

2019-2022

Tuscarawas  
County

Community Health  
Improvement Plan



*Building a Healthier Community Together*

Adopted on: 08.13.2019



## Foreword

I was not born in Tuscarawas County, but this is my home. A home where 92,000 Ohioans choose to work, live and play. A home where we raise our children. A home where we hope that we are making improvements that will touch lives today and for generations to come.

I consider myself among the most fortunate that I get to collaborate regularly with community members and leaders who have a shared vision for a Tuscarawas County that is physically healthy, economically strong, and environmentally sound for years to come. I am humbled by the support of so many and in particular our Commissioners for their unwavering support and commitment to our efforts.

The Healthy Tusc team is comprised of dedicated individuals who have a passion for creating local improvement in our county's healthcare. Our common thread is love of community and the dedication to research that supports our efforts since 2009. This is a team that volunteers its time, above and beyond the routine 9-to-5 jobs, without complaint. They see a future that is bright for our families.

This partnership approach allows us to address the health issues affecting our community and allows us to focus on strategies that will define our roles in impacting health outcomes at a population level. We will address those factors that are difficult to speak about, such as mental health, drug abuse, and poverty. We will build on our sense of community pride with meaningful framework that communicates the need for change. We will strive to make changes that afford abundant returns for our community's investment in health and well-being.

This Community Health Improvement Plan is our blueprint and roadmap for change. Our goal is to work in conjunction with the State of Ohio and the nation to coordinate care that is meaningful and impactful for our residents. We believe in the power of partnership along with data, research and structure. We believe in Tuscarawas County and its future.

Kimberly Nathan, RN

Chairperson, Healthy Tusc

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

# Executive Summary

## Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Healthy Tusc has been conducting CHAs since 2015 to measure community health status. The most recent Tuscarawas County CHA was cross-sectional in nature and included a written survey of adults and adolescents within Tuscarawas County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). This has allowed Tuscarawas County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

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

## Hospital Requirements

### Internal Revenue Services (IRS)

The Tuscarawas County CHA and CHIP fulfill national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a CHNA and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospitals shifted their definition of "community" to encompass the entire county, and collaboratively completed the CHA and CHIP, compliant with IRS requirements. This will result in increased collaboration, less duplication, and sharing of resources. This report serves as the implementation strategy for Tuscarawas County Hospitals and documents the hospitals' efforts to address the community health needs identified in CHA.

## **Hospital Mission Statement(s)**

Cleveland Clinic Union Hospital Mission Statement: To provide excellent quality health care to the community at a competitive price through highly competent people and an integrated provider network.

Trinity Hospital Twin City Mission Statement: The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

## **Community Served by the Hospital(s)**

The community has been defined as Tuscarawas County. Cleveland Clinic Union Hospital and Trinity Hospital Twin City collaborate with multiple stakeholders, most of which provide services at the county-level. For this reason, the county was defined as the community served by the hospitals.

## **Public Health Accreditation Board (PHAB) Requirements**

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every 3 years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

## **Inclusion of Vulnerable Populations (Health Disparities)**

According to the 2013-2017 American Community Survey 5 year estimates, Tuscarawas County is 97% caucasian (white). Approximately 13% of Tuscarawas County residents were below the poverty line. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

## **Mobilizing for Action through Planning and Partnerships (MAPP)**

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

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

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


**Figure 1.1 The MAPP model**



## Alignment with National and State Standards

The 2019-2022 Tuscarawas County CHIP priorities align with state and national priorities. Tuscarawas County will be addressing the following priorities: mental health, 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.**

#### SHIP Overview

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

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

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

#### SHIP Priorities

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

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

#### Cross-cutting Factors

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



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

- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health:** Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors:**
  - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
  - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
  - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access:** Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2019-2022 Tuscarawas 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 Tuscarawas County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

**Figure 1.2 2019-2022 Tuscarawas CHIP Alignment with the 2017-2019 SHIP**

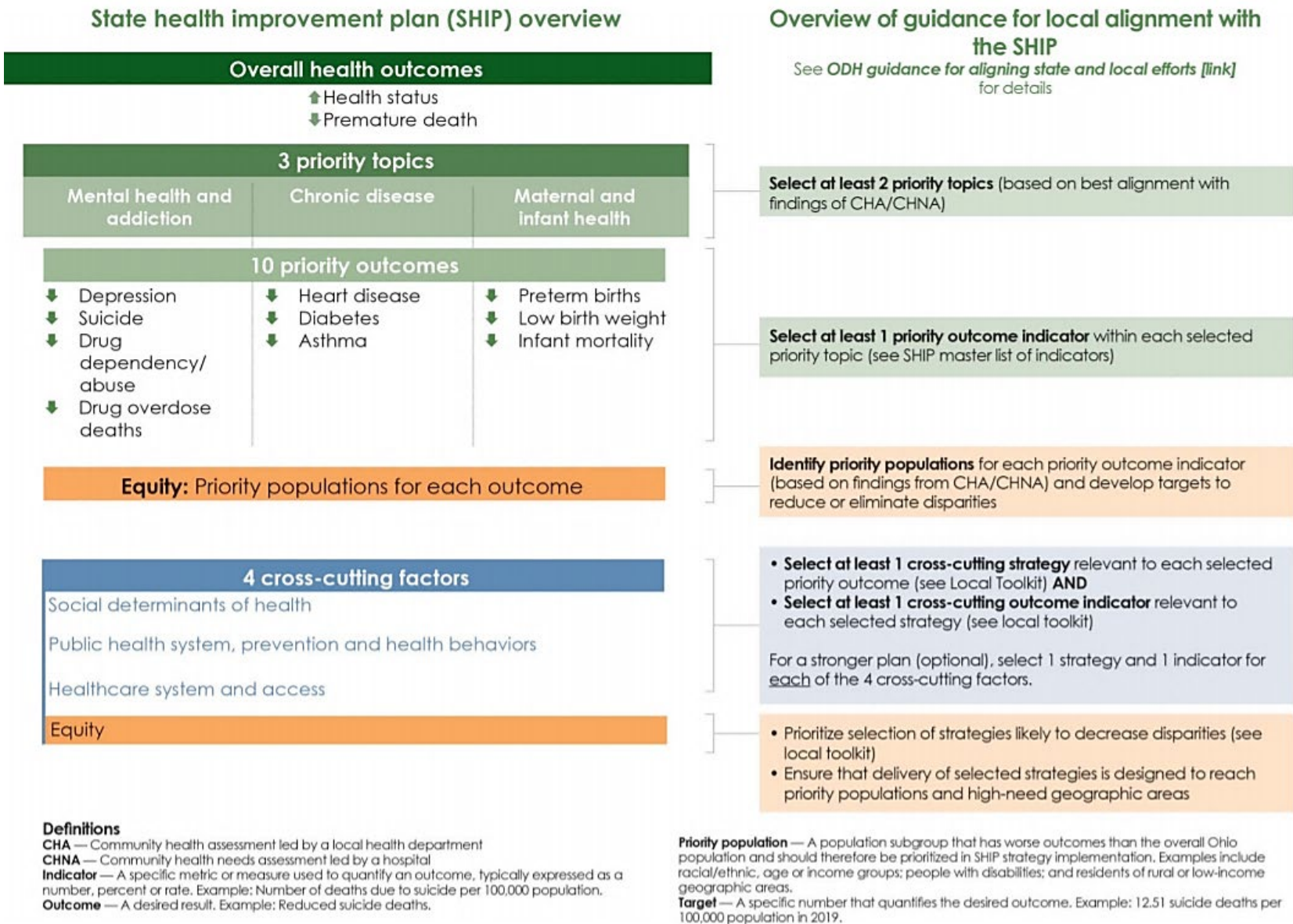
2019-2022 Tuscarawas CHIP Alignment with the 2017-2019 SHIP			
<i>Priority Topic</i>	<i>Priority Outcome</i>	<i>Cross-Cutting Strategy</i>	<i>Cross-Cutting Outcome</i>
<b>Mental health and addiction</b>	<ul style="list-style-type: none"> <li>• Decrease youth depression</li> <li>• Decrease suicide deaths</li> <li>• Decrease unintentional drug overdose deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health System, Prevention, and Health Behaviors</li> <li>• Healthcare System and Access</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease youth obesity</li> <li>• Decrease adult and youth smoking</li> <li>• Decrease adult and youth physical inactivity</li> <li>• Decrease the number of adults without a usual source of care</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• Decrease adult diabetes</li> </ul>		

