2020-2022

Seneca County Community Health Improvement Plan

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SENECA
COUNTY

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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 Seneca County Health Alliance have been conducting CHAs since 2001 to measure community health status. The most recent Seneca County CHA was cross-sectional in nature and included a written survey of adults within Seneca County. Additionally, HCNO incorporated data from The Ohio Healthy Youth Environments Survey (OHYES) throughout the report. 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 Seneca County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

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

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 15% of Seneca County residents were below the poverty line, according to the 2013-2017 American Community Survey 5 year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

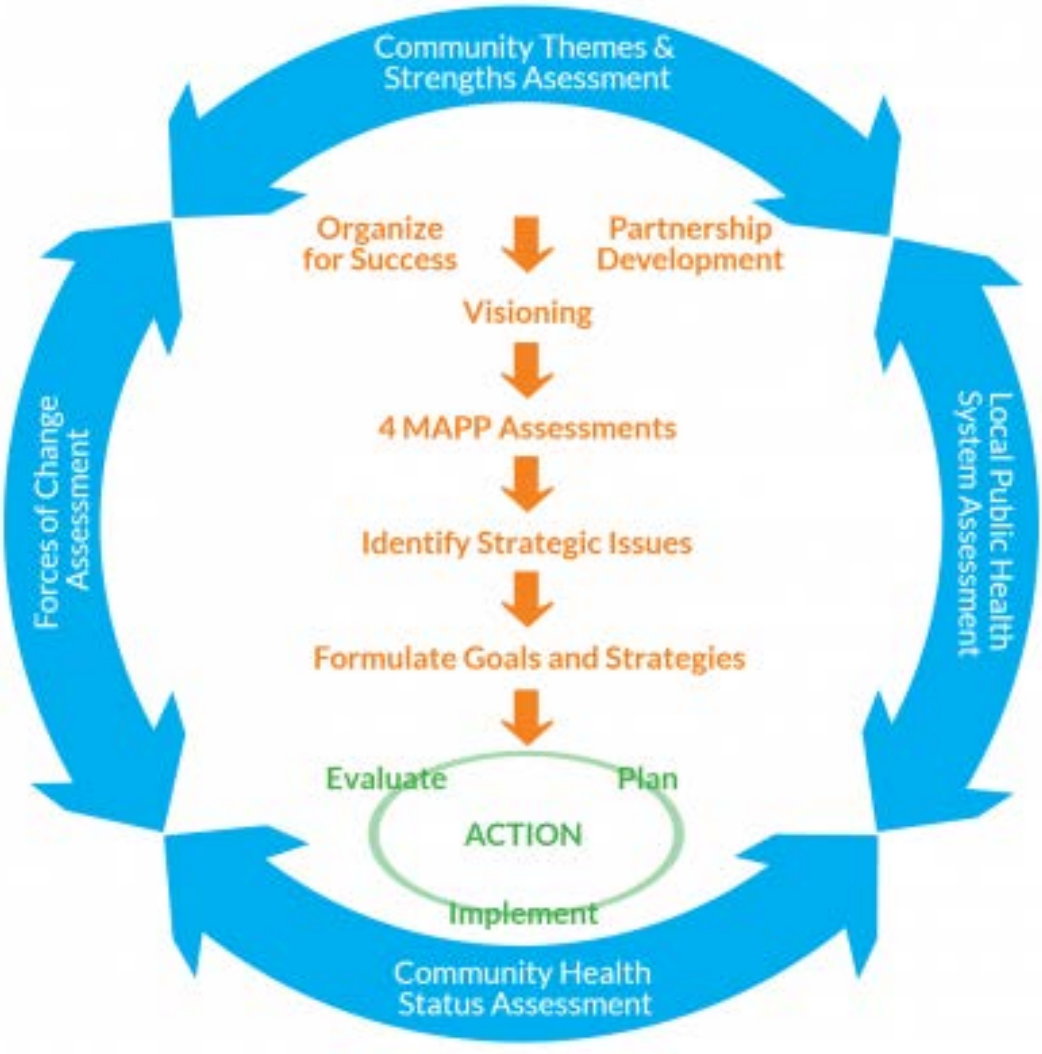
Mobilizing for Action through Planning and Partnerships (MAPP)

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

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

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

Figure 1.1 The MAPP model



Alignment with National and State Standards

The 2020-2022 Seneca County CHIP priorities align with state and national priorities. Seneca County will be addressing the following priorities: mental health and addiction, chronic disease, youth bullying, and trauma.

Ohio State Health Improvement Plan (SHIP)

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

SHIP Overview

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

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

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

SHIP Priorities

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

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

Cross-cutting Factors

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

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

- **Health equity**: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

- **Social determinants of health**: Conditions in the social, economic and physical environments that affect health and quality of life.

- **Public health system, prevention and health behaviors**:
    - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
    - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
    - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.

- **Healthcare system and access**: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2020-2022 Seneca County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Seneca County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2 2020-2022 Seneca CHIP Alignment with the 2017-2019 SHIP

