2018  2021

Auglaize County
Community Health Improvement Plan

Adopted on 05.01.2018

Updated 08.14.2018

Table of Contents

Table of Contents 4

Executive Summary 5

- Partners 8
- Vision 9
- Alignment with National and State Standards 9
- Action Steps 14

Needs Assessment 15

Priorities Chosen 19

Forces of Change Assessment 20

Local Public Health System Assessment 22

Community Themes and Strengths Assessment 25

Quality of Life Survey 28

Resource Assessment 30

Priority 1: Chronic Disease 31

Priority 2: Mental Health and Addiction 39

Cross-cutting Strategies 47

Progress and Measuring Outcomes 52

Appendix I: Links to Websites 53

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

Executive Summary

In 2008, the Auglaize County Community Health Engagement Committee (CHEC) began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Auglaize County Community Health Assessment was cross-sectional in nature and included a written survey of adults and adolescents within Auglaize County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). This has allowed Auglaize County to compare the data collected in their CHA to national, state and local health trends.

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

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

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

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

The MAPP Framework includes six phases which are listed below:

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

The MAPP process includes four assessments: Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments were used by CHEC to prioritize specific health issues and population groups which are the foundation of this plan. The diagram below illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 2017-2020 Auglaize County CHIP Overview

Overall Health Outcomes	
↑ Increase Health Status	↓ Decrease Premature Death
Priority Topics	
Mental Health and Addiction	Chronic Disease
Priority Outcomes	
↓ Decrease adult and youth depression ↓ Decrease adult and youth suicide ↓ Decrease unintentional drug overdose deaths	↓ Decrease adult and youth obesity ↓ Decrease adult cardiovascular disease ↓ Decrease adult diabetes

Partners

The 2018-2021 Community Health Improvement Plan was drafted by agencies and service providers within Auglaize County. From November 2017 to March 2018, the committee reviewed many sources of information concerning the health and social challenges Auglaize County adults and youth may be facing. They determined priority issues which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. The committee has recommended specific action steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

Auglaize County Community Health Engagement Committee (CHEC✓)

Curt Anderson, Auglaize County Health Department/ Environmental Health Director
Cindy Berning, Joint Township District Memorial Hospital/Grand Lake Health System
Abby Dellinger, Waynesfield Goshen School System
Donna Dickman, Partnership for Violence Free Families
Brenda Eiting, Auglaize County Health Department/ Director of Nursing
Cheryl Feathers, Auglaize County Head Start
Oliver Fisher, Auglaize County Health Department/ Health Commissioner
Jennifer Free, Auglaize County Family & Children First
Robin Johnson, West Central Ohio Regional Healthcare Alliance
Jodi Knouff, Family Resource Center of Auglaize County
Amy Marcum, Mercy Health – St. Rita's
Jenni Miller, Joint Township District Memorial Hospital/Grand Lake Health System
Kelly Monroe, Mental Health Recovery Service Board
Chris Pfister, Waynesfield Goshen Schools Superintendent
Renee Place, Auglaize County DD
Don Regula, Auglaize County Commissioner
Mike Schoenhofer, Mental Health Recovery Service Board
Katie Siefker, Auglaize County Health Department
Dorothy Silver, Joint Township District Memorial Hospital/Grand Lake Health System
Jo Tanhoven, Auglaize County Sheriff's Office
Bob Warren, Auglaize County Council on Aging
Leslie West, Auglaize County DD

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, and Emily Soles, Graduate Assistant, from the Hospital Council of Northwest Ohio.

Vision

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

The Vision of Auglaize County

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

The Mission of Auglaize County

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

Alignment with National and State Standards

The 2018-2021 Auglaize County CHIP priorities align perfectly with state and national priorities. Auglaize County will be addressing the following priorities: mental health and addiction and chronic disease.

Ohio State Health Improvement Plan (SHIP)

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

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

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

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

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

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

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.

The 2018-2021 Auglaize County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Auglaize County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

2018-2021 Auglaize CHIP Alignment with the 2017-2019 SHIP			
Priority Topics	***Priority Outcomes***	***Cross-Cutting Factors***	***Cross-Cutting Indicators***
Mental and addiction	• Decrease depression • Decrease suicide • Decrease unintentional drug overdose deaths	• Social determinants of health • Public health system, prevention and health behaviors • Healthcare system and access	• Reduce suicide ideation of adults and youth • Reduce adult and youth obesity • Reduce youth alcohol use
Chronic Disease	• Decrease adult cardiovascular disease • Decrease adult diabetes		

To align with and support ***mental health and addiction***, Auglaize County will work to increase awareness of suicide and drug use, and will utilize their mental health and recovery services board to support the implementation of evidence-based strategies as a cross cutting factor.

To align with and support ***chronic disease***, Auglaize County will work to adopt shared use agreements and evidence-based youth programming as a cross cutting factor.

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

The Auglaize County Community Health Improvement Plan also aligns with three of the National Prevention Strategies for the U.S. population: healthy eating, active living, mental and emotional well-being and preventing drug abuse.

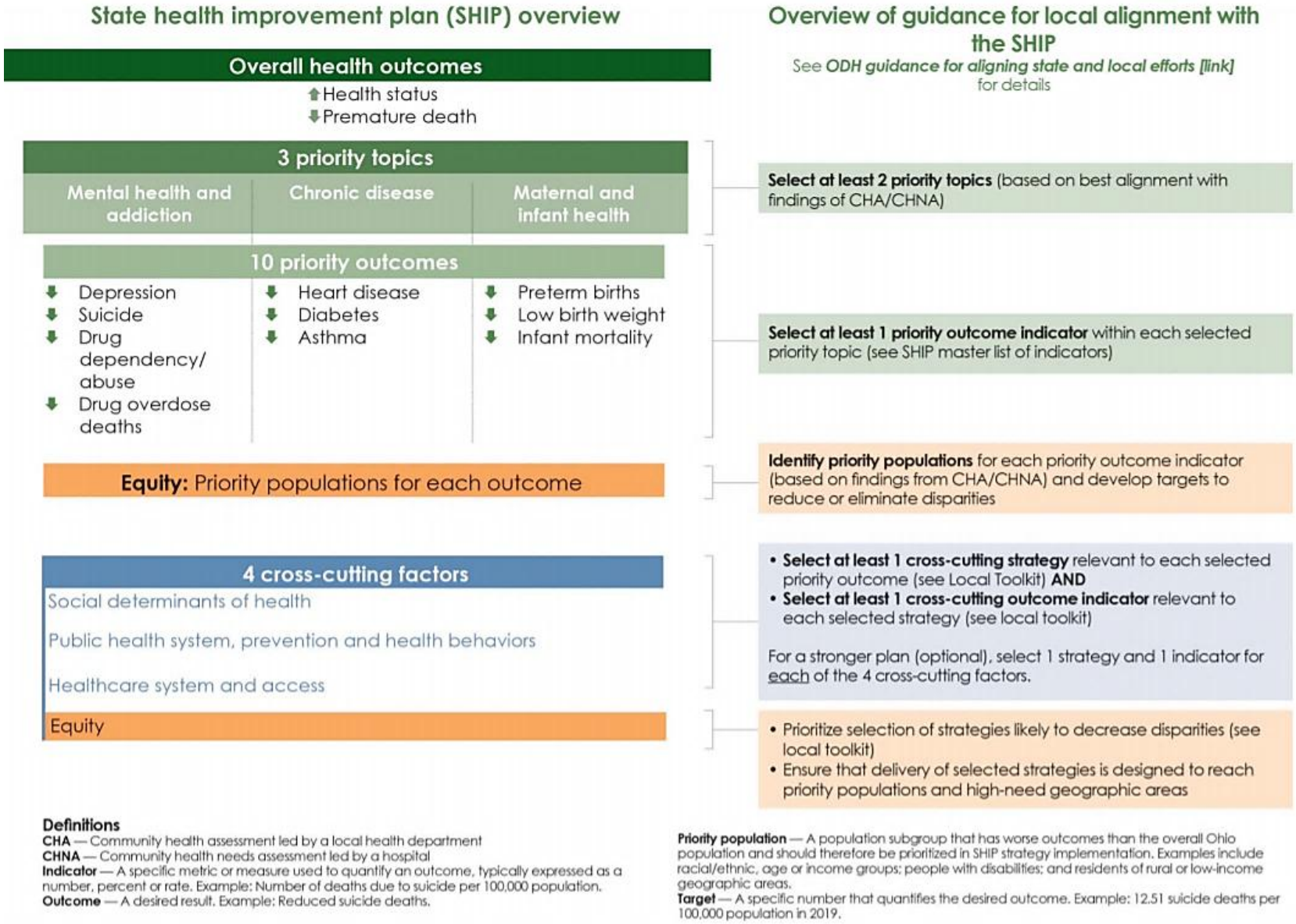
Healthy People 2020

Auglaize County's priorities also fit specific Healthy People 2020 goals. For example:

- Mental Health and Mental Disorders (MHMD)-1: Reduce the suicide rate
- Heart Disease and Stroke (HDS)-5: Reduce the proportion of persons in the population with hypertension

Alignment with National and State Standards, continued

Figure 1.2 2017-2019 State Health Improvement Plan (SHIP) Overview



Strategic Planning Model

Beginning in November 2017, CHEC met four (4) times and completed the following planning steps:

1. **Initial Meeting:** Review of process and timeline, finalize committee members, create or review vision
2. **Choosing Priorities:** Use of quantitative and qualitative data to prioritize target impact areas
3. **Ranking Priorities:** Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. **Resource Assessment:** Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
5. **Forces of Change and Community Themes and Strengths:** Open-ended questions for committee on community themes and strengths
6. **Gap Analysis:** Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification
7. **Local Public Health Assessment:** Review the Local Public Health System Assessment with committee
8. **Quality of Life Survey:** Review results of the Quality of Life Survey with committee
9. **Best Practices:** Review of best practices and proven strategies, evidence continuum, and feasibility continuum
10. **Draft Plan:** Review of all steps taken; action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence based practices, and feasibility of implementation

Action Steps

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

1. Shared use (joint use agreements)
2. Healthy food initiatives
3. Distribute wellness community calendar

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

1. Campaign to increase awareness of suicide warning signs
2. Increase the number of incarcerated adults receiving substance abuse treatment prior to and after release

To address **all priority areas**, the following cross-cutting strategies are recommended:

1. Implement school-based parent education program
2. School-based alcohol/other drug prevention programs
3. School-based physical activity programs and policies

Needs Assessment

CHEC reviewed the 2017 Auglaize County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2017 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Weight Status (20 votes)			
Obese	39%	Age: 30-64 (44%), Income: $25K Plus (41%)	Female (46%)
Overweight	39%	Age: <30 (55%), Income: <$25K and $25K Plus (38%)	Male (53%)
Did not participate in any physical activity	29%	N/A	N/A
Ate 5 or more servings of fruits and vegetables per day	7%	N/A	N/A
Mental Health (20 Votes)			
Considered attempting suicide	2%	N/A	N/A
Felt sad, blue, or depressed	14%	N/A	N/A
Alcohol (19 Votes)			
Binge drinkers (of all adults)	28%	N/A	N/A
Binge drinkers (of current drinkers)	45%	N/A	N/A
Current drinker	61%	Age: Under 30 (73%)	N/A
Suicide Deaths (13 Votes)			
Suicide deaths	9*	N/A	N/A
Preventive Screenings (12 votes)			
Colonoscopy/sigmoidoscopy in past 5 years	52%	N/A	N/A
Mammogram in past year	33%	Age: 40+ (48%); Income: $25K Plus (31%)	Females
Breast exam in the past year	60%	Age: 40+ (53%); Income: <$25K (56%)	Females
Pap smear in the past year	39%	Age: 40+ (26%); Income: <$25K (28%)	Females
Prostate-Specific Antigen (PSA) in the past year	22%	Age: Under 50 (2%); Income: $25K Plus (12%)	Males
Digital Rectal exam in the past year	12%	Age: Under 50 (2%); Income:	Males

		<$25K (9%)	

**Indicates number of deaths in 2016*

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Cancer (12 votes)			
Ever diagnosed with cancer	14%	Age: 65+ (28%)	N/A
Quality of life (9 votes)			
Limited in some way because of physical, mental, or emotional problems	27%	Age: 65 and Over (46%), Income: <$25K (52%)	Female (29%)
Arthritis/Rheumatism	43%	N/A	N/A
Back/Neck Problems	39%	N/A	N/A
Diabetes (6 votes)			
Diagnosed with diabetes	11%	Age: 65+ (23%) Income: <$25K (17%)	Male (11%)
Diagnosed with pre-diabetes	7%	N/A	N/A
Blood Pressure (6 Votes)			
Diagnosed with high blood pressure	37%	Age: 65+ (60%); Income: <$25K (54%)	N/A
Told they were pre-hypertensive/borderline high	9%	N/A	N/A

What are the most significant <u>YOUTH</u> health issues or concerns identified in the 2017 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Grade Level) Most at Risk	Gender Most at Risk
Mental Health and Suicide (20 Votes)			
Felt sad or hopeless every day for two or more weeks in a row	24%	Grade Level: 9-12 (27%)	Female (41%)
Seriously considered attempting suicide	13%	Age: 17+ (23%)	Female (17%)
Made a plan to attempt suicide	10%	Grade Level: 9-12 (12%)	N/A
Attempted suicide	4%	Age: 17+ (5%)	Female (5%)
Weight Status (20 votes)			
Obese	18%	Age: 17+ (24%)	Male (22%)
Overweight	14%	Age: <13 (20%)	Male (15%)
Exercised for at least 60 minutes every day of the week	25%	N/A	N/A
Bullying (20 Votes)			
Bullied in the past year	46%	N/A	N/A
Alcohol (19 Votes)			
Ever tried alcohol	38%	Age: 17+ (70%); Grades 9th-12th (53%)	Male (41%)
Current drinker	19%	Age: 17+ (41%); Grades 9th-12th (28%)	Male (23%)
Binge Drinker	12%	Age: 17+ (26%); Grades 9th-12th (18%)	Male (16%)
Binge Drinker (of current drinkers)	61%	N/A	Male (70%)
Tobacco (11 Votes)			
Current smoker	6%	Age: 17+ (10%), Grade Level: 9-12 (8%)	Male (7%)
Tried a cigarette	21%	Age: 17+ (36%); Grade Level: 9-12 (31%)	N/A
Drug Use (10 Votes)			
Used marijuana in the past 30 days	5%	Age: 14-16 (8%), Grade Level: 9-12 (20%)	Male (7%)
Medication misuse	5%	Grade Level: 9-12 (7%)	Male (7%)
Used inhalants in their lifetime	9%	Grade Level: 9-12 (5%)	Female (5%)
Driving Safety (8 Votes)			
Always wore a seatbelt	57%	N/A	N/A

Priorities Chosen

Based on the 2017 Auglaize County Health Assessment, key issues were identified for adults and youth. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	**Average Score**
Adult obesity	24.4
Adult mental health and addiction	23.7
Youth suicide contemplation	23.2
Youth obesity	23.1
Youth depression	22.8
Youth bullying	22.0
Adult alcohol consumption	21.9
Youth alcohol use	21.4
Adult suicide	21.0
Adult preventive screenings	20.6
Adult cancer rates	19.7

Auglaize County will focus on the following two priority area over the next three years:

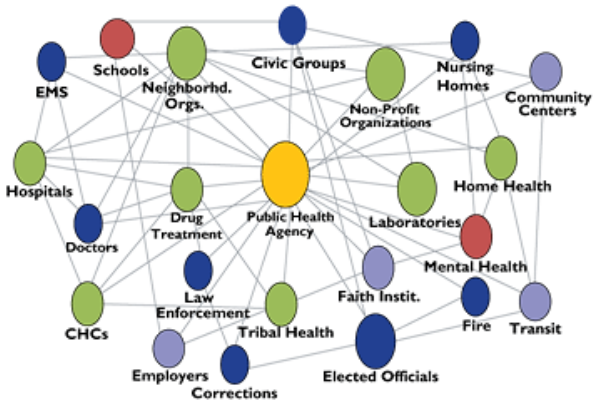
1. Chronic disease (includes adult and youth obesity, adult diabetes, and adult heart disease)
2. Mental health and addiction (includes adult and youth depression, suicide, adult overdose deaths, and youth alcohol use)

