



CRAWFORD COUNTY HEALTH PARTNERS

DELIVERED BY:

Moxley
PUBLIC HEALTH

2022 REPORT
COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

LETTER FROM CRAWFORD COUNTY HEALTH PARTNERS	4
INTRODUCTION	5
WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)?	5
OVERVIEW OF PROCESS.....	6
PREVIOUS CHNA AND CHIP (2019-2022)	8
Brief Summary of 2019 CHNA	
Written Public Comments to 2019 CHNA	
Crawford County's 2020-2022 Priority Health Needs	
Impact Evaluation of 2020-2022 Implemented Strategies	
STEP 1: PLAN AND PREPARE FOR THE ASSESSESSMENT.....	9
STEP 2: DEFINE CRAWFORD COUNTY/AVITA HEALTH SYSTEM SERVICE AREA.....	11
STEPS 3-5: IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA.....	26
2022 SECONDARY DATA COLLECTION.....	27
2022 Health Needs Assessed	
Assessment of Health Needs Using Secondary Data	
Review of 2019 CHNA Data	
2022 PRIMARY DATA COLLECTION.....	28
Key Informant Interviews	
Prioritization Survey	
Prioritization of Health Needs (Factors and Outcomes)	
2022 PRIORITY HEALTH FACTORS (RANKED BY THE COMMUNITY) OF CRAWFORD COUNTY.....	31
#1 Local Access to Care (Access to Care)	32
#2 Nutrition and Access to Healthy Foods (Health Behaviors).....	37
#3 Poverty (Community Conditions)	40
#4 Adverse Childhood Experiences (Community Conditions)	46
#5 Unmet Need for Mental Health Care (Access to Care)	48
#6 Physical Activity (Health Behaviors).....	50
#7 Health Insurance Coverage (Access to Care).....	54
#8 Housing (Community Conditions).....	56
#9 Access to Childcare (Community Conditions).....	60
#10 Transportation (Community Conditions).....	62
#11 Crime/Violence (Community Conditions).....	63
#12 Tobacco/Nicotine Use (Health Behaviors).....	66
#13 K-12 Student Success (Community Conditions).....	68

TABLE OF CONTENTS

2022 PRIORITY HEALTH OUTCOMES (RANKED BY THE COMMUNITY) OF CRAWFORD COUNTY	71
#1 Depression (Mental Health & Addiction)	72
#2 Drug Overdose Deaths (Mental Health & Addiction)	75
#3 Youth Drug Use (Mental Health & Addiction)	77
#4 Suicide (Mental Health & Addiction)	81
#5 Heart Disease (Chronic Diseases)	84
#6 Diabetes (Chronic Diseases)	88
#7 Childhood Conditions (Chronic Diseases).....	90
#8 Maternal & Infant Health	96
Leading Causes of Death in Crawford County.....	101
Current Resources Addressing Priority Health Need.....	112
STEPS 6: DOCUMENT, ADOPT AND COMMUNICATE RESULTS.....	113
ADOPT CHNA AND MAKE REPORT WIDELY AVAILABLE TO PUBLIC.....	114
CONCLUSION AND NEXT STEPS.....	115
APPENDICES	117
APPENDIX A: IMPACT EVALUATION	118
APPENDIX B: INTERVIEW AND SURVEY RESPONDENTS	136
APPENDIX C: BENCHMARK COMPARISONS	138

The 2022 Community Health Needs Assessment (CHNA) report was prepared by Moxley Public Health, LLC, (www.moxleypublichealth.com) an independent consulting firm that works with hospitals and other community-based nonprofit organizations both domestically and internationally. Stephanie Moxley, MPH served as the lead for this Assessment, joined by Dr. Melissa Biel, and Denise Flanagan, BA. Elle A Design Company provided graphic design on this report. Moxley Public Health, LLC seeks to improve healthcare throughout the world with one community at a time and believes that quality healthcare is a universal human right.

A LETTER FROM CRAWFORD COUNTY HEALTH PARTNERS



Crawford County Health Partners strive to bring together people and organizations to improve community wellness in Crawford County. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In early 2022, Crawford County Health Partners conducted a comprehensive community health needs assessment to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

The 2022 Crawford County Community Health Needs Assessment is the third community health assessment conducted by community agencies who are active members of Crawford County Health Partners. We collected both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs, clinics, and health resources.

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

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing health need prioritization surveys. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

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

Sincerely,

Cinda M. Kropka, MHA

Corporate Compliance & Privacy Officer
Avita Health System

Kate Siefert, RS, MPH

Health Commissioner
Crawford County Public Health

Jason McBride, MPH

Health Commissioner
Galion City Health Department

Crawford County Health Partners

Avita Health System*
Crawford County Public Health*
Galion City Health Department*
Marion-Crawford ADAMH Board*
Crawford County Board of Developmental
Disabilities*
Together We Hurt, Together We Heal*
Community Counseling Wellness Centers
Community Foundation for Crawford County

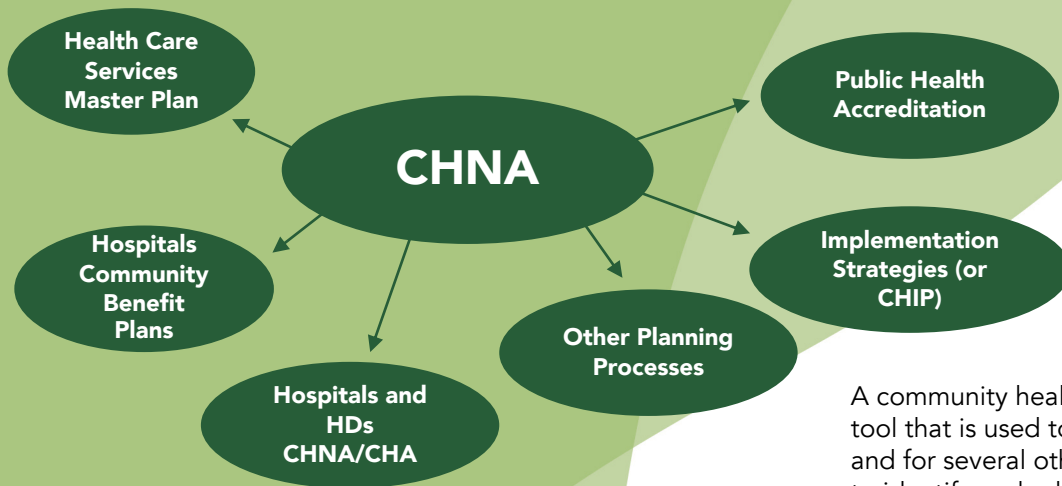
Crawford County Council on Aging
Crawford County Partnership for Education &
Economic Development
Crawford County School Districts
Family and Children First Council
Family Life Counseling
Jobs & Family Services
Marion Crawford Prevention Programs
Maryhaven

Pathways
Project Noelle
Rally for Hope
Turning Point
United Way of Crawford County
Voice of Hope
Wesley Chapel/Restore Ministries
YMCA

*Funding Partner

INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A community health needs assessment (CHNA) is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the state of Ohio and the federal government. The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of an implementation strategy or community health improvement plan (CHIP).

The CHNA is an important piece in the development of an implementation strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the community, Crawford County Health Partners (CCHP) utilized the most current and reliable information from existing sources and then collected new data through interviews with community leaders and an online health needs prioritization survey.

OVERVIEW OF THE PROCESS

In order to produce a comprehensive community health needs assessment, Crawford County Health Partners followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

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

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.



Affordable Care Act (Federal) Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a community health needs assessment every three years.

Ohio Department of Health Requirements

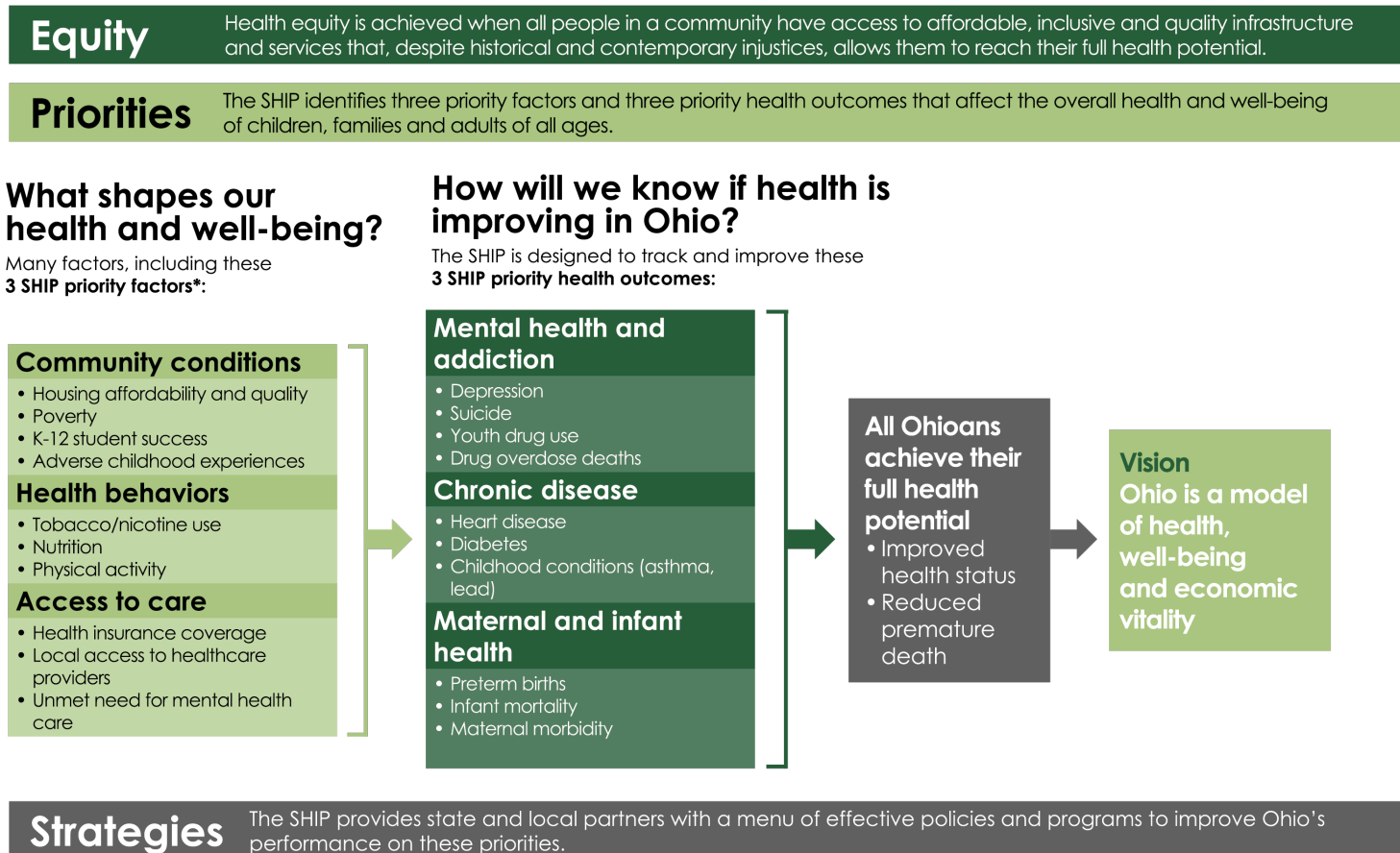
The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on community health needs assessments and implementation plans. On July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA and subsequently developing a CHIP to address those address those needs in the community. The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

THE 2022 CRAWFORD COUNTY CHNA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL (IRS) REGULATIONS.

Ohio Department of Health Requirements

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

Figure 1.2. SHIP framework



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



PREVIOUS CHNA (CHA) & IMPLEMENTATION STRATEGY (CHIP)

2019-2022

BRIEF SUMMARY OF 2019 CHNA

In 2019, Crawford County Health Partners (in partnership with Avita Health System) conducted the previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Implementation Strategy report associated with the 2019 CHNA addressed Chronic Disease and Mental Health & Addiction. The impact of the actions Crawford County Health Partners used to address these significant health needs can be found in Appendix A.

PREVIOUS CHNA AND IMPLEMENTATION STRATEGY AVAILABILITY TO PUBLIC AND PUBLIC COMMENT

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Improvement Plan were made widely available to the public on the following websites:

Avita Health System: www.avitahealth.org/about-us/#community-wellness

Crawford County Public Health: www.crawfordhealth.org

Galion City Public Health: <https://galionhealth.org/community-health-assessment/>

Written comments on these reports were solicited on the hospital website where the report was posted: ckropka@avitahealth.org No comments were received.

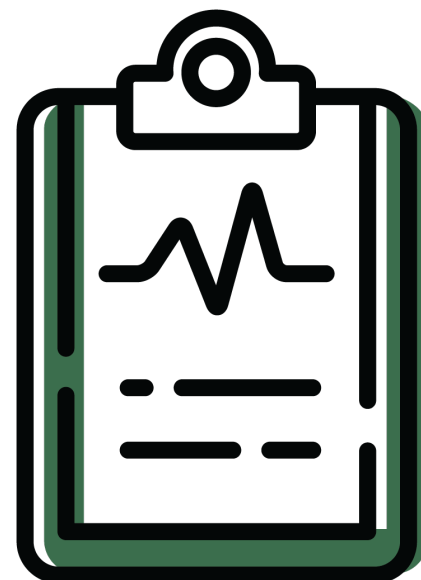
CRAWFORD COUNTY'S 2020-2022 PRIORITY HEALTH NEEDS

A workgroup (that included leadership from Avita Health System and Crawford County Health Partners) developed the 2020-2022 Implementation Strategy by reviewing the 2019 CHNA. The workgroup reviewed and discussed the priority areas and the agreement through unanimous vote was that the following priority health issues could be positively impacted by strategies and activities conducted by the hospital and county:

- Mental Health & Addiction
- Chronic Diseases

IMPACT EVALUATION OF 2020-2022 IMPLEMENTED STRATEGIES

In partnership with Crawford County Health Partners, Avita Health System developed and approved an Implementation Strategy report for 2020-2022 to address the significant health needs that were identified in the 2019 Community Health Needs Assessment. The hospital and county chose to address: Chronic Diseases and Mental Health & Addiction. The IRS requires hospitals and health departments to report on the impact of implementation strategies. Appendix A describes the evaluation of community benefit interventions that were planned in the 2020-2022 Implementation Strategy.



STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS:

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE



**CRAWFORD COUNTY
HEALTH PARTNERS**



PLAN AND PREPARE

Crawford County Health Partners (CCHP) began planning for the 2022 Community Health Needs Assessment (CHNA) in late 2021 and early 2022. Cinda Kropka (Corporate Compliance & Privacy Officer at Avita Health) and Kate Siefert (Health Commissioner at Crawford County Public Health) acted as the assessment leaders and formed an assessment team. Ms. Kropka and Ms. Siefert involved hospital and county leadership and kept the board informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations. The assessment team ultimately engaged the services of Moxley Public Health, LLC in order to conduct the 2022 CHNA.

In early 2022, the assessment team (that now included Moxley Public Health) worked together to formulate the multistep process of planning and conducting a community health needs assessment. The assessment team reviewed the IRS deadline and subsequently formed a timeline for the process.

“Community health assessments are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.”



STEP 2 **DEFINE CRAWFORD COUNTY AND AVITA HEALTH SYSTEM SERVICE AREA**



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS:

- ✓ DESCRIBED CRAWFORD COUNTY
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT
- ✓ DEFINED THE GEOGRAPHIC AREA SERVED BY AVITA HEALTH SYSTEM

CRAWFORD COUNTY, OHIO

AVITA HEALTH SYSTEM (AHS) SERVICE AREA

Avita Health System (AHS) has two hospitals in Crawford County: Bucyrus Hospital is located at 629 N. Sandusky Avenue, Bucyrus, Ohio, 44820, and Galion Hospital is located at 269 Portland Way South, Galion, Ohio, 44833. The hospitals track ZIP Codes of origin for all patient admissions and include all who received care without regard to insurance coverage or eligibility for financial assistance.

For the purposes of this report, Avita Health System (AHS) defines the primary service area for these two hospitals as Crawford County, including the following 9 ZIP Codes, which are largely located within Crawford County. Oceola (ZIP Code 44860) is not tracked as a separate ZIP Code by most data and mapping services, which count it as part of ZIP Code 44849 instead. Therefore, this report does not include separate data for this ZIP Code.

AVITA HEALTH SYSTEM PRIMARY SERVICE AREA

CRAWFORD COUNTY AND SURROUNDING AREAS

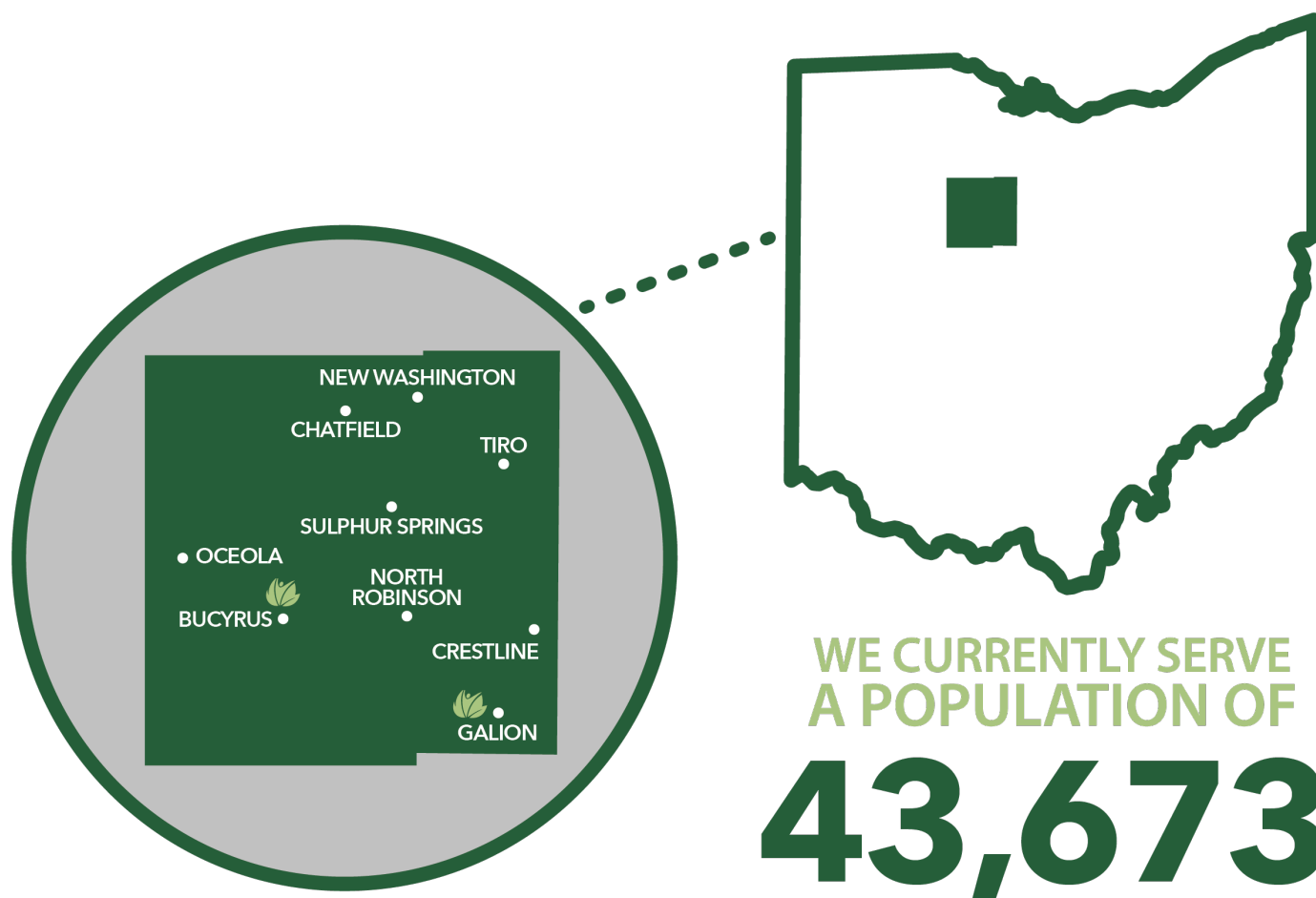
TOWN	ZIP CODE	COUNTY
Bucyrus	44820	Crawford
Chatfield	44825	Crawford
Crestline	44827	Crawford and Richland
Galion	44833	Crawford, Marion, Morrow and Richland
New Washington	44854	Crawford
North Robinson	44856	Crawford
Oceola	44860 (located within 44849)	Crawford
Sulphur Springs	44881	Crawford
Tiro	44887	Crawford

PURPOSE OF THE ASSESSMENT

The ultimate purpose of the community health needs assessment is to improve community health. This means it is much more than a report that fulfills state and federal requirements.

The 2022 Crawford County CHNA contains data that will be valuable to a variety of individuals and organizations. The CHNA will support community-based planning for not only Avita Health System (the “hospital”) but also other community groups, health care organizations, public health officials, and policy makers in Crawford County. The hospital and others in the county will use the CHNA to secure grants, for advocacy purposes, and communications.

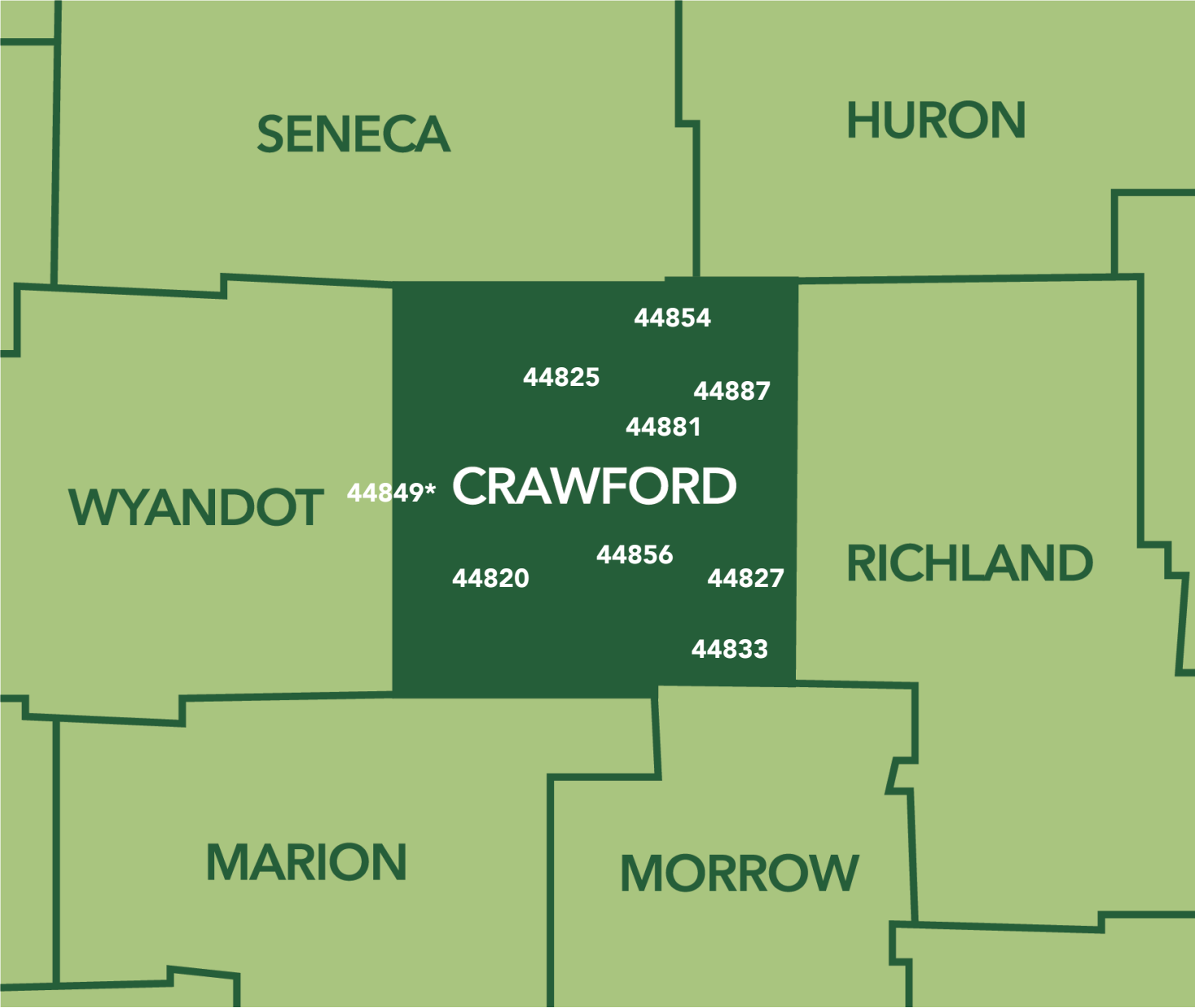
AVITA HEALTH SYSTEM & CRAWFORD COUNTY DEMOGRAPHICS



Source: The Center for Applied Research and Engagement System (CARES) Map Room: <https://careshq.org/map-room/> *44860 is located within 44849

AVITA HEALTH SYSTEM & CRAWFORD COUNTY

DEMOGRAPHICS



Source: The Center for Applied Research and Engagement System (CARES) Map Room: <https://careshq.org/map-room/> *44860 is located within 44849

AVITA HEALTH SYSTEM & CRAWFORD COUNTY DEMOGRAPHICS

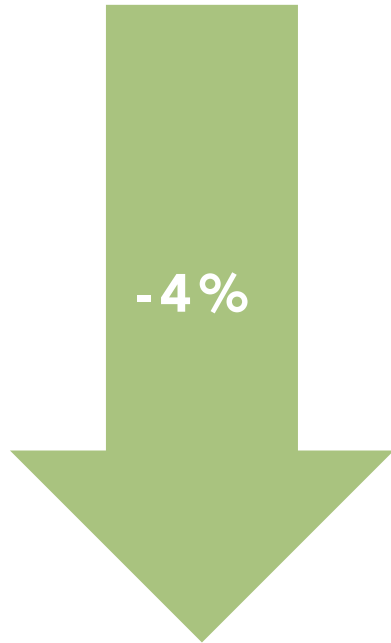
The population of the ZIP Codes which make up the AHS Crawford County Service Area is 43,673 residents. From 2014 to 2019, the population decreased by 2.5%, which is a slightly smaller decrease than that seen in Crawford County as a whole (2.8%). The state increased in population by 0.8% during that same time period. **The largest percentage drop in population was seen in Tiro (ZIP Code 44887), which fell 35.4%, from an estimated 1,239 residents in 2014 to an estimated 800 persons in 2019. The Chatfield, Sulphur Springs and North Robinson areas gained in population during this same time period.**

2019 TOTAL POPULATION AND CHANGE IN POPULATION

Geographic Locations	ZIP Code	Total Population	Change in Population, 2014-2019
Bucyrus	44820	17,374	(-2.6%)
Chatfield	44825	111	311.1%
Crestline	44827	6,832	(-1.2%)
Galion	44833	16,658	(-2.0%)
New Washington	44854	1,639	(-0.4%)
North Robinson	44856	234	96.6%
Sulphur Springs	44881	25	127.3%
Tiro	44887	800	(-35.4%)
AHS By-ZIP Service Area		43,673	(-2.5%)
Crawford County		41,821	(-2.8%)
Ohio		11,655,397	0.8%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. <http://data.census.gov>

CRAWFORD COUNTY



OHIO



While extensive data from the 2020 U.S. Census is not yet available at the city or ZIP Code level, population data for Crawford County shows a 4% decrease in population from the 2010 Census, while the state showed a 2.3% rate of population growth.

