

2022-2024



Auglaize County Community Health Improvement Plan

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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

The Auglaize County Community Health Engagement Committee (CHEC) began conducting community health assessments (CHA) in 2008, for the purpose of measuring and addressing health status of our county. The most recent assessment conducted was the Auglaize County Community Health Needs Assessment (CHNA) that was cross-sectional in nature and included quantitative and qualitative data pulled from multiple data sets.

The Auglaize County CHA/CHNA also fulfills national mandated requirements for the hospital systems in and surrounding our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

From the beginning phases of the CHA/CHNA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Auglaize County CHA/CHNA has been utilized as a vital tool for creating the Auglaize County Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

The Auglaize County Health Department contracted with the Hospital Council of Northwest Ohio, a neutral regional non-profit hospital association, to facilitate the process. The health department then invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

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 8% of Auglaize County residents were below the poverty line, according to the 2015-2019 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 Auglaize County CHEC 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 2022-2024 Auglaize County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Auglaize County will be addressing the following priority factors: community conditions, health behaviors, and access to care. Auglaize County will be addressing the following priority health outcomes: mental health and addiction.

Healthy People 2030

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

- Overweight and Obesity (NWS) – 03: Reduce the proportion of adults with obesity
- Health Care Access and Quality (AHS) – 01: Increase the proportion of people with health insurance

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 Ohioans 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 Auglaize 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 Auglaize 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**.

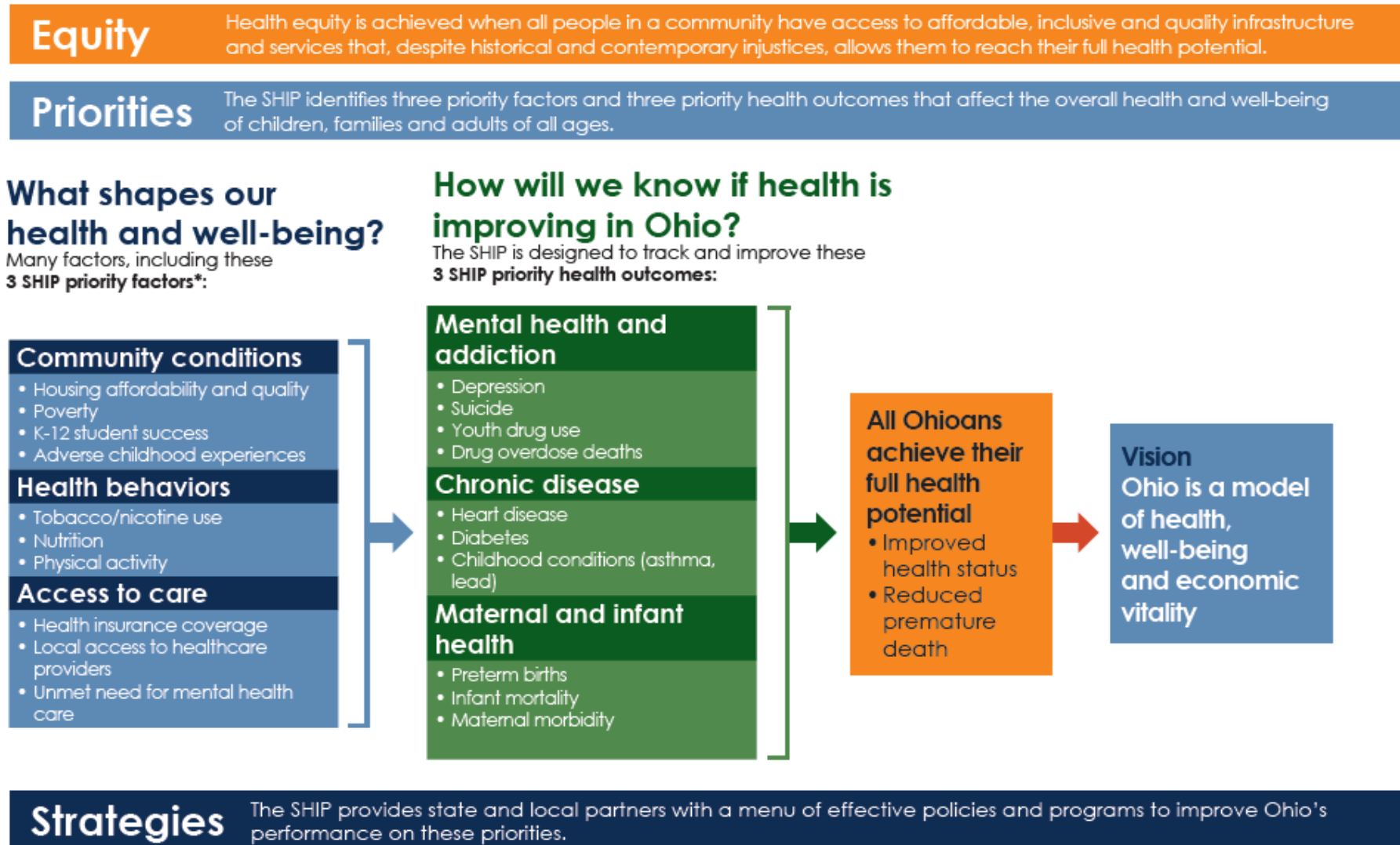
The following Auglaize County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

Figure 1.2 2022-2024 Auglaize CHIP Alignment with the 2020-2022 SHIP

Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Community Conditions	<ul style="list-style-type: none"> Kindergarten readiness 	<ul style="list-style-type: none"> Early childhood home visiting programs 	<ul style="list-style-type: none"> N/A
Health Behaviors	<ul style="list-style-type: none"> Youth vegetable consumption Youth fruit consumption Child physical activity 	<ul style="list-style-type: none"> Healthy food initiatives in food banks School-based physical education enhancements 	<ul style="list-style-type: none"> Adult fruit/vegetable consumption Youth physical activity
Access to Care	<ul style="list-style-type: none"> Primary care health professional shortage areas Mental health professional shortage areas 	<ul style="list-style-type: none"> Telemedicine 	<ul style="list-style-type: none"> N/A
Priority Health Outcomes	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Mental Health and Addiction	<ul style="list-style-type: none"> Youth suicide deaths Adult suicide deaths Youth alcohol use 	<ul style="list-style-type: none"> Mental health first aid Universal school-based alcohol prevention programs Question persuade refer (QPR) training 	<ul style="list-style-type: none"> N/A

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 Auglaize County

By working together, guide Auglaize County towards a healthier future.