Forces of Change Assessment

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

Force of Change	Potential Impact
1. Lack of transportation	• Lack of access to services
2. Migration into Auglaize County	• Language barriers
3. Opiate epidemic	• Increase in addiction
4. Workforce having difficulty finding qualified employees	• Potential of shutting down, can't increase business
5. Aging workforce	• Not enough people to fill jobs
6. School buy-in	• If schools are too busy, may not participate in initiatives
7. Access to/cost of health care	• May be some changes due to new federal administration
8. Employees stop coming to work	• Cultural cycle of living off government benefits
9. Funding/Never knowing how long certain funds are going to be around	• Funding is reactive rather than proactive • Seems to be an increase in funding towards opiates
10. Technology	• Changes how much we interact socially • Impacts physical activity
11. Cynicism and lack of trust/reliability	• People question new outlets honesty
12. Millennials	• Various challenges regarding employment, communication, etc.
13. Migration away from community	• Not enough people to fill jobs
14. Healthy living seems too aggressive and strict	• People don't want to participate
15. Environment	• Concern for water quality and environmental chemicals
16. Dysfunctional family system	• Dynamics have changed • Less parent-child interaction • Family is too busy or parents are working too many jobs • Parents are afraid to discipline the child • Common values are lacking or diminishing

The Local Public Health System



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

The public health system includes:

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

The 10 Essential Public Health Services

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

Public health systems should:

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

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

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

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

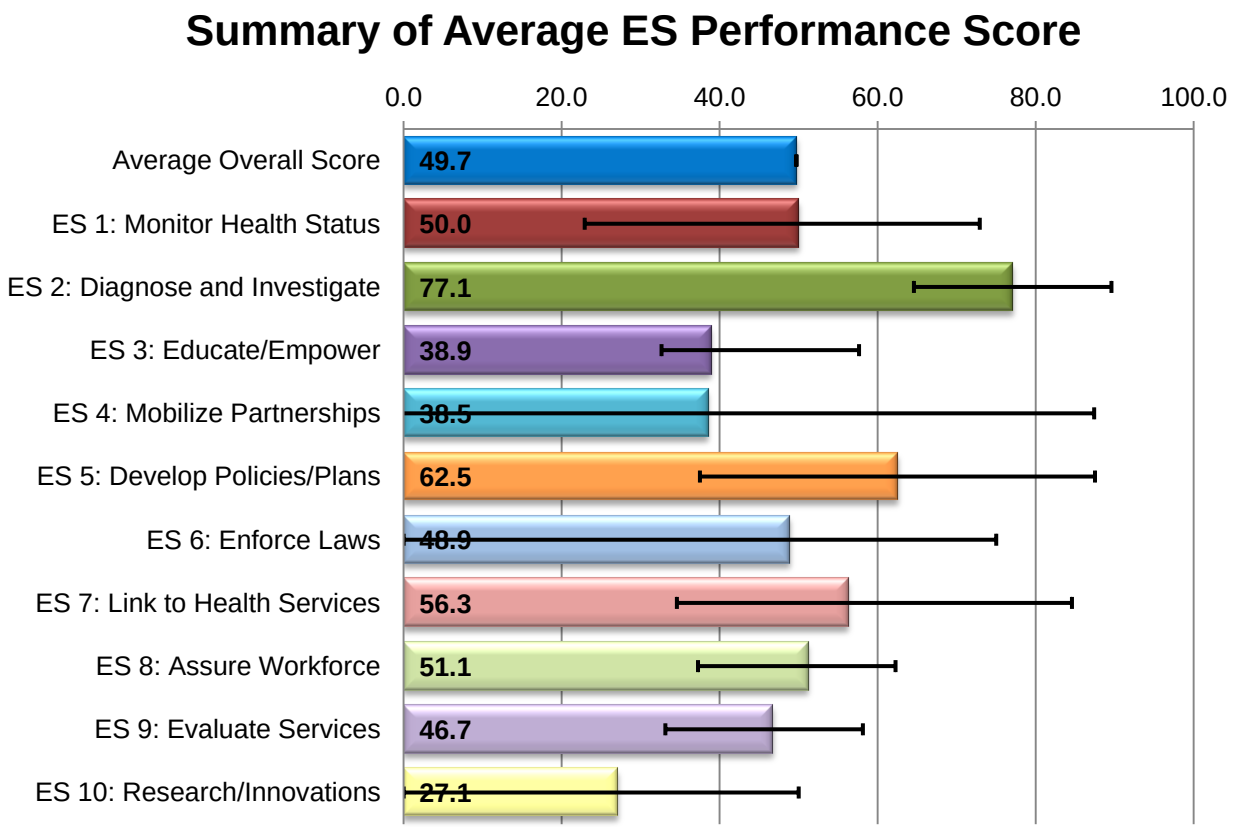
Members of the Auglaize Department of Health completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was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

The CHIP committee identified 10 indicators that had a status of "minimal" and 10 indicators that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Oliver Fisher from the Auglaize County Health Department at **ofisher@auglaizehealth.org**.

Auglaize County Local Public Health System Assessment 2017 Summary



Community Themes and Strengths Assessment

CHEC participated in an exercise to discuss community themes and strengths. The results were as follows:

1. **What do you believe are the 2-3 most important characteristics of a healthy community?**

- Available programming for residents
- Safety
- Self-purpose, meaningful lives
- Employment
- Access to health services
- Easy access to healthy food
- Easy access to physical activity
- Collaboration between agencies
- Excellent educational infrastructure

2. **What makes you most proud of our community?**

- The people, good place to live
- Communities help each other in times of need, such as city governments
- Work ethic of citizens
- Family values
- Faith-based community
- Safe community/low crime
- School districts
- Education outcomes and college readiness
- Criminal justice, jail has won awards in terms of low reentry and other programming

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

- CHIP committee
- Family and Children First Council
- Suicide coalition
- Child Net coalition
- Criminal justice system
- Job and Family Services
- Excellent referral system

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

- Mental health and addiction
- Chronic disease
- Awareness and engagement of available resources

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

- Lack of community engagement
- Lack of awareness of resources
- Pride/Wanting to take care of own issues
- Stigma/Shame/Not wanting to be perceived as weak
- Fear of employment termination due to addiction or medical issues
- Family/generational dysfunction

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

- Engage employers and faith-based community in priorities we've identified and garner their support
- Community "soft challenges" by offering incentives
- Complete Streets
- Opiate funding
- Health education funding
- Local fund-raising
- Healthy Kids Day health services promotion

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

- Funding
- An easy idea that would be simple to implement
- Something you know the community wants and will participate in
- Something that would have an impact and would make a difference
- Increased collaboration

Quality of Life Questions	Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	4.29
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.59
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.20
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	4.12
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	4.02
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.32
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	4.2
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.84
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.54
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.55
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.79

12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.69

CHEC urged community members to fill out a short quality of life survey via Survey Monkey. There were 51 Auglaize County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Resource Assessment

Based on the chosen priorities, CHEC was asked to complete a resource inventory for each priority. The resource inventory allowed the committee to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. The committee was then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based practice** has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based practice** has neither no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment can be found at the following websites:

Auglaize County Health Department
http://www.auglaizehealth.org

Chronic Disease Indicators

Adult Obesity

In 2017, 39% of adults were classified as obese by Body Mass Index (BMI) calculations (BRFSS reported 30% for Ohio and 30% for the U.S. in 2016). 39% of adults were classified as overweight (BRFSS reported 37% for Ohio and 36% for the U.S. in 2016).

Youth Obesity

In 2017, 18% of youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015). 14% of youth were classified as overweight (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015).

