	N/A	17%	**Better**
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past 30 days)	1%	⬆	2%	3%	N/A	5%	**Better**
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	⬆	42%	37%	N/A	41%	**Better**

🔹 *Indicates alignment with the Ohio State Health Assessment (SHA)*
N/A – Not Available

Youth Trend Summary	6th through 12th graders			9th through 12th graders			
	Wood County 2018	Change since 2018	Wood County 2021	Wood County 2021	Ohio 2019	U.S. 2019	How does Wood County compare to the U.S. average?
Drug Use							
Youth who used marijuana (in the past month)	9%	⬇	5%	10%	16%	22%	**Better**
Used methamphetamines (in their lifetime)	1%	**Same**	1%	2%	N/A	2%	**Same**
Used cocaine (in their lifetime)	2%	⬇	1%	2%	4%	4%	**Better**
Used heroin (in their lifetime)	0%	⬆	1%	1%	2%	2%	**Better**
Used steroids without a doctor's prescription (in their lifetime)	2%	⬇	1%	3%	N/A	2%	**Worse**
Used inhalants (in their lifetime)	3%	⬇	2%	3%	8%	6%	**Better**
Used ecstasy/MDMA/molly (in their lifetime)	1%	⬆	2%	3%	N/A	4%	**Better**
Ever misused medications (in their lifetime)	5%	⬇	3%	5%	12%	14%	**Better**
Ever been offered, sold, or given an illegal drug by someone on school property (in the past year)	6%	⬇	4%	5%	15%	22%	**Better**
Mental Health							
Seriously considered attempting suicide (in the past 12 months)	19%	⬇	14%	19%	16%	19%	**Same**
Attempted suicide (in the past 12 months)	5%	**Same**	5%	6%	7%	9%	**Better**
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	⬆	29%	34%	33%	37%	**Better**
Social Determinants of Health							
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	78%	**Same**	78%	74%	N/A	N/A	N/A
Unintentional Injuries and Violence							
Carried a weapon (in the past month)	9%	⬇	8%	7%	11%	13%	**Better**
Had been in a physical fight (in the past year)	21%	⬇	15%	12%	19%	22%	**Better**
Electronically bullied (in the past year)	12%	⬇	10%	9%	13%	16%	**Better**
Bullied (in the past year)	37%	⬇	30%	28%	N/A	N/A	N/A
Bullied on school property (in past the year)	23%	⬇	15%	11%	14%	20%	**Better**
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (in the past year)	2%	**Same**	2%	3%	10%	8%	**Better**

N/A – Not Available

Child Trend Summary

Child Trend Summary – Ages 0 to 5 years	Wood County 2018	Change since 2018	Wood County 2021	Ohio 2018/ 2019	How does Wood County compare to Ohio average?	U.S. 2018/ 2019
Health and Functional Status						
Rated health as excellent or very good	98%	⬆	99%	94%	**Better**	94%
Dental care visit in past year	53%	⬆	58%	59%*	**Worse**	62%*
Diagnosed with ADHD/ADD	1%	⬇	0%	1%**	**Better**	2%**
Diagnosed with asthma 🛡	6%	⬇	4%	4%	**Same**	4%
Diagnosed with autism or autism spectrum disorder (ASD)	1%	Same	1%	N/A	N/A	2%*
Diagnosed with behavioral or conduct problems	3%	⬇	1%	3%**	**Better**	4%**
Diagnosed with a head injury, brain injury, or concussion	1%	Same	1%	N/A	N/A	<1%
Health Care Access						
Had public insurance	12%	⬇	7%	29%	**Worse**	32%
Been to doctor for preventive care in past year	100%	⬇	99%	87%***	**Better**	89%***
Received all the medical care they needed	94%	⬇	93%	N/A	N/A	N/A
Early Childhood						
Never breastfed their child	11%	⬆	12%	22%	**Better**	19%
Family member read to child every day in the past week €	54%	⬆	60%	35%	**Better**	35%
Family and Community Characteristics						
Family eats a meal together every day of the week	38%	⬆	53%	49%	**Better**	53%
Child experienced two or more ACEs 🛡	7%	⬇	1%	9%	**Better**	9%
Parent definitely agreed that their child lived in a safe neighborhood	87%	⬆	93%	65%	**Better**	64%

Ages 1-5
**Ages 3-5*
***2019 NSCH Data*
N/A – Not Available

Child Trend Summary – Ages 6 to 11 years	Wood County 2018	Change since 2018	Wood County 2021	Ohio 2018/ 2019	How does Wood County compare to Ohio average?	U.S. 2018/ 2019
Health and Functional Status						
Rated health as excellent or very good	93%	⬆	97%	88%	Better	90%
Dental care visit in past year	93%	⬇	90%	91%	Worse	89%
Diagnosed with ADHD/ADD	12%	⬆	14%	10%	Worse	9%
Diagnosed with asthma 🔵	9%	⬇	7%	12%	Better	13%
Diagnosed with autism or autism spectrum disorder (ASD)	4%	⬇	2%	N/A	N/A	3%
Diagnosed with behavioral or conduct problems	4%	⬆	5%	10%	Better	9%
Diagnosed with a head injury, brain injury, or concussion	2%	Same	2%	N/A	N/A	1%
Health Care Access						
Had public insurance	11%	⬇	8%	29%	Worse	31%
Been to doctor for preventive care in past year	91%	⬆	92%	86%¥	Better	82%¥
Received all the medical care they needed	93%	⬆	94%	N/A	N/A	N/A
Middle Childhood						
Child participated in one or more after school or weekend activities	63%	⬆	80%	75%	Better	79%
Child did not miss any days of school because of illness or injury	16%	⬆	31%	24%	Better	28%
Did not engage in any physical activity during the past week	4%	⬇	2%	6%	Better	6%
Parent definitely agreed that their child was safe at school	72%	⬆	82%	74%	Better	75%
Family and Community Characteristics						
Family eats a meal together every day of the week	33%	⬆	36%	42%	Worse	46%
Child experienced two or more ACEs 🔵	6%	⬆	8%	26%	Better	20%
Parent definitely agreed that their child lived in a safe neighborhood €	78%	⬆	84%	57%	Better	64%

¥2019 NSCH Survey Data
N/A – Not Available

Priorities Chosen

Based on the 2021 Wood County Health Assessment, key issues were identified for adults and youth. Overall, there were 27 key issues identified by the Wood County Health Partners. The Wood County Health Partners then voted and came to a consensus on the priority areas Wood County will focus on over the next three years. The key issues are listed in the table below.