THE POPULATION IN CRAWFORD COUNTY HAS DECREASED

2010-2020

	Crawford County	Ohio
Total population, 2020	42,025	11,799,448
Change in population, 2010-2020	(-4.0%)	2.3%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. <https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html>

POPULATION BY GENDER

	Crawford County	Ohio
MALE	49.2%	49.1%
FEMALE	50.8%	50.9%



AVITA HEALTH SYSTEM SERVICE AREA

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05.<http://data.census.gov>

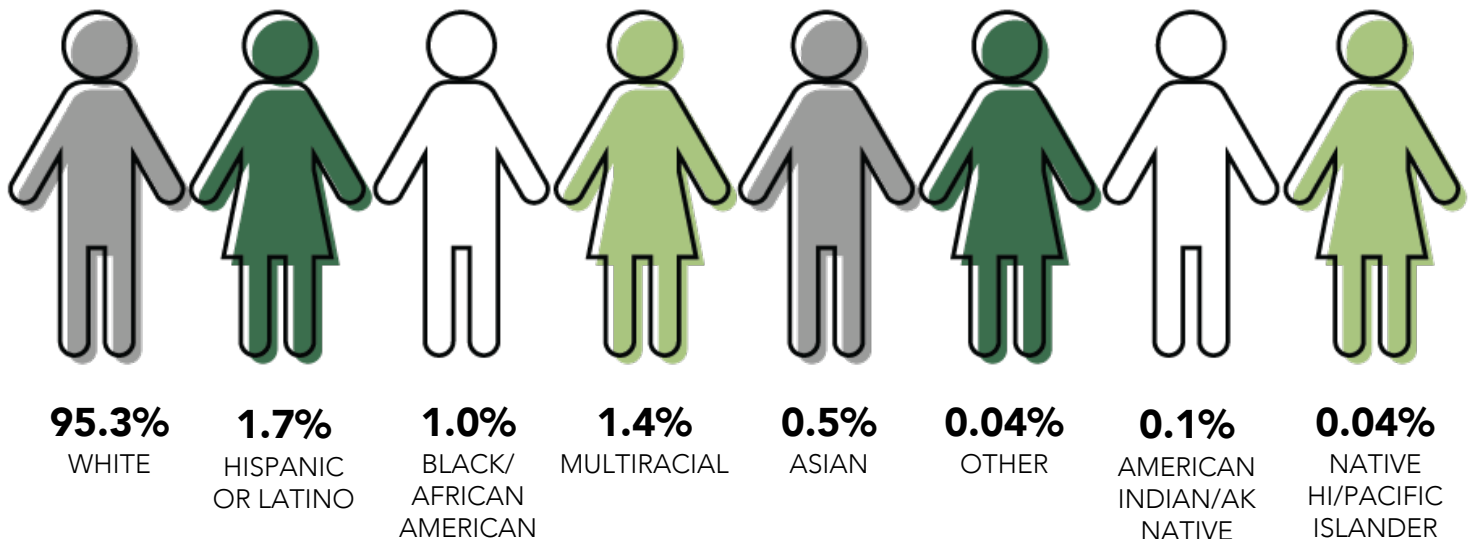
The majority of the population in Crawford County (95.3%) identifies as non-Hispanic White/Caucasian.

RACE/ETHNICITY

2015-2019

	Crawford County	Ohio
White, Non-Hispanic	95.3%	78.9%
Hispanic or Latino	1.7%	3.8%
Multiracial	1.4%	2.5%
Black/African American, Non-Hispanic	1.0%	12.2%
Asian, Non-Hispanic	0.5%	2.2%
American Indian/AK Native, Non-Hispanic	0.1%	0.1%
Native HI/Pacific Islander, Non-Hispanic	0.04%	0.03%
Some other race, Non-Hispanic	0.04%	0.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. <http://data.census.gov/>



When race/ethnicity is examined by ZIP Code, New Washington has the highest rate of Hispanic/Latino residents (10.4%), followed by Tiro (4.8%). The highest rate of Black/African-American residents is found in Crestline (3.2%).

The highest rate of Asian residents (0.9%) is found in Bucyrus and Crestline. 100% of Chatfield and Sulphur Springs residents identified as White/Caucasian, while New Washington has the lowest percentage of White residents (85.3%) when compared to the other ZIP codes in the service area.

RACE/ETHNICITY

BY ZIP CODE

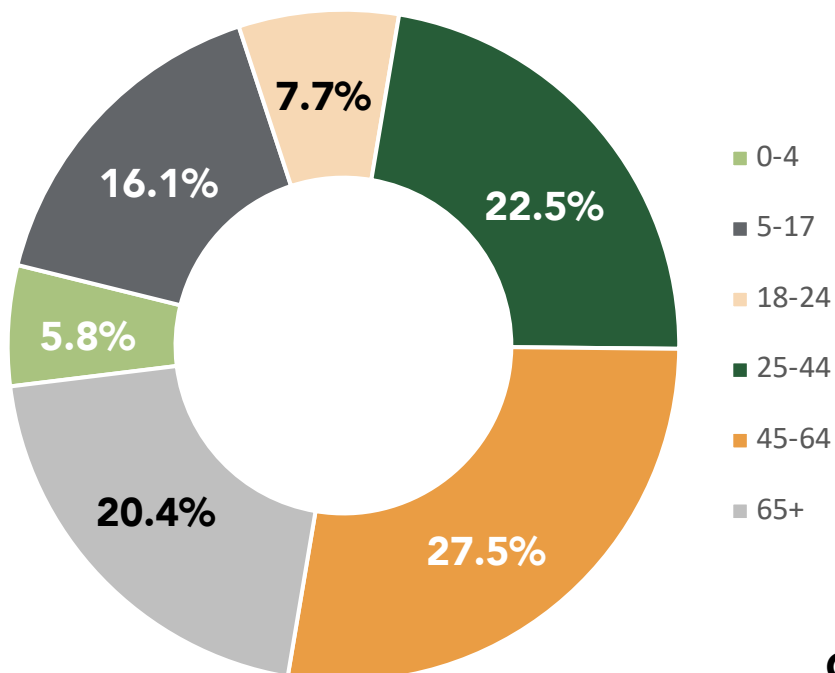
	ZIP Code	White	Hispanic/Latino	Black	Asian
Bucyrus	44820	96.3%	1.1%	0.3%	0.9%
Chatfield	44825	100.0%	0.0%	0.0%	0.0%
Crestline	44827	91.3%	1.0%	3.2%	0.9%
Galion	44833	97.3%	1.2%	0.6%	0.1%
New Washington	44854	85.3%	10.4%	0.9%	0.0%
North Robinson	44856	99.1%	0.0%	0.9%	0.0%
Sulphur Springs	44881	100.0%	0.0%	0.0%	0.0%
Tiro	44887	95.3%	4.8%	0.0%	0.0%
Crawford County		95.3%	1.7%	1.0%	0.5%
Ohio		78.9%	3.8%	12.2%	2.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. <http://data.census.gov/>

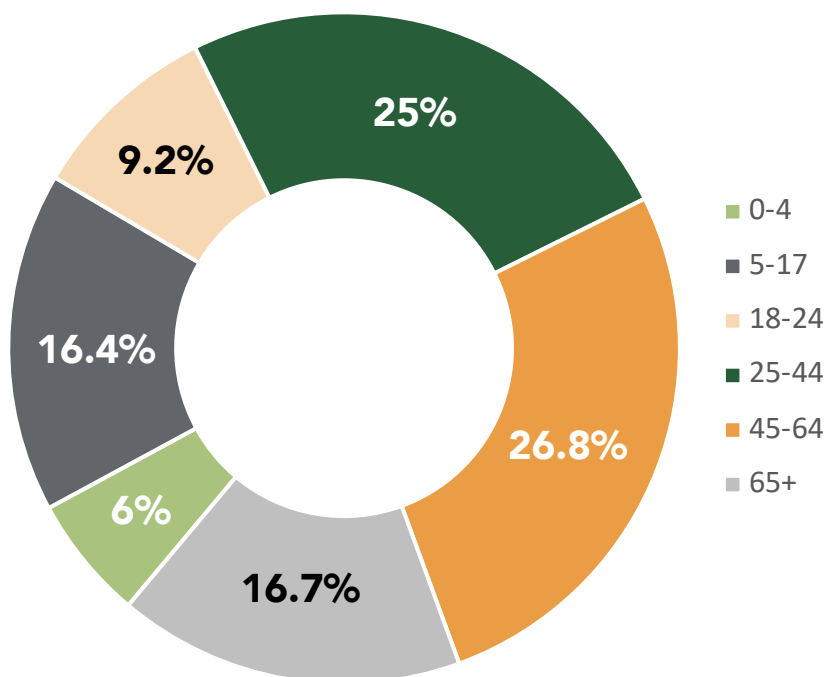
POPULATION BY AGE (BY COUNTY AND STATE)

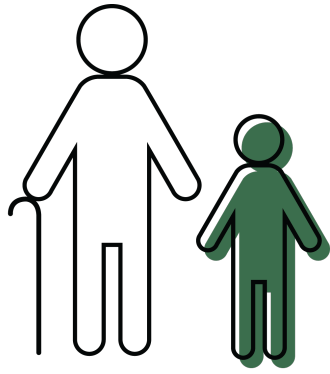
SOURCE: U.S. CENSUS BUREAU, 2015-2019 AMERICAN COMMUNITY SURVEY, DP05. [HTTP://DATA.CENSUS.GOV/](http://data.census.gov/)

CRAWFORD COUNTY



OHIO





YOUTH AGES 0-17 AND SENIORS 65+ MAKE UP **42.3% OF THE POPULATION** IN THE AVITA HEALTH SERVICE AREA

When the service area is examined by ZIP Code, **Chatfield has the highest percentage of children and youth in the service area (36%)**, followed by New Washington (23.3%) and Galion (22.3%). Sulphur Springs had no children or youth on record.

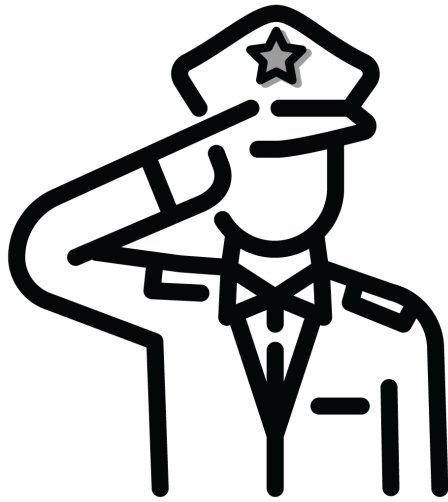
The percent of the county population, ages 65 years and older, is 20.4%, which is higher than the state rate (16.7%). **North Robinson has the highest percentage of seniors in the area (47%)**, followed by Galion (21%) and Bucyrus (20.3%). Sulphur Springs also had no senior adults on record; Chatfield had only 11.7%.

POPULATION BY YOUNG AND OLD

YOUTH AGES 0 -17 AND SENIORS AGES 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bucyrus	44820	17,374	20.3%	20.3%
Chatfield	44825	111	36.0%	11.7%
Crestline	44827	6,832	22.1%	19.5%
Galion	44833	16,658	22.3%	21.0%
New Washington	44854	1,639	23.3%	19.1%
North Robinson	44856	234	19.7%	47.0%
Sulphur Springs	44881	25	0.0%	0.0%
Tiro	44887	800	18.3%	18.0%
Crawford County		41,821	21.9%	20.4%
Ohio		11,655,397	22.4%	16.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov/>



AVITA HEALTH SYSTEM SERVES

4,073
VETERANS

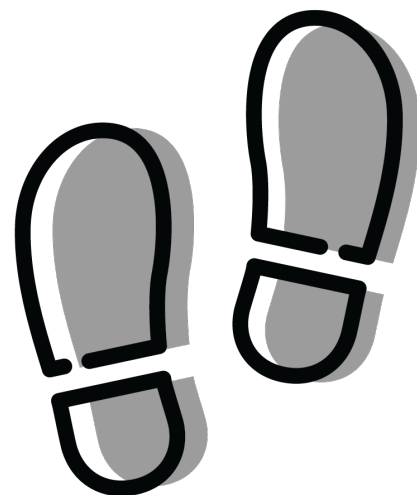
VETERAN STATUS

	ZIP CODE	PERCENT
Bucyrus	44820	9.1%
Chatfield	44825	8.5%
Crestline	44827	10.4%
Galion	44833	9.2%
New Washington	44854	6.1%
North Robinson	44856	33.5%
Sulphur Springs	44881	0.0%
Tiro	44887	7.6%
Crawford County		9.5%
Ohio		7.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

LIFE EXPECTANCY AT BIRTH

Life expectancy in Crawford County is 75.2 years. **More residents (490 per 100,000) of Crawford County die prematurely (defined as before the age of 75) when compared to Ohio.** The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 9,900 years, which is more than the 8,500 years of potential life lost per 100,000 residents at the state level.



LIFE EXPECTANCY, PREMATURE MORTALITY, AND PREMATURE DEATH, AGE-ADJUSTED

AGE-ADJUSTED

	Crawford County	Ohio
Life expectancy at birth in years	75.2	77.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	490	410
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	9,900	8,500

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. <http://www.countyhealthrankings.org>



MORTALITY RATES

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. Prior to the start of the COVID-19 Pandemic, **the age-adjusted death rate in Crawford County was 921.9 deaths per 100,000 persons, which was higher than Ohio's rate of 835.1 age-adjusted deaths per 100,000 persons.**



MORTALITY RATES

PER 100,000 PERSONS, FIVE-YEAR AVERAGE

LOCATION	DEATHS	CRUDE RATE	AGE-ADJUSTED RATE
Crawford County	573.8	1,371.6	921.9
Ohio	121,877.8	1,045.9	835.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>



2.03% OF THE POPULATION

IN AVITA HEALTH SYSTEM SERVICE AREA AND
CRAWFORD COUNTY SPEAK A LANGUAGE
OTHER THAN ENGLISH

LANGUAGE SPOKEN AT HOME

5 YEARS AND OVER

	Crawford County	Ohio
Population, 5 years and older	39,402	10,960,686
English only	98.0%	92.8%
Speaks Spanish	0.8%	2.3%
Speaks non-Spanish Indo-European language	0.6%	2.6%
Speaks Asian or Pacific Islander language	0.6%	1.2%
Speaks other language	0.03%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. <http://data.census.gov/>

FOREIGN-BORN RESIDENTS AND CITIZENSHIP

	Crawford County	Ohio
Foreign born	1.3%	4.6%
Of the foreign born, not a U.S. citizen	53.3%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA FROM CRAWFORD COUNTY AND PRIORITIZE HEALTH NEEDS



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH KEY INFORMANT INTERVIEWS AND PRIORITIZATION SURVEY
- ✓ COLLECTED COMMUNITY AND PUBLIC HEALTH INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES

SECONDARY DATA

EXISTING DATA SOURCES



ASSESSMENT OF HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews and prioritization survey. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Avita Health System and Crawford County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in Appendix C). Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

REVIEW OF 2019 CHNA DATA

In order to build upon the work that was initiated previously, the prior 2019 CHNA was reviewed. When making final decisions for the 2023-2025 Implementation Strategy (or CHIP), previous efforts will be assessed and analyzed.

2022 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Community conditions (housing, education, economic security, internet access, etc.)
- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, COPD, diabetes, heart disease, stroke, etc.)
- Covid-19
- HIV/AIDS and STIs
- Maternal and infant health
- Mental health
- Nutritional and physical activity
- Preventative practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

The information and data from both the secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the Implementation Strategy (CHIP).

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews (complete participants can be seen in Appendix B) were used to gather information and opinions from persons who represent the broad interests of the community. Between March and April 2022, Moxley Public Health spoke with 18 experts from various organizations serving the Avita Health System service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. An interview was conducted with representatives from both Crawford County Public Health and Galion City Health Department.

Interview stakeholders, their titles and organizations can be found in Appendix B.



KEY INFORMANT INTERVIEW QUESTIONS:

Broad questions asked at the beginning of the interview

What are some of the major health issues affecting individuals in the communities served by Crawford County?

What are the most important socioeconomic, behavioral, or environmental factors that impact health in the area?

Who are some of the populations in the area that are not regularly accessing health care and social services? Why?

How has the Covid-19 pandemic influenced or changed the unmet health-related needs in your community?

Questions asked for each health need

What are the issues/challenges/barriers faced for the health need?

Are there specific sub-populations and areas in the community that are most affected by this need?

Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

PRIORITIZATION SURVEY



Prior to each key informant interview, the respondents were asked to complete a short survey in order to prioritize the health needs identified by secondary data collection. Additionally, Moxley Public Health asked hospital and county leadership to share the prioritization survey link with others that live in the community. This resulted in 159 responses to the *Avita Health System Prioritization Survey*. Respondents were asked to rank both the health factors that contribute to disease and then the health outcomes (diseases and health results) of their county. Below are the results of those responses. They are listed and color-coded according to how the respondents prioritized the health needs in their community. The top 20% of health needs are dark-orange, the middle 20% are medium-orange, and then bottom needs as prioritized by the county are in light-orange.

PRIORITY FACTORS THAT AFFECT HEALTH RANKED BY REGION

(ASSESSED IN SURVEY AND INCLUDE
COMMUNITY CONDITIONS, HEALTH BEHAVIORS,
AND ACCESS TO CARE)

Local access to healthcare (access to care)

Nutrition and access to healthy foods (health behavior and community condition)

Poverty/economic security (social determinant of health/community condition)

Adverse childhood experiences (social determinant of health/community condition)

Unmet need for mental health care (access to care)

Physical activity (health behavior)

Health insurance coverage (access to care)

Housing affordability/quality (social determinant of health/community condition)

Access to childcare (social determinant of health/community condition)

Transportation (social determinant of health/community condition)

Crime/Violence (social determinant of health/community condition)

Tobacco and nicotine use (health behavior)

K-12 student success (social determinant of health/community condition)

PRIORITY HEALTH OUTCOMES RANKED BY REGION

(ASSESSED IN SURVEY)

Depression (mental health and addiction)

Drug overdose deaths (mental health and addiction)

Youth drug use (mental health and addiction)

Suicide (mental health and addiction)

Heart disease (chronic disease)

Diabetes (chronic disease)

Childhood conditions-asthma and lead (chronic diseases)

Infant mortality/maternal morbidity/preterm births (maternal and infant health)



Understanding **PRIORITIZATION OF HEALTH NEEDS**



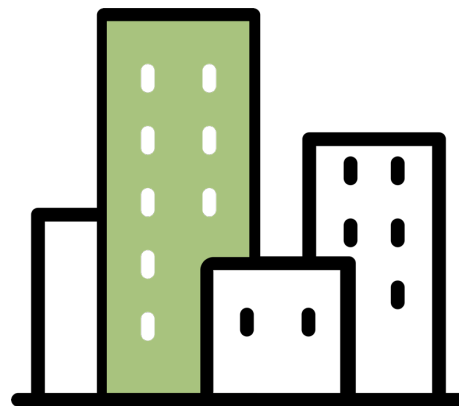
HEALTH FACTORS are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

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

IN ORDER TO ALIGN WITH THE OHIO DEPARTMENT OF HEALTH'S INITIATIVE TO IMPROVE HEALTH, WELL-BEING AND ECONOMIC VITALITY, CRAWFORD COUNTY AND AVITA HEALTH SYSTEM SERVICE AREA INCLUDED THE STATE'S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

PRIORITY HEALTH FACTORS OF CRAWFORD COUNTY

RANKED AND ANALYZED



County Health Rankings (an organization that ranks counties for each state in the U.S.) ranks according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. Ohio has 88 counties, which are ranked from 1 to 88 according to social and economic factors. **A ranking of 1 is the county with the best factors and a ranking of 88 is the county with the poorest factors.** This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and other factors.

Crawford County is ranked 53rd among ranked counties in Ohio, according to social and economic factors, placing it in the bottom half of the state's counties. Crawford County dropped ten places from last year's rankings.

Source: *County Health Rankings*, 2021
<http://www.countyhealthrankings.org>

Many factors in a community shape the health and well-being of that community. In order to follow the framework of the state of Ohio, this report first ranks the health factors of Crawford County as they are prioritized by the community in the prioritization survey.

PRIORITY FACTORS THAT AFFECT HEALTH RANKED BY COMMUNITY (ASSESSED IN SURVEY - COMMUNITY CONDITIONS, HEALTH BEHAVIORS, AND ACCESS TO CARE)

Local access to healthcare (access to care)
Nutrition and access to healthy foods (health behavior and community condition)
Poverty/economic security (social determinant of health/community condition)
Adverse childhood experiences (social determinant of health/community condition)
Unmet need for mental health care (access to care)
Physical activity (health behavior)
Health insurance coverage (access to care)
Housing affordability/quality (social determinant of health/community condition)
Access to childcare (social determinant of health/community condition)
Transportation (social determinant of health/community condition)
Crime/Violence (social determinant of health/community condition)
Tobacco and nicotine use (health behavior)
K-12 student success (social determinant of health/community condition)

**SOCIAL DETERMINANTS ARE THE ROOT CAUSE OF HEALTH DISPARITIES.
WHERE SOMEONE LIVES SHOULD NOT DETERMINE THEIR HEALTH.**

LOCAL ACCESS TO CARE

#1 PRIORITY HEALTH FACTOR

There remain 14,032 low-income residents (out of 15,854), 88.5% of the population at or below 200% FPL, who are NOT served by an FQHC.



POPULATION TO PRIMARY CARE PHYSICIANS

CRAWFORD COUNTY
2,770:1

OHIO
1,300:1

POPULATION TO DENTISTS

CRAWFORD COUNTY
1,730:1

OHIO
1,560:1

POPULATION TO MENTAL HEALTH PROVIDERS

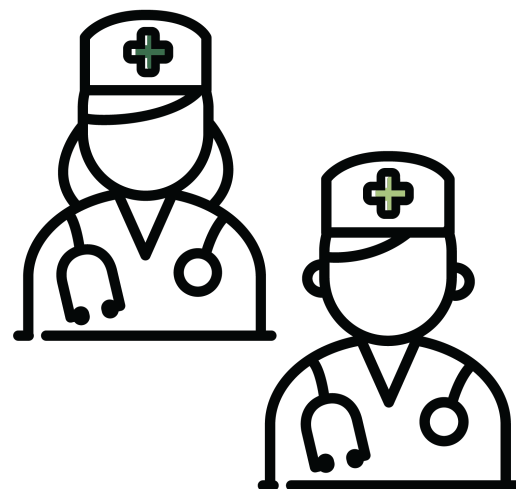
CRAWFORD COUNTY
720:1

OHIO
380:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

LOCAL ACCESS TO CARE

#1 PRIORITY HEALTH FACTOR



The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment). If this goal were applied to youth (the same goal with youth does not exist), it would not have been met.

TRIED TO ACCESS MENTAL HEALTH CARE IN PRIOR YEAR

2017-2018

	Ohio
Youth with Major Depressive Episodes who did not receive mental health services	52.2%
Youth with severe Major Depressive Episode who received some consistent treatment (7-25+ visits within a year)	36.0%
Adults who needed help for any mental illness reporting they were not able to receive the treatment they needed	22.1%

Source: Mental Health America's 2021 State of Mental Health in America Report, utilizing 2017-2018 data from the Substance Abuse & Mental Health Services Administration's National Survey of Drug Use and Health.
<https://www.mhanational.org/issues/mental-health-america-printed-reports>





LOCAL ACCESS TO CARE

#1 PRIORITY HEALTH FACTOR

FINDINGS FROM OUR COMMUNITY:

- There is a transportation barrier for populations such as the elderly, disabled, and low-income.
- Scheduling transportation 48+ hours in advance is difficult when trying to make it to a medical appointment.
- All the interview respondents and many of the community members surveyed talked about the lack of mental health providers in the area.
- Providers do not want to offer Medicaid and Medicare because there has not been a pay increase in over 20 years.
- Both medical and mental health care providers have experienced burnout and fatigue due to the lack of providers and needing to work too many hours.
- There are not diverse options.
- There is a lack of specialists and therefore, people need to go out of county to access care.
- Mental health knowledge and acceptance is improving but access needs to be increased.



“There are no mental health providers to refer to... without a one month wait list!”

