2022-2025
Wyandot County

Community Health Improvement Plan

Examining the Health
of Wyandot County

Released on
8/26/2022

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

Executive Summary

Introduction

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

The Wyandot County Health Alliance has been conducting CHAs since 2003 to measure community health status. The most recent Wyandot County CHA was cross-sectional in nature and included a written survey of adults within Wyandot 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). This has allowed Wyandot 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.

Youth survey development and administration, as well as data collection, was conducted by Ohio Healthy Youth Environments Survey (**OHYES!**), which is a collaborative effort of the Ohio Department of Education, Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio National Guard, and representatives from higher education, juvenile courts, foundations, and community services providers.

Wyandot County Public Health contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The health department then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA was carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of The Wyandot County Health Alliance 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 Wyandot 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 Wyandot Memorial Hospital and documents the hospital's efforts to address the community health needs identified in the CHA.

Hospital Mission Statement

Wyandot Memorial Hospital

Mission: Keeping our promise to be *YOUR* 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 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 7% of Wyandot County residents were below the poverty line, according to the 2016-2020 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

Mobilizing for Action through Planning and Partnerships (MAPP)

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

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

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Wyandot County Health Alliance 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 2022-2025 Wyandot County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Wyandot County will be addressing the following *priority factors: community conditions, health behaviors, and access to care*. Wyandot County will be addressing the following *priority health outcomes: mental health and addiction, chronic disease, and maternal and infant health.* Additionally, Wyandot County will be addressing *risky behaviors*.

Healthy People 2030

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

- Mental Health and Mental Disorder (MHMD) – 01: Reduce the suicide rate
- Heart Disease and Stroke (HDS) – 01: Improve cardiovascular health in adults

Please visit **Healthy People 2030** 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 3 priority factors (community conditions, health behaviors, and access to care) that impact the 3 priority health outcomes (mental health and addiction, chronic disease, and maternal and infant health).

The three priority factors include 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 include the following:

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 Wyandot County CHIP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 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 Wyandot 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. Throughout the report, hyperlinks will be highlighted in **bold, gold text**.

The following Wyandot County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

Figure 1.2 2022-2025 Wyandot CHIP Alignment with the 2020-2022 SHIP

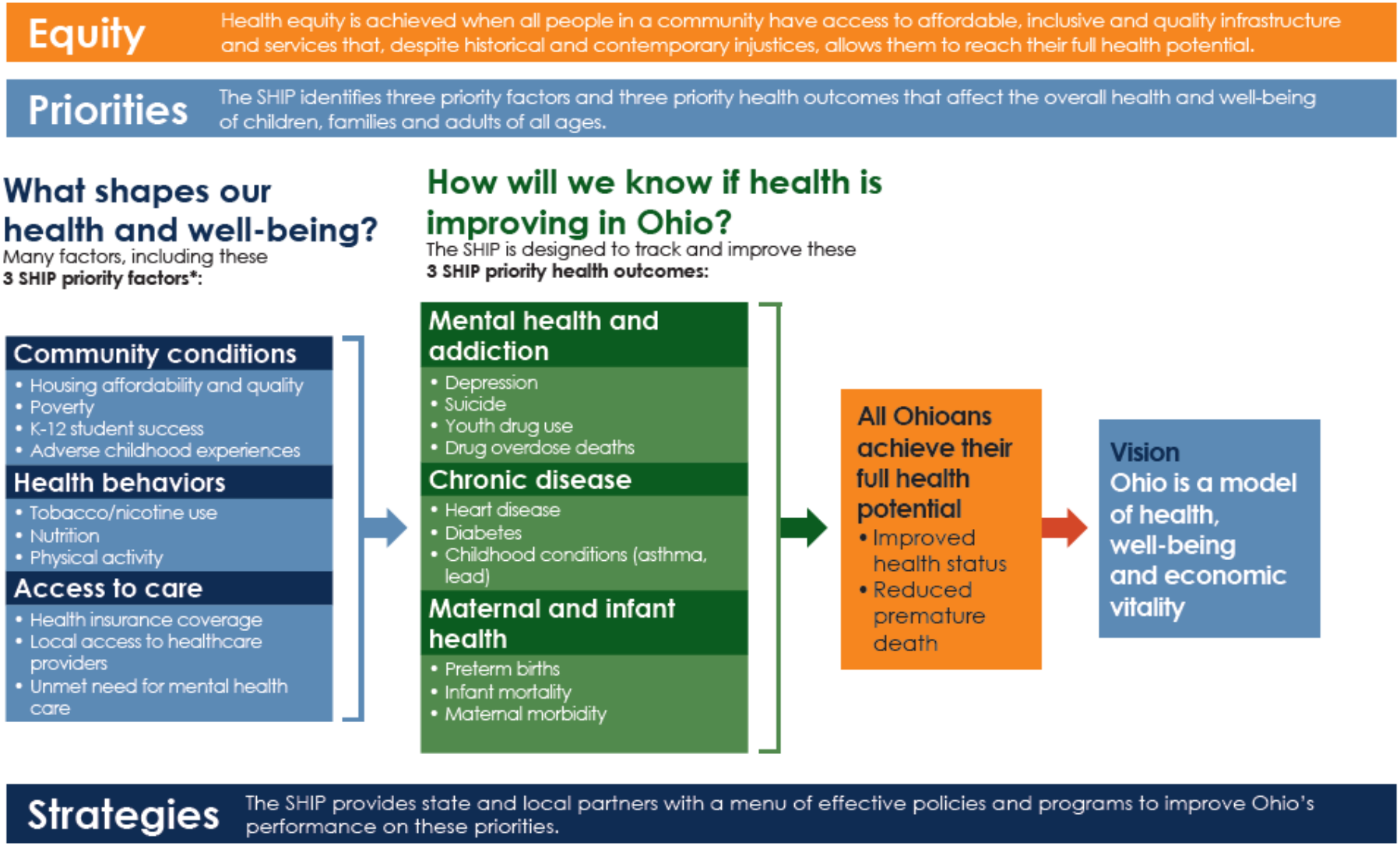
Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Community Conditions	• Adverse Childhood Experiences	• School-based violence and bullying prevention programs	• N/A
Health Behaviors	• Youth vegetable consumption • Youth fruit consumption • Adult physical activity • Child physical activity • Adult smoking • Youth all tobacco/nicotine use	• Food insecurity screening and referral • Healthy food initiatives in food banks • School nutrition standards • Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) • Community fitness programs • Shared use agreements • Mass media campaigns against tobacco use • School-based tobacco prevention skill-building programs	• N/A
Access to Care	• Primary care health professional shortage areas	Medical homes	N/A

Priority Health Outcomes	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Mental Health and Addiction	• Adult depression • Youth depression • Adult suicide deaths • Youth suicide deaths • Youth alcohol use • Youth marijuana use • Unintentional drug overdose deaths	• Crisis lines • Universal school-based suicide awareness and education programs • Education for parents on how to build youth resilience and protective factors and how to communicate with their children about alcohol and other drugs • Naloxone education and distribution programs	• Universal school-based substance abuse prevention programs
Chronic Disease	• Hypertension • Coronary heart disease	• Hypertension screening and follow-up	• Diabetes and metabolic disease screening follow-up
Maternal and Infant Health	• Preterm births • Infant mortality • Severe maternal morbidity	• Early childhood home visiting programs • Non-Emergency Medical Transportation to improve access to care and prenatal care	• N/A

Other	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Risky Behaviors	• N/A	• N/A	• Increase community awareness and education of risky driving behaviors

Alignment with National and State Standards, continued

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



Vision and Mission

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

The Vision of The Wyandot County Health Alliance

A robust and healthy Wyandot County

The Mission of The Wyandot County Health Alliance

Mobilizing partnerships to improve community wellness and quality of life

Community Partners

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

The Wyandot County Health Alliance

Carey Exempted Village School District
Family and Children First Council
Firelands Counseling and Recovery Services
First Citizens National Bank
First National Bank of Sycamore
HHWP Community Action Commission
Hospice of Wyandot County
Mental Health and Recovery Services Board Levy Funds
Mohawk Local School District
Open Door Resource Center
Ohio State University Extension
Premier Bank
United Church Homes (Fairhaven)
United Way of Wyandot County
Upper Sandusky Exempted Village School District
Upper Sandusky Rotary Club
Wyandot County Board of Developmental Disabilities
Wyandot County Chamber of Commerce
Wyandot County Commissioners
Wyandot County Department of Job and Family Services
Wyandot County Office of Economic Development
Wyandot County Public Health
Wyandot Prevention Coalition
Wyandot County Prosecutor
Wyandot County Safe Communities Grant
Wyandot County Skilled Nursing and Rehabilitation
Wyandot Memorial Hospital

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Jodi Franks, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process

Beginning in January 2022, the Wyandot County Health Alliance met four (4) times and completed the following planning steps:

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

Community Health Status Assessment

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

Adult Trend Summary

Adult Variables	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Health Status						
Rated health as excellent or very good	47%	48%	46%	46%	48%	51%
Rated general health as fair or poor	15%	15%	15%	14%	19%	18%
Health Care Coverage, Access, and Utilization						
Uninsured	12%	5%	7%	10%	9%	11%
Visited a doctor for a routine checkup in the past year	57%	63%	69%	70%	78%	78%
Arthritis, Asthma, and Diabetes						
Had been diagnosed with diabetes	14%	16%	12%	13%	12%	11%
Had been diagnosed with arthritis	37%	37%	38%	31%	31%	26%
Had been diagnosed with asthma	10%	11%	16%	15%	11%	10%
Cardiovascular Health						
Had angina	8%	5%	6%	5%	5%	4%
Had a heart attack	5%	4%	5%	5%	5%	4%
Had a stroke	4%	8%	4%	3%	4%	3%
Had been diagnosed with high blood pressure	44%	46%	38%	39%	35%	32%
Had been diagnosed with high blood cholesterol	41%	43%	41%	39%	33%	33%
Had their blood cholesterol checked within the last five years	75%	79%	81%	82%	85%	87%
Weight Status						
Overweight (BMI of 25.0 – 29.9)	37%	29%	37%	28%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	40%	48%	42%	55%	35%	32%

N/A - Not available

Indicates alignment with the Ohio State Health Assessment

Adult Trend Summary Continued

Adult Variables	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Alcohol Consumption						
Current drinker (had at least one drink of alcohol within the past month)	47%	49%	56%	54%	53%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	19%	18%	22%	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	4%	N/A	N/A	3%	4%*	3%*
Tobacco Use						
Current smoker (smoked on some or all days)	20%	15%	19%	14%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	26%	28%	24%	25%
Tried to quit smoking in the past year	78%	46%	38%	43%	N/A	N/A
Drug Use						
Adults who used marijuana in the past six months	3%	3%	6%	3%	N/A	N/A
Adults who misused prescription medication in the past six months	7%	11%	7%	8%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	5%	3%	4%	4%	N/A	N/A
Had ever engaged in sexual activity following alcohol or other drug use	12%	11%	13%	11%	N/A	N/A
Preventive Medicine						
Had a flu vaccine in the past year	N/A	50%	49%	55%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	N/A	71%	74%	69%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	47%	59%	79%	66%	75%	73%
Ever had a shingles or zoster vaccine	N/A	N/A	N/A	23%	29%	29%*
Women's Health						
Had a clinical breast exam in the past two years (ages 40 and older)	66%	79%	67%	60%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	66%	80%	73%	71%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)ǂ	67%	64%	58%	64%	79%*	80%*
Men's Health						
Had a digital rectal exam within the past year	30%	34%	33%	16%	N/A	N/A
Had a PSA test in the past two years (ages 40 and over)	61%	58%	58%	62%	34%	33%*

N/A - not available
**2018 BFRSS Data*
ǂ Previous Wyandot County trend data includes all women regardless of age
Indicates alignment with Ohio SHA

Adult Trend Summary Continued

Adult Variables	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Quality of Life						
Limited in some way because of physical, mental or emotional problem	27%	18%	28%	21%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	2%	2%	3%	4%	N/A	N/A
Oral Health						
Visited a dentist or a dental clinic (within the past year)	56%	65%	60%	62%	67%*	68%*
Adults who had one or more permanent teeth removed	49%	50%	47%	44%	45%*	41%*

N/A - not available
**2018 BFRSS Data*

Youth Trend Summary

Youth Variables	Wyandot County 2009 (6th-12th)	Wyandot County 2012 (6th-12th)	Wyandot County 2015 (6th-12th)	Wyandot County 2018 (6th-12th)	Wyandot County OHYES 2021 (7th-12th)	Wyandot County OHYES 2021 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Weight Control								
Obese	14%	21%	21%	19%	20%	20%	17%	16%
Overweight	13%	14%	16%	11%	21%	20%	12%	16%
Physically active at least 60 minutes per day on every day in past week	28%	26%	35%	29%	29%	30%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	51%	51%	60%	52%	56%	57%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in the past week	13%	11%	9%	18%	12%	10%	21%	17%
Unintentional Injuries and Violence								
Were in a physical fight (in past year)	26%	26%	16%	19%	13%	9%	19%	22%
Carried a weapon (in the past month)	14%	14%	9%	11%	N/A	N/A	11%	13%
Threatened or injured with a weapon on school property (in past year)	5%	7%	5%	11%	13%	11%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	7%	3%	7%	6%	7%	N/A	9%
Electronically bullied (in past year)	9%	11%	10%	11%	12%	11%	13%	16%
Bullied (in past year)	47%	45%	45%	44%	29%	27%	N/A	N/A
Bullied on school property (in past year)	N/A	N/A	28%	30%	18%	16%	14%	20%
Ever purposefully hurt themselves	33%	27%	26%	28%	N/A	N/A	N/A	N/A
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	7%	7%	4%	2%	5%	9%	10%	8%
Mental Health								
Seriously considered attempting suicide (in the past year)	14%	11%	14%	14%	16%	15%	16%	19%
Attempted suicide (in past year)	6%	6%	4%	11%	7%	5%	7%	9%
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)	28%	18%	20%	29%	28%	30%	33%	37%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary Continued

Youth Variables	Wyandot County 2009 (6th-12th)	Wyandot County 2012 (6th-12th)	Wyandot County 2015 (6th-12th)	Wyandot County 2018 (6th-12th)	Wyandot County OHYES 2021 (7th-12th)	Wyandot County OHYES 2021 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Alcohol Consumption								
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	60%	57%	48%	43%	N/A	N/A	N/A	N/A
Current drinker (at least one drink of alcohol on at least one day during the past month)	30%	24%	20%	13%	16%	21%	26%	29%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	17%	16%	13%	9%	9%	14%	13%	14%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	N/A	36%	40%	38%	29%	42%	N/A	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	21%	21%	13%	11%	9%	6%	N/A	17%
Drank for the first time before age 13 (of all youth)	30%	19%	12%	17%	12%	7%	16%	15%
Tobacco Use								
Ever tried cigarette smoking (even one or two puffs)	36%	35%	26%	22%	N/A	N/A	22%	24%
Currently smoked cigarettes (on at least one day during the past month)	14%	16%	9%	6%	4%	5%	5%	6%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	12%	11%	6%	7%	N/A	N/A	9%*	8%*
Usually obtained cigarettes by buying them in a store or gas station (of current smokers)	N/A	26%	9%	15%	25%**	33%**	13%	8%
Drug Use								
Used marijuana in the past month	9%	6%	7%	3%	5%	7%	16%	22%
Ever used cocaine (in their lifetime)	4%	5%	2%	1%	1%	1%	4%	4%
Ever used heroin (in their lifetime)	1%	1%	1%	0%	<1%	1%	2%	2%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	1%	<1%	1%	N/A	2%
Ever took steroids without a doctor's prescription (in their lifetime)	N/A	N/A	N/A	0%	<1%	1%	N/A	2%
Ever used inhalants (in their lifetime)	8%	12%	6%	2%	2%	1%	8%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	3%	3%	1%	1%	2%	N/A	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	5%	8%	6%	4%	5%	8%	15%***	22%***

Indicates alignment with the Ohio State Health Assessment
N/A – Not Available
**YRBS data is for those who ever tried cigarette smoking before the age of 13*
***Among those who smoked all or part of a cigarette in the past 30 days (not current smokers)*
****YRBS is for youth who were ever offered, sold, or given an illegal drug on school property*

Youth Trend Summary Continued

Youth Variables	Wyandot County 2009 (6th-12th)	Wyandot County 2012 (6th-12th)	Wyandot County 2015 (6th-12th)	Wyandot County 2018 (6th-12th)	Wyandot County OHYES 2021 (7th-12th)	Wyandot County OHYES 2021 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Social Determinants of Health								
Always wore a seatbelt (when riding in a car or other vehicle driven by someone else)	39%	44%	46%	54%	N/A	N/A	N/A	N/A
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	10%	12%	9%	5%	N/A	N/A	8%	7%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	64%	67%	77%	71%	68%	65%	N/A	N/A
Visited a doctor for a routine checkup in the past year	58%	51%	70%	68%	49%	52%	N/A	N/A

N/A – Not Available

Key Issues

The Wyandot County Health Alliance reviewed the 2021 Wyandot County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each organization completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2021 health assessment report? Examples of how to interpret the information include: 55% of adults were obese, increasing to 67% of those with incomes <$25k.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Weight Status (6 votes)			
Adult obesity (includes severely and morbidly obese, BMI of 30.0 and above)	55%	Age: 30-64 (56%) Income: <$25K (67%)	Females (58%)
Overweight adults	28%	Age: 65+ (34%) Income: $25k+ (29%)	Males (35%)
Youth Mental Health (6 votes)			
Youth who 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 year)	28%	Age: 14-16 (36%) Grade: 9th – 12th (30%)	Females (31%)
Youth who had seriously considered attempting suicide (in the past year)	16%	Age: 13 & Younger (19%) 14-16 (19%)	Females (16%)
Youth who attempted suicide (in the past year)	7%	Age: 13 & Younger (9%)	N/A
Adult Health Care Access (4 votes)			
Adults who were uninsured (in the past year)	10%	Age: 18-24 (50%) 25-34 (13%) 45-54 (19%) Income: <$25K (16%)	N/A
Adults who did not get their prescriptions filled (in the past year)	24%	N/A	N/A
Adults who went outside of Wyandot County for health care services in the past year	69%	N/A	N/A
Adult Mental Health (4 votes)			
Adults who considered attempting suicide (in the past year)	4%	N/A	N/A
Suicide deaths – *ODH, 2010-2019*	N/A	Age: 35-44 (22% of suicide deaths) Age: 55-64 (19% of suicide deaths)	Males (85% of suicide deaths)