KEY ISSUES
Adult Alcohol Consumption
Adult Cardiovascular Disease
Adult Diabetes
Adult Drug Use
Adult Food Insecurity
Adult Mental Health
Adult Oral Health
Adult Physical Activity
Adult Prenatal Care
Adult Social Determinants of Health
Adult Tobacco Use
Adult Transportation
Adult Weight Status
Adult Poverty
Sexual Violence
Youth Alcohol Consumption
Youth Drug Use
Youth Mental Health
Youth Poverty
Youth Social Determinants of Health
Youth Tobacco/Vaping Use
Youth Violence and Bullying
Youth Weight Status
Child Bullying
Child Health Conditions
Child Poverty
Child Social Determinants of Health
Child Weight Status

Based on the key issues identified in the review, Wood County will focus on the following six priority areas over the next three years:

1. Community Conditions
2. Health Behaviors
3. Access to Care
4. Mental Health and Addiction
5. Chronic Disease
6. Social Wellness

Community Themes and Strengths Assessment (CTSA)

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

Open-ended Questions to the Committee

1. **What do you believe are the 2-3 most important characteristics of a healthy community?**

   - Ability to make healthy choices
   - Access to adequate and safe housing
   - Access to adequate employment
   - Access to adequate physical activity and nutrition
   - Access to adequate transportation
   - Access to health education and health care
   - Access to quality education and schools
   - Active business districts
   - Adequate resources to meet community needs
   - Communication between agencies
   - Compassion
   - Easily accessible parks/trails/bike paths on busy roadways
   - Healthy families
   - Low crime stats
   - Low or no barriers to health care program entry
   - Policy supports to ensure availability of the basic resources people need to live healthy stable lives
   - Quality health care providers
   - Safety
   - Sense of connection to the broader community
   - Volunteers
   - Ways to address and reduce stress

2. **What makes you most proud of our community?**

   - Cleanliness
   - Community collaboration
   - Number of County parks
   - Quality/diversity of educational systems in community
   - Safety
   - Support of levies for libraries, health, elderly, police, and schools
   - Value in being members of Wood County community

3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**

- ARC to address addiction
- Churches
- Crisis meeting
- Domestic violence coordinated community response team
- Family and Children First Council (FCFC)
- Family and friend events (i.e., art festivals, fairs, farmers markets, etc.)
- Farmers markets
- Health care providers are more willing to go out into the community to connect with and serve people (i.e., COVID vaccination)
- Health Department
- Hospitals partnering with schools and other community entities to promote health and well-being
- Housing coalition
- Libraries
- Mental health community
- More places have policies that limit or prohibit tobacco use and vaping
- NAMI
- Organization/businesses
- Parks
- Prevention coalition to address mental health needs
- Resiliency project for suicide prevention
- Schools partnering with community organizations to address literacy
- Senior centers
- Shared Legacy Farms
- SIM steering committee
- Variety of collaborative and place-based solutions that help feed people across the county
- Veterans Support Office engaging providers to make access to assessments easier to get
- Volunteers supporting public health efforts
- Wood County Addiction Task Force
- Wood County parks
- Wood County Prevention Coalition

4. **What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?**

    - Mental health issues for adults and youth
    - Access to healthy foods
    - Affordable health care
    - Affordable housing
    - ATOD and vaping education
    - Chronic disease and supporting healthy choices at all ages
    - Economic equity
    - Expand access to Medicare, Medicaid, SNAP, and WIC
    - Increase wages for health and mental health care providers to attract and retain high quality providers
    - Options for physical activity for all ages
    - Public transportation
    - Stigma
    - Suicide rates
    - Support continued recovery from the pandemic and reconnection across all social sectors
    - Taking action to help community members get help
    - Workforce to increase capacity of behavioral health services

5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**

    - Adequate staffing levels
    - Ease and cost of buying processed foods
    - Education on resources
    - Engagement of community members to activity seek and use the resources
    - Financial resources
    - Focus on weight loss and BMI
    - Funding
    - Integration
    - Lack of affordable options for middle class families
    - Lack of awareness
    - Lack of mental health infrastructure
    - Lack of providers
    - Only focusing on average results
    - People are preoccupied with technology
    - People are weary after the pandemic
    - The size of Wood County geographically

6. **What actions, policy, or funding priorities would you support to build a healthier community?**

- Adequate staffing to offer more programming
- Advocate for employees to advocate wellness days
- Advocating health
- Affordable and easily accessible, locally grown produce
- Build a multisector coalition to address the health goals and priorities
- Funding for billboard ads to promote mental health and ATOD/vaping education
- Grants for families
- Health information exchange
- Increasing funding to support current programs and new programs
- Incentivize tobacco cessation programs at local companies
- Integrate health policy into all aspects of our communities: business, service
- Levy to develop bike paths
- More funding for mental health initiatives/support services
- Partnering with other organizational/businesses for funding opportunities
- Public transportation expansion
- Raise the county pay scale to attract and retain social services and health focused workers, via levy dollars
- organizations, social services, education, etc.
- Support initiatives to increase the workforce for home construction
- Tax credits for buying locally grown goods and utilizing public facilities for physical activities
- Wellness programming and education

7. **What would excite you enough to become involved (or more involved) in improving our community?**

- Ask community members for their opinions and ideas
- Be ambitious and not just settle for what has always been done
- Beautification projects around the county (wildflowers along the highways/overpasses)
- Commitment to "fixing the problem" and "don't give up until it is accomplished" attitude
- Community "identity" around health
- Continued support and involvement of agencies beyond CHIP process
- Create community involvement - group connection
- Have a clear strategy with accomplishable goals that will draw a wide range of partners to improve the health in Wood County
- Media campaigns to promote issues community members are not aware of
- Opportunities for relationships and help with implementation of strategies
- Outreach to everyone in the community
- Planning for bike paths
- Sustainable public transportation

*Quality of Life Survey

The Wood County Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 427 Wood County community members who completed the survey. The table below incorporate responses from the previous Wood County CHIP for comparison purposes. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response	
	2019 (n=591)	2022 (n=427)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	4.08	3.97*
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.41	3.47*
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.16	4.02*
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.73	3.70*
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.49	3.53*
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.09	4.04*
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.81	3.72*
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.68	3.62*
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.46	3.47*
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.44	3.43*
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.42	3.38*
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.44	3.37*

*Results of this assessment were collected during the COVID-19 pandemic

Forces of Change Assessment

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

Force of Change	Threats Posed	Opportunities Created
1. COVID-19 pandemic (10)	- Health providers lacking workers reducing services (3) - Cost of resources and supply chain (2) - Decreased socialization leading to poor mental health - Competition with other public health priorities - Impacts on medical system - Psychological impacts (i.e., anxiety, depression) - Non-affordable housing - Food insecurity - Burn out of health care workers - Loss of relationship - Preventive services not completed - Working from home	- Opportunities to reconnect the community - Innovative recruiting tactics - Wage analysis - Increased partnerships - Innovation of service delivery - New strategies for delivering vaccine - Enhance behavioral health access - Increased workforce - Resources available for affordable housing - Telehealth services for behavioral and physical health - Minority employment - Information sharing (i.e., Zoom) - Working from home