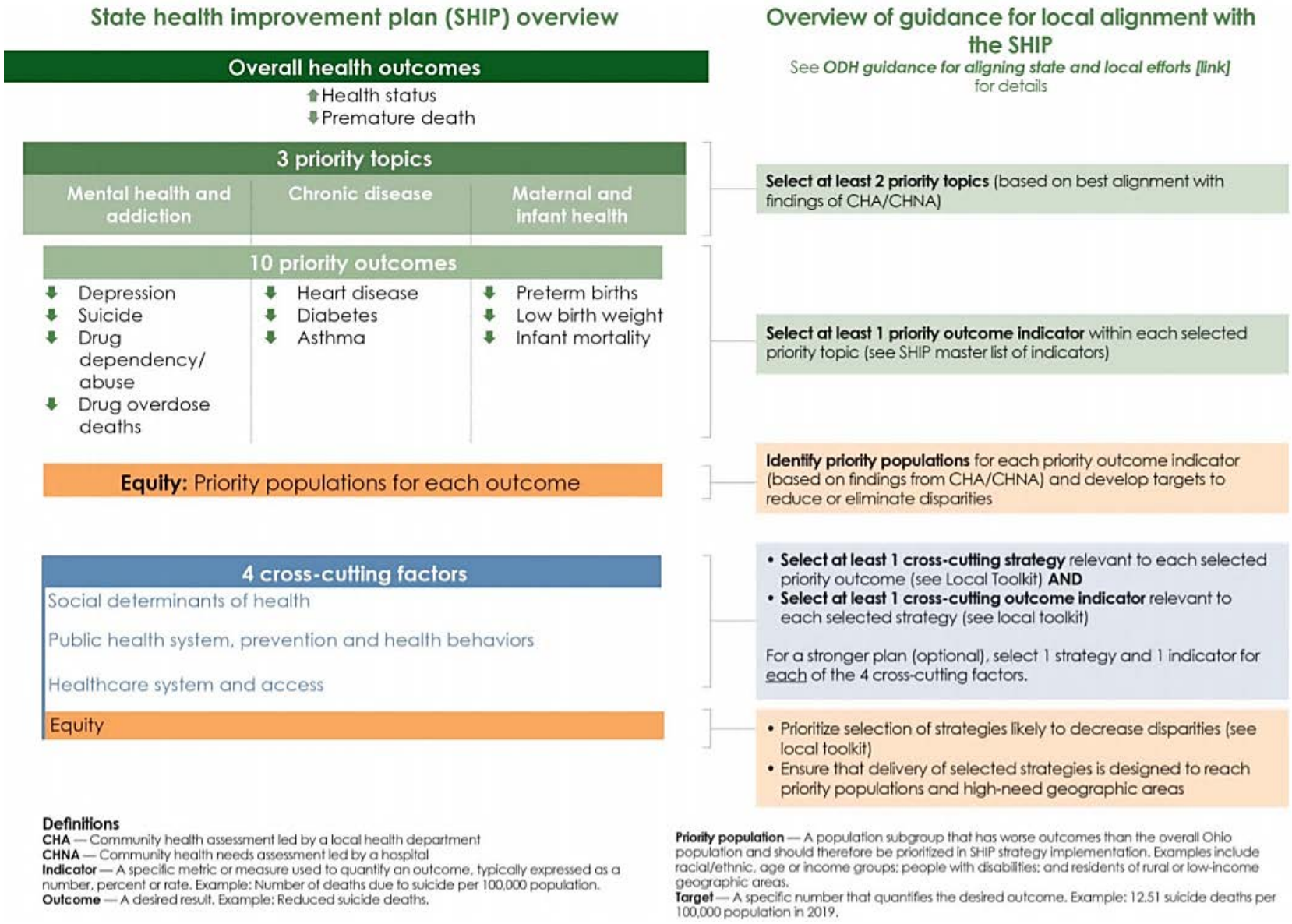
2020-2022 Seneca CHIP Alignment with the 2017-2019 SHIP			
Priority Topic	*Priority Outcome*	*Cross-Cutting Strategy*	*Cross-Cutting Outcome*
Mental health and addiction	• Reduce depression • Reduce suicide deaths • Reduce drug overdose deaths	• Public health system, prevention and health behaviors • Social determinants of health	• Decrease high housing costs • Decrease severe housing problems • Decrease physical inactivity
Chronic Disease	• Reduce diabetes • Reduce heart disease		

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

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

Alignment with National and State Standards, continued

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



Vision and Mission

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

The Vision of the Seneca County Health Alliance

Partnering to improve the health and quality of life for Seneca County residents

The Mission of the Seneca County Health Alliance

Working together to create a healthier Seneca County

Community Partners

The CHIP was planned by various agencies and service-providers within Seneca County. From December 2019 to February 2020, the Seneca County Health Alliance reviewed many data sources concerning the health and social challenges that Seneca 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:

Seneca County Health Alliance

Andrea Cook, SCGHD
Beth Schweitzer, Seneca County General Health District
Cindy Taylor, Seneca County OSU Extension
Dawn Smrekar, Fostoria Community Hospital
Elizabeth Valentine, Great Lakes Community Action Partnership
Erik Keckler, City of Fostoria Mayor
Ginni Beaston, Family and Children First Council
Joanne Fyfe, Seneca County OSU Extension
Julie Landoll, Mercy Health-Tiffin
Julie Shellhouse, Seneca County Opportunity Center
Kendra Shearer, Seneca County Juvenile Court
Loren Branski, Seneca County Jon and Family Services
Michelle Clinger, Firelands Counseling and Recovery Services (FCRS)
Nicole Williams, Mental Health Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Pat DeMonte, Seneca United Way
Scott Daniel, Tiffin City Schools
Sharon Krupp, Fostoria Jr/Sr High School
Sherri Bourne, Community Hospice Care by Stein
Sheryl St. Clair, Fostoria City Schools
Tracy Kerschner, Seneca County Juvenile Court

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Emily Stearns, MPH, Community Health Improvement Manager, and Gabrielle Mackinnon, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process

Beginning in December 2019, the Seneca 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 **https://www.senecahealthdept.org/**. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Healthcare Coverage, Access, and Utilization						
Uninsured	11%	15%	8%	9%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	52%	57%	68%	68%	72%	70%
Unable to see a doctor due to cost	16%	19%	12%	12%	11%	13%
Had at least one person they thought of as their personal doctor or health care provider	86%	88%	81%	90%	81%	77%
Preventive Medicine						
Had a pneumonia vaccination (age 65 and over)	N/A	46%	58%	80%	76%	75%
Had a flu shot within the past year (age 65 and older)	38%	44%	71%	72%	63%	60%
Ever had a shingles or zoster vaccine	N/A	5%	13%	19%	29%	29%
Had a clinical breast exam in the past two years (age 40 and over)	N/A	65%	64%	60%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	68%	69%	69%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	N/A	72%	67%	67%*	82%*	80%*
Had a PSA test in within the past two years (age 40 and over)	N/A	52%	N/A	53%	39%*	40%*
Oral Health						
Visited a dentist or dental clinic (within the past year)	62%	59%	67%	60%	68%*	66%*
Visited a dentist or dental clinic (five or more years ago)	11%	13%	10%	9%	11%*	10%*
Health Status Perceptions						
Rated general health as good, very good, or excellent	88%	87%	85%	87%	81%	83%
Rated general health as excellent or very good	55%	50%	47%	52%	49%	51%
Rated general health as fair or poor	12%	13%	15%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	21%	20%	22%	23%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.7	3.8	3.1	4.0¥	3.7¥
Rated mental health as not good on four or more days (in the past 30 days)	16%	23%	27%	25%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	4.6	3.8	3.3	4.3¥	3.8¥
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	12%	23%	26%	24%	22%*	22%*