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

The Tuscarawas County CHIP also aligns with five of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being. For more information on the national prevention priorities, please go to [surgeongeneral.gov](http://surgeongeneral.gov).

## Alignment with National and State Standards, continued

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



## Vision and Mission

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

### The Vision of Healthy Tusc:

The Healthy Tusc Taskforce was intended to serve as a catalyst for action in Tuscarawas County and to promote pioneering a healthier community. The taskforce will provide support to existing efforts by encouraging participation through public information and communications. The taskforce has provided leadership in the area of obesity prevention by promoting the development of public policies that support healthier lifestyles.

### The Mission of Healthy Tusc:

Improve the health and wellness of Tuscarawas County residents through programming, community awareness and advocacy aimed at reducing obesity.

## Community Partners

The CHIP was planned by various agencies and service-providers within Tuscarawas County. From November 2018 to April 2019, Healthy Tusc reviewed many data sources concerning the health and social challenges that Tuscarawas County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

This Community Health Improvement Plan was made possible through the work of 27 professionals from the following organizations:

Access Tusc	OSU Extension Tuscarawas County
ADAMHS Board	Senior Service Network
Amberwood Manor	Trinity Hospital Twin City
Cleveland Clinic Union Hospital	Tuscarawas Clinic for the Working Uninsured
Community Hospice	Tuscarawas County Health Department
Community Mental Health	Tuscarawas County Senior Center
Compass	Tuscarawas. County Convention and Visitors Bureau
Friends of the Homeless of Tuscarawas County	Tuscarawas Senior Center
New Philadelphia Health Department	Tuscarawas Valley Farmers Market
Ohio Guidestone, Anti-Drug Coalition	United Way of Tuscarawas County
Ohio Guidestone, Personal Family and Counseling Service	YMCA

Funding for the CHIP was provided by the Tuscarawas County Commissioners:

- Chris Abbuhl, County Commissioner
- Kerry Metzger, County Commissioner (retired)
- Joe Sciarretti, County Commissioner
- Al Landis, County Commissioner

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, from HCNO.

## Community Health Improvement Process

Beginning in November 2018, the Healthy Tusc met four (4) times and completed the following planning steps:

1. Initial Meeting
  - Review the process and timeline
  - Finalize committee members
  - Create or review vision
2. Choose Priorities
  - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
  - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
  - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
  - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
  - Review the Local Public Health System Assessment with committee
7. Gap Analysis
  - Determine discrepancies between community needs and viable community resources to address local priorities
  - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
  - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
  - Identification of evidence-based strategies to address health priorities
10. Best Practices
  - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
  - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
  - Review of all steps taken
  - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

# Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 163-page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at [www.hcno.org/community-services/community-health-assessments/](http://www.hcno.org/community-services/community-health-assessments/). Below is a summary of county primary data and the respective state and national benchmarks.

## Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
<b>Health Status</b>				
<b>Rated general health as good, very good or excellent</b>	85%	85%	82%	83%
<b>Rated general health as excellent or very good</b>	50%	50%	51%	52%
<b>Rated general health as fair or poor</b>	15%	15%	18%	17%
<b>Average number of days that physical health was not good</b> (in the past 30 days)	3.2	4.3	4.0*	3.7*
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	18%	29%	22%	22%
<b>Average number of days that mental health was not good</b> (in the past 30 days)	3.9	5.2	4.3*	3.8*
<b>Rated their mental health as not good on four or more days</b> (in the past 30 days)	24%	35%	N/A	N/A
<b>Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	22%	31%	22%	22%
<b>Healthcare Coverage, Access, and Utilization</b>				
<b>Uninsured</b>	14%	9%	7%	10%
<b>Primary source of healthcare coverage was Medicaid or medical assistance</b>	6%	8%	N/A	N/A
<b>Had at least one person they thought of as their personal doctor or healthcare provider</b>	82%	79%	83%	77%
<b>Visited a doctor for a routine checkup</b> (in the past 12 months)	65%	68%	75%	71%
<b>Unable to see a doctor due to cost</b>	9%	8%	11%	12%
<b>Arthritis, Asthma, &amp; Diabetes</b>				
<b>Ever been diagnosed with diabetes</b>	9%	12%	11%	11%
<b>Ever been diagnosed with arthritis</b>	35%	33%	31%	26%
<b>Ever been diagnosed with asthma</b>	10%	15%	14%	14%
<b>Cardiovascular Health</b>				
<b>Had angina or coronary heart disease</b>	8%	5%	5%	4%
<b>Had a heart attack</b>	6%	7%	5%	4%
<b>Had a stroke</b>	3%	2%	4%	3%
<b>Has been diagnosed with high blood pressure</b>	40%	39%	34%***	31%***
<b>Has been diagnosed with high blood cholesterol</b>	36%	40%	37%***	36%***
<b>Had blood cholesterol checked within the past 5 years</b>	76%	77%	78%***	78%***
<b>Weight Status</b>				
<b>Overweight</b> (BMI of 25.0 – 29.9)	37%	36%	35%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above)	36%	37%	32%	30%
<b>Alcohol Consumption</b>				
<b>Current drinker</b> (drank alcohol at least once in the past month)	41%	50%	53%	54%
<b>Binge drinker</b> (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	18%	17%
<b>Tobacco Use</b>				
<b>Current smoker</b> (currently smoke some or all days)	14%	20%	23%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	24%	25%