Force of Change	Threats Posed	Opportunities Created
2. Increase in mental health issues affecting adults and children (7)	• Lack of providers (3) • Unstable home environment (2) • Unemployment due to inability to work • Increase of bullying, violence, and suicide • Increased use of ATOD • Abuse/neglect • Suicide/ideation • Difficulty retaining jobs/relationships • Unwanted pregnancy • Stigma	• Mental health program opportunities • Expansion of child mental health services • Use telepsychiatry • Build mental health into school curriculum • Mentoring programs • Expand workforce • Address stigma
3. High rate of obesity in adults and children (4)	• Health risks related to obesity • Cardiovascular disease • Diabetes • Arthritis • Increased mental health issues • Health care cost increased • Delayed health care advice	• Healthier options in school cafeterias (2) • Education and advocacy • Workplace physical activity programs/policies • Community gardens • Increased walking/bike paths • Community game nights
4. Lack of affordable housing (4)	• Further economic strain on families • Reduced resources to invest in health • Long wait list for subsidized housing • People staying in violent or dangerous situations to avoid homelessness • Lack of stability for kids who have to change schools frequently • Increase in chronic stress and trauma • Increased demand for shelter	• May lead to hiring or innovation in housing industry • Incentives for property owners to accept vouchers for housing • Provide tax breaks to developers who build affordable units • Enforcement of local rules on sources of income discrimination in housing • Housing codes/safety issues

Force of Change	Threats Posed	Opportunities Created
5. Lack of affordable health care (4)	• Decrease in people with health care benefits • Unable to get access to health care needs • Decrease in population health • Undiagnosed chronic disease • Poor nutrition choices • Dental issues • Inability to purchase necessary medication	• Expanded services • Need for low-income health care options • Education opportunities • Legislative outreach and engagement • Telehealth
6. Cuts to Medicaid (2)	• 5,000 Wood County residents will be removed from Medicaid • Lack of treatment access for chronic conditions • People feeling worried about not being able to care for themselves or family members • Perceived failure of government to protect its citizens from disease and provide appropriate care • Increase of costs to all other payers to make up difference in costs of care by for-profit health entities	• Opportunities for health care providers to innovate ways to meet expanding needs • Outreach
7. Impact of social media on health status (2)	• Increased feelings of anxiety, depression, and suicide tendencies • Sedentary lifestyle • Isolation	• Develop programming to reach affected individuals
8. Supply chain pressures and limitations (2)	• Shortages will drive up the cost of care or may limit access	• New strategies for providing goods and services
9. Increase in Adult Protective Services cases	• Lack of LTC beds causing elders to live unsafely	• Development of supports for LTC facilities
10. Socialization and resiliency changes in youth	• Isolation • Depression	• Development of socialization programs and outreach
11. Restrictions on immigration at the federal level	• Exacerbated shortage of health care workers • Stress on already overwhelmed system	• Increased wages and better employee retention practices

N/A – Not available

Force of Change	Threats Posed	Opportunities Created
12. Increased cost of new cars, used cars, and gas	• Fewer people to maintain reliable transportation to/from work and school • Overwhelming need for NET Plus services for medical appointments • Lack of tax revenue as fewer people buy gas to travel	• Allocation of more funds for agency-based transportation • Development of a county-wide public transportation system that is not appointment-based but rather runs on a regular schedule and connects all of our communities
13. Economic Recession and the rising cost of transportation in Wood County	• Individuals may lose the ability to travel even locally for health care, and other social needs	• More effective public transportation
14. Selfishness	• Failure to sacrifice for a greater good • Failure to empathize with others	• Empathy in conversations • Grasp that we are individuals who are living in the community
15. Funding	• Level or diminished funding may strain existing services	• Funding increases can stabilize and expand opportunities to address health priorities
16. The "Great Resignation" and reduction in workforce	• Providers in Wood County may not be able to fully respond to demands for care • Individuals may "opt out" of health care professions or pursue training in other areas	• Re-assess how patient care work teams are built for care delivery • Develop new programs and incentives to bring more individuals into roles in Nursing and the Allied Health professions
17. Use of tobacco and vaping	• Poorer cardiovascular and respiratory health • Risk of moving to use of other drugs • Inability to get/retain jobs • Poverty • Food insecurity • Housing insecurity • Abuse/neglect	• Tobacco/vaping education opportunities
18. Erosion of shared truth	• Confusion over common talking points • Failure to arrive at consensus	• Community shares some things in common about purpose • Community acting together • Common source facts

Force of Change	Threats Posed	Opportunities Created
19. Failure to delay immediate gratification	• Deviant behavior • Short term living • Avoidance of pain and suffering	• Living towards a preferred future • Resiliency to suffering • Better daily decisions
20. Staffing	• Insufficient staff • Patients waiting long periods	• Training programs offered or held at the hospital
21. Proximity to major highways	• Increase in substance use issues • Sex trafficking	• Specialized programming • Access to different funds • Economic opportunities
22. Increased poverty levels	• Food insecurity • Homelessness • Stress	• Opportunities to provide job training and job programs
23. Increased number of older adults	• Decreased socialization • Food insecurity • Failing health	• Ways to connect older adults with services • Experience can be invested
24. Rural county	• Lack of housing • Transportation difficulties • Reduced access to services	• Making relationships with stakeholders
25. Dissolving of family unit	• Lack of parental responsibility • Instability in children's lives • Failure to pass down an identity	• Parental skill workshops • Children's sense of self can be secured • Resiliency to crisis
26. COVID-19 pandemic fatigue	• Reduced motivation to engage in new initiatives • Impacts on community connections	• Joining recovery strengthens existing community connections • Innovating so future impacts do not reduce ability to remain connected
27. Screen time	• Inactivity • Sedentary lifestyle • Obesity • Increased risk of chronic diseases	• Connected throughout community via online

Local Public Health System Assessment

The Local Public Health System

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

The public health system includes:

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

The 10 Essential Public Health Services

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

Public health systems should:

1. **Monitor Health Status**: Assess and monitor population health status, factors that influence health, and community needs and assets;
2. **Diagnose and Investigate:** Investigate, diagnose, and address health problems and hazards affecting the population;
3. **Educate/Empower:** Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it;
4. **Mobilize Partnerships:** Strengthen, support, and mobilize communities and partnerships to improve health;
5. **Develop Policies/Plans:** Create, champion, and implement policies, plans, and laws that impact health;
6. **Enforce Laws:** Utilize legal and regulatory actions designed to improve and protect the public's health;
7. **Link to Health Services:** Assure an effective system that enables equitable access to the individual services and care needed to be healthy;
8. **Assure Workforce:** Build and support a diverse and skilled public health workforce;
9. **Evaluate Services:** Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement;

10. **Research/Innovations**: Build and maintain a strong organizational infrastructure for public health.

(Source: http://www.cdc.gov/nphpsp/essentialservices.html)

The Local Public Health System Assessment (LPHSA)

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

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

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

The Wood County Health Partners identified 0 indicators that had a status of "no activity" and 1 indicator that had a status of "minimal". The remaining indicators were all moderate or significant.