The Mission of Auglaize County

Bring people and organizations together to empower residents of Auglaize County and promote overall wellness.

Community Partners

The CHIP was planned by various agencies and service-providers within Auglaize County. From October 2021 to January 2022, Auglaize County CHEC reviewed many data sources concerning the health and social challenges that Auglaize 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:

Auglaize County Community Health Engagement Committee (CHEC)

Leisa Arnett, Joint Township District Memorial Hospital/Grand Lake Health System
Rick Skilliter, Prevention Awareness Support Services
Jessica Wuebker, Auglaize County Health Department/ Director of Nursing
Jessica Whetstone, Auglaize County Health Department/Assistant Director of Nursing
Oliver Fisher, Auglaize County Health Department/ Health Commissioner
Jennifer Free, Auglaize County Family & Children First
Melanie Woods, Family Resource Center of Auglaize County
Jenni Miller, Joint Township District Memorial Hospital/Grand Lake Health System
Kelly Monroe, Mental Health Recovery Service Board
Renee Place, Auglaize County DD
Caitlin Decker, Auglaize County Health Department/Community Outreach Coordinator
Bob Warren, Auglaize County Council on Aging
Renee Kohler, Auglaize County DD
Julie Herbst, Auglaize County DD
Lynn Rickard, Auglaize County Council on Rural Services
Tyler Smith, Mercy Health System/St. Rita's Medical Center
Joshua Little, YMCA of Wapakoneta
Jessica Muhlenkamp, United Way of Auglaize County
Julie Gossard, Auglaize County Department of Job & Family Services
Mike Vorhees, Auglaize County Sheriff's Office
Erica Preston, Auglaize County Commissioners' Office
Dan Faraglia, Coleman Services of Auglaize
Beth Miller, Ohio State University Extension Office
Bill Ruane, St. Marys City Schools

Hospital Council of Northwest Ohio (HCNO)

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

Community Health Improvement Process










Beginning in October 2021, the Auglaize County CHEC 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 www.auglaizehealth.org. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Ohio 2015	U.S. 2015
Health Status					
Rated health as excellent or very good	54%	53%	50%	52%	52%
Rated general health as fair or poor 	11%	11%	11%	17%	16%
Rated their mental health as not good on four or more days in the previous month	19%	20%	27%	N/A	N/A
Average days that physical health not good in past month	N/A	2.8	4.3	4.0*	3.8*
Average days that mental health not good in past month	N/A	2.9	4.1	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	2.0	2.8	N/A	N/A
Healthcare Coverage, Access, and Utilization					
Uninsured	6%	12%	9%	8%	11%
Had at least one person they thought of as their personal doctor or health care provider	77%	77%	92%	82%	79%
Visited a doctor for a routine checkup in the past year 	45%	52%	59%	72%	70%
Arthritis, Asthma, & Diabetes					
Has been diagnosed with diabetes 	8%	11%	11%	11%	10%
Has been diagnosed with arthritis	27%	38%	36%	28%	25%
Has been diagnosed with asthma 	9%	7%	10%	14%	14%
Cardiovascular Health					
Had angina 	8%	7%	5%	4%	4%
Had a heart attack 	6%	7%	6%	5%	4%
Had a stroke	4%	2%	4%	4%	3%
Has been diagnosed with high blood pressure 	35%	41%	37%	34%	31%
Has been diagnosed with high blood cholesterol	30%	37%	34%	37%	36%
Had blood cholesterol checked within the past 5 years	74%	78%	75%	78%	78%
Weight Status					
Overweight	39%	33%	39%	37%	36%
Obese 	33%	38%	39%	30%	30%
Alcohol Consumption					
Had at least one alcoholic beverage in past month	57%	51%	61%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	20%	20%	28%	18%	16%
Tobacco Use					
Current smoker (currently smoke some or all days) 	18%	19%	17%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	22%	23%	27%	24%	25%

N/A - Not available

*2014 BRFSS Data

 Indicates alignment with Ohio SHA

Adult Trend Summary Continued









Adult Variables	Auglaize County 2008	Auglaize County 2012	Auglaize County 2017	Ohio 2015	U.S. 2015
Drug Use					
Adults who used marijuana in the past 6 months	1%	6%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	2%	3%	4%	N/A	N/A
Preventive Medicine					
Had a flu shot in the past year (age 65 and older)	N/A	65%	67%	58%	61%
Had a pneumonia vaccine (age 65 and older)	65%	58%	61%	72%	73%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	50%	52%	68%*	69%*
Had a clinical breast exam in the past two years (age 40 and older)	71%	77%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	64%	71%	64%	72%*	73%*
Had a pap smear in the past three years	70%	65%	64%	74%*	75%*
Had a PSA test in within the past year (age 40 & over)	N/A	N/A	48%	43%*	43%*
Had a digital rectal exam within the past year	24%	24%	12%	N/A	N/A
Quality of Life					
Limited in some way because of physical, mental or emotional problem	16%	22%	27%	21%	21%
Mental Health					
Considered attempting suicide in the past year	5%	3%	2%	N/A	N/A
Oral Health					
Adults who have visited the dentist in the past year	63%	65%	69%	65%*	65%*