Adult Heart Disease

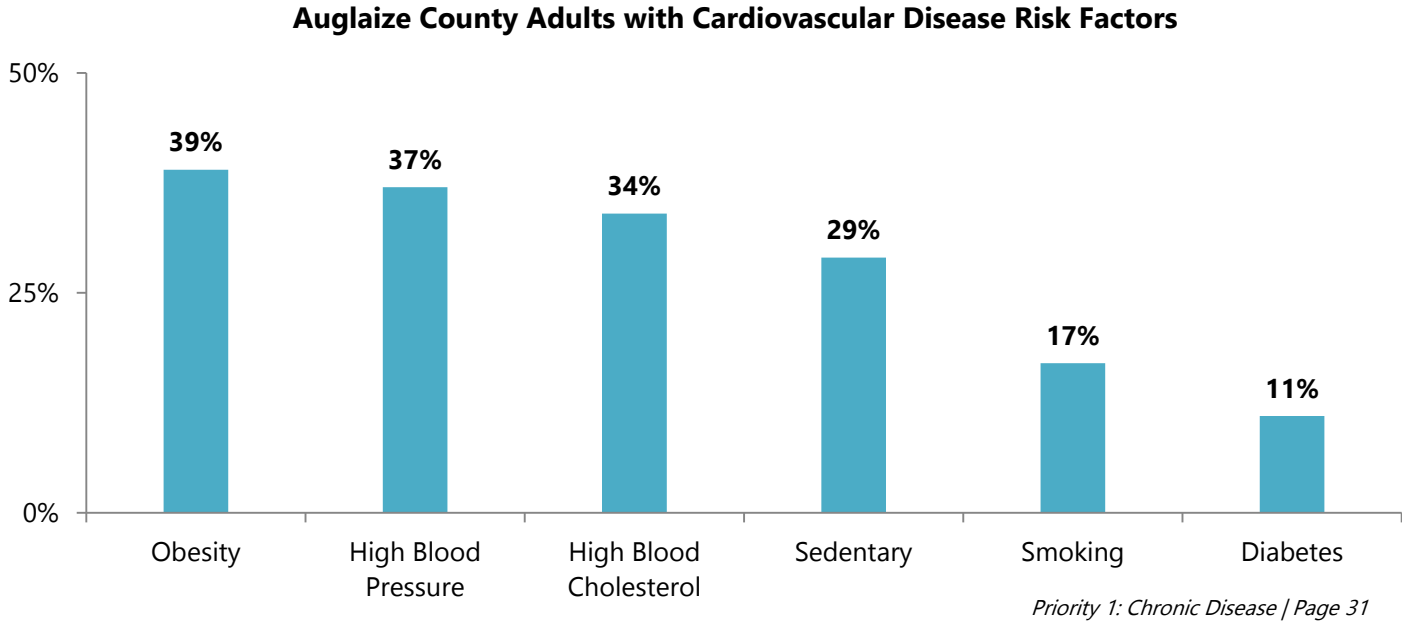
In 2017, 5% of adults reported they had angina or coronary heart disease, compared to 5% of Ohio and 4% of U.S. adults in 2016.

Six percent (6%) of Auglaize County adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65. Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2016.

More than one-third (37%) of adults had been diagnosed with high blood pressure in 2017. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.

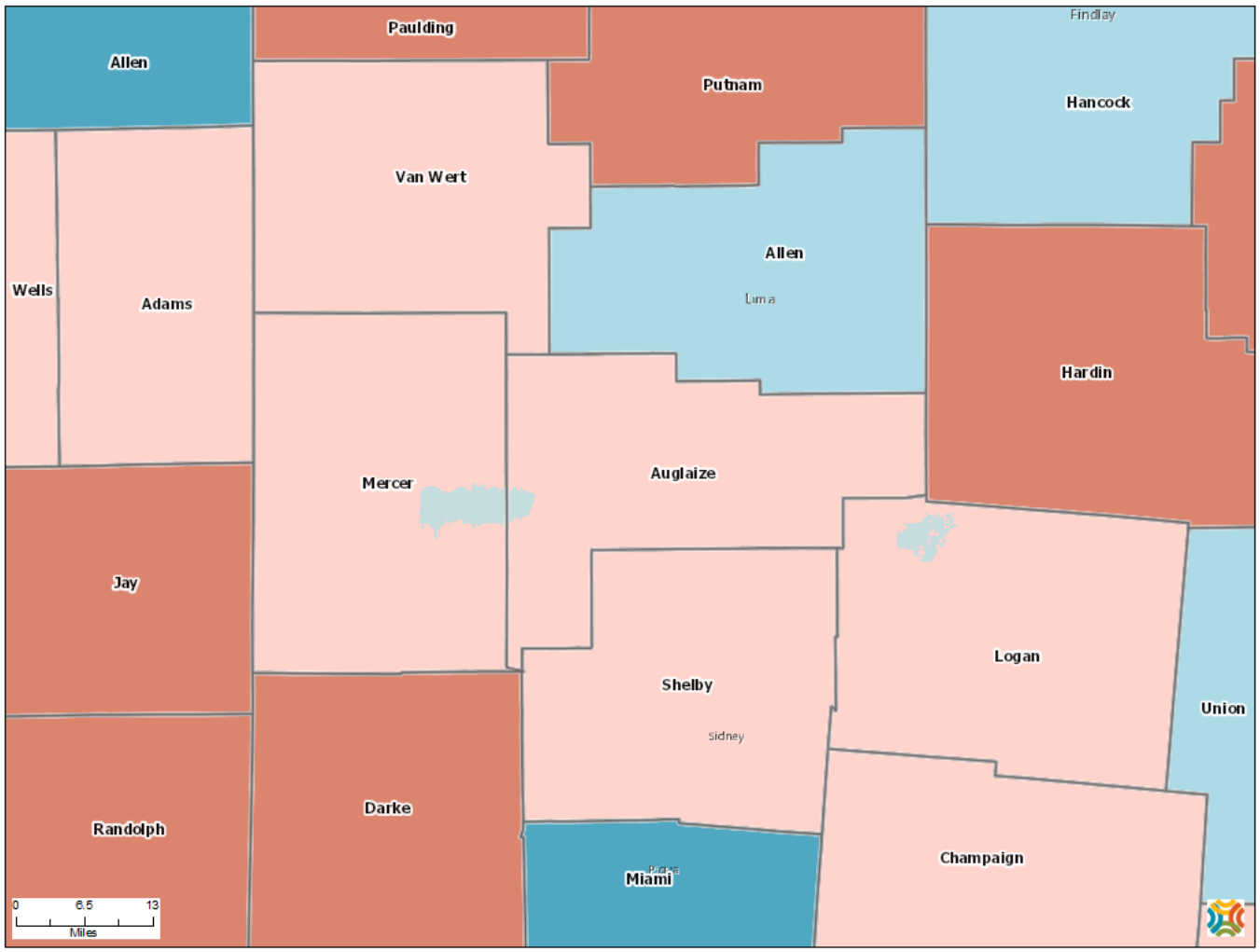
Adult Diabetes

In 2017, 11% of adults reported they had been diagnosed with diabetes, compared to 11% of Ohio and 11% of U.S. adults in 2016.



