APPENDIX A

GALION CITY ADDENDUM

CCHP CRAWFORD COUNTY HEALTH PARTNERS

DELIVERED BY:

Moxley PUBLIC HEALTH

GALION CITY ADDENDUM 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED APRIL 2025

galion city HEALTH DEPARTMENT

GALION
AT-A-GLANCE

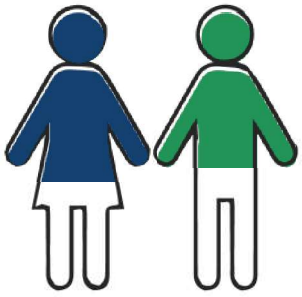
Galion's population is

10,293.

The populations of both Galion and Crawford County **decreased slightly** from 2020 to 2023[1]

-1.5%
GALION

-1.2%
CRAWFORD COUNTY

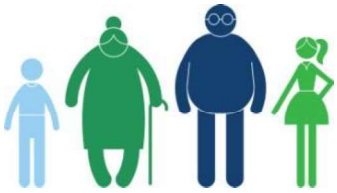


55% 45%

There are **slightly more** females than males in Galion[3]

6%

of Galion residents are **veterans**, slightly lower than the Crawford County rate (7%)[4]

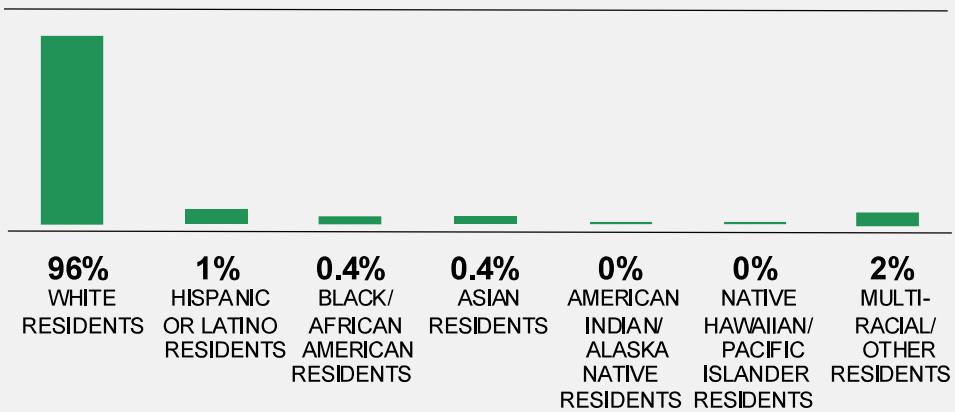


Youth ages 0-18 and seniors 65+ make up

42% of the population.

In the Galion service area, about **1 in 5 residents are ages 65+**[3]

The **majority (96%)** of the population in Galion identifies as **White** as their only race[3]



98% of the population in the Galion service area **speaks only English. 1% are foreign-born**[4]

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **9 experts** from various organizations serving Galion, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub- populations in the community who are most affected by health needs. We conducted **9 focus groups** with a total of **66 people** in the community. There was representation from Galion in all focus groups. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

TOP PRIORITY HEALTH NEEDS

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Substance use/drug addiction
2. Low-income health disparities
2. Obesity/Overweight
2. Poverty
2. Aging/elderly population health disparities

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty/low incomes
2. Unmet mental healthcare services
2. Lack of education

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Mental/behavioral health
2. Substance use/addiction
3. Transportation
4. Homelessness/housing insecurity
5. Access to childcare
6. Poverty/economic issues

How health concerns are impacting community:

1. Poor youth mental health and academic performance
2. Workforce instability due to substance use
3. Family instability/children being removed from homes
4. Use of emergency services for routine care
5. Missed appointments/chronic absenteeism

TOP PRIORITY GROUPS & RESOURCES

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Low-income population
2. Elderly/aging population
2. Uninsured/underinsured population
2. Young parents/families
2. New community residents

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Those with disabilities
2. Low-income population
3. Youth/teen population
4. Elderly/aging population
5. Rural areas

Resources people use in the community to address their health needs:

1. Community Counseling & Wellness Centers
2. Food pantries/meal programs
3. Churches/faith-based organizations
4. WIC
5. Public libraries

Top resources that are lacking in the community:

1. Mental health providers
2. Affordable housing
3. Transportation services
4. Childcare
5. Youth activities

PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **410 responses** to the community member survey from Galion residents. The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section, and some health needs have been combined to form larger categories, such as access to healthcare and mental health).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Income/poverty & employment	37%
#2 Environmental conditions	34%
#3 Access to mental healthcare	34%
#4 Substance misuse (alcohol and drugs)	25%
#5 Access to childcare	18%
#6 Food insecurity	18%
#7 Crime & violence	15%
#8 Health insurance coverage	15%
#9 Adverse childhood experiences (ACEs)	14%
#10 Nutrition & physical health/exercise (includes overweight and obesity)	14%
#11 Access to dental/oral healthcare	11%
#12 Transportation	10%
#13 Education	10%
#14 Housing & homelessness	9%
#15 Tobacco & nicotine use	8%
#16 Access to primary healthcare	7%
#17 Access to specialist healthcare	6%
#18 Health literacy	4%
#19 Preventive care & practices	3%
#20 Access to vision healthcare	3%
#21 Internet/WIFI access	2%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	**67%**
#2 Cancer	**58%**
#3 Diabetes	**39%**
#4 Heart disease and stroke	**37%**
#5 Dementia	**28%**
#6 Maternal, infant & child health	**12%**
#7 Chronic Obstructive Pulmonary Disease (COPD)	**10%**
#8 Injuries	**7%**
#9 Kidney disease	**6%**
#10 HIV/AIDS & STIs	**5%**
#11 Chronic Liver Disease/Cirrhosis	**3%**
#12 Parkinson's disease	**2%**

HEALTH NEEDS

COMMUNITY CONDITIONS

#1 Health Need:

INCOME/POVERTY & EMPLOYMENT

37% of survey respondents rated income, poverty, and employment as a top concern in the community.

Galion residents are more likely to **experience poverty** than Crawford County residents.

- **20%** of the population lives in **poverty**, compared to 13% in Crawford County[7]
- The poverty rates for adults, children, seniors, and families are all **higher** in Galion than in Crawford County and Ohio overall[7]

Poverty Rates of Adults, Children, Seniors, and Families by Geography, 2023 5-year estimate			
Population	**Galion**	**Crawford County**	**Ohio**
Adults	18%	12%	13%
Children	26%	18%	18%
Seniors	15%	10%	10%
Families	15%	10%	9%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

Galion has a higher unemployment rate and a lower median household income compared to Crawford County.

- **8%** of Galion residents are **unemployed**, vs. 6% in Crawford County[7]
- Galion's **median household income** of $45,377 is **lower** than that of both Crawford County ($55,477) and Ohio ($69,680)[7]
- In the community member survey, **8%** of respondents reported that they are unemployed, with **5%** not actively looking for work and **3%** looking for work

"Is there employment in our community? Yes. However, are these adequate paying jobs? Most likely, no. I think people struggle to afford basic needs of living when they are working in jobs that pay $12 to $14 per hour."

- Community Member Interview from Galion

#2 Health Need:

ENVIRONMENTAL CONDITIONS

35% of respondents from the community member survey ranked environmental conditions as a priority health need.

A higher percentage of Galion residents ranked environmental conditions as a **top concern** than Crawford County.

- **21%** of Crawford County community survey respondents reported environmental conditions as a top health need for the community

"Our municipal water system is aging…the city has to put a lot of money into that infrastructure to improve it."

- Community Member Interview from Galion

"We have a lot of problems with mosquito-borne and tick-borne illnesses here."

- Community Member Interview from Galion

#3 Health Need:

ACCESS TO HEALTHCARE

The top barriers to care reported in the community member survey were:

- **Not being able to get an appointment** quickly enough/too long of a wait for an appointment (25%)
- **Insurance deductibles** are too high (22%)
- Insurance **does not cover the cost** of the procedure or care (20%)
- **Not having insurance** and cannot afford care (18%)

A higher rate of adults are **uninsured** in Galion than in both Crawford County and Ohio.[7, 74]

- **9%** of survey respondents said that they lack insurance because it **costs too much**
- **17%** of respondents reported that there was a time in the last year when they **needed** prescription medicine and **could not get it**

Rates of Uninsured Adults, Children, and Seniors by Geography, 2023 5 year estimate			
Population	**Galion**	**Crawford County**	**Ohio**
Adults	13%	10%	9%
Children	3%	4%	5%
Seniors	1%	0.5%	0.5%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate.

29% of community survey respondents have not had a **routine checkup in the last year**, and **8%** have not had a checkup in **more than 5 years.**

- **85%** of respondents said that they have a **primary care provider** (PCP)
- **16%** of Galion residents' usual source of care is an **urgent care clinic**

18% of Galion survey respondents said that **dental/oral healthcare is lacking** in the community, with **19%** reporting that they needed dental care in the last year but **could not get it.**

- **Nearly half** (47%) of respondents have not visited the dentist **in over a year**, slightly more than in Crawford County (43%)

"There is care available, it's just getting the proper people to those locations."

- Community Member Interview from Galion

#4 Health Need:

SUBSTANCE USE

25% of respondents from the community member survey ranked substance misuse as a top concern.

- Galion respondents were less likely to report substance use as a top concern than Crawford County respondents.
  - **30%** of Crawford County reported substance use as a concern

In Our Community…	
16%	Say substance use treatment/harm reduction services are lacking
12%	Have used marijuana in the last 30 days
3%	Have an alcoholic drink 4 or more days a week
2%	Have used a prescription medication that was not prescribed for them or took more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 6 months

"It's just astronomical. It's everywhere. And when these kids see their parents use it, then they use it."

- Community Member Interview from Galion

#5 Health Need:

ACCESS TO CHILDCARE

In the community member survey, **18%** of respondents ranked access to childcare as a priority health need.

- Fewer Galion residents reported access to childcare as a top concern compared to Crawford County (21%)
- **27%** of respondents reported that childcare resources are **lacking** in the community, vs. 34% of Crawford County respondents

"Many of our childcare centers have almost a year wait list, the demand in the community is very high."

- Community Member Interview from Galion

"So typically if they're gonna pay for daycare by time they work, there's not enough money to cover the rest. I think at some point wages are gonna have to go higher."

- Community Member Interview from Galion

#6 Health Need:

FOOD INSECURITY

18% of survey respondents rated food insecurity as a top concern in the community.