N/A - Not Available
**2016 BRFSS*
¥2016 BRFSS data as compiled by 2018 County Health Rankings
Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Weight Status						
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	27%	36%	39%	39%	34%	32%
Overweight (BMI of 25.0 – 29.9)	41%	35%	35%	39%	34%	35%
Normal weight (BMI of 18.5 – 24.9)	31%	28%	25%	20%	30%	32%
Tobacco Use						
Current smoker (currently smoke some or all days)	19%	17%	13%	14%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	25%	29%	22%	24%	25%
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	56%	47%	56%	58%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	21%	19%	19%	26%	19%	17%
Drove after having perhaps too much alcohol to drink	N/A	N/A	7%	4%	4%*	4%*
Drug Use						
Adults who used marijuana in the past 6 months	5%	5%	4%	5%	N/A	N/A
Adults who used recreational drugs in the past six months	0%	<1%	1%	6%	N/A	N/A
Adults who misused prescription medication in the past six months	2%	4%	8%	5%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	6%	5%	6%	6%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	4%	4%	6%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	3%	<1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	13%	13%	16%	11%	N/A	N/A
Cardiovascular Health						
Had angina or coronary heart disease	N/A	6%	5%	8%	5%	4%
Had a heart attack	5%	7%	6%	3%	6%	4%
Had a stroke	3%	2%	2%	3%	4%	3%
Had high blood pressure	33%	30%	28%	37%	35%	32%
Had high blood cholesterol	31%	36%	37%	37%	33%	33%
Had blood cholesterol checked within past five years	N/A	79%	79%	83%	85%	86%

N/A - Not Available
**2016 BRFSS Data*
Indicates alignment with Ohio SHA

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Arthritis, Asthma, and Diabetes						
Had been diagnosed with arthritis	29%	29%	38%	34%	29%	25%
Had been diagnosed with asthma	13%	16%	17%	15%	14%	14%
Had been diagnosed with diabetes	11%	9%	11%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	7%	8%	2%	2%
Ever diagnosed with pregnancy related diabetes	N/A	N/A	5%	3%	1%	1%

N/A - Not Available
Indicates alignment with Ohio SHA

Youth Trend Summary

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 (9th-12th)
Weight Status						
Obese	13%	17%	19%	19%	19%	15%
Overweight	14%	14%	12%	18%	17%	16%
Were trying to lose weight	50%	48%	48%	52%	48%	47%
Ate five or more servings of fruits and/or vegetables per day	N/A	10%	3%	10%	10%	N/A
Ate zero servings of fruits and/or vegetables per day	N/A	6%	8%	14%	14%	N/A
Physically active at least 60 minutes per day on every day in past week	29%	21%	32%	26%	24%	26%
Physically active at least 60 minutes per day on five or more days in past week	54%	43%	53%	60%	57%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	16%	9%	10%	10%	15%
Watched three or more hours per day of television (on an average school day)	N/A	N/A	37%	19%	14%	21%
Tobacco Use						
Current smoker (smoked on at least one day during the past 30 days)	11%	9%	6%	9%	11%	9%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least one day during the 30 days)	N/A	N/A	N/A	8%	9%	8%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	N/A	N/A	22%	26%	13%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products—such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs—not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	N/A	N/A	4%	5%	6%

N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.
Indicates alignment with Ohio State Health Assessment

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	60%	50%	36%	41%	47%	60%
Current drinker (at least one drink of alcohol on at least one day during the past 30 days)	29%	20%	11%	14%	17%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	18%	11%	5%	7%	9%	14%
Drank for the first time before age 13 (of all youth)	25%	17%	11%	16%	13%	16%
Drank and drove (of youth drivers)	4%	5%	2%	2%	2%	6%
Drug Use						
Ever used marijuana (one or more times during their life)	N/A	N/A	N/A	21%	27%	36%
Currently use marijuana (in the past 30 days)	10%	9%	5%	10%	12%	20%
Tried marijuana for the first time before age 13	N/A	3%	4%	3%	3%	7%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	10%	7%	4%	11%*	11%*	14%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	5%	2%	5%	6%	20%
Mental Health						
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	23%	27%	34%	34%	32%
Social Determinants of Health						
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	66%	68%	65%	52%	57%	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	74%	70%	67%	69%	74%**
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	19%	21%	14%	14%	10%	17%

N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.
**OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution*
***Comparative YRBS data for U.S. is 2015*

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Violence						
Were in a physical fight (in the past 12 months)	N/A	N/A	N/A	20%	20%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	N/A	8%	6%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	5%	5%	11%	11%	6%
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%	5%	4%	8%	7%	7%
Bullied on school property (in the past year)	N/A	33%	26%	25%	23%	19%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	10%	13%	9%	10%	10%	15%

N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.

Key Issues

The Seneca County Health Alliance reviewed the 2019 Seneca 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 2019 health assessment report? Examples of how to interpret the information include: 39% of adults were obese, increasing to 45% of those ages 30-64.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Mental health (7 votes)			
Adults feeling so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities (in the past year)	11%	Age: Under 30 (17%) Income: <$25K (25%)	Female (16%)
Number of deaths by suicide – 2018 Seneca County *(Source: Ohio Department of Health)*	12 deaths	N/A	N/A
Youth feeling so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities (in the past year)	34%	N/A	Female (46%)
Youth bullying (6 votes)			
Youth bullied on school property in the past year	25%	Age: 13 and younger (28%)	Female (31%)
Youth trauma (5 votes)			
Youth who experienced 3 or more adverse childhood experiences (ACEs)	30%	Age: 14-16 (23%)	Female (37%)
Alcohol consumption (5 votes)			
Youth who ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	41%	Age: 17 and older (63%)	N/A
Adult binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	26%	N/A	N/A
Average number of drinks adults consumed per drinking occasion	3.2	Age: 30-64 (4.0 drinks) Income: <$25K (10.4 drinks)	Male (3.7%)