N/A - not available

*2014 BFRSS Data


■ Indicates alignment with Ohio SHA

Youth Trend Summary




Youth Variables	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2017 (6 th -12 th)	Auglaize County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control						
Obese 	14%	13%	18%	21%	13%	14%
Overweight 	13%	11%	14%	11%	16%	16%
Described themselves as slightly or very overweight	30%	28%	31%	31%	28%	32%
Exercised to lose weight	N/A	28%	43%	48%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	8%	28%	32%	N/A	N/A
Went without eating for 24 hours or more	11%	2%	3%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	5%	1%	1%	2%	5%	5%*
Vomited or took laxatives	3%	0%	1%	1%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day 	N/A	81%	79%	82%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	69%	25%	25%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	49%	48%	49%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	10%	9%	13%	14%
Unintentional Injuries and Violence						
Always wore a seatbelt	39%	39%	57%	60%	92%	94%
Rarely or never wore a seatbelt	11%	14%	6%	4%	8%	6%
Carried a weapon in past month	13%	10%	10%	9%	14%	16%
Carried a weapon on school property in past month	3%	2%	1%	1%	N/A	4%
Been in a physical fight in past year	25%	23%	21%	19%	20%	23%
Threatened or injured with a weapon on school property in past year	4%	5%	3%	3%	N/A	6%
Did not go to school because felt unsafe 	1%	3%	3%	2%	5%	6%
Electronically/cyber bullied in past year 	8%	14%	12%	12%	15%	16%
Bullied in past year	56%	45%	46%	46%	N/A	N/A
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year 	6%	8%	2%	3%	N/A	10%
Mental Health						
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row 	21%	20%	24%	27%	26%	30%
Youth who had seriously considered attempting suicide in the past year 	13%	10%	13%	17%	14%	18%
Youth who had made a plan to attempt suicide	N/A	N/A	10%	12%	11%	15%
Youth who had attempted suicide in the past year	6%	4%	4%	4%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	N/A	N/A	5%	6%	1%	3%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio SHA

Youth Trend Summary Continued


Youth Variables	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2017 (6 th -12 th)	Auglaize County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Alcohol Consumption						
Ever had at least one drink of alcohol in lifetime	60%	58%	38%	53%	71%**	63%
Used alcohol during past month 	38%	28%	19%	28%	30%	33%
Binged during past month (5 or more drinks in a couple of hours on an occasion) 	26%	18%	12%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	20%	16%	9%	7%	13%	17%
Rode with someone who was drinking in past month	23%	18%	16%	12%	17%	20%
Drank and drove (of youth drivers)	8%	7%	2%	2%	4%	8%
Tobacco Use						
Ever tried cigarettes	30%	29%	21%	31%	52%*	32%
Current smokers	16%	14%	6%	8%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	7%	5%	1%	2%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	10%	7%	4%	5%	14%*	7%
Tried to quit smoking (of youth who smoked in the past year)	40%	47%	66%	71%	56%*	45%
Sexual Behavior***						
Ever had sexual intercourse	25%	25%	11%	20%	43%	41%
Used a condom at last intercourse	61%	66%	31%	35%	51%	57%
Used birth control pills at last intercourse	33%	28%	21%	23%	24%	18%
Had four or more sexual partners (of all youth)	5%	7%	2%	3%	12%	12%
Had sexual intercourse before the age 13 (of all youth)	3%	3%	1%	1%	4%	4%
Did not use any method to prevent pregnancy during last sexual intercourse	17%	16%	7%	8%	12%	14%
Drug Use						
Used marijuana in the past month 	8%	11%	5%	7%	21%	22%
Used methamphetamines in their lifetime	1%	2%	0%	0%	N/A	3%
Used cocaine in their lifetime	3%	2%	1%	1%	4%	5%
Used heroin in their lifetime	2%	2%	0%	0%	2%	2%
Used inhalants in their lifetime	9%	8%	4%	5%	9%	7%
Used ecstasy/MDMA/Molly in their lifetime	N/A	2%	1%	2%	N/A	5%
Ever misused medications	9%	10%	5%	7%	N/A	N/A
Oral Health						
Visited a dentist for a check-up within the past year	77%	77%	74%	76%	75%	74%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

**Comparative YRBS data for Ohio is 2011

***Two out of five participating Auglaize County school districts did not ask sexual behavior questions. Please use data with caution.

 Indicates alignment with Ohio SHA

Key Issues

CHEC reviewed the 2019 Joint Township District Memorial Hospital Community Health Needs Assessment (CHNA) and 2017 Auglaize County Community Health Assessment (CHA). 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 CHNA and 2017 CHA reports? Examples of how to interpret the information include: 39% of adults were obese, increasing to 44% 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
Adult			
Weight Status – Obesity (5 votes)			
Adults who were classified as obese – 2017 CHA	39%	Age: 30-64 (44%) Income: <\$25K (38%)	Females (28%)
Chronic Disease – Cardiovascular Disease (HBP) (3 votes)			
Adults who had been diagnosed with high blood pressure – 2017 CHA	37%	Age: 65+ (60%) Income: <\$25K (54%)	Females (38%)
Health Behaviors – Mental Health (3 votes)			
Adults experienced not getting enough rest or sleep almost every day for two weeks or more – 2017 CHA	22%	N/A	N/A
Adults who used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems – 2017 CHA	9%	N/A	N/A
Social Conditions – Social Determinants of Health (2 votes)			
Adults attempting to get assistance from a social service agency – 2017 CHA	19%	Income: <25K (52%)	N/A
Auglaize County residents that were living in poverty – 2015 US Census Bureau, Small Area Income & Poverty Estimates	9%	N/A	N/A
Healthcare Access: Access and Utilization (2 votes)			
Adults who visited a doctor for a routine checkup in the past year – 2017 CHA	59%	Age: Under 30 (27%) Income: <\$25K (67%)	Males (55%)