- **44%** of Galion residents said that **affordable food** is lacking in the community, vs. 41% of Crawford County residents
- **14%** of respondents **worry that their food will run out** and that they won't be able to get more, similar to Crawford County (13%)

Galion has a higher rate of **SNAP*/Food Stamp utilization** than both Crawford County and Ohio.[7]

SNAP*/Food Stamp Utilization in Past 12 Months, 2023 5-year estimate		
Galion	**Crawford County**	**Ohio**
20%	15%	12%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.
**Supplemental Nutrition Assistance Program*

"Most of the fresh food options seem to be concentrated on the north and west sides of town, which are the more affluent communities."

- Community Member Interview from Galion

"Kids love junk food, and unfortunately, it's the cheaper option. For low-income families, unhealthy food is often far more affordable than healthier alternatives, which is a real problem. It shouldn't be that way."

- Community Member Interview from Galion

#7 Health Need:

CRIME & VIOLENCE

15% of community survey respondents ranked crime and violence as a priority health need.

- Both **property and violent crime** rates are **higher** in Galion than in Crawford County[34]
- Galion's property and violent crime rates are **lower** than the state of Ohio overall[6]

Crime Rates per 100,000 residents, 2023			
Type of Crime	**Galion**	**Crawford County**	**Ohio**
Property Crime	58	39	1,783
Violent Crime	14	13	294

Source: Federal Bureau of Investigation, Crime Data Explorer.

"I think drug addiction and mental health issues are what lead to most of the crime around here."

- Community Member Interview from Galion

#8 Health Need:

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

14% of survey respondents reported adverse childhood experiences (ACEs) as a top concern in the community.

- Galion survey respondents were slightly less likely to rate ACEs as a top concern than Crawford County respondents

In Our Community…	
32%	Have lost a biological parent through divorce, abandonment, or another reason
29%	Had a parent or other adult swear at them, insult them, put them down, or humiliate them often or very often
27%	Lived with someone who was a problem drinker or alcoholic, or who used street drugs
27%	Had a household member who was depressed or mentally ill, or who attempted suicide

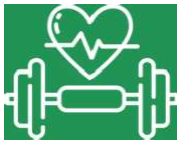
"People need understanding on how important those ACEs really are."

- Community Member Interview from Galion

"Most people I talk to still don't know what it means when we talk about ACE or adverse childhood experiences. And so I think, as people learn more about that, they'll be able to seek out better treatment."

- Community Member Interview from Galion

#9 Health Need:



NUTRITION & PHYSICAL HEALTH

In the community member survey, **14%** of respondents ranked nutrition and physical health as a priority health need.

- **40%** of respondents rate their physical health as **"poor"** or **"average"**, while **almost half** (49%) rate it as **"good"**

18% of survey respondents said that **recreational spaces are lacking** in the community, and **7%** said that **lack of reliable transportation** has kept them from buying food or physical activity opportunities.

- Slightly more Crawford County respondents reported recreational spaces as lacking in the community (20%)

Barriers to Getting Healthier	
49%	Lack of energy
45%	Money (gyms and healthy foods are too expensive)
37%	Stress
33%	Busy schedule (I don't have time to cook or exercise)
29%	Feel intimated or awkward going to a gym or fitness center
15%	Convenience (eating out is easier)
14%	I don't like to exercise

"The barrier with physical activity, in my opinion, is the internet, video games, and TV...you don't see as many kids outside playing as you used to."

- Community Member Interview from Galion

#10 Health Need:

TRANSPORTATION

In the community member survey, **10%** of respondents ranked transportation as a top concern.

- **27%** of respondents reported that **transportation is lacking** in the community, similar to Crawford County (28%)
- **11%** of survey respondents said that lack of reliable transportation **prevented access** to one or more services, the same as Crawford County

The Walkscore of Galion has improved from previous years, and is 2nd highest of the most populous cities in Crawford County.[35]

- Galion has a Walkscore of **70/100**. This score is considered **"very walkable"**, meaning that most errands can be accomplished on foot[35]

Work Commute, Method and Average Time, 2023 5-year estimate			
Indicator	**Galion**	**Crawford**	**Ohio**
Drive alone to work	80%	84%	77%
Use public transit to work	0%	0.1%	1%
Walk to work	1%	2%	2%
Average daily commute to work	28 Minutes	24 Minutes	24 Minutes

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

"A lot of our patients have transportation problems. There is some transportation like bus systems, but it is very limited."

- Community Member Interview from Galion

"We need better transportation for those people who don't have access, who can't drive, or who live in assisted living. A lot of times they're told to find a family member, but [what] if they can't find a family member…so transportation is a big problem."

- Community Member Interview from Galion

"But because this is a rural county, transportation is definitely a barrier."

- Community Member Interview from Galion

#11 Health Need:

EDUCATION

In the community member survey, **10%** of respondents ranked education as a top concern.

- **24%** of survey respondents reported having a high school degree or less
- Galion residents are less likely to have **at least a high school education** than both Crawford County and Ohio[1, 2]
- Galion has a lower **Kindergarten readiness rate** as well as a lower percentage of 3- and 4-year-olds **enrolled in preschool** compared to Crawford County and Ohio[37, 38]
- The **chronic absenteeism rate** is lower in Galion than both Crawford County and Ohio[41]

Education in our community:			
Indicator	**Galion**	**Crawford**	**Ohio**
At least high school education	88%	90%	91%
Kindergarten readiness rate	32%	33%	37%
Percent of 3- and 4-year-olds enrolled in preschool	9%	39%	43%
Chronic absenteeism rate	25%	29%	26%

Sources: U.S. Census Bureau, Population Estimates Program (PEP), V2023.
University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024.
Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024.
U.S. Census Bureau, American Community Survey, S1401, 2023 5-year estimate.
Ohio Department of Education, District Details Data, 2023-2024.

"I also think that if we weren't concentrating just on teaching these kids based on how to pass state tests rather than teaching them things that are going to help them later on in life, that would be a little bit more helpful."

- Community Member Interview from Galion

"We have a good team from the school district. We have a lot of good relationships in the community."

- Community Member Interview from Galion

#12 Health Need:

HOUSING & HOMELESSNESS

In the community member survey, **9%** of respondents ranked housing and homelessness as a top concern.

- **51%** of survey respondents say **affordable housing** is **lacking** in the community
- There is a higher **vacancy rate** in Galion than in both Crawford County and Ohio[44]
- Slightly fewer households are **lacking complete plumbing** in Galion, while slightly more are **lacking complete kitchens** when compared to Crawford County[44]
- A higher percentage of households in Galion are **seniors living alone** than in Crawford County and Ohio[4]

Housing in our community...			
Indicator	**Galion**	**Crawford County**	**Ohio**
Vacancy rate	13%	9%	8%
Households lacking complete plumbing facilities	0.1%	0.3%	0.3%
Households lacking complete kitchen facilities	0.9%	0.7%	0.9%
Households that are seniors living alone	18%	15%	13%

Sources: U.S. Census Bureau, American Community Survey, DP04, 2023 5-year estimate. U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

"Housing affordability and access is a challenge in our community and in the region."

- Community Member Interview from Galion

"There is community action, but it's all income based. So if you step outside of that income or you're outside of that waiting list area, you can be really affected."

- Community Member Interview from Galion

"We have some really, really cheap housing that isn't in good condition."

- Community Member Interview from Galion

#13 Health Need:

TOBACCO & NICOTINE USE

In the community member survey, **8%** of respondents ranked tobacco & nicotine use as a priority health need.

- **15%** of survey respondents reported **daily or almost daily** tobacco or nicotine use in the past 30 days, the same as in Crawford County
- **4%** of survey respondents reported tobacco or nicotine use on **some days** in the last 30 days, slightly higher than in Crawford County (3%)

"The kids truly think what they're doing is not wrong, and it's because it's been marketed that way as a healthier alternative to smoking."

- Community Member Interview from Galion

#14 Health Need:

PREVENTIVE CARE & PRACTICES

In the community member survey, **3%** of respondents ranked preventive care & practices as a priority health need.

- Less than half of both Galion and Crawford County respondents reported getting a flu shot **in the past year**

Survey respondents who reported getting a flu shot in the…		
Time frame	**Galion**	**Crawford County**
In the past year	46%	48%
In 5 or more years	10%	10%
Never	15%	14%

"Funding is always [an issue]. It's hard to quantify prevention. So you know, public health usually is at the bottom of the list."

- Community Member Interview from Galion

#15 Health Need:

INTERNET ACCESS

In the community member survey, **2%** of respondents ranked internet and Wi-Fi access as a top concern.

- The percentage of survey respondents who rated **internet and Wi-Fi access** as a top concern was slightly less in Galion than in Crawford County (3%)

> ***"I don't think we have so much of an internet issue unless you live out in the country here, and then you have to get hotspots."***
>
> - Community Member Interview from Galion

> ***"One of the biggest things that I see is that we have too few choices of carriers, because we're a small county. I don't know if it's because of the limited number of carriers, but it's probably more expensive than some lower-income families can afford. And so I think that that's been a bit of a challenge for some families to be able to even access Wi-Fi."***
>
> - Community Member Interview from Galion

HEALTH OUTCOMES

#1 Health Outcome:

MENTAL HEALTH

67% of respondents to the community member survey ranked mental health as a top health outcome.

36% of respondents say **mental healthcare access is lacking**, less than Crawford County respondents reported (42%). Survey respondents also reported the following:

- **42%** rated their mental health as **"average"** or **"poor"**, vs. 41% for Crawford County
- **26%** rate access to mental health, behavioral health, and substance use disorder services as **low or very low**, vs. 27% for Crawford County
- **21%** report they have had **thoughts of suicide** at times in their life, vs. 23% for Crawford County

- **12%** reported that there was a time they **could not get mental health and/or substance use disorder counseling** in the past year, the same as for Crawford County

The top barriers to **mental/behavioral health services** reported in the community member survey are listed in the table below.

Barriers to Mental/Behavioral Health Services	
17%	Could not get an appointment quickly enough/too long of a wait for an appointment
17%	I have insurance, but it did not cover the cost of services
17%	Not knowing where to go or how to find behavioral or mental health providers
10%	Office hours of my provider don't work with my schedule

"Sometimes I think that [people] are just afraid to speak up, you know, because they're afraid of what people will think of them. I think that the biggest part is people just not wanting anyone to know that they're struggling and then trying to deal with it on their own. And then they just can't."