Map: Access to Exercise Opportunities

Access to Exercise Opportunities, Rank by County, CHR 2017



Map Legend

Access to Exercise Opportunities, Rank by County, CHR 2017

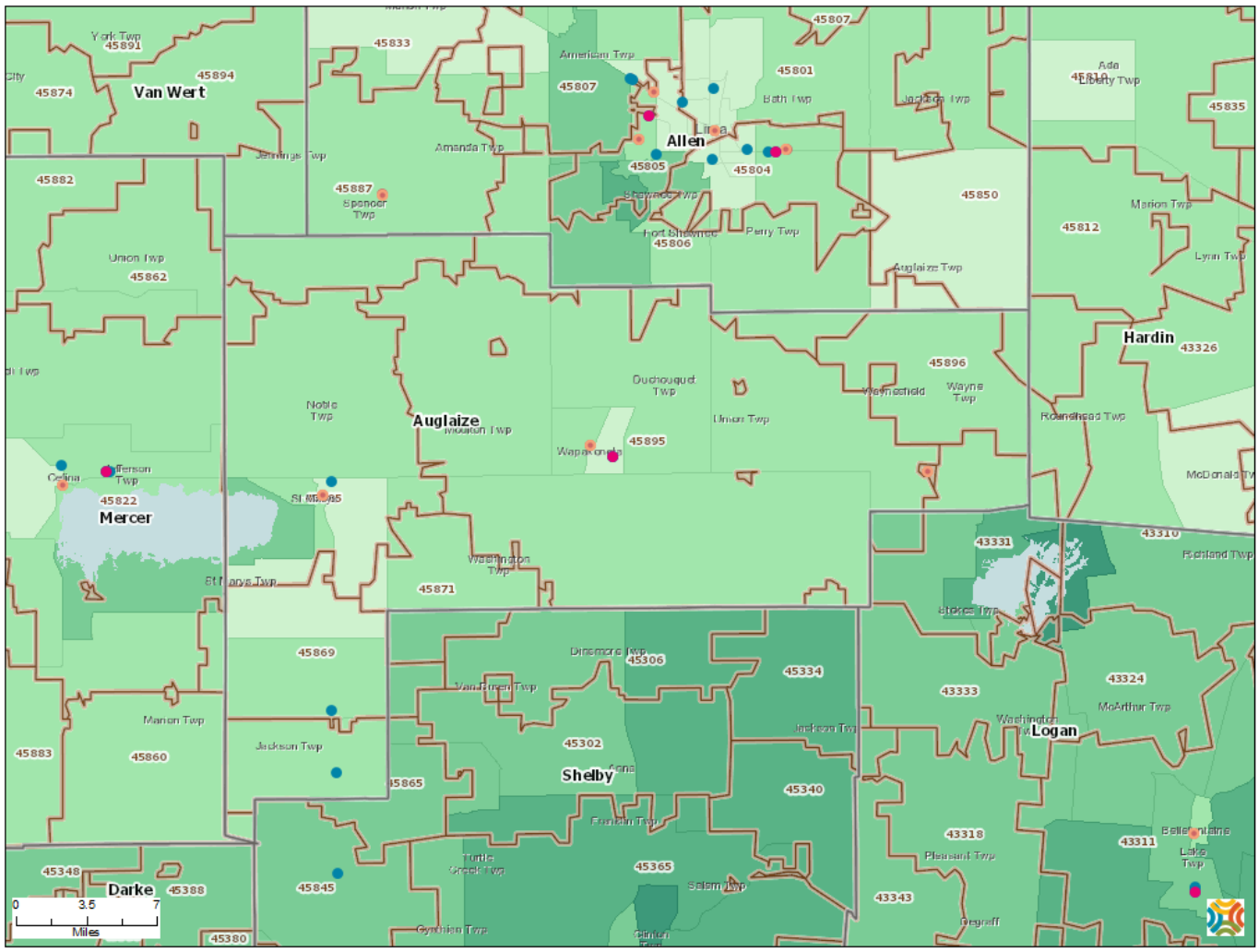
- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1

Community Commons, 2/22/2018

(Sources: University of Wisconsin Population Health Institute, County Health Rankings: 2017 as compiled by Community Commons)

Map: Fruit and Vegetable Expenditures

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014



Map Legend

- Wal Marts (Stores and Super Centers), USDA May 2016
- Major Supermarkets, USDA May 2016
- Farmers' Markets, USDA - AMS May 2016

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 12/18/2017

Sources: Nielsen, Nielsen SiteReports: 2014; US Department of Agriculture, USDA - Agriculture Marketing Service: May 2016; US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator: May 2016. Additional data analysis by CARES; US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator: May 2016. Additional data analysis by CARES as compiled by Community Commons)

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Youth education and prevention in schools	• Nutrition classes • Implement Go Noodle in middle and high schools • Food prep classes • Financial benefit • Balance screen time and activity
2. Fitness affordability	• Company discounts • Walking groups for parks • Walking groups in schools • Shared use agreements • High school weight room memberships
3. Knowledge of resources for health and wellness	• Resource guide • Promotional marketing • Canal walks • Social media • Wellness newsletter • Community calendar
4. Transportation	• Find A Ride • Shriner's transportation for children
5. Nutritional education	• Grocery store tours • Label reading
6. Tobacco cessation groups	• Make referrals to Quit line and other resources

Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce chronic disease:**

1. Shared use agreements: Shared use, joint use, open use, or community use agreements allow public access to existing facilities by defining terms and conditions for sharing the costs and risks associated with expanding a property's use. School districts, government entities, faith-based organizations, and private or nonprofit organizations may create shared use agreements to allow community access to their property before or after hours. Shared use agreements can be formal (i.e., based on a written, legal document) or informal (i.e., based on historical practice), and can be tailored to meet community needs.

2. Community gardens: A community garden is any piece of land that is gardened or cultivated by a group of people, usually for home consumption. Community gardens are typically owned by local governments, not-for-profit groups, or faith-based organizations; gardens are also often initiated by groups of individuals who clean and cultivate vacant lots. Local governments, non-profits, and communities may support gardens through community land trusts, gardening education, distribution of seedlings and other materials, zoning regulation changes, or service provision such as water supply or waste disposal.

3. Healthy food initiatives in food banks: Food bank and food pantry healthy food initiatives combine hunger relief efforts with nutrition information and healthy eating opportunities for low income individuals and families. Such initiatives offer clients healthy foods such as fruits, vegetables, whole grains, low-fat dairy products, and lean proteins. Initiatives can include fruit and vegetable gleaning programs, farm Plant-a-Row efforts, and garden donations. Healthy food initiatives can also modify the food environment via efforts such as on-site cooking demonstrations and recipe tastings, produce display stands, or point-of-decision prompts. Some food banks and food pantries establish partnerships with health and nutrition professionals to offer screening for food insecurity and medical conditions (e.g., diabetes), provide nutrition and health education, and health care support services as part of their healthy food initiatives

Action Step Recommendations & Plan

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

1. Shared use (joint use agreements)
2. Healthy food initiatives
3. Distribute wellness community calendar

Action Plan

<table>
<tr><th colspan="5">Priority Topic: Chronic Disease</th></tr>
<tr><td colspan="5">Strategy 1: Shared use (joint use agreements)</td></tr>
<tr><th>Action Step</th><th>Priority Outcome & Indicator</th><th>Priority Population</th><th>Person/ Agency Responsible</th><th>Timeline</th></tr>
<tr><td>Year 1: Assess how many Auglaize County schools, churches, businesses and other organizations currently offer shared use of their facilities (gym, track, etc).

Create an inventory of known organizations that possess physical activity equipment, space, and other resources.</td><td rowspan="3">Priority Outcome:
1. Reduce adult obesity
2. Reduce adult hypertension
3. Reduce adult diabetes
4. Reduce youth obesity

Priority Indicator:
1. Percent of adults that report body mass index (BMI) greater than or equal to 30
2. Percent of adults ever diagnosed with hypertension
3. Percent of adults who have been told by a health professional that they have diabetes
4. Percent of youth who were obese</td><td rowspan="3">Adult and youth</td><td rowspan="3">Auglaize County Health Department</td><td>May 1, 2018</td></tr>
<tr><td>Year 2: Collaborate with local organizations to create a proposal for a shared-use agreement.

Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. Publicize the agreement and its parameters.</td><td>May 1, 2019</td></tr>
<tr><td>Year 3: Continue efforts from years 1 and 2.