LOCAL ACCESS TO CARE

#1 PRIORITY HEALTH FACTOR



POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- **Disabled population because of lack of:**
 - Access to private speech therapies
 - Access to therapies such as ABA and autism testing
 - Miscommunication and education from providers (differs from what the Board of DD tells them)
 - Sign-language services for hearing impaired
 - Transportation because of mobility issues
- **Victims of domestic violence**
- **Senior citizens/elderly:**
 - Lack of transportation
 - Low-income seniors can't afford services or prescriptions
- **Mental health population**
 - Do not know that they need mental health care
- **Substance dependent population:**
 - Avoids medical providers because this population fears having their children taken away or other legal actions
- **Youth:**
 - Kids in school that have unstable home lives and not taken to the doctor
 - Children that have bad or no health insurance and parents cannot afford to take them to doctor

SUGGESTIONS FROM OUR COMMUNITY:

- Contract with the school district to provide mental health services to the students when at school.
- Provide more telehealth options to fill the need for more primary and mental health care access.



THE COMMUNITY SAYS THAT COVID-19 INFLUENCED OR CHANGED THE UNMET HEALTH-RELATED NEEDS IN CRAWFORD COUNTY IN THE FOLLOWING WAYS:

Positives:

- The Galion Center Y never went below 90% (compared to other Ys and gyms at 40%).
- When going back to the Galion Y, they felt that the Y welcomed them and decided to go back. This raised their mental health of feeling wanted and needed.
- Telehealth in mental health and addiction care is capturing new patients.
- Covid highlighted mobility issues.
- Strengthened relationships to serve people who need care.

Negatives:

- **Healthcare:**
 - People did not access healthcare.
 - It was very disappointing to see how community reacted to mandates and recommendations.
 - There was limited willingness to seek out healthcare (because of risk of exposure to Covid).
 - Decline in immunizations of children.
- **Mental health and Addiction:**
 - Impacted mental health care access (#'s of need went up but access went down).
 - Mental health need went up and shortage in workforce went down.
 - Youth mental health issues has increased dramatically.
 - Youth increased social media use.
 - Youth detaching from other humans.
 - More trauma because kids were left at home (with abusers and perpetrators).
 - Increase in substance use was seen.
- **Disability:**
 - Caretakers were not able to advocate for those adults with developmental disabilities (DD), so the ER was not able to get the full information that was needed for appropriate care.
- **Elderly/Older population:**
 - Seniors could not get to healthcare appointments.
 - Seniors not comfortable with exposure of medical appointments.
 - 65+ population was isolated and did not get preventative care.
- **Abuse:**
 - There was an increase in domestic violence and abuse.

NUTRITION AND ACCESS TO HEALTHY FOODS

#2 PRIORITY HEALTH FACTOR



The regional rates of full-sugar soda consumption are higher than state rates.

SODA CONSUMPTION

7TH-12TH GRADE

	Crawford-Marion Board	Ohio
Drank no sugar-sweetened soda in the past week	26.4%	33.2%
Drank soda at least once per day during the past week	25.3%	17.0%
Drank soda at least twice per day during the past week	16.7%	10.5%
Drank soda at least three times per day during the past week	10.2%	5.5%
Drank soda at least four times per day during the past week	6.9%	3.3%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

Girls are more likely than boys to report that they are trying to lose weight: 54.8% of girls are, versus 37% of boys, suggesting that 19.9% of girls in the region are trying to lose weight despite being a healthy weight, or underweight.

NUTRITION AND ACCESS TO HEALTHY FOODS

#2 PRIORITY HEALTH FACTOR



OVERWEIGHT & OBESE, BMI BY AGE/GENDER*, AND WEIGHT PERCEPTION

7TH-12TH GRADE

	Crawford-Marion Board	Ohio
Overweight (BMI 85-94% for age/gender)	18.4%	16.0%
Obese (BMI 95%+ for age/gender)	19.5%	14.5%
Combined	37.9%	30.5%
Trying to lose weight – girls	54.8%	52.3%
Trying to lose weight – boys	37.0%	31.0%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

The Healthy People 2030 objective is for 15.5% or less of 7th to 12th graders to be obese. Crawford County (19.5%) does not meet this goal.

NUTRITION AND ACCESS TO HEALTHY FOODS

#2 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- ALL of the interviewees and various community members talked about high obesity rates in Crawford County.
- The community felt that a poor diet contributes to obesity.
- Residents do not have the money to buy healthy food.
- There is limited availability in Crawford County to healthy foods.
- When kids get free lunches at the school over the summer there is nutritionist present. However, a problem occurs because parents are often not with kids to pick up lunches so the nutritionist being there is not as effective. Schools could do better around nutrition education.
- Crawford County lost the "Cooking Matters" program.
- Due to Covid, Crawford County lost nutrition education resources.
- Most kids/people not educated on healthy foods (example: when shopping workers do not know difference between cherries and grapes and difference between sweet potatoes/white potatoes).
- "Two-bite" program in preschools stopped during Covid.
- Need more nutrition education to decrease obesity and diabetes.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

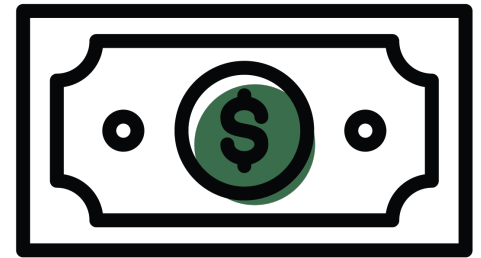
- Low socioeconomic status (SES)
- Kids/Youth

SUGGESTIONS FROM OUR COMMUNITY:

- Need more grocery stores with healthy food
- Need transportation to buy healthy foods
- Increase promotion of farmer's markets
- Initiative in Crawford County to teach about eating healthy
- Put out healthy recipes during WIC hours
- Nutrition education programs should be mandatory connected to SNAP program
- Increase school nutrition education
- Re-instate "Cooking Matters" program
- Re-instate "Two-bite" program at preschools

POVERTY

#3 PRIORITY HEALTH FACTOR



Teens aged 16 to 19 who are not in school or working are at high risk of experiencing negative outcomes as they transition to adulthood. Limited skills and work history, combined with few financial resources to invest in developing the necessary skills or qualifications, restrict access to good jobs as well as future higher wages.



7.6% of 16 to 19 year-olds in the county are not in school and not employed, which is higher than the 5.7% seen statewide. Of these 141 individuals, about half hold a high school degree.

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B14005. <http://data.census.gov/>

Crawford County has a higher rate of poverty among all three groups of people (children, seniors, and female heads of household [HoH]) than the state.

RATIO OF INCOME TO POVERTY LEVEL

BY ZIPCODE (<100% FPL AND <200% FPL)

	ZIP Code	<100% FPL	<200% FPL
Bucyrus	44820	11.4%	34.2%
Chatfield	44825	0.0%	77.5%
Crestline	44827	15.5%	36.1%
Galion	44833	18.6%	41.4%
New Washington	44854	5.5%	28.7%
North Robinson	44856	13.7%	53.8%
Sulphur Springs	44881	0.0%	0.0%
Tiro	44887	15.8%	22.2%
Crawford County		14.9%	37.9%
Ohio		14.0%	31.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1701 & *S1702. <http://data.census.gov/>

POVERTY LEVEL OF CHILDREN, SENIORS, & FEMALE HoH

UNDER AGE 18; SENIORS AGES 65+; & FEMALE HoH

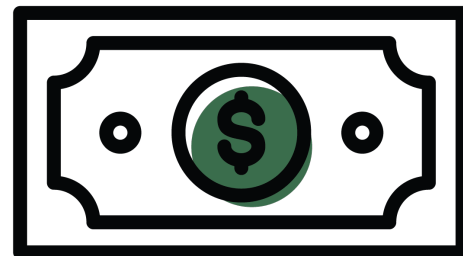
	ZIP Code	Children	Seniors	Female HoH
Bucyrus	44820	15.0%	11.2%	35.8%
Chatfield	44825	0.0%	0.0%	0.0%
Crestline	44827	27.9%	9.0%	64.4%
Galion	44833	29.4%	11.8%	40.7%
New Washington	44854	4.0%	7.0%	10.5%
North Robinson	44856	28.3%	6.4%	66.7%
Sulphur Springs	44881	N/A	N/A	N/A
Tiro	44887	33.3%	4.2%	100.0%
Crawford County		22.9%	10.8%	44.5%
Ohio		19.9%	8.1%	40.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1701 & *S1702. <http://data.census.gov/>

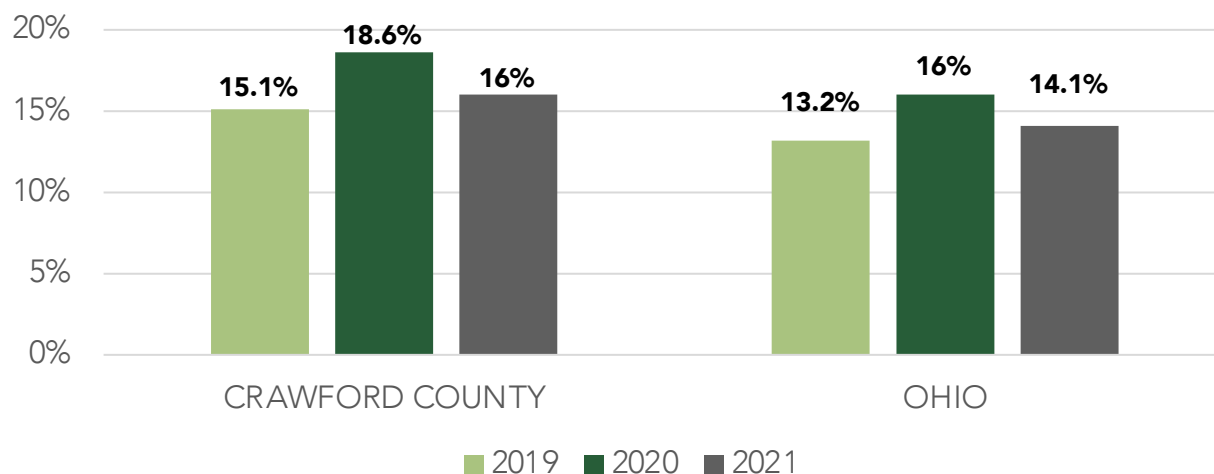
POVERTY

#3 PRIORITY HEALTH FACTOR

Among Female Heads-of-Household with children under 18 living in the home, the Supplemental Nutrition Assistance Program (SNAP) rate rapidly rises.



FOOD SECURITY WAS HIGHER THAN THE STATE FOR 3 YEARS STRAIGHT



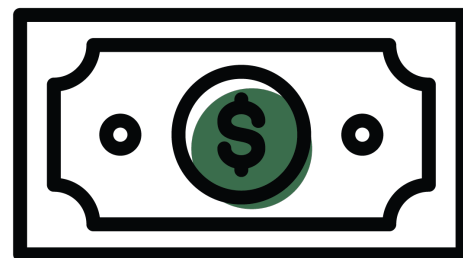
Source: Feeding America, based on Current Population Survey data, 2019.

https://www.feedingamerica.org/research/map-the-meal-gap/by-county?s_src=WXXX1MTMG

FOOD INSECURITY RATES ARE ALMOST FOUR TIMES HIGHER AMONG RENTERS THAN HOMEOWNERS. RATES OF FOOD INSECURITY IN 2019 WERE MORE THAN TWICE AS HIGH AMONG BLACK INDIVIDUALS AS WHITES AND WERE HIGHER IN RURAL COUNTIES THAN IN URBAN COUNTIES.

POVERTY

#3 PRIORITY HEALTH FACTOR



The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so that they can purchase healthy food. 14.8% of Crawford County households access SNAP benefits, which is higher than the state rate. **Among Female Heads-of-Household with children under 18 living in the home, the rate rapidly rises to 39.6%.** The rate among households in general is highest in Galion (16.2% of households), followed by Crestline (15%) and Bucyrus (14.8%). For seniors 60+ the rate is highest in Tiro (15.6%), followed by Bucyrus (10.8%) and Crestline (10.7%). Among female HoH households with children under 18, the rate is highest in Tiro (100%), followed by North Robinson (55.6%) and Crestline (53.8%).

SNAP Benefit Utilization

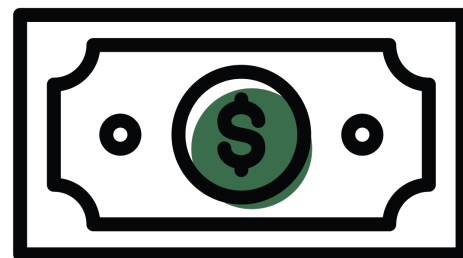
2015-2019

	ZIP Code	All Households	Percent Accessing SNAP	Households with One or More Persons 60+	Percent Accessing SNAP	Female HoH w. Children Under 18	Percent Accessing SNAP
Bucyrus	44820	7,506	14.8%	3,270	10.8%	496	42.7%
Chatfield	44825	40	5.0%	19	0.0%	6	0.0%
Crestline	44827	2,941	15.0%	1,259	10.7%	247	53.8%
Galion	44833	6,947	16.2%	3,148	8.6%	629	43.9%
New Washington	44854	684	2.6%	235	0.9%	114	6.1%
North Robinson	44856	125	4.0%	92	0.0%	9	55.6%
Sulphur Springs	44881	12	0.0%	0	N/A	0	N/A
Tiro	44887	336	12.2%	154	15.6%	8	100.0%
Crawford County		17,782	14.8%	7,828	9.0%	1,418	39.6%
Ohio		4,676,358	13.1%	1,860,669	10.2%	382,753	45.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2201. <http://data.census.gov>

POVERTY

#3 PRIORITY HEALTH FACTOR



The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. County public school eligibility ranges from 27.1% of students at Colonel Crawford High School to 75.4% at Crestline High School. Other county schools with percentages above the county average (49.8%) are all schools in the Galion City School District (53.1% of students at Galion High School, 55.4% at Galion Middle School, 59.1% at Intermediate Elementary School, and 64.1% of students at Primary Elementary School), and two of three in the Bucyrus City School District (50.7% at Bucyrus High School and 64.9% at Bucyrus Elementary School).

FREE AND REDUCED MEALS ELIGIBILITY

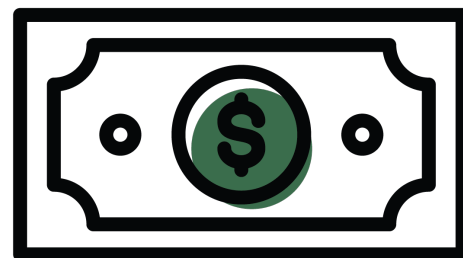
2019-2020 SCHOOL YEAR

School	School District	Percent Eligible Students
Buckeye Central Consolidated Schools	Buckeye Central Local	39.0%
Bucyrus Elementary School	Bucyrus City	64.9%
Bucyrus High School		50.7%
Fairway School		32.5%
Hannah Crawford Elem. PreK-2 nd Grade	Colonel Crawford Local	35.9%
Hannah Crawford Elem. Grades 3 - 5		37.8%
William Crawford Intermediate		33.0%
Colonel Crawford High School		27.1%
Crestline High School	Crestline Exempted Village	75.4%
Primary Elementary School	Galion City	64.1%
Intermediate Elementary School		59.1%
Galion Middle School		55.4%
Galion High School		53.1%
Wynford Elementary School	Wynford Local	43.4%
Wynford High School		32.3%
Crawford County Public School Students		49.8%
Ohio Students*		45.9%

Source: *Ohio Department of Education, 2019-2020.* <http://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/MR81-Data-for-Free-and-Reduced-Price-Meal-Eligibility>

POVERTY

#3 PRIORITY HEALTH FACTOR



Communities with zero, or limited, access to highspeed internet are at an opportunity, educational, and healthcare disadvantage. This disparity is creating what has become known as a “Digital Divide” between those who have access and those who do not. **This Digital Divide is of particular concern to healthcare in rural areas with limited access to healthcare providers, as Broadband access to providers holds the promise of closing gaps in care.**



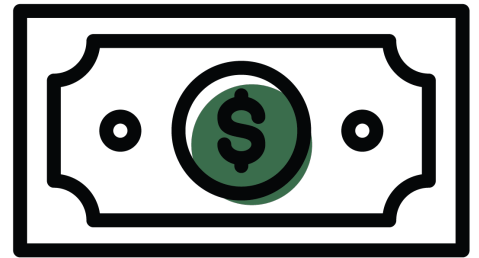
26.1% of Crawford County households do not have practical access to Broadband Internet. This may be due to affordability and/or digital literacy.

Ohio ranks 24th out of the 50 U.S. states in terms of Broadband coverage.



POVERTY

#3 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- There is low employment and low wages in Crawford County.
- People would rather get unemployment assistance than work.
- Employers can't find employees.
- There is a lot of "generational poverty" in Crawford County. (*Grandma on WIC, mom on WIC, now daughter on WIC*)
- A majority of the interview respondents and many community members reported that poverty is a problem in Crawford County.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Low socioeconomic status (SES)
- ALICE population (Asset Limited, Income Constrained, Employed)

“Counties that are the wealthiest and have the highest employment are also the healthiest! This shows how the economic security of an area drastically affects the health of that area...”

SUGGESTIONS FROM OUR COMMUNITY:

- Create initiative to make the connection between employers with available jobs and people who are qualified to work.
- Raise wages.
- Develop more pay equity guidelines with employers.
- Assist Medicaid population to complete paperwork.
- Bring more populations that are being served to decision making “tables” so that decisions are made with the input of people who are experiencing the problems and/or representative of marginalized populations.

ADVERSE CHILDHOOD EXPERIENCES

#4 PRIORITY HEALTH FACTOR



The U.S. CDC says that 5 of the top 10 leading causes of death are associated with Adverse Childhood Events (ACEs), that 61% of adults experienced at least one ACE, 16% had 4 or more types of ACEs, and that preventing ACEs could reduce the number of adults with depression by as much as 44%.

The OHYES! survey asked teens about 8 different types of adverse events they might have experienced, including experiencing emotional abuse, sexual abuse or coercion, experiencing or witnessing physical abuse, having a family member incarcerated or with substance abuse or mental health issues, and having parents who were divorced, separated or never married. 24.7% of regional teens reported having experienced three or more ACEs.

At both the regional and state levels, **girls were more likely than boys to report adverse events.**

ADVERSE CHILDHOOD EVENTS

TEENS 7TH THROUGH 12TH GRADES

	Crawford-Marion Board	Ohio
You experienced sexual abuse or coercion	N/A	4.6%
A parent or adult in the home hit, beat, kicked or physically hurt you in any way, not including spanking, ever	7.9%	7.3%
Your parents or adults in your home slapped, hit, kicked, punched or beat each other up, ever	9.4%	7.4%
Cumulative ACEs score of 3 or more	24.7%	20.9%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> N/A=insufficient responses for statistical reporting; this question may not have been asked in this Board.



ADVERSE CHILDHOOD EXPERIENCES

#4 PRIORITY HEALTH FACTOR

FINDINGS FROM OUR COMMUNITY:

- We need to deal with mental health from traumatic events during childhood.
- There is concern with the isolation of children during Covid that has increased mental health in youth.
- Counseling is not available for youth.
- Mental health and trauma at home affects youth academic ability.
- There are a lot of children being raised by kin or grandparents stemming from drug use or parents walking away from responsibility.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Female youth

“When you sign up to coach or lead a youth activity, you don’t realize the impact you are having on kids and their lives.”

SUGGESTIONS FROM OUR COMMUNITY

- Assess to identify traumatic events during childhood (so the trauma can be dealt with early)
- WIC is now serving men and grandparents when messaging has been targeted to women and now maybe the messaging needs to be changed to target men...NOT JUST WOMEN! • MAYBE GRANDPA DOES NOT LIKE ARTS AND CRAFTS!

UNMET NEED FOR MENTAL HEALTH CARE

#5 PRIORITY HEALTH FACTOR



POPULATION TO MENTAL HEALTH PROVIDERS

CRAWFORD COUNTY
720:1

OHIO
380:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment). Ohio does appear to meet this goal for adults, but if the goal were applied to youth, it would not have been met.

TRIED TO ACCESS MENTAL HEALTH CARE IN PRIOR YEAR

2017-2018

	Ohio
Youth with Major Depressive Episodes who did not receive mental health services	52.2%
Youth with severe Major Depressive Episode who received some consistent treatment (7-25+ visits within a year)	36.0%
Adults who needed help for any mental illness reporting they were not able to receive the treatment they needed	22.1%

Source: Mental Health America's 2021 State of Mental Health in America Report, utilizing 2017-2018 data from the Substance Abuse & Mental Health Services Administration's National Survey of Drug Use and Health.
<https://www.mhanational.org/issues/mental-health-america-printed-reports>

UNMET NEED FOR MENTAL HEALTH CARE

#5 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- Depression and mental health was the #1 ranked health outcome that needs to be addressed in the community.
- Unmet needs for mental health care was in the top 4 health factors that need to be addressed in the community.
- We need to deal with mental health from traumatic events during childhood.
- During a total of 18 key informant interviews, the number one health outcome and health factor was depression/mental health and access to care.
- Countless times community residents reported that Crawford County needs more mental health providers.
- Interviewees and residents talked a lot about the need for affordable mental health care and providers that take insurance.
- Local mental health care providers mostly take new patients from the school or jail, but most people do not fit into these groups.
- Mental health knowledge and acceptance is improving but access needs to be increased.

“There are no mental health providers to refer to... without a one month wait list!”

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

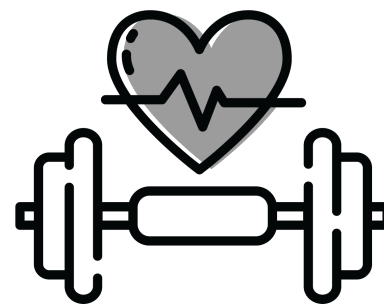
- 35-55 year old males
- Senior citizens (because of isolation)
- Youth
- Farmers
- People who experience traumatic events
- People that are dually diagnosed with a developmental disability (DD) and mental health issues

SUGGESTIONS FROM OUR COMMUNITY:

- Reinstate Galion City Health Department's partnership with Community Wellness
- Provide youth residential in-patient service
- Work with North Central State and other educational institutions to encourage and incentivize more people to go into mental health care field

PHYSICAL ACTIVITY

#6 PRIORITY HEALTH FACTOR



County Health Ranking (an organization that does this for each state in the U.S.) examines healthy behaviors and ranks counties in each state according to health behavior data. Ohio has 88 counties, which are ranked from **1 (healthiest)** to **88 (least healthy)**. This ranking examines: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others.

SEDENTARY ADULTS

PAST 30 DAYS

LOCATION	ALL ADULTS, 20+
Crawford County	31%
Ohio	26%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2017. For All Adults, accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

SEDENTARY TEENS

7TH-12TH GRADE

	Crawford-Marion Board	Ohio
Students who watched 3 or more hours per day of TV on an average school day	28.0%	19.8%

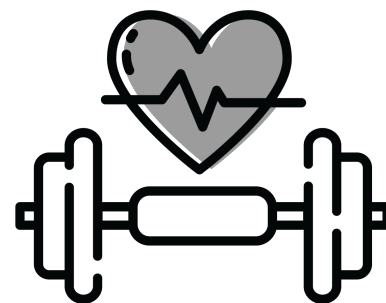
Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

A ranking of 60 puts Crawford County in bottom third of Ohio counties for healthy behaviors. Crawford County dropped 6 rankings from their 2020 standing.

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

PHYSICAL ACTIVITY

#6 PRIORITY HEALTH FACTOR



OVERWEIGHT & OBESE, BMI BY AGE/GENDER*, AND WEIGHT PERCEPTION

7TH-12TH GRADE

	Crawford-Marion Board	Ohio
Overweight (BMI 85-94% for age/gender)	18.4%	16.0%
Obese (BMI 95%+ for age/gender)	19.5%	14.5%
Combined	37.9%	30.5%
Trying to lose weight – girls	54.8%	52.3%
Trying to lose weight – boys	37.0%	31.0%

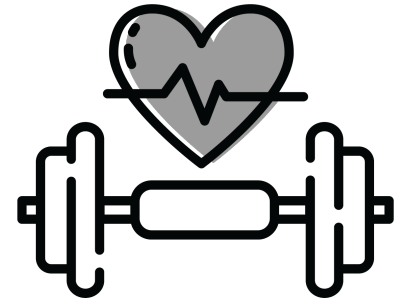
Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>



The Healthy People 2030 objective is for 15.5% or less of 7th to 12th graders to be obese. Crawford County (19.5%) does not meet this goal.

PHYSICAL ACTIVITY

#6 PRIORITY HEALTH FACTOR



Based on this scoring method, all ZIP Codes and most listed cities in the service area are classified as “Car Dependent”, with Chatfield, North Robinson, Ocala, Sulphur Springs and Tiro being the least walkable, and the 44820, 44827, 44833, 44881 and 44887 ZIP Codes with the lowest possible score of 0. Crestline and Galion were ranked as ‘somewhat walkable’, and Bucyrus as ‘very walkable’, despite the overall 44820 ZIP Code’s score being 0. ZIP Code 44825, meanwhile, scored as more walkable, in general, than was the village of Chatfield itself.

WALKABILITY

2020

City	City Walk Score	ZIP Code	ZIP Code Walk Score
Bucyrus	77	44820	0
Chatfield	6	44825	20
Crestline	54	44827	0
Galion	66	44833	0
New Washington	33	44854	7
North Robinson	2	44856	5
Ocala	7	44860	6
Sulphur Springs	6	44881	0
Tiro	7	44887	0

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

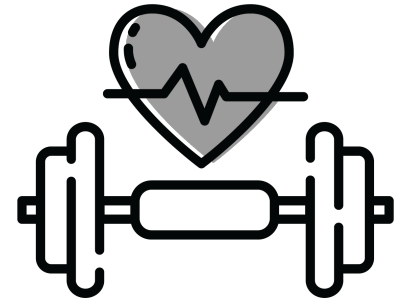
70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

Source: WalkScore.com, 2020

PHYSICAL ACTIVITY

#6 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- The #1 chronic disease that interview respondents and community residents talked about the most was diabetes/obesity. One contributed health factor to this chronic disease and other top chronic diseases is lack of physical activity.
- There are minimal physical activity options.
- Most physical activity options are too expensive.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Low socioeconomic status (SES)
- Youth from low SES families

“Youth that are involved in sports and other physical activities are more successful and happier.”