- Community Member Interview from Galion

"The suicide numbers, I think, are rising. I'm seeing a lot more kids committing suicide in the last couple of years, within our schools. And that's really sad."

- Community Member Interview from Galion

#2 Health Outcome:

CHRONIC DISEASE

Galion residents are more likely to identify as having a **disability** than both Crawford County and Ohio residents.[4]

Identify as Having a Disability		
Galion	**Crawford County**	**Ohio**
20%	16%	14%

Sources: U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

The top chronic diseases of concern reported in the community survey in both Galion and Crawford County are **cancer, diabetes, heart disease/stroke, dementia, and COPD**.

- **6%** of Galion respondents and 5% of Crawford County respondents feel that lack of provider awareness or education about their condition is a **barrier to accessing care**

In Our Community...		
	Galion	**Crawford County**
Say cancer is a top concern	58%	55%
Say diabetes is a top concern	39%	42%
Say heart disease/stroke is a top concern	37%	38%
Say dementia is a top concern	28%	25%
Say COPD is a top concern	10%	10%
Felt lack of provider awareness/education about condition was a barrier to accessing healthcare	6%	5%

"It's hard to get information to the right people, and I think that's part of the problem these days."

- Community Member Interview from Galion

"I think heart disease is linked to the obesity rates. If people can't afford healthy food, they're going to buy unhealthy options, and as a result, heart disease and cardiovascular disease rates go up."

- Community Member Interview from Galion

#3 Health Outcome:

MATERNAL, INFANT, & CHILD HEALTH

12% of respondents to the community member survey ranked maternal, infant, and child health as a top health concern.

- **5%** say maternal, infant, and child healthcare services are **lacking**, vs. 8% for Crawford County
- **15 zip codes** in Crawford County, including Galion's zip code (44833), were identified as at high risk for **elevated blood lead levels**

"I think that teen pregnancy is always an area that we can improve upon, with education and access to contraception. I think that is something that is definitely lacking here in Crawford County. It's generational."

- Community Member Interview from Galion

#4 Health Outcome:

INJURIES

In the community member survey, **7%** of respondents ranked injuries as a top health outcome.

- The rate of Galion residents who rated injuries as a top community concern is slightly less than for Crawford County (8%)

"There are a lot of people being distracted on cell phones, radios [in the car]...you know, there's always some new technology in the car."

- Community Member Interview from Galion

"For teenagers, having less people in the car with them is helpful...you know, a lot of teenagers these days are getting in accidents because they have too many kids in the car, and they're all getting distracted."

- Community Member Interview from Galion

#5 Health Outcome:

HIV & STIs

5% of community survey respondents ranked HIV & STIs as a top health concern in the community.

- Slightly more Crawford County respondents ranked HIV & STIs as a top concern (6%)

"I think a lot of it comes down to people not getting the resources they need, and many are just worried about what others will think of them."

- Community Member Interview from Galion

"I have patients with HIV ranging from 20 to 80 in my clinic. While it generally affects younger people in their twenties to forties, it can impact anyone."

- Community Member Interview from Galion

APPENDIX B

IMPACT AND PROCESS EVALUATION

IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2022 Community Health Needs Assessment (CHNA) and the impact of Crawford County's 2023-2025 Implementation Strategy (IS)/Community Health Improvement Plan (CHIP) on the previous priority health needs. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the county since the previous CHNA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #1: ADVERSE CHILDHOOD EXPERIENCES (ACEs)					
GOAL: Reduce the prevalence of adverse childhood experiences (ACEs) through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
SCREENINGS					
Implement or enhance healthcare screening and follow-up for intimate partner violence	Avita Health System	Baseline assessment, provider survey, training for 2 providers.	15 providers surveyed: 7 already screened for IPV, 2 not interested. Avita EPIC system added IPV screening flowsheet. All providers received IPV screening education.	Evaluate provider feedback, expand training to 4 more providers.	Screenings increased from 207 (2023) to 2,088 (Oct 2024).
RESOURCE AWARENESS					
Promote 211 county-wide resource list	All partners	Social media promotion, website updates, email distribution.	Monthly emails to 2,000+ Avita employees with 211 resource info. Crawford County Public Health promoted 211 via social media and vending machines.	Continue awareness campaigns via social media and businesses.	"Help is 3 Numbers Away" campaign reached 16,541 views on social media.
EDUCATION / TRAININGS					
Post educational material in school restrooms with contact information/resources youth intimate partner violence	Crawford County School Districts	Distribute resources in school restrooms, promote via social media.	No school representative in CCHP; limited implementation.	Assess impact, engage more school districts.	Posters placed in Buckeye Central Middle School and Galion High School. Discussions with school superintendents on next steps.
Train on ACE Scores and meanings	CCPH, ADAMH, Marion/Crawford Prevention Programs	Train educators and community members, conduct follow-up survey.	Healthy Relationships class held in Galion High School. Youth Mental Health First Aid training conducted in two schools. Trauma conference held in Marion and opened to Crawford County educators.	Genesis Spiritual Care (GSC)	Continued youth tobacco prevention task force meetings, expanded EMDR therapy training.
Implement PAX Good Behavior Game	Crawford County School Districts, ADAMH	Survey schools on interest, train/implement in 1 district during 23-24 school year.	No updates, lacking school representative.	Train/implement in an additional school district in 24-25 school year.	No updates, lacking school representative.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #1: ADVERSE CHILDHOOD EXPERIENCES (ACEs)					
GOAL: Reduce the prevalence of adverse childhood experiences (ACEs) through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
COLLABORATIONS & GROUPS					
Implement Handle with Care Program	Marion/Crawford Prevention Programs, CCPH, Schools, Law Enforcement	Train schools and law enforcement, establish implementation teams.	All school districts trained, but law enforcement training incomplete. Galion Police Department and Crestline Police Department fully trained by end of 2023.	Expand training to daycare centers, review implementation barriers.	HWC-Galion is up and running. CID provided to Crawford County law enforcement. All are HWC trained but not seeing reports of incidents.

PRIORITY #2: PHYSICAL ACTIVITY					
GOAL: Increase physical activity through intervention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
HEALTH PROMOTION					
Create and share master document of opportunities for people to participate in physical activities	Crawford County Healthy Living Coalition	Assess public parks, fitness options, reduced-cost programs.	HEAL Grant proposals developed for pedestrian infrastructure.	Implement Fit & Fun Playscapes, expand accessibility.	Playscapes launched at Bucyrus YMCA, public parks.
Healthcare providers give exercise prescriptions to patients.	Avita Health System	Train 2 providers, track prescription numbers.	Only 2 prescriptions issued in 2023—program deemed unsuccessful.	Evaluate alternative health programs.	Initiative discontinued due to lack of provider engagement.
Create Walking Routes for downtown Bucyrus	CCPH & Bucyrus City	Conduct walk audits, identify areas for improvement.	Walk audit completed, infrastructure needs identified.	Expand via Tier 3 HEAL Grant.	Application submitted, planning for new bike racks.
COLLABORATIONS & GROUPS					
Create a Crawford County Healthy Living Coalition in our community	Community Members, Chamber of Commerce, Elected Officials	Recruit members, meet monthly, utilize HEAL grant	Monthly meetings established; multiple stakeholders engaged. Pedestrian Infrastructures are the primary focus as public benches are being dispersed and playscapes created to encourage active living.	Develop strategies for employers to adopt healthy eating policies when providing food, develop plan for bike racks, implement Fit & Fun Playscapes.	Continued monthly meetings. Steering committee to drive active living goal.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #3: UNMET NEEDS FOR MENTAL HEALTHCARE					
GOAL: Decrease unmet needs for mental healthcare through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
HEALTHCARE SUPPORT SERVICES					
Expand tele-mental health services and chronic disease management	Avita Health System	Survey providers, research services/vendors.	Avita providers surveyed on interest in telehealth services. Collaboration with OSU began. Attended sessions/conferences on telehealth.	Evaluate effectiveness of resources researched.	Not proceeding with mental health apps strategy but continuing to look into chronic disease management apps. Providers prefer case-by-case recommendations.
RESOURCE AWARENESS					
Promote Crisis Lines– community awareness campaigns	Avita Health System, Health Departments, ADAMH	Market crisis lines via public events and social media.	988 promoted in multiple community campaigns.	Continue efforts from 2023.	Marketing campaign implemented by Pathways for 988 and 211. CCPH's "Help is 3 Numbers Away" campaign reached 16,541 people on Facebook.
EDUCATION / TRAININGS					
Expand training opportunities for individuals to become certified peer support specialists	ADAMH, NAMI	Promote peer training, recruit participants, schedule at least 1 training per year.	Peer support classes held at NC State Success Center. 2 staff from Community Counseling went through peer support certification.	Recruit additional participants, schedule at least 1 additional training, monitor # of people successfully passing exam.	13 individuals completed peer support training in April.
Work with employers to train supervisors on how to identify mental health needs	CCPH, Marion/ Crawford Prevention Programs, ADAMH, Community Counseling & Wellness Centers	Secure funding for Mental Health First Aid at Work training, conduct employer trainings on mental health awareness, create awareness campaign on mental health in working population, survey employees on absenteeism due to mental health.	QPR training completed by staff from multiple organizations.	Train more employers on mental health awareness, continue awareness campaign, provide QPR training at more organizations.	"Hidden in Plain Sight" training for Galion Safety Council. QPR trainings continued with support of United Way, with 988 materials and gunlocks distributed at trainings.
COLLABORATIONS & GROUPS					
Implement Sequential Intercept Mapping (SIM) through Stepping Up initiative to develop jail diversion process for MH patients in Criminal Justice system	ADAMH, Sheriff, Judges, Probation, MH providers, NAMI	Develop Stepping Up steering committee, SIM planning session.	Priorities identified SIM exercise included housing, crisis response continuum, and mental health screening & services.	Establish working committees based on SIM report, hold semiannual steering committee meetings.	Final SIM report reviewed with interventions ongoing. 3 committees established during SIM exercise continue to meet to address goals.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #4: DEPRESSION & SUICIDE					
GOAL: Reduce prevalence of depression and suicide deaths through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
SUPPORT GROUPS					
Grief Counseling	LOSS Team, LEAP program, ADAMH, Mental Health Providers	Identify trainers, offer more support groups and training.	Cornerstone of Hope support group. Suicide Prevention Walk in September. NAMI-MCC monthly connection groups, Family-to-Family classes offered. Grief camps launched.	Expand community reach.	GriefShare groups formed. Healing Hearts Camp held in August. Various Avita Health bereavement programs available.
RESOURCE AWARENESS					
Promote and share master list of mental health providers in the area for ease of referral	Pathways of Central Ohio, ADAMH	Reach out to community agencies for updates, update database, develop promotional activities.	Resource flyers distributed.	Continue to reach out to community agencies for updates and update database.	Resource flyers distributed.
Implement referral process from Primary Care Providers (PCPs) to Mental Health providers (MHP) for clients who trip PHQ (Patient Health Questionnaire-9)	ADAMH, Avita Health System, Community Counseling & Wellness Centers, Mental Health Providers	Assess current referral process, revise process if needed, develop list of mental health providers to refer to, share process and list with all Avita PCPs, request PCPs to provide feedback on issues.	Survey shared with all Avita PCPs. List of mental health providers drafted and shared with others for review/revision.	Email all Avita PCPs for feedback on process, evaluate feedback and improve process as needed.	Avita PCPs provided with Tele-mental Health Resources list in February.
Promote Crisis Lines – community awareness campaigns	Avita Health System, Health Departments, ADAMH	Market crisis lines via public events and social media.	988 promoted in multiple community campaigns.	Continue efforts from 2023.	Marketing campaign implemented by Pathways for 988 and 211. CCPH's "Help is 3 Numbers Away" campaign reached 16,541 people on Facebook.
COLLABORATIONS & GROUPS					
Suicide & Overdose Fatality Review Team	CCPH, ADAMH	Create team and guidance documents.	Team established and charter documents adopted. Overdoses and suicide deaths reviewed, and annual report updated in August.	Begin to create annual reports.	2023 annual report distributed publicly in March. Full report available on CCPH's website. Participated in NACCHO Exchange Article Interview in June.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #4: DEPRESSION & SUICIDE					
GOAL: Reduce prevalence of depression and suicide deaths through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
EDUCATION / TRAININGS					
Educate the community on and encourage the utilization of 988	Suicide Prevention Coalition, ADAMH, CCPH, Pathways of Central Ohio	Partners provide brochures and other materials on 988 to community, monitor # of suicide calls.	988 information posted on Crawford County Suicide Prevention Coalition. CCPH provide 988 buttons at Memorial Event in May. 988 promotional materials distributed at QPR trainings and throughout county.	Continue first-year activities, conduct presentations at community agencies, monitor # of suicide calls.	Crawford County Suicide Prevention Coalition promoted the 988/You Matter program with yard signs. Annual Suicide Prevention walk in September promoted 988/You Matter. GCHD promoted 988 on Facebook.
Offer training in QPR (Question, Persuade, Refer) to the entire community	CCPH, Marion/Crawford County Prevention Programs	Provide QPR training to local agencies (bartenders, barbers, beauticians, public agencies, general public), utilize sign-in sheets to measure participation.	QPR training provided to various agencies across county. Secured United Way grant to provide QPR training to general public and workplaces.	Continue to provide QPR training and measure participation.	Both QPR and SOS being provided in community. Offered QPR classes to community and businesses with United Way funding. 2 QPR training sessions held at Avita.
Offer SOS (signs of suicide) program or other approved suicide prevention training curriculum to schools	ADAMH, Community Counseling & Wellness Centers, Schools	Provide SOS training in 2 schools.	SOS training in 9 school buildings. Film about suicide shown in Schines Art Park in June.	Continue to provide SOS training in schools.	SOS program actively offered.
Offer Working Minds Training for Businesses	ADAMH, MCPP	Train 3 businesses per year.	Working Minds changed their name to Vitalcog and new materials have been provided. No businesses scheduled yet.	Train 3 businesses per year.	No businesses scheduled yet.
Continue CIT (Crisis Intervention Team) training with law enforcement	NAMI, ADAMH	Provide training annually, specifically for new law enforcement officers.	CIT training provided to first responders in November.	Provide training annually, specifically for new law enforcement officers.	CIT training provided to first responders in Fall 2024.

