2019-2021
LOGAN COUNTY
Community Health Improvement Plan (CHIP)

A plan of our community...

Moving toward a healthier Logan County

Mary Rutan HOSPITAL

Champions of a safe and healthy community
Logan County Health District

WHOLE PERSON • WHOLE COMMUNITY
COMMUNITY HEALTH & WELLNESS PARTNERS
Care... To Live Life Fully

United Way of Logan County

United Way

A Firm Foundation
A System of Care

The Mental Health, Drug & Alcohol Services Board for Logan & Champaign Counties

2018 Logan County Community Health Risk and Needs Improvement Plan
August 2018

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Coalition Advisory Board (CAB)
Comprised of senior leadership from:

Mary Rutan Hospital
Mary Rutan Foundation
Logan County Health District
MHDAS Board
Indian Lake School District
Healthy Living Coalition
Suicide Prevention Coalition
Safe & Healthy Children Coalition
Homelessness Coalition
Chamber of Commerce
Job & Family Services
United Way of Logan County
Logan County Commissioners
Logan County Family Court Bellefontaine Mayor
Work Force Development Committee
Continuum of Care/Homeless Coalition
Access & Resources Coalition Kiwanis/ Civic Organizations Housing & Business / Community Leaders
Family & Children First Council
Coalition for Opiate Relief Efforts (CORE)

Community Health & Wellness Partners of Logan County

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Introduction/Background

A Community Health Improvement Plan (CHIP) is a "systematic effort to address issues identified by [an] assessment and community health improvement process."[1] Logan county's Community Health Improvement Plan (CHIP) is based on data gathered from Logan County communities through the community health assessment and extensive input from over 90 community leaders and residents. The Community Health Assessment (CHA) created a picture of the needs of Logan County, identified community and data strengths and challenges, and provided information for next steps to improve the quality of life and health in Logan County.

Purpose of the CHIP

The purpose of the Logan County Community Health Improvement Plan (CHIP) is to guide the efforts participating organizations will engage over the next several years to improve the quality of life and health of Logan County residents. The focus of this CHIP is to develop a roadmap to improve a wide range of quality of life issues for the residents of Logan County that is not restricted to addressing only disease conditions.

The CHIP process is typically led by the health department or hospital and involves many other organizations as well as residents. Through the process the major health needs of a community are documented and identified, and a set of priorities are agreed on by all the participants. For each of the priorities, specific strategies that are designed to address the priorities in order to improve the community's health and well-being.

This community health improvement plan was developed by a team that consisted of several community health and social service organizations that serve Logan County residents. The team included representatives from Mary Rutan Hospital, Logan County Health District, United Way, Community Health and Wellness Partners of Logan County, and Mental Health Drug & Alcohol Services Board for Logan and Champaign Counties. Extensive input was obtained in the development of the plan from over 90 community leaders and residents.

The organizations that collaborated to fund and support the development of the plan included:

Mary Rutan Hospital (MRH)
Mary Rutan Foundation (MRF)
Logan County Health District (LCHD)
MHDAS Board
Indian Lake School District
Healthy Living Coalition
Suicide Prevention Coalition
Safe & Healthy Kids Coalition
Housing & Homelessness Coalition
Logan County Chamber of Commerce
Job & Family Services
Transportation Logan County
First United Presbyterian Church
Community members
Riverside Schools
Hilliker/Willson
Logan County Farmers' Market
Green Hills Community
Bellefontaine City Schools
Consolidated Care
Bellefontaine First United Methodist Church
Community Action
Recovery Zone
Logan County Food System Initiative
United Way of Logan County
Logan County Commissioners
Logan County Family Court
Bellefontaine Mayor
Work Force Development Committee
Continuum of Care/Homeless Coalition
Access & Resources Coalition
Kiwanis/Civic Organizations
Business /Community Leaders
Family & Children First Council
Coalition for Opiate Relief Efforts (CORE)
Bridges
Residential Administrators
Logan County Sheriff's Office
Honda of America Mfg.
YMCA Discovery Riders
Kroger Co.
St. Patrick's Church
RTC Employment Service
Kemba Financial Credit Union
Bellefontaine Police Department
WPKO Radio
Wishmyer Family
Community Health & Wellness Partners of Logan County

Definitions

The Logan County Community Health Improvement Plan (CHIP) uses the following definition of health "a state of complete physical, mental, spiritual, and social wellbeing and not merely the absence of disease or infirmity". Also defining a Healthy Community as "one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential. A community designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders – where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options".