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 (Continued)			
Chronic Disease – Cancer (1 vote)			
Adults who were diagnosed with cancer at some point in their lives – 2017 CHA	14%	N/A	N/A
Health Behaviors – Alcohol Use (1 vote)			
Adults reported they have five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers – 2017 CHA	28%	N/A	N/A
Health Behaviors – Tobacco Use (1 vote)			
Adults who were current smokers – 2017 CHA	17%	Age: Under 30 (42%) Income: <\$25K (26%)	Females (18%)
Chronic Disease – Quality of Life (1 vote)			
Adults who were limited in some way because of physical, mental, or emotional problem – 2017 CHA	27%	Age: 65+ (46%) Income: <\$25K (52%)	Females (29%)

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 – Obesity (4 votes)			
Youth who were classified as obese – 2017 CHA	18%	Age: 17+ (24%) 14-16 (19%)	Males (22%)
Mental Health (4 votes)			
Youth who felt sad or hopeless almost every day for two weeks or more in a row that stopped doing some usual activities – 2017 CHA	24%	N/A	Females (41%)
Youth who reported that had seriously considered attempting suicide in the past months – 2017 CHA	13%	Age: 17+ (23%) 14-16 (12%)	Females (17%)
Of those youth who attempted suicide, resulted in an injury, poisoning, or overdoses that had to be treated by a doctor or nurse – 2017 CHA	5%	N/A	N/A
Alcohol Use (3 votes)			
Youth who had at least one drink of alcohol in their life – 2017 CHA	38%	Age: 17+ (70%) 14-16 (41%)	Males (41%)
Youth who had five or more alcoholic drinks (for males) or four or more alcoholic drinks (for females) on an occasion in the last month would be considered binge drinkers – 2017 CHA	18%	Age: 17+ (26%) 14-16 (13%)	Males (16%)
Sexual Behavior (1 vote)			
Youth who have had sexual intercourse – 2017 CHA	11%	Age: 17+ (38%) 14-16 (13%)	Males (14%)
Violence – Bullying (1 vote)			
Youth who has been bullied in the past year – 2017 CHA	46%	N/A	N/A
Tobacco Use (1 vote)			
Youth who had tried cigarette smoking – 2017 CHA	21%	Age: 17+ (36%)	N/A
Drug Use (1 vote)			
Youth who had used marijuana at least once in the past 30 days – 2017 CHA	5%	Age: 14-16 (8%)	Males (7%)
Youth who had used medications that were not prescribed to them or took more than prescribed to get high at some time in their life – 2017 CHA	5%	N/A	Males (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
Child			
Social Conditions – Parenting (1 vote)			
Adults reporting their child received all recommended immunization shots – 2017 CHA	92%	N/A	N/A

N/A- Not Available




Priorities Chosen

Based on the 2019 Joint Township District Memorial Hospital Community Health Needs Assessment (CHNA) and the 2017 Auglaize County Health Assessment (CHA), key issues were identified for adults, youth, and children. Overall, there were 17 key issues identified by Auglaize County Community Health Engagement Committee (CHEC). CHEC then voted and came to a consensus on the priority areas Auglaize 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	5
2. Youth Weight Status	4
3. Youth Mental Health	4
4. Adult Chronic Disease – High Blood Pressure	3
5. Adult Mental Health	3
6. Youth Alcohol Use	3
7. Adult Social Determinants of Health	2
8. Adult Healthcare Access and Utilization	2
9. Adult Cancer	1
10. Adult Alcohol Use	1
11. Adult Tobacco Use	1
12. Adult Quality of Life	1
13. Youth Sexual Behavior	1
14. Youth Bullying	1
15. Youth Tobacco Use	1
16. Youth Drug Use	1
17. Child Social Conditions (Parenting)	1

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

Priority Factor(s):

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

Priority Health Outcome(s):

- 4) Mental Health and Addiction 

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?

- Clean and safe physical environment (4)
- Access to healthcare services (2)
- Employment (2)
- Social network
- Social harmony within the environment
- Available resources for all
- Quality public services
- Growing economy
- Access to healthy food
- Community collaboration
- Community growth
- Excellent educational infrastructure
- Acceptance of all people regardless of ethnicity, income, family status, religion, etc.

2. What makes you most proud of our community?

- Family values (2)
- Safe communities (2)
- Community comes together to support families in need (2)
- The people
- Small businesses
- Low crime
- Faith-based communities
- Good school districts
- Clean and organized towns and country roads
- Continuous upgrades to roads, streets, and parks
- Private sector businesses/farms growing and improving footprints respectively

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

- FCFC (2)
- CHIP committee (2)
- Auglaize County Healthcare Coalition (2)
- YMCA
- Schools
- Hospital systems
- MHRSB School Counselors Working Group
- Ministerial association (combined community church services/events)
- Grand Lake Health System community outreach programs/classes for everyone
- Wapakoneta Family YMCA partnering with Mercy Health to have a quality facility for services in Wapakoneta
- County Commissioners and Township Trustees working together addressing potential Wind and Solar Projects and their respective impacts on quality of life locally

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 (3)
- Chronic disease (3)
- More inclusiveness
- Obesity
- Addiction
- Jobs to earn a living wage
- Encouraging personal responsibility
- School Bullying-Moving away from prejudicial actions
- Continuing growth in the community to increase resources, supports, and services
- Wind and Solar Projects-Oversight and Careful Consideration of construction and operations
- Bridging the "great divide" between the eastern and western end of the county in order to maximize scarce resources (human capital and otherwise)

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

- Not aware of resources available (3)
- Stigmas associated with mental health and substance use disorders (2)
- Lack of trust
- Legalities
- Time
- Funding
- Pride
- Antiquated beliefs
- Generational issues
- Access/cost of healthcare
- Lack of community engagement
- Stereotypes and unwillingness to accept new ideas and practices