N/A – Not Available

\*2016 BRFSS as compiled by 2018 County Health Rankings

\*\*Ohio and U.S. BRFSS reports women ages 21-65

\*\*\*2015 Ohio and U.S. BRFSS

Indicates alignment with the Ohio State Health Assessment

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
<b>Drug Use</b>				
Adults who used marijuana in the past 6 months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	10%	7%	N/A	N/A
<b>Preventive Medicine</b>				
Had a pneumonia vaccine in lifetime (age 65 and older)	68%	66%	75%	73%
Had a flu vaccine in the past year (ages 65 and over)	55%	65%	57%	58%
Had a clinical breast exam in the past two years (age 40 and older)	66%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	68%	67%	74%	72%
Had a pap smear in the past three years	68%	60%	82%**	80%**
Had a PSA test in within the past two years (age 40 and over)	60%	56%	39%	40%
Had a digital rectal exam within the past year	20%	16%	N/A	N/A
<b>Quality of Life</b>				
Limited in some way because of physical, mental or emotional problem	18%	26%	21%***	21%***
<b>Mental Health</b>				
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
<b>Sexual Behavior</b>				
Had more than one sexual partner in past year	4%	4%	N/A	N/A
<b>Oral Health</b>				
Adults who had visited the dentist in the past year	58%	59%	68%	66%

N/A – Not Available

\* 2016 BRFSS as compiled by 2018 County Health Rankings


\*\*2016 Ohio and U.S. BRFSS reports women ages 21-65

\*\*\*2015 Ohio and U.S. BRFSS

 Indicates alignment with the Ohio State Health Assessment




## Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Weight Control</b>					
<b>Obese</b> 	16%	18%	18%	21%	15%
<b>Overweight</b>	13%	14%	14%	15%	16%
<b>Described themselves as slightly or very overweight</b>	34%	35%	36%	39%	32%
<b>Were trying to lose weight</b>	48%	49%	45%	51%	47%
<b>Exercised to lose weight</b> (in the past 30 days)	53%	51%	53%	54%	N/A
<b>Ate less food, fewer calories, or foods lower in fat to lose weight</b> (in the past 30 days)	28%	34%	27%	41%	N/A
<b>Went without eating for 24 hours or more</b> (in the past 30 days)	4%	5%	4%	7%	13%*
<b>Took diet pills, powders, or liquids without a doctor's advice</b> (in the past 30 days)	3%	1%	4%	1%	5%*
<b>Vomited or took laxatives</b> (in the past 30 days)	3%	1%	3%	2%	4%*
<b>Ate 5 or more servings of fruit and/or vegetables per day</b>	N/A	22%	N/A	18%	N/A
<b>Ate 0 servings of fruits and/or vegetables per day</b>	N/A	4%	N/A	7%	N/A
<b>Physically active at least 60 minutes per day on every day in past week</b>	35%	28%	34%	28%	26%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	56%	54%	56%	56%	46%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b>	9%	9%	7%	8%	15%
<b>Watched 3 or more hours per day of television</b> (on an average school day)	30%	13%	28%	15%	21%
<b>Unintentional Injuries and Violence</b>					
<b>Carried a weapon on school property</b> (in the past 30 days)	1%	1%	12%	2%	4%
<b>Were in a physical fight</b> (in the past 12 months)	25%	18%	19%	12%	24%
<b>Were in a physical fight on school property</b> (in the past 12 months)	9%	6%	6%	4%	9%
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	7%	6%	5%	7%	6%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days)	5%	13%	5%	16%	7%
<b>Bullied</b> (in past year)	48%	35%	40%	39%	N/A
<b>Electronically bullied</b> (in past year)	9%	10%	11%	12%	15%
<b>Were ever physically forced to have sexual intercourse</b> (when they did not want to)	3%	5%	5%	6%	7%
<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	3%	8%
<b>Mental Health</b>					
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	26%	35%	32%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	16%	17%	18%	22%	17%
<b>Attempted suicide</b> (in the past 12 months)	8%	8%	8%	9%	7%
<b>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</b> (in the past 12 months)	3%	3%	4%	2%	2%

N/A – Not Available

\*Comparative YRBS data for U.S. is 2013


 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2017 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Alcohol Consumption</b>					
<b>Ever drank alcohol</b> (at least one drink of alcohol on at least 1 day during their life)	44%	35%	56%	48%	60%
<b>Current Drinker</b> (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	23%	21%	30%
<b>Binge drinker</b> (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	14%	12%	14%
<b>Drank for the first time before age 13</b> (of all youth)	13%	8%	8%	8%	16%
<b>Obtained the alcohol they drank by someone giving it to them</b> (of current drinkers)	36%	41%	40%	47%	44%
<b>Rode with a driver who had been drinking alcohol</b> (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	16%	13%	17%
<b>Tobacco Use</b>					
<b>Ever tried cigarette smoking</b> (even one or two puffs)	24%	16%	34%	22%	29%
<b>Current smoker</b> (smoked on at least 1 day during the past 30 days)	9%	5%	14%	7%	9%
<b>Sexual Behavior</b>					
<b>Ever had sexual intercourse</b>	20%	15%	34%	26%	40%
<b>Had sexual intercourse with four or more persons</b> (of all youth during their life)	3%	5%	6%	8%	10%
<b>Had sexual intercourse before the age 13</b> (for the first time of all youth)	3%	2%	2%	2%	3%
<b>Used a condom</b> (during last sexual intercourse)	64%	44%	68%	46%	54%
<b>Used birth control pills</b> (during last sexual intercourse)	26%	9%	26%	11%	21%
<b>Used an IUD</b> (during last sexual intercourse)	N/A	6%	N/A	7%	4%
<b>Used a shot, patch or birth control ring</b> (during last sexual intercourse)	N/A	3%	N/A	4%	5%
<b>Did not use any method to prevent pregnancy</b> (during last sexual intercourse)	12%	9%	14%	7%	14%
<b>Drug Use</b>					
<b>Currently used marijuana</b> (in the past 30 days)	7%	5%	11%	7%	20%
<b>Ever used methamphetamines</b> (in their lifetime)	1%	2%	1%	3%	3%
<b>Ever used cocaine</b> (in their lifetime)	3%	2%	5%	3%	5%
<b>Ever used heroin</b> (in their lifetime)	1%	1%	2%	2%	2%
<b>Ever used inhalants</b> (in their lifetime)	9%	6%	4%	7%	6%
<b>Ever used ecstasy</b> (also called MDMA in their lifetime)	2%	1%	3%	2%	4%
<b>Misused medications that were not prescribed to them or took more to get high and/or feel more alert</b> (in their lifetime)	5%	3%	7%	5%	N/A
<b>Ever took steroids without a doctor's prescription</b> (in their lifetime)	5%	2%	4%	2%	3%
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	7%	4%	8%	6%	20%
<b>Oral Health</b>					
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	71%	78%	74%**

N/A – Not Available

\*Comparative YRBS data for U.S. is 2013

\*\*Comparative YRBS data for U.S. is 2015

 Indicates alignment with the Ohio State Health Assessment



## Key Issues

Healthy Tusc reviewed the 2018 Tuscarawas County Health Assessment. The detailed primary data for each identified key issue 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 health issues or concerns identified in the 2018 assessment report?