SUGGESTIONS FROM OUR COMMUNITY:

- Provide more scholarships to pay for sport equipment (for kids that would play sports but family cannot afford equipment/supply costs)
- Increase adult physical activity options
- Increase events to encourage people to participate in physical activity activities
- Prioritize need for trail that connects communities



HEALTH INSURANCE COVERAGE

#7 PRIORITY HEALTH FACTOR



Health insurance coverage is considered a key component to ensure access to health care. An estimated 94.3% of the civilian, non-institutionalized population in Crawford County has health insurance. 96.8% of children (18 and younger) have health insurance coverage in the county. Only three of the listed ZIP Codes do not have full health insurance coverage among children: New Washington (98.5%), and Crestline and Galion (both with 93% coverage among children). Among adults (19-64), 91.2% in the county had health insurance. Sulphur Springs (100%) and Chatfield (98.3%) had the highest insurance rates, and Crestline (91.8%), New Washington (91.4%), Bucyrus (91.1%) and Galion (91%) had the lowest health insurance rates among adults.

HEALTH INSURANCE

CHILDREN AGES 0-18 AND ADULTS AGES 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Bucyrus	44820	94.8%	100.0%	91.1%
Chatfield	44825	99.1%	100.0%	98.3%
Crestline	44827	93.7%	93.0%	91.8%
Galion	44833	93.3%	93.0%	91.0%
New Washington	44854	94.8%	98.5%	91.4%
North Robinson	44856	98.7%	100.0%	96.2%
Sulphur Springs	44881	100.0%	N/A	100.0%
Tiro	44887	95.5%	100.0%	92.9%
Crawford County		94.3%	96.8%	91.2%
Ohio		93.9%	95.6%	91.6%

CHILDREN: Healthy People 2030 says that 96.8% of all children will have insurance. Overall, the county meets this goal **but Crestline (93%) and Galion (93%) do not meet this goal.**

ADULTS: Healthy People 2030 says that 91.2% of all adults will have insurance. Overall, the county meets this goal **but Bucyrus (91.1%), Crestline 91.8%, Galion 91%, and new Washington 91.4% barely meet this goal or fall short of this goal.**

HEALTH INSURANCE COVERAGE

#7 PRIORITY HEALTH FACTOR

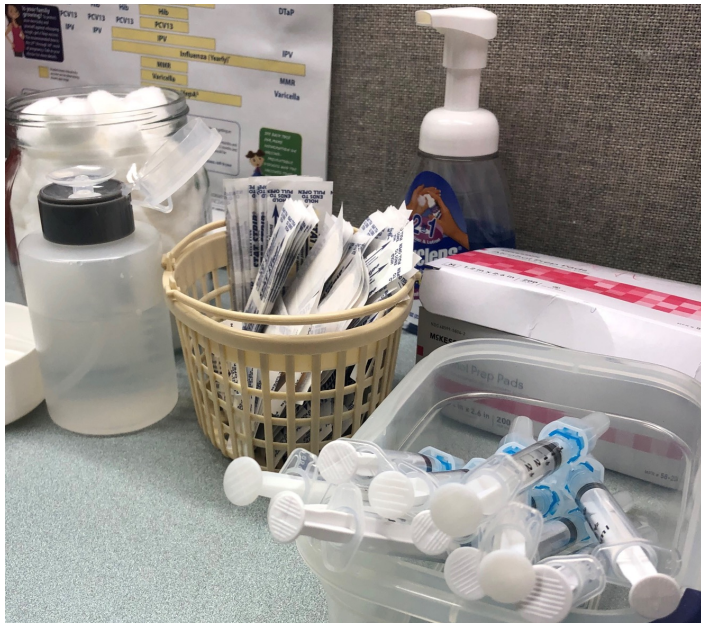


FINDINGS FROM OUR COMMUNITY:

- The #1 priority health factor is Access to Care.
Health insurance coverage contributes to being able to access health care.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- ALICE (Asset Limited, Income Constrained, Employed) population



“ I wish more providers would take Medicare and Medicaid. ”

SUGGESTIONS FROM OUR COMMUNITY:

- Assist Medicaid and Medicare eligible residents with paperwork to receive assistance

HOUSING

#8 PRIORITY HEALTH FACTOR



HOUSEHOLDS AND HOUSING UNITS

% CHANGE

	Crawford County			Ohio		
	2014	2019	% Change	2014	2019	% Change
Households	17,625	17,782	0.9%	4,570,015	4,676,358	2.3%
Housing units	20,082	20,044	(-0.2%)	5,135,173	5,202,304	1.3%
Owner occ.	12,339	12,390	0.4%	3,056,206	3,089,046	1.1%
Renter occ.	5,286	5,392	2.0%	1,513,809	1,587,312	4.9%
Vacant	2,457	2,262	(-7.9%)	565,158	525,946	(-6.9%)
Vacancy Rate	12.2%	11.3%		11.0%	10.1%	

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. <http://data.census.gov/>

In a well-functioning housing market, there is a need for vacant units (both for sale and for rent) to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

(Source: http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page)

Neither the state of Ohio nor Crawford County met this 13% vacancy rate recommendation in the years 2015-2019.

HOUSING

#8 PRIORITY HEALTH FACTOR



HOUSEHOLDS THAT SPEND 30%+ OF INCOME ON HOUSING ARE SAID TO BE "COST BURDENED"

% OF INCOME

	ZIP Code	Percent
Bucyrus	44820	25.0%
Chatfield	44825	22.5%
Crestline	44827	21.1%
Galion	44833	22.4%
New Washington	44854	18.4%
North Robinson	44856	49.2%
Sulphur Springs	44881	0.0%
Tiro	44887	19.1%
Crawford County		23.6%
Ohio		26.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates DP04. <http://data.census.gov/>



14.1% of county households are seniors who live alone, which is higher than the state rate (12%).

Seniors living alone may be isolated and lack adequate support systems.

HOUSING

#8 PRIORITY HEALTH FACTOR



Substandard housing can pose a risk to the health and safety of occupants and neighbors, and can increase the risk of disease, social isolation, and poor mental health.

Two issues which can create or contribute to substandard housing are occupied housing units that lack complete plumbing and/or kitchen facilities. 105 occupied units, (0.6% of all occupied housing in Crawford County) lacks complete plumbing facilities. This is twice the rate of incomplete/inadequate plumbing seen at the state level.

HOUSEHOLDS THAT LACK BASIC PLUMBING AND KITCHEN FACILITIES

	ZIP Code	Occupied Housing Units	Lacking Complete Plumbing Facilities	Lacking Complete Kitchen Facilities
Bucyrus	44820	7,506	0.6%	1.5%
Chatfield	44825	40	0.0%	0.0%
Crestline	44827	2,941	0.0%	0.5%
Galion	44833	6,947	1.0%	1.8%
New Washington	44854	684	0.0%	2.5%
North Robinson	44856	125	0.0%	0.0%
Sulphur Springs	44881	12	0.0%	0.0%
Tiro	44887	336	0.3%	4.2%
Crawford County		17,782	0.6%	1.5%
Ohio		4,676,358	0.3%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP04. <http://data.census.gov/>

HOUSING

#8 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- The ZIP Code with the highest percentage of households spending 30% or more of their income on housing is North Robinson (49.2%).
- Every interview respondent said that Crawford County needs more affordable and quality housing.
- More housing is needed for senior citizens that is handicap accessible.
- There are no homeless shelters in Crawford County.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- People with mental health and substance use disorders (because of the stigma and landlords do not want to rent to them).

SUGGESTIONS FROM OUR COMMUNITY:

- Support an initiative in Crawford County to build more housing and improve the existing housing
- Start a housing coalition in Crawford County (like the one that is in Marion County)



“We had a young lady complete a substance use program and it took months to find housing for her and her daughter. The housing that she finally found is horrible with leaks, mold, and terrible conditions that no human should have to live in!”

ACCESS TO CHILDCARE

#9 PRIORITY HEALTH FACTOR



Access to childcare affects parents' ability to work, and issues surrounding it have been exacerbated by the COVID-19 Pandemic, contributing to the current shortage of workers in many areas and sectors. More than 40% of working parents said that they have had to cut back on hours in order to care for their children in the past few months, and nearly 60% of non-working or part-time-working mothers said they would work full-time if their child had access to quality childcare at a reasonable cost. 80% of all Ohioans surveyed - not just parents - said that childcare is expensive where they live.

Source: Groundwork Ohio Statewide Survey, Dec. 7, 2021.

https://www.groundworkohio.org/files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf

The average cost of childcare in Ohio ranges from \$3,731 per year for school-aged children cared for outside of school hours in home settings (Family Child Care Homes), to \$10,161 per year for infants under one year of age cared for in childcare centers.

Source: Ohio Child Care Resource & Referral Association, 2020 Annual Report.

<https://occrpa.org/about/reports/>



ACCESS TO CHILDCARE

#9 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- Most interview respondents said that there are few childcare options available in Crawford County.
- The childcare options that are available have extremely long waitlists and are expensive.
- Several childcare facilities have closed.
- Parents have to call in to work because do not have childcare.
- Day cares and childcare centers can charge whatever they want.
- Limited childcare makes it difficult for people to work in the community.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- People who work on 2nd or 3rd shifts
- Low socioeconomic (SES) population

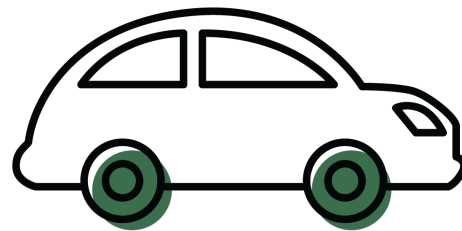
“We need to make it easier and more attainable to open a licensed childcare center that organizations and businesses can refer to...”

SUGGESTIONS FROM OUR COMMUNITY:

- Work with Job and Family Services to make it easier to open and offer licensed childcare
- Make regulations and training of staff so that children are not turned away (because of a physical or cognitive disability)

TRANSPORTATION

#10 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- Every interview respondent and many community members said that transportation is a problem in Crawford County.
- A few respondents said that some people use the lack of transportation as an excuse to not access social and medical services.
- Many respondents complained that there is no Uber and Lyft in Crawford County.
- It is a barrier for senior citizens to get transportation to work.
- There is an issue with transportation for people with developmental disabilities to see out-of-county specialists.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Developmentally disabled
- Low socioeconomic (SES) population
- Senior citizens/elderly

SUGGESTIONS FROM OUR COMMUNITY:

- Give taxi vouchers for people to access services
- Provide more transportation options for people to go to work or medical appointments
- Improve education and awareness on available transportation assistance options



“ For a lot of people in Crawford County, transportation to work and medical appointments is a major barrier. ”

CRIME/VIOLENCE

#11 PRIORITY HEALTH FACTOR



Violent crimes include homicide, rape, robbery and aggravated assault. Property crimes include arson, burglary, larceny and motor vehicle theft. The violent crime and property crime rates appear to be highest for Bucyrus, followed by Galion. While comparisons are not recommended, due to relatively small populations and numbers of crimes, what should be noted is that **both property and violent crime rates have declined in all listed jurisdictions, the county, and the state, from 2015 to 2019.**

VIOLENT CRIME AND PROPERTY CRIME

RATES PER 100,000 PERSONS, 2015-2019

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2015*	2019	2015*	2019	2015*	2019	2015*	2019
Bucyrus P.D.	658	287	5,618.2	2,450.5	30	25	256.1	213.5
Crestline P.D.**	98	25	2,233.9	569.9	9	3	205.2	68.4
Galion P.D.	403	135	4,074.8	1,365.0	26	13	262.9	131.4
Crawford County Sheriff's Office	136	92	950.6	643.0	5	3	34.9	21.0
Crawford County	1,295	538	3,213.7	1,335.1	70	44	173.7	109.2
Ohio	N/A	216,200	2,617.3	2,055.7	N/A	32,509	296.2	293.2

Source: U.S. FBI UCR program, Crime Data Explorer. <https://crime-data-explorer.fr.cloud.gov/>. State rates were calculated using data from the law enforcement agencies in Ohio that voluntarily submitted data to the FBI that year; for 2019 this was 607 of 857 law enforcement agencies in the state, covering approximately 90% of the state's total population. City and county rates were calculated based on populations covered by the reporting police and sheriff's departments; care should be used when interpreting rates calculated on such small numbers. *2015/2016 city and county rates were calculated utilizing 2019 population data, and so represent approximations. **Crestline P.D. 2015 numbers were not reported; presented data is for 2016.

CRIME/VIOLENCE

#11 PRIORITY HEALTH FACTOR



83.2% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Crawford and Marion said that they felt safe in their neighborhood, and 47.7% responded that they felt there were a lot of adults in their neighborhood, town or community that they could talk to about something important. Boys feel safer than girls both regionally (86.2% vs. 81.1%) and statewide and both feel safer than transgender or binary youth, about half (48.3%) of whom feel unsafe in their neighborhoods regionally versus 28.6% who felt unsafe at the state level.

NEIGHBORHOOD TRUST

TEENS 7TH THROUGH 12TH GRADES

	Crawford-Marion Board	Ohio
Feel safe in their neighborhood	83.2%	91.1%
Feel there are a lot of adults in the neighborhood (town, community) to talk to about something important	47.7%	53.5%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

VIOLENT CRIME AND PROPERTY CRIME

RATES PER 100,000 PERSONS, 2015-2019

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2015*	2019	2015*	2019	2015*	2019	2015*	2019
Bucyrus P.D.	658	287	5,618.2	2,450.5	30	25	256.1	213.5
Crestline P.D.**	98	25	2,233.9	569.9	9	3	205.2	68.4
Galion P.D.	403	135	4,074.8	1,365.0	26	13	262.9	131.4
Crawford County Sheriff's Office	136	92	950.6	643.0	5	3	34.9	21.0
Crawford County	1,295	538	3,213.7	1,335.1	70	44	173.7	109.2
Ohio	N/A	216,200	2,617.3	2,055.7	N/A	32,509	296.2	293.2

Source: U.S. FBI UCR program, Crime Data Explorer. <https://crime-data-explorer.fr.cloud.gov/> **Crestline P.D. 2015 numbers were not reported; presented data is for 2016.

CRIME/VIOLENCE

#11 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- Most interview respondents said that crime/violence is low in Crawford County but when it does occur, it is related to substance use disorders.
- A few of the respondents reported that they felt there are little consequences for juvenile crime/violence because there is NOT adequate staff in the juvenile justice system in Crawford County.
- A few respondents said that people do not go to jail when it is necessary because the jails are full and therefore, there are little consequences to crime/violence.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- People who are affected by substance use disorder

Boys feel safer than girls both regionally (86.2% vs. 81.1%) and statewide and both feel safer than transgender or binary youth, about half (48.3%) of whom feel unsafe in their neighborhoods regionally versus 28.6% who felt unsafe at the state level.

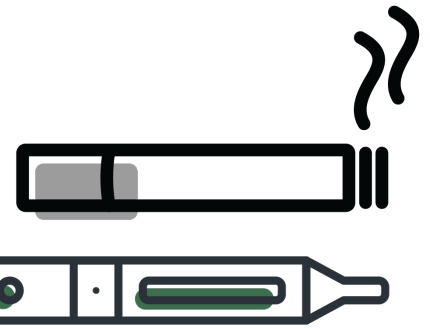
Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

SUGGESTIONS FROM OUR COMMUNITY:

- Assess the juvenile justice system and make improvements where there are gaps

TOBACCO/NICOTINE USE

#12 PRIORITY HEALTH FACTOR



The healthy people 2030 objective for cigarette smoking among adults is 5%. In Crawford County, more adults smoke cigarettes (25%) than at the state level (21%). Both are far from meeting the healthy people 2030 objective.

SMOKING

ADULTS

LOCATION	PERCENT
Crawford County	25%
Ohio	21%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2018. For All Adults, accessed via County Health Rankings, 2021. <http://www.countyhealthrankings.org>

A HIGHER RATE OF TEENS IN CRAWFORD COUNTY DO NOT VIEW TOBACCO AS A RISK

TEENS

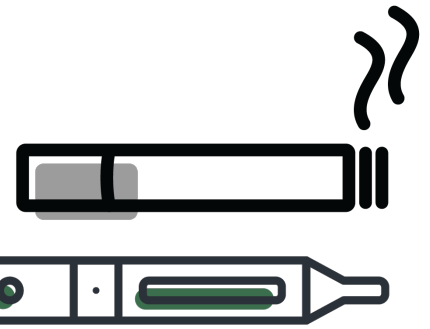
SMOKING STATUS	CRAWFORD-MARION BOARD	OHIO
Used any tobacco product (cigarettes, cigars, chewing tobacco, snuff or dip) in the past 30 days	8.9%	8.4%
Smoked a cigarette in the past 30 days	5.8%	5.1%
Smoked cigarettes on 20+ days of the past 30	2.2%	1.5%
Used chew, snuff, or dip in the past 30 days	4.2%	3.8%
Smoked a cigar in the past 30 days	3.8%	4.0%
Do not view tobacco use (1+ pack daily) as a moderate or great risk	26.9%	20.2%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

E-CIGARETTE USE DECREASES WITH AGE AND EDUCATION LEVEL.

TOBACCO/NICOTINE USE

#12 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- A majority of interview respondents and many community members reported that the primary issue around nicotine is youth vaping.
- Several interview respondents reported that there are no known cessation programs in Crawford County.
- Interview respondents and the community report that people and youth think that vaping is not unhealthy.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth

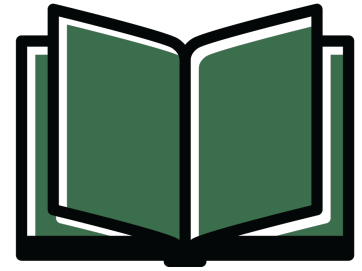
“ I don’t see marketing in the county that vaping is bad. It is hard to fight against vaping if the youth in the community do not think that it is a problem. ”

SUGGESTIONS FROM OUR COMMUNITY:

- Enforce smoke-free workforce laws
- Start cessation programs in the community
- Incorporate marketing in Crawford County that vaping is unhealthy
- Ban cigarette use on school property by anyone at all schools

K-12 STUDENT SUCCESS

#13 PRIORITY HEALTH FACTOR



CRAWFORD COUNTY ADULTS ARE LESS LIKELY TO HAVE A COLLEGE OR GRADUATE DEGREE.

EDUCATION LEVEL OF POPULATION 25 YEARS AND OLDER

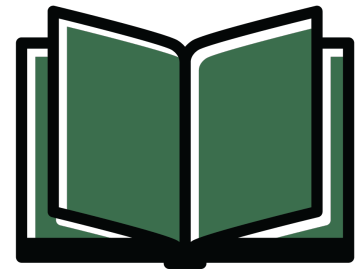
	Crawford County	Ohio
Population 25 years and older	29,452	7,975,777
Less than 9 th grade	2.6%	2.8%
9 th to 12 th grade, no diploma	7.2%	6.8%
High school graduate	46.8%	33.0%
Some college, no degree	18.6%	20.4%
Associate's degree	10.3%	8.7%
Bachelor's degree	9.2%	17.6%
Graduate/professional degree	5.2%	10.7%

EDUCATIONAL ATTAINMENT IS A KEY DRIVER TO HEALTH



K-12 STUDENT SUCCESS

#13 PRIORITY HEALTH FACTOR



HIGH SCHOOL GRADUATION RATES

CALCULATED USING FEDERAL GUIDELINES

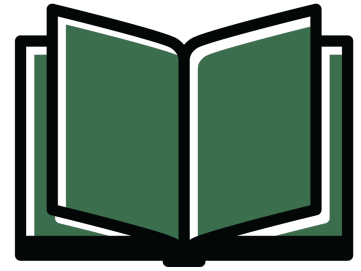
	2018-2019	2019-2020	2020-2021
Buckeye Central Local School District	100.0%	98.1%	100.0%
Bucyrus City School District	89.2%	85.3%	85.6%
Colonel Crawford Local School District	96.5%	98.8%	93.3%
Crestline Exempted Village School District	98.0%	97.6%	82.6%
Galion City School District	94.3%	90.4%	92.5%
Wynford Local School District	97.1%	97.0%	91.8%
Crawford County*	95.2%	93.2%	90.9%
Ohio	85.3%	85.9%	87.2%

Source: Ohio Department of Education, 2018-2020. <https://reportcard.education.ohio.gov/download>

The Healthy People 2030 objective for high school graduation is 90.7%. Galion City did not meet the HP2030 objective for the 2019-2020 school year, Crestline Exempted Village did not meet it for 2020-2021, and Bucyrus City did not meet the objective for any of the three school years examined.

K-12 STUDENT SUCCESS

#13 PRIORITY HEALTH FACTOR



FINDINGS FROM OUR COMMUNITY:

- Crawford County is doing a great job and giving the youth in the county a good education.
- Though few of the respondents did comment that some of the schools need to do a better job with autism services and serving those that learn differently.
- Many interviewees and community members reported that mental health increased with youth during the Covid-19 pandemic.
- Respondents felt that there needs to be more parenting classes and initiatives to increase home support to the students.

“Programs in schools like the Signs of Suicide program (or the SOS program have shown to decrease juvenile ideations, attempts, and rates.”

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Youth with mental health issues
- Youth who have suffered traumatic events
- Youth from families that with low socioeconomic status (SES)

SUGGESTIONS FROM OUR COMMUNITY:

- The schools need more resources to address kids that fell behind during the pandemic.

PRIORITY HEALTH OUTCOMES OF CRAWFORD COUNTY RANKED AND ANALYZED



We are able to improve the health of a community by striving to address the priority health outcomes of an area. Prioritizing health outcomes that are the most pressing needs of a community, drive action toward improving the health and well-being of people in that community. That improvement results in first a healthier county, and then a healthier state and finally, nation.

In order to follow the framework of the state of Ohio, this report ranked the health outcomes of Crawford County as they were prioritized by the community in the prioritization survey.

PRIORITY HEALTH OUTCOMES RANKED BY REGION (ASSESSED IN SURVEY)

Depression (mental health and addiction)

Drug overdose deaths (mental health and addiction)

Youth drug use (mental health and addiction)

Suicide (mental health and addiction)

Heart disease (chronic disease)

Diabetes (chronic disease)

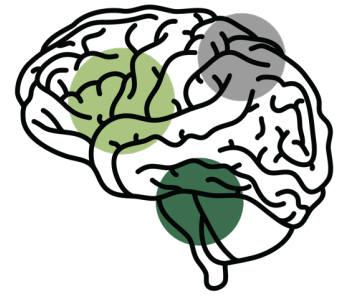
Childhood conditions-asthma and lead (chronic diseases)

Infant mortality/maternal morbidity/preterm births (maternal and infant health)

**Promoting the health and well-being and preventing disease
for all people are essential to a thriving, equitable society.**

DEPRESSION (MENTAL HEALTH & ADDICTION)

#1 PRIORITY HEALTH OUTCOME



Mental health improves with age, rising income and increasing level of education.

AVERAGE MENTALLY UNHEALTHY DAYS IN THE PAST 30 DAYS

AVERAGE # OF DAYS, ALL ADULTS

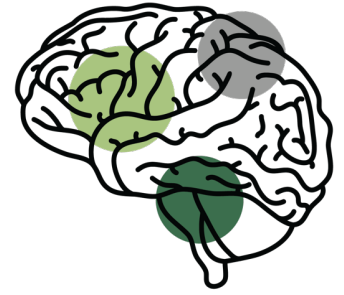
	Average # of Days, All Adults
Crawford County	5.2
Ohio	4.8

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2018 data. <http://www.countyhealthrankings.org>

HEALTHY PEOPLE 2030 HAS THE GOAL TO INCREASE THE PROPORTION OF CHILDREN WITH A MENTAL HEALTH PROBLEM WHO RECEIVE TREATMENT TO AT LEAST 82.4%. BOTH THE STATE (28.9%) AND COUNTY (27%) ARE VERY FAR FROM REACHING THIS GOAL.

DEPRESSION (MENTAL HEALTH & ADDICTION)

#1 PRIORITY HEALTH OUTCOME



Rates of sufficient sleep fall steadily with grade level, as does the likelihood of seeing a health care provider for a mental health problem. Insufficient sleep activates depression, anxiety and other mental health issues.

YOUTH DEPRESSION IN THE PAST 12 MONTHS

7TH – 12TH GRADE YOUTH

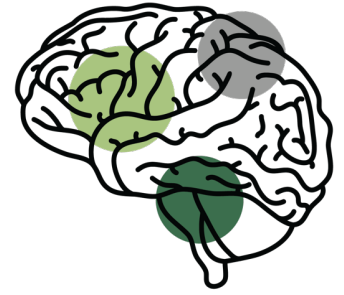
	Crawford-Marion	Ohio
In the past year felt sad or hopeless almost every day for 2 weeks or more in a row	20.9%	24.0%
Anxious as measured by the PHQ (patient health questionnaire)	17.8%	24.4%
Depressed as measured by the PHQ (patient health questionnaire)	14.0%	17.5%
Moderate or severe psychological distress level as measured by the PHQ (patient health questionnaire)	14.3%	18.7%
Saw a health care provider for a mental health problem in the past year	27.0%	28.9%
Got 8 or more hours of sleep on an average school night	38.9%	34.7%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019, combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>



DEPRESSION (MENTAL HEALTH & ADDICTION)

#1 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- Unfortunately, depression is the #1 priority health outcome need in Crawford County. All interview respondents and many community members reported that mental health needs are increasing and are a priority to address in the community.
- The health department regularly assesses mental health in Crawford County and has found the following:
 - There are high rates of cutting and other forms of self-harm.
 - Youth struggles with gender identity and stresses of family acceptance and bullying at school/work.
 - Mental health issues arose from the pandemic.
 - Suicides are highest among white males in their 30's.
 - Mental health often stems from trauma that is not dealt with.
- Mental health knowledge and acceptance is improving but access needs to be increased.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Males 35-55 years old
- Farmers
- Substance use disorder population
- Senior citizens/elderly
- People who have experienced traumatic events

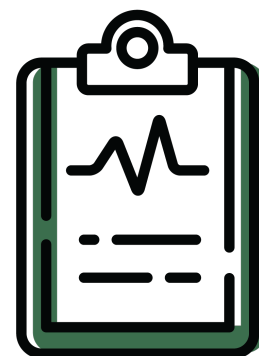
“Mental health needs to be our #1 health priority!”