Logan County Community Overview

Demographics and Description of Community

Logan County, seated in west central Ohio, is a rural farming and manufacturing community located approximately 60 miles west of the state capital, Columbus. Logan County covers a span of nearly 500 square miles of primarily agricultural land. 2016 projected data for the United States (U.S.) Census[3] reported a total population of 45,165. The county seat, Bellefontaine, holds the largest population in the county with 13,370 residents.

The major employer is manufacturing, followed by agriculture, administrative, waste services, health care, social assistance, and education. People travel between 15 and 29 minutes to work. Public transportation is lacking in terms of accessibility and affordability. Over the past year, improvements have been made to the local public transportation system, although it is still limited. Efforts continue to make it more accessible and affordable.

There are four school districts, each district encompasses several small communities. There are 7,625 students in Logan County. The average high school graduation rate for 2015/16 was 95.9%[4]. The graduation rate has increased from 92.1% in 2014/15 and is higher than the Ohio rate of 83.5%.

When considering the racial composition, Logan County is a predominately white community, comparable to the state of Ohio. 2016 projected numbers for the US Census reports that 94.9% of residents designated white as their race. Persons reporting two or more races is the next largest racial group making up 2.2% of the population. Logan County has a diverse population regarding socio-economic, religion, agriculture, and resort communities which have different norms, values, and attitudes.

According to Ohio County Profiles [5], 2016, approximately one-quarter of the population of Logan County is under the age of 18 and a little over half the population are ages 24 to 64. A very small percentage, only eight percent, is young adults ages 18 to 24. The median household income in 2016 was $49,783 (the US Census[3] projects $51,136) with 13% (the U.S. Census[3] projects 12.2%) of residences living below poverty level**.**

There are over twenty-one parks that provide residents with recreational opportunities, with nine of those having designated walking trails. The Indian Lake State Park provides a walking and bike path that runs along the edge of Indian Lake midpoint between Russell's Point and Lakeview. The newest fitness project is the 18-mile bike trail expansion, Simon Kenton All Purpose Bike Path, allowing

bicyclists to travel between Cincinnati and Bellefontaine. Six fitness facilities are located within the county, along with a ski resort, pool, recreational lake, bowling lanes, golf courses, zip line & rope course, and horseback riding. There are limited indoor opportunities for fitness during inclement weather, especially options that are no cost. Additionally, many of the county's recreational opportunities require transportation for most residents. Fresh produce is available in the summer at two farmer's markets in Bellefontaine. Grocery stores are available in most communities, although a few of the smaller areas do not have grocery stores and residents would be required to travel to obtain food.

Community Strengths/Assets

In general, Logan County is a healthy community with a strong understanding of its problems, county residents feel able to address issues. Residents view Logan County as a good place to live and are willing to invest the time and talents in the community. The results of this assessment indicated an engaged community with a great deal of pride in its successes. Primary data collection through interviews, key informant interviews, and focus groups allowed a richer picture of the community to be developed. These data sources revealed many strengths.