Examples of how to interpret the information include: 28% of Tuscarawas County youth felt sad or hopeless for two or more weeks in a row, increasing to 34% of those age 17 and older, 35% of those in grades 9-12, and 34% of females.

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
<b>Mental health and suicide</b>			
Felt sad or hopeless for two or more weeks in a row in the past year	Adults: 12%	N/A	N/A
	Youth: 28%	Ages 17+ (34%) Grades 9-12 (35%)	Female (34%)
Seriously considered attempting suicide in the past 12 months (suicide ideation)	Adults: 7%	Ages <30 (18%) Income <\$25K (12%)	Female (8%)
	Youth: 17%	Ages 14-16 (23%) Grades 9-12 (22%)	Female (21%)
Attempted suicide in the past 12 months	Adults: <1%	Ages 65+ (2%) Income <\$25K (2%)	Female (1%)
	Youth: 8%	Ages 14-16 (12%) Grades 9-12 (9%)	Female (8%)
Tuscarawas County suicide deaths (age-adjusted) per 100,000 population, 2013-2017	Adults: 13.1	N/A	Male (24.5)
	Youth: N/A	N/A	N/A
<b>Social determinants of health</b>			
Adults who experienced 4+ Adverse Childhood Experiences (ACEs)	17%	N/A	N/A
Youth who experienced 3+ Adverse Childhood Experiences (ACEs)	20%	N/A	N/A
<b>Access to health care</b>			
Uninsured adults	9%	Ages <30 (9%) Income <\$25K (14%)	Male (12%)
Had transportation problems when they needed health care in the past 12 months	2%	N/A	N/A
Did not get their prescriptions filled in the past 12 months due to transportation issues	2%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
<b>Drug use</b>			
Adults who used recreational marijuana in the past 6 months	3%	Ages 30-64 (4%) Income <\$25K (4%)	Male (5%)
Adults who misused prescription drugs in the past 6 months	7%	Ages 30-64 (8%) Income <\$25K (13%)	Female (8%)
Youth who used marijuana in the past 30 days	5%	Ages 17+ (9%) Grades 9-12 (7%)	Male (5%)
Youth perceived risk of use: marijuana (Percent perceiving great risk for smoking marijuana once or twice per week)	37%	N/A	N/A
Youth who misused prescription drugs in their lifetime	3%	Grades 9-12 (5%)	N/A
Perceived risk of use: non-prescribed prescription drugs (Percent perceiving great risk of using prescription drugs not prescribed for them)	62%	N/A	N/A
Tuscarawas County unintentional drug overdose deaths (age-adjusted) per 100,000 population, 2013-2017	14.2	Ages 30-34 (7.0)	Male (17.1)
<b>Obesity and related diseases</b>			
Obesity	Adult: 37%	Ages 30-64 (39%) Income \$25K+ (38%)	Female (39%)
	Youth: 18%	Ages 17+ (20%) Grades 9-12 (21%)	Male (22%)
Adult coronary heart disease	5%	Ages 65+ (12%) Income <\$25K (7%)	Male (6%)
Adult heart attack	7%	Ages 65+ (12%) Income <\$25K (9%)	Male (9%)
Adult hypertension	39%	Ages 65+ (63%) Income <\$25K (50%)	Female (39%)
Adult diabetes	12%	Ages 65+ (25%) Income <\$25K (18%)	Male (14%)
Adult pre-diabetes	4%	Ages 30-64 (7%) Income \$25K+ (5%)	Female (6%)
<b>Quality of Life</b>			
Limited in some way because of physical, mental, or emotional problem	36%	Ages 30-64 (31%) Income <\$25K (46%)	Male (27%)
<b>Alcohol use</b>			
Youth current drinker (had a drink of alcohol in the past 30 days)	16%	Ages 17+ (25%) Grades 9-12 (21%)	Female (16%)
Adult binge drinker	18%	Ages 30-64 (35%) Income \$25K+ (38%)	Male (21%)
<b>Violence and safety</b>			
Youth who did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school	13%	Grades 9-12 (16%)	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
<b>Access to dental care</b>			
Visited a dentist or dental clinic in the past year	Adult: 59%	Ages <30 (50%) Income <\$25K (41%)	Male (57%)
	Youth: 76%	N/A	N/A
<b>Sexual behavior</b>			
Youth who had sexual intercourse	15%	Ages 17+ (37%) Grades 9-12 (26%)	Male (17%)
<b>Tobacco use</b>			
Current smoker (smoked one or more cigarettes in the past 30 days)	Adults: 20%	Ages <30 (33%) Income <\$25K (34%)	Male (21%)
	Youth: 5%	Ages 17+ (12%) Grades 9-12 (7%)	Male (7%)
<b>Abuse</b>			
Adults who were abused in the past year	7%	N/A	N/A
<b>Texting and driving</b>			
Youth who texted while driving in the past 30 days	25%	N/A	N/A
<b>Cancer</b>			
Adults diagnosed with cancer	12%	N/A	N/A

## Priorities Chosen

Based on the 2018 Tuscarawas County Health Assessment and the results of a community survey that was completed by a broad representation of community members (including leaders from the county's two hospitals and health departments), 15 key issues were identified by the committee. Each organization was given 5 votes. The committee then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Priority Population	Votes
1. Mental health and suicide	Adult and youth	16
2. Social determinants of health (e.g. ACE's)	Adult and youth	15
3. Access to health care (e.g. uninsured, transportation)	Adult and youth	10
4. Drug use	Adult and youth	9
5. Obesity and related diseases	Adult and youth	8
6. Quality of Life (e.g. limited in some way)	Adult	7
7. Alcohol use	Adult and youth	6
8. Violence and safety (e.g. bullying)	Youth	4
9. Access to dental care	Adult and youth	3
10. Sexual behavior	Youth	3
11. Tobacco use	Adult and youth	2
12. Abuse	Adult	1
13. Dementia	Adult	1
14. Texting and driving	Youth	0
15. Cancer	Adult	0

### **Tuscarawas County will focus on the following priority areas over the next three years:**

1. Mental health (*includes adult and youth depression and suicide*)
2. Addiction (*includes adult and youth drug use and overdose deaths*)
3. Chronic disease (*includes adult and youth obesity, as it impacts chronic diseases such as diabetes and heart disease*)