SUGGESTIONS FROM OUR COMMUNITY:

- Increase and expand behavioral and mental health services in the community
- Incentivize people to choose professions in the mental health field
- Explore suicide prevention programs in workplace
- Think about new people to train in “Question.Persuade.Refer (QPR) (new examples include bartenders, barbers/stylists, personal trainers)
- Increase availability of telehealth mental health services
- Expand existing mental health programs in schools, workplaces, and the overall community

DRUG OVERDOSE DEATHS (MENTAL HEALTH & ADDICTION)

#2 PRIORITY HEALTH OUTCOME



Rates of death by unintentional drug overdose have been rising in recent years.

Non-Hispanic Whites make up 95.3% of the County population, and 56 (96.6%) of the 58 unintentional overdose deaths in the 5-year average. 41.4% of deaths occurred in adults aged 35 to 44 (vs. 26.6% statewide).

Drug overdose deaths in Crawford County do not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

UNINTENTIONAL OVERDOSE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Drug overdose death rate	11.6	33.4	35.8	17.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

From 2015 through 2019, 52 of the 58 unintentional overdose deaths in Crawford County involved an opioid drug, giving an age-adjusted death rate from opioid overdoses of 29.3 deaths per 100,000 persons, which is lower than the state but more than twice the national rate. The Healthy People 2030 goal is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons. Crawford County did not meet this goal.

OPIOID DRUG OVERDOSE DEATH RATE

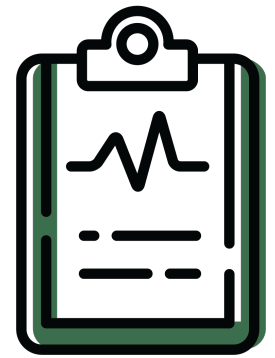
PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Drug overdose death rate	10.4	29.3	31.6	13.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10.html>

DRUG OVERDOSE DEATHS (MENTAL HEALTH & ADDICTION)

#2 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- Interview respondents reported that substance use increased during the Covid-19 pandemic.
- Mental health issues are often connected to substance use disorder.
- Mental health/addiction and medical professionals reported that there is nowhere locally to send patient that overdoses.
- Drug exchange activities are happening at parks, dog parks, and other community spaces.
- Parents do not want to get help for addiction issues because they are scared their children will be taken away from them.

“Unintentional drug overdoses in Crawford County are twice the U.S. rate.”

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Youth with mental health issues
- Youth that have experienced traumatic events

SUGGESTIONS FROM OUR COMMUNITY:

- The schools need more resources to address kids that fell behind during the pandemic.
- There should be more police activity and law enforcement at parks and outdoor spaces to increase attendance of kids and community.

YOUTH DRUG USE (MENTAL HEALTH & ADDICTION)

#3 PRIORITY HEALTH OUTCOME



5.6% of 7th through 12th grade students surveyed for Ohio's OHYES! survey in the counties of Crawford and Marion responded that they had tried marijuana for the first time before the age of 13 and 5.4% of responding students had had marijuana or hashish in the past 30 days. 2.8% said that they had used it 10 or more times in the prior 30 days, with 1.4% using it 40 times or more. Overall, usage appears to be lower and less often in the region than it does for the state as a whole.

Statewide, as school grades rise youth are more likely to use marijuana and use it more often per month, are less likely to perceive parents and peers as disapproving and are less likely to perceive marijuana use as harmful. Crawford and Marion County boys are more likely than girls to have tried marijuana by age 13 (5.7% vs. 5.1%), but girls are more likely to have used marijuana in the past 30 days (5.6% vs. 4.5% of boys), be a heavier user (more likely to be using 10+ times per month 2.8% vs. 2.2% of boys), and consider marijuana use to be low or no risk (55.3% vs. 48.2%).



YOUTH DRUG USE (MENTAL HEALTH & ADDICTION)

#3 PRIORITY HEALTH OUTCOME



MARIJUANA USE

TEENS 12 AND OLDER, 7TH-12TH GRADE, PARTICIPATING SCHOOLS

	Crawford-Marion Board	Ohio
Tried for first time before age 13 years	5.6%	3.6%
Used marijuana or hashish during past 30 days	5.4%	6.5%
Usual method of use is smoking (of those who use) rather than edibles, drinkables, vaping or other	89.8%	88.5%
Perceive parents would feel it would be wrong or very wrong to use marijuana	87.4%	89.4%
Perceive peers feel it would be wrong or very wrong to use marijuana	70.4%	69.3%
Youth perceive marijuana use (1-2x per week) as moderate or great risk	51.5%	56.8%
Did not use marijuana in past 30 days	94.9%	93.4%
Used marijuana 1-2 times in past 30 days	1.3%	2.1%
Used marijuana 3-9 times in past 30 days	1.0%	1.7%
Used marijuana 10-19 times in past 30 days	0.7%	0.9%
Used marijuana 20-39 times in past 30 days	0.7%	0.6%
Used marijuana 40 or more times in past 30 days	1.4%	1.3%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined,
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> *Represents fewer than 15 respondents



YOUTH DRUG USE (MENTAL HEALTH & ADDICTION)

#3 PRIORITY HEALTH OUTCOME



13.4% of 7th through 12th grade students surveyed for the OHYES! survey in the counties of Crawford and Marion responded that they had taken their first drink of more than a few sips of alcohol before the age of 13. 8.3% of responding students had had at least one alcoholic drink on at least one occasion in the past 30 days, and 4.2% said that they had binge drunk on at least one occasion in the prior 30 days. Binge drinking was defined as 5 or more drinks of alcohol in a row, within a couple of hours. Only 60.1% of area teens felt binge drinking carried moderate or great risks. 1.2% of all teens said that they had driven while drinking in the past 30 days, and 9.2% said they had ridden in a car, in the past 30 days, driven by someone who had been drinking.

In general, every category of alcohol use and misuse rises with grade level. The exception is perceived risk in binge drinking, and riding with drunk drivers, which remains fairly steady. Boys in Crawford and Marion Counties are more likely than girls to have tried alcohol by age 13 (14.6% vs. 11.5%), binge drank in the past 30 days (4.2% vs. 3.7%), consider binge drinking to be no or low risk (45.1% vs. 34.1%), and to say that they drove while drinking in the past month (1.2% vs. 1%). Meanwhile, area girls are more likely than boys to say that they have drunk alcohol in the past 30 days (8.4% vs. 7.9%) and that, in the past month, they have ridden with a driver who had been drinking (10.4% vs. 7.3%).

TEEN ALCOHOL AND BINGE DRINKING EXPERIENCE

TEENS, 7TH-12TH GRADE

	Crawford-Marion Board	Ohio
Had first drink of more than a few sips before the age of 13	13.4%	11.0%
At least one drink, one or more times, past month	8.3%	10.0%
Binge drank, past 30 days	4.2%	4.8%
Perceive binge drinking has moderate or great risk	60.1%	68.6%
Drove while drinking at least once, past 30 days	1.2%	1.7%
Rode with someone who was drinking, and least once, past 30 days	9.2%	11.3%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019 combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey> *Represents fewer than 15 respondents

YOUTH DRUG USE (MENTAL HEALTH & ADDICTION)

#3 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- Youth drug use stems from poor mental health.
- Young children are accidentally overdosing on their parents'/caretakers' prescription medications due to lack of safe storage. (per Crawford County ER notes)
- Most interview respondents reported that vaping is the biggest problem with youth related to nicotine use.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Youth with mental health issues
- Youth that have suffered traumatic events

“My mother, grandmother, and great-grandfather suffered as alcoholics. An intervention during my youth with a drug and alcohol counselor who I could talk to if I had a bad night changed my life and stopped the cycle with me. I realized that the bad actions that occurred were not because my mom was bad but because they happened because of the alcohol and substances.”

SUGGESTIONS FROM OUR COMMUNITY:

- Increase and expand behavioral and mental health services for youth
- Safe storage for prescription medication education needs to be implemented to decrease overdoses with young children
- Increase drugs tests for youth involved with activities

SUICIDE (MENTAL HEALTH & ADDICTION)

#4 PRIORITY HEALTH OUTCOME

The suicide rate in Crawford County is 16.6 deaths per 100,000 persons. This rate is higher than the state rate (14.6 deaths) and does not meet the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.



SUICIDE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, SIX-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	#	Rate	Rate	Rate
Suicide	7.8	16.6	14.6	13.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

DEPRESSION AND SUICIDE IDEATION

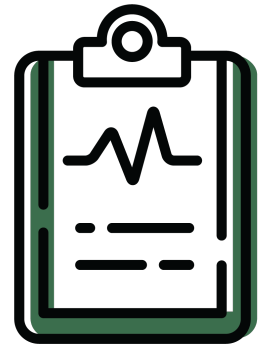
ADULTS 2019 AND *2017

	Depression	*Suicide Ideation
BRFSS Region 3 (includes Crawford County)	20.7%	4.7%
Ohio	20.3%	4.4%

Source: Ohio Department of Health, Ohio 2019 AND 2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

SUICIDE (MENTAL HEALTH & ADDICTION)

#4 PRIORITY HEALTH OUTCOME



YOUTH SUICIDAL IDEATION/ATTEMPTS IN THE PAST 12 MONTHS

7TH – 12TH GRADE YOUTH

	Rural Students	Ohio
Seriously considered attempting	14.0%	12.9%
Attempted one or more times	6.6%	5.3%
Attempt resulted in injury, poisoning or overdose that had to be treated	1.6%	1.5%

Source: Ohio Healthy Youth Environments Survey, 2015-2016, 2016-2017, 2017-2018 & 2018-2019, combined.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

Like frequent mental distress, levels of diagnosed depression and suicide generally falls with age, rising income and increasing levels of education.

SUICIDE (MENTAL HEALTH & ADDICTION)

#4 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- The suicide rate in Crawford County is higher than the state rate (14.6 deaths) and the national rate (13.6 deaths) and does not meet the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.
- Interview respondents reported that there has been an increase on suicide ideation and completion rates.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Youth with mental health issues
- Middle-aged white males.



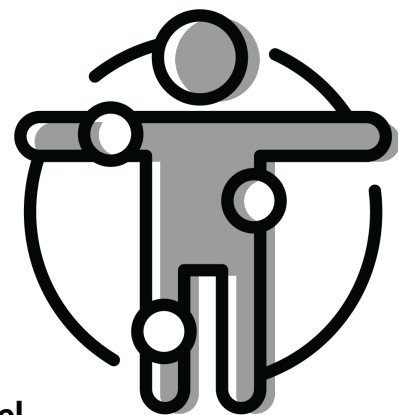
“Suicide rates increase in rural areas because there are substance use problems and mental health issues but not enough [mental healthcare professionals] to help people.”

SUGGESTIONS FROM OUR COMMUNITY:

- Expand the SOS (Signs of Suicide) program to ALL schools in the county.

HEART DISEASE (CHRONIC DISEASES)

#5 PRIORITY HEALTH OUTCOME



The prevalence of circulatory diseases such as heart disease and stroke rise with age and are also highly impacted by income and level of education. For Ohio as a whole, 7.5% of adults reported that a healthcare professional had told them that they had angina, coronary heart disease, or had had a heart attack, while among those with less than a high school education the rate is 14.6%, among those whose household income is below \$15,000 per year it is 12.3%, and among senior adults the rate is 17.8%. Men (9.3%) are more likely to be diagnosed with heart disease than women (5.8%).

For stroke, 3.9% of Ohio adults reported that a healthcare professional had told them that they have had a stroke, with the rate for those with less than a high school education being 9.1%, among those with a household income below \$15,000 per year it was 7.9%, and for those 65 years of age and older it was 8.5%. Men and women are about equally likely to be diagnosed as having had a stroke.

HEART DISEASE AND STROKE PREVALENCE IN OHIO

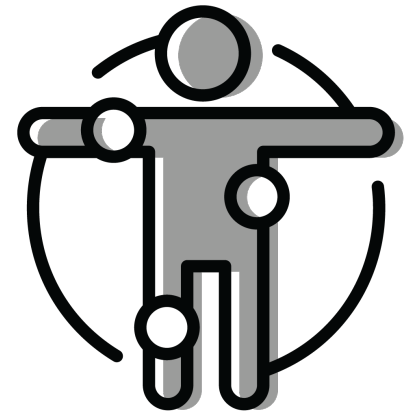
BY DEMOGRAPHIC CHARACTERISTICS, 2019

CHARACTERISTIC	HEART DISEASE	STROKE
Less than High School	14.6%	9.1%
High School Diploma	7.8%	4.2%
Some College	7.2%	3.1%
College Graduate	4.6%	2.4%
Household Income < \$15,000	12.3%	7.9%
Household Income \$15,000+	4.2%	1.2%
Male	9.3%	3.8%
Female	5.8%	4.0%
Ages 18 – 34	N/A	N/A
Ages 35 – 44	2.8%	1.7%
Ages 45 – 54	5.8%	3.8%
Ages 55 – 64	10.6%	5.5%
Ages 65+	17.8%	8.5%
Overall Prevalence, All Adults	7.5%	3.9%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

HEART DISEASE (CHRONIC DISEASES)

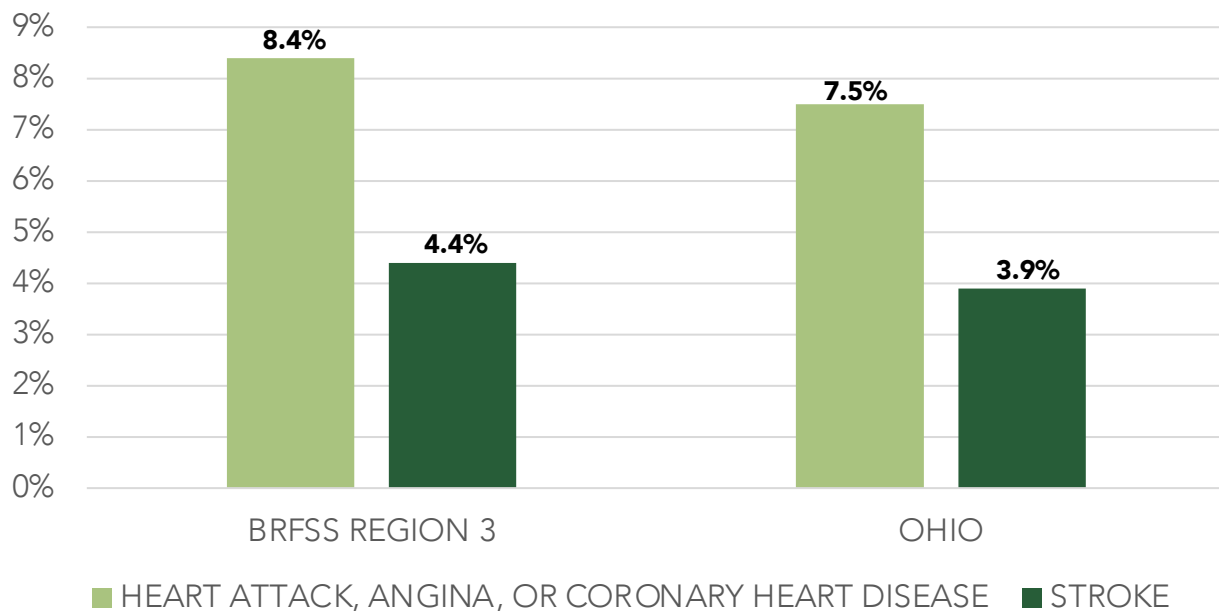
#5 PRIORITY HEALTH OUTCOME



When asked if they had ever been diagnosed as having a heart attack, angina or coronary heart disease by a health professional, 8.4% of adults in Ohio's BRFSS Region 3 (includes Crawford County) answered 'yes', which is higher than the state rate of 7.5%. 4.4% of Region 3 residents said that they had been told by a health professional that they had had a stroke, which is higher than the 3.9% seen statewide.

ADULT HEART DISEASE AND STROKE DIAGNOSES

2019

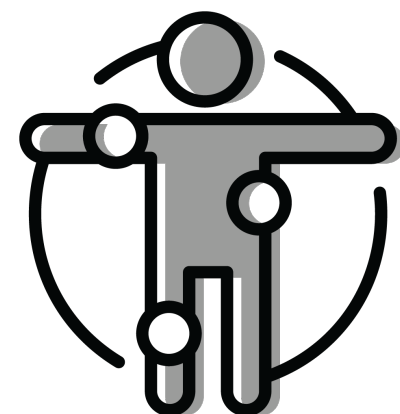


Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

BRFSS Region 3 includes Crawford County

HEART DISEASE (CHRONIC DISEASES)

#5 PRIORITY HEALTH OUTCOME



Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The prevalence of these two conditions are higher among men than women, rise with age, and are also highly impacted by income and level of education. For Ohio as a whole, 34.5% of adults reported that a healthcare professional had told them they have high blood pressure. Among men it is 37.6%, among those with less than a high school education it is 44.1%, among those whose household income is below \$15,000 per year it is 44.9%, and among older adults the rate is 58.2%.

For high cholesterol, 30.6% of Ohio adults reported that a healthcare professional had told them that they have high cholesterol, while the rate for those with less than a high school education was 39.5%, among those with a household income below \$15,000 per year it was 35.8%, and for those 65 years of age and older it was 48.9%.

HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL PREVALENCE IN OHIO

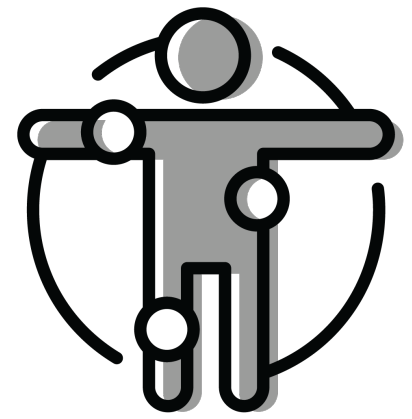
DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	HIGH BP	HIGH CHOLESTEROL
Less than High School	44.1%	39.5%
High School Diploma	38.6%	30.9%
Some College	30.9%	29.3%
College Graduate	29.7%	28.0%
Household Income < \$15,000	44.9%	35.8%
Household Income \$15,000+	27.1%	26.6%
Male	37.6%	31.8%
Female	31.6%	29.6%
Ages 18 – 24	10.6%	7.6%
Ages 25 – 34	12.9%	10.1%
Ages 35 – 44	22.6%	20.3%
Ages 45 – 54	35.1%	31.2%
Ages 55 – 64	51.1%	42.3%
Ages 65+	58.2%	48.9%
Overall Prevalence, All Adults	34.5%	30.6%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

HEART DISEASE (CHRONIC DISEASES)

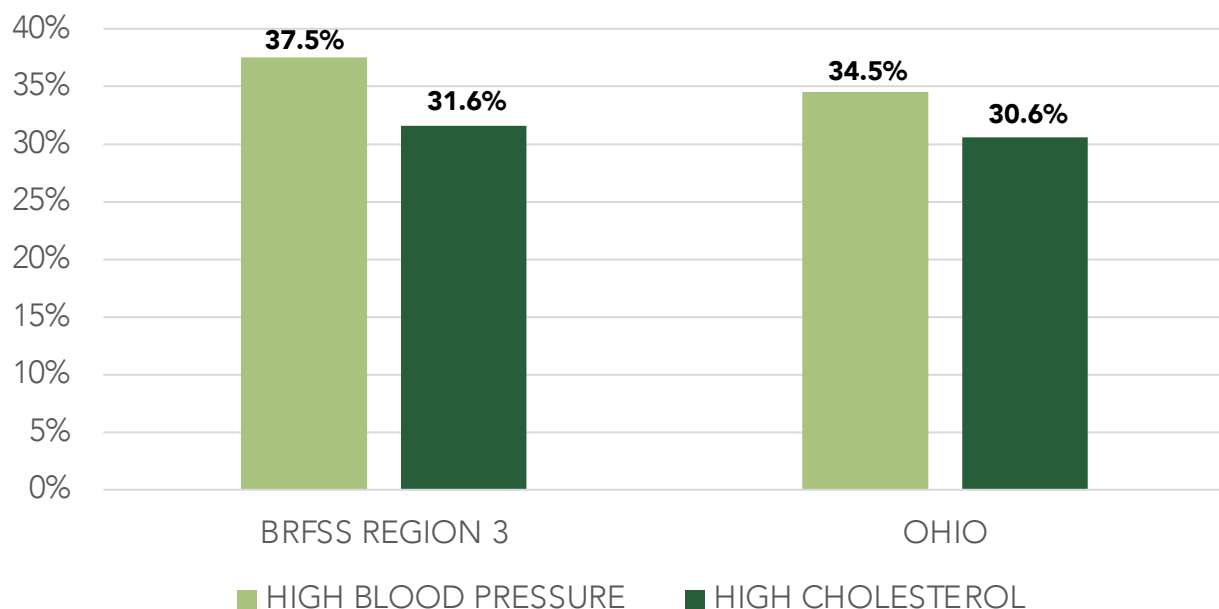
#5 PRIORITY HEALTH OUTCOME



When asked if they had ever been diagnosed as having high blood pressure by a health professional, 37.5% of adults in Region 3 (includes Crawford County) answered 'yes', which is slightly above the state rate. 31.6% of Region 3 residents said that they had been told by a health professional that they had high cholesterol, which is slightly above the state rate.

HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL DIAGNOSES

2019



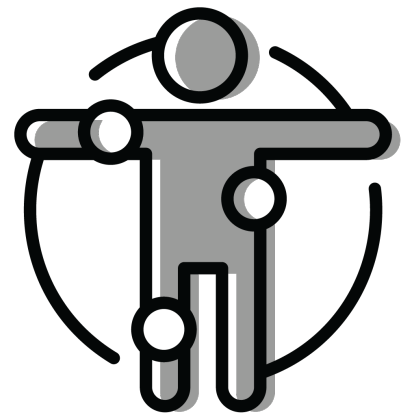
Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

BRFSS Region 3 includes Crawford County

DIABETES (CHRONIC DISEASES)

#6 PRIORITY HEALTH OUTCOME

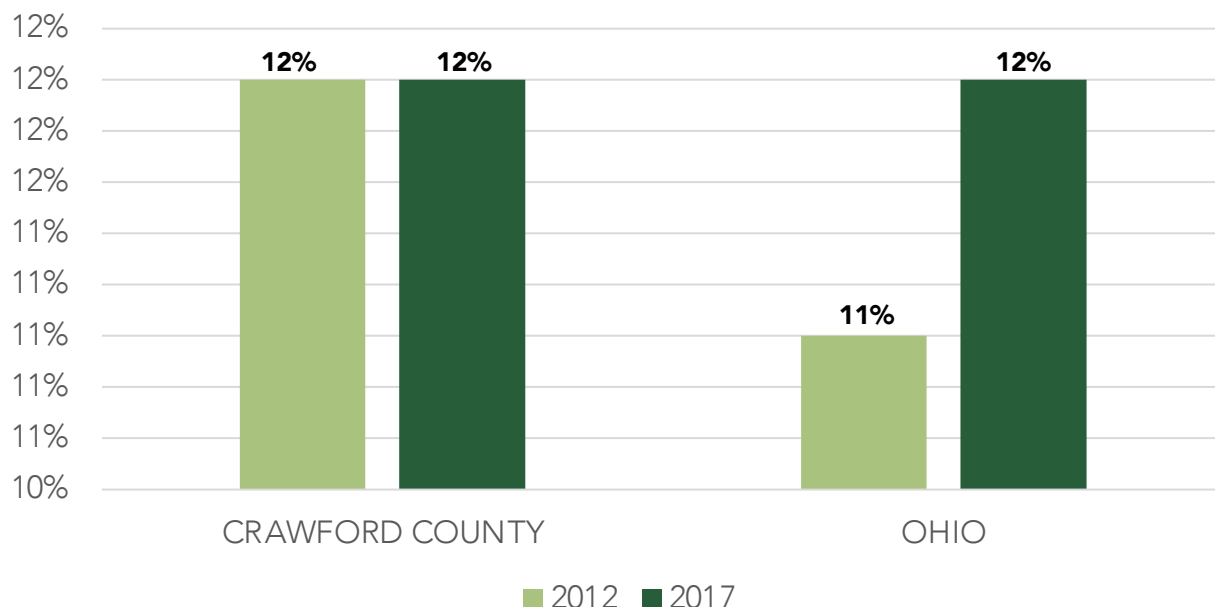
More than a third of Ohio adults have prediabetes. Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification. Source: Ohio Department of Health, "Screen, Test, Refer: Addressing Prediabetes in Ohio: Action Steps for the Healthcare Team", January 2019. <https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/chronic-disease/data-publications/screen-test-refer-infographic-2019>



When asked if they had ever been diagnosed with diabetes by a health professional, 12% of adults in Crawford County answered 'yes', which equals the state rate. This rate has been holding steady over recent years.