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

- Transportation program/opportunities (2)
- After school programming
- Elderly day care
- Obesity education
- Community activities
- Health education
- Less top-level policy
- Local decision making
- Flexible funding that is community driven
- Continued action in delivery of present services and education
- School boards / leaders working with subject matter experts to ensure uniformity with coordinated and effective programming is occurring throughout all areas of the county

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

- Growth and opportunity
- Increased collaborations
- Making a difference in people's lives
- Offering of free/low-cost health services including wellness screenings
- Being involved in a project that will apply and make the most different in the community

*Quality of Life Survey

The Auglaize County CHEC urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 47 Auglaize County community members who completed the survey. The table below incorporates responses from the previous Auglaize 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	
	2018 (n = 51)	2021 (n = 47)
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]	4.29	4.30*
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.59	3.45*
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.20	4.52*
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.)	4.12	3.89*
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.)	4.02	3.70*
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?)	4.32	4.46*
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?	4.20	3.87*
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.84	3.91*
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.54	3.79*
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.55	3.64*
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	3.61*
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?)	3.69	3.83*

**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?" Auglaize County CHEC 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 Auglaize 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. Increase in mental health issues (3)	<ul style="list-style-type: none"> • More people seeking treatment with less professionals to see them (2) • Missing work due to mental health • Increase due to life changing events • Job loss • COVID-19 pandemic 	<ul style="list-style-type: none"> • Creating of health and wellness programs (2) • Increased awareness and normalization of mental health issues and importance of mental wellness (2) • Job growth • EAP
2. COVID-19 pandemic (2)	<ul style="list-style-type: none"> • Increase in isolation (2) • Mental health issues (2) • Substance misuse • Lack of housing • Financial issues • Physical health barriers 	<ul style="list-style-type: none"> • Increase in telemedicine services • More quality time with family in household • Increase in public health awareness
3. Increased obesity rates (2)	<ul style="list-style-type: none"> • Increased chronic illness (2) • Lack of participation in exercise classes and gym due to COVID-19 pandemic 	<ul style="list-style-type: none"> • Education opportunities • Create nutritional programs • Offer incentives for gym memberships • Create wellness program opportunities
4. Cost of healthcare and health insurance (2)	<ul style="list-style-type: none"> • Unhealthy behavior • Increased sickness • Unable to afford quality healthcare • Unable to afford quality health insurance • People choose to go without coverage 	<ul style="list-style-type: none"> • Expanding options and competition to help contain costs (2) • Protection from high medical costs

Force of Change	Threats Posed	Opportunities Created
5. Understaffed businesses (2)	<ul style="list-style-type: none"> • Businesses closing or reducing operating hours • Can't increase/grow business 	<ul style="list-style-type: none"> • Businesses offering higher wages and more flexibility (2) • Incentives
6. Lack of transportation (2)	<ul style="list-style-type: none"> • Lack of access to food and resources • Decrease in access to behavioral healthcare services for individuals who do not have access to telehealth services 	<ul style="list-style-type: none"> • Increase in the ability of the organizations to provide home/community-based care
7. Lack of trust (2)	<ul style="list-style-type: none"> • Resistance to public health services • Increase in vaccine preventable diseases • Wait to seek healthcare and take serious matters into their own hands 	<ul style="list-style-type: none"> • Education programs • Additional health services
8. Community resentment of government overreach (2)	<ul style="list-style-type: none"> • Lower protective factors within the community • Negative impact on agency messaging 	<ul style="list-style-type: none"> • Concentrated/coordinated outreach efforts • Different techniques for impactful messaging
9. Politicization of health issues	<ul style="list-style-type: none"> • People suspicious of valid information 	<ul style="list-style-type: none"> • Education opportunities
10. Loss of small local businesses	<ul style="list-style-type: none"> • Corporations may have less ties/loyalty to community 	<ul style="list-style-type: none"> • Potentially more jobs
11. Single parent homes	<ul style="list-style-type: none"> • Less income for basic necessities 	<ul style="list-style-type: none"> • Build community assistance networks
12. Less independence/willingness to be self-reliant	<ul style="list-style-type: none"> • More dependence on governmental/social services 	<ul style="list-style-type: none"> • Education opportunities
13. Lack of housing	<ul style="list-style-type: none"> • Homelessness • Lack in qualified workers in the area 	<ul style="list-style-type: none"> • Opportunities to build more houses
14. Decrease in number of licensed clinicians coming into field	<ul style="list-style-type: none"> • Reduction in the amount of behavioral healthcare available 	<ul style="list-style-type: none"> • Expansion of professions and services
15. Increased telehealth services for behavioral healthcare	<ul style="list-style-type: none"> • Decrease in ability to provide care management with no face-to-face services 	<ul style="list-style-type: none"> • Increase in the availability of services as well as an expansion of the pool of professionals to provide care
16. Working from home	<ul style="list-style-type: none"> • Increase in sedentary lifestyle 	<ul style="list-style-type: none"> • Public health education on need for staying active