### **Tuscarawas County will focus on the following cross-cutting factors over the next three years:**

1. Social determinants of health
2. Healthcare system and access

# Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Below are the results:

## Open-ended Questions to the Committee

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

- Hospitals
- Access to physical activity opportunities
- Stronger and growing economy (job opportunities)
- Culture (i.e. performing arts center, historical museums)
- Higher education opportunities (i.e. Kent State University Branch, Buckeye Career Center)
- Strong public-school systems
- Safe environment
- Good parks
- Access to fresh food
- General access to health care (i.e. mental and physical health care)
- Strong agricultural component in farmer's markets
- Strong elected officials & leadership
- Community engagement

2. What makes you most proud of our community?

- Supportive organizations
- Very well-rounded community
- Political affiliation is not a conflict
- Focused on making a difference
- Beautiful environment (i.e. trails, lakes, hills)
- Strong community support system
- Younger generations are coming back
- Community members are willing to participate/volunteer
- Great place to raise a family
- Central location

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

- Healthy Tusc
- Access Tusc
- Tusc Valley Farmers Market
- Live Tusc
- Convention Bureau
- Opiate Task Force
- Anti-Drug Coalition
- Community Improvement Corporation
- Tusc County Economic Development
- Visitor's Bureau
- Economic Development and Finance Association
- Human Trafficking Task Force
- Rotaries
- Service clubs
- Leadership Tuscarawas
- T4C
- Food banks
- Public libraries
- Juvenile court system
- United Way
- SAFE Coalition
- OSU Extension
- Ohio Means Jobs
- Senior Center
- Small business Development Center
- Center for the Arts
- TAB

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
  - Addiction
  - Chronic disease
  - Access to health care
  - Social determinants of health
  - General awareness of resources in community
  - No complete streets – lack of sidewalks
  - Lack of transportation
  - Hosting events where target population is
  - Generational poverty
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
- Education/awareness
  - Social economic problems
  - Employment - enough jobs but not enough people qualified to stay in job
  - Mentoring problems in schools to learn soft skills
  - Hard to recruit physicians to rural areas – lack of primary care physicians
  - Lack of positions filled in mental health field
  - Lack of internships
  - Gap in child psychiatry services
6. What actions, policy, or funding priorities would you support to build a healthier community?
- Funding for physician recruitment, mental health, and dentistry
  - Scholarships for students to attend higher education
  - Job shadowing opportunities for students
  - Tuition reimbursement
7. What would excite you enough to become involved (or more involved) in improving our community?
- If people saw a difference or movement
  - People of all sectors have a role
  - Business sector engagement
  - Having people excited about events (i.e. color runs)
  - Spreading the word of “little wins”
  - Empower youth in the community
  - Persistence

## Quality of Life Survey

Healthy Tusc urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 594 Tuscarawas 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 and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2016-2019 Likert Scale Average Response	2019-2022 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]	3.72	3.76
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.38	3.21
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.00	3.93
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.78	3.72
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.90	3.12
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.72	3.79
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.65	3.63
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.51	3.44
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.23	3.24
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.23	3.23
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25	3.27
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?)	3.24	3.24

## Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Healthy Tusc 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 Tuscarawas County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change (Trend, Events, Factors)	Potential Impact
1. New Philadelphia Vision Plan	<ul style="list-style-type: none"> <li>Economic growth, hot spots, revamping the city, walkability</li> </ul>
2. Both Hospitals are linked to larger health systems	<ul style="list-style-type: none"> <li>Support/opportunity</li> <li>Surrounding areas may not have health care opportunities</li> </ul>
3. Surrounding counties are losing healthcare facilities	<ul style="list-style-type: none"> <li>Tuscarawas County may pick up the extra need for healthcare services</li> </ul>
4. Increase in non-English-speaking immigrants	<ul style="list-style-type: none"> <li>Difficulties delivering services, housing, lower rates of test scores in student performance</li> </ul>
5. Economic growth	<ul style="list-style-type: none"> <li>More jobs available</li> <li>People are coming back to stay</li> </ul>
6. Public libraries	<ul style="list-style-type: none"> <li>Involved heavily in the community</li> </ul>
7. Shopping mall	<ul style="list-style-type: none"> <li>Anchor stores are leaving</li> </ul>
8. Medical marijuana sales	<ul style="list-style-type: none"> <li>Will affect local business and HR policies, hiring, retaining employees</li> <li>Affect businesses – dispensaries, edibles, may attract several businesses</li> <li>Catering towards children</li> </ul>
9. Change in government officials	<ul style="list-style-type: none"> <li>New Governor</li> <li>May lead to new ODH director</li> <li>Medicaid expansion in flux</li> <li>Perhaps more funding around JFS</li> </ul>
10. Affordable Care Act	<ul style="list-style-type: none"> <li>Affects access to affordable care</li> </ul>
11. Government shut down	<ul style="list-style-type: none"> <li>Federal workers not receiving pay checks</li> </ul>
12. Schools levies have not been passed	<ul style="list-style-type: none"> <li>Funding for the schools have been cut</li> </ul>
13. Trends in social media in youth	<ul style="list-style-type: none"> <li>Lack of developmental skills–social, lack of meaningful friendships, soft skills, no more reading skills</li> </ul>
14. Farmers market	<ul style="list-style-type: none"> <li>Growing in funding opportunities</li> <li>Know where food is coming from, less contamination, support for local food initiatives</li> </ul>
15. Oil and gas activity	<ul style="list-style-type: none"> <li>Spin off business</li> </ul>
16. Non-profit organizations	<ul style="list-style-type: none"> <li>Limited in the care they can provide</li> <li>Change in income tax–affects donations</li> </ul>



17. Accreditation in hospitals and HD's	<ul style="list-style-type: none"> <li>• More hoops to jump through</li> <li>• Mandated, but no funding</li> </ul>
18. Cyber security	<ul style="list-style-type: none"> <li>• Online banking; impacting how people live their lives</li> <li>• Security with personal information; breaches - (medical records, financial information)</li> </ul>
19. Online grocery shopping	<ul style="list-style-type: none"> <li>• People are not moving or interacting</li> </ul>
20. School mandates – testing	<ul style="list-style-type: none"> <li>• Teaching to the test</li> <li>• Less skills-based instruction</li> </ul>
21. Cost of education	<ul style="list-style-type: none"> <li>• Expensive to attend college</li> <li>• Living to work</li> </ul>
22. Convenience – ordering online, video games, screen time	<ul style="list-style-type: none"> <li>• Less physical activity, increase in chronic disease</li> </ul>
23. Lack of faith	<ul style="list-style-type: none"> <li>• Lack of hope</li> </ul>
24. Access Tusc	<ul style="list-style-type: none"> <li>• Taking Community Health Worker (CHW) into homes to link families to resources</li> </ul>