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
Adult obesity (4 votes)			
Adult obesity (includes severely and morbidly obese, BMI of 30.0 and above)	39%	Age: 30-64 (45%) Income: $25K Plus (41%)	Male (48%)
Youth e-cigarette use (3 votes)			
Youth current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, e-hookah pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days)	22%	N/A	N/A
Food insecurity (3 votes)			
Adults who experienced at least one issue related to hunger/food insecurity in the past year	14%	N/A	N/A
Chronic disease (2 votes)			
Adults who had high blood pressure	37%	Age: 65+ (67%) Income: <$25K (59%)	Male (40%)
Adults who had high blood cholesterol	37%	Age: 65+ (59%) Income: <$25K (38%)	Male (46%)
Adults who had angina or coronary heart disease	8%	Age: 65+ (15%)	N/A
Adults who had been diagnosed with diabetes	10%	Age: 65+ (21%) Income: <$25K (17%)	Male (11%)
Adults who had been diagnosed with pre-diabetes	8%	N/A	N/A
Drug use/prescription drug misuse (2 votes)			
Youth who ever took prescription drugs without a doctor's prescription (in their lifetime)	11%	N/A	N/A
Unintentional drug overdose deaths – 2018 Seneca County *(Source: Ohio Department of Health)*	13 deaths	N/A	N/A
Health care access (1 vote)			
Adults who went outside of Seneca County for health care services in the past year	61%	N/A	N/A
Youth fruit and vegetable consumption (1 vote)			
Youth who ate 0 servings of fruit and vegetables per day	14%	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 physical activity (1 vote)			
Youth who did not participate in at least 60 minutes of physical activity on any day in the past week	10%	N/A	N/A
Youth who spent 3+ hours per day playing video or computer games that were not school work	50%	N/A	N/A
STD's (0 votes)			
Annualized Chlamydia Cases - 2018 Seneca County *(Source: Ohio Department of Health)*	215	N/A	N/A
Annualized Gonorrhea Cases – 2018 Seneca County *(Source: Ohio Department of Health)*	47	N/A	N/A
Youth safety (0 votes)			
Youth who did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	8%	N/A	N/A
Dental visits (0 votes)			
Adults who visited a dentist or dental clinic (within the past year)	60%	Age: Under 30 (50%) Income: <$25K (33%)	Female (59%)
Youth who visited a dentist in the past year (for a check-up, exam, teeth cleaning, or other dental work)	67%	N/A	N/A

N/A- Not Available

Priorities Chosen

Based on the 2019 Seneca County Health Assessment, key issues were identified for adults and youth. Overall, there were 15 key issues identified by the Seneca County Health Alliance. Each organization was given 5 votes. The Seneca County Health Alliance then voted and came to a consensus on the priority areas Seneca 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. Mental health (includes depression/suicide)	7
2. Youth bullying	6
3. Youth trauma	5
4. Alcohol consumption	5
5. Adult obesity	4
6. Youth e-cigarette use	3
7. Food insecurity	3
8. Chronic disease (includes heart disease/diabetes)	2
9. Drug use/prescription drug misuse	2
10. Health care access	1
11. Youth fruit and vegetable consumption	1
12. Youth physical activity	1
13. STD's	0
14. Youth safety	0
15. Dental visits	0

Seneca County will focus on the following four priority areas over the next three years:

1. Mental health and addiction (include depression, suicide, and substance abuse)
2. Chronic disease (includes heart disease, diabetes, obesity, youth physical activity, youth fruit/vegetable consumption)
3. Youth bullying
4. Trauma

Cross-cutting factors: social determinants of health and health care system and access

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?**
    - Strong health care system
    - Affordable health care
    - Recreational opportunities
    - Affordable housing
    - Partner collaboration
    - Support services
    - Clean community
    - Adult and youth educational opportunities

2. **What makes you most proud of our community?**
    - Community generosity
    - Strong collaboration
    - Community events (weekend activities downtown to bring community together)
    - Downtown revitalization
    - Welcoming and supportive community
    - New national park and walking trails
    - Recreation opportunities

3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**
    - Trails/parks helping improve quality of life
    - Seneca County Health Alliance
    - Fostoria & Tiffin farmers markets
    - Chamber of Commerce
    - Seneca County Opiate Task Force
    - Seneca County PIVOT court
    - County commissioners and mayors working together
    - Community arts and garden beautification committee
    - Races/4K runs hosted by various organizations in Tiffin and Fostoria
    - Fostoria Rotary Club
    - FACT of Seneca County
    - Overdose awareness & support groups
    - Community citizen groups

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

    - Mental health stigma
    - Opiates and drug crisis
    - Transportation issues in rural areas
    - Health issues within low income population
    - Poverty

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

    - Communication (meeting people where they are at)
    - Lack of resources
    - Lack of understanding poverty
    - Lack of pediatric care (many of out of county for pediatric mental health care)
    - Availability of mental health professionals

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

    - Monetary support for families who adopt and/or foster
    - Reduce incidence/research best practices regarding gun violence
    - Trauma informed care trainings for adults and youth
    - Offer trauma education to community
    - Handle with Care Program
    - Sharing data among health care providers and organizations (EMS, Police, Hospitals, public health organizations)

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

    - Safe community for families to live and grow
    - More action opposed to discussion
    - Seeing results from implemented initiatives

Quality of Life Survey

The Seneca County Health Alliance urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 151 Seneca County community members who completed the survey. The table below incorporates responses from the previous Seneca 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	
	2016 (n=70)	2020 (n=151)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.36	3.68
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	2.80	3.28
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.49	3.72
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.40	3.60
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.80	3.33
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.48	3.82
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.49	3.69
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.40	3.50
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.88	3.17
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.06	3.31
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.35	3.40
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?)	3.22	3.42

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 Seneca County Health Alliance were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Seneca County in the future. The table below summarizes the forces of change agent and its potential impacts:

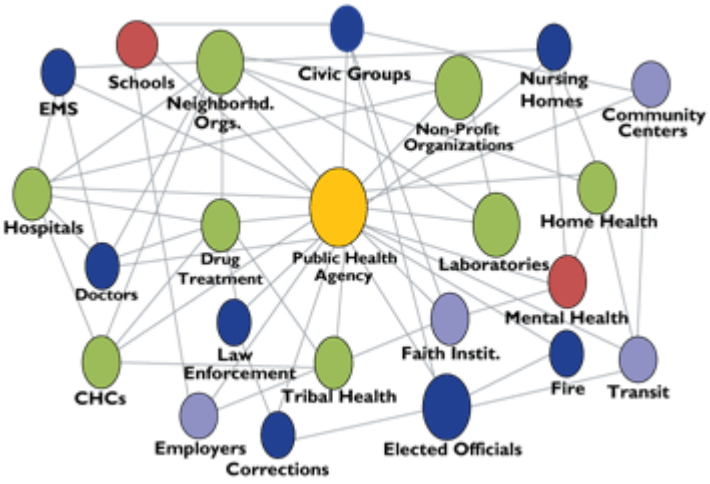
Force of Change	Threats Posed	Opportunities Created
1. New Ohio Department of Health director	• Potential funding cute • Differences in funding downstream	• Governor sees value in public health • More collaboration opportunities at the local level
2. Legalization of recreation marijuana	• Youth mat perceive marijuana as a "norm" • Workforce problems (recruitment and passing drug tests) • Workforce policies may need to change	• Youth education regarding marijuana • Criminal justice may save money • Economic advantages
3. Landfill issues	• Community concern regarding air and water quality	• Landfill provides jobs within the community • Opportunities for public health system to address and respond to public concerns
4. Regional planning for walking/biking opportunities	• Organizations may not have funding sources for walking and biking paths	• Increase walking and bike trails • Community connectivity • Increased physical activity
5. Opportunities for social workers in schools	• Some schools cannot afford them • Funding may not be sustainable	• Funding for mental health social workers
6. School health clinics	• Cost and funding issues within schools	• None noted
7. Difficulty in recruiting family practitioner's	• Access to health care	• Hiring more physician assistants and nurse practitioners
8. Closing OD ward in Fostoria	• People must travel outside of county for services	• New health care services replacing old ward
9. Closing parochial schools in Fostoria	• Families moving and entering other education systems • Cost of tuition	• Potential to purchase old school grounds