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth Weight Status (4 votes)			
Youth obesity (includes severely and morbidly obese, BMI of 30.0 and above)	20%	Age: 17 & Older (21%)	Males (26%)
Overweight youth	21%	Age: 14-16 (24%)	Females (22%)
Youth Alcohol Consumption (3 votes)			
Youth binge drinkers (defined as consuming more than four [females] or five [males] alcoholic beverages on a single occasion in the past month)	9%	Age: 14-16 (20%) Age: 17 & Older: (12%)	Females (12%)
Friends would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day	31%	Age: 14-16 (14%) Age: 17 & older (28%)	Males (28%)
Youth who had ridden in in a car driven by someone who had been drinking alcohol (in the past month)	9%	Grade: 7^{th} – 12^{th} (9%)	N/A
Youth Violence (3 votes)			
Youth who were bullied (in the past year)	29%	Grade: 7^{th} – 12^{th} (29%)	N/A
Youth verbally bullied (in the past year)	20%	Age: 13 & Younger (24%) Age: 14-16 (23%)	Female (22%)
Youth indirectly bullied (in the past year)	20%	Age: 14-16 (27%)	Female (30%)
Youth threatened or injured with a weapon on school property (in the past year	13%	Grade: 7^{th} – 12^{th} (13%)	N/A
Youth Drug Use (2 votes)			
Parent talked with their 6–17-year-old about school/legal consequences of using tobacco/alcohol/other drugs (in the past year)	6%	N/A	N/A
Youth talked with a parent about dangers of tobacco, alcohol, or drug use (in the past year)	51%	N/A	N/A
Youth Tobacco Use (2 votes)			
Youth obtained cigarettes by buying them in a convenience store, supermarket, discount store, or gas station (of those who smoked in the past 30 days)	25%	Grade: 9^{th} – 12^{th} (33%)	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Women's Health (2 votes)			
Women who had a mammogram (in the past year)	38%	Income: $25K+ (36%)	N/A
Women who had a clinical breast exam (in the past year)	58%	Age: 40 & Older (48%)	N/A
Women who had a Pap smear (in the past year)	34%	Age: 40 & Older (22%) Income: <$25K (26%)	N/A
Women who did not have a usual source of services for female health concerns	4%	N/A	N/A
Adult Alcohol Consumption (1 vote)			
Adult binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past month)	18%	N/A	N/A
Adults who reported driving a motor vehicle after have 5+ alcoholic drinks (in the past month)	6%	N/A	N/A
Adult Cancer (1 vote)			
Colorectal cancer mortality – *ODH, 2015-2019*	19 deaths per 100,000 population	N/A	Females (24 deaths 100,000 population)
Adult Cardiovascular Health (1 vote)			
Adults who had been diagnosed with high blood pressure (in their lifetime)	39%	Age: 65+ (72%) Income: <$25K (54%)	Males (43%)
Adult Diabetes (1 vote)			
Adults who had been diagnosed with diabetes (in their lifetime)	13%	Age: 65+ (27%) Income: <$25K (21%)	Males (14%)
Adult Risky Behaviors (1 vote)			
Texting and driving	17%	N/A	N/A
Food Insecurity (1 vote)			
Adults who experienced one or more food insecurity issues (in the past year)	4%	N/A	N/A
Adults who experienced more than one food insecurity issue (in the past year)	3%	N/A	N/A
Youth Education (1 vote)			
Youth agreed or strongly agreed that they could go to adults at school for help if they needed	45%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth Health Care Access & Utilization (1 vote)			
Youth visited a doctor for a routine checkup (in the past year)	49%	Age: 13 & Younger (46%)	Males (46%)
Parents took their child (ages 6-17) to the doctor for a regular visit (in the past year)	88%	N/A	N/A
Youth Risky Behaviors (1 vote)			
Youth drivers who texted or emailed while driving a car or other vehicle on at least one day (in the past month)	44%	N/A	N/A
Maternal and Infant Health (1 vote)			
Had a prenatal appointment in the first 3 months of pregnancy (among women who were pregnant within the past 5 years)	81%	N/A	N/A
Received WIC services (among women who were pregnant within the past 5 years)	9%	N/A	N/A
Took a multi-vitamin with folic acid during pregnancy (among women who were pregnant within the past 5 years)	63%	N/A	N/A
Took a multi-vitamin with folic acid pre-pregnancy (among women who were pregnant within the past 5 years)	58%	N/A	N/A
Took folic acid during pregnancy (among women who were pregnant within the past 5 years)	30%	N/A	N/A
Took folic acid pre-pregnancy (among women who were pregnant within the past 5 years)	26%	N/A	N/A
Any smoking during pregnancy among Wyandot County resident mothers *ODH, 2018-2020*	15.7%	N/A	N/A
Low birth weight (1500g – 2499g) births among Wyandot County resident births – *ODH, 2011-2020*	6.2%	N/A	N/A
Very low birth weight (<1500g) births among Wyandot County resident births – *ODH, 2011-2020*	1.3%	N/A	N/A
Breastfeeding at discharge among Wyandot County resident live births – *ODH, 2011-2020*	74.1%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Behavioral Health (1 vote)			
Clients with substance use and mental health issues	N/A*	N/A	N/A
Stigma of behavioral health issues	N/A*	N/A	N/A
Transportation (1 vote)			
Transportation to services, including after "normal" business hours	N/A*	N/A	N/A

N/A- Not Available
**Supporting data or secondary data source not provided*

Priorities Chosen

Based on the 2021 Wyandot County Health Assessment, key issues were identified for adults and youth. Overall, there were 24 key issues identified by the Wyandot County Health Alliance. The Wyandot County Health Alliance then voted and came to a consensus on the priority areas Wyandot County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Votes
1. Adult weight status	6
2. Youth mental health	6
3. Adult health care access & utilization	4
4. Adult mental health	4
5. Youth weight status	4
6. Youth alcohol consumption	3
7. Youth violence	3
8. Youth drug use	2
9. Youth tobacco use	2
10. Women's health	2
11. Adult alcohol consumption	1
12. Adult cancer	1
13. Adult cardiovascular health	1
14. Adult diabetes	1
15. Adult risky behaviors	1
16. Food insecurity	1
17. Youth education	1
18. Youth health care access & utilization	1
19. Youth risky behaviors	1
20. Behavioral health	1
21. Transportation	1
22. Housing	1
23. Men's health	1
24. Maternal & infant health	1

Wyandot County will focus on the following seven priority areas over the next three years:

Priority Factor(s):

1) Community Conditions
2) Access to Care
3) Health Behaviors

Priority Health Outcome(s):

1) Mental Health and Addiction
2) Chronic Disease
3) Maternal & Infant Health

Other:

1) Risky Behaviors

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?**
    - Job opportunities/low unemployment (3)
    - Resiliency/strong families (3)
    - Engagement from community/interaction among community members (2)
    - Support/collaboration on shared activities & improvement projects (2)
    - Access to quality health care (2)
    - Access to education (2)
    - Safety/low crime rates (2)
    - Access to healthy food
    - Access to recreation (i.e., walking paths)
    - No infant or child deaths
    - No suicide deaths
    - Growth and stability
    - Strong cultural/faith connections
    - Adaptability
    - Inclusion
    - Diversity
    - Affordable housing
    - Common objectives
    - Prioritization of hot topics

2. **What makes you most proud of our community?**
    - Friendliness/family-friendly/caring (4)
    - Community collaboration (i.e., community center, Hannah's house) (4)
    - Cleanliness/visually appealing homes (2)
    - Local health care resources/resourceful (2)
    - Simplicity
    - Local pride
    - Heritage
    - Tradition
    - Adaptability
    - Safety

3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**
    - Wyandot County Health Alliance (6)
    - Civic organizations/social service clubs (i.e., Rotary, Young Professionals) (3)
    - Community center (2)
    - Churches & ministerial associations (2)
    - Public/private partnerships
    - Fundraising (i.e., agencies, businesses)
    - Community agencies coordinating support/resources during COVID-19 pandemic
    - Health Department partnering with area businesses and community
    - Wyandot Memorial Hospital
    - Hannah's House
    - Safe Communities Grant
    - Wyandot County Transportation Coalition
    - Family and Children First
    - Wyandot County Community Foundation
    - Open door
    - Community Council
    - Wyandot Prevention Coalition
    - Court Appointed Special Advocates
    - Food pantries
    - Community gardens
    - Farmers
    - Parades
    - Fantasy of Lights
    - Courtyard decorations
    - Trash removal