APPENDIX B:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #5: HEART DISEASE, HYPERTENSION & DIABETES					
GOAL: Reduce prevalence of heart disease, hypertension, and diabetes through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
HEALTH PROMOTION					
Promote available Walk-in Free Blood Pressure Screenings	Public Health Departments	Promote free blood pressure screenings on websites and post on social media quarterly, promote quarterly using Chambers' weekly emails.	Health fair at Galion Nazarene Church in March. CCPH and GCHD offered free blood pressure checks for the public.	Promote free blood pressure screenings on websites and post on social media semi-annually, promote semi-annually using Chambers' weekly emails.	Free blood pressure flyers provided to Chamber to Commerce. GCHD offered free blood pressure checks at Galion Farmer's Market in August. GCHD continued to offer free blood pressure checks.
Create Walking Routes for downtown Bucyrus	CCPH & Bucyrus City	Conduct walk audits, identify areas for improvement.	Walk audit completed, infrastructure needs identified.	Expand via Tier 3 HEAL Grant.	Application submitted, planning for new bike racks.
Create and implement text message-based health intervention programs	Avita Health System	Meet with CMOs from 3 campuses to determine feasibility, choose HIPAA compliant program, survey providers on willingness to train/implement program, train 2 providers and collect their feedback.	Providers surveyed to gauge interest. Researched services/vendors for chronic disease management.	Survey providers who used program in previous year for evaluation, train additional providers if results are positive.	Researched text message-based apps for heart disease and/or diabetes. Developing text message-based app with real-time updates to EHR is not feasible at this time. Based on the research, some apps cost money, but many are free and can be downloaded by the patient
Provide free A1C screenings	Avita Health System & Health Departments	Evaluate cost of A1C screenings and determine if CCHP will pay, offer free A1C screenings 3 times/year, Avita and the 2 Health Departments will take turns hosting the event.	Low-cost screenings available at Health Fair at Nazarene Church in Galion. Avita offered reduced-cost blood screenings in April. Third Street/Community Counseling developing mobile unit that may be able to check/refer patients.	Continue to offer free A1C screenings three times/year if successful in previous year, Avita and the two Health Departments will take turns hosting the event.	Avita offered reduced-cost blood screenings in April. Mobile unit won't have free A1C screenings but will offer primary care, women's health, MAT for adults/children, eyeglasses, and dental services. CCPH hosted GuardCare in August and provided no-cost health care and labs. Discussed CCHP providing free A1C screenings.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #5: HEART DISEASE, HYPERTENSION & DIABETES					
GOAL: Reduce prevalence of heart disease, hypertension, and diabetes through intervention and prevention initiatives in Crawford County.					
STRATEGIES	**RESPONSIBLE PARTY**	**TASKS FOR 2023**	**2023 PROGRESS**	**TASKS FOR 2024**	**2024 PROGRESS**
HEALTH PROMOTION					
Core 4 Screener A1C, Cholesterol, BMI, Free Blood Pressure Checks	Matrix Mobile Units	Secure the free Core 4 screening mobile unit from ODH for at least 2 events, release a press release announcing the free services/location/ times.	CCPH hosted a free Core 4 event in November/December 2022 for recognition for Diabetes Awareness Day and Month. ODH no longer offers/supports Core 4 mobile unit.	Secure the free Core 4 screening mobile unit from ODH for at least 2 events, release a press release announcing the free services/location/ times.	ODH no longer offers/supports Core 4 mobile unit.
COLLABORATIONS & GROUPS					
Create a Crawford County Healthy Living Coalition in our community	Community Members, Chamber of Commerce, Elected Officials	Recruit members, meet monthly, utilize HEAL grant, promote activities in downtown Bucyrus, educate residents on healthier eating choices.	Monthly meetings established; multiple stakeholders engaged. Pedestrian Infrastructures are the primary focus as public benches are being dispersed and playscapes created to encourage active living.	Develop strategies for employers to adopt healthy eating policies when providing food, develop plan for bike racks, implement Fit & Fun Playscapes.	Continued monthly meetings. Steering committee to drive active living goal.

APPENDIX C

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares Crawford County rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the county compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Implementation Strategy (IS)/ Improvement Plan (CHIP) to address priority health needs.

APPENDIX C:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Crawford County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action. Crawford County rates marked with an asterisk (*) are crude rates.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	CRAWFORD COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate[2]	▲	92.2%	90.7%
Child health insurance rate[7]	▲	96.5%	92.1%
Adult health insurance rate[7]	▲	90.5%	92.1%
Ischemic heart disease deaths[13]	▼	208.1*	71.1 per 100,000 persons
Cancer deaths[13]	▼	279.3*	122.7 per 100,000 persons
Colon/rectum cancer deaths[13]	▼	24.1*	8.9 per 100,000 persons
Lung cancer deaths[13]	▼	67.9*	25.1 per 100,000 persons
Female breast cancer deaths[13]	▼	15.4*	15.3 per 100,000 persons
Prostate cancer deaths[13]	▼	13.5*	16.9 per 100,000 persons
Stroke deaths[13]	▼	65.5*	33.4 per 100,000 persons
Unintentional injury deaths[13]	▼	77.5*	43.2 per 100,000 persons
Suicides[13]	▼	21.2*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths[13]	▼	21.2*	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+[68]	▼	62.4	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths[13]	▼	27.9*	20.7 per 100,000 persons
Overdose deaths involving opioids[14]	▼	23.9*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (%) (HP2020 Goal)[65]	▲	82.8%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%)[65]	▼	10.8%	9.0%
Infant death rate[66]	▼	6.1	5.0 per 1,000 live births
Adults, ages 18+, obese[2]	▼	41.1%	36.0%, adults ages 20+
Students, grades 7th to 12th, obese[12]	▼	26.0%	15.5%, children & youth, 2-19
Adults engaging in binge drinking[2]	▼	16.3%	25.4%
Cigarette smoking by adults[2]	▼	23.1%	5.0%
Pap smears, ages 21-65, screened in the past 3 years[51]	▲	63.9%	84.3%
Mammograms, ages 50-74, screened in the past 2 years[51]	▲	69.1%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines[51]	▲	67.2%	74.4%
Medicare enrollee annual influenza vaccinations[2]	▲	40.0%	70.0%, all adults
Food insecure households[29]	▼	16.1%	6.0%
Suicide attempts by adolescents in past year[12]	▼	6.7%	1.8%

APPENDIX D

KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **26** 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 Community Health Needs Assessment (CHNA) team as leaders based on their professional expertise and knowledge of various target groups throughout the Crawford County community.