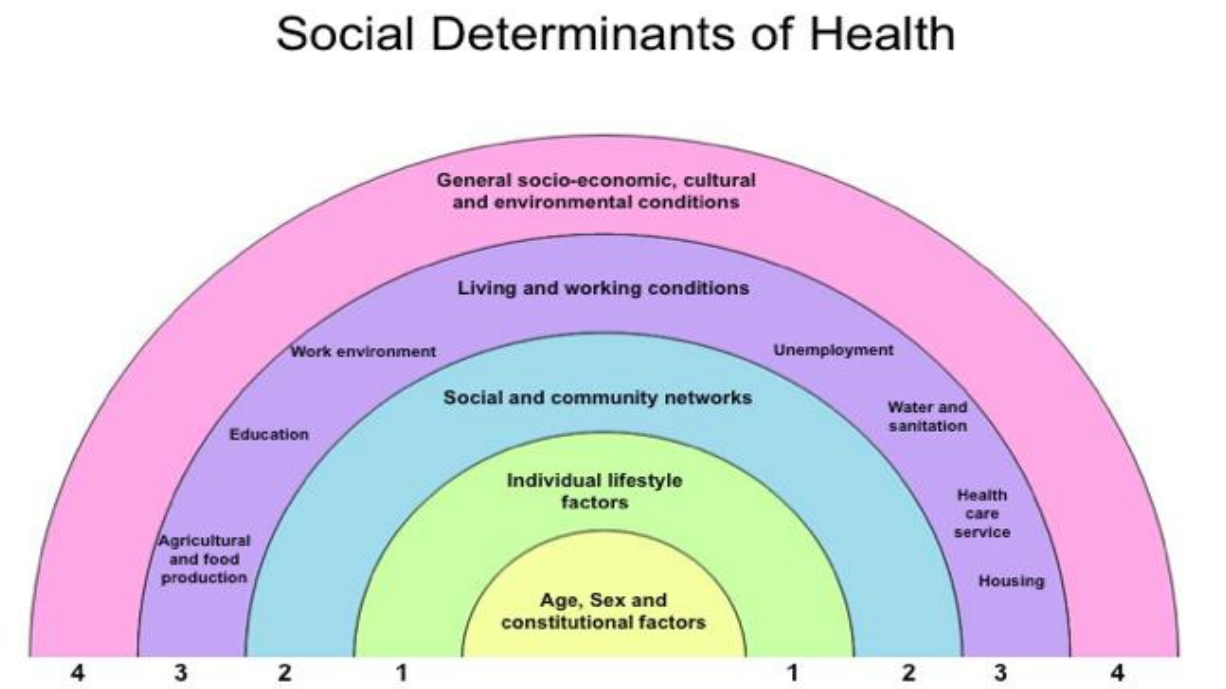
- The community thinks highly of their community schools.
- The graduation rate in Logan County is higher than the state average[6]
- Youth feel supported by their parents.
- The Logan County teen birth rate is lower than the state of Ohio[6]
- Logan County's infant mortality rate is substantially lower than the state rate. [6]
- Logan County median income is above the State of Ohio's median income[6]
- The Logan County unemployment rate is lower than the State of Ohio rate [6]
- Most interviewees enjoy living in Logan County and feel the community has a great deal to offer its residents.
- Community members are willing to invest in the community through volunteer work to support community efforts and facilities.
- The community has two new Urgent Care facilities.
- Relationships between law enforcement agencies are good.
- The faith-based community enjoys good support from the community.
- The revitalization efforts in Bellefontaine are appreciated by community members.
- The restoration of the Holland Theatre in Bellefontaine is viewed as a positive effort.
- The agricultural community's work ethic is viewed as having a positive effect.
- The development and ongoing work of CORE is viewed as having a positive effect.

- United Way is viewed as a positive and forward-looking organization.
- The community has a generous spirit.
- Consolidated Care is viewed positively.
- Community Health and Wellness Partner s of Logan County is viewed positively.
- The youth perceive they see people out in the community.
- New businesses are coming to the area.
- The youth feel the sports teams are good.
- The Amish feel blessed by the way the community accepts them.
- Most people feel they are healthy.
- 2-1-1 in place for use, which connects callers, at no cost, to critical health and human services in their community.
- Healthy Living, Healthy You is a successful campaign, gaining recognition.
- The community is exercising more.
- The coalitions have become purposeful in their work.

Social Determinants of Health

Social and physical conditions or determinants of health are in the environments where people are born, live, learn, work, play, worship, and age and affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants [2].



Dahlgren & Whitehead 1991 Policies and strategies to promote social equity in health. Stockholm: Institute of Future Studies.

Process

The Logan County CHIP was a joint undertaking involving a team of several community health and social service organizations serving Logan County residents. The team included representatives from Mary Rutan Hospital, Logan County Health District, United Way, Community Health and Wellness Partners of Logan County, and Mental Health Drug & Alcohol Services Board for Logan and Champaign Counties.

The process began with the planning of a community needs assessment, including an extensive data collection process, including secondary data from the county, and primary data from key informant interviews, focus groups, and a community needs assessment survey.

The planning team recognized the fact that improving the health and wellbeing of the residents of Logan County requires that the social factors associated with poor health must be addressed. Therefore, this CHIP includes strategies to address these root causes. This CHIP uses a multisector approach involving a wide range of organizations, leaders, and residents. The process for developing this CHIP included dozens of participants from numerous organizations and residents of the community.

The Logan County Community Needs Assessment report was completed end of August 2018. The Needs Assessment report was reviewed and analyzed by ECS. The analysis revealed health and social issues that impact residents of Logan County including substance abuse, mental health conditions, chronic diseases, housing, safety of children, and workforce development issues. The Logan County Community Needs Assessment report was used as the principle data source for the CHIP process.

Epiphany Community Service facilitated the CHIP process. The first step was to plan and organize the process. The five primary agencies, involved in conducting and concluding the Community Health Assessment, Mary Rutan Hospital, Logan County Health District, United Way, Community Health and Wellness Partners of Logan County, and Mental Health Drug & Alcohol Services Board for Logan and Champaign Counties and ECS met to plan dates, locations, and attendees for sharing and setting of community health priorities.