ADULT DIABETES DIAGNOSIS (AGE 20+)

AGE-ADJUSTED PERCENTAGES

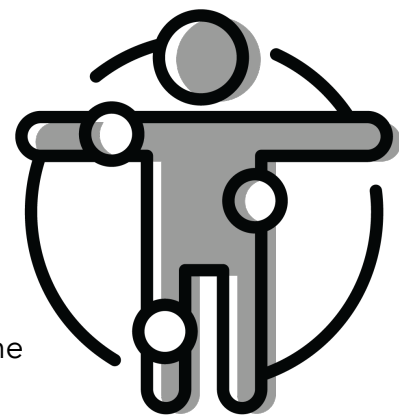


Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings for 2016 & 2021, using 2012 & 2017 data. <http://www.countyhealthrankings.org>

DIABETES

(CHRONIC DISEASES)

#6 PRIORITY HEALTH OUTCOME



Diabetes prevalence rises with age and is also highly impacted by income and level of education. For Ohio as a whole, per the Behavioral Risk Factor Surveillance System (BRFSS), 12% of adults reported that a healthcare professional had told them they have diabetes, while among those with less than a high school education it is 16.7%, among those whose household income is below \$15,000 per year it is 20.3%, and among senior adults the rate is 24.5%.

An additional 9.5% of Ohio adults reported that they had been told by a healthcare professional that they had pre-diabetes, with the rate being 13.8% among older adults; this rate of diagnosis did not track smoothly with income, perhaps suggesting discrepancies in diagnostic access

Diabetes prevalence rises with age and is also highly impacted by income and level of education.

ADULT DIABETES PREVALENCE IN OHIO

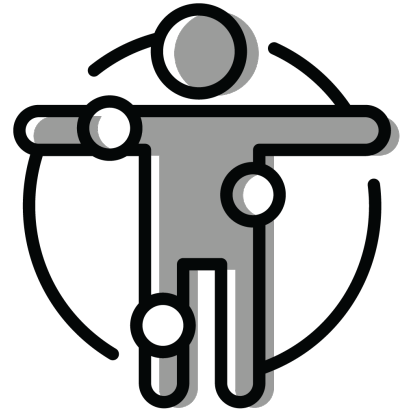
BY DEMOGRAPHICS, 2019

CHARACTERISTIC	DIABETES	PRE-DIABETES
Less than High School	16.7%	9.9%
High School Diploma	13.4%	9.8%
Some College	12.4%	9.9%
College Graduate	7.8%	8.6%
Household Income < \$15,000	20.3%	12.5%
Household Income \$75,000+	7.5%	7.8%
Ages 18 – 24	2.1%	6.0%
Ages 25 – 34	2.0%	7.1%
Ages 35 – 44	4.7%	6.7%
Ages 45 – 54	12.2%	10.7%
Ages 55 – 64	18.5%	11.9%
Ages 65+	24.5%	13.8%
Overall Prevalence, All Adults	12.0%	9.5%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

CHILDHOOD CONDITIONS (CHRONIC DISEASES)

#7 PRIORITY HEALTH OUTCOME



Elevated blood lead levels in children are a concern in Ohio, where deteriorating lead-based paint and its resulting lead dust are the most common causes of elevated blood lead levels in children. Data from 2007-2011 testing was used to determine Ohio ZIP Codes where 12% or more of children were predicted to have blood levels of 5µg of lead or higher, per deciliter of blood. While there is no safe level of lead in the blood, the CDC in 2012 set this as the reference value for identifying children whose levels are in the top 2.5% of all children tested, allowing parents, doctors, public health officials and communities to take early action to reduce the child's future exposure to lead. Medical treatment (chelation therapy) is recommended to begin if a child's blood tests positive for $\geq 45\mu\text{g/dL}$. Of the eight service area ZIP Codes, six are considered by the state to be at high risk of elevated blood lead levels: 44820 (Bucyrus), 44825 (Chatfield), 44827 (Crestline), 44833 (Galion) and 44854 (New Washington) and 44887 (Tiro), as well as the following ZIP Codes which lie at least partially in Crawford County: 44818, 44865 and 44875, and are therefore required to test children's blood levels. <https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes> and <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>.

In 2020, 354 children under the age of 6 were tested for elevated blood lead levels in Crawford County. 348 of those tests (98.3%) were from children living in one of the county's designated high risk ZIP Codes. Of the tests, 6.2% had elevated lead levels, with all of those positive tests coming from within high-risk ZIP Codes. No child in the county tested with a blood level high enough to require medical treatment, though eight did have levels of between 10 and 44µg/dL.

BLOOD LEAD LEVELS $\geq 5\mu\text{g/dL}$

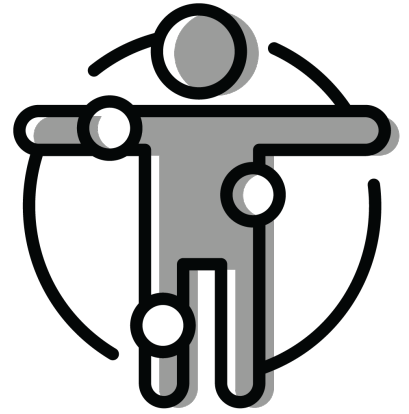
CHILDREN UNDER 6 YEARS OF AGE, 2020

LOCATION	TESTS	POSITIVE	RATE	$\geq 45\mu\text{g/dL}$	RATE
Crawford County	354	22	6.2%	0	0.0%
Ohio	143,705	3,847	2.7%	15	0.01%

Source: Ohio Department of Health, Public Health Information Warehouse, 2020.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>

CHILDHOOD CONDITIONS (CHRONIC DISEASES)

#7 PRIORITY HEALTH OUTCOME



4.9% of parents of Region 3's (includes Crawford County) children said that their child currently suffered from diagnosed asthma. While this is lower than the 7.7% reported statewide, due to the small population surveyed, this difference may or may not be statistically significant.

CURRENT ASTHMA

CHILDREN 0 TO 17

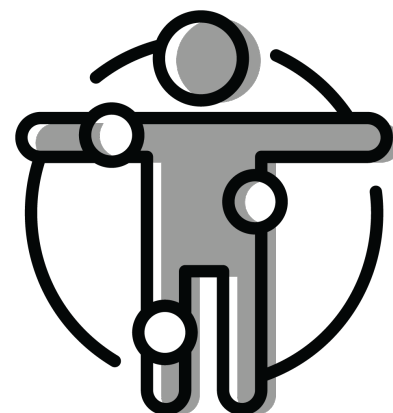
	Current Asthma
BRFSS Region 3	4.9%
Ohio	7.7%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



CHILDHOOD CONDITIONS (CHRONIC DISEASES)

#7 PRIORITY HEALTH OUTCOME



While asthma is a condition which tends to decrease with age, the prevalence of other diseases affecting the lungs – such as **COPD, emphysema and chronic bronchitis** – **rise with age; all are highly impacted by income and level of education**, and both categories are

higher among women than among men. For Ohio as a whole, 11.1% of adults reported that a healthcare professional had told them they currently have asthma, while among those with less than a high school education it was 15.4%, among those whose household income is below \$15,000 per year it was 19.9%, and among younger adults, aged 18 to 24, the rate was 13.3%.

9% of Ohio adults reported that a healthcare professional had told them that they have Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis, while the rate for those with less than a high school education is 17.6%, among those with a household income below \$15,000 per year it was 20.6%, and for those 65 years of age and older it was 15.8%.

ADULT ASTHMA AND COPD IN OHIO

BY DEMOGRAPHIC CHARACTERISTICS, 2019

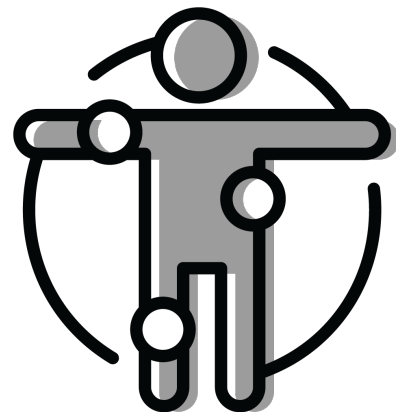
CHARACTERISTIC	ASTHMA	COPD, EMPHYSEMA AND/OR CHRONIC BRONCHITIS
Less than High School	15.4%	17.6%
High School Diploma	12.1%	10.7%
Some College	10.6%	8.8%
College Graduate	8.9%	3.3%
Household Income < \$15,000	19.9%	20.6%
Household Income \$75,000+	7.7%	3.0%
Male	8.3%	7.6%
Female	13.8%	10.2%
Ages 18 – 24	13.3%	1.5%
Ages 25 – 34	10.9%	3.4%
Ages 35 – 44	11.2%	5.4%
Ages 45 – 54	13.7%	9.3%
Ages 55 – 64	12.1%	13.3%
Ages 65+	7.6%	15.8%
Overall Prevalence, All Adults	11.1%	9.0%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

CHRONIC DISEASES

#5-7 PRIORITY HEALTH OUTCOME

In Crawford County, the annual age-adjusted cancer incidence rate was 455.3 cancers per 100,000 persons, which was lower than the state rate of 467.5 per 100,000 persons despite the county having a higher cancer mortality rate. The incidence of lung and bronchial, uterine, esophageal, and – to a lesser extent – kidney and renal pelvis cancers were higher for Crawford County than for the state, while most other listed cancers were lower in the county than the state. With low case counts for many of these cancers, differences in the rates of some cancers may or may not be significant.



CANCER INCIDENCE RATES PER 100,000 PERSONS

AGE ADJUSTED, 2014-2018 AVERAGED

	Crawford County		Ohio	
	Number	Rate	Number	Rate
All sites	270	455.3	67,458	467.5
Breast (female)	31	100.6	9,703	129.6
Lung and bronchus	53	85.6	10,059	67.3
Prostate (males)	24	78.9	7,754	107.2
Colon and rectum	24	40.5	5,915	41.3
Uterus (females)	11	36.9	2,451	31.1
Urinary bladder	14	21.7	3,224	21.8
Kidney and renal pelvis	12	19.9	2,503	17.6
Non-Hodgkin lymphoma	11	19.6	2,733	19.2
Melanoma of the skin	8	16.2	3,403	24.8
Thyroid	6	13.1	1,869	15.2
Pancreas	8	12.5	1,996	13.4
Leukemia	7	11.6	1,712	12.4
Esophagus	6	10.5	811	5.4
Oral cavity and pharynx	5	9.3	1,791	12.2
Cervix (females)	2	8.8	479	7.9
Multiple myeloma	5	7.8	908	6.2
Liver and intrahepatic bile duct	5	7.4	1,127	7.3
Ovary (females)	2	7.4	778	10.3
Brain and other central nervous system	3	5.6	923	7.0
Larynx	3	4.7	590	3.9

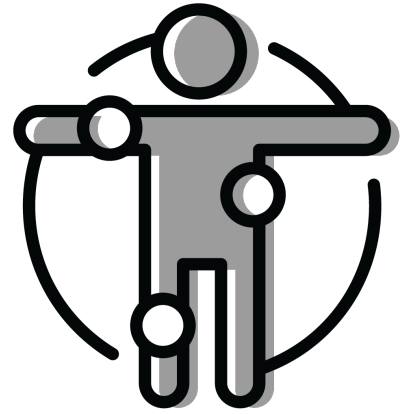
Source: Ohio Department of Health, Ohio Public Health Data Warehouse, Cancer Data, 2014-2018.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers>

CHRONIC DISEASES

#5-7 PRIORITY HEALTH OUTCOME

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. **In Crawford County, 17.2% of the non-institutionalized civilian population identified as having a disability, while the rate of disability in the state was 14%.**



NON-INSTITUTIONALIZED POPULATION WITH A DISABILITY

FIVE-YEAR AVERAGE

	Crawford County	Ohio
Population with a disability	17.2%	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

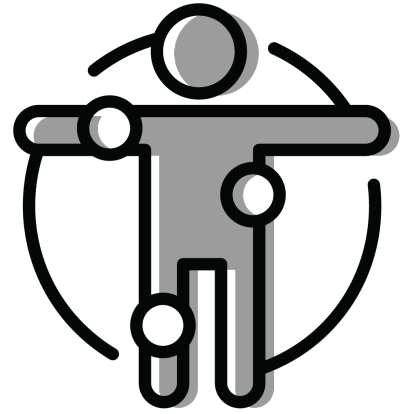
VETERAN STATUS

	ZIP Code	HEARING	VISION	COGNITIVE	AMBULATORY	SELF-CARE	INDEPENDENT LIVING
Bucyrus	44820	4.8%	3.1%	5.6%	8.3%	3.2%	5.3%
Chatfield	44825	4.5%	1.8%	1.8%	22.5%	1.8%	7.2%
Crestline	44827	4.3%	3.5%	5.0%	7.6%	2.6%	6.6%
Galion	44833	5.7%	3.3%	7.4%	10.6%	3.2%	6.1%
New Washington	44854	2.4%	0.7%	4.1%	8.1%	2.8%	3.4%
North Robinson	44856	0.9%	19.7%	1.3%	4.7%	0.4%	21.8%
Sulphur Springs	44881	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Tiro	44887	6.9%	4.3%	4.8%	13.6%	7.4%	10.6%
AHS SERVICE AREA		5.0%	3.3%	6.1%	9.2%	3.1%	6.0%
Crawford County		4.9%	3.3%	6.0%	9.4%	3.3%	6.0%
Ohio		3.8%	2.4%	5.5%	7.1%	2.6%	4.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810, <http://data.census.gov>

CHRONIC DISEASES

#5-7 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- The community prioritized heart disease and diabetes as the top chronic disease to address in Crawford County. This was followed by cancer and childhood chronic conditions such as asthma and lead.
- Science shows that obesity and lack of good nutrition/physical activity, and not getting preventative care contribute to diabetes.
- Interview respondents reported that asthma has possibly increased because of the lack of physical activity.
- Many children in Crawford County live in older homes that contribute to high lead levels.
- There are high rates of heart disease because of obesity.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Youth
- Senior citizens/elderly
- Residents that do not get preventative care or primary care

“ Obesity increases a person’s risk for heart disease, diabetes, hypertension, mental health issues, cancer, and many more chronic diseases. Obesity is common and costs us a lot. ”

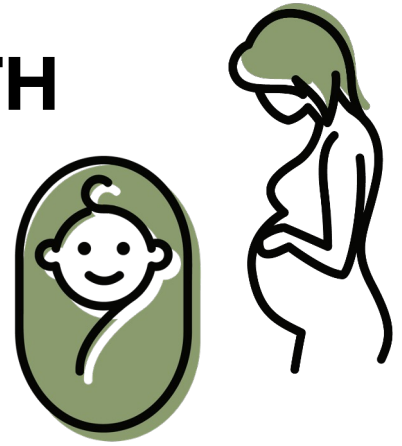
SUGGESTIONS FROM OUR COMMUNITY:

- Add local chemotherapy services
- Increase female health education

MATERNAL & INFANT HEALTH

#8 PRIORITY HEALTH OUTCOME

82.5% of pregnant women in Crawford County entered prenatal care on-time – during the first trimester – where time-of-entry was known. The county rate of on-time prenatal care is much better than the state (73.1%) but **did not meet the Healthy People 2020 objective of 84.8% of women receiving on-time prenatal care** (the Healthy People 2030 objective is not comparable with data as currently reported by Ohio or the CDC).



FIRST TRIMESTER PRENATAL CARE (WHERE START IS KNOWN)

FIVE-YEAR AVERAGES, 2017-2021

	Percent of Births
Crawford County	82.5%
Ohio	73.1%

Source: Ohio Department of Health, Public Health Information Warehouse, 2017-2021.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Among pregnant women, 75% in Crawford County did not smoke during pregnancy, which is lower than the rate of non-smoking expectant mothers in the state (88%). **These rates do not meet the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy.**

NO SMOKING DURING PREGNANCY

2017-2021

LOCATION	% OF BIRTHS
Crawford County	75.0%
Ohio	88.0%

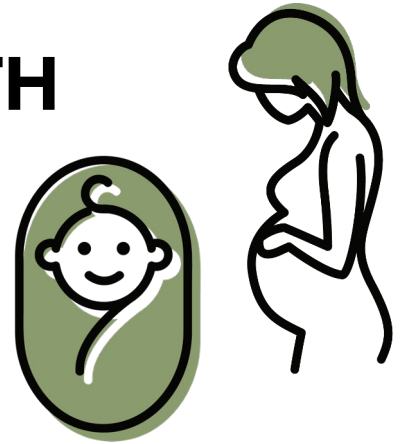
Source: Ohio Department of Health, Public Health Information Warehouse, 2017-2021.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

MATERNAL & INFANT HEALTH

#8 PRIORITY HEALTH OUTCOME

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 11.4% of births in Crawford County were preterm births, which is higher than the state rate (10.4%).



PRETERM BIRTHS

BABIES BORN BEFORE 37 WEEKS OF GESTATION

LOCATION	% OF BIRTHS
Crawford County	11.4%
Ohio	10.4%

Source: Ohio Department of Health, Public Health Information Warehouse, 2017-2021.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in Crawford County is 9%, which did not meet the Healthy People 2020 objective of 7.8% of births being low birth weight; however, this has been eliminated from the Healthy People 2030 list of objectives, in an effort to simplify and concentrate resources on remaining goals.

LOW BIRTH WEIGHT (UNDER 2,500 GRAMS)

FIVE-YEAR AVERAGES, 2017-2021

LOCATION	% OF BIRTHS
Crawford County	9.0%
Ohio	8.6%

Source: Ohio Department of Health, Public Health Information Warehouse, 2017-2021.

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Source for National: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

MATERNAL & INFANT HEALTH

#8 PRIORITY HEALTH OUTCOME

The infant mortality rate in Crawford County, from 2014 to 2018, was 5.4 deaths per 1,000 live births. **This does not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births.**



INFANT MORTALITY

FIVE-YEAR AVERAGE, 2014-2018

LOCATION	DEATHS PER 1,000 BIRTHS
Crawford County	5.4*
Ohio	7.1
Nation	5.8

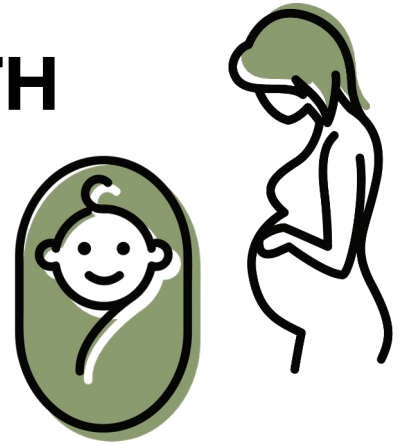
Source: Ohio Department of Health, 2018 Infant Mortality Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2018-ohio-infant-mortality-report>



MATERNAL & INFANT HEALTH

#8 PRIORITY HEALTH OUTCOME

From 2017 to 2021, teen births occurred in Crawford County at a rate of 51.7 per 1,000 live births (or 5.2% of live births). This rate is slightly higher than the statewide teen birth rate (51 per 1,000 live births, or 5.1%).



NUMBER OF BIRTHS TO TEENAGE MOTHERS AND RATE

PER 1,000 BIRTHS, FIVE-YEAR AVERAGE

	Crawford County	Ohio
Births to mothers less than 15 years of age	N/A	81.2
Births to mothers ages 15 – 17	8.8	1,581.2
Births to mothers ages 18 – 19	28.0	5,211.2
Births to mothers ages 15 – 19	36.8	6,792.4
Rate per 1,000 live births, mothers < 15 years old	N/A	0.6
Rate per 1,000 live births, mothers ages 15 - 17	8.3	11.9
Rate per 1,000 live births, mothers ages 18 - 19	43.4	39.1
Rate per 1,000 live births, mothers ages 15 - 19	51.7	51.0

Source: Ohio Department of Health, Public Health Information Warehouse, 2017-2021. N/A = Suppressed due to privacy concerns.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

The rate of births among females, ages 15 to 19, in Crawford County is 36.4 births per 1,000 teen girls, which is almost twice the Ohio rate of 20.6 births per 1,000 teen girls, ages 15 to 19.

FERTILITY RATE IN TEENAGE MOTHERS

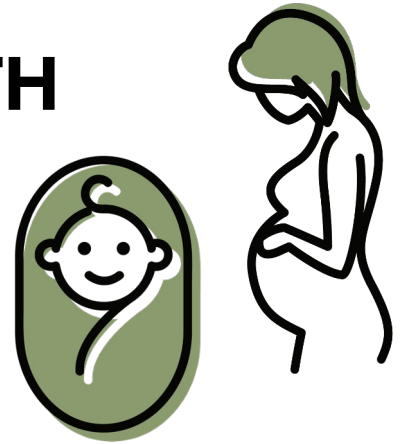
AGES 15-19 YEARS OLD, FIVE-YEAR AVERAGE

LOCATION	RATE PER 1,000 FEMALES
Crawford County	36.4
Ohio	20.6

Source: Ohio Department of Health, Public Health Information Warehouse, 2015-2019.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

MATERNAL & INFANT HEALTH

#8 PRIORITY HEALTH OUTCOME



FINDINGS FROM OUR COMMUNITY:

- There was a death in 2021 caused by unsafe sleeping.
- Crawford County does not see a lot of substance use disorder with maternal and infant health but when it does occur, there is nowhere to refer the mother.
- A few of the interview respondents reported that postpartum depression is a problem with new mothers in Crawford County. This problem overlaps with the overall problem of lack of access to mental healthcare.

POPULATIONS IN OUR COMMUNITY THAT ARE MOST AFFECTED BY THIS HEALTH NEED:

- Females
- Babies & Children

“There is still a need for the Cribbs for Kids program and other similar campaigns and messaging.”

SUGGESTIONS FROM OUR COMMUNITY:

- Reinstate Cribbs for Kids programs and messaging
- Increase messaging for women to get pre-natal care

LEADING CAUSES OF DEATH



Prior to the COVID-19 Pandemic, the top two leading causes of death in Crawford County were heart disease and cancer. The heart disease mortality rate in Crawford County was 206.4 deaths per 100,000 persons, which is higher than the state rate (188.5 deaths per 100,000 persons).

The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The county's rate was 137.4 deaths from ischemic heart disease per 100,000 residents, which is higher than the state rate (103.2 per 100,000 persons) and does not meet the Healthy People goal.

The cancer death rate in Crawford County is 181.8 deaths per 100,000 persons, which is higher than the state rate (169.5 per 100,000 persons). These rates do not meet the **Healthy People 2030 objective for cancer mortality of 122.7 deaths per 100,000 persons.**

In addition to cancer and heart disease, Chronic Lower Respiratory Disease (CLRD), unintentional injury, and stroke are in the top five causes of death in Crawford County. In addition to heart disease and ischemic heart disease, deaths due to CLRD (68.9 per 100,000 persons), Alzheimer's (43.7 deaths per 100,000), diabetes (36.8 per 100,000), essential hypertension and hypertensive renal failure (15 per 100,000), and in situ neoplasm deaths (7.9 deaths per 100,000 persons) are all higher rates of death in the county than in the state.

**THE TOP TWO LEADING CAUSES OF DEATH
IN CRAWFORD COUNTY WERE HEART
DISEASE AND CANCER.**

LEADING CAUSES OF DEATH



MORTALITY RATES

PER 100,000 PERSONS, CRUDE AND AGE-ADJUSTED, EIGHT-YEAR AVERAGE

	Crawford County			Ohio		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
All causes	573.8	1,371.6	921.9	121,877.8	1,045.9	835.1
Heart disease	133.0	317.9	206.4	28,373.4	243.5	188.5
Ischemic heart disease	88.8	212.3	137.4	15,583.6	133.7	103.2
Cancer	114.8	274.4	181.8	25,376.4	217.8	169.5
Chronic Lower Respiratory Disease	45.6	109.0	68.9	7,245.2	62.2	48.1
Unintentional injury	29.4	70.3	66.0	7,953.6	68.3	65.8
Stroke	30.8	73.6	47.3	6,277.2	53.9	41.8
Alzheimer's disease	30.4	72.7	43.7	5,083.2	43.6	33.3
Diabetes	23.4	55.9	36.8	3,734.2	32.0	25.2
Pneumonia and flu	11.0	26.3	17.8	2,240.0	19.2	14.9
Suicide	7.8	18.6	16.6	1,748.2	15.0	14.6
Essential hypertension/hypertensive renal failure	10.4	24.9	15.0	1,394.6	12.0	9.2
Kidney disease	9.8	23.4	14.7	2,193.0	18.8	14.7
Chronic liver disease and cirrhosis	7.0	16.7	12.8	1,562.0	13.4	10.9
Septicemia	7.0	16.7	11.2	2,000.2	17.2	13.5
In situ neoplasms	5.0	12.0	7.9	701.0	6.0	4.7
Parkinson's disease	4.8	11.5	7.2	1,318.6	11.3	9.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH CANCER



In Crawford County, the age-adjusted cancer mortality rate is 181.8 deaths per 100,000 persons. This rate is much higher than the **Healthy People 2030 objective (122.7 cancer deaths per 100,000 persons)**.

CANCER MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Cancer death rate	114.8	181.8	169.5	152.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH CANCER



In Crawford County, the rate of death from cancer is above the state cancer death rate. The highest rates of cancer mortality in

Crawford County are from: lung and bronchus cancers (56.1 deaths per 100,000 persons), colorectal cancers (20 deaths per 100,000), female breast cancer (14.5 per 100,000 women), and prostate cancer (14.4 per 100,000 men). The county rate of death from esophageal cancers (the 6th leading cause of cancer mortality) is also above the state rate (8.2 deaths vs. 4.9 per 100,000). Care should be taken when drawing conclusions from cancers with low annual counts.