Force of Change	Threats Posed	Opportunities Created
17. Continued population shift with greater Hispanic presence	<ul style="list-style-type: none"> Affordable housing not available 	<ul style="list-style-type: none"> Expansion of housing options and various services
18. Health care facilities including long-term care becoming more specialized in delivery of services	<ul style="list-style-type: none"> Local health care services not available to wide range of population 	<ul style="list-style-type: none"> Unique options of health care delivery
19. Public acceptance of role in prevention	<ul style="list-style-type: none"> Underutilization of programming 	<ul style="list-style-type: none"> Concentrated/coordinated outreach efforts
20. Possible change in Governor	<ul style="list-style-type: none"> Decrease in public health funding or authority 	<ul style="list-style-type: none"> Increase in public health focus allowing for better messaging
21. Increase in population	<ul style="list-style-type: none"> Lack of affordable housing 	<ul style="list-style-type: none"> Housing affordability Increase in tax revenue More jobs
22. Decrease in preventative care screenings and visits	<ul style="list-style-type: none"> Chronic conditions Potential life-threatening disease 	<ul style="list-style-type: none"> Free or discounted screenings at community events
23. Substance abuse	<ul style="list-style-type: none"> Job loss Increase in crime Mental health issues 	<ul style="list-style-type: none"> Provide better education and resources to the community EAP through employers
24. Rural community	<ul style="list-style-type: none"> Lack of access to supports and resources Social isolation 	<ul style="list-style-type: none"> Identify promote and increase resources and opportunities
25. Federal changes and mandates	<ul style="list-style-type: none"> Large groups of workforces leaving current positions 	<ul style="list-style-type: none"> N/A
26. Increase in older population	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

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**.

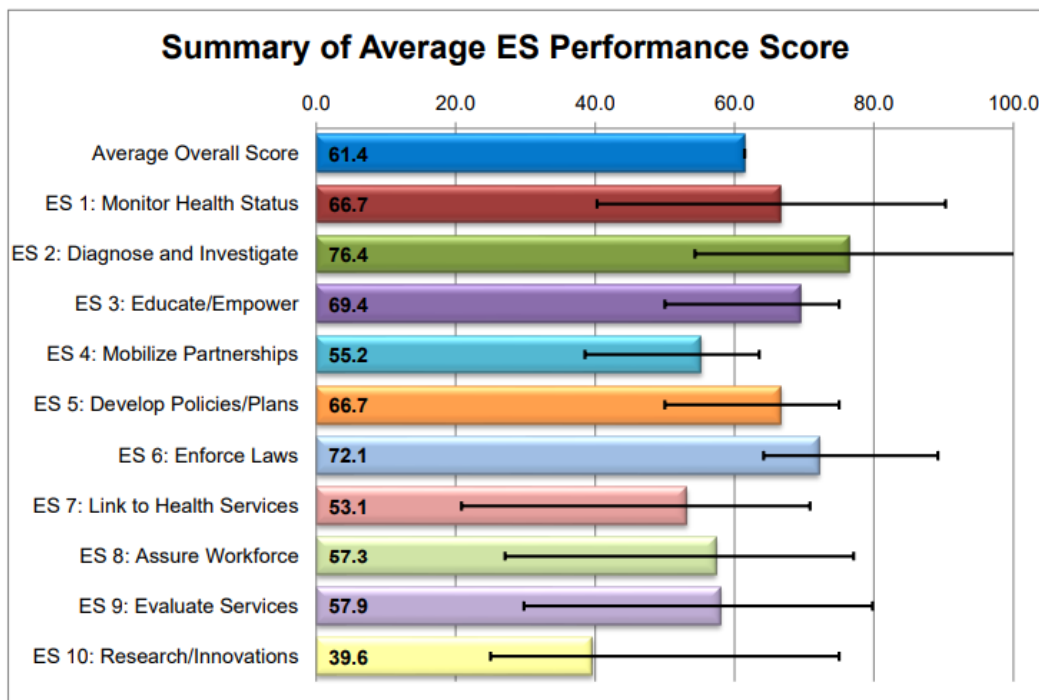
Members of Auglaize County CHEC completed the performance measures instrument. The LPHSA results were then presented to Auglaize County CHEC for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the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

Auglaize County CHEC 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 Oliver Fisher from Auglaize County Health Department at (419) 738-3410.

Auglaize County Local Public Health System Assessment 2021 Summary



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

Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. 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. Auglaize County CHEC 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, Auglaize County CHEC 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, Auglaize County CHEC 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, Auglaize County CHEC 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. Auglaize County CHEC 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:

Priority #1: Community Conditions				
Strategy 1: Early childhood home visiting programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Continue to offer the Help Me Grow Home Visiting program in Auglaize County.</p> <p>Evaluate effectiveness of the program by using the following measures:</p> <ul style="list-style-type: none"> 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 1, 2022	Child	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) (KRA)	Health Department Head Start
<p>Year 2: Continue to promote and monitor the Help Me Grow Home Visiting and Head Start Home Base programs.</p>	May 1, 2023			
<p>Year 3: Continue efforts from years 1 and 2.</p>	May 1, 2024			
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Early Intervention and Family and Children First Council</p>				
<p>Outcome:</p> <p>Increase number of families enrolled in program within the county</p>				

Priority #2: Health Behaviors

Strategic Plan of Action

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

Priority #2: Health Behaviors				
Strategy 1: Healthy food initiatives in food banks				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline data regarding which cities, towns, school districts, churches, and organizations currently have community gardens and/or farmers' markets.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available.</p> <p>Research grants and other funding opportunities to increase the number of community gardens and/or farmer's markets in Auglaize County.</p>	May 1, 2022	Adult and Youth	Youth vegetable consumption: Percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during past 7 days (YRBS)	Health Department
<p>Year 2: Assist churches, libraries, and other organizations in applying for grants to obtain funding for a community garden or farmers market.</p> <p>Work with food pantries to offer fresh produce and assist pantries in seeking donations from local grocers.</p> <p>Encourage the use of SNAP/EBT (Electronic Benefit Transfer) at farmers' markets.</p>	May 1, 2023		Youth fruit consumption: Percent of high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS)	
<p>Year 3: Implement community gardens in various locations and increase the number of organizations with community gardens and/or farmer's markets by 10% from baseline.</p> <p>Increase the number of food pantries offering fresh produce by 10% from baseline.</p> <p>Implement the use of WIC and SNAP/EBT benefits in all farmer's markets.</p>	May 1, 2024		Adult fruit/vegetable consumption: Percent of adults who did not eat fruits or vegetables during the past 7 days	
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>OSU Extension and YMCA</p>				
<p>Outcome:</p> <p>Increase fruit and vegetable consumption in the county</p>				