Next, stakeholders including the five primary agencies, leaders, and professionals from organizations serving residents of Logan County attended a data party on June 20, 2018. ECS presented the findings of the Community Needs Assessment Report, the current health priorities established by the State of Ohio and the federal health authorities.

The following criteria was used by the stakeholders for priority selection:

Priority Selection Criteria		
Consequential	**Community Support**	**Pragmatic**
Will it make a difference?	*Are there resources to dedicate?*	*Can we do something to address this priority?*
Will there be consequences if not done?	*What resources exist that are being or could be directed to this issue?*	*What can realistically be achieved and over what timeframe?*
How many people are affected?	*Is there a willingness to collaborate on addressing selected issues?*	*Is it susceptible to proven and affordable interventions?*
Could there be serious consequence, and does it address wide disparity?	*Does community recognize issue as important need?*	*Does this issue identify a strength that can be replicated throughout the community?*
Will the issue have wide implications and long-term health improvements?		*Is ongoing monitoring of this issue possible?*
Will addressing this issue create a breakthrough in community health?		
Has this issue been persistent? nagging, and seemingly unsolvable?		

The stakeholders discussed the significance of the findings constructed from their experience living and working in the community. Stakeholders reviewed the current list of priority health issues identified for the 2015 Community Health improvement Plan (CHIP) including Healthy Living, Mental Health, Substance Abuse, Resources and Access, and Housing/Homelessness. Discussions regarding the status of current priorities revealed that new data may indicate progress on some issues, however more effort on all issues would help improve the health of the community. Five work teams of stakeholders then reviewed data on a few more issues the data revealed as significant issues, including Safe and Healthy Children and Workforce Development. The following questions guided this discussion:

After a lengthy discussion in and between the team, the work teams were asked to vote on the priorities they would present to the community for consideration at the community Call to Action meeting. The teams voted to keep the current priorities; Healthy Living, Mental Health, Substance Abuse, Resources and Access, and Housing/Homelessness. Stakeholder teams then voted to add two new priorities; Safe and Healthy Children and Workforce Development.

The Community Call to Action meeting took place on July 18, 2018 engaging a wider segment of Logan County organizations and public, 80 community members attended. Community members received a summary of the findings, ECS presented the findings of the Community Needs Assessment Report, the current health priorities established by the State of Ohio and the federal health authorities. The attendees were given the same criteria the stakeholders used for issue selection.

Each table of participants received the list of issues the stakeholders had selected and explored the finding to see if they felt other issues needed to be added or if any of the stakeholder issues should be eliminated. The community agreed to use all the issues the stakeholders had identified and did not add any new issues. Each table put their issues in priority order, sharing their ranking with the larger group. The voting for priority order, was completed by table.

The issues were prioritized in the following order, from most needed:

- Mental health
- Substance abuse
- Safe and healthy children
- Access to Resources and awareness communication
- Healthy living to prevent chronic disease
- Housing and homelessness
- Workforce development

After prioritization of issues the Community Call to Action participants then divided into seven smaller groups. The discussions focused on one of the selected priorities to identify community assets and resources as well as action steps that could be included in the community improvement plan. These teams included members of existing coalition supporting each current priority. From these teams one new coalition was proposed, Safe & Healthy Kids.

Community Teams
Continue working on current health priorities – consider Safe and Healthy Children & Workforce Development

The Workforce development team decided their group is already formed and at this time there is no reason to add this as a coalition. The following questions guided their discussion:
In the strategy groups the discussions were guided by the following questions:

1. What is currently being done to address the priority?
2. What has been accomplished by these efforts?
3. What else could be done to address the priority?
4. What steps are needed to strengthen/expand our work on this priority?
5. What are current community resources for each of the priority areas?

Coalitions will continue to meet and develop specific strategies. Coalitions include: Healthy Habits Healthy You, Suicide Prevention, Coalition for Opiate Relief Efforts (CORE), Housing and Homelessness, and Access & Resources Coalition. During the Call to Action a team to support the Safe & Healthy Kids priority worked toward develop specific strategies for this new priority.

The Coalition Advisor Board (CAB) created Safe & Healthy Kids, a new coalition to support the new priority. At this time Workforce Development will not be a priority health issue, the Workforce Development Committee is an existing committee in the community, their goals and actions will be communicated and tracked using committee reports to CAB.

The Coalition Advisory Board (CAB) will be the change force that supports these

five coalitions. CAB is made up of officials and decision makers in the community able to change policy and open needed avenues to make change possible.

Ongoing evaluation and updating of information will be led by the key partners, Logan County Health District, Mary Rutan Hospital, Community Health & Wellness Partners of Logan County, United Way, and MHDAS Board. LCHD will be the data collectors for the coalitions and will produce an annual update. As hospitals have a federal requirement of a three-year assessment cycle, the partners have also agreed to this time, valuing the partnership of the local hospital. The partners will continue to provide the community with this valuable resource of information.