CANCER MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, 2014-2018 AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Cancer all sites	118	188.9	172.3	155.5
Lung and bronchus	35	56.1	46.7	38.5
Colon and rectum	13	20.0	15.1	13.7
Breast (female)	5	14.5	21.9	20.1
Prostate (males)	4	14.4	19.3	19.0
Pancreas	7	10.9	12.0	11.0
Esophagus	5	8.2	4.9	3.9
Uterus (females)	3	8.1	5.3	4.9
Non-Hodgkin lymphoma	4	6.5	6.0	5.4
Urinary bladder	4	6.4	5.0	4.3
Liver and intrahepatic bile duct	4	6.4	6.1	6.6
Multiple Myeloma	4	5.8	3.5	3.2
Kidney and renal pelvis	4	5.6	3.9	3.6
Leukemia	3	5.1	6.7	6.3
Brain and other CNS	2	3.2	4.6	4.4
Ovary (females)	< 2	*	6.8	6.7
Oral cavity and pharynx	< 2	*	2.8	2.5
Melanoma (of the skin)	< 2	*	2.7	2.3
Stomach	< 2	*	2.6	3.0
Cervix (females)	< 2	*	2.3	2.2

Source: Ohio Department of Health, 2021 Crawford County Cancer Profile, utilizing 2014-2018 data.

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics>

LEADING CAUSES OF DEATH

HEART DISEASE AND STROKE



The age-adjusted mortality rate for ischemic heart disease is 137.4 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 47.3 deaths per 100,000 persons. **These rates are higher than both the state rates, and the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.**

ISCHEMIC HEART DISEASE AND STROKE MORTALITY RATES

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	88.8	137.4	103.2	92.6
Stroke death rate	30.8	47.3	41.8	37.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

UNINTENTIONAL INJURY



The age-adjusted death rate from unintentional injuries in Crawford County is 66 deaths per 100,000 persons. **This rate is slightly higher than the state rate, and well above the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.**

UNINTENTIONAL INJURY MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Unintentional injuries death rate	29.4	66.0	65.8	47.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

CHRONIC LOWER RESPIRATORY DISEASE



Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. **The age-adjusted death rate for respiratory disease in Crawford County is 68.9 per 100,000 persons. This is much higher than the state rate (48.1 deaths per 100,000 persons).**

CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	45.6	68.9	48.1	40.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

DIABETES



The county’s age-adjusted mortality rate from diabetes is 36.8 deaths per 100,000 persons. This is much higher than the state rate (25.2 deaths per 100,000 persons) and the national rate (21.3 deaths per 100,000 persons).

DIABETES MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Diabetes death rate	23.4	36.8	25.2	21.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH KIDNEY DISEASE



The death rate from essential hypertension (high blood pressure which is not the result of a medical condition) and hypertensive kidney disease (sometimes referred to as renal artery stenosis) is 15 deaths per 100,000 persons. This is higher than the state rate (9.2 deaths per 100,000 persons).

ESSENTIAL HYPERTENSION MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Essential hypertension death rate	10.4	15.0	9.2	8.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

ALZHEIMER'S



The county mortality rate from Alzheimer's disease is 43.7 deaths per 100,000 persons. This is higher than the state rate (33.3 deaths per 100,000 persons).

ALZHEIMER'S DISEASE MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	30.4	43.7	33.3	30.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

PNEUMONIA AND INFLUENZA



The age-adjusted death rate in Crawford County for pneumonia and influenza (prior to the Pandemic) was 17.8 deaths per 100,000 persons. This rate was higher than the state rate (14.9 deaths per 100,000 persons).

PNEUMONIA AND INFLUENZA MORTALITY RATE

PER 100,000 PERSONS, AGE-ADJUSTED, FIVE-YEAR AVERAGE

	Crawford County		Ohio	U.S.
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	11.0	17.8	14.9	14.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

CURRENT RESOURCES ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done by feedback from the community and overall assessment of the service area.

HEALTHCARE

Avita Health System
Crawford County Public Health
Galion City Health Department
Third Street Clinic (FQHC in Bucyrus)
OhioHealth
Dental offices
Medical offices

ECONOMIC STABILITY (*education, employment, housing, and poverty*)

Galion Port Authority
Bucyrus Chamber of Commerce
Galion-Crestline Area Chamber of Commerce
All Crawford County school districts
YMCA after-school programs
Crawford Partnership for Education & Economic Development
Community Foundation for Crawford County
United Way of Crawford County
Crawford County Job & Family Services
Backpack program
Summer Feeding program
Crawford Success Center
Crawford Works
Ohio Heartland Community Action Commission

MENTAL HEALTH & SUBSTANCE ABUSE

Crawford-Marion ADAMH Board
Crawford County Suicide Prevention Coalition
Crawford County Drug Overdose Prevention Coalition
CONTACT, Inc.
National Alliance on Mental Illness (NAMI)
Signs of Suicide (SOS) Program
Question, Persuade, Refer (QPR) Program
Digital Footprint Program
Together We Hurt, Together We Heal
United Way of Crawford County
Community Counseling & Wellness Centers
Family Life Counseling
Marion Crawford Prevention Programs
Maryhaven
Wesley Chapel/Restore Ministries
Junior Teen Institute (JTI) & Teen Institute (TI)
Project Noelle
Turning Point Domestic Violence
Family & Children First Council

DEVELOPMENTAL & PHYSICAL DISABILITIES/SENIOR CITIZENS

Crawford County Board of Developmental Disabilities
Crawford County Council on Aging
Ohio District 5 Area Agency on Aging

PHYSICAL HEALTH

YMCA of Bucyrus
Galion Community Center YMCA Inc.
Bike trails
City Parks
Soccer Fields & Little League Fields
The Fitness Warehouse
Anytime Fitness
Silver Sneakers (Bucyrus Area YMCA)
Crawford County Park District

CHILDCARE FACILITIES

Galion Community Center YMCA Inc. Early Childhood Center
Galion Community Center YMCA Inc. Early Learning Center
Sonshine Childcare & Preschool
Tiny Tots Childcare
Sara Beegle Day Care Center
Fairway School

HEALTHY FOOD & NUTRITION

Kroger
Aldi
Buehler's Fresh Food
Save A Lot
Walmart Supercenter
Women, Infants and Children (WIC)
Food banks and food pantries in county
Bucyrus, Crestline and New Washington Farmers Markets (spring through fall)
DG (Dollar General) Market
Bucyrus Backpack Program
Crawford County SPROUTS Program (breastfeeding support)

TRANSPORTATION

Seneca-Crawford Area Transportation (SCAT)
Crawford County Council on Aging
Johnson's Taxi Service

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS:

- ✓ WRITE AN EASILY UNDERSTANDABLE CHNA REPORT
- ✓ ADOPT AND APPROVE CHNA REPORT
- ✓ DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC



**CRAWFORD COUNTY
HEALTH PARTNERS**

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

Crawford County Health Partners worked with Moxley Public Health to pool expertise and resources to conduct the 2022 Community Needs Assessment. By gathering secondary data and conducting new primary research as a team, the stakeholders will be able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance in the Crawford County and Avita Health System service area.

The 2022 Crawford County CHNA, which builds upon prior assessments dating back to 2011, meets all federal (IRS) and Ohio state requirements.

Report Adoption, Availability and Comments

This CHNA report was adopted by Avita Health System leadership and Crawford County Health Partners leadership in June 2022.

This report is widely available to the public on the hospital and health departments' websites:

Avita Health System: <https://avitahealth.org/about-us/#community-wellness>

Crawford County Public Health: www.crawfordhealth.org

Galion City Public Health: <https://galionhealth.org/community-health-assessment/>

Written comments on these reports were solicited on the hospital website where the report was posted: ckropka@avitahealth.org No comments were received.



CONCLUSION AND NEXT STEPS



NEXT STEPS WILL BE:

- ✓ IMPLEMENTATION PLAN FOR 2022-2024
- ✓ PRIORITY FACTORS AND HEALTH NEEDS
- ✓ INDICATORS FOR PRIORITY HEALTH NEEDS
- ✓ SMART OBJECTIVES FOR IMPLEMENTATION PLAN
- ✓ EVIDENCE-BASED STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR CRAWFORD COUNTY:

- CHNA adopted by Avita Health System leadership board and Crawford County Health Partners (CCHP) and made publicly available on hospital website by June 30, 2022.
- Monitor community comments on the CHNA report (ongoing) to the provided contact information via the hospital website.
- Select a final list of priority health needs to address using a set of criteria that is determined by Avita Health System and Crawford County Health Partners. (The identification process to decide the health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will be public knowledge.)
- Develop strategies to address priority health needs. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health.)
- Strategies are adopted by the hospital board and publicly posted in the Implementation Strategy/CHIP report by November 2022.



APPENDICES



- ✓ APPENDIX A: IMPACT EVALUATION
- ✓ APPENDIX B: KEY INFORMANT INTERVIEWEES
- ✓ APPENDIX C: HEALTHY PEOPLE 2030
BENCHMARK COMPARISONS

APPENDIX A

IMPACT EVALUATION

IMPACT EVALUATION

The following tables indicate the priority health needs selected from the 2019 CHNA and the impact of Crawford County and Avita Health System's community benefit strategies. The tables that follow are not exhaustive of the hospital's community benefit activities but highlights what has been achieved in the county in most recent years based on the previous CHNA.

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 1: Create an Overdose Fatality Review Board

Goal: Create an Overdose Fatality Review Board (OFRB) in Crawford County.

Objective: Establish an OFRB by October 31, 2022.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Create an Overdose Fatality Review Board (OFRB) to standardize practices across Crawford County.</p> <p>Recruit members from law enforcement, hospitals, health departments, and other community agencies to participate in the OFRB.</p>	Jul 2019 - Jun 2020	<p>Crawford County Prevention Coalition</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p>	<p>✓ Completed. The first OFRB was held April 29, 2020. Participants include Public Health, County Prosecutor, County Sheriff, County Coroner, ADAMH Board, Adult Probation, Wise Funeral Home and Crawford-Marion Prevention.</p>
<p>Year 2: Collaborate with other counties with an Overdose Fatality Review Board (e.g., Stark County) to share experiences and lessons learned. Consider a train-the-trainer approach.</p> <p>Create a standardized model to implement across Crawford County.</p>	Jul 2020 - Jun 2021	Crawford-Marion ADAMH	<p>✓ OFRB's first annual report was released July, 2021 and included Number of Drug Overdoses from 2011-2020; 2020 Drug Overdose Deaths Ages; 2020 Drug Overdoses & Deaths per month; Residency & Marital Status; Location of Overdose; Interval of Time between Overdose and Death; Law Enforcement History; Education & Occupation; Noted Trends; Next Steps; Considerations</p> <p>✓ The 2nd Annual Report was released March 2022.</p> <p>✓ Marion-Crawford Prevention Programs Newsletter included prevention methods from Substance Abuse & Mental Health Services Administration to combat prescription drug misuse and abuse that is impacting teens.</p>
<p>Year 3: Enter OFRB data into ODH database (if appropriate), or another database.</p> <p>Host regular calls or meetings to discuss trends.</p>	Jul 2021 - Jun 2022		<p>✓ The OFRB meets quarterly to review cases. ODH does not yet have a statewide database created to enter data. The OFR Annual Reports are available on the Crawford County Public Health website (www.crawfordhealth.org)</p>

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 2: Community awareness/education of risky behaviors and substance use issues/trends and Cell-phone based support programs

Goal: Educate community members on substance use issues and trends.

Objective: By October 31, 2022, develop at least three awareness programs and/or workshops focusing on "hot topics", risky behaviors, and substance use issues and trends.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Continue existing awareness campaigns (e.g., Operation Street Smart) to increase education and awareness of mental health and substance use issues/trends.</p> <p>Include information on e-cigarettes/health effects of vaping, THC/marijuana in vapes, perception of harm surrounding marijuana and vaping, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use.</p> <p>Determine best ways to educate community and parents about substance use issues, trends, treatment options and treatment availability (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).</p> <p>Continue to promote and market the Escape the Vape program. Consider presenting the program at mandatory sports trainings for parents or similar events.</p> <p>Promote and raise awareness of the Crisis Text Line (Text 4hope to 741741) throughout the county.</p> <p>Work with school administrators, guidance counselors, churches, and other community organizations to promote the Crisis Text Line.</p>	Jul 2019 - Jun 2020	<p>Crawford County Prevention Coalition</p> <p>Crawford County Suicide Prevention Coalition</p> <p>Crawford-Marion ADAMH</p> <p>Community Counseling Services</p> <p>Together We Hurt Together We Heal</p>	<ul style="list-style-type: none"> ✓ Added to Community Wellness on Avita's website: Know the Risks E-Cigarettes Pose to Youth and Young Adults ✓ Staff Inservice events provided by Community Counseling Services for Crawford County schools for staff and students. ✓ Digital Footprints program covers Galion, Crestline, Bucyrus, Colonel Crawford and Wynford and helps look at trends between substance use and social media.
<p>Year 2: Plan awareness programs and/or workshops focusing on different "hot topics", risky behaviors, and substance use issues and trends. Consider implementing the <u>In Plain Sight</u> program.</p> <p>Attain media coverage for all programs and/or workshops.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ Raise awareness on Crawford County Prevention Coalition's mission. ✓ Hidden in Plain Site was done during Operation Street Smart. ✓ Staff Inservice events provided by Community Counseling Services for Crawford County schools for staff and students. ✓ Digital Footprints program to look at trends between substance use & social media.
<p>Continue efforts from year 1.</p> <p>Year 3: Continue efforts of years 1 and 2.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Escape the Vape education with 9th and 10th grade students is ongoing ✓ Drug Takeback Day Saturday Oct 23, 2021. Participants include Medtrich Drug Task Forces by, in part, Bucyrus, Galion and Mansfield Police Departments ✓ Together We Hurt, Together We Heal held its 10th annual Community Care March on October 16, 2021. ✓ Operation Street Smart (Ohio) – October 21, 2021 – Education program for the Community. Retired detectives do education regarding trends in the community ✓ Staff Inservice events provided by Community Counseling Services for Crawford County Schools for staff and students. ✓ Digital Footprints program covers Galion, Crestline, Bucyrus, Colonel Crawford Digital Footprints program to look at trends between substance use & social media.

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 3: Trauma Informed Care

Goal: Improve mental health outcomes.

Objective: Facilitate an assessment on awareness and understanding of trauma-informed health care at least once a year.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Continue to administer trainings to increase education, understanding and awareness of the following:</p> <ul style="list-style-type: none"> Trauma informed care Toxic stress ACEs and what the ACE scores mean <p>Market trainings to all sectors of society including churches, schools, civic clubs, law enforcement, chambers of commerce, local government, etc.</p> <p>Assess interest in the showing of the <u>Resilience Film</u> in schools, faith-based organizations, and other local organizations.</p>	Jul 2019 - Jun 2020	Crawford-Marion ADAMH	<p>✓ Provided a Trauma Informed Summit in March 2020 at Marion Technical College</p>
<p>Year 2: Continue efforts from year 1.</p> <ul style="list-style-type: none"> Research existing trauma screening tools. Determine the feasibility of implementing a trauma screening tool for schools, social service agencies and/or faith-based organizations who work with at-risk adults and youth. Market and educate organizations on the importance of the trauma screening tool. Develop a 1-page handout defining trauma and where to find help. Distribute to at-risk populations. Determine interest and potential organizations to implement the trauma screening tool. Provide technical assistance where necessary. 	Jul 2020 - Jun 2021		<p>✓ Provided multiple screenings of the documentary "Resilience" with facilitated dialogue in April/May</p> <p>✓ Provided training on Adverse Childhood Experiences with Dr. Vincent Filletti, MD in October</p>
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Implement the trauma screening tool.</p>	Jul 2021 - Jun 2022		<p>✓ The Handle with Care model has been brought to Crawford County with local law enforcement and local schools participating. It will be fully in place for implementation with the 2022-2023 school year.</p>

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 4: Provide information about depression and suicide screening for employers and healthcare providers

Goal: Increase employer and provider knowledge regarding mental health issues.

OBJECTIVE: BY OCTOBER 31, 2022 AT LEAST 75% OF EMPLOYERS AND PROVIDERS WILL HAVE BEEN OFFERED A TRAINING ON HOW TO PROVIDE BETTER CARE/SUPPORT FOR THEIR EMPLOYEES OR PATIENTS WITH MENTAL HEALTH ISSUES.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Determine interest among Crawford County 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>	Jul 2019 - Jun 2020	<p>Crawford County Partnership for Education and Economic Development</p> <p>Crawford-Marion ADAMH</p>	<ul style="list-style-type: none"> ✓ Community Counseling Services has been providing free suicide screenings for adults and children at various health events, fairs, and uptown events for adults and children. ✓ Facebook post from Avita - According to the CDC, chronic pain can be linked to reduced quality of life as well as restrictions in mobility, daily activities and depression. Approximately 50 million Americans suffer from chronic pain. https://avitahealth.org/services/pain-management. ✓ <u>Suicide prevention coalition – funds from the walk are used for QPR, SOS training in the schools</u>
<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 75% of employers and healthcare providers in Crawford County.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ FB post from Avita - Approximately 20.4% of Americans suffer from pain, making pain a major driver of primary care physician visits. Aside from the physical issues caused by chronic pain, many individuals also report psychological struggles, such as fatigue, mood changes, stress, anxiety, depression, irritability or restless nights of sleep! https://avitahealth.org/services/pain-management ✓ Crawford County Public Health had a Staff Training Day on December 8, 2020 in which 27 staff members participated in QPR (Question, Persuade, Refer) suicide prevention training via Zoom. Their instructor was Christi Eckert from Marion-Crawford Prevention Programs. ✓ Galion City Health department was also trained. ✓ Working Minds (geared more to businesses) for Galion & Bucyrus Chambers and Crawford Partnership ✓ Community Counseling Services has been providing free suicide screenings for adults and children at various health events, fairs, and uptown events for adults and children.
<p>Year 3: Continue efforts from years 1 and 2.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Avita Home Health & Hospice sponsored 'Walk to End Alzheimer's' September 12, 2021 ✓ In recognition of Suicide Prevention Month, the Crawford County Suicide Prevention Coalition hosted the annual Suicide Prevention Walk on Saturday, Sep 18, 2021 at 9:30am. For 2022, there will again be three locations simultaneously in Galion, Bucyrus, and Crestline in September. The decision was made to be in all three communities to host the Walk to raise awareness about suicide prevention, and to help recruit community members to join in and support the Coalition's efforts. Funds raised at the Walk will be used to offer QPR trainings within the local communities and to provide suicide prevention education and trainings for local businesses and manufacturers. Funds are also used for Community Counseling Services to provide the SOS program throughout all of Crawford County Schools. QPR (Question, Persuade, Refer) Training is much like CPR in that it trains everyday people to recognize possible signs of an individual struggling. Instead of addressing a physical crisis, QPR trained individuals are educated on how to assist someone experiencing a mental health crisis, and the safest ways to refer that person to professional help. ✓ Community Counseling Services has been providing free suicide screenings for adults and children at various health events, fairs, and uptown events for adults and children. ✓

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 5: Parenting programs and resources

Goal: Expand awareness and education of parenting programs and resources.

Objective: By September 1, 2022, Crawford County will increase the number of parents enrolled in a parenting program 5% from baseline.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Conduct an environmental scan and gather baseline data on the availability of parenting programs and resources available in the county (e.g., <u>Positive Parenting Program (Triple P), Strengthening Families</u>).</p> <p>Determine parenting resources specifically available for parents with children with behavioral health needs. Collect information regarding eligibility and cost.</p> <p>Increase public awareness regarding access to parenting programs within the county. Determine additional avenues for referrals.</p>	Jul 2019 - Jun 2020	Community Counseling Services	
<p>Year 2: Continue efforts from year 1.</p> <p>If there is a need for additional parenting resources, increase the number of parenting programs available in Crawford County.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ Project Noelle - Crystal Morgan will be invited to join CCHP. It is a 501c3 non-profit organization that helps children who have suffered from the opioid epidemic. They help with support groups, Christmas, Easter, Back to school haircuts, emergency clothing and diapers, and more!! Facebook page: https://www.facebook.com/Project-Noelle-Crawford-County-105605851170880/ ✓ Triple P (Positive Parent Program) offered by Nationwide Children's through a grant. Additionally Community Counseling Services provides education and support groups for parents, the ministerial associations, schools and various clubs and organizations throughout the community.
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Increase the number of parents enrolled in a parenting program by 5% from baseline.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Nationwide Children's offered Positive Parenting Program classes in the Spring of 2022 that included incentives and babysitting. ✓ Additionally Community Counseling Services provides education and support groups for parents, the ministerial associations, schools and various clubs and organizations throughout the community.

PRIORITY #1: MENTAL HEALTH & ADDICTION

Strategy 6: Universal school-based suicide awareness and education programs

Goal: Increase awareness of suicide among youth.

Objective: By September 1, 2022 all school districts will have at least one school-based suicide awareness and education program.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Continue to promote and implement the <u>Signs of Suicide (SOS)</u> program in Crawford County schools.</p> <p>If applicable, expand current programming to additional districts or grade levels.</p> <p>Continue to provide <u>QPR (Question, Persuade, Refer) training to teachers and other administrative staff.</u></p>	Jul 2019 - Jun 2020	Crawford County Suicide Prevention Coalition	<ul style="list-style-type: none"> ✓ Crawford County Public Health held a Staff Training Day on December 8, 2020 in which 27 staff members participated in QPR (Question, Persuade, Refer) suicide prevention training via Zoom. Their instructor was Christi Eckert from Marion-Crawford Prevention Programs. ✓ Community Counseling Services has provided Signs of Suicide (SOS) education and screening to Galion City Schools, Colonel Crawford Schools, Bucyrus City Schools, Crestline Schools and Wynford Schools for students in grades 6-12. ✓ Community Counseling Services has also provided SOS education to various business, organizations, churches, youth groups and clubs throughout the community.
Year 2: Continue efforts from year 1.	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ QPR (Question, Persuade, Refer) was conducted by Marion-Crawford Prevention Programs ✓ Working Minds training with the Crawford Partnership and the Galion and Bucyrus Chambers was on February 8, 2021 Galion Health Dept. on 3/29/21 ✓ Council on Aging staff conducted 3/31/21 ✓ Community Counseling participated in SOS and QPR. ✓ Community Counseling Services has provided Signs of Suicide (SOS) education and screening to Galion City Schools, Colonel Crawford Schools, Bucyrus City Schools, Crestline Schools and Wynford Schools for students in grades 6-12. ✓ Community Counseling Services has also provided SOS education to various business, organizations, churches, youth groups and clubs throughout the community.
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Expand program service area where necessary.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Suicide Prevention Walk to increase community awareness was done in Galion, Bucyrus and Crestline September 18, 2021 ✓ 988 will be going live in July. This will be a new, nationwide number that someone in crisis for MH (including suicide) can call 24/7. Our provider for this service will be Pathways of Central Ohio. They have been providing this service in Marion for almost 2 years now and have recently made their 800 # available in Crawford County. Amy Henning is the contact and will be invited to join CCHP. ✓ Community Counseling Services has provided Signs of Suicide (SOS) education and screening to Galion City Schools, Colonel Crawford Schools, Bucyrus City Schools, Crestline Schools and Wynford Schools for students in grades 6-12. ✓ Community Counseling Services has also provided SOS education to various business, organizations, churches, youth groups and clubs throughout the community.

PRIORITY #2: CHRONIC DISEASE

Strategy 1: Prediabetes screening and referral

Goal: Prevent diabetes in adults.

Objective: By October 31, 2022, increase prediabetes referrals by 10% from baseline.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Determine the baseline number of organizations in the county that currently screen for prediabetes.</p> <p>Raise awareness of prediabetes screening, identification and referral through dissemination of the <u>Prediabetes Risk Assessment (or a similar assessment)</u> and/or the <u>Prevent Diabetes STAT Toolkit</u>.</p> <p>Partner with local organizations such as libraries and pharmacies to administer the screening and/or raise awareness of prediabetes.</p> <p>Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).</p>	Jul 2019 - Jun 2020	Avita Health System	<p>✓ 1/16/20 – Arrin Whitt started sending out the 'are you at risk for diabetes tests' in the community (very slowly) but plan on picking up speed in the next few weeks. Some will be personally delivered where others may be mailed due to conflict of schedules.</p> <p>✓ 8/31 – Not much progress d/t Covid - Arrin Whitt said she needs to determine who to mail these to. She will talk to Jared Cass, Director of WorkWell to see how they can incorporate it.</p> <p>✓ 10/23 – Arrin Whitt was able to work with Ben Cheek from WorkWell. His team was able to do a fax through to Crawford County with the risks of diabetes in Crawford County along with the risk for diabetes test. Her contact information was given for those who may have had questions. She hasn't heard anything since the fax went out. It was quite a few businesses that it got sent to though!</p> <p>✓ 8/31/20 Will talk to IT to pull a report out of EPIC of how many are now screened.</p>
<p>Year 2: Increase awareness of prediabetes screening, identification and referral.</p> <p>Increase the number of individuals that are screened for diabetes.</p> <p>If needed, increase the number of organizations that screen for prediabetes.</p>	Jul 2020 - Jun 2021		<p>✓ Consider sending out education to all Avita providers that they all can now refer patients for medical nutrition therapy (MNT)</p>
Year 3: Continue efforts of years 1 and 2.	Jul 2021 - Jun 2022		<p>✓ Will check with Amanda Hatcher on doing an article for Avita Today on preventing prediabetes/diabetes, along with Dr. Darmody (Endocrinology) and Sarah Beattie, NP.</p>

PRIORITY #2: CHRONIC DISEASE

Strategy 2: Diabetes prevention programs

Goal: Increase awareness of diabetes prevention and self-management.