Implement 2-3 shared-use agreements for community use in Auglaize County.</td><td>May 1, 2020</td></tr>
</table>

Priority Topic: Chronic Disease				
Strategy 2: Healthy food initiatives				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Obtain baseline data regarding which cities, towns, school districts, churches, and organizations currently have **community gardens** and/or farmers' markets. Obtain baseline data regarding which local **food pantries** have fresh produce available. Research grants and other funding opportunities to increase the number of community gardens and/or farmer's markets in Auglaize County.	**Priority Outcomes:** 1. Reduce adult obesity 2. Reduce adult hypertension 3. Reduce adult diabetes **Priority Indicators:** 1. Percent of adults that report body mass index (BMI) 2. Percent of adults ever diagnosed with hypertension 3. Percent of adults who have been told by a health professional that they have diabetes	Adult	Auglaize County Health Department	May 1, 2018
Year 2: Assist churches, libraries, and other organizations in applying for grants to obtain funding for a community garden or farmers' market. Work with food pantries to offer fresh produce and assist pantries in seeking donations from local grocers. Encourage the use of **SNAP/EBT (Electronic Benefit Transfer) at farmers' markets**.				May 1, 2019
Year 3: Implement community gardens in various locations and increase the number of organizations with community gardens and/or farmer's markets by 25% from baseline. Increase the number of food pantries offering fresh produce by 25% from baseline. Implement the use of WIC and SNAP/EBT benefits in all farmer's markets.				May 1, 2020

Priority Topic: Chronic Disease				
Strategy 3: Distribute wellness community calendar				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Collaborate with Auglaize County organizations to create a community wellness calendar. Include the most up-to-date information regarding nutrition, physical activity, diabetes and other chronic disease management opportunities in Auglaize County. Include information regarding community gardens, farmer's markets, physical activity opportunities, and nutrition education, as well as meal programs for seniors. Highlight programs that are free or available at a reduced cost. Make sure the calendar is available on Facebook and other social network sites, as well as online. Update key words on search engines for easy access. Provide updated information to local radio stations and other news outlets.	**Priority Outcome:** 1. Reduce adult obesity 2. Reduce adult hypertension 3. Reduce adult diabetes 4. Reduce youth obesity **Priority Indicator:** 1. Percent of adults that report body mass index (BMI) greater than or equal to 30 2. Percent of adults ever diagnosed with hypertension 3. Percent of adults who have been told by a health professional that they have diabetes 4. Percent of youth who were obese	Adult and youth	Auglaize County Health Department Mental Health and Recovery Services Board Grand Lake Health System	May 1, 2018
Year 2: Keep the community calendar updated on a quarterly basis. Work with community partners to tie the programs and activities into employee incentive programs.				May 1, 2019
Year 3: Continue efforts from years 1 and 2. Determine on an annual basis who will update the calendar for the next 3 years.				May 1, 2020

Priority 2: Mental Health and Addiction

Mental Health and Addiction Indicators

Adult Mental Health and Addiction

In 2017, 17% of adults reported they felt sad, blue, or depressed almost every day for two weeks or more in a row.

The 2017 Community Health Assessment reported that 2% of Auglaize County adults considered attempting suicide in the past year.

According to the Ohio Department of Health, there were nine (9)* adult suicide deaths in Auglaize County in 2017.

According to the Ohio Department of Health, there were five (5)* adult drug overdose deaths in Auglaize County in 2017.

**Years are considered partial and may be incomplete per Ohio Department of Health*

Youth Mental Health

In 2017, about one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 27% of high school students (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).

Thirteen percent (13%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 17% of high school students. (2015 U.S. YRBS rate is 18% and the 2013 Ohio YRBS is 14%).

The 2017 Community Health Assessment reported that 4% of Auglaize County youth had attempted suicide. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.

According to the Ohio Department of Health, there were zero (0)* youth suicide deaths in Auglaize County in 2017.

In 2017, nearly half (46%) of youth reported being bullied in the past year.

In 2017, 12% of youth were cyber bullied, or bullied by electronic means.

**Years are considered partial and may be incomplete per Ohio Department of Health*

Adult Alcohol Use

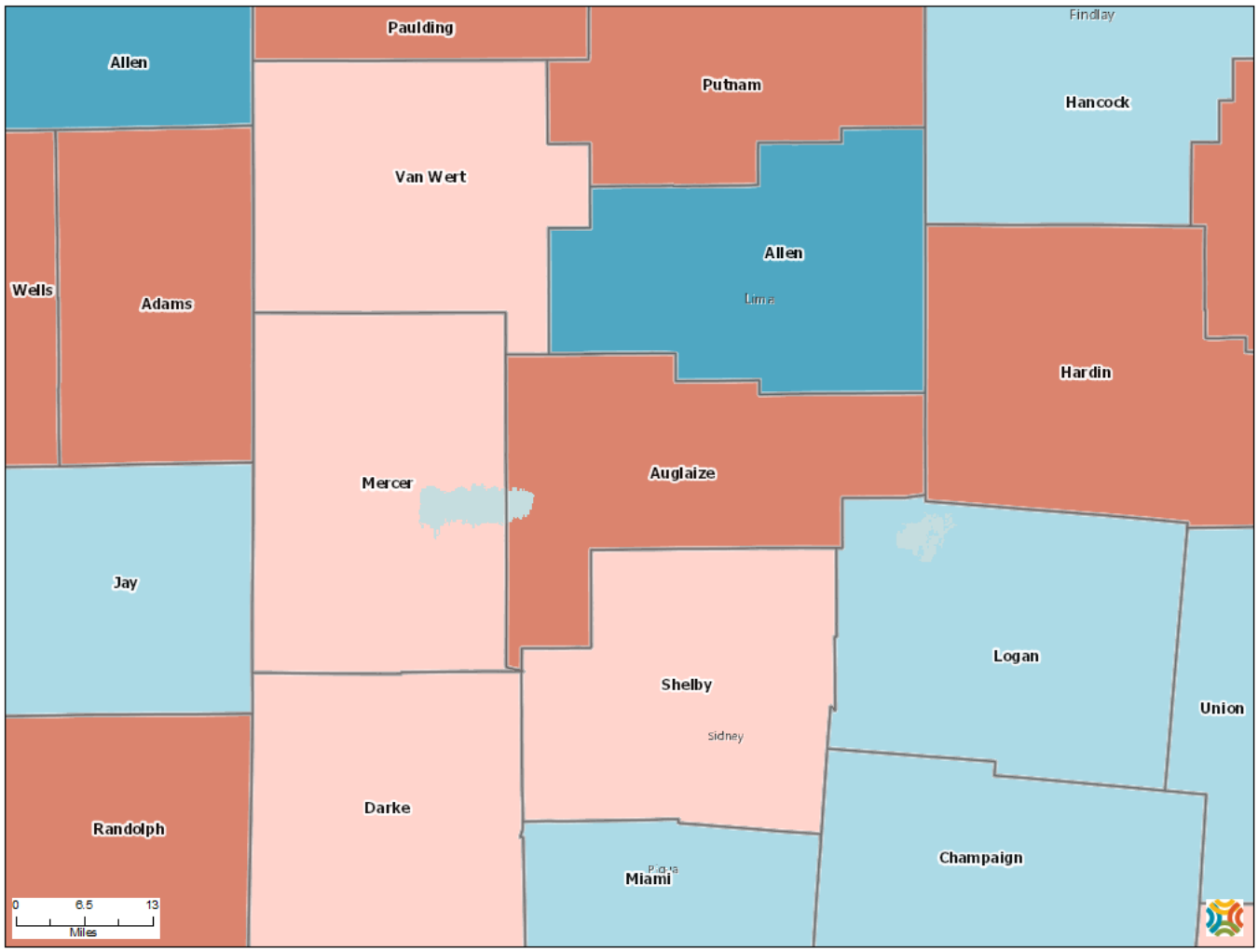
In 2017, more than one-quarter (28%) of Auglaize County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Youth Alcohol Use

Almost one-fifth (19%) of youth had at least one drink in the past 30 days, increasing to 41% of those ages 17 and older