Force of Change	Threats Posed	Opportunities Created
10. Tiffin City – March levy	• Potential loss of funding	• None noted
11. Lack of church attendance	• New generation looking at life differently	• None noted
12. Security and safety at Churches	• Church goers worried about safety (may cause mental health issues/stress)	• Increase in safety precautions
13. Increase of Adverse Childhood Experiences	• Grandparents raising children • Increasing number of children in group homes	• Increase in trauma-informed care and trauma education
14. Mental health stigma	• Adults/youth may not have assets or resilience skills to overcome	• Build resilience skills
15. Increase in mentoring programs (ex. SMYLE)	• May not have enough mentors to meet need	• Build resilience skills • All Seneca County children are eligible
16. Foster homes/adoption	• Increasing number of children in group homes • Not enough families taking in children	• Funding available for families who foster and/or adopt

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.**

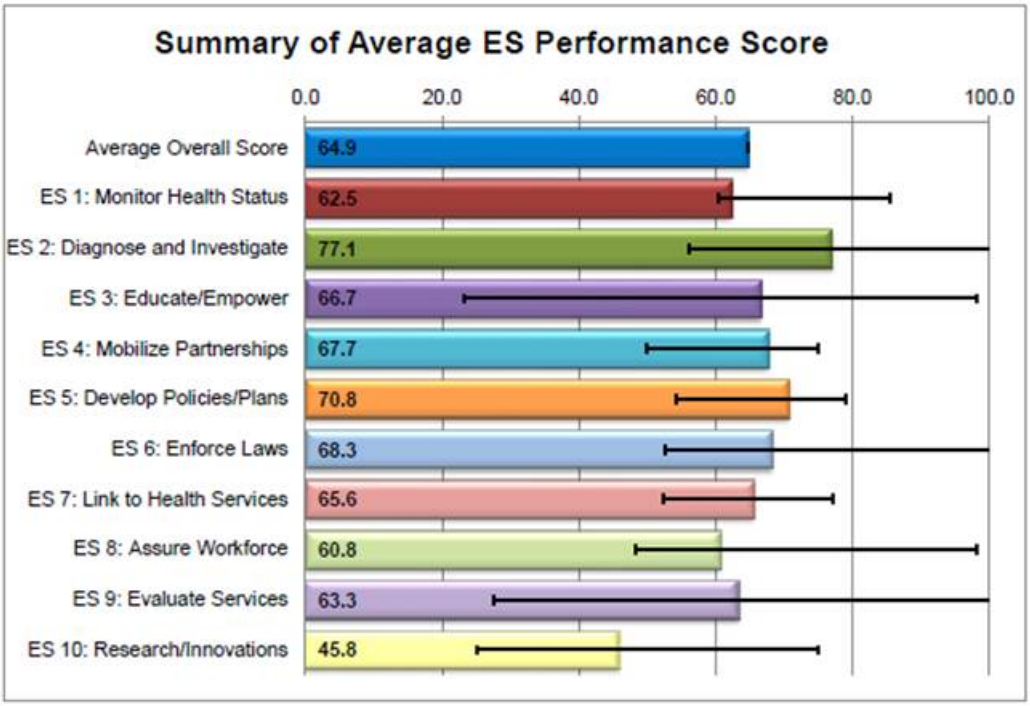
Members of the Seneca County General Health District completed the performance measures instrument. The LPHSA results were then presented to the Seneca County Health Alliance for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model 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 Seneca County Health Alliance identified 7 indicators that had a status of "minimal" and 0 indicators that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Beth Schweitzer from the Seneca County General Health District at (419) 447-3691.

Seneca County Local Public Health System Assessment 2020 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 Seneca County Health Alliance were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

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

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Seneca 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 Seneca County Health Alliance were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The Seneca 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: Mental Health and Addiction

Strategic Plan of Action

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

Mental Health Strategies:

Priority #1: Mental Health and Addiction				
Strategy 1: Develop a unified approach to youth prevention programming				
Goal: Offer prevention programming within Seneca County school districts				
Objective: By February 20, 2021, Seneca County will develop a unified approach to market youth prevention programming to local school districts				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Create an inventory of mental health and addiction prevention programming and intervention services that are available to local school districts (ex: Too Good for Drugs, Leader In Me, etc.). Include pertinent information (grade levels, time commitment, cost, etc.). Create a similar guide that lists which districts, schools, and grade levels are currently participating in the above programming. Ensure the information is easily accessible to the Health Alliance.	February 20, 2021	Youth	Youth prevention programs: Number of youth prevention programs implemented within Seneca County school districts	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Year 2: Schedule a meeting with key stakeholders and the educational service center to determine best ways to approach school districts/superintendents with program and service offerings. Discuss opportunities to incorporate or supplement information within current curriculums. Meet with local superintendents on an annual basis to continue unified approach.	February 20, 2022			
Year 3: Continue efforts of years 1 and 2.	February 20, 2023			

Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties; Seneca County local school districts

Priority #1: Mental Health and Addiction

Strategy 2: Increase early identification of mental health needs among adults and youth

Goal: Decrease suicide deaths

Objective: By February 20, 2022, implement QPR in two additional organizations

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather baseline data on the number of Seneca County organizations and/or school districts currently using mental health screening tools. Continue to introduce or re-introduce QPR (Question, Persuade, Refer) prevention programming to local organizations (Universities, Job and Family Services, etc.). Secure funding for the program.	February 20, 2021	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Year 2: Implement QPR training in two additional organizations.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties; Firelands Counseling and Recovery Services of Seneca County; NAMI; Seneca County local school districts; local churches

Addiction Strategies:

Priority #1: Mental Health and Addiction				
Strategy 3: Peer recovery services				
Goal: Increase the number of certified peer recovery coaches				
Objective: By February 20, 2022, research and obtain funding sources to certify additional peer recovery coaches				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the need for additional **certified peer recovery coaches** in Seneca County. Research funding sources to certify additional peer recovery coaches. Advocate for overall support, additional training opportunities, and financial support from the state level. Identify opportunities to recruit demographics with the most need. Offer technical assistance to ensure all aspects of the certification process are completed.	February 20, 2021	Adult	Peer recover supporters: Number of certified peer recovery coaches in Seneca County	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Year 2: Continue efforts of year 1. Identify opportunities to further involve peer recovery coaches with the treatment community.	February 20, 2022			
Year 3: Continue efforts of years 1 and 2. Continue to identify and train additional peer recovery coaches within the county.	February 20, 2023			