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

To view the full results of the LPHSA, please contact Benjamin Robison from Wood County Health Department at (419) 352-8402.

Wood County Local Public Health System Assessment 2022 Summary
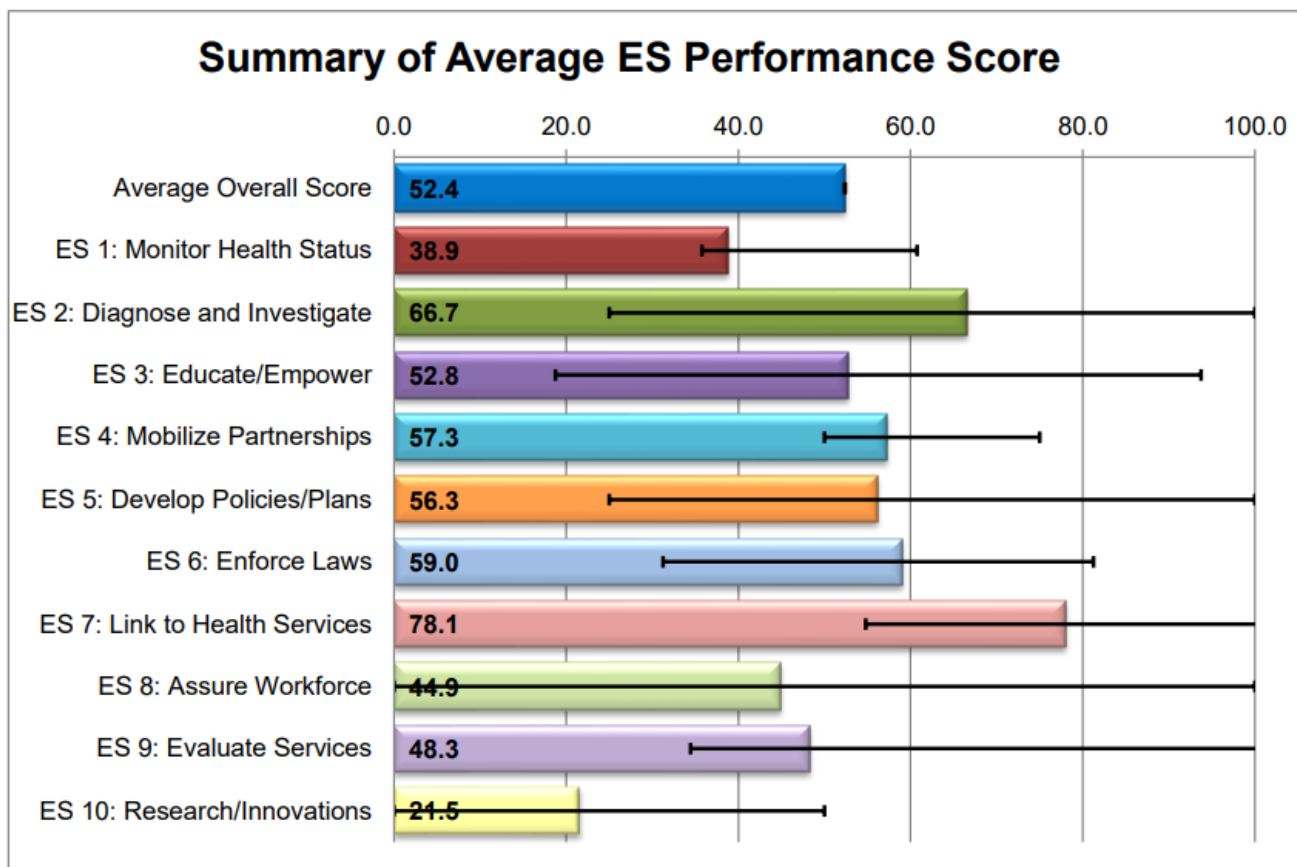
Summary of Average ES Performance Score

Category	Score
Average Overall Score	52.4
ES 1: Monitor Health Status	38.9
ES 2: Diagnose and Investigate	66.7
ES 3: Educate/Empower	52.8
ES 4: Mobilize Partnerships	57.3
ES 5: Develop Policies/Plans	56.3
ES 6: Enforce Laws	59.0
ES 7: Link to Health Services	78.1
ES 8: Assure Workforce	44.9
ES 9: Evaluate Services	48.3
ES 10: Research/Innovations	21.5

Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. The Wood County Health Partners were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps.

Strategy Selection

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

Evidence-Based Practices

Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. As part of the gap analysis and strategy selection, the Wood County Health Partners considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and there is evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented, evaluation has been conducted, and the practice has demonstrated industry-leading results. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

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

Priority Areas and Strategies

The Wood County 2022 – 2025 CHIP identifies six priority areas of focus to improve overall health in our communities. Within each priority, strategies are identified to drive progress in that area. Lead agencies are named for each strategy, and those agencies will work with community partners to identify specific actions that will drive improvements.

Numerous agencies and organizations in Wood County impact public health. Improving coordination of efforts across agencies can have a meaningful impact on the ability of members of our community to access needed services and support. To this end, Wood County has chosen the following strategy: **Develop a protocol/process for creating and maintaining alignment among agencies involved in improving health in Wood County.**

Priority #1: Community Conditions (Ohio SHIP Priority Factor)

Community conditions refers to those factors that are outside the health care system that impact the collective health and well-being of individuals in the community. Many of these factors are related to socioeconomic status, such as income levels, nutrition, crime, and transportation resources. Community conditions also impact how medical and educational resources are accessed and used by individuals to influence health.

Strategies

- **Expand and improve housing options for residents of Wood County.**
- **Increase awareness, identification and intervention for Adverse Childhood Experiences (ACEs).**
- **Strengthen public transportation to make it more accessible to more people in more places and for more purposes.**

Priority #2: Health Behaviors (Ohio SHIP Priority Factor)

Health behaviors are actions individuals take that affect their health. They include behaviors that lead to improved health, such as eating well and being physically active, and behaviors that increase one's risk of disease, such as smoking.

Strategies

- **Reduce nicotine use among Wood County residents.**
- **Increase the number of Wood County residents who have access to and regularly eat nutritious foods.**
- **Increase the number of hours Wood County residents engage in regular physical activity.**

Note: these strategies also support Priority 5: Chronic Disease.

Priority #3: Access to Care (Ohio SHIP Priority Factor)

Access to affordable, quality and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. People encounter a variety of barriers in attempting to access care, and access can vary based on factors such as geography, race and ethnicity and income.

Strategies

- **Increase the number of individuals who receive recommended medical care** (Also supports Priority 5: Chronic Disease).
- **Increase the number of individuals who receive recommended dental care.**
- **Develop a multi-year plan to increase the number of mental health professionals available to serve Wood County residents** (Also supports Priority 4: Mental Health and Addiction).