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?**
    - Expand local health care services (i.e., specialists, access/affordability, mental health care, holistic care, hours of operation) (5)
    - Food insecurity/access to nutritious food (3)
    - Mental health (2)
    - Homelessness/affordable housing (2)
    - Addiction/drug overdose deaths (2)
    - COVID-19/communicable disease education & vaccination (2)
    - Job training/skill development
    - Job opportunities
    - Financial education
    - Transportation
    - Youth mental health
    - Youth risky behaviors
    - Parents discussing risks of drug/alcohol use with children
    - Keeping young adults in Wyandot County (i.e., economic & social opportunities)
    - Access to health care and health education for young adults
    - Healthy eating/nutrition education
    - Smoking/vaping education
    - Suicide attempts/deaths
    - Community education
    - Acceptance of diversity

5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**
    - Complacency/resistance to change (3)
    - Acknowledgement of serious issues in county (i.e., poverty, addiction) (2)
    - Funding (2)
    - COVID-19 pandemic (i.e., mental/physical stress, health care workers)
    - Lack of awareness of local resources
    - Lack of support for local services (i.e., medical, business)
    - Lack of understanding
    - Access to transportation (i.e., rural)
    - Access to recreation (i.e., safe walking/biking paths, bicycle safety checks/helmets)
    - Political influence in public leadership
    - Youth alcohol use (i.e., parents hosting parties)
    - Misconception of vaping safety vs smoking
    - Time

6. **What actions, policy, or funding priorities would you support to build a healthier community?**
    - Youth supportive services (i.e., ATOD, vaping prevention) (2)
    - Public transportation
    - Affordable nutritious food/food banks
    - Job training
    - Household financial skills
    - COVID-19 vaccination funding
    - Promote family dinnertime
    - Child immunization (i.e., educating parents)
    - Well-child visits
    - Services to ensure healthy environment for children
    - Comprehensive website for Wyandot resources (i.e., health, safety, social services)
    - Engagement of community members in decision making they are affected by (i.e., poverty, addiction, mental health)
    - Continued/graduated government support even when individuals gain employment, housing, etc.
    - Focus on residents in financial need
    - Transitional housing facility in community

7. **What would excite you enough to become involved (or more involved) in improving our community?**
    - Youth prevention programs (2)
    - Youth mental health
    - Youth activities/hobbies
    - More collaboration among various agencies
    - Input from community
    - More acceptance of different opinions by community groups
    - More understanding of what is needed
    - Programs that strengthen families
    - Renewed focus on transitional housing

Quality of Life Survey

The Wyandot County Health Alliance urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 131 Wyandot County community members who completed the survey. The table below incorporates responses from the previous Wyandot 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		
	2015 *(n=112)*	2018 *(n=207)*	2022* *(n=131)*
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]	4.28	4.20	3.99
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.83	3.81	3.49
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.29	4.28	4.00
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.)	4.28	4.17	3.82
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.)	3.17	3.46	3.24
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?)	4.31	4.29	4.33
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?	4.13	4.03	3.80
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.96	3.90	3.56
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.16	3.60	3.44
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.51	3.59	3.39
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.79	3.71	3.61
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?)	3.78	3.74	3.46

**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 Wyandot County Health Alliance was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Wyandot 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 (4)	• Increase in COVID-19 cases • Increased communicable disease • Development of chronic conditions • Increased mental health needs • Exhausted staff/health care shortages • Frustration with employer/employee mandates • Workers leaving workforce • Closure of small businesses • Less in-person services provided • Less personal interaction	• Opportunity for more mental health resources • Telemedicine • Increased use of online resources • Educational opportunity for general community • Greater consideration for personal health/hygiene • Educational opportunity for medical community • Educational comparison of other pandemics
2. Housing shortage (4)	• Stagnant population size (2) • Increased homelessness (2) • Residents unable to afford other necessities (i.e., food, electricity) (2) • Affordable housing • Physical and mental health impacts • Lack of tax revenue • Growth halted in county	• Opportunity for growth (i.e., construction if/when financially feasible) • New housing developments in high demand • Develop a transitional housing plan • Opportunity to focus on decreasing homelessness • Improving housing could improve health

Force of Change	Threats Posed	Opportunities Created
3. Increasing aging population (4)	• Strain on available health services, nursing homes, in home care, caregivers (3) • Lack of affordable senior housing (2) • Increase in chronic conditions (2) • Decrease in available workforce • Scarcity of transportation resources • Food insecurity	• Opportunity to implement wellness programs, senior services, & respire care services (3) • Retirees able to fill some gaps in local workforce • Older generation becoming more tech. savvy- using online resources • Health care job opportunities/openings • Opportunity to address housing affordability
4. Obesity – adult and youth (2)	• Mental health impacts (3) • Increase of chronic conditions	• Adult nutrition programs • Farmer's markets • Exercise programs
5. Youth mental health (2)	• Increasing suicide rates (2) • Increasing suicide attempts • Mental health problems increasing in youth • Youth incarceration • Youth drug/alcohol use	• Mental health programs (i.e., 1N5 Movement) • Crisis Text Line • Publicly speaking about mental health
6. Drug use – adult & youth (2)	• Crime/public safety concerns (2) • Mental health impacts • Addiction	• Treatment programs (i.e., provide hope for a future apart from addiction)
7. Funding for health care services (2)	• Not enough money for health care staff & added expenses • Potential cancellation of clinics/loss of services • Increased illness	• Education about importance of ODH & CDC grant funding • Need to generate more local financial support
8. Population decline (2)	• Flight to urban areas by youth (i.e., "brain drain") (2) • Struggle to attract medical specialists and other skilled workers • Potential cut in state/federal funding for county programs • Lack of local talent for future to support tax base • Less investment leading to fewer insurers	• Telecommuting • Increase wages • Fewer services needed • Lower cost of living

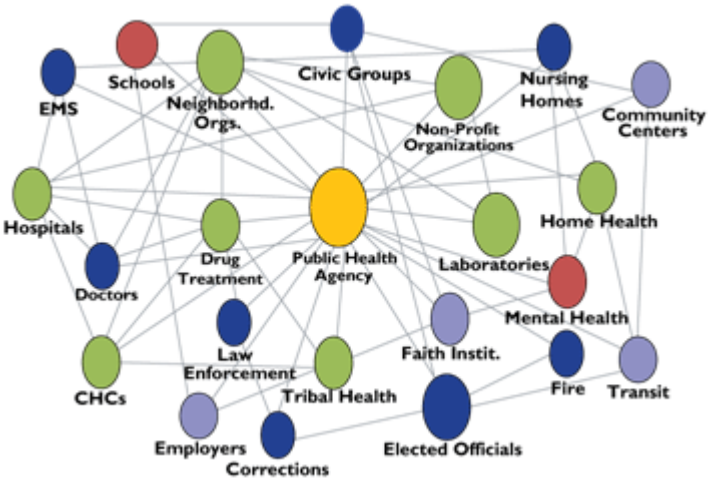
Force of Change	Threats Posed	Opportunities Created
9. Health care worker shortages	• Stress on medical workers • Not enough capacity to effectively use contact tracing measures • Possible shut down/restrictions on gathering	• Educational opportunity for general community • Educational opportunity for health care workers • Inability to present in community
10. Supply chain shortages for clinical services	• Lack of operating funds • Cancellation of clinics • Increased illness	• Education about importance of ODH & CDC grant funding
11. Access to care	• Uninsured/underinsured • Residents seeking treatment outside of county	• Opportunity to improve health care in county • Opportunity to expand health care services in county
12. Limited hours of operation for health care, businesses, & supportive services	• Working population unable to receive assistance/care • Residents unable to be involved in health care choices • Residents going outside of county for services	• Extend hours for businesses and other services • Job opportunities
13. Lack of awareness/availability of community resources	• Funding resources • Decreased community involvement	• Opportunity to develop a community resource website • Opportunity to designate a community resource officer
14. Food insecurity	• Obesity • Chronic conditions • Malnutrition	• Potential for community collaboration
15. Regional cuts to transportation funding	• Fewer transportation resources for work force, medical appointments, etc.	• Engagement with legislators to propose changes to funding models • Promotion of mobile medical services
16. Youth alcohol use	• Underage drinking culture within community • Adolescents influenced by alcohol at early age	• Prevention programs (i.e., SADD) • Opportunity for community awareness campaigns
17. Parents not discussing consequences of drug/alcohol use with children	• Increase in youth drug/alcohol use • Increase in future incarceration	• Educational programs for parents (i.e., Those who Host, Lost the Most) • Youth drug/alcohol prevention programs
18. Vaping	• Early age of onset- impacts brain development	• Prevention programs (i.e., SADD, MADD) • Opportunity for awareness campaigns (i.e., Safe Choices Campaign) & community wellness activities

Force of Change	Threats Posed	Opportunities Created
19. After prom supervised by staff	• Not everyone will attend	• Less underage drinking/drug use
20. Local automotive/ manufacturing jobs	• Decreased employment (i.e., shift to electric vehicles require fewer parts, therefore less need for human labor) (2) • Increase in uninsured individuals • Increase in residents becoming low-income/living in poverty	• Opportunity to focus/invest in new industries • Spread awareness of social service programs (i.e., Medicaid)
21. Wind turbine installation	• Health disturbances • Loss of property value • Residents leaving county	• Renewable energy • Create jobs
22. Growing disillusionment with government	• Anger, resentment, polarization • Funding cuts to programs	• Provide local programs that communities will trust
23. Integration	• Lack of resources	• Opportunity to unite community