New Community Priorities, Goals/Objectives, Data, and Strategies

From the voting of the stakeholders and the Call to Action participants, the following six priorities were identified:

Priorities	
1. Mental Health	4. Safe & Healthy Kids
2. Substance Abuse	5. Housing and Homelessness
3. Healthy living	6. Resource and Awareness Communication

In addition, several factors were identified that the CHIP participants felt should be addressed in the strategies that will be implemented to address these priorities. These can be thought of as ” cross-cutting” issues that exert an influence on all the priorities. They included:

- Breakdown of family values
- Health literacy
- Focus on high risk neighborhoods and communities
- Youth social connectedness

Next Steps

Responsibility for carrying out the strategies for the six priorities will be shared by six community Coalitions. The Coalitions are made up of a wide spectrum of community representatives. The Coalition Advisory Board (CAB) will serve as the oversight body that will monitor progress toward achievement of the goals and objectives of this plan. The CAB is made up of eighteen community leaders representing business, city and county government, schools, the court system, health care, social service agencies and the chair of each of the four Coalitions. CAB is charged with providing guidance and support to coalition work in the community by impacting and implementing policy change, as well as identifying financial support and local resources for the work of the coalitions. Quarterly each coalition will provide an update to CAB regarding progress toward their goals and strategies.

CAB provides a forum and format for tracking and reporting of overall outcomes as part of the Community Health Improvement Plan. The new structure of the CAB and Coalitions moves Logan County from the independent actions of multiple agencies, to collective actions with a collective impact Collaboration among partners promotes a common goal, common language, shared data collection and enhanced outcomes.

The CAB will prepare a report to the community annually that will document progress made toward the achievement of the CHIP goals and objectives.

The Six Strategic Priorities

Priority 1 Mental Health

The Strategic Health Issue

"How can we improve mental health using prevention?" The Suicide prevention coalition opted to focus on education, policy changes within the schools and community.

The Goal

To improve mental health through prevention and by ensuring ongoing prevention through evidence - based programs and policies.

Mental health conditions such as depression and the inability to deal with stress can result in disability and even suicide. Nationally it is estimated that nearly one in four adults suffer from some form of mental illness. Mental illness not only results in direct impairment, it also puts individuals at greater risk for chronic diseases, often because they engage in unhealthy behaviors to cope with their mental health issues. Adults with serious mental illness die an average of 25 years sooner than other adults, making it one of the most significant factors that produce health disparity differences.

Supporting Data

Sources for data that were reviewed included the Logan County Community Health Needs Assessment, Focus group data, key informant interview data, and secondary data from the county's many agencies and organizations.

From the information in the table below is supplied from Consolidated Care who provides compassionate counseling, drug and alcohol treatment support, and mental health services to residents of Logan County.

Table 16 - Admissions at Consolidated Care 2015- 2017

Mental Health Admissions	
2017	1170
2016	1231
2015	1127

The information in this table indicates peak admissions in 2016 for both substance and mental health admissions. It is recommended this data continue to be tracked to understand the trending of these issues.

In key informant interviews one of the issues mentioned by the interviewees was mental health. The

interviewees, in some cases, tied mental health to the substance abuse issue. Interviewees suggested educating youth on mental health may be helpful.

In focus groups the youth were very aware of people in their communities with mental health issues and wondered how they could be helped.

From the Logan County Community Needs Assessment survey when respondents were asked the following:
Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of 'Not a Problem" to "Big Problem".
Almost 30% of the respondents felt mental health was a "big problem."

Issue	Not a problem %	Small Problem %	Medium Problem %	Big problem %	Number of responses (N)
Mental Health Issues	4.2%	20.6%	45.7%	29.6%	1224

The survey asked the question, 'Have you ever been told by a doctor, nurse, or other health care professional that you have any of the following other conditions?" Some type of mental illness was reported by nearly 25% of respondents. For all mental health illnesses, the age group of 35 to 49 respondents reported the highest percentage. A higher percentage of female respondents reported being diagnosed than males. Respondents from Bellefontaine (central) and Russell Point had the highest percentage indicating depression while DeGraff, Quincy and Lewistown respondents had the lowest. See the table below.