# Local Public Health System Assessment

## The Local Public Health System

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



### The public health system includes:

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

## The 10 Essential Public Health Services

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

### Public health systems should:

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

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

## The Local Public Health System Assessment (LPHSA)

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

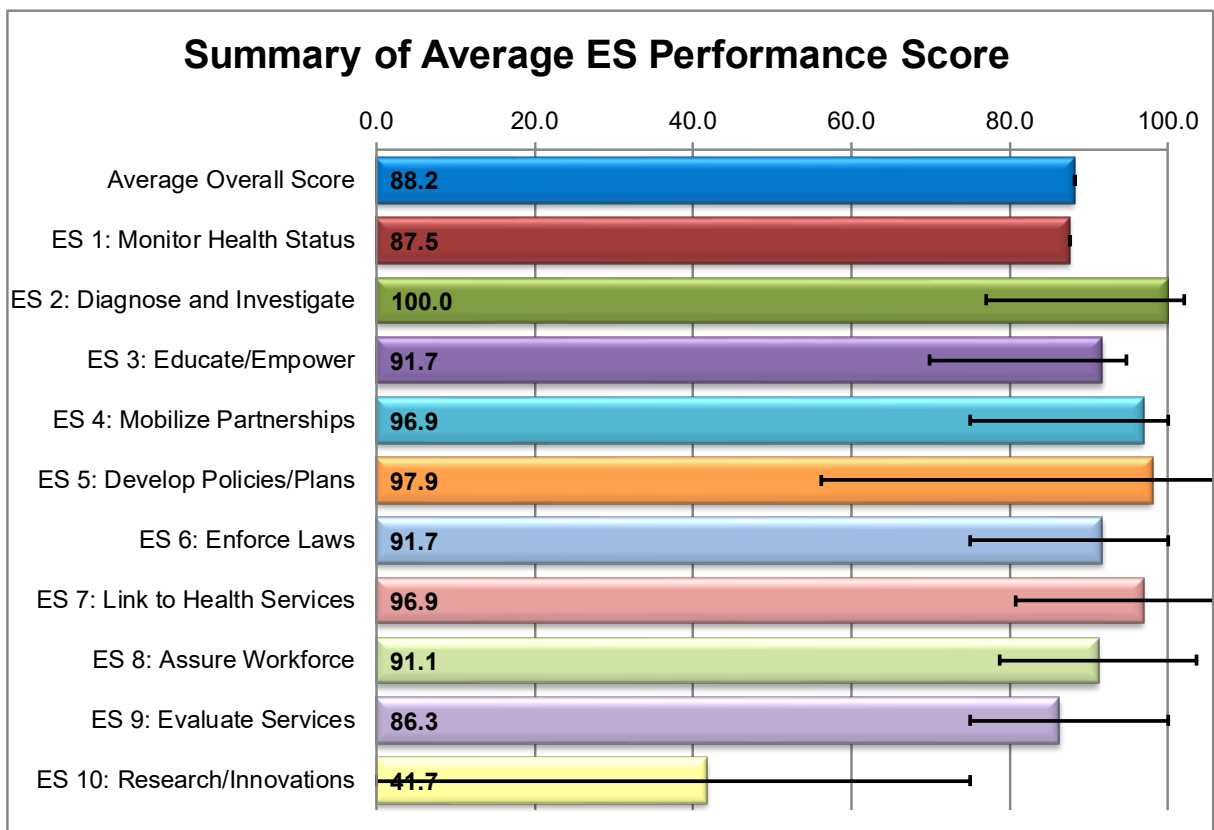
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

Members of Healthy Tusc 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.

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 Kim Nathan from Healthy Tusc at 330.602.0750.

## Tuscarawas County Local Public Health System Assessment 2018 Summary



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

## Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. Healthy Tusc were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

## Strategy Selection

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

## Evidence-Based Practices

As part of the gap analysis and strategy selection, the Healthy Tusc considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

## Resource Inventory

Based on the chosen priorities, the Healthy Tusc were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

# Priority #1: Mental Health

## Strategic Plan of Action

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

Priority #1: Mental Health				
Strategy 1: Trauma-informed care				
Goal: Improve mental health outcomes.				
Objective: Implement Project LAUNCH by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p><b>Year 1:</b> Continue to screen for trauma and conduct trauma-informed care trainings.</p> <p>Implement <b>Project LAUNCH</b> (Linking Actions for Unmet Needs in Children’s Health). Place a community health worker (CHW) in Tuscarawas County health departments to screen clients for adverse childhood experiences (ACEs).</p>	August 13, 2020	Adult and youth	<p>1. Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 7%, 2018 CHA)</p> <p>2. Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 17%, 2018 CHA)</p>	Ohio Guidestone
<p><b>Year 2:</b> Continue efforts from year 1.</p> <p>Identify and train health department nurses to screen for ACEs and refer them to the CHW. Offer trauma-informed care trainings to the families of children screened for ACEs.</p>	August 13, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p> <p>Raise awareness of trauma informed care and market trauma informed care screenings and services.</p>	August 13, 2022			
<p><b>Type of Strategy:</b></p> <p> <input type="radio"/> Social determinants of health                      <input checked="" type="radio"/> Healthcare system and access  <input type="radio"/> Public health system, prevention and health behaviors                      <input type="radio"/> Not SHIP Identified         </p>				
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p> <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      <input type="radio"/> Not SHIP Identified         </p>				
<p><b>Resources to address strategy:</b> ACEs screening tool, In home Joyful Together Program, In home Parent Mentoring Program, Community Mental Health Workers, County and New Philadelphia Health Department, Trauma Informed Counselors</p>				



**Priority #1: Mental Health**

**Strategy 3: Universal school-based suicide awareness and education programs.**

**Goal:** Increase awareness of suicide among youth.

**Objective:** Implement one school-based suicide awareness and education program in at least two Tuscarawas County school districts by July 22, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Introduce <b>Signs of Suicide (SOS), QPR (Question, Persuade, Refer)</b> , Hope Squad Peer Support, Mental Health First Aid, and/or another school-based suicide awareness and education program, along with supporting data, to all school districts.	August 13, 2020	Youth	Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 17%, 2018 CHA)	Educational Service Center  ADAMHS Board
<b>Year 2:</b> Implement the program(s) in 1-2 school districts in select grade levels.	August 13, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2. Expand program service area to 1-2 additional school districts.	August 13, 2022			

**Type of Strategy:**

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

**Strategy identified as likely to decrease disparities?**

Yes       No       Not SHIP Identified

**Resources to address strategy:** Ohio Guidestone, Community Mental Health, Survivors of Suicide support group, NAMI, School Guidance Counselors.