CCHP CRAWFORD COUNTY HEALTH PARTNERS

APPENDIX D:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Chief Phil Jackson 2. Mike Saurers	Chief Firefighter / Paramedic	Galion City Fire/EMS
3. Carrie Zeger	4th Ward Council Member	Galion City Council
4. Jeff Hartmann	Superintendent	Galion City Schools
5. Dr. Nancy Crum	Infectious Disease Specialist Medical Director	Avita Health System Galion City Health Department
6. Lisa Workman	President	Community Foundation for Crawford County
7. Nicole Rich	Community Outreach Coordinator	Galion Family Health Center
8. Andrea Barnes	Health Commissioner	Galion City Health Department
9. Pastor Joe Stafford	Pastor	Wesley Chapel
10. Cindy Wallis	Executive Director Chief of Behavioral Health	Community Counseling Services Third Street Family Health Services
11. Dr. Sarah Metzger	Family Physician	Avita Health System
12. Dr. Amanda Kovolyan	Family Physician	Avita Family Practice
13. Paula Brown	LPCC-S Associate Director	Alcohol, Drug Addiction, and Mental Health (ADAMH) Board of Crawford and Marion Counties
14. Kate Siefert	Health Commissioner	Crawford County Public Health

APPENDIX D:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
15. Robert Britton	Superintendent	Bucyrus City Schools
16. Todd Boyer	Vice President, Corporate Communications	Ohio Mutual Insurance Group
17. Stephanie Buchanan	Director	Bucyrus Public Library
18. Sarah Miley	PrEP Provider/Sexual Health Clinician/Women's Health Nurse Practitioner DIS Supervisor, Ohio Region 2 STI/HIV Prevention Program	Galion City Health Department
19. Casie Grau	Director	Bucyrus Area Chamber of Commerce
20. Nate Harvey	Manager	North Central State College
21. Matt Crall	Crawford County Prosecutor	Crawford County Prosecutor's Office
22. Cassie Herschler	Executive Director	Crawford County Council on Aging
23. Kelly Ely	Community Connector	Salvation Army
24. Mike Amsbaugh	Executive Director	Crawford County Veterans Service Commission
25. Amber Sheets	Site Director	Family Life Counseling and Psychiatric Services
26. Jette Cander	Director	Crawford County Emergency Management Agency

APPENDIX E

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **9 focus groups** conducted with **66 community members**, including the number of participants, format, and groups represented.

CCHP CRAWFORD COUNTY HEALTH PARTNERS

APPENDIX E:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS			
GROUP REPRESENTED	**FORMAT**	**PARTICIPATING ORGANIZATION(S)**	**# OF PARTICIPANTS**
1. Youth (Youth Advisory Board Leaders)	In-Person	Marion Crawford Prevention Programs	8
2. Youth-Serving Organizations	Virtual	Crawford County Child Protective Services, Crawford County WIC, Bucyrus City Schools, Bucyrus Public Library, Nationwide Children's Hospital, Galion City Schools, Family Life Counseling & Psychiatric Services, Galion Public Library, Galion Theater	5
3. Mental Health and Substance Use (People with Lived Experience)	In-Person	Success Center–Bucyrus, Third Street Family, Together We Hurt Together We Heal, ADAMH, BORN (Bucyrus Outreach Restoration Network), Bucyrus YMCA, Bucyrus Library	8
4. Mental Health and Substance Use (Service Providers)	Virtual	Together We Hurt Together We Heal	4
5. Low-Income Population	Virtual	Ohio Heartland Community Action	3
6. Senior Citizens	In-Person	Crawford County Council on Aging, Alzheimer's Association–Northwest Ohio Chapter, Ohio District 5 Area Agency on Aging, Crestline Nursing Home, Galion Golden Age Center	12
7. Parents of Children with Disabilities	Hybrid	Crawford County Help Me Grow	5
8. People with Disabilities	In-Person	Crawford County Board of Developmental Disabilities, Trillium Event Center	14
9. Maternal and Infant Health	Virtual	Avita Health System	7
TOTAL			**66**

APPENDIX E:
FOCUS GROUP DEMOGRAPHICS

Note: 47% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- Participants were mainly from **Bucyrus (44820) – 65%**, with representation from Galion (44833), Crestline (44827), and other areas.
- **35-44 was the most represented age group (24%)**, followed by 25-34 and 45-54 (both with 21%). With the exception of those under 18, all age groups had some representation.
- **82% of participants were women**.
- **Most participants (93%) were straight.**
- **96% of participants were White**, while there was representation from Hispanic (4%) residents as well.
- **Participants mainly spoke English** as a primary language (100%).
- **50% of participants had no children** in their home, while 27% had 1 or 2 children in their home.
- **24% of participants had a high school degree or equivalent**, while 20% had a Bachelor's degree, 17% had an Associate's degree, 14% had a Graduate degree, and 14% had some college but no degree.
- **68% were employed**, while 32% were unemployed. 14% of those who were unemployed are retired.
- **Education, law and social, community and government services,** followed by health, were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 48% having a household income under $50,000 per year. With the exception of $100,000-$124,999, all income categories had some representation.
- 15% of participants **identified as having a disability**.
- 92% of participants **have a steady place to live**.

APPENDIX F

COMMUNITY MEMBER SURVEY

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Crawford County community to get their perspectives and experiences on the health assets and needs of the community they call home. **1,137 responses** (1,136 English responses and 1 Spanish response) were received.

CCHP CRAWFORD COUNTY HEALTH PARTNERS

APPENDIX F:
COMMUNITY MEMBER SURVEY

Welcome!

Crawford County is conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Crawford County) to complete this short, **15-minute** survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential, and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary, and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Where do you live or reside? (choose one)

- 44820
- 44833
- 44827
- 44865
- 44818
- 43314
- 44882
- 44849
- 44854
- 44887
- 44825
- 44856
- 44860
- 44881
- Prefer not to answer
- None of the above, I live primarily at the following ZIP code:

2. Where do you work? (choose one)

- 44820
- 44833
- 44827
- 44865
- 44818
- 43314
- 44882
- 44849
- 44854
- 44887
- 44825
- 44856
- 44860
- 44881
- I am not currently employed
- Prefer not to answer
- None of the above, I live primarily at the following ZIP code:

3. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

4. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Other/Not Listed (feel free to specify)

5. What is your sexual orientation? (select all that apply)

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Don't know
- Other/Not Listed (feel free to specify)

6. What is your race and/or ethnicity? (select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. Which is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Other/Not Listed (feel free to specify)

8. How many children, ages 0-17, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Other/Not Listed (feel free to specify)

APPENDIX F:
COMMUNITY MEMBER SURVEY

9. What is the highest level of education you have completed?
- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

10. Are you currently employed?
- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer

11. What is your annual household income?
- Less than $20,000
- $20,000-$34,999
- $35,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- Over $100,000
- Prefer not to answer

12. Do you have/experience any of the following? (select all that apply)
- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Kidney disease
- Learning Disability
- Mental health condition
- Mobility-related disability
- Parkinson's Disease
- Speech-related disability
- Substance use disorder
- Thoughts of suicide
- None
- Prefer not to answer
- Other/Not Listed (feel free to specify or tell us more)

13. What is your current living situation? (select all that apply)
- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Prefer not to answer
- Other/Not Listed (feel free to specify)

14. Have you experienced any of the following types of abuse in the past year? (select all that apply)
- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Trigger Warning: The following question about your childhood may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

15. During your childhood (before the age of 18)...

	Yes	No	Prefer not to answer
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?	○	○	○
Did a parent or other adult in the household act in a way that made you afraid that you might be physically hurt?	○	○	○
Did a parent or other adult in the household push, grab, slap, or throw something at you?	○	○	○
Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	○	○	○
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	○	○	○

APPENDIX F:
COMMUNITY MEMBER SURVEY

Did an adult or person at least 5 years older than you ever attempt or actually have oral, anal, or vaginal intercourse with you?	○	○	○
Did you often or very often feel that no one in your family loved you or thought you were important or special?	○	○	○
Did you often or very often feel that your family didn't look out for each other, feel close to each other, or support each other?	○	○	○
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	○	○	○
Did you often or very often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	○	○	○
Was a biological parent ever lost to you through divorce, abandonment, or other reason?	○	○	○
Was one of your parents, step-parents, or guardians often or very often pushed, grabbed, slapped, or had something thrown at them?	○	○	○
Was one of your parents, step-parents, or guardians sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	○	○	○
Was one of your parents, step-parents, or guardians ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	○	○	○
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	○	○	○
Was a household member depressed or mentally ill, or did a household member attempt suicide?	○	○	○
Did a household member go to prison?	○	○	○

Other/Not listed (feel free to specify)

16. From the choices below, what are the TOP 3 health concerns in your community? (please check your top 3)

- Access to childcare
- Access to dental/oral care
- Access to mental healthcare
- Access to primary healthcare
- Access to specialist healthcare
- Access to vision healthcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air pollution, drinking water quality, tick and mosquito-borne diseases, blood lead levels in children, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Health insurance coverage
- Health literacy
- Housing and homelessness
- Income/poverty and employment
- Internet/Wi-Fi access
- Nutrition and physical health/exercise (includes overweight and obesity)
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Substance misuse (alcohol and drugs)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Other/Not Listed (feel free to specify)

APPENDIX F:
COMMUNITY MEMBER SURVEY

17. From the choices below, what are the TOP 3 health outcomes (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)

- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Heart disease and stroke
- Injuries (workplace injuries, car accidents, falls, etc.)
- Kidney disease
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Parkinson's disease
- Other/Not Listed (feel free to specify)

18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance
- Other/Not Listed (feel free to specify)

19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Lack of provider awareness and/or education about my health condition
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Insurance deductibles were too high
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of transportation to the appointment
- The appointment was too far away and outside of my community
- No barriers and did not delay health care - received all the care that was needed
- I could not find a doctor or dentist that takes Medicaid
- Other/Not Listed (feel free to specify)

20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)

- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Other/Not Listed (feel free to specify)

21. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Other/Not Listed (feel free to specify)

23. How would you rate your current access to mental health, behavioral health, or substance use disorder services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

APPENDIX F:
COMMUNITY MEMBER SURVEY

24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (select all that apply)
- Could not get an appointment quickly enough/ too long of a wait for an appointment
- No insurance and it costs too much
- I have insurance, but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- Appointment cancellation related to feeling sick/unwell, concern of infection, or other health related concern
- Distrust/fear of discrimination
- Uncomfortable with mental or behavioral health provider
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Language barriers
- Lack of provider awareness and/or education about my health condition
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lacked transportation to the appointment
- Do not need behavioral or mental health care
- No barriers – received all the behavioral and mental health care that was needed
- Other/Not Listed (feel free to specify)

25. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)
- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/Not Listed (feel free to specify)

26. In the last year, was there a time when you needed prescription medicine but were not able to get it?
- Yes
- No

27. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?
- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

28. In the last year, was there a time when you needed dental care but could not get it?
- Yes
- No

29. During the most recent time you or a member of your household delayed or went without needed dental/oral care, what were the main reasons? (select all that apply)
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Lack of provider awareness and/or education about my health condition
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Insurance deductibles were too high
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of transportation to the appointment
- The appointment was too far away and/or outside of my community
- No barriers and did not delay health care - received all the care that was needed
- I could not find a doctor or dentist that takes Medicaid
- Other/Not Listed (feel free to specify)

30. In the last year, was there a time when you needed mental health and/or substance use counseling but could not get it?
- Yes
- No

31. Do you have a personal physician/primary care provider?
- Yes
- No

32. How long has it been since you have had a flu shot?
- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine
- Prefer not to answer

33. Overall, my physical health is:
- Excellent
- Good
- Average
- Poor

34. Overall, my mental health is:
- Excellent
- Good
- Average
- Poor

APPENDIX F:
COMMUNITY MEMBER SURVEY

35. Have you ever had thoughts of suicide?
- Yes
- No
- Prefer not to answer

36. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical Appointments (for yourself or another member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not Applicable
- Other/Not Listed (feel free to specify)

37. How do you travel to where you need to go? (select all that apply for each category – work, appointments, food shopping)

	Drive alone	Public transit (e.g. HATS)	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appointments (e.g. medical, mental health, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Food shopping	☐	☐	☐	☐	☐	☐	☐	☐	☐

Not Listed (feel free to specify)

38. What resources are lacking within your community? (select all that apply)
- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare access
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Transportation
- Vision healthcare access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

39. During the past 30 days (1 month) on how many days did you smoke cigarettes, vape, or use other nicotine or tobacco products?
- Every day or almost every day
- Some days
- No days
- Other/Not Listed (feel free to specify)

40. How often do you have a drink containing alcohol?
- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

41. Do you ever have 5 or more drinks containing alcohol at any one time?
- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 5 or more times a week

42. How often in the last 30 days (last month) have you used marijuana/cannabis for recreational purposes?
- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Other/Not Listed (feel free to specify)

43. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?
- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day

44. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?
- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

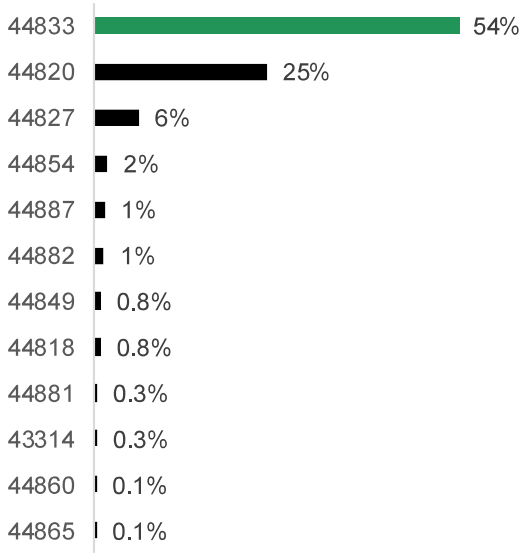
45. Do you or your family worry that your food will run out and that you won't be able to get more?
- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

46. Do you have any other feedback or comments to share with us?

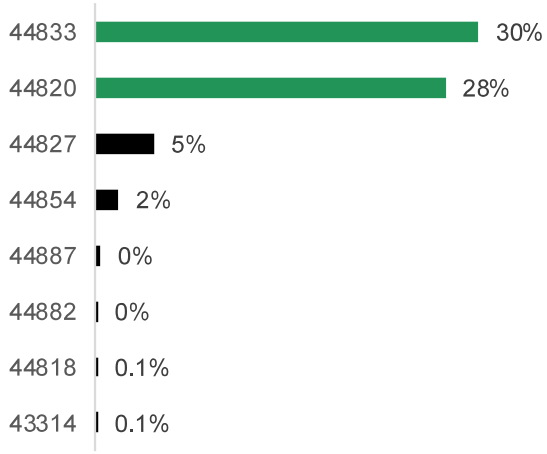
Thank you! Please send this survey to anyone you know who lives and/or works in Crawford County.

APPENDIX F:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

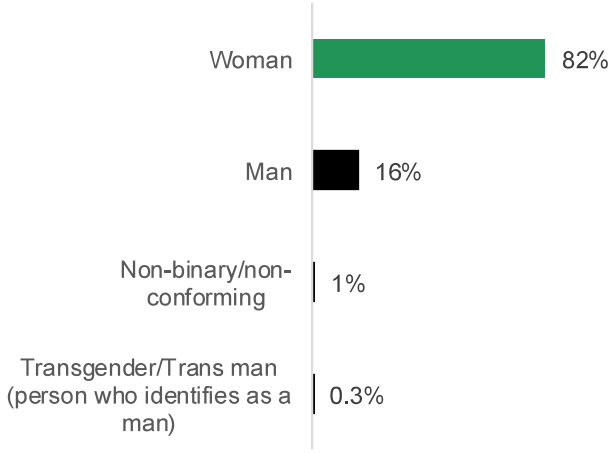
The majority of respondents live in **Galion (44833)**, followed by Bucyrus (44820)



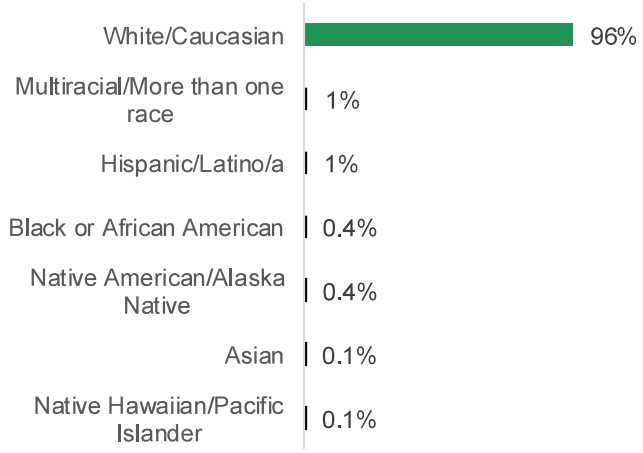
The majority of respondents work in **Galion (44833),** followed by Bucyrus (44820).



The majority of respondents were **women**

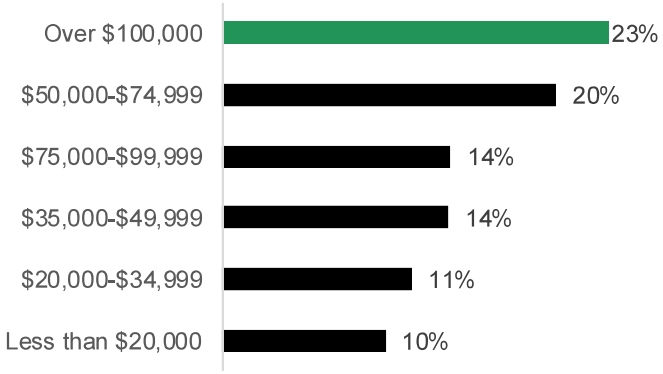


The majority of respondents were **White**, consistent with the composition of the county. Other racial groups were somewhat underrepresented

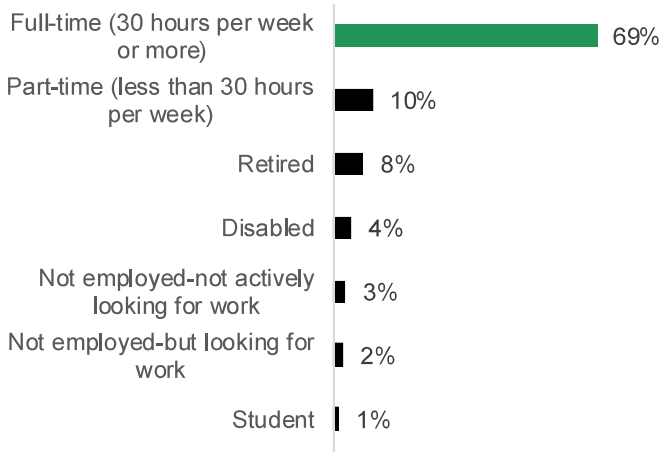


APPENDIX F:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

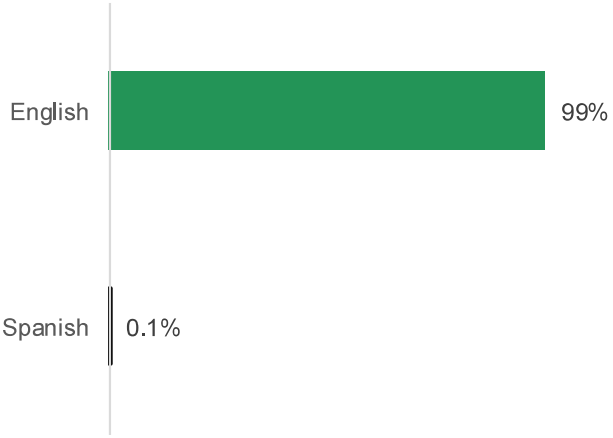
Respondents were generally **higher income**, with nearly one-quarter having an annual household income of $100,000 or more. This representation is similar to the county as a whole



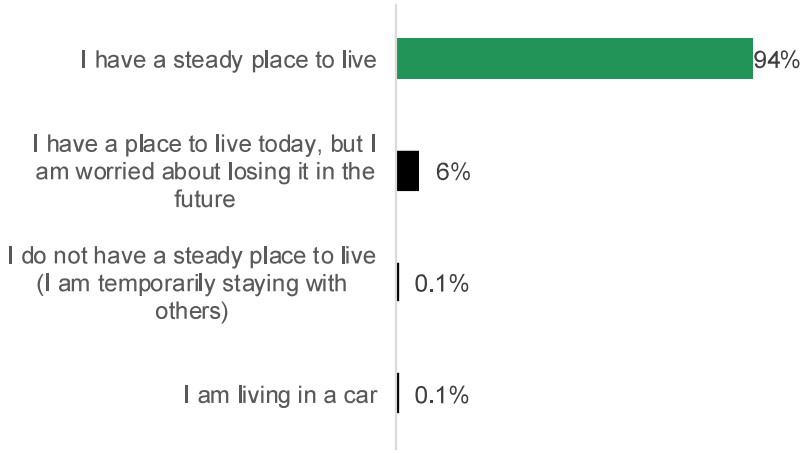
Most respondents are **employed full-time**