Priority Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: FACTOR; BRASS; Ohio Department of Mental Health and Addiction Services; Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties; pooling resources with Sandusky County

Priority #1: Mental Health and Addiction

Strategy 4: Community awareness and education of risky behaviors and substance abuse issues and trends

Goal: Educate community members on substance abuse issues and trends

Objective: By February 20, 2022 develop at least 3 awareness programs and/or workshops focusing on "hot topics", risky behaviors, and substance abuse issues and trends

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Include information on topics such as e-cigarettes, alcohol use, and prescription drug abuse. Work with youth-led prevention groups to determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).	February 20, 2021	Adult and youth	Prescription medication abuse: Percent of adults who misused prescription medication in their lifetime E-cigarette use: Percent of youth who reported using e-cigarettes in the past year	CARSA Coalition
Year 2: Focus awareness programs and/or workshops on different "hot topics", risky behaviors, and substance abuse issues and trends. Continue implementation of the Hidden In Plain Sight program and consider adjusting topics to align with identified key issues. Attain media coverage for all programs and/or workshops.	February 20, 2022			
Year 3: Continue efforts of years 1 and 2.	February 20, 2023			

Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: CARSA Coalition; Firelands Counseling and Recovery Services of Seneca County; Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties; current Narcan trainings

Priority #1: Mental Health and Addiction

Strategy 5: Increase safe disposal of prescription drugs

Goal: Decrease prescription medication abuse

Objective: By February 20, 2023, Increase the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations by 25%

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Increase awareness of prescription drug abuse and the location of existing prescription drug collection boxes. Work with local law enforcement to sponsor and host prescription drug take-back days. Promote the use of dissolvable prescription bags (i.e., Deterra) and provide education regarding safe disposal.	February 20, 2021	Adult and youth	Prescription medication abuse: Percent of adults who misused prescription medication in the past 6 months Prescription medication abuse: Percent of youth who misused prescription medication in their lifetime	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Year 2: Host at least two additional prescription drug take-back days and increase participation. Expand the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations.	February 20, 2022			
Year 3: Continue to host drug take-back-days. Increase the number of local practitioners and pharmacies providing information on prescription drug abuse and collection locations by 25%.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties; Mercy Health – Tiffin Hospital; ProMedica Fostoria Community Hospital; Tiffin Police Department; Fostoria Police Department

Priority #1: Mental Health and Addiction

Strategy 6: Naloxone access

Goal: Decrease drug overdose deaths

Objective: Expand naloxone distribution to include three additional distribution sites by February 20, 2023

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement Project DAWN and provide/distribute naloxone. Increase awareness of free naloxone distribution for lay responders. Seek out funding sources. Expand naloxone distribution to include one additional distribution site.	February 20, 2021	Adult and youth	Unintentional drug overdose deaths: Decrease the number of age-adjusted deaths dues to unintentional drug overdoses per 100,000 Naloxone community distribution sites: Number of community distribution sites (Project DAWN)	Seneca County General Health District
Year 2: Continue efforts from year 1. Expand naloxone distribution to include one additional distribution site.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Expand naloxone distribution to include one additional distribution site.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Firelands Counseling and Recovery Services of Seneca County; FACTOR; EMS; current distribution sites (Rigel Recovery, Crossway); Seneca County General Health District; township partnerships (ex: first responder units)

Priority #2: Chronic Disease

Strategic Plan of Action

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

Priority #2: Chronic Disease

Strategy 1: Shared use (joint use agreements)

Goal: Decrease obesity

Objective: By February 20, 2023, Seneca County will implement three shared-use agreements

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline data on how many 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.	February 20, 2021	Adult, youth, child	Physical inactivity: Percentage of adults reporting no leisure time physical activity Physical inactivity: Percent of youth who did not participate in at least 60 minutes of physical activity on at least 1 day in the past seven days	Seneca County General Health District
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. Ensure that the information is widely disseminated. Organize an executive committee of the Health Alliance to create a coordinated campaign to promote shared-use agreements and other physical activity opportunities within the County (**community-wide physical activity campaign**).	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Implement at least 2 additional shared-use agreements for community use in Seneca County.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to address strategy: Seneca County General Health District, Churches, Tiffin University, Heidelberg University; promotional opportunities on tiffinohio.org, Seneca County local school districts

**Note: strategy is identified as cross-cutting (impacts multiple priorities)*

Priority #2: Chronic Disease

Strategy 2: Implement Diabetes Prevention Programs

Goal: Reduce diabetes in adults

Objective: By February 20, 2021, Seneca County will partner with local health care organizations to promote/market current programming and determine additional referral avenues

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine gaps in local diabetes prevention programming (ex: prediabetes/diabetes classes, support groups, individual education, etc.). Partner with local health care organizations to promote/market current programming and determine additional referral avenues.	February 20, 2021	Adult	Diabetes: Percent of adults who had been told by a doctor that they have diabetes Prediabetes: Percent of adults who had been told by a doctor that they have prediabetes	Mercy Health Tiffin Hospital ProMedica Fostoria Community Hospital
Year 2: Continue efforts of year 1. Promote and market individual success stories in relation to local diabetes prevention programming.	February 20, 2022			
Year 3: Continue efforts of years 1 and 2.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Mercy Health Tiffin Hospital, ProMedica Fostoria Community Hospital

Priority #2: Chronic Disease

Strategy 3: Prediabetes screening and referral

Goal: Reduce diabetes in adults

Objective: By February 20, 2023, increase prediabetes referrals by 15%

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes. Raise awareness of prediabetes screening, identification and referral through dissemination of the **Prediabetes Risk Assessment** (or similar assessment) and/or the **Prevent Diabetes STAT Toolkit**. Partner with local organizations to administer the screening or raise awareness of prediabetes. Promote free/reduced cost screening events within the county (ex: hospital screening events, health fairs, etc.). Connect organizations and providers with community resources available (ex: diabetes support groups, outpatient clinic education, YMCA programming, etc.).	February 20, 2021	Adult	Diabetes: Percent of adults who had been told by a doctor that they have diabetes Prediabetes: Percent of adults who had been told by a doctor that they have prediabetes	Mercy Health Tiffin Hospital ProMedica Fostoria Community Hospital
Year 2: Increase awareness of prediabetes screening, identification and referral. Increase the number of individuals within Seneca County that are screened for diabetes. If needed, increase the number of organizations that screen for prediabetes. Continue to update organizations on current resources available.	February 20, 2022			
Year 3: Continue efforts of years 1 and 2.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Mercy Health Tiffin Hospital, ProMedica Fostoria Community Hospital