Priority #4: Mental Health and Addiction (Ohio SHIP Priority Outcome)

Ensuring that individuals have access to mental health care can improve lives and communities. For many, it can dramatically reduce or eliminate the risk of suicide (which is a leading cause of death in the U.S), legal issues, family conflict, employment issues, substance abuse and further mental and physical health problems.

Strategies

- **Develop multi-year plan to increase the number of mental health professionals available to support Wood County residents** (Also supports Priority 3: Access to Care).
- **Increase care-seeking behavior for mental health among Wood County residents.**

Priority #5: Chronic Disease (Ohio SHIP Priority Outcome)

Chronic diseases like diabetes, heart disease and cancer take a significant toll on public health. Yet this leading cause of death is also one of the most preventable. Strategies in this area aim to help reduce people's risk factors by promoting physical activity, improving access to healthy, affordable foods and expanding access to tobacco cessation information and programs.

Strategies

- **Increase the number of individuals who receive recommended medical care** (Also supports Priority 3: Access to Care).
- **Increase the number of Wood County residents who have access to and regularly eat nutritious foods** (Also supports Priority 2: Health Behaviors).
- **Increase the number of hours Wood County residents engage in regular physical activity** (Also supports Priority 2: Health Behaviors).
- **Reduce nicotine use among Wood County residents** (Also supports Priority 2: Health Behaviors).

Priority #6: Social Wellness

This priority is focused on increasing the individual well-being of Wood County residents, including increasing the sense of community connectedness, and knowledge and resources that enhance an individual's ability to engage in self-care.

Strategies

- **Increase individual well-being among Wood County residents, including opportunities that enhance self-care.**

Strategies and Lead Agencies

Strategies	Lead Agencies	Priorities Supported
1. **Expand and improve housing options for residents of Wood County.** Potential actions: • Increase public awareness of affordable housing options available by providing a comprehensive guide to available housing resources. • Advocate for expansion of affordable housing programs for the lowest-income renters. • Advocate for zoning and housing policies to expand areas where affordable housing can be built. • Expand available transitional housing options that provide transitional housing for 6 to 24 months.	United Way of Wood County	Priority 1: Community Conditions
2. **Increase awareness, identification and intervention for Adverse Childhood Experiences (ACEs).** Potential actions: • Survey health care providers, teachers, coaches, social service providers and other community members on their awareness and use of trauma-informed care, including toxic stress and ACEs. • Develop materials on ACEs that can be used by agencies to mitigate their impact on the people they serve. • Train teachers, superintendents, and organizations that work with people with ACEs on trauma-informed care.	Children's Resource Center Wood County Educational Services Center	Priority 1: Community Conditions
3. **Strengthen public transportation to make it more accessible to more people in more place and for more purposes.** Potential actions: • Continue to increase the public awareness of all transportation options through marketing activities. • Expand coordination for public transportation with adjoining counties. • Increase funding for the NET Plus Program in Wood County. • Seek an increase in funding for transportation providers who serve seniors, individuals with disabilities and low-income individuals.	Great Lakes Community Action Partnership	Priority 1: Community Conditions
4. **Reduce nicotine use among Wood County residents.** Potential actions: • Mass media campaigns against tobacco use. • Smoke-free policies for indoor/outdoor areas. • Tobacco cessation therapy affordability.	Wood County Health Department Wood County Hospital	Priority 2: Health Behaviors Priority 5: Chronic Disease

5. **Increase the number of Wood County residents who have access to and regularly eat nutritious foods.** Potential actions: • Food insecurity screening program. • Healthy food initiatives in food banks. • School-based nutrition education programs.	Wood County JFS/SNAP Wood County Health Department/WIC	Priority 2: Health Behaviors Priority 5: Chronic Disease
6. **Increase the number of hours Wood County residents engage in regular physical activity**. Potential actions: • Community-wide physical activity campaign. • Safe Routes to Schools programs. • Exercise prescriptions from healthcare providers. • Increase access to free/affordable opportunities for exercise. • Policies to promote physical activity at work and school.	BGSU Wood County Parks Districts	Priority 2: Health Behaviors Priority 5: Chronic Disease

7. **Increase the number of individuals who receive recommended medical care.** Potential actions:
• Identify barriers and gaps in accessing healthcare services.
• Raise awareness of:
   • Importance of seeing a primary care provider annually;
   • Engage in preventative care;
   • How to lower risks for chronic disease;
   • Importance of hypertension and diabetes screenings and follow up;
   • Importance of prenatal and post-partum care.
	Wood County Hospital
	Wood County Health Department
		Priority 3: Access to care
		Priority 5: Chronic Disease

8. **Increase the number of individuals who receive recommended dental care**. Potential actions: • Improve awareness of the benefits of routine dental care. • Create and maintain a database of local resources to help individuals find low-cost providers.	Wood County Health Department	Priority 3: Access to Care
9. **Develop a multi-year plan to increase the number of mental health professionals available to serve Wood County residents.** Potential actions: • Telehealth Services for mental health. • Raise awareness of benefits of mental telehealth services. • School-based counseling services. • Develop and publish a Mental Health Resource Guide.	Wood County ADAMHS Board	Priority 3: Access to Care Priority 4: Mental Health and Addiction
10. **Increase care-seeking behavior for mental health among Wood County residents.** Potential Actions: • Implement "Stigma-free Workplace" program in area businesses.	Wood County ADAMHS Board	Priority 4: Mental Health and Addiction

• Develop and launch a communication campaign to make people aware of when they should seek care and normalize seeking care.		
11. Increase individual well-being among Wood County residents, including opportunities that enhance self-care. Potential actions: • Research strategies demonstrated to improve aspects of health, such as sleep, reduced screen time, healthy social interactions, happiness, reduce chronic pain, families that share meals together, reading to kids, etc. • Compile list/overview of free and low-cost resources available for self-care that are available to residents. • Enhance and expand No Wrong Door resources and training to include opportunities for self-care. • Develop programs to implemented across multiple organizations - schools, churches, businesses, etc. • Community education about the importance of self-care. • Advocate for policies that promote self-care.	Wood County Health Department	Priority #6: Social Wellness
12. Develop a protocol/process for creating and maintaining alignment among agencies involved in improving health in Wood County. Potential actions: • Conduct a community assessment to understand/document all organization that provide care and community services. • Establish executive committee of leaders of various agencies that impact health and wellness in the county to develop a sustainable approach to networking all relevant organizations. Establish a forum that allows each organization to share needs, opportunities and priorities.	Wood County Health Department	All Priorities