Mental Health Including Depression, Anxiety, Other Mental Illness, Any Mental Illness

	Depression	Anxiety	Other Mental Illness	N
Age Group				
Ages 18 – 34	22.4%	21.2%	3.5%	85
Ages 35 - 49	24.9%	22.0%	4.6%	173
Ages 50 – 64	23.5%	19.4%	2.7%	439
Ages 65 +	15.2%	13.1%	0.7%	605

Other information from the survey included:
16.3 % of respondents indicated that their mental health had prevented them from performing daily

activities on at least one day in the past month.

Number of Days Mental Health Prevents Daily Activities

	None	1-2	3-10	10+	N
Overall Responses					
2018 Survey Respondents	83.8%	10.2%	4.0%	2.1%	1308
2015 Survey Respondents	80.3%	10.3%	4.8%	4.6%	1465
2012 Survey Respondents	81.6%	10.4%	5.0%	2.9%	2108

Outcome Objective

By 12/31/21 decrease the proportion of adults indicating that their mental health prevented them from performing daily activities at least one day a month from 16. 3% to 14.0 % (2018 CHA, In the past 30 days, how many days would you say your mental health has prevented you from performing your usual daily activities?)

Strategies and Strategy Objectives

1. Implement age-appropriate education.

    Strategy objective:

    By 3/31/2021, 50% (3/6) of all schools' policies and programs will align with evidenced based programs for social emotional development

2. Educate and provide training to businesses.

    Strategy objective:

    By 3/1/2021, 10 businesses that have a Human Resources Department will have adopted policies and practices that align with suicide prevention.

    By 3/31/2021, 10 Logan County businesses will be trained on suicide prevention policies and practices

Community Health Improvement Plan

ACTION STEPS FOR IDENTIFIED STRATEGIES Community PRIORITY:

Community PRIORITY: Mental Health

Coalition Assigned: Suicide Prevention Coalition

Overall Goal - Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Outcome Objective – By 12/31/21 decrease the proportion of adults indicating that their mental health prevented them from performing daily activities at least one day a month from 16. 3% to 14.0% (2018 CHA, In the past 30 days, how many days would you say your mental health has prevented you from performing your usual daily activities?)

Date Developed: 09-05-2018 **Date updated** _____

Goal/Local Condition/ Outcome Objective	Strategy Area 1-7 (*Below*)	Strategies/Strategy Objective	Data Source Method	By When	Responsible Entity	Baseline Data
1. Goal - Increase policies and programs that align with evidence-based social emotional programs in local schools' districts. **Local Condition** – Fewer than 50% of schools had policies and programs that align with evidence-based programs for social emotional development	Change Policies/Rules	**1. Implement age-appropriate education. Strategy objective:** By 3/31/2021, 50% (3/6) of all schools' policies and programs will align with evidenced based programs for social emotional development	Annual Policy Audit Annual Program Audit	3/31/2021	Suicide Prevention Coalition	In 2018, unknown number of schools had aligned policies and programs
Outcomes/Progress:						
2019:						
2020:						
2021:						
2. Outcome/Goal - Increase number of businesses with suicide prevention policy and/or protocols. **Local Condition** – Few businesses have policies and practices that align with suicide prevention	Change Policies/Rules	**2. Educate and provide training to businesses.** **Strategy objective:** By 3/1/2021, 10 businesses that have a Human Resources Department will have adopted policies and practices that align with suicide prevention By 3/31/2021, 10 Logan County businesses will be trained on suicide prevention policies and practices	Annual policy practice audit with HR professionals	3/31/2021	Suicide Prevention Coalition	Unknown
Outcomes/Progress:						
2019						
2020:						
2021:						

Priority 2 Substance Abuse

The Strategic Health Issue

"How can we reduce substance abuse and protect the health, safety, and quality of life for all?" The CORE recovery Support team opted to focus on several areas including; the expansion of court ordered drug testing hours, increasing the number of schools using evidence-based curriculums, increasing doses aimed at prevention, increasing child care and transportation for sober support meetings, and improve and coordinate care for pregnant mothers with opiate dependence in Logan County

The Goal

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children. Addiction has obvious and well documented effects on the chronic substance abusers. Prolonged abuse of drugs and/or alcohol will deteriorate a person's physical health, impair his or her mental functioning and damage the spirit. Every person in an addict's immediate family (and at times extended family) is affected in some way by the individual's substance abuse. Addiction impacts a family's finances, physical health and psychological wellbeing. The effects of living with an addicted parent can be felt long after childhood and well into adulthood. Parental alcoholism and drug addiction can create poor self-image, loneliness, guilt, anxiety, feelings of helplessness, fear of abandonment and chronic depression in children. [5]

Supporting Data

Sources for data that were reviewed regarding substance abuse included the Logan County Community Health Needs Assessment, Focus group data, key informant interview data, and secondary data from the county's many agencies and organizations.