Map: Access to Mental Health Care Providers

Access to Mental Health Care Providers, Rank by County, CHR 2017



Map Legend

Access to Mental Health Care Providers, Rank by County, CHR 2017

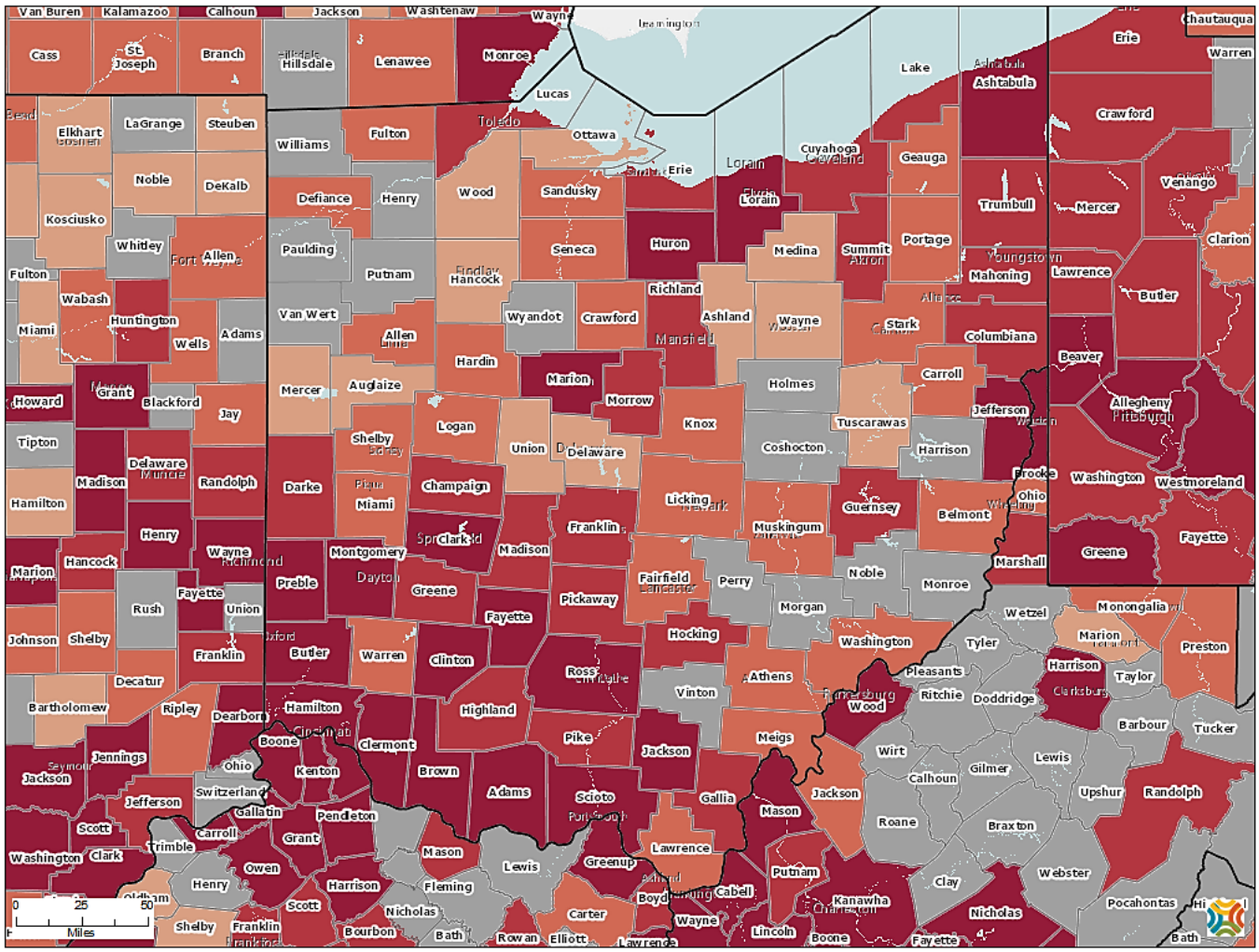
- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1

Community Commons, 2/22/2018

Source: University of Wisconsin Population Health Institute, as compiled by County Health Rankings

Map: Drug Overdose Deaths

Drug Overdose Deaths, Rate (Per 100,000 Population) by County, NVSS 2013-2015



Map Legend

Drug Overdose Deaths, Rate (Per 100,000 Pop.) by County, NVSS 2013-15

- Over 23.0
- 17.1 - 23.0
- 11.1 - 17.0
- Under 11.1
- No Data or Data Suppressed

Community Commons, 1/22/2018

Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2013-15. Accessed via County Health Rankings.

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Redundancy of programs and services for mental health and addiction	• Consolidate programs and services
2. Parental interventions with youth	• Promote the Let's Talk program
3. Alcohol use awareness in teenagers	• Increase education throughout lifespan • No transferring of addiction • Increase support groups for alcohol and drug use • Offer RRR in middle/high schools • Pax in New Bremen and New Knoxville • Youth crisis stabilization
4. Transitional youth	• Increase coordination to adult services

Best Practices

The following programs and policies have been reviewed and have proven strategies to **improve mental health and addiction:**

1. Campaign to increase awareness of suicide warning signs: The Ohio State Health Improvement Plan designates *campaigns to increase awareness of suicide warning signs* as a means to prevent suicide ideation and deaths, as well as increase suicide help-seeking. Such campaigns raise awareness surrounding mental health and suicide as a means to decrease stigma and increase awareness of available resources and services.

Action Step Recommendations & Plan

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

1. Campaign to increase awareness of suicide warning signs
2. Increase the number of incarcerated adults receiving substance abuse treatment prior to and after release

Action Plan

<table>
<tr><th colspan="5">Priority Topic: Mental Health and Addiction</th></tr>
<tr><th colspan="5">Strategy 1: Campaign to increase awareness of suicide warning signs</th></tr>
<tr><th>Action Step</th><th>Priority Outcome & Indicator</th><th>Priority Population</th><th>Person/ Agency Responsible</th><th>Timeline</th></tr>
<tr><td>Year 1: Work with the suicide coalition to plan and implement an annual community event to increase education and awareness of recognizing signs of depression and suicide. Promote the event accordingly.

Offer at least one annual training for local police departments, first responders, school personnel, clergy, and other community representatives on recognizing signs of depression and suicide.</td><td rowspan="3">Priority Outcome:
Reduce the number of suicide deaths

Priority Indicator:
Number of deaths due to suicide per 100,000 populations (age adjusted)</td><td rowspan="3">Adult and youth</td><td rowspan="3">Partnership for Violence Free Families

Mental Health and Recovery Services Board

Auglaize County Gatekeepers Program</td><td>May 1, 2018</td></tr>
<tr><td>Year 2: Continue efforts from year 1. Disseminate an informational brochure or guide that highlights organizations in Auglaize County that provide mental health services. Include information on which organizations offer free services, offer a sliding fee scale, and which insurance plans are accepted.</td><td>May 1, 2019</td></tr>
<tr><td>Year 3: Continue efforts from years 1 and 2. Expand awareness and outreach.</td><td>May 1, 2020</td></tr>
</table>

Priority Topic: Mental Health and Addiction				
Strategy 2: Increase the number of incarcerated adults receiving substance abuse treatment prior to and after release				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Implement a program which identifies offenders with substance abuse disorders prior to their release. Expand the capacity of service providers to allow for needed treatment to be delivered to offenders prior to and following their release.	**Priority Outcome:** Reduce adult unintentional drug overdose deaths **Priority Indicator:** Number of deaths due to unintentional drug overdoses per 100,000 population (age adjusted)	Adult	Auglaize County Sherriff's Office	May 1, 2018
Year 2: Increase the number of offenders identified with substance abuse disorders and increase the number of offenders receiving treatment prior to and after release by 10% from baseline.				May 1, 2019
Year 3: Continue efforts from years 1 and 2. Increase the number of offenders receiving treatment prior to and after release by 25% from baseline.				May 1, 2020

Cross-cutting Outcomes

In addition to tracking progress on the CHIP priority outcome objectives, the county will evaluate the impact of strategies implemented by also measuring progress on a set of cross-cutting outcome objectives. Examples of cross-cutting outcomes are listed below. See the **master list of SHIP indicators** for the complete list of the SHIP cross-cutting outcome indicators and the community toolkits for a recommended set of aligned community indicators to track progress related to each CHIP strategy.

Social determinants of health: Examples of crosscutting outcomes that address all priorities

- Improve third grade reading proficiency
- Reduce chronic absenteeism in school
- Reduce high housing cost burden
- Reduce secondhand smoke exposure for children

Prevention, public health system and health behaviors: Examples of cross-cutting outcomes that address all priorities

- Increase adult vegetable consumption
- Reduce adult physical inactivity
- Reduce adult smoking
- Reduce youth all-tobacco use

Healthcare system and access: Examples of cross-cutting outcomes that address all priorities

- Reduce percent of adults who are uninsured
- Reduce percent of adults unable to see a doctor due to cost
- Reduce primary care health professional shortage areas

Specific, measurable objectives for selected cross-cutting outcomes will be included in the following action plans.