Priority #2: Chronic Disease

Strategy 4: Nutrition Prescriptions

Goal: Reduce obesity

Objective: Implement nutrition prescription programs into two additional location by February 20, 2023

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with hospital systems to determine the feasibility of expanding **nutrition prescription programs.** Create a plan for integrating nutrition prescription programs into additional primary care settings. Partner with local farmers markets (produce prescription or fruit and vegetable prescription (FVRx) programs) and discuss the possibility of redeeming nutrition prescriptions at participating markets.	February 20, 2021	Adult and youth	Fruit consumption: Percent of adults/youth who report consuming fruits less than one time daily Vegetable consumption: Percent of adults/youth who report consuming vegetables less than one time daily	Mercy Health Tiffin Hospital ProMedica Fostoria Community Hospital
Year 2: Continue efforts from year 1. Pilot a nutrition prescription program into one additional location with accompanying referral options and evaluation measures.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Implement a nutrition prescription program into one additional location with accompanying referral options and evaluation measures.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Mercy Health Tiffin Hospital, ProMedica Fostoria Community Hospital

Priority #2: Chronic Disease

Strategy 5: Healthy food initiatives

Goal: Increase fruit and vegetable consumption

Objective: By February 20, 2023, Seneca County will implement 2 healthy food initiatives in local food pantries or farmers markets

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Continue to distribute information on where to obtain fresh fruit and vegetables. Update information on a quarterly basis. Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets. Determine feasibility of **SNAP/EBT at farmers markets** (meet with market managers to determine readiness). Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.	February 20, 2021	Adult	Fruit consumption: Percent of adults/youth who report consuming fruits less than one time daily Vegetable consumption: Percent of adults/youth who report consuming vegetables less than one time daily	Seneca County General Health District
Year 2: Continue efforts of year 1. Determine feasibility of implementing any of the following in local food pantries or farmers markets: • Cooking demonstrations and recipe tastings (ex: Cooking Matters) • Produce display stands • Health care support services (e.g. pre-diabetes and hypertension screenings) • Nutrition and health education	February 20, 2022			
Year 3: Continue efforts of year 2. Implement at least 2 items above within local food pantries or farmers markets.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

⊗ Yes ○ No ○ Not SHIP Identified

Resources to address strategy: OSU Extension Seneca County, Seneca County United Way, Seneca County General Health District

Priority #3: Youth Bullying

Strategic Plan of Action

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

Priority #3: Youth Bullying

Strategy 1: School-based violence prevention programs*

Goal: Decrease bullying among youth

Objective: By February 20, 2022, pilot at least one evidence-based violence prevention program in an additional school district

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather baseline data on which bullying prevention programs are currently being implemented in the county. Explore evidence-based prevention programs such as: • **The PAX Good Behavior Game** • **Steps to Respect** • **Olweus Bullying Prevention Program** • **The Incredible Years** • **ROX (Ruling Our Experience)** Determine which program(s) will be offered and are sustainable. Continue to recruit community leaders, stakeholder, superintendents and parents to become members of the Seneca County bullying coalition. Continue to work towards goals set and maintaining the coalition.	February 20, 2021	Youth	Bullying at school: Percent of youth who report being bullied on school property within past 12 months	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties Seneca County Juvenile Court
Year 2: Introduce or re-introduce the evidence-based program(s) to the school districts. Pilot any new programs in at least one district. Expand any current programming to additional districts or grade levels.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Implement program(s) in all school districts.	February 20, 2023			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Seneca County local school districts; SPARK; SMYLE; Seneca County Juvenile Court; Firelands Counseling and Recovery Services of Seneca County; Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

**Note: strategy identified by Ohio SHIP as a mental health and addiction strategy*

Priority #4: Trauma

Strategic Plan of Action

To work toward decreasing trauma, the following strategies are recommended:

Priority #4: Trauma				
Strategy 1: Trauma-informed health care*				
Goal: Reduce suicide deaths				
Objective: By February 20, 2022, Seneca County will increase the use of trauma screening tools by 15%				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline of the number of **trauma informed care** trainings which have been administered within the county. Facilitate an assessment among health care providers, teachers, social service providers, and other community members/agencies on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences (ACEs). Facilitate Trauma Informed Care trainings in the community to increase education and understanding of trauma within Seneca County.	February 20, 2021	Adult and youth	Suicide deaths: Number of deaths due to suicide per 100,000 populations (age adjusted)	Seneca County Family and Children First Council
Year 2: Continue efforts of year 1. Develop a committee to research and determine a trauma screening tool for social service organizations who work with at risk populations.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Ensure fidelity of the determined screening tool. Increase the use of trauma screening tools by 15%.	February 20, 2023			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: Seneca County Family and Children First Council, Seneca County local school districts				

**Note: strategy identified by Ohio SHIP as a mental health and addiction strategy*

Cross-Cutting Strategies

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 1: Access to transportation				
Goal: Increase access to transportation opportunities				
Objective: By February 20, 2022, Seneca County will research and market available transportation opportunities				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan of all transportation opportunities, including public, regional, and private. Collect information regarding eligibility of services, cost, and other relevant information. Create an informational brochure or online guide detailing transportation options that are available to county residents.	February 20, 2021	Adult	Increase access to transportation opportunities: Number of trips provided through public and private transportation	Seneca County General Health District
Year 2: Disseminate information regarding transportation opportunities in the county. Target businesses and agencies that serve at-risk populations, as well as seniors. Collaborate with neighboring counties to discuss the plausibility of shared transportation services. Continue to explore alternate transportation and opportunities to enhance coordination.	February 20, 2022			
Year 3: Continue efforts from years 1 and 2. Update the transportation guide on an annual basis.	February 20, 2023			
Priority area(s) the strategy addresses: ○ Mental Health and Addiction ○ Chronic Disease ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified				
Resources to address strategy: Seneca County Agency Transportation (SCAT), Seneca County United Way				