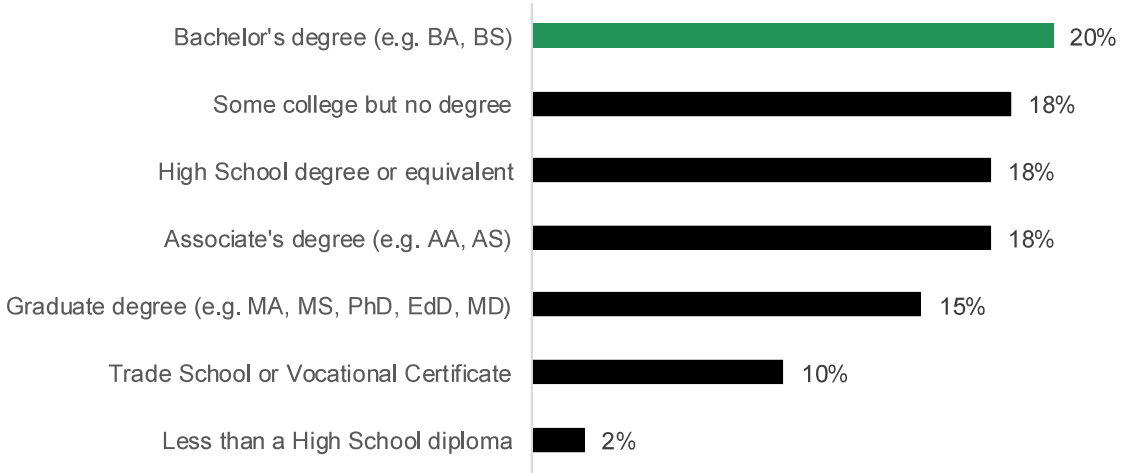
Respondents reported that their primary language spoken at home was **English**



Most respondents have a **steady place to live**

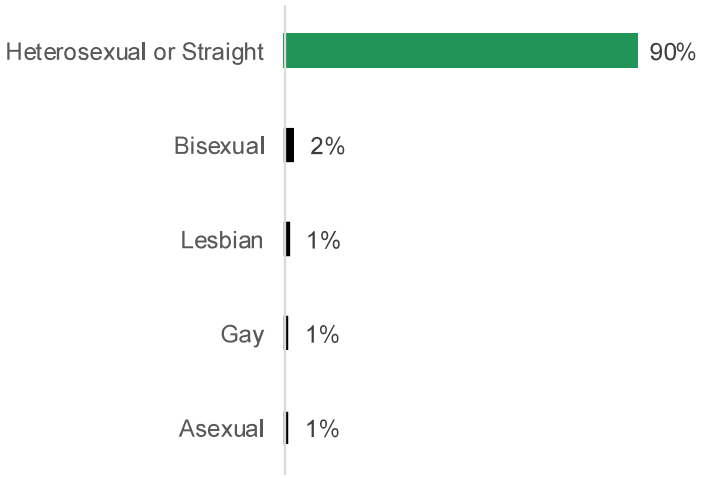


Most respondents have some post-secondary education, the most common being a **Bachelor's degree**

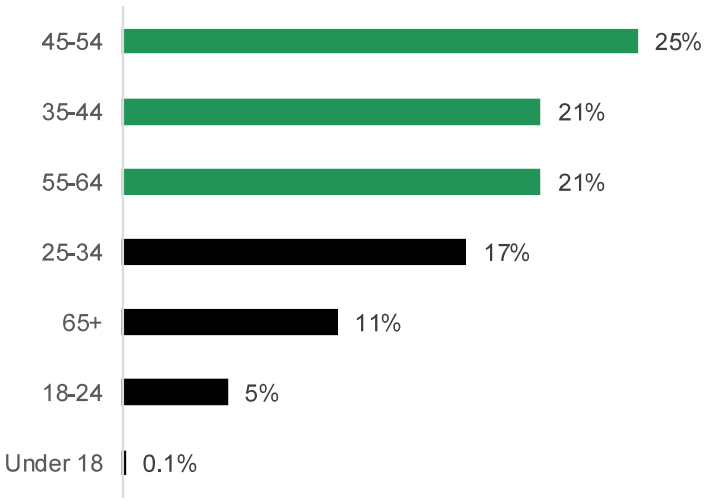


APPENDIX F:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

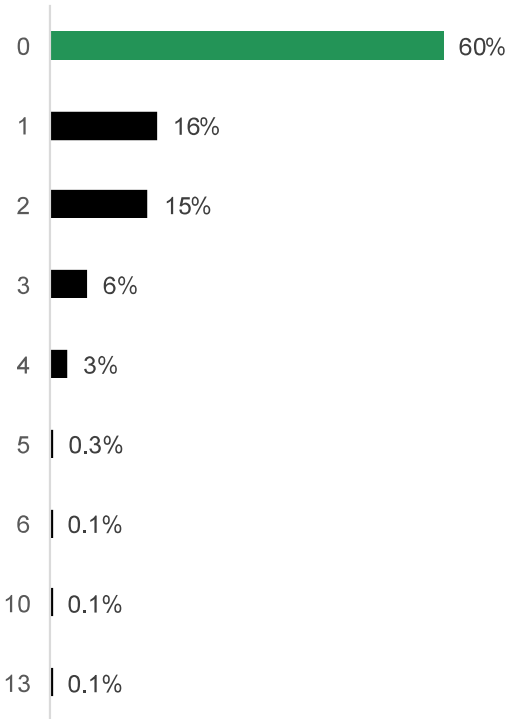
The majority of respondents reported their sexual orientation as **heterosexual or straight**



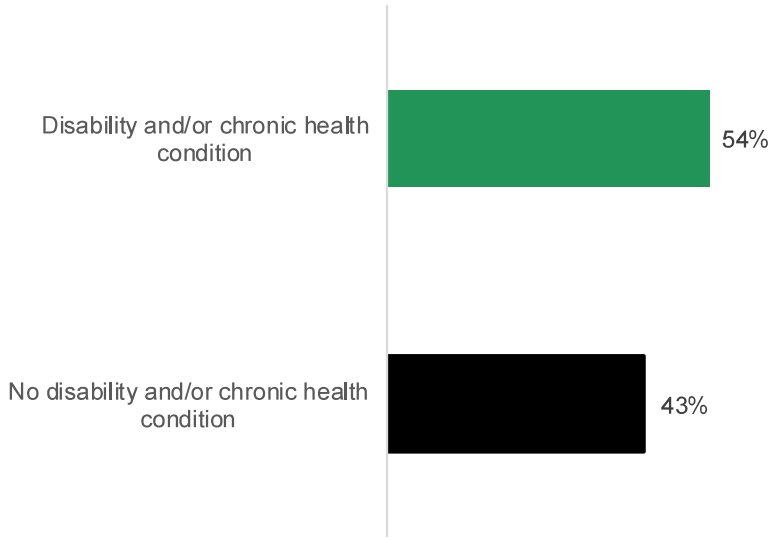
There was **similar representation from ages 35-64**, with less representation from those under 35 and those 65+



Most respondents reported having **no children at home**



The majority of respondents reported **having a disability or chronic health condition**



APPENDIX G

INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT

MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.

CCHP CRAWFORD COUNTY HEALTH PARTNERS

APPENDIX G:
IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	Appendix B (97-104)	**A. Activities Since Previous CHNA(s)** i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	3-27	**B. Process and Methods**		
		Background Information		
		i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	b)(6)(F)(ii)	
		ii. Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	
		ii. Defines the community it serves, which:		
		a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.	(b)(i)	
		b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.	(b)(3)	
		c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(6)(i)(A)	
		iv. Describes how the community was determined.	(b)(6)(i)(A)	
		v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(i)(A)	

APPENDIX G:
IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	Methods: 3-27, Appendix B, C, D, E Data: 12-13, 19-71	*Health Needs Data Collection* i. Describes data and other information used in the assessment:	(b)(6)(ii)	Primary and secondary data is integrated together throughout the report
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		ii. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		iii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health. b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii) (b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iv. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		v. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		vi. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

APPENDIX G:
IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
		C. CHNA Needs Description & Prioritization		Integrated throughout the report
✓	5-27	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities). ii. Prioritized description of significant health needs identified.	(b)(4) (b)(6)(i)(D)	Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	71	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	
✓		**D. Finalizing the CHNA**		Integrated throughout the report The CHNA was adopted by Crawford County Health Partners (CCHP) leadership in April 2025 and made widely available by posting on the health department and hospital websites (report will be made available in other formats such as paper upon request): Avita Health System: https://avitahealth.org/about-us/#community-wellness Crawford County Public Health: www.crawfordhealth.org Galion City Health Department: https://galionhealth.org/community-health-assessment/
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)- 1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

APPENDIX H

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.