Priority #1: Mental Health				
Strategy 4: Implement school-based social and emotional instruction				
Goal: Improve social competence, behavior, and resiliency in youth.				
Objective: Train at least five individuals in PAX tools by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Introduce <b>The PAX Good Behavior Game</b>, along with supporting data, to all school districts and encourage them to implement the program.</p> <p>Collect baseline data on who is already trained in PAX Tools. Identify two individuals to be trained in PAX Tools.</p>	August 13, 2020	Youth	Youth depression: Percent of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities (baseline: 28%, 2018 CHA)	<p>ADAMHS Board of Tuscarawas and Carroll Counties</p> <p>Tuscarawas County Family and Children First Council</p>
<p><b>Year 2:</b> Continue efforts from year 1. Identify groups that want to be trained in PAX tools, such as support staff, coaches, and parents.</p>	August 13, 2021			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	August 13, 2022			
<p><b>Type of Strategy:</b></p> <p> <input type="radio"/> Social determinants of health                      <input type="radio"/> Healthcare system and access  <input checked="" type="radio"/> Public health system, prevention and health behaviors                      <input type="radio"/> Not SHIP Identified </p>				
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p> <input type="radio"/> Yes                      <input checked="" type="radio"/> No                      <input type="radio"/> Not SHIP Identified </p>				
<p><b>Resources to address strategy:</b> Good Neighbor Project/Buddy Bench, Educational Service Center, School Counselors, Community Mental Health, Ohio Guidestone, Early Childhood Mental Health Consultants, Pre-School Interventionalists.</p>				



## Priority #2: Addiction

### Strategic Plan of Action



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

<b>Priority #2: Addiction</b>				
<b>Strategy 1: Create an Overdose Fatality Review Board</b>				
<b>Goal:</b> Create an Overdose Fatality Review Board (OFRB) in Tuscarawas County.				
<b>Objective:</b> Establish an OFRB by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Create an Overdose Fatality Review Board (OFRB) to standardize practices across Tuscarawas County.  Recruit members from law enforcement, hospitals, health departments, and other community agencies to participate in the OFRB.	August 13, 2020	Adult	Number of deaths due to unintentional drug overdoses per 100,000 population (age adjusted) (baseline: 14.2 for Tuscarawas County, 2013-2017, ODH Data Warehouse)	Tuscarawas County Health Department  ADAMHS Board
<b>Year 2:</b> Collaborate with Stark County Overdose Fatality Review to share experiences and lessons learned. Consider a train-the-trainer approach.  Create a standardized model to implement across Tuscarawas County.	August 13, 2021			
<b>Year 3:</b> Enter OFRB data into ODH database (if appropriate), or another database.  Host regular calls or meetings to discuss trends.	August 13, 2022			
<b>Type of Strategy:</b> <input type="radio"/> Social determinants of health <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Quick Response Team, Ohio National Guard, Opiate Task Force, Alcohol and Drug Addiction Coalition, Community Mental Health, Ohio Guidestone, EMS Services, Community Corrections, Sheriff's Office.				

## Priority #3: Chronic Disease



### Strategic Plan of Action

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

Priority #3: Chronic Disease 				
Strategy 1: Implement anti-hunger initiatives				
Goal: Reduce food insecurity.				
Objective: By August 13, 2022, develop a strategic plan to address food insecurity in Tuscarawas County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Collaborate with local organizations to determine existing food insecurity resources and create an inventory.	August 13, 2020	Youth	Food insecurity: Percent of households that are food insecure (Baseline: 13%, Map the Meal Gap, 2016) 	Tuscarawas YMCA and United Way
<b>Year 2:</b> Continue efforts from year 1. Identify a lead agency to collaborate with local organizations and develop a strategic plan.	August 13, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2.	August 13, 2022			
<b>Type of Strategy:</b> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Tuscarawas County Health Department, Tuscarawas Valley Farmers Market, Cleveland Clinic Union Hospital and Trinity Hospital Twin City, Ministerial Association, Akron Canton Food Bank, Mobile Meals, School Districts, Tuscarawas Senior Center, Soup Kitchen, Tuscarawas County Department of Job and Family Services, Salvation Army, Cleveland Clinic Union Hospital Nutritional Services.				

## Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

### Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

<b>Cross-Cutting Factor:</b> Public Health System, Prevention and Health Behaviors 				
<b>Strategy 1:</b> Implement Tusky the Terrier Campaign				
<b>Goal:</b> Reduce youth obesity.				
<b>Objective:</b> Participate in three community-wide events annually by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Continue to implement the Tusky the Terrier campaign. Support 3 community-wide events annually. Include pediatric offices, health departments and other community agencies in the campaign.	August 13, 2020	Youth	Youth obesity: Percent of youth who were obese (Baseline: 18%, 2018 CHA) 	Healthy Tusc
<b>Year 2:</b> Continue efforts from year 1. Host 3 community-wide events annually.	August 13, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2. Host 3 community-wide events annually. Expand messaging to include other health topics, such as mental health.	August 13, 2022			
<b>Priority area(s) the strategy addresses:</b>				
<input type="radio"/> Mental Health and Addiction <input type="radio"/> Chronic Disease <input checked="" type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b>				
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Tuscarawas County Convention & Visitors Bureau, Trinity Hospital Twin City, Christy Bloom, Cleveland Clinic Union Hospital, Tuscarawas County and New Philadelphia Health Departments, WIC, doctor offices, any health service provider, Tuscarawas Valley Farmers Market, county school systems.				

**Cross-Cutting Factor:** Public Health System, Prevention and Health Behaviors

**Strategy 2:** Community-wide physical activity campaign (including green space and parks)

**Goal:** Increase physical activity among adults and youth.

**Objective:** Implement a community-wide physical activity campaign in collaboration with at least five Tuscarawas County agencies by August 13, 2022

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p><b>Year 1:</b> Create a community-wide physical activity campaign. Recruit at least five agencies who are working to improve and promote Tuscarawas County's physical activity opportunities. Determine the goals and objectives of the physical activity campaign.</p> <p>Engage community agencies that coordinate a unified message to increase awareness of Tuscarawas County physical activity opportunities and create a culture of health.</p> <p>Brand the campaign and explore the feasibility of creating a county physical activity resource that houses all physical activity opportunities.</p>	August 13, 2020	Adult and youth	1. Physical inactivity: Percentage adults reporting no leisure time physical activity (Baseline: 26%, 2018 CHA)	Tuscarawas County YMCA
<p><b>Year 2:</b> Continue efforts of year 1.</p> <p>Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least once a week. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc.</p> <p>Continue to build upon the trail system in Tuscarawas County parks. Collaborate with local partners to advertise local parks, playgrounds, trails, and other green space.</p>	August 13, 2021		2. Physical inactivity: Percent of youth who did not participate in at least 60 minutes of physical activity on at least 1 day in the past seven days (Baseline: 9%, 2018 CHA)	Tuscarawas County Convention and Visitors Bureau  New Philadelphia Health Department
<p><b>Year 3:</b> Continue efforts of years 1 and 2. Identify an area in Tuscarawas County and either renovate under-used recreation areas, rehabilitate vacant lots, or abandoned infrastructure to create additional green space.</p>	August 13, 2022			
<b>Priority area(s) the strategy addresses:</b> <input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
<b>Strategy identified as likely to decrease disparities?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Good neighbor project, Tuscarawas County Parks Department, Muskingum Watershed Conservancy District, Senior Center, Fit Youth Initiative, Cleveland Clinic Union Hospital, and Trinity Hospital Twin City, Tuscarawas County Convention and Visitors Bureau, Tuscarawas County Parks, Convention and Visitors Bureau Outdoor Recreation Guide- extensive list of activity locations.				