Local Public Health System Assessment

The Local Public Health System

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



The public health system includes:

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

The 10 Essential Public Health Services

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

Public health systems should:

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

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

The Local Public Health System Assessment (LPHSA)

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

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

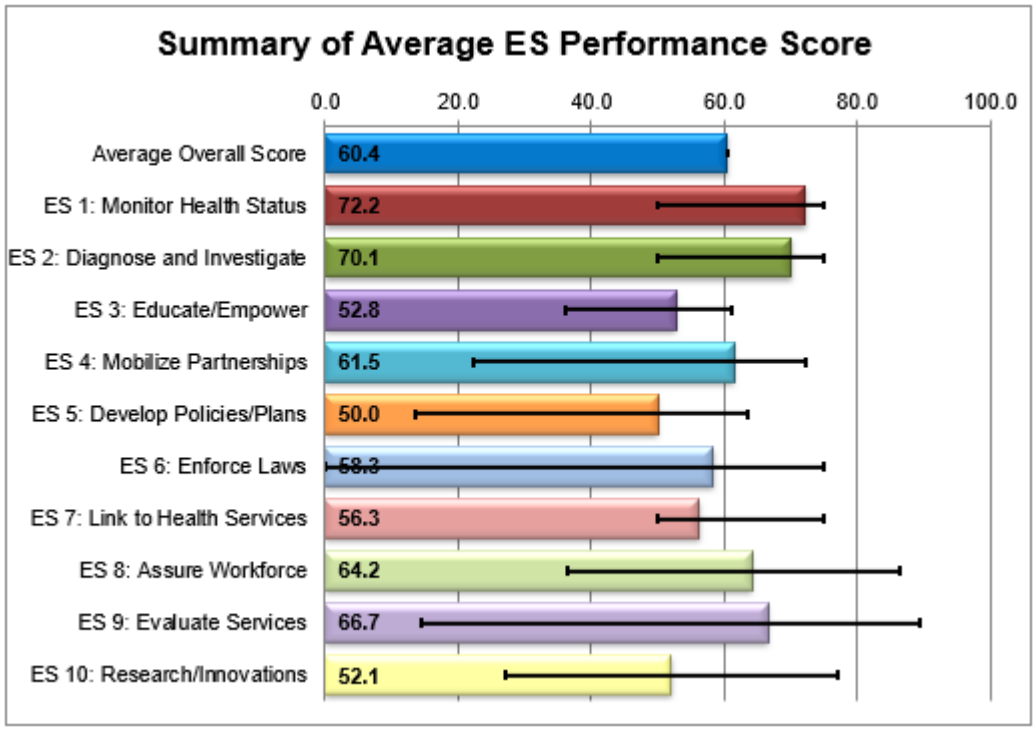
Members of the Wyandot County Health Alliance completed the performance measures instrument. The LPHSA results were then presented to the Wyandot County Health Alliance for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard 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 Wyandot County Health Alliance identified 0 indicators that had a status of "minimal" and "no activity." The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Wyandot County Public Health at (419) 294-3852.

Wyandot County Local Public Health System Assessment 2022 Summary



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

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

Gaps Analysis

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

Strategy Selection

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

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Wyandot County Health Alliance considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Wyandot County Health Alliance was 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 Wyandot County Health Alliance was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

Priority #1: Community Conditions

Strategic Plan of Action

To work toward improving community conditions, the following strategies are recommended:

<table>
<tr><td colspan="5">Priority #1: Community Conditions</td></tr>
<tr><td colspan="5">Strategy 1: School-based violence and bullying prevention programs</td></tr>
<tr><td>Action Step</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1: Work with schools to expand the ROX (Ruling Our Experience) program to other grades.

Explore evidence-based prevention programs such as the PAX Good Behavior Game or Steps to Respect. Decide which program(s) will be offered and are sustainable.</td><td>May 31, 2023</td><td rowspan="3">Youth</td><td rowspan="3">Percent of children, ages 0-17, who have experienced two or more adverse experiences (NSCH)

Percent of youth who report ever being bullied electronically

Percent of youth who report being bullied on school property within the past 12 months</td><td rowspan="3">Justin Swartz
Wyandot Prevention Coalition</td></tr>
<tr><td>Year 2: Introduce or re-introduce the evidence based program(s) to the school districts.

Pilot any new programs in at least one district.</td><td>May 31, 2024</td></tr>
<tr><td>Year 3: Expand programming to all districts in all grade levels.</td><td>May 31, 2025</td></tr>
<tr><td colspan="5">Strategy identified as likely to decrease disparities?
○ Yes ⊗ No ○ Not SHIP Identified</td></tr>
<tr><td colspan="5">Resources to address strategy:
Schools</td></tr>
<tr><td colspan="5">Outcome:
Reduce bullying in Wyandot County</td></tr>
</table>

Priority #2: Health Behaviors

Strategic Plan of Action

To work toward improving health behaviors, the following strategies are recommended:

<table>
<tr><td colspan="5">Priority #2: Health Behaviors</td></tr>
<tr><td colspan="5">Strategy 1: Food insecurity screening and referral</td></tr>
<tr><td>Action Step</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1: Research the 2-item Food Insecurity (FI) screening Tool and determine feasibility of implementing a food insecurity screening and referral program.

Educate hospitals and clinics on food insecurity, it's impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level.

Implement the screening model in at least 1 location with accompanying evaluation measures.</td><td>May 31, 2023</td><td rowspan="3">Adult and Youth</td><td rowspan="3">Percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS)

Percent of high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS)

Percent of adults who did not eat fruits or vegetables during the past 7 days</td><td rowspan="3">Scott Moore
Open Door Resource Center</td></tr>
<tr><td>Year 2: Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, etc.

Continue efforts from year 1.</td><td>May 31, 2024</td></tr>
<tr><td>Year 3: Double the number of organizations offering food insecurity screening and referrals.</td><td>May 31, 2025</td></tr>
<tr><td colspan="5">Strategy identified as likely to decrease disparities?
○ Yes ⊗ No ○ Not SHIP Identified</td></tr>
<tr><td colspan="5">Resources to address strategy:
Wyandot Memorial Hospital, Wyandot County Public Health, WIC, SNAP</td></tr>
<tr><td colspan="5">Outcome:
Reduce the percentage of food insecure households</td></tr>
</table>

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Priority #2: Health Behaviors

Strategy 2: Healthy food initiatives in food banks

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data regarding which cities, towns, school districts, churches, and organizations currently have **community gardens**. Obtain baseline data regarding which local **food pantries** have fresh produce available. Research grants and other funding opportunities to increase the number of community gardens and/or farmer's markets in Wyandot County. Create and distribute a map of all available community gardens and food pantries in Wyandot County. Update the map on an annual basis.	May 31, 2023	Adult	Percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS) Percent of high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS) Percent of adults who did not eat fruits or vegetables during the past 7 days	**Danielle Schalk** Wyandot County Public Health **Tammy Baumberger** OSU Extension, SNAP Ed Program
Year 2: Assist churches, libraries, and other organizations in applying for grants to obtain funding for a community garden. Focus on more rural areas of the county and areas within the county classified as a "food desert". Work with food pantries to offer fresh produce and assist pantries in seeking donations from local grocers	May 31, 2024			
Year 3: Implement community gardens in various locations and increase the number of organizations with community gardens by 10% from baseline. Increase the number of food pantries offering fresh produce by 5% from baseline.	May 31, 2025			

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Open Door Resource Center, Wyandot Memorial Hospital

Outcome:

Increase fruit and vegetable consumption for those who are food insecure

Priority #2: Health Behaviors

Strategy 3: School nutrition standards

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Choose at least one school district to implement a healthier choices campaign. Work with school wellness committees to introduce at least one priority area to focus on and implement: 1. Healthier snack options offered during school lunches 2. Healthier fundraising foods 3. Healthier options in vending machines 4. Healthier options at sporting events and concession stands 5. Reducing unhealthy food as rewards	May 31, 2023	Youth	Percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS) Percent of high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS) Percent of youth who were obese	**Brook Higgins** Wyandot Memorial Hospital **Tammy Baumberger** OSU Extension, SNAP Ed Program
Year 2: Continue efforts from year 1. Implement a healthier choices campaign in all school districts. Have each school choose 1-2 priority areas to focus on and implement.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2.	May 31, 2025			

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to address strategy:

Schools, Wyandot Memorial Hospital

Outcome:

Increase youth fruit and vegetable consumption

Priority #2: Health Behaviors				
Strategy 4: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the number of individuals/families currently receiving WIC and SNAP in the county, and how many are eligible to receive the services in the county.	May 31, 2023	Adult, youth, and child	Percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS) Percent of high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS) Percent of adults who did not eat fruits or vegetables during the past 7 days Percent of adults who experienced more than one food insecurity in the past year	**Krystina Auble** Wyandot County Public Health
Year 2: Increase awareness of SNAP/WIC eligibility criteria within county by creating informational materials to be shared at various locations (schools, hospitals, food pantries, churches, etc.) within the county. Increase SNAP/WIC outreach to caregivers, including pregnant women, parents and older adults.	May 31, 2024			
Year 3: Continue efforts of year 2. Increase SNAP/WIC enrollment by 5% from baseline.	May 31, 2025			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: Ohio Department of Health				
Outcome: Reduce food insecurity				