CCHP CRAWFORD COUNTY HEALTH PARTNERS

APPENDIX H:
PHAB CHNA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4	a. A list of participating partners involved in the CHNA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top 3 community health needs and rate the importance of addressing each health need.
✓	5–27	b. The process for how partners collaborated in developing the CHNA.	
✓	12-13, 19-71	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	19-71	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	19-71	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	71	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHNA (or CHNA) must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX I

REFERENCES

APPENDIX I:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in early 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[1]U.S. Census Bureau, Population Estimates Program (PEP), V2023. https://www.census.gov/quickfacts/fact/table

[2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

[3]U.S. Census Bureau, American Community Survey, DP05, 2023 5-year estimate. http://data.census.gov/

[4]U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate. http://data.census.gov

[5]Ohio Department of Health, Third Grade Oral Health Screening Survey. 2018. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/Oral-Health-Data-Reports

[6]Ohio Department of Health, Ohio 2020 BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications

[7]U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate. http://data.census.gov/

[8]U.S. Department of Health & Human Services, HRSA Health Center Program GeoCare Navigator. https://geocarenavigator.hrsa.gov/https://www.findlayohio.gov/Home/Components/News/News/1491/

[9]The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau, American Community Survey, 2019-2023. https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

[10]U.S. Census Bureau, American Community Survey, S1702, 2023 5-year estimate. http://data.census.gov

[11]U.S. Bureau of Labor Statistics, Persons with a Disability: Barriers to Employment and Other Labor-Related Issues News Release, 2022. https://www.bls.gov/news.release/archives/dissup_03302022.htm

[12]Ohio Healthy Youth Environments Survey (OHYES!). (2023). Ohio Healthy Youth Environment Survey - OHYES!: Report for Crawford County - 2022-2023. Ohio Department of Mental Health and Addiction Services. https://ohyes.ohio.gov

[13]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html

[14]State of Ohio Integrated Behavioral Health Dashboard. https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd *Rates calculated using population from ACS, DP05, 2022 5-year estimate

[15]National Institute on Alcohol Abuse and Alcoholism, Alcohol's Effects on Health, Underage Drinking. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking

[16]Ohio Department of Health, Ohio 2022 BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications

[17]National Institute on Drug Abuse, The Adolescent Brain and Substance Use. https://nida.nih.gov/research-topics/adolescent-brain-substance-use

[18]U.S. Department of Housing and Urban Development (HUD), 2024 CoC Homeless Populations and Subpopulations Report - Ohio Balance of State CoC. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_OH-507-2024_OH_2024.pdf

[19]Kids County Data Center (2023). Statistics on children, youth and families in Ohio. Retrieved from https://datacenter.aecf.org/data/tables/2481-children-in-publicly-funded-childcare

[20]Ohio Childcare Resource & Referral Association, 2023 Annual Report. https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2024/12/Annual-Report-2023.pdf

[21]Groundwork Ohio, 2024 Poll Data. https://www.groundworkohio.org/poll

[22]Centers for Disease Control and Prevention, Data and Maps for West Nile. https://www.cdc.gov/west-nile-virus/data-maps/index.html

[23]Centers for Disease Control and Prevention, Lyme Disease Surveillance and Data. https://www.cdc.gov/lyme/data-research/facts-stats/index.html

[24]Ohio Healthy Youth Environment Survey – OHYES!, Ohio State Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports

[25]Centers for Disease Control and Prevention, Archive, Transcript of CDC Telebriefing (2019). https://archive.cdc.gov/www_cdc_gov/media/releases/2019/t1105-aces.html#:~:text=A.C.E.s%20are%20linked%20to%20many,problems%20across%20the%20life%20span.

[26]Ohio Department Of Jobs & Family Services, Child Abuse And Neglect Referrals And Outcomes Dashboard. (2025). Https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes

[27]Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a2

[28]Centers for Disease Control and Prevention, Adverse Childhood Experiences (ACEs), Risk and Protective Factors. https://www.cdc.gov/aces/risk-factors/index.html

[29]Feeding America, Map the Meal Gap, 2022. https://map.feedingamerica.org/county/2022/overall/ohio/county/crawford

[30]U.S. Census Bureau, American Community Survey, S2201, 2023 5-year estimate. http://data.census.gov

[31]Ohio Department of Education & Workforce, Data for Free and Reduced-Price Meal Eligibility, October 2024 (FY2025) Data for Free and Reduced-Price Meals. https://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/Data-for-Free-and-Reduced-Price-Meal-Eligibility

APPENDIX I:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in early 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[32]Ohio Department of Health, Ohio 2021 BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications

[33]McDow KB, Nguyen DT, Herrick KA, Akinbami LJ. Attempts to lose weight among adolescents aged 16–19 in the United States, 2013–2016. NCHS Data Brief, no 340. Hyattsville, MD: National Center for Health Statistics. 2019. https://www.cdc.gov/nchs/products/databriefs/db340.htm

[34]Federal Bureau of Investigation, Crime Data Explorer. https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/nibrs-estimates

[35]Walkscore.com, 2025. https://www.walkscore.com

[36]Orgera K, Senn S, Grover A. Rethinking Rural Health. Washington, DC: AAMC; 2023. https://doi.org/10.15766/rai_xmxk6320

[37]Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024. NC = Not Calculated, due to fewer than 10 students in the class. https://reportcard.education.ohio.gov/download

[38]U.S. Census Bureau, American Community Survey, S1401, 2023 5-year estimate. http://data.census.gov

[39]Ansari A. THE PERSISTENCE OF PRESCHOOL EFFECTS FROM EARLY CHILDHOOD THROUGH ADOLESCENCE. J Educ Psychol. 2018 Oct;110(7):952-973. doi: 10.1037/edu0000255. Epub 2018 Mar 8. PMID: 30906008; PMCID: PMC6426150.

[40]Ohio Department of Education, District Graduation Rates, Classes of 2023 & 2024 https://reportcard.education.ohio.gov/download

[41]Ohio Department of Education, District Details Data, 2023-2024. https://reportcard.education.ohio.gov/download

[42]Brookings, What is the status of educational opportunity in rural America? (2022). https://www.brookings.edu/articles/what-is-the-status-of-educational-opportunity-in-rural-america/

[43]Freddie Mac, Housing Supply: A Growing Deficit, 2021. https://www.freddiemac.com/research/insight/20210507-housing-supply

[44]U.S. Census Bureau, American Community Survey, DP04, 2023 5-year estimate. http://data.census.gov

[45]U.S. Department of Housing and Urban Development, 2024 Annual Homelessness Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf

[46]U.S. Department of Housing and Urban Development (HUD), 2024 CoC Homeless Populations and Subpopulations Report - Ohio Balance of State CoC. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_OH-507-2024_OH_2024.pdf

[47]Ohio Department of Health, Ohio State Health Assessment, 2021. https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment

[48]CDC, Division of Population Health. BRFSS Prevalence & Trends Data, 2021. https://www.cdc.gov/brfss/brfssprevalence

[49]Centers for Disease Control and Prevention, Smoking and Tobacco Use, E-Cigarette Use Among Youth. https://www.cdc.gov/tobacco/e-cigarettes/youth.html

[50]Centers for Disease Control and Prevention, SchoolVaxView, 2023-2024 School Year. https://www.cdc.gov/schoolvaxview/data/

[51]Ohio Department of Health, 2023 Crawford County Cancer Profile, utilizing 2018-2020 Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2023; 2018 and 2020 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2023. https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/countyprofiles/crawford-county

[52]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

[53]BroadbandNow (2025). Ohio Internet Coverage & Availability in 2025. Retrieved from https://broadbandnow.com/Ohio

[54]Ohio Department of Development, BroadbandOhio, Crawford County Broadband Profile, https://broadband.ohio.gov/view-maps/ohios-broadband-availability-gaps

[55]Centers for Disease Control and Prevention, About Prediabetes and Type 2 Diabetes. https://www.cdc.gov/diabetes-prevention/about-prediabetes-type-2/index.html

[56]Larsen, D. L., Gandhi, H., Pollack, M., Feigler, N., Patel, S., & Wise, R. A. (2022). The Quality of Care and Economic Burden of COPD in the United States: Considerations for Managing Patients and Improving Outcomes. American Health and Drug Benefits, 15(2), 57-64. https://www.ahdbonline.com/components/com_mams/dl.php?dlid=1913

[57]Ohio Department of Health, 2023 Crawford County Cancer Profile, utilizing 2016-2020 data from Ohio Cancer Incidence Surveillance System and the Bureau of Vital Statistics, Ohio Department of Health, 2023; Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2023. https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/countyprofiles/crawford-county

[58]United States Environmental Protection Agency, Research on Health Effects from Air Pollution. https://www.epa.gov/air-research/research-health-effects-air-pollution

[59]Centers for Disease Control and Prevention, Cigarette Smoking. https://www.cdc.gov/tobacco/about/index.html

[60]Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-nutrition-physical-activity-and-obesity.html#:~:text=Poor%20nutrition%20and%20inadequate%20physical,%2C%20certain%20cancers%2C%20and%20depression.

[61]Ohio Department of Health, DataOhio Portal, Blood Lead Testing Public (2016-Present). https://data.ohio.gov/ *2024 data not yet finalized

[62]Ohio Department of Health, Blood Lead Testing Requirements and High-Risk ZIP Codes. https://odh.ohio.gov/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes

[63]Ohio Department of Health, Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019, 2020. https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm

APPENDIX I:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in early 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[64]Ohio Department of Health, A Report on Pregnancy-Related Deaths in Ohio 2017-2018, 2022. https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports/pregnancy-related-deaths-ohio-2017-2018 *Ratios based on fewer than 20 deaths should be interpreted with caution. Those based on fewer than 10 deaths are suppressed.

[65]Ohio Department of Health, DataOhio Portal, updated March 3, 2025. https://data.ohio.gov/wps/portal/gov/data/view/ohio_births *2023 and 2024 data is considered preliminary at this time. These data were provided by the Ohio Dept. of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

[66]Ohio Department of Health, 2021 Infant Mortality Annual Report. https://odh.ohio.gov/know-our-programs/infant-and-fetal-mortality/reports

[67]Centers for Disease Control and Prevention, Older Adult Falls Data, 2020. https://www.cdc.gov/falls/data-research/index.html#cdc_data_surveillance_section_2-older-adult-falls-reported-by-state

[68]Ohio Department of Health, 2022 Ohio Unintentional Fall Deaths Among Older Adults. https://odh.ohio.gov/wps/wcm/connect/gov/9d241268-bbb3-4186-b42f-95ad8cf0f8ca/2022_Unintentional+Falls+Report_Final.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-9d241268-bbb3-4186-b42f-95ad8cf0f8ca-p94jgAR

[69]Ohio Traffic Safety Office, 2023 Crawford County Traffic Crashes report. https://dam.assets.ohio.gov/image/upload/otso.ohio.gov/DataSheets/Crawford.pdf

[70]OSTATS-Crash Dashboard, Crashes by County 2021-2023. https://statepatrol.ohio.gov/dashboards-statistics/ostats-dashboards/crash-dashboard

[71]U.S. Bureau of Labor Statistics, National Census of Fatal Occupational Injuries in 2023. https://www.bls.gov/news.release/pdf/cfoi.pdf

[72]Ohio Department of Health, HIV/AIDS Surveillance Program, HIV Planning Region 2 & Ohio, 2019-2023 reports. https://odh.ohio.gov/know-our-programs/hiv-aids-surveillance-program/Data-and-Statistics

[73]Ohio Department of Health, Sexually Transmitted Diseases Data and Statistics, 2019-2023 reports. https://odh.ohio.gov/know-our-programs/std-surveillance/Data-and-Statistics

CCHP CRAWFORD COUNTY HEALTH PARTNERS

Moxley PUBLIC HEALTH

www.moxleypublichealth.com
stephanie@moxleypublichealth.com