Priority #2: Health Behaviors





Strategy 2: School-based physical education enhancements

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Assess Auglaize County schools to determine which schools are currently utilizing the Go Noodle program, and at what capacity (grade level, frequency, etc.). Introduce the Go Noodle program to one additional school and or/grade level.</p>	May 1, 2022	Youth and Child	Child physical activity: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH) Youth physical activity	Mercy Health Care St. Rita's
<p>Year 2: Continue efforts from year 1. Introduce the Go Noodle program to 2-3 additional schools and or/grade levels</p>	May 1, 2023			
<p>Year 3: Implement the Go Noodle program in all schools in all appropriate grade levels.</p>	May 1, 2024			
<p>Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy: St. Rita's and Local school districts</p>				
<p>Outcome: Increase physical education in schools</p>				

Priority #3: Access to Care

Strategic Plan of Action

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

Priority #3: Access to Care 				
Strategy 1: Telemedicine 				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collect baseline on the number of organizations that currently utilize telemedicine and who in Auglaize County is offering it. Continue to introduce telemedicine to organizations within Auglaize County.	May 1, 2022	Adult	Primary care health professional shortage areas: Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF) 	Joint Township District Memorial Hospital/Grand Lake Health System
Year 2: Continue efforts from year 1. Increase the number of organizations providing telemedicine 10% from baseline.	May 1, 2023		Mental health professional shortage areas: Percent of Ohioans living in a mental health professional shortage area* (HRSA, as compiled by KFF) 	
Year 3: Continue efforts from years 1 and 2.	May 1, 2024			
Strategy identified as likely to decrease disparities? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Mental Health Recovery Service Board				
Outcome: Increase virtual medicine opportunities in the county				

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: Mental health first aid				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline data on the number of mental health first aid (MHFA) trainings that have taken place in Auglaize County.</p> <p>Market the training to local churches, schools, rotary clubs, law enforcement, chambers of commerce, city councils, college students, etc.</p> <p>Provide at least two MHFA trainings.</p>	May 1, 2022	Adult and Youth	<p>Youth suicide deaths: Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)</p>	Mental Health Recovery Service Board
<p>Year 2: Continue efforts from year 1.</p> <p>Provide at least three additional trainings and continue marketing the training.</p>	May 1, 2023		<p>Adult suicide deaths: Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)</p>	
<p>Year 3: Continue efforts from years 1 and 2.</p>	May 1, 2024			
<p>Strategy identified as likely to decrease disparities?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>PASS</p>				
<p>Outcome:</p> <p>Increase number of trainings offered in the county</p>				

Priority #4: Mental Health and Addiction

Strategy 2: Universal school-based alcohol prevention programs

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Continue to implement the Refuse Remove Reasons (RRR) program in Auglaize County schools (grades 6-12).</p> <p>Introduce the program to one additional school district administration (superintendent, principals, and guidance counselors).</p> <p>Implement the program in one additional Auglaize County school district.</p>	May 1, 2022	Youth	Youth alcohol use: Percent of high school students who have used alcohol within the past 30 days (YRBS)	Mental Health Recovery Service Board
<p>Year 2: Introduce and implement the RRR program in two additional school districts.</p>	May 1, 2023			
<p>Year 3: Introduce and implement the RRR program in all Auglaize County school districts.</p>	May 1, 2024			
<p>Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy: PASS and Local school districts</p>				
<p>Outcome: Increase the number of prevention programs offered in schools</p>				


Priority #4: Mental Health and Addiction

Strategy 3: Question Persuade Refer (QPR) training

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Determine interest among businesses of implementing QPR (Question, Persuade, Refer) and/or Mental Health First Aid (MHFA) trainings.</p> <p>Work employers and healthcare providers to assess what information and/or materials they are lacking to provide better care/support for employees or patients with mental health issues.</p>	May 1, 2022	Adult and Youth	<p>Youth suicide deaths: Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)</p> <p>Adult suicide deaths: Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)</p>	Mental Health Recovery Service Board
<p>Year 2: Recruit at least one business to participate in the QPR Online Gatekeeper Training.</p> <p>Provide at least two MHFA trainings.</p> <p>Begin offering depression and suicide specific trainings/education to employers and healthcare providers to provide better care for employees and patients with mental health issues.</p> <p>Offer trainings to at least 10% of employers and healthcare providers in Auglaize County.</p>	May 1, 2023			
<p>Year 3: Continue efforts from years 1 and 2.</p>	May 1, 2024			
<p>Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy: PASS</p>				
<p>Outcome: Increase the number of trainings offered in the county</p>				

Progress and Measuring Outcomes

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

Auglaize 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 Auglaize 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:


Oliver Fisher, MS, RS
Health Commissioner
Auglaize County Health Department
813 Defiance Street
Wapakoneta, OH 45895
419-738-3410

Appendix I: Gaps and Strategies

The following tables indicate community conditions, health behaviors, access to care, and mental health and addiction gaps and potential strategies that were compiled by Auglaize County CHEC.