Progress and Measuring Outcomes

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

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

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

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

Strategies, Measures and Objectives

Strategies	Measures	Objectives
13. Expand and improve housing options for residents of Wood County. Potential actions: • Increase public awareness of affordable housing options available by providing a comprehensive guide to available housing resources. • Advocate for expansion of affordable housing programs for the lowest-income renters. • Advocate for local inclusionary zoning and housing policies to expand the areas where affordable housing can be built. • Expand available transitional housing options that provide transitional housing for 6 to 24 months.	Number of affordable and available units per 100 renters with income below 50% of Area Median Income (very low income) from National Low-Income Housing Coalition analysis of the American Community Survey, as compiled by OHFA	• Increase awareness of available affordable housing opportunities that can be utilized by residents. • Increase in financial resources available to make housing more accessible in areas with a large low-income population. • Number of affordable and available units per 100 renters with income below 50% of Area Median Income (ODH Measure).
14. Increase awareness, identification and intervention for adverse childhood experiences (ACEs). Potential actions:	*Percent of children, ages 0-17, who have experienced two or	Reduce percentage of adults and youths who

• Survey health care providers, teachers, coaches, social service providers and other community members on their awareness and use of trauma-informed care, including toxic stress and ACEs. • Develop materials on ACEs that can be used by agencies to mitigate their impact on the people they serve. • Train teachers, superintendents, and organizations that work with people with ACEs on trauma informed care.	more adverse experiences (NSCH) *Number of screened-in reports of child abuse and/or neglect, per 1,000 children in the population** (SACWIS, via ODJFS)	report ACES in the next CHA.
15. Strengthen public transportation to make it more accessible to more people in more place and for more purposes. Potential actions: • Continue to increase the public awareness of all transportation options through marketing activities. • Expand coordination for public transportation with adjoining counties. • Increase funding for Net Plus Program in Wood County. • Seek an increase in funding for transportation providers who serve seniors, individuals with disabilities and low-income individuals.	*Numbers of trips provided through public and private transportation providers. Increase the number of vehicles in provider fleet inventories providing service. * Percent of residents who indicate they received transportation assistance on 2024 CHA.	• Increase percent of residents who indicate they received transportation assistance on 2024 CHA. • Increase awareness of free/affordable transportation services available in Wood County. •Increase numbers of trips provided through public and private transportation providers. Increase the number of vehicles in provider fleet inventories providing service.
16. Reduce nicotine use among Wood County residents. Potential actions: • Mass media campaigns against tobacco use. • Smoke-free policies for indoor/outdoor areas. • Tobacco cessation therapy affordability.	*Adult smoking: Percent of adults, ages 18 and older, that are current smokers *Youth all-tobacco/ nicotine use: Percent of high school students who have used cigarettes, smokeless tobacco or vaping products during the past 30 days	Reduce percent of adults and youth who report being current smokers on 2024 CHA.
17. Increase the number of Wood County residents who have access to and regularly eat nutritious foods. Potential actions: • Food insecurity screening program. • Healthy food initiatives in food banks.	Percent of high school students and adults who did not eat fruit or drink 100% fruit juices during past 7 days	• Increase percent of adults and children who eat recommended daily servings of fruit/vegetables as

• School-based nutrition education programs.	(YRBS) * Percent of high school students and adults who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS)	indicated in the CHA. • Decrease percent of adults/children who consume sweetened beverages. • Decrease the number of households that are food insecure.
18. Increase the number of hours Wood County residents engage in regular physical activity. Potential actions: • Community-wide physical activity campaign. • Safe Routes to Schools programs. • Exercise prescriptions from healthcare providers. • Increase access to free/affordable opportunities for exercise.	Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH) Adult physical activity. Percent of adults, age 18 and older, reporting no leisure time physical activity (BRFSS)	• Decrease the number of adults and children who participated in no physical activity in the past week.

19. Increase the number of individuals who receive recommended medical care. Potential actions:
• Identify barriers and gaps in accessing healthcare services.
• Raise awareness of:
  o Importance of seeing a primary care provider annually
  o Engage in preventative care
  o How to lower risks for chronic disease
  o Importance of hypertension and diabetes screenings and follow up.
  o Importance of prenatal and post-partum care
	Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF). Percent of residents who saw a primary care physician in the past year as reported on 2024 CHA.	Increase in percent of residents who saw a primary care physician in the past year as reported on 2024 CHA.

20. Increase the number of individuals who receive recommended dental care. Potential actions: • Improve awareness of the benefits of routine dental care. • Create and maintain a database of local resources to help individuals find low-cost providers.	Percent of Wood County Residents who receive recommended dental care, as reported on 2024 CHA	Increase in percent of Wood County Residents who receive recommended dental care, as reported on 2024 CHA
21. Develop a multi-year plan to increase the number of mental health professionals available to serve Wood County residents. Potential actions: • Telehealth Services for mental health • Raise awareness of benefits of mental telehealth services • School-based counseling services • Develop and publish a Mental Health Resource Guide	Percent of Ohioans living in a mental health professional shortage area* (HRSA, as compiled by KFF)	Increase number of mental health providers in Wood County

22. **Increase care-seeking behavior for mental health among Wood County residents.** Potential Actions: • Implement "Stigma-free Workplace" program in area businesses. • Develop and launch communication campaign to make people aware of when they should seek care and normalize seeking care.	*Percent of adults, ages 18 and older, with past year mental illness who reported perceived need for treatment/counseling that was not received (MHA analysis of NSDUH) *Percent of youth, ages 12-17, with major depressive episode who did not receive any mental health treatment within the past year (MHA analysis of NSDUH)	Decrease the number of people who report they are unable to find mental health care services in the 2024 CHA.
23. **Increase individual well-being among Wood County residents, including opportunities that enhance self-care.** Potential actions: • Research strategies that have been demonstrated to improve health, such as sleep, reduced screen time, healthy social interactions, happiness, chronic pain, families that share meals together, reading to kids, etc. • Compile list/overview of free and low-cost resources available for self-care that are available to residents. • Enhance and expand No Wrong Door resources and training to include opportunities for self-care. • Develop programs to implemented across multiple organizations - schools, churches, businesses, etc. • Community education about the importance of self-care. • Advocate for policies that promote self-care.	*Quality-of-Life survey scores on 2024 CHA. *Measures of screen time, healthy social interactions, happiness, as reported on 2024 CHA.	*Improvement on Quality-of-Life survey scores. *Improvements on measures of reduced screen time, healthy social interactions, happiness, as reported on 2024 CHA.
24. **Develop a protocol/process for creating and maintaining alignment among agencies involved in improving health in Wood County.** Potential actions: • Conduct a community assessment to understand/document all organization that provide care and community services. • Establish executive committee of leaders of various agencies that impact health and wellness in the county to develop a sustainable approach to networking all relevant organizations. Establish a forum that allows each organization to share needs, opportunities and priorities.	Ratings on 2024 Local Public Health System Performance Assessment.	Improvement reflected in ratings on 2024 Local Public Health System Performance Assessment.

Contact Us

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

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Appendix A: Social Determinants of Health

Key Findings

In 2021, 6% of Wood County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Eighteen percent (18%) of adults received Medicare assistance in the past year. Nearly one-fifth (19%) of adults reported that they experienced 4 or more adverse childhood experiences, increasing to 33% of those under the age of 30.