Priority #2: Health Behaviors

Strategy 5: Community fitness programs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the **SuperKids Nutrition** organization and the various programs they offer. Determine if there will be a cost associated with the program. Recruit children to participate in the program. Implement the SuperKids Nutrition curriculum. Evaluate the program. Determine if the program will be continued.	May 31, 2023	Adult and youth	Percent of adults, age 18 and older, reporting no leisure time physical activity (BRFSS) Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH)	**Fortune Bormuth** Wyandot Memorial Hospital
Year 2: Continue efforts from year 1. Research **community fitness programs** for adults and the various programs they offer. Determine if there will be a cost associated with the program. Consider implementing **workplace physical activity programs** and policies such as individual or group counseling, healthy foods in cafeteria or vending machines, onsite exercise facilities, and standing/walking workstations. Recruit adults to participate in the program. Implement the selected adult fitness program. Evaluate the program. Determine if the program will be continued.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Park systems, The Hub, Upper Sandusky government

Outcome:

Increase physical activity

Priority #2: Health Behaviors				
Strategy 6: Shared use agreements				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Assess how many Wyandot County schools, churches, businesses and other organizations currently offer **shared use** of their facilities (gym, track, etc.). Create an inventory of known organizations that possess physical activity equipment, space, and other resources.	May 31, 2023	Adult and youth	Percent of adults, age 18 and older, reporting no leisure time physical activity (BRFSS) Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH) Percent of adults that report body mass index (BMI) greater than or equal to 30 Percent of youth who were obese	**Scott Moore** Open Door Resource Center **Justin Swartz** Wyandot Prevention Coalition
Year 2: Collaborate with local organizations to create a proposal for a shared-use agreement. Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. Publicize the agreement and its parameters.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2. Implement 2-3 shared-use agreements for community use in Wyandot County.	May 31, 2025			
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Community center, schools, local businesses, churches				
Outcome: Increase physical activity				

Priority #2: Health Behaviors				
Strategy 7: Mass media campaigns against tobacco use				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Consider implementing the following **Mass-reach communication** initiatives: • Share messages and engage audiences on social networking sites like Facebook and Twitter. • Deliver messages through different websites and stakeholders communications. • Generate free press through public service announcements. • Pay to place adds on TV, radio, billboards, online platforms and/or print media. The **strategies** should focus on motivating tobacco users to quit, protecting people from the harm of secondhand smoke exposure, and preventing tobacco use and vaping initiation. Raise awareness of the **Tobacco 21** law.	May 31, 2023	Adult and Youth	Percent of adults, ages 18 and older, that are current smokers (BRFSS) Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	**Justin Swartz** Wyandot County Family and Children First Council Wyandot County Prevention Coalition Mental Health and Recovery Services Board
Year 2: Continue efforts from year 1. Promote and raise awareness of the **Ohio Tobacco Quit Line**. Promote the available cessation services and programs in the county.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2. Implement one mass-reach communication strategy.	May 31, 2025			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: Wyandot Memorial Hospital, Mental Health and Recovery Services Board				
Outcome: Decrease current smoker rates				

Priority #2: Health Behaviors

Strategy 8: School-based tobacco prevention skill-building programs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the types of tobacco prevention programs currently being offered in schools. Research various **school-based tobacco prevention programs**. Ensure all youth tobacco prevention policies and programs include emphasis on e-cigarettes/nicotine addiction. Identify one tobacco prevention program to implement in schools. Identify which schools currently participate in the **Youth Risk Behavior Survey/Ohio Youth Tobacco Survey**.	May 31, 2023	Youth	Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	**Justin Swartz** Wyandot Prevention Coalition
Year 2: Create materials and present selected tobacco prevention program to local school officials for possible implementation. Pilot tobacco prevention program in one school. Reach out to school officials in county and encourage schools to participate in the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey. Create informational materials and/or present to school officials about the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey.	May 31, 2024			
Year 3: Expand tobacco prevention program to at least three schools within the county. Increase participation in the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey by at least one district within the county.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Ohio Department of Health, schools

Outcome:

Decrease tobacco use among youth

Priority #3: Access to Care

Strategic Plan of Action

To work toward improving access to care, the following strategies are recommended:

Priority #3: Access to Care				
Strategy 1: Medical homes				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on the rural health centers in the county regarding current services being offered, and the demographics of people they are serving. Identify any gaps in services being offered and populations being served. Research **Medical homes**, such as Ohio Comprehensive Primary Care practices. Gather community leaders, stakeholders, local qualified healthcare providers (such as nurse practitioners), and mental health providers to discuss and assess the needs in the county and to determine if implementing a Medical Homes model in rural health centers is feasible.	May 31, 2023	Adults, youth, and child	Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF)	**Kendra Noyes** Wyandot Memorial Hospital
Year 2: Plan how to implement the Medical homes model of care in the rural health centers. Consider gaps and populations identified in Step 1 one planning. Research and secure funding through the state, county health department, federally qualified heath centers (FQHC), local businesses, community providers, grants, and another fundraising if necessary. Implement model in one rural health center.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2. Expand Medical homes model to all three rural health centers in the county.	May 31, 2025			
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Wyandot County Public Health				
Outcome: Increase health care access				

Priority #4: Mental Health and Addiction

Strategic Plan of Action

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

Priority #4: Mental Health and Addiction

Strategy 1: Crisis lines

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Promote and raise awareness regarding a crisis hotline.	May 31, 2023	Adult and youth	Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH) Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics) Percent of youth, ages 12-17, who experienced a major depressive episode within the past year (NSDUH) Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)	Mental Health and Recovery Services Board
Year 2: Continue to promote and monitor the use of the crisis hotline. Work with school administrators, guidance counselors, churches, and other community organizations to promote the crisis hotline.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Schools, churches, Wyandot County Public Health

Outcome:

Increase awareness of crisis lines for mental health support

Priority #4: Mental Health and Addiction				
Strategy 2: Universal school-based suicide awareness and education programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather baseline data on any mental health screening tools that are currently being used by Wyandot County Schools. Continue to offer the **QPR (Question, Persuade, Refer)** prevention program to Wyandot County schools. Secure funding for the program.	May 31, 2023	Youth	Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)	**Elyssa Hays** Mental Health and Recovery Services Board
Year 2: Continue efforts from year 1. Implement the QPR program in all school districts.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2.	May 31, 2025			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: Schools				
Outcome: Increase knowledge of suicide and improve coping skills				

Priority #4: Mental Health and Addiction

Strategy 3: Universal school-based substance abuse prevention programs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to partner with Wyandot County schools to offer the **LifeSkills Training** program. Continue to provide the *Sober Truth* program to Wyandot County schools. Expand to Mohawk school district. Collect baseline data on the types of tobacco prevention programs currently being offered in schools. Research various **school-based tobacco prevention programs**. Ensure all youth tobacco prevention policies and programs include emphasis on e-cigarettes/nicotine addiction. Identify one tobacco prevention program to implement in schools. Identify which schools currently participate in the **Youth Risk Behavior Survey/Ohio Youth Tobacco Survey**.	May 31, 2023	Youth	Percent of high school students who have used alcohol within the past 30 days (YRBS) Percent of high school students who have used marijuana within the past 30 days (YRBS) Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	**Justin Swartz** Wyandot County Family and Children First Council **Anna Gibson** Wyandot County Public Health
Year 2: Expand the LifeSkills Training program to grades 9-10 in at least one school district. Continue to provide the *Sober Truth* programs to all Wyandot County school districts. Create materials and present selected tobacco prevention program to local school officials for possible implementation. Pilot tobacco prevention program in one school. Reach out to school officials in county and encourage schools to participate in the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey. Create informational materials and/or present to school officials about the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2 for both programs. All school districts will offer the LifeSkills Training program to elementary, middle and high school students. Expand tobacco prevention program to at least three schools within the county. Increase participation in the Youth Risk Behavior Survey/Ohio Youth Tobacco Survey by at least one district within the county.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Schools, Wyandot County Prevention, Mental Health and Recovery Services Board, Ohio Department of Health

Outcome:

Reduce youth substance abuse among youth

Priority #4: Mental Health and Addiction

Strategy 4: Education for parents on how to build youth resilience and protective factors and how to communicate with their children about alcohol and other drugs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan and gather baseline data on the availability of parenting programs and resources available in the county (e.g., **Positive Parenting Program (Triple P)**). Determine parenting resources specifically available for parents with children with behavioral health needs. Collect information regarding eligibility and cost. Increase public awareness regarding access to parenting programs within the county. Determine additional avenues for referrals.	May 31, 2023	Youth	Percent of high school students who have used alcohol within the past 30 days (YRBS) Percent of high school students who have used marijuana within the past 30 days (YRBS)	**Justin Swartz** **Wyandot County** Family and Children First Council
Year 2: Continue efforts from year 1. If there is a need for additional parenting resources, increase the number of parenting programs available in Wyandot County such as the **Strengthening Families** program.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2. Increase the number of parents enrolled in a parenting program by 5% from baseline.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Firelands

Outcome:

Improve youth mental health and reduce risky behaviors

Priority #4: Mental Health and Addiction				
Strategy 5: Naloxone education and distribution programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Identify current locations that offer Narcan/Naloxone for free and when/where **Naloxone trainings** occur within the county. Based on information collected, determine where Narcan/Naloxone distribution and trainings are most needed and can expand to. Determine feasibility of hiring/appointing data collection and liaison staff to assist in evaluation of opioid prevention/treatment efforts in county. Consider utilizing staff and resources from OSU who is overseeing the Health Communities Grant.	May 31, 2023	Adult	Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) (ODH Vital Statistics)	**Mircea Handru** MHRSB **Elyssa Hays** MHRSB
Year 2: Continue efforts from year 1. Work with OSU and data collection team to measure progress of Narcan/Naloxone distribution and trainings. Work with OSU to identify other best practices (e.g., **Syringe Service Programs (SSPs)**; **Medication-assisted Treatment (MAT)**; **recovery housing**, etc.) to implement in county surrounding opioid prevention and treatment.	May 31, 2024			
Year 3: Continue efforts from years 1 and 2.	May 31, 2025			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: OSU, MHRSB				
Outcome: Decrease drug overdose deaths				

Priority #5: Chronic Disease

Strategic Plan of Action

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

<table>
<tr><td colspan="5">Priority #5: Chronic Disease</td></tr>
<tr><td colspan="5">Strategy 1: Hypertension screening and follow up</td></tr>
<tr><td>Action Step</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1: Gather baseline data on the number and location of hypertension screening events currently being offered throughout the year. Identify gaps in location or time in which additional hypertension screenings could be offered.
Partner with local organizations to administer the hypertension screening and to raise awareness of hypertension.
Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).
Continue to distribute educational materials. Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for pre-hypertensive or hypertensive patients.
Develop a campaign encouraging residents to “know their numbers” (i.e., blood pressure and cholesterol) and the signs and symptoms of heart disease.</td><td>May 31, 2023</td><td rowspan="3">Adult</td><td rowspan="3">Percent of adults, ages 18 and older, ever diagnosed with hypertension (BRFSS)

Percent of adults, ages 18 and older, ever diagnosed with coronary heart disease (BRFSS)</td><td rowspan="3">Anna Gibson
Wyandot County Public Health

Brook Higgins
Wyandot Memorial Hospital</td></tr>
<tr><td>Year 2: Continue to raise awareness of existing free/reduced cost blood pressure screenings throughout the county.
Implement campaign for residents to “know their numbers”.</td><td>May 31, 2024</td></tr>
<tr><td>Year 3: Continue efforts from years 1 and 2.
Increase number of hypertension screening events by 5% from baseline.</td><td>May 31, 2025</td></tr>
<tr><td colspan="5">Strategy identified as likely to decrease disparities?
○ Yes ⊗ No ○ Not SHIP Identified</td></tr>
<tr><td colspan="5">Resources to address strategy:
Wyandot on Wheels, Wyandot County Public Health</td></tr>
<tr><td colspan="5">Outcome:
Increase the number of hypertension screenings being offered</td></tr>
</table>

Priority #5: Chronic Disease				
Strategy 2: Diabetes and metabolic disease screening follow-up				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer the Learning with Diabetes (**DSMES**) program. Create plan to expand program. Partner with local organizations to administer the DSMES and to raise awareness of diabetes. Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.). Continue to distribute educational materials. Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for diabetic and pre-diabetic individuals. Develop a campaign encouraging residents to know the signs and symptoms of diabetes.	May 31, 2023	Adult	Percent of adults, ages 18 and older, ever diagnosed with diabetes (BRFSS)	**April Manns** Diabetic Education Coordinator **Brook Higgins** Wyandot Memorial Hospital
Year 2: Increase participation in the DSMES Program by 5%. Continue to raise awareness of existing free/reduced cost diabetes screenings throughout the county. Implement campaign for residents to know the signs and symptoms of diabetes.	May 31, 2024			
Year 3: Continue to increase participation in the DSMES. Explore the National Diabetes Prevention Program (DPP) and determine the feasibility of implementing the program. Identify one health care agency or other organization to house the program.	May 31, 2025			
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified				
Resources to address strategy: Wyandot on Wheels, Wyandot Memorial Hospital				
Outcome: Reduce diabetes morbidity				

Priority #6: Maternal and Infant Health

Strategic Plan of Action

To work toward improving maternal and infant health, the following strategies are recommended:

Priority #6: Maternal and Infant Health				
Strategy 1: Early childhood home visiting programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on any current early childhood home visiting programs (including prenatal and postnatal visits) in Wyandot County. Offer the **Help Me Grow Home Visiting program** in Wyandot County virtually and on-site. Evaluate effectiveness of the program by using the following measures: • Improvement in maternal and newborn health; • Reduction in child injuries, abuse, and neglect; • Improved school readiness and achievement; • Reduction in crime or domestic violence; • Improved family economic self-sufficiency; and • Improved coordination and referral for other community resources and supports	May 31, 2023	Child	Number of deaths for infants under age 1, per 1,000 live births (ODH Vital Statistics) Percent of live births that are preterm: before 37 weeks gestation (ODH Vital Statistics)	**Wendy Pauly** Wyandot County Public Health
Year 2: Continue to promote and monitor the Help Me Grow Home Visiting program.	May 31, 2024			
Year 3: Continue efforts of years 1 and 2.	May 31, 2025			
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Wyandot County Public Health				
Outcome: Increase the number of home visiting programs offered				

Priority #6: Maternal and Infant Health

Strategy 2: Non-Emergency Medical Transportation (NEMT) to improve access to care and prenatal care

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on current use of **NEMT** in Wyandot County. Identify what NEMT options are currently available in the county, and who oversees the programs (insurance company, JFS, etc.). Compile information into a handout to be provided at health care facilities within Wyandot County. Share information on Wyandot County agency websites and social media.	May 31, 2023	Adults	Number of delivery hospitalizations with one or more of 18 conditions (maternal morbidities) as defined by the CDC, per 10,000 delivery hospitalizations (OHA, via ODH) Number of deaths for infants under age 1, per 1,000 live births (ODH Vital Statistics) Percent of live births that are preterm: before 37 weeks gestation (ODH Vital Statistics)	**Jamie Baker** HHWP Community Action Commission
Year 2: Continue efforts from year 1.	May 31, 2024			
Year 3: Continue efforts from year 1 and 2. Increase use of NEMT by 10% from year 1.	May 31, 2025			

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy:

Wyandot Rides, Veterans Services, Wyandot County Council on Aging

Outcome:

Increase access to care

Priority #7: Risky Behaviors

Strategic Plan of Action

To work toward improving risky behaviors, the following strategies are recommended:

<table>
<tr><td colspan="5">Priority #7: Risky Behaviors</td></tr>
<tr><td colspan="5">Strategy 1: Increase community awareness and education of risky driving behaviors</td></tr>
<tr><td>Action Step</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1: Plan a community awareness campaign to increase education regarding risky driving behaviors (i.e. texting and driving, drinking and driving, etc.).

Determine best ways to educate community (social media, newspaper, school websites, television, etc.).</td><td>May 31, 2023</td><td rowspan="3">Adult and Youth</td><td rowspan="3">Adult average number of drinks consumed per drinking occasion

Adult texting and driving: Percent of adults who reported texting while driving

Youth current drinker (drank alcohol at least once in the past month)

Drinking and driving (youth): Percent of youth who had driven a car in the past month after they had been drinking alcohol

Texting and driving (youth): Percent of youth who reported texting while driving in the past month</td><td rowspan="3">Callan Pugh
Wyandot County Public Health</td></tr>
<tr><td>Year 2: Partner with local organizations (i.e. law enforcement) and plan at least 2 awareness programs and/or workshops focusing on populations most at risk.

Attain media coverage for programs and workshops.</td><td>May 31, 2024</td></tr>
<tr><td>Year 3: Continue efforts of years 1 and 2.</td><td>May 31, 2025</td></tr>
<tr><td colspan="5">Strategy identified as likely to decrease disparities?
○ Yes ○ No ⊗ Not SHIP Identified</td></tr>
<tr><td colspan="5">Resources to address strategy:
Wyandot County Safe Communities Coalition, Wyandot County Public Health</td></tr>
<tr><td colspan="5">Outcome:
Decrease risky driving behaviors</td></tr>
</table>

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified for each strategy found within the action step and recommendation tables within each of the priority sections. Most indicators align directly with the SHIP. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet quarterly to report out the progress. The committee will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible agencies, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Wyandot County will continue facilitating a Community Health Assessments every three years to collect and track data. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Wyandot County, but also be able to compare to the state, the nation, and Healthy People 2030. This data will serve as measurable outcomes for each of the priority areas. 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 an ongoing basis to focus on how well action steps are being implemented. Areas of process evaluation that the CHIP committee will monitor will 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 action steps have been incorporated into a Progress Report template that can be completed at all future Wyandot County Health Partners meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

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

Wyandot County Public Health
127-A South Sandusky Ave.
Upper Sandusky, OH 43351-1451
(419) 294-3852
Fax (419) 294-6424

Appendix I: Gaps and Strategies

The following tables indicate community conditions, access to care. health behaviors, mental health and addiction, chronic disease, maternal and infant health, and risky behaviors gaps and potential strategies that were compiled by the Wyandot County Health Alliance.