Secondary data indicates the continuing issue of substance abuse and its impact in the community. The information in the table below is supplied from Consolidated Care who provides compassionate counseling, drug and alcohol treatment support, and mental health services to residents of Logan County.

Admissions at Consolidated Care 2015- 2017

Substance Abuse Admissions	
2017	378
2016	439
2014	386

The data in this table indicates a decrease in admissions to consolidated care with peak admissions in 2016. The community wants to continue their focus on substance abuse to further reduce these numbers.

Out of Home Placements – numbers from the Ohio Department of Jobs and Family Services, Statewide Automated Child Welfare Information System (SACWIS) (additional calculations made by Logan County CSB), are reported in the table below:

Logan County Community - Out of Home Placements* where substance abuse is a factor

	2017	2016	2015	2014	2013	2012
# of referrals "screened in for investigation" that indicate a substance abuse problem	152	120	113	98	84	64
% of cases "screened in for investigation" for substance abuse involved opiates?	38%	48%	45%	44%	48%	45%
% of out-of-home placements where substance abuse was a factor in children's removal?	52%	24%	13%	13%	11%	14%
Of those what % was opiate/heroin-related?	46%	71%	67%	77%	89%	67%

* Out of home placements include foster and kinship care.

In 2017 there was a significant increase in the number of referrals indicating a substance abuse problem and a significant increase in the % of out-of-the-home placements where substance abuse was a factor.

The numbers for 2017 indicate the % of cases screened specifically for substance abuse involving opiates is down from all the previous years. This is downward movement is true also for the % of out-of-the-home placements related specifically to opiate/heroin. The community has indicated it wants to continue tracking these numbers to increase their understanding of which substances are being used and its impact on the community.

Other secondary data supports that drug abuse is still a problem for the Logan County community an ER visits report from Mary Rutan Hospital. The following table tracks Emergency Room (ER) and In Person (IP) visits at Mary Rutan Hospital:

Emergency Room (ER) and In Person (IP) visits Related Major Health Priorities

Emergency Room (ER) Visits		2017	2016	2015		In Person (IP) Visits		2017	2016	2015
Alcohol	Total	26	25	15		Alcohol abuse	Total	4	5	10
Drug Overdose	Total	107	63	34		Drug Overdose	Total	2	5	3

Emergency Room (ER) & In Patient (IP) Visits – (Major Health Priorities) [15]

In 2017 there were 107 drug overdoses reported up from 34 in 2015. The ER reported 26 alcohol-related issues in 2017 up from 15 in 2015.

Further from County Health Rankings & Roadmaps for Logan County, the following table tracks the number of deaths in the county from drugs / alcohol.

Deaths - Drug/Alcohol

	2018	2017	2016
Drug Overdose Deaths	31	26	22
Alcohol Impaired Driving Deaths	11	12	17

Bellefontaine Police Department captured data on the number of charges for 2015, 2016, and 2017. Charges that were up in 2017 (over both 2016 and 2015) include:

- Drug abuse/CS possession or use (from 30 cases in 2016 to 50 in 2017)
- Possession of drugs- cocaine (from 28 cases in 2016 to 30 cases in 2017)
- Underage consumption of alcohol
    - Note, on the 2018 community needs survey respondents indicate that underage drinking is a small problem, yet the criminal charges numbers are a large increase from previous years. (from 25 cases in 2016 to 44 cases in 2017)

These results are supported by primary data. From key informant interviews the interviewees indicate there is a perception that heroin issue in the county needs to be addressed. The interviewees included marijuana and alcohol as drugs that are an issue. One interviewee stated, “drug abuse (including alcohol affects families, particularly children and employability, which then leads to many other issues for the person”. In focus group reporting all the groups mentioned the drug use as a major issue.
In the 2018 Logan County Community Needs Assessment Survey the respondents selected drugs as the top “big problem” issue in the county.

From the Community Needs Assessment Survey

Community Issues - Overall Responses

Issue	Not a problem %	Small Problem %	Medium Problem %	Big problem %	Number of responses (N)
Drug Abuse	2.8%	2.5%	8.9%	85.7%	1263

From the survey an indicator of the heroin issue in the county are the response to the question Do you know a heroin user.

	Percent Indicating Knowing User	N
Overall Responses		
All Respondents	15.2%	1302
Age Group		
Ages 18 – 34	22.4%	85
Ages 35 – 49	24.6%	171
Ages 50 – 64	16.5%	431
Ages 65 +	10.2%	579

Twenty-two-point four percent of young adults (18 to 34) know someone who is a heroin user, this has decreased since 2015 when nearly 33% of young adults knew a heroin user. However, overall the number has increased in all other age groups. This corresponds to the feedback received in focus groups that heroin use is becoming an increasing issue.