Best Practices

The following programs and policies have been reviewed and have proven strategies to **improve chronic disease and mental health, and addiction:**

1. School-Based Obesity Prevention Interventions: School-based obesity prevention programs seek to increase physical activity and improve nutrition before, during, and after school.

Programs combine educational, behavioral, environmental, and other components such as health and nutrition education classes, enhanced physical education and activities, promotion of healthy food options, and family education and involvement. Specific components vary by program.

Expected Beneficial Outcomes

- Increased physical activity
- Increased physical fitness
- Improved weight status
- Increased consumption of fruit & vegetables

2. Refuse, Remove, Reasons, compelling evidence-based video and print resources developed by the New York Archdiocese Drug and Alcohol Prevention Program (ADAPP) in partnership with Connect with Kids. The objective: To help students build resiliency and make the positive decisions to assure a healthy future – especially when it comes to drugs, alcohol, tobacco and marijuana.

This multimedia high school curriculum provides new information, encourages self-reflection, and helps students to learn from and support each other while exploring options for responding when it comes to drugs, alcohol and peer pressure. What role does digital learning play? Research proves that video-based instruction is more memorable than the traditional text-based instruction. In context-based video learning, students can form an emotional connection as they see themselves in the real stories shared.

The Refuse, Remove, Reasons platform reaches educators, students and parents. The Facilitator Guide provides step-by-step implementation strategies for teachers. Activities, discussion questions and assignments engage students in the classroom and at home. Fact sheets and conversation starters empower parents with information to talk with their children about often hard-to-discuss topics.

While each generation has faced its dilemmas, today's are especially challenging. We thank you for joining ADAPP and Connect with Kids efforts to assure the best possible future for our children.

Action Step Recommendations & Plan

To work toward **improving all outcomes**, the following cross-cutting strategies are recommended:

1. Implement school-based parent education program
2. School-based alcohol/other drug prevention programs
3. School-based physical activity programs and policies

Action Plan

<table>
<tr><th colspan="5">Cross-Cutting Factors: Social determinants of health</th></tr>
<tr><th colspan="5">Strategy 1: Implement school-based parent education program</th></tr>
<tr><th>Action Step</th><th>Priority Outcome & Indicator</th><th>Priority Population</th><th>Person/ Agency Responsible</th><th>Timeline</th></tr>
<tr><td>Year 1: Introduce the Let's Talk and Guiding Good Choices programs to superintendents in Auglaize County. Pilot the program in at least one Auglaize County school district.</td><td rowspan="3">Priority Outcomes:
1. Reduce youth suicide ideation

Priority Indicators:
1. Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months</td><td rowspan="3">Youth</td><td rowspan="3">Partnership for Violence Free Families

Mental Health and Recovery Services Board</td><td>May 1, 2018</td></tr>
<tr><td>Year 2: Continue efforts from year 1. Implement the Let's Talk and Guiding Good Choices programs in two additional Auglaize County school districts.</td><td>May 1, 2019</td></tr>
<tr><td>Year 3: Continue efforts from years 1 and 2. Implement the Let's Talk and Guiding Good Choices programs in all Auglaize County school districts.</td><td>May 1, 2020</td></tr>
</table>

Cross-Cutting Factors: Public health system, prevention and health behaviors				
Strategy 2: School-based alcohol/other drug prevention programs				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Continue to implement the **Refuse Remove Reasons (RRR)** program in Auglaize County schools (grades 6-12). Introduce the program to one additional school district administration (superintendent, principals, and guidance counselors). Implement the program in one additional Auglaize County school district.	**Priority Outcome:** 1. Reduce youth alcohol use **Priority Indicator:** 1. Percent of youth who drank one or more drinks of an alcoholic beverage in the past 30 days	Youth	Partnership for Violence Free Families Mental Health and Recovery Services Board Auglaize County Sheriff's Department	May 1, 2018
Year 2: Introduce and implement the RRR program in two additional school districts.				May 1, 2019
Year 3: Introduce and implement the RRR program in all Auglaize County school districts.				May 1, 2020
Strategy 3: School-based physical activity programs and policies				
Action Step	**Priority Outcome & Indicator**	**Priority Population**	**Person/ Agency Responsible**	**Timeline**
Year 1: Assess Auglaize County schools to determine which teachers are currently utilizing the **Go Noodle** program, and at what capacity (grade level, frequency, etc.). Increase the number of active students at Auglaize County Schools.	**Priority Outcomes:** 1. Reduce youth obesity **Priority Indicators:** 1. Percent of youth who were obese	Youth	Mercy Health St. Rita's Medical Center	May 1, 2018
Year 2: Continue efforts from year 1. Continue to increase the number of active students at Auglaize County Schools.				May 1, 2019
Year 3: Increase the number of active students in Auglaize County Schools by 25%.				May 1, 2020

Progress and Measuring Outcomes

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

Auglaize County will continue facilitating a Community Health Assessments every three years to collect and track data. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Auglaize County, but also be able to compare to the state, the nation, and Healthy People 2020. This data will serve as measurable outcomes for each of the priority areas. Indicators have already been defined throughout this report and are identified with the icon.

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

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

Contact Us

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

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Wapakoneta, OH 45895
P: (419) 738-3410
F: (419) 738-7818
E: ofisher@auglaizehealth.org
www.auglaizehealth.org

Appendix I: Links to Websites

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Community gardens	http://www.countyhealthrankings.org/policies/community-gardens
Community Trials Intervention to Reduce High-Risk Drinking	http://www.pire.org/communitytrials/index.htm
Complete Streets	https://smartgrowthamerica.org/program/national-complete-streets-coalition/
Cooking Matters (No Kid Hungry Center for Best Practices)	https://cookingmatters.org/courses
Cooking Matters at the Store	https://cookingmatters.org/node/2274
Food pantries	http://www.countyhealthrankings.org/policies/healthy-food-initiatives-food-banks
Fuel Up to Play 60 (National Dairy Council & National Football League)	https://www.fueluptoplay60.com/
Healthy food in convenience stores	http://www.countyhealthrankings.org/policies/healthy-food-convenience-stores
Healthy Food Retail Initiative	http://www.healthylucascounty.org/initiatives/healthy-eating/
Increase recruitment for mental health professionals	http://www.countyhealthrankings.org/policies/higher-education-financial-incentives-health-professionals-serving-underserved-areas
Implement a community-based comprehensive program to reduce alcohol abuse	http://www.pire.org/communitytrials/index.htm

Title of Link	Website URL
Increase Awareness of Prescription Drug Abuse and Drop-Off Box Locations in Auglaize County	https://www.samhsa.gov/prescription-drug-misuse-abuse/samhsas-efforts
Let's Talk	http://media.wix.com/ugd/803dbd_8b3bcd492e63457fa015ee75ce591f63.pdf
Master list of SHIP indicators	http://www.odh.ohio.gov/sha-ship
PHQ-9: The PHQ-9	http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression
Refuse, Remove, Reasons	http://rrr.connectwithkids.com/about/
School-based nutrition education programs	http://www.countyhealthrankings.org/policies/school-based-nutrition-education-programs
School-Based Obesity Prevention Interventions	http://www.countyhealthrankings.org/policies/school-based-obesity-prevention-interventions
School-based physical activity programs and policies	https://www.cdc.gov/policy/hst/hi5/physicalactivity/index.html
Screen for clinical depression for all patients 12 or older using a standardized tool	http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression
Screening, brief intervention, and referral to treatment (SBIRT)	http://www.integration.samhsa.gov/clinical-practice/sbirt
Serving Up MyPlate: A Yummy Curriculum (USDA Nutritional Guidelines)	http://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum
Shared use (joint use agreements)	http://www.countyhealthrankings.org/policies/joint-use-agreements
SNAP/EBT	http://www.countyhealthrankings.org/policies/electronic-benefit-transfer-payment-

(Electronic Benefit Transfer) at farmers' markets	farmers-markets