Priority Factors: Community Conditions

Gaps	Potential Strategies
1. Youth bullying/violence (4)	• Parenting, mentorship, & school-based prevention (3) ★ * • School-based social emotional instruction ★ • Character education
2. Housing affordability/homelessness (3)	• Affordable housing development & preservation (2) ★ • Transitional Housing (2) • Rental assistance ★ • Homeownership assistance (e.g., Habitat for Humanity)
3. Poverty (3)	• Adult employment programs ★ • Career training for high school students ★ • Financial literacy classes & wealth building initiatives ★ • Technical training (school, internship) • Bridges out of Poverty (expanded) • Job creation • Transitional Housing
4. Adverse childhood experiences (ACEs)	• Parenting, mentorship, & school-based prevention ★ • Violence prevention & crime deterrence ★

★ = Ohio SHIP supported strategy
* Aligned with previous Wyandot County CHIP

Priority Factors: Health Behaviors

Gaps	Potential Strategies
1. Nutrition (6)	• Outreach & advocacy to maintain or increase enrollment in federal food assistance programs (SNAP, WIC) (5) • Healthy food initiatives in food banks (2) √ * • Healthy meals served at schools (2) * Fruit & vegetable initiatives (2) • Fruit & vegetable access & education (2) • Healthy food retailers (2) • Food insecurity screening & referral * • Nutrition prescriptions * • Community gardens * • Point of purchase prompts for healthy foods
2. Physical activity (6)	• Community fitness programs (5) * • Workplace physical activity programs & policies • Bike & pedestrian master plans/active transportation plans • Safe Routes to School • School-based programs to increase physical activity • Community education
3. Tobacco/nicotine use (2)	• Mass media campaigns against tobacco use (2) • School-based tobacco prevention & evaluation initiatives • Tobacco cessation access

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Wyandot County CHIP

Priority Factors: Access to Care

Gaps	Potential Strategies
1. Local access to health care providers (3)	• Telemedicine (2) ✓ • Comprehensive & coordinated primary care (2) • Medical homes ✓ • Culturally competent workforce in underserved communities ✓ • Increase access to specialized health care clinics to low income & underinsured individuals • Continue Wyandot on Wheels for remote health care delivery • Continue to expand specialists & clinics • Continued partnership with businesses for screening & vaccinations • Rural Health Clinic status
2. Health insurance coverage (3)	• Health insurance enrollment outreach & support (3) ✓ • Outreach & advocacy to maintain Ohio Medicaid eligibility levels & enrollment assistance (3)
3. Unmet need for mental health care	• Telemental health services ✓ • Comparable insurance coverage for behavioral health (parity) • Financial assistance for uncovered care
4. Usual source of services for female health concerns	• Comprehensive & coordinated primary care • Telemedicine ✓
5. Adults not filling prescriptions	• Promote GoodRx to pharmacies, health care agencies
6. Awareness of available resources	• Create centralized clearing house for locally available health services

= Ohio SHIP supported strategy
✓ = likely to decrease disparities

Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Youth mental health/suicide (5)	• Digital access to treatment services & crisis response (5) * • Suicide awareness, prevention, & peer norm programs (2) * • Coordinated care for behavioral health * • School-based social & emotional instruction * • Mental health education • Mental health counselors in schools * • Gatekeeper trainings in school & with parents • Self-care time in schools • Access to treatment information/services
2. Youth drug & alcohol use (5)	• K-12 drug prevention education (4) * • Parental engagement (3) • Mentoring programs: delinquency (2) √ • School-wide Positive Behavioral Interventions & Support √ • Alcohol & other drug use screening (SBIRT) • Mass media campaigns
3. Adult depression/suicide (4)	• Telemental health services (2) √ • Digital access to treatment services & crisis supports * • Coordinated care for behavioral health • Chronic disease management programs • Mental health education
4. Drug use	• Recovery communities & peer supports • Housing programs for people with behavioral health conditions
5. Alcohol Use	• Education • Alternatives to drinking

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Wyandot County CHIP

Priority Health Outcomes: Chronic Disease

Gaps	Potential Strategies
1. Cardiovascular health (6)	• Hypertension screening & follow-up (6) • Fruit & vegetable access & education • Doctor's appointment advertising • Nutrition coaching via telehealth • Educational programming • Wyandot on Wheels
2. Diabetes (6)	• Prediabetes screening, testing, & referral to Diabetes Prevention Program (DPP) (5) * • DPP health insurance coverage & accessibility (2) • Fruit & vegetable access & education • Fruit & vegetable incentive programs • Nutrition coaching via telehealth • Wyandot on Wheels
3. Cancer	• Prevention programs • Smoking cessation • Well-woman exams • Wyandot on Wheels

= Ohio SHIP supported strategy
* Aligned with previous Wyandot County CHIP

Priority Health Outcomes: Maternal & Infant Health

Gaps	Potential Strategies
• Preterm birth & infant mortality (6)	• Group prenatal care (4) • Early childhood home visiting (3) √ * • Tobacco cessation tailored for pregnant women (2) • Non-Emergency Medical Transportation (NEMT) to improve access to care & prenatal care
• Maternal morbidity/mortality (4)	• Care coordination & access to well-woman care (4) • Clinical prevention, screening & treatment • Lifestyle interventions to reduce the risk of gestational diabetes & type 2 diabetes • Midwives

= Ohio SHIP supported strategy
√ = likely to decrease disparities
* Aligned with previous Wyandot County CHIP

Other Priority: Risky Behaviors

Gaps	Potential Strategies
1. Distracted & impaired driving (4)	• Safe driving campaign (3) • School-based education • Community education • Education about dangers of distracted driving • Phones that shut down/block notifications when driving • Expand local traffic safety initiatives

Appendix II: Links to Websites

Title of Link	Website URL
Comprehensive Case Management and Employment Program (CCMEP)	https://jfs.ohio.gov/owd/CCMEP/index.stm
CenteringPregnancy	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/centeringpregnancy
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Community fitness programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
Community gardens	http://www.countyhealthrankings.org/policies/community-gardens
Diabetes Self-Management Education and Support (DSMES)	https://www.cdc.gov/diabetes/dsmes-toolkit/index.html#:~:text=Diabetes%20self%2Dmanagement%20education%20and%20support%20(DSMES)%20provides%20an,self%2Dmanagement%20decisions%20and%20activities.&text=DSMES%20is%20a%20cost%2Deffective,outcomes%20for%20people%20with%20diabetes.
Food insecurity screening and referral	https://ohiofoodbanks.org/hungerandhealth/
Food pantries	http://www.countyhealthrankings.org/policies/healthy-food-initiatives-food-banks
Fruit and vegetable prescription programs	https://www.cdc.gov/pcd/issues/2019/18_0555.htm
Health Communications in Tobacco Prevention and Control	https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/pdfs/health-communications-508.pdf
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data
Help Me Grow	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow
LifeSkills Training Program	https://www.lifeskillstraining.com/
Mass reach communication initiatives	https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html
Medical homes	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/medical-homes
Medication-assisted treatment (MAT)	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/medication-assisted-treatment-access-enhancement-initiatives
Mobile reproductive health services	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics

Naloxone education and distribution programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/naloxone-education-distribution-programs
Non-Emergency Medical Transportation (NEMT)	https://nap.nationalacademies.org/catalog/22055/cost-benefit-analysis-of-providing-non-emergency-medical-transportation
Ohio Healthy Youth Environments Survey	https://ohyes.ohio.gov/
Ohio Tobacco Quit Line	https://ohio.quitlogix.org/en-US/
PAX Good Behavior Game	http://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
Positive Parenting Program (Triple P)	https://www.triplep.net/glo-en/home/
QPR (Question, Persuade, Refer)	https://qprinstitute.com/about-qpr
Recovery housing	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/housing-first
ROX (Ruling Our Experience)	https://rulingourexperiences.com/#!about_us/csgz
School-based tobacco prevention programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-tobacco-prevention-skill-building-programs
Shared use agreements	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/shared-use-agreements
Steps to Respect	https://youth.gov/content/steps-respect%25C2%25AE
Strengthening Families	https://www.strengtheningfamiliesprogram.org/
SuperKids Nutrition	https://www.superkidsnutrition.com/services/
Syringe service programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/syringe-services-programs
Telemedicine	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/telemedicine
Text 4hope	http://mha.ohio.gov/Portals/0/assets/Prevention/Suicide/CTL-fact-sheet.pdf
The Incredible Years	http://www.incredibleyears.com/about/
Tobacco 21	https://tobacco21.org/state-by-state/
Tobacco cessation treatments	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/tobacco-cessation-therapy-affordability
Workplace physical activity programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/worksite-obesity-prevention-interventions
Wyandot County Health Status Assessment	http://www.wyandothealth.com/
Youth Risk Behavior Study/Ohio Youth Tobacco Survey	https://data.ohio.gov/wps/portal/gov/data/view/youth-risk-behavior-survey-_--youth-tobacco-survey-info
24/7 Dad Program	https://store.fatherhood.org/24-7-dad-programs/