Outcome Objective

By 12/31/2021 decrease the proportion of adults indicating they know someone who has used heroin in the past six months from 15.2% to 10% (2018 CHA, do you know someone in Logan County who has used heroin in the past six months?) Decrease number of admissions at Consolidated Care from 378 in 2018 to 350 in 2021. (Recorded admissions at Consolidated Care) And reduce number of Children in out of home placements from 152 cases reported in 2017 to 100 by 2021. (Out of Home Placements – numbers from the Ohio Department of Jobs and Family Services, Statewide Automated Child Welfare Information System (SACWIS) (additional calculations made by Logan County CSB)

Strategies and Strategy Objectives

1. Educate and Provide training for drug testing.

    Strategy Objective: By 6/30/2021 add one additional staff to implement drug testing

2 a. Implement education of train the trainer programs in Logan County Schools.

    Strategy objective: By 6/30/21 100% of the high schools, three middle schools, and one elementary will have trained staff

2 b. Promote evidence-based programming to parents/community/and county members via social media.

    Strategy Objective:

By 6/30/2021 Increase participation to 100% of schools and increase doses to three middle school doses and at least one other dose in elementary or high school.

By 6/30/2021 Quarterly programming via social media will be available in Logan County for parents and community members.

2 c. Secure funding.

Strategy Objective:

By 6/30/2021 CORE and MHDAS to secure grant funding to cover costs of needed materials and curriculum.

3 a. Implement child care volunteer program for sober support meetings.

Strategy Objective:

By 6/30/2020 implement child care volunteer program to support sober support meetings, recruit child care providers for care during sober support meetings.

3 b. Implement county-wide coordinated social/traditional media messages within the sober support network regarding available transportation and child care for sober support meetings. *

Strategy objective:

By 6/30/2021 increase transportation resources to sober support meetings to three.

By 06/30/2021, implement social/traditional media messages within the sober support network related to access to transportation and childcare services.

4a. Create Logan County policy for referring pregnant opiate dependent mothers.

Strategy objective:

By 6/30/2019, review and adopt/create policy for use when referring pregnant mothers with opiate addiction within Logan County. *

By 6/30/2021, the OBGYN practice will have a written policy/procedure for referring pregnant moms with opiate dependence for medication assisted treatment.

4b. Improve capacity for **butrenorphine treatment in Logan County.**

Strategy Objective:

By 12/31/2021 have 15 medical personnel trained in butrenorphine treatment

* Social Determinant of Health

Community Health Improvement Plan

ACTION STEPS FOR IDENTIFIED STRATEGIES

Community PRIORITY: Substance Abuse

Coalition Assigned: CORE (Coalition for Opiate Relief Efforts)

Overall Goal: Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Outcome Objective: By 12/31/2021 decrease the proportion of adults indicating they know someone who has used heroin in the past 6 months from 15.2 % to 10% (2018 CHA, Do you know someone in Logan County who has used heroin in the past six months?) Decrease number of admissions at Consolidated Care from 378 in 2018 to 350 9n 2021. (Recorded admissions at Consolidated Care) And reduce number of Children in out of home placements from 152 cases reported in 2017 to 100 by 2021. (Out of Home Placements – numbers from the Ohio Department of Jobs and Family Services, Statewide Automated Child Welfare Information System (SACWIS) (additional calculations made by Logan County CSB)

Date Developed: September 7, 2018 **Date Updated** _____

Goal/Local Condition Outcome Objective	Strategy Area 1-7 *(Below)*	Strategies/Strategy Objective	Data Source Method	By When	Responsible Entity	Baseline Data
1. Goal - Increase availability for forensic drug testing. **Local Condition -** Available forensic drug testing hours/days are a barrier for supervision compliance	Reduce Barriers/ Enhance Access	**1. Educate and Provide training for drug testing.** **Strategic Objective –** By 6/30/2021 add one additional staff to implement drug testing	# of hours testing is available.	6/30/2021	CORE Legal Team Logan County Family Court, Common Pleas Cr, Municipal Court	As of 9/4/18 there are 42 hours per week available for court-ordered drug testing.
Outcomes/Progress:						
2019:						
2020:						
2021:						

2. Goal - Increase the number of schools utilizing evidence-based curriculums to increase doses of prevention in Logan County. **Local Condition** - Evidence-based curriculums are utilized with inconsistent doses across all schools in Logan County.	Enhance Skills	**2 a. Implement education of train the trainer programs in Logan County Schools.** **Strategy objective –