Cross-Cutting Factor: Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health				
Strategy 2: Affordable, quality housing				
Goal: Decrease severe housing problems				
Objective: By February 20, 2021, Seneca County will research and identify at least one policy change in relation to housing issues in Seneca County				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Appoint a representative(s) from the Health Alliance to serve on the Seneca County Council on Homelessness. Identify housing issues within the county that are impacting personal health. Identify what policy or legislative changes that the Health Alliance can assist in (ex: advocate to landlords/management companies regarding accepting those on housing assistance programs/complying with HUD safe housing regulations). Research low income housing tax credits, **home improvement grant opportunities**, and **service-enriched housing** to support efforts.	February 20, 2021	Adult and youth	High housing costs: Percent of households with monthly housing costs, including utilities, exceed 50% of monthly income (via U.S. HUD) Severe housing problems: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (via County Health Rankings)	Seneca County Council on Homelessness
Year 2: Continue efforts from year 1. Create a coordinated campaign of planned strategies and define interventions and resources.	February 20, 2022			
Year 3: Begin addressing strategies identified and implementing policy changes.	February 20, 2023			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Seneca County Council on Homelessness				

Progress and Measuring Outcomes

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

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

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

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

Contact Us

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

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Seneca County General Health District
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Appendix I: Gaps and Strategies

The following tables indicate mental health, chronic disease, bullying, and trauma gaps and potential strategies that were compiled by the Seneca County Health Alliance

Priority #1: Mental Health and Addiction

Previous CHIP strategies (2017-2020)	Gaps	Potential Strategies
1. Increase early identification of mental health needs among youth	• None noted	• Continue trainings (Ohio suicide foundation offers in-Peron train the trainer) • Schools and businesses utilize QPR training (Tiffin University, JFS, etc.). Continue offerings
2. Implement an evidence-based parenting program	• Potentially increase referral avenues	• Continue program offerings sponsored by Juvenile court • Increase referrals to strengthening families through FCFC
3. Strategic prevention framework partnership for success	• Grant is completed	• An additional grant coming for underage drinking and marijuana use through MHRSB
4. Increase recruitment for mental health professionals	• Difficult to bring mental health professionals into county	• Continue in CHIP to determine and learn from other organizations • Continue MHRSB resources and emails • EAP program offered for mental health counseling at Mercy – extends to families
5. Implement school-based health centers (cross-cutting)	• Barriers for schools due to cost • Unsure of what every school/district did with funding	• Money set aside for schools for mental health support

Priority #2: Chronic Disease

Previous CHIP strategies (2017-2020)	Gaps	Potential Strategies
1. Expand the backpack food program	• No longer have grant funding to continue program • Difficult to teach lessons regarding healthy food due to processed food in backpacks • Children may leave backpacks at school • Children/families may miss point that program is for emergency food	• Potentially work with churches to reach outlying areas/rural areas of county (churches may donate to the program) • Look at offering healthier options for program
2. Implement a nutrition prescription program	• Mercy has hunger screening but difficult to get program to full potential for Mercy Health due to buy-in from physicians	• Work on expanding Mercy program – potential partnership to learn best practices from ProMedica • Physician buy-in • Continue to provide education and information regarding where to obtain food at every location (track pamphlets) • ProMedica to continue emergency food boxes for patients and employees • Determine costs/funding sources for offering emergency food
3. Increase education of healthy eating for adults	• None noted	• Pantry Plus in Fostoria – partnership with YMCA to take pantry meals and make healthy meals • ProMedica continue Cooking Matters programming. Continue partnerships with churches (offering sponsored classes through United Way and ProMedica) • Consider offering family components

Priority #2: Chronic Disease, continued

Previous CHIP strategies (2017-2020)	Gaps	Potential Strategies
4. Increase education of healthy eating for youth	• Potential expansion to additional districts in the county	• Continue Try it Tuesdays and MyPlate in schools • Coupon cooking • 4-week senior program offered by Health District. Continue to build partnerships (ex: family counseling center)
5. Expand community gardens and farmers markets	• Difficult to follow through and maintain community gardens • Volunteers needed	• Churches in Fostoria has expressed interest • Potential partnership with Master Gardeners at OSU Extension • Senior center opportunities for smaller scale gardening
6. Implement complete streets policies (cross-cutting)	• None noted	• Regional planning has taken over walking and biking planning (planning for areas outside of community)

Priority #3: Youth Bullying

Previous CHIP strategies (2017-2020)	Gaps	Potential Strategies
1. Establish a Seneca County Bullying Coalition	• Not sure what is offered for bullying prevention at every school (many schools take their own lead on)	• Coalition is established and continue to meet (continue student involvement from every high school) • Potentially come together each year to share what is going on in schools (ex: youth summit)
2. Implement evidence-based bullying prevention programs	• SPARK with students – goals for each within each school • Leader In Me programming very expensive and time consuming. May be difficult on schools	• SPARK with students – goals for each within each school • Continue promoting speaker offerings to all schools • Continue ROX and PAX – offer to additional schools or districts • Currently meeting with superintendents for k-12 funding – could potentially expand or start PAX programming

Priority #4: Trauma

Previous CHIP strategies (2017-2020)	Gaps	Potential Strategies
1. Increase awareness of trauma-informed care	• Unsure if certain districts have programming like Handle With Care • Community does not understand ACEs and how they impact health	• Continue trauma-informed care trainings within community. Expand understanding of ACEs • CIS Management Team (go out after trauma event) continued by MHRSB • Handle With Care Programming – potentially look at funding opportunities for train the trainer (superintendents interested – potential partnerships with EMS/first responders)

Appendix II: Links to Websites

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Certified Peer Recovery Supporters	https://www.workforce.mha.ohio.gov/Portals/0/assets/JobSeekers/Peer Support/Peer-Recovery-Support-Manual.pdf
Community-wide physical activity campaigns	https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns
Federal Office of Rural Health Policy	https://www.hrsa.gov/rural-health/index.html
Grant opportunities	https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx
Home Improvement grant opportunities	https://www.cdc.gov/policy/hst/hi5/homeimprovement/index.html
https://www.senecahealthdept.org/	https://www.senecahealthdept.org/
Nutrition prescription programs	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions
Olweus Bullying Prevention Program	http://www.violencepreventionworks.org/public/index.page
PAX Good Behavior Game	https://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
Prevent Diabetes STAT Toolkit	https://preventdiabetesstat.org/index.html
Prediabetes Risk Assessment	http://www.diabetes.org/are-you-at-risk/diabetes-risk-test/
ROX (Ruling Our Experience)	https://rulingourexperiences.com/#!about_us/csgz
Service-enriched housing	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/service-enriched-housing
Shared-use agreement	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/shared-use-agreements
SNAP/EBT at farmers markets	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets
Steps to Respect	http://www.blueprintsprograms.com/factsheet/steps-to-respect
The Incredible Years	http://www.incredibleyears.com/
Trauma informed care	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-health-care