Healthy People 2030

Social determinants of health (SDOHs) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 has classified social determinants of health into five domains:

— Economic stability

— Education access and quality

— Social and community context

— Health care access and quality

— Neighborhood and built environment

One of Healthy People 2030's five overarching goals is specifically related to SDOHs: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Social and Community Context

- In the past month, 13% of Wood County adults reported needed help meeting their general daily needs such as food, clothing, shelter, or paying for utility bills.

- Eleven percent (11%) of adults experienced at least one of the following issues related to hunger/food insecurity in the past year: had to choose between paying bills and buying food (5%), worried food might run out (5%), went hungry/ate less to provide more food for their family (3%), loss of income led to food insecurity issues (2%), did not eat because they did not have enough money for food (<1%), and their food assistance was cut (<1%).

- Two percent (2%) of Wood County adults reported that someone in their household went to bed hungry at least one day in the past week because they could not afford food.

- Seventy-two percent (72%) of adults reported they owned their home, 22% said they rented, and 6% of adults reported they had another housing arrangement.

- Adults reported the following percent of their household income goes to their housing: less than 30% (49%), 30-50% (29%), 50% or higher (10%), and don't know (12%).

- The median household income in Wood County was $64,723. The U.S. Census Bureau reports median income levels of $58,704 for Ohio and $65,712 for the U.S. *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2019).*

- Eleven percent (11%) of all Wood County residents were living in poverty, and 10% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2019).*

- The unemployment rate for Wood County was 4.3 as of May 2021 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- Rent in Wood County cost an average of $799 per month (Source: U.S. Census Bureau, American Community Survey, 2019 1-year estimate).

*Wood County adults and their loved ones needed the following assistance in the past year:*

Type of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Medicare	18%	0%	82%
Health care	16%	<1%	84%
Mental illness issues including depression	15%	0%	85%
Acquiring disability benefits	13%	0%	87%
Food	12%	0%	88%
Prescription assistance	12%	0%	88%
Employment	6%	<1%	93%
Dental care	6%	5%	89%
Utilities	6%	1%	93%
Electric, gas, or water bills	5%	1%	94%
Free tax preparation	4%	1%	95%
Transportation	4%	1%	95%
Clothing	3%	0%	97%
Home repair	3%	1%	96%
Legal aid services	3%	0%	97%
Rent/mortgage/eviction	3%	3%	94%
Credit counseling	2%	<1%	98%
Drug or alcohol addiction	2%	0%	98%
Diapers	1%	<1%	98%
Affordable child care	1%	<1%	98%
Gambling addiction	0%	0%	100%
Homelessness	0%	0%	100%
Post-incarceration issues	0%	0%	100%
Septic/well repair	0%	<1%	100%
Unplanned pregnancy	0%	0%	100%

The map below shows the variation in poverty rates across Ohio during the 2014-to-2018 period.

- The 2014-2018 American Community Survey 5-year estimates report that approximately 1,645,986 Ohio residents, or 14.5% of the population, were living in poverty.

-

- From 2014-2018, 13.3% of Wood County residents were in poverty.

-

Estimated Poverty Rates in Ohio by County (2014-2018)
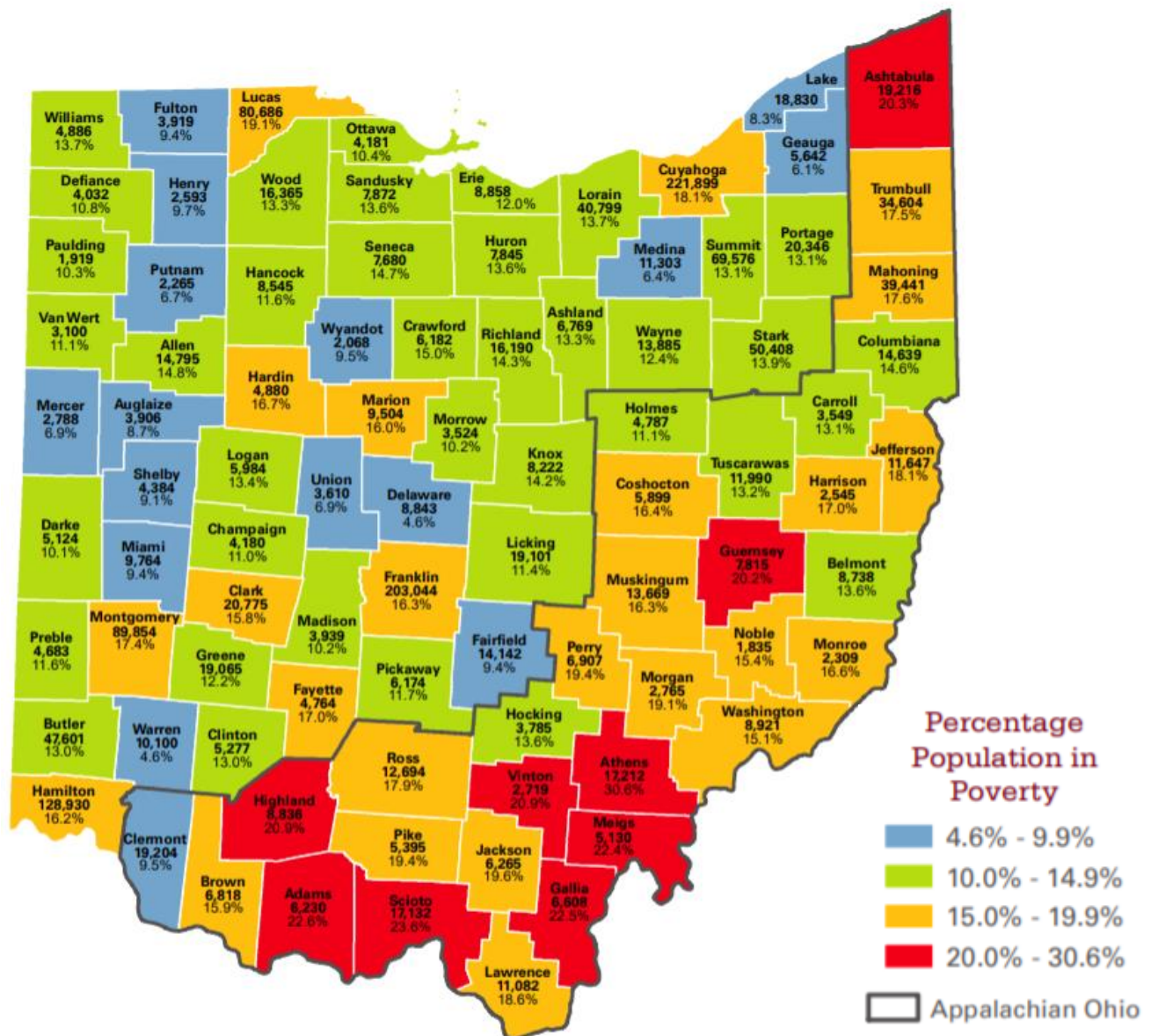
(Source: 2014-2018 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, June 2020)

Education

- Ninety-five percent (95%) of Wood County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2019 1-year estimate).*

- Thirty-seven percent (37%) of Wood County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2019 1-year estimate).*

Health and Health Care

- Seven percent (7%) of adults were uninsured.