Objective: Create and implement one fully functioning DPP by October 31, 2022

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Research evidence-based diabetes education programs.</p> <p>Consider the Center for Disease Control and Prevention's (CDC) National <u>Diabetes Prevention Program</u> (DPP) and determine the feasibility of implementing the program in Crawford County.</p> <p>Work with local YMCA's that <u>offer the DPP program</u> to provide mentorship in creating a DPP plan.</p>	Jul 2019 - Jun 2020	<p>Avita Health System</p> <p>YMCA</p>	<p>✓ 6/1/20 - OhioHealth and YMCA have a DPP in Richland County. Avita doesn't have the resources to implement a DPP. Instead of a DPP, Avita has Diabetes Self Education Diabetes Self-Management Training Program/Education (DSME/T) that focuses on all types of diabetes, however, they can see individuals with impaired fasting glucose, pre-diabetes and gestational diabetes. It is accredited by the Association of Diabetes Care & Education Specialists (ADCES) (changed name from American Association of Diabetes Educators). This is already set up and has been in place since 2013.</p> <p>✓ If YMCA would like to try to set up a DPP, they could partner with Mansfield to ensure a successful program.</p>
<p>Year 2: Continue efforts from year 1.</p> <p>Seek approval from the CDC and recruit individuals to participant in the DPP. Implement the DPP program within six months of CDC approval.</p>	Jul 2020 - Jun 2021		<p>✓ We have the Diabetes Self-Management Training Program/Education (DSME/T) that focuses on all types of diabetes, however, Avita's Diabetes Care & Education Specialist, can see individuals with impaired fasting glucose, pre-diabetes and gestational diabetes.</p> <p>✓ FB post from Avita - Jun 10, 2021 – Avita Health System is taking part in a national study to better understand the medication perceptions of patients with Type 2 diabetes. Pharmacists are currently recruiting patients to help!</p> <p>✓ Metabolism: can be found in the health library at avitahealth.org. How to keep it healthy. Eat breakfast; no more skipping meals; snack; exercise; sleep more</p> <p>✓ FB post from Avita - November 2021 – It's National Diabetes Month! Roughly 34.2 million people live with diabetes and an estimated 7.3 million are undiagnosed. Knowing the risk factors is key. Request an appointment with one of our endocrinologists at https://avitahealth.org/find-a-doctor/?service=endocrinology</p>
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Create an inventory of current diabetes education programs in the county.</p> <p>Consider developing a marketing plan to increase program participation.</p>	Jul 2021 - Jun 2022		<p>✓ Requested Avita PR/Marketing to feature Endocrinology/Diabetes in its Fall newsletter – disseminated to 119,000 residents</p>

PRIORITY #2: CHRONIC DISEASE

Strategy 3: Hypertension screening and follow up

Goal: Prevent coronary heart disease in adults.

Objective: Provide at least two blood pressure screening events annually.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Partner with local organizations to screen for hypertension and/or raise awareness of hypertension (high blood pressure). Distribute educational materials.</p> <p>Continue to implement the Avita WorkWell program.</p> <p>Encourage Crawford County employers to provide blood pressure/wellness screenings.</p> <p>Promote and market free/reduced cost screening events within the county (ex: health fairs, farmers markets, hospital screening events, etc.).</p> <p>Develop a campaign encouraging residents to “know their numbers” (i.e., blood pressure and cholesterol) and the signs and symptoms of heart disease. Consider developing a wallet sized card with the signs of hypertension and information on resources and referral sources.</p>	Jul 2019 - Jun 2020	<p>Avita Health System</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p>	<ul style="list-style-type: none"> ✓ Facebook Post from Avita - February 20, 2020 – Did you know that we specialize in the implantation and long-term monitoring of cardiac devices? ✓ Avita Newsletter Feb 2020 – distributed to 119,000 residents: ✓ Facebook Post from Avita - March 5, 2020 – If you don’t have high blood pressure (HBP) you probably know someone who does. ✓ Facebook Post from Avita - March 9, 2020 – Avita Health System participated in the Road Apple Run 5K – Benefits of running article by Sports Medicine expert Dr. Jeremy Riehm at https://avita.link/running-fb ✓ Breathing: 5 reasons to see a pulmonologist ✓ COPD – health library ✓ Pulmonary Rehab – health library ✓ Sports Medicine – Athletic Massage Benefits; How to Avoid Springtime injuries; How to Start Running
<p>Year 2: Continue to raise awareness of existing free/reduced cost blood pressure screenings throughout the county.</p> <p>Implement campaign.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ August 2020 - Developed a wallet sized ‘Know Your Numbers’ card. Discuss at next meeting who to distribute them to. ✓ Aug 2020 - Started to plan a Health Fair for First Responders to provide Know Your Numbers card; Mental Health Screening by Community Counseling; Blood tests by Avita ✓ FB Post from Avita - September 16, 2020 – To promote Ohio Walk to End Alzheimer’s ✓ Avita Newsletter September 2020
<p>Year 3: Continue efforts of years 1 and 2.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Aug 2021 – 10th Annual Moving Hearts & Soles 5K Run/Walk sponsored by Avita Health System ✓ Maintaining Good Heart Health article by Dr. Michael Davis at Galion Hospital – available in the health-library at https://avitahealth.org ✓ FB post – Rural Project Summary from ruralhealthinfo.org – Avita Health System Comprehensive Cardiology Program ✓ Cardiac Rehab FAQs – to help heart patients live an independent and active lifestyle and to assist them in reaching their full potential ✓ Cardiology – in the health library of avitahealth.org – 5 numbers you need to know; Cardiac ✓ In the health library of avitahealth.org – Protect your kidneys, Save your heart. ✓ October 28 – Avita was at the Rt. 30 Business Expo in Crestline offering free blood pressure checks. ✓ Feb FB Post from Avita – Heart Healthy Tips ✓ FB Post from Avita – Promoting reduced cost blood screenings through the entire month of April 2022!

PRIORITY #2: CHRONIC DISEASE

Strategy 4: Food insecurity screening and referral and grocery store development and improvement in underserved areas

Goal: Reduce food insecurity.

Objective: By October 31, 2022, a food insecurity screening model will be implemented in at least one location in Crawford County.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	✓ RESULTS & IMPACT
Year 1: Research the <u>2-item Food Insecurity (FI) Screening Tool</u> , or another screening tool, and determine the feasibility of implementing a food insecurity screening and referral program.	Jul 2019 - Jun 2020	Crawford County Partnership for Education and Economic Development	✓ St. Paul's has an extensive food pantry and drive thru the 3 rd Saturday of each month, serving generally between 80-100 families.
Year 2: Continue efforts of year 1. Implement the screening model in at least one location with accompanying evaluation measures. Consider schools and churches as possible locations. Research and review requirements of the <u>Healthy Food for Ohio Program</u> , which aims to encourage the development and/or improvement of grocery stores and other retail outlets selling fresh food in underserved areas.	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ Farmers Markets were held ✓ Food Pantry in place with City of Galion and Second Harvest ✓ Food Pantry list ✓ Aldi's in Bucyrus opened ✓ Galion City Schools sponsors a mobile food pantry once a month and serves between 400-500 cars through Second Harvest ✓ St. Paul's has an extensive food pantry and drive thru the 3rd Saturday of each month, serving generally between 80-100 families.
Year 3: Continue efforts of year 2. Determine feasibility of providing technical assistance to local grocery stores or future grocery stores to develop/improve fresh food access in underserved areas. Assess county data related to food deserts, food insecurity, and any preliminary data from the food insecurity screening and referral program to identify specific areas in the most need.	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Dollar General in Crestline will also have produce ✓ Buehler's Grocery Store opened in Galion 11/17/21 ✓ St. Paul's has an extensive food pantry and drive thru the 3rd Saturday of each month, serving generally between 80-100 families. ✓ Galion City Schools sponsors a mobile food pantry once a month and serves between 400-500 cars through Second Harvest ✓ St. Paul's has an extensive food pantry and drive thru the 3rd Saturday of each month, serving generally between 80-100 families.

PRIORITY #2: CHRONIC DISEASE

Strategy 5: Healthy food initiatives

Goal: Increase fruit and vegetable consumption.

Objective: By October 31, 2022, Crawford County will implement at least 2 healthy food initiatives in local food pantries or farmers markets.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Raise awareness of the available food pantries and farmers markets within the county (locations, offerings, etc.). Collaborate with local churches in the county to distribute information on where to obtain fresh fruit and vegetables. Update information on a quarterly basis.</p> <p>Obtain baseline information of who currently accepts SNAP/EBT at local farmers markets.</p> <p>Determine feasibility of <u>SNAP/EBT at farmers markets</u> (meet with market managers to determine readiness).</p> <p>Educate vendors regarding food deserts and the benefits of accepting SNAP/EBT at farmers markets.</p>	Jul 2019 - Jun 2020	United Way	<p>✓ Avita Health System worked with Contact to update the Food Pantry list and emailed it to all 2,000 employees and providers. The Chamber included it in its weekly emails.</p>
<p>Year 2 - Continue efforts of year 1.</p> <p>Determine feasibility of implementing any of the following in local food pantries and/or farmers markets:</p> <ul style="list-style-type: none"> • Cooking demonstrations and recipe tastings • Produce display stands • Nutrition and health education • Health care support services (e.g., pre-diabetes and hypertension screenings) <p>Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources.</p>	Jul 2020 - Jun 2021		<p>✓ Contact and Avita are working on updating the list.</p> <p>✓ Those who experience digestive issues can visit the Gastroenterologist William Emlich, DO whom Avita recruited in July.</p> <p>✓ Feb 11, 2021 FB post - Bariatric Live Seminars offered by Avita Health System</p> <p>✓ Found in the health library at avitahealth.org</p> <p>✓ Metabolism: How to keep it healthy. Eat breakfast; no more skipping meals; snack; exercise; sleep</p> <p>✓ Achieving your Health Goals; Benefits of Eating a Healthy Breakfast; Dietary Fats and our Hearts; Eating Better; Eating Together; Farmers' Markets and Community Support Agriculture; How to Pack a Health Lunch Box; Is Gluten-Free for me?; Macronutrients; A Simple Guide to Macros; Promoting Wellness in March with National Nutrition Month; Pesticides and Food Safety; and Healthy Eating Recipes</p>
<p>Year 3: Continue efforts of year 2.</p> <p>Implement at least 2 items above within local food pantries or farmers markets.</p>	Jul 2021 - Jun 2022		<p>✓ Nov 17, 2021: A fun and healthy recipe to try for Thanksgiving – Pumpkin and Spice Avocado Muffins https://avitahealth.org/.../pumpkin-spice-avocado-muffins/</p> <p>✓ FB Post from Avita 2/15/22 <u>New office open in Bucyrus</u> Dr. Linden Karas and Deanna Miller, CNP will start seeing bariatric patients in Bucyrus every Tuesday</p> <p>✓ 3/31/22: Free weight loss seminar with Dr. Thomas Smith</p>

PRIORITY #2: CHRONIC DISEASE

Strategy 6: Healthy eating practices through fostering self-efficacy

Goal: Reduce heart disease.

Objective: Once per quarter, at least one Cooking Matters class will be implemented in Crawford County.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Continue to implement the Share Our Strength's <u>Cooking Matters</u> program to SNAP-eligible adults through the Ohio State University Extension.</p> <p>Work with at least one new organization, such as a school, senior center, or community center, to pilot an additional 6-week course of the Cooking Matters program. Offer the program to all adults and families.</p> <p>Measure knowledge gained through evaluations.</p> <p>Search for grants and funding opportunities to support efforts.</p>	Jul 2019 - Jun 2020	OSU Extension	<p>✓ Achieving your Health Goals; Benefits of Eating a Healthy Breakfast; Dietary Fats and our Hearts; Eating Better; Eating Together; Farmers Markets and Community Support Agriculture; How to Pack a Health Lunch Box; Is Gluten-Free for me?; Macronutrients; A Simple Guide to Macros; Promoting Wellness in March with National Nutrition Month; Pesticides and Food Safety; and Healthy Eating Recipes</p>
<p>Year 2: Continue efforts to implement at least one Cooking Matters class per quarter.</p> <p>Utilizing the <u>Cooking Matters at the Store framework</u>, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout the county.</p> <p>Measure knowledge gained through evaluations.</p>	Jul 2020 - Jun 2021		<p>✓ The representative for this position is no longer working at OSU Extension.</p>
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Measure knowledge gained through evaluations.</p>	Jul 2021 - Jun 2022		<p>✓ It is thought this position will be filled in February, 2022.</p>

PRIORITY #2: CHRONIC DISEASE

Strategy 7: Physically active classrooms

Goal: Increase physical activity.

Objective: By October 31, 2022 at least two school districts will integrate physically active classrooms into their curriculum.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Research <u>physically active classrooms</u>. Determine if any schools currently implement physically active classrooms within their curriculum. Evaluate the frequency and effectiveness of the implementation of physically active classrooms.</p> <p>Meet with district superintendents to encourage the implementation of physically active classrooms in their schools. Recruit at least one school district to integrate physically active classrooms into their curriculum.</p> <p>Consider the following programs/strategies to implement as part of a physically active classroom:</p> <ul style="list-style-type: none"> • <u>Take 10!</u> • <u>Instant Recess</u> • <u>Power Up for 30</u> • <u>Go Noodle</u> 	Jul 2019 - Jun 2020	Crawford County Partnership for Education and Economic Development	<ul style="list-style-type: none"> ✓ Galion uses Go Noodle and ✓ Lu Playground. GoNoodle is a web-based educational tool geared toward K-5 that is designed to encourage movement throughout the day with fun videos and interactive activities. ✓ Lu Playground is an immersive and interactive space for kids to learn and enjoy. It is a way to promote child development through the use of fun and interactive games. ✓ Also installed a playground at the intermediate Galion school ✓ Fairway Preschool added a playground as well.
<p>Year 2: Recruit at least one additional school district to adopt physically active classrooms into their curriculum.</p> <p>Consider collaborating with the YMCA to provide different physical activities to Crawford County students in participating school districts.</p>	Jul 2020 - Jun 2021		
<p>Year 3: Continue efforts from years 1 and 2.</p>	Jul 2021 - Jun 2022		<ul style="list-style-type: none"> ✓ Avita Health System donated \$1,000 from the 5K event to Galion Tigers Athletics and the Cross Country program September 24, 2021

PRIORITY #3: STRATEGIES THAT ADDRESS MULTIPLE HEALTH NEED PRIORITIES

Strategy 1: Links to cessation support and Mass-reach communications

Goal: Reduce tobacco use.

Objective: Crawford County will implement at least two mass-reach communication campaigns by October 31, 2022.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Consider implementing the following <u>Mass-reach communication strategies</u>:</p> <ul style="list-style-type: none"> Share messages and engage audiences on social networking sites like Facebook and Twitter. Deliver messages through different websites and stakeholders communications. Generate free press through public service announcements. <p>The <u>strategies</u> should focus on motivating tobacco users to quit, protecting people from the harm of secondhand smoke exposure, and preventing tobacco use and vaping initiation.</p> <p>Raise awareness of the recently passed <u>Tobacco 21</u> initiative.</p> <p>Promote and raise awareness of the <u>Ohio Tobacco Quit Line</u> and the <u>My Life, My Quit</u> ODH campaign.</p>	Jul 2019 - Jun 2020	<p>Crawford County Prevention Coalition</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p> <p>Avita Health System</p>	<p>✓ 6/30/20 – Included link on Avita’s website for ‘Know the Risks of e-cigarettes and young people.</p>
<p>Year 2: Continue efforts from year 1. Implement one mass-reach communication strategy.</p> <p>Collect baseline data on the availability of evidence-based tobacco cessation programs in Crawford County.</p> <p>Research evidence-based tobacco cessation programs.</p> <p>Determine the feasibility of implementing a tobacco cessation program in the county.</p> <p>Secure funding.</p>	Jul 2020 - Jun 2021		<p>✓ 8/31 – Included link for Tobacco 21 and Ohio Tobacco Quit Line on Avita’s website.</p> <p>✓ 8/31 – Requested article in next Avita Today regarding Tobacco use – distributed to 119,000.</p> <p>✓ 2/24 – Facebook Post from Avita – Quit Smoking</p>
<p>Year 3: Continue efforts from years 1 and 2. Begin implementing a tobacco cessation program and increase awareness of the program.</p> <p>Look for opportunities to reduce out of pocket costs for cessation therapies.</p> <p>Evaluate the effectiveness of the program.</p>	Jul 2021 - Jun 2022		<p>✓ Sept 2021 – Avita Newsletter, distributed to 119,000 area residents – article on quitting tobacco use – Save Your Lungs Save Your Life</p> <p>✓ November 10, 2021 – FB Post from Avita: In order to address our county’s higher than average rate of late stage cancer diagnoses and other health problems related to tobacco use.</p>

PRIORITY #3: STRATEGIES THAT ADDRESS MULTIPLE HEALTH NEED PRIORITIES

- ✓ Strategy 2: Community-wide physical activity campaign (including green space and parks)
- ✓ Goal: Increase physical activity among adults and youth.
- ✓ Objective: Implement a community-wide physical activity campaign in collaboration with at least five Crawford County agencies by October 31, 2022.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	✓ RESULTS & IMPACT
<p>Year 1: Create a community-wide physical activity campaign.</p> <p>Recruit at least five agencies who are working to improve and promote Crawford County's physical activity opportunities.</p> <p>Determine the goals and objectives of the physical activity campaign.</p> <p>Engage community agencies to coordinate a unified message to increase awareness of Crawford County physical activity opportunities and create a culture of health. Continue the work of the Crawford Obesity Coalition (Healthy Weight, Healthy Heart).</p> <p>Brand the campaign and explore the feasibility of creating a county physical activity resource that houses all physical activity opportunities.</p> <p>Continue to build upon the bike trail system in Crawford County. Collaborate with local partners to advertise local parks, playgrounds, trails, and other green space.</p>	Jul 2019 - Jun 2020	Healthy Weight, Healthy Heart	✓ No activities mostly due to Covid.
<p>Year 2: Continue efforts of year 1.</p> <p>Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least once a week.</p> <p>Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc.</p>	Jul 2020 - Jun 2021		
<p>Year 3: Continue efforts of years 1 and 2.</p>	Jul 2021 - Jun 2022		✓ Area Agency on Aging had two great '10 Million Steps to Prevent Falls' walking events on September 22, 2021, in partnership with Mansfield Area Y, Richland Public Health and Avita Health System.

PRIORITY #3: STRATEGIES THAT ADDRESS MULTIPLE HEALTH NEED PRIORITIES

Strategy 3: Health workforce pipeline programs and Community-scale urban design land use policies and streetscape design

Goal: Increase provider availability.

Objective: Develop a written plan to implement a health workforce pipeline program by October 31, 2022.

ACTION STEP	TIMELINE	LEAD CONTACT/ AGENCY	RESULTS & IMPACT
<p>Year 1: Create a combined coalition of health care agencies that are impacted by workforce issues and shortages.</p> <p>Research and determine areas or organizations with the greatest needs in relation to their workforce.</p> <p>Collaborate with economic development and other local partners on ways to improve the built environment in Crawford County. Consider the following <u>streetscape design initiatives</u>:</p> <ul style="list-style-type: none"> • Improved street lighting • Enhanced street landscaping and street furniture • Increased sidewalk coverage • Connectivity of pedestrian walkways • Bicycling infrastructure 	Jul 2019 - Jun 2020	<p>Crawford County Partnership for Education and Economic Development</p> <p>Crawford County Public Health</p> <p>Galion City Health Department</p> <p>Crawford Success Center</p>	<ul style="list-style-type: none"> ✓ Galion has a bike trail and looking to expand. ✓ Park District received \$50,000 in funding to develop a trail at Unger's Park. ✓ Both Galion and Bucyrus multi trails are a priority.
<p>Year 2: Continue efforts of year 1.</p> <p>Explore <u>health workforce pipeline programs</u>, sometimes referred to as a "Grow-Your-Own" model of care and determine the feasibility of implementing a pipeline program.</p> <p>Identify an area in Crawford County and either renovate under-used recreation areas, rehabilitate vacant lots, or abandoned infrastructure to create local parks, playgrounds, trails, walking paths and other <u>green space</u>.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ Mobility Manager – Tim Oseco with ODOT - part of the plan is to do a sidewalk audit to ensure sidewalks are safe and to improve the walkability of the sidewalks.
<p>Year 3: <u>Continue efforts from year 1 and year 2.</u></p> <p><u>Secure funding that would support the implementation of a behavioral health workforce pipeline program, such as grant opportunities from HRSA's Federal Office of Rural Health Policy.</u></p> <p>Develop a written plan to implement a health workforce pipeline program.</p> <p>Create a written plan to create the additional green space.</p>	Jul 2021 - Jun 2022		

PRIORITY #3: STRATEGIES THAT ADDRESS MULTIPLE HEALTH NEED PRIORITIES

Strategy 4: Safe sleep practices and Early childhood home visiting programs

Goal: Increase kindergarten readiness and promote safe sleep environments.

Objective 1: Continue to promote and monitor the Help Me Grow program.

Objective 2: Implement at least two safe sleep coordinated messages by October 31, 2022.

ACTION STEP	TIMELINE	LEAD CONTACT/AGENCY	RESULTS & IMPACT
<p>Year 1: Continue to offer the <u>Help Me Grow Home Visiting program</u>.</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 <p>Continue to implement the Cribs for Kids program in Crawford County.</p> <p>Work with local hospitals, FQHC's and other organizations to integrate safe sleep practices (i.e. The ABC's of Safe Sleep, Cribs for Kids) into the community.</p> <p>Disseminate <u>ODH materials</u> targeted at education and awareness.</p> <p>Continue to implement the OBB <u>Child Passenger Program</u> (car seat program).</p>	Jul 2019 - Jun 2020	<p>Crawford County Public Health</p> <p>Crawford County Help Me Grow</p> <p>Galion City Health Department</p>	<ul style="list-style-type: none"> ✓ Breastfeeding: Picture Perfect – hosted by Crawford County Public Health, Help Me Grow, WIC and Avita Health System August 3, 2019. Provides support. ✓ Child Birthing Class – September 17, 2019 – learn about labor and birthing, relaxation techniques, postpartum care – hosted by Avita Health System ✓ Avita recruited Anne Clark, DO, in Oct 2019 - an OB/GYN to be based in Bucyrus
<p>Year 2: Continue to promote and monitor the Help Me Grow Home Visiting program.</p> <p>Continue to raise awareness and promote safe sleep practices through coordinated messages.</p>	Jul 2020 - Jun 2021		<ul style="list-style-type: none"> ✓ Avita recruited new pediatrician – Dr. Heather Kremin, in July – she is based in Galion and Rob Harriz, MD, also based in Galion ✓ As of October 1, 2020, the Help Me Grow Home Visiting program has expanded their Cribs for Kids to include eligible families in Crawford, Seneca and Wyandot Counties.
<p>Year 3: Continue efforts from years 1 and 2.</p>	Jul 2021 - Jun 2022		<p>In 2021, 58 pack-n-plays were distributed to families without a safe place for baby to sleep by the Help Me Grow staff.</p>

APPENDIX B

INTERVIEW AND SURVEY COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS

COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS

Listed on the following pages are the names of leaders, representatives, and members of the Crawford County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHNA team as leaders based on their professional expertise and knowledge of various target groups throughout the Crawford County community.

APPENDIX B:

INTERVIEW RESPONDENTS

INTERVIEW RESPONDENTS

NAME	TITLE	ORGANIZATION
Amber Wertman	Executive Director	United Way of North Central Ohio
Andee Wildenthaler	CEO	Galion Center YMCA
Brad DeCamp	Executive Director	Crawford County and Marion ADAMH Board
Cindy Wallis	CEO	Crawford and Marion Community Counseling and Wellness Centers
Amber Scott	President and CEO	Turning Point of Delaware, Marion, Crawford, Union, Morrow, and Wyandot
Andy Nigh	Administrator	Crawford County Child Protective Services
Cassandra Holtzman	Director	Crawford County Child Protective Services
Cassie Herschler	Executive Director	Crawford County Council on Aging
Christi Eckert	Crawford Prevention Coalition Coordinator	Marion/Crawford Prevention Programs
Court Sturts	Superintendent of Board of DD of Crawford County	Crawford County Board of Developmental Disabilities
Jennifer Allarding	Superintendent	Galion City Schools
Kate Siefert	Health Commissioner	Crawford County Public Health
Lisa Workman	President	Community Foundation for Crawford County
Andrea Barnes	Environmental Health Director	Galion City Health Department
Joe Stafford	Pastor	Pastor of Wesley Chapel and on the Board of Directors for Community Health and Wellness Centers
Mary Jo Carle	Program Coordinator	Together We Hurt, Together We Heal
Sarah Herrle	Marketing and Project Coordinator	Crawford Partnership for Education and Economic Development
Erin Stine	Community Development Director	Crawford Partnership for Education and Economic Development

APPENDIX C

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares the Healthy People goals made for the nation and the service area rates. This comparison provides a benchmark on how the county/hospital service area compares to the nation overall in health objectives.

APPENDIX C:

Benchmark Comparisons

Where data were available, the AHS Crawford County Service Area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

BENCHMARK COMPARISONS

INDICATORS	SERVICE AREA	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate	82.6% -100%	90.7%
Child health insurance rate	96.8%	92.1%
Adult health insurance rate	91.2%	92.1%
Unable to obtain medical care	9.0%	3.3%
Ischemic heart disease deaths	137.4	71.1 per 100,000 persons
Cancer deaths	181.8	122.7 per 100,000 persons
Colon/rectum cancer deaths	20.0	8.9 per 100,000 persons
Lung cancer deaths	56.1	25.1 per 100,000 persons
Female breast cancer deaths	14.5	15.3 per 100,000 persons
Prostate cancer deaths	14.4	16.9 per 100,000 persons
Stroke deaths	47.3	33.4 per 100,000 persons
Unintentional injury deaths	66.0	43.2 per 100,000 persons
Suicides	16.6	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	12.8	10.9 per 100,000 persons
Drug-overdose deaths	33.4	20.7 per 100,000 persons
Overdose deaths involving opioids	29.3	13.1 per 100,000 persons
On time prenatal care (HP2020 Goal)	82.5%	84.8% (HP2020 Goal)
Infant death rate	5.4	5.0 per 1,000 live births
Adult obese, ages 20+	34%	36.0%, adults ages 20+
Students, grades 7 th to 12 th , obese	19.5%	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	18%	25.4%
Cigarette smoking by adults	25%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	71.8%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	75.3%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	67.5%	74.4%
Annual adult influenza vaccination	42%	70.0%



Moxley
PUBLIC HEALTH

www.moxleypublichealth.com
stephanie@moxleypublichealth.com