Priority Factors: Community Conditions


Gaps	Potential Strategies
1. Adverse childhood experiences (ACEs) (3)	<ul style="list-style-type: none"> • Early childhood home visiting programs  ✓ • School-based violence and bullying prevention programs  • School-based intimate partner violence prevention programs 
2. Affordable housing (2)	<ul style="list-style-type: none"> • Rental assistance • Housing development
3. Kindergarten readiness	<ul style="list-style-type: none"> • Preschool education programs  ✓ • Early Head Start (EHS)  ✓
4. Poverty	<ul style="list-style-type: none"> • Publicly funded pre-kindergarten programs  ✓ • Early Head Start  ✓

 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

Priority Factors: Health Behaviors

Gaps	Potential Strategies
1. Nutrition (2)	<ul style="list-style-type: none"> • Healthy food initiatives in food banks  ✓ *
2. Physical activity (2)	<ul style="list-style-type: none"> • Green spaces and parks  ✓ • Complete Streets and streetscape design initiatives  • Mixed-use development  • Community fitness program 
3. Weight status – obesity (2)	<ul style="list-style-type: none"> • Farmers markets  ✓ • Community gardens  • SNAP  • WIC  • Workplace obesity prevention • Ohio Produce Perks
4. Tobacco Use	<ul style="list-style-type: none"> • Tobacco marketing restrictions 

 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

* Aligned with previous Auglaize County CHIP

Priority Factors: Access to Care

Gaps	Potential Strategies
1. Local access to healthcare providers (3)	<ul style="list-style-type: none"> • Medical homes 🇺🇸 ✓ • Federally qualified health centers (FQHCs) 🇺🇸 ✓ • School-based health centers (SBHCs) 🇺🇸 ✓ • Telemedicine 🇺🇸 ✓
2. Unmet need for mental health care (2)	<ul style="list-style-type: none"> • Mental health benefits legislation, along with monitoring for implementation and compliance 🇺🇸 ✓
3. Lack of community transportation to care for those not elderly or disabled	<ul style="list-style-type: none"> • Contract with local services like Uber to assist with cost of transports
4. Families needing counseling outside of the “normal business hours”	<ul style="list-style-type: none"> • Increase tele-counseling and increase community knowledge of the availability of the services
5. Health insurance coverage	<ul style="list-style-type: none"> • Health insurance enrollment outreach and support 🇺🇸 ✓

🇺🇸 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Youth mental health (3)	<ul style="list-style-type: none"> • Mental health first aid 🇺🇸 • Crisis lines 🇺🇸 • Service expansion by existing behavioral health providers to include ECMH
2. Youth substance related services (2)	<ul style="list-style-type: none"> • Later middle and high school start times 🇺🇸 ✓ • Expansion of the existing youth SUD services offered and partner with local schools to market availability.
3. Depression (2)	<ul style="list-style-type: none"> • Mental health benefits legislation, along with monitoring for implementation and compliance 🇺🇸 ✓ • School-based social and emotional instruction 🇺🇸
4. Lack of parental participation or buy in with MH or SUD care for youth	<ul style="list-style-type: none"> • Increased partnerships with local schools to provide increased telehealth counseling
5. Drug overdose deaths	<ul style="list-style-type: none"> • Naloxone education and distribution programs 🇺🇸 ✓
6. Suicide	<ul style="list-style-type: none"> • Mental health first aid 🇺🇸 • QPR training 🇺🇸

🇺🇸 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

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
Community Gardens	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-gardens
Electronic Benefit Transfer (EBT) Payment at Farmers Markets	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/electronic-benefit-transfer-payment-at-farmers-markets
Go Noodle	https://www.gonoodle.com/
Healthy Food Initiatives in Food Pantries	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/healthy-food-initiatives-in-food-pantries
Help Me Grow	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow
Mental Health First Aid	https://www.mentalhealthfirstaid.org/
Question, Persuade, Refer (QPR) Training	https://qprinstitute.com/
Question, Persuade, Refer (QPR) Online Gatekeeper Training for Organizations	https://qprinstitute.com/organization-training
Refuse, Remove, Reasons (RRR)	https://rrr.connectwithkids.com/about/

Appendix III: Auglaize County Community CHIP Input

Input from Auglaize County community members were collected via SurveyMonkey. There was a total of 22 respondents. The following question was asked on the survey.

Please provide any comments on the identified areas of health or any additional significant health needs in the community:

- Mental health
- The community has plenty mental health and addiction centers.
- More options needed within the Mental Health System or improvements made to Coleman's services. Medication Management, Case Management Services, Social Opportunities, Informal Groups based on illnesses, Emergency Services. After NOT sending bloodwork to the pharmacy, Coleman's response to my family member on a Friday afternoon before a holiday was "I guess you will have to go without your psychotropic medication".....this is NOT acceptable for something that was their error. I am not aware there are any other options for Mental Health Services in Auglaize County, outside of Coleman's.
- Mental health is a huge area of need at this time.
- Health needs – mental healthcare.
- COVID-19 concerns.
- Lower needs standards for the aged group.
- Senior care.
- I agree on the significant health needs identified.
- Mental Health services/needs of all ages.
- Counseling/Evaluation services for Mental Health.
- Focus on ways community can stay healthy (eating/exercise etc).
- Finding gaps and the people needing access to care (mental health, family physician etc).
- All agencies working together to see what public needs are.
- I believe we need to create an alternative to jail for rehabilitation. this would be a place where someone who wants help with mental health, drug addiction, and/or routine structure could be helped from people within the community who themselves have struggled with these problems. good luck to us all thank you.
- Mental health is much needed in our area.
- Pediatric care.
- A local pulmonologist at JTDMH, a walk-in urgent care with hours starting early in the day for minor issues.
- Non urgent transportation for health care needs.
- Transportation to appointments or for testing.
- Family unity, children need their parents to be married & provide a stable home, so encouragement of marriage vs living together with no commitment, by making it more profitable to be married, no Medicaid extra \$ for single parents, etc.
- I believe having some information on natural cures for health issues. With COVID occurring all we here is about the vaccination, which I am completely against. I would love to see our hospital and the community be educated on the actual science from someone not getting paid through pharmaceutical companies or the government.
- To have a guide to available resources for our county would be great. We could have the best services out there, but if we don't know of them or how to communicate we have not gotten any further.
- Mental health.

- People are made aware there are COVID tests at libraries, etc.
- Transportation opportunities for all not just 65 and older.