- Sixty-seven percent (67%) of adults visited a doctor for a routine checkup in the past year, increasing to 86% of those over the age of 65.

- Forty-four percent (44%) of adults reported they had one person they thought of as their personal doctor or healthcare provider.

- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Wood County adults.

Social and Community Context

- Three percent (3%) of adults were threatened to be abused in the past year. They were threatened by the following: another family member (75%) and a spouse or partner (25%).

- Six percent (6%) of adults were abused in the past year. They were abused by the following: a spouse or partner (40%), a parent (40%), another family member (7%), a caregiver (7%), and someone else (7%).

- Wood County adults experienced the following in the past 12 months: death of a family member or close friend (41%); a close family member went to the hospital (38%); a decline in their own health (19%); someone in their household lost their job/had their hours at work reduced (16%); moved to a new address (15%); were a caregiver (11%); had bills they could not pay (10%); household income was cut by 50% (7%); someone close to them had a problem with drinking or drugs (6%); knew someone living in a hotel (6%); had someone homeless living with them (3%); were threatened or abused by someone physically, emotionally, sexually and/or verbally (2%); their family was at risk for losing their home (2%); were homeless (2%); became separated or divorced (1%); and witnessed someone in their family being hit or slapped (<1%).

- Wood County adults reported the following adverse childhood experiences (ACEs):
  - Their parents became separated or were divorced (29%)
  - A parent or adult in their home swore at, insulted, or put them down (28%)
  - Lived with someone who was a problem drinker or alcoholic (23%)
  - Lived with someone who was depressed, mentally ill, or suicidal (22%)
  - Their family did not look out for each other, feel close to each other, or support each other (12%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (12%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (9%)
  - Someone at least 5 years older than them or an adult touched them sexually (9%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (8%)
  - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%)
  - Lived with someone who served/was sentenced to serve in prison, jail or other correctional facility (2%)
  - Someone at least 5 years older than them or an adult forced them to have sex (1%)
  - Their parents were not married (1%)

- Nearly one-fifth (19%) of adults experienced 4 or more ACEs, increasing to 33% of those under the age of 30.

The following graph shows the percentage of Wood County adults who experienced four or more adverse child experiences (ACEs) in their lifetime. Examples of how to interpret the information on the graph include: 19% of all Wood County adults had experienced four or more ACEs in their lifetime, including 21% of females and 33% of those ages 30 and younger.

Wood County Adults Who Experienced 4 or More ACEs
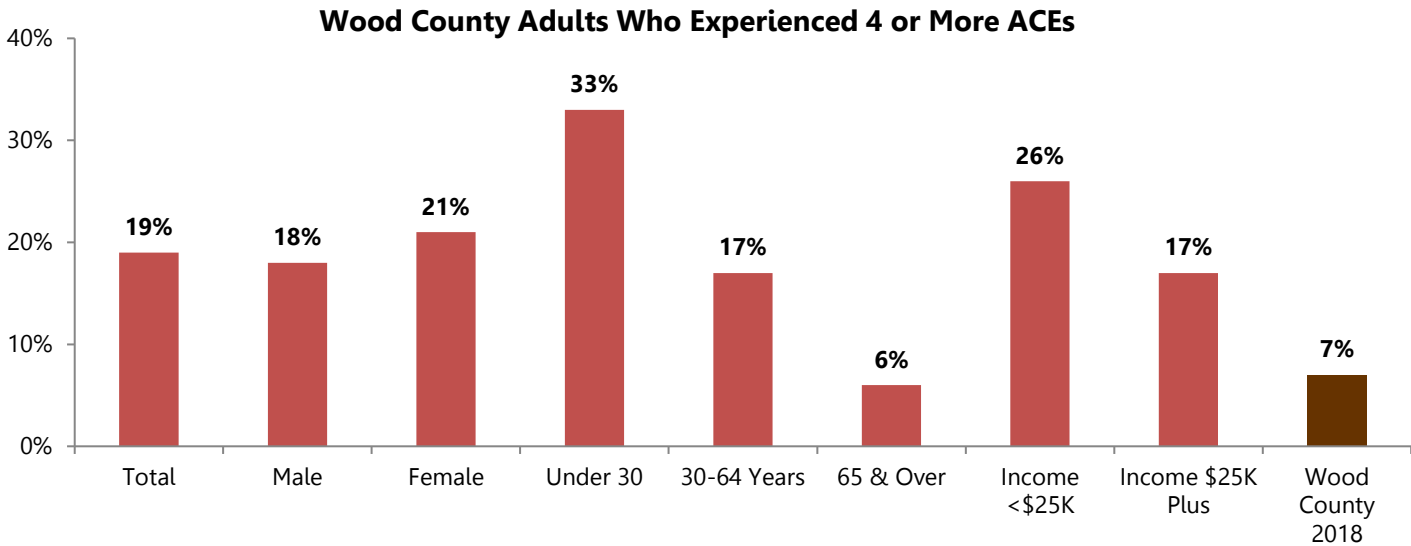
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below shows a strong correlation between experiencing ACEs and participating in other risky behaviors as well as increased mental health issues. Examples of how to interpret the information include: 13% of adults who experienced 4 or more ACEs contemplated suicide, and 23% of adults who experienced 4 or more ACEs were current smokers.

Behaviors of Wood County Adults
Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past month)	74%	66%
Classified as overweight or obese by BMI	71%	66%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	55%	41%
Current smoker (currently smoke on some or all days)	23%	6%
Contemplated suicide in the past 12 months	13%	0%
Medication misuse in the past 6 months	0%	6%
Used recreational marijuana in the past 6 months	43%	3%

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic experiences, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. Some ACEs include:

Physical abuse	Household mental illness
Sexual abuse	Parental separation or divorce
Mother treated violently	Incarcerated household member
Physical/emotional neglect	Substance misuse within household
Emotional abuse	

Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by: increasing awareness of ACEs among state and community level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines.

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

(Source: SAMHSA, Adverse Childhood Experiences, Updated April 23, 2020)

Appendix B: Additional Information

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Crisis Text Line	https://www.crisistextline.org/
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data
LifeSkills Training	https://www.lifeskillstraining.com/
Olweus Bullying Prevention Program	https://www.violencepreventionworks.org/public/index.page
PAX Good Behavior Game	https://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
ROX (Ruling Our Experience)	https://rulingourexperiences.com/#!about_us/csgz
Steps to Respect	https://www.blueprintsprograms.org/programs/224999999/steps-to-respect/print/
The Incredible Years	http://www.incredibleyears.com/
Trauma informed care	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-health-care