**Cross-Cutting Factor:** Public Health System, Prevention and Health Behaviors

**Strategy 3:** Reduce stigma

**Goal:** Reduce stigma of mental illness and addiction.

**Objective:** Host at least three community-wide events annually by August 13, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<b>Year 1:</b> Continue to work with the Speaker’s Bureau to reduce stigma of mental illness and addiction. Host at least 3 community-wide events annually.	August 13, 2020	Adult and youth	1. Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 13.1 for Tuscarawas County, 2013-2017, ODH Data Warehouse)  2. Number of deaths due to unintentional drug overdoses per 100,000 population (age adjusted) (baseline: 14.2 for Tuscarawas County, 2013-2017, ODH Data Warehouse)	ADAMHS Board  CCUH Behavioral Health Center
<b>Year 2:</b> Continue efforts from year 1. Host at least 3 community-wide events annually.	August 13, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2. Host at least 3 community-wide events annually.	August 13, 2022			

**Type of Strategy:**

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

**Strategy identified as likely to decrease disparities?**

- Yes
- No
- Not SHIP Identified


**Resources to address strategy:** Ohio Guidestone, Community Mental Health, National Alliance on Mental Illness, Ohio Department of Mental Health and Addiction Services, Ministerial Association, School Districts, Ezekiel Project

## Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 4: Pathways Community HUB model				
Goal: Increase access to primary health care.				
Objective: By August 13, 2022, establish a fully functioning HUB.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Continue to enroll clients into the <b>Pathways HUB</b> . Become certified to become a stand-alone HUB.	August 13, 2020	Adult	Without usual source of care: Percent of adults who don't have one (or more) persons they think of as their personal healthcare provider (Baseline: 21%, 2018 CHA)	Access Tusc
<b>Year 2:</b> Continue efforts from year 1. Attempt to contract with commercial insurance. Regionalize the HUB with surrounding counties. Work with Community Contract Agency to hire one additional community health worker	August 13, 2021			
<b>Year 3:</b> Continue efforts from years 1 and 2. Secure financial sustainability.	August 13, 2022			
<b>Priority area(s) the strategy addresses:</b>				
<input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
<b>Strategy identified as likely to decrease disparities?</b>				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Access Tusc Community Committee Members and Board, Community Contract Agency				

## Progress and Measuring Outcomes

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

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

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

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future Healthy Tusc 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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## Appendix I: Gaps and Strategies

The following tables indicate mental health, addiction and chronic disease gaps with potential strategies that were compiled by Healthy Tusc.

### Mental Health Gaps

Gaps	Potential Strategies
1. General lack of awareness	<ul style="list-style-type: none"> <li>Use campaigns to increase awareness of mental health services</li> </ul>
2. Depression screenings	<ul style="list-style-type: none"> <li>Currently being implemented but can be expanded upon to reach more people</li> </ul>
3. Education surrounding trauma informed care	<ul style="list-style-type: none"> <li>Increase awareness of trauma-informed care in the community and increase participation in trainings</li> </ul>
4. Suicide awareness and screening	<ul style="list-style-type: none"> <li>Educate youth about the signs of suicide</li> <li>Screen patients for suicide</li> </ul>
5. Resiliency in youth	<ul style="list-style-type: none"> <li>Implement more social-emotional based learning</li> <li>Increase school-based counselors</li> </ul>
6. Poverty	<ul style="list-style-type: none"> <li>Increase awareness of earned income tax credits and utilize existing services such as free tax preparation to education community members</li> </ul>
7. Adverse childhood experiences	<ul style="list-style-type: none"> <li>Increase early childhood home visiting programs</li> </ul>
8. Cultural competence	<ul style="list-style-type: none"> <li>Train health care to be more culturally competent when working with certain populations such as the Amish or Guatemalan populations</li> </ul>

### Addiction Gaps

Gaps	Potential Strategies
1. Education about alcohol and drug use	<ul style="list-style-type: none"> <li>Increase awareness of existing services</li> <li>Increase education through campaigns</li> <li>Tobacco 21</li> </ul>
2. Screening for drug and alcohol use	<ul style="list-style-type: none"> <li>Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in health care facilities</li> </ul>
3. Smoking in public places	<ul style="list-style-type: none"> <li>Smoke-free polices</li> </ul>



## Chronic Disease Gaps

Gaps	Potential Strategies
1. Awareness and education	<ul style="list-style-type: none"> <li>• Increase awareness of existing educational opportunities using a campaign</li> <li>• Continue the Tusky the Terrier Campaign</li> </ul>
2. Access to care	<ul style="list-style-type: none"> <li>• Increase access to care by continuing the Pathways Community HUB model and expanding the services</li> </ul>
3. Food insecurity	<ul style="list-style-type: none"> <li>• Support resources for feeding and take-home feeding programs</li> <li>• Develop resources for future growth of food insecurity screenings</li> </ul>
4. Physical activity opportunities	<ul style="list-style-type: none"> <li>• Shared joint agreements with collaborating agencies</li> <li>• Build upon the trail system</li> <li>• Increase green space for residents</li> </ul>

## Appendix II: Links to Websites

Title of Link	Website URL
Community Health Worker	<a href="http://www.countyhealthrankings.org/policies/community-health-workers">http://www.countyhealthrankings.org/policies/community-health-workers</a>
C-SSRS	<a href="https://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf">https://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf</a>
SAFE-T	<a href="https://www.integration.samhsa.gov/images/res/SAFE_T.pdf">https://www.integration.samhsa.gov/images/res/SAFE_T.pdf</a>
Pathways HUB	<a href="https://innovations.ahrq.gov/qualitytools/connecting-those-risk-care-quick-start-guide-developing-community-care-coordination">https://innovations.ahrq.gov/qualitytools/connecting-those-risk-care-quick-start-guide-developing-community-care-coordination</a>
PAX Good Behavior Game	<a href="https://www.goodbehaviorgame.org/">https://www.goodbehaviorgame.org/</a>
Project Launch	<a href="https://healthysafechildren.org/grantee/project-launch">https://healthysafechildren.org/grantee/project-launch</a>
QPR (Question, Persuade, Refer)	<a href="https://qprinstitute.com/">https://qprinstitute.com/</a>
Signs of Suicide (SOS)	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=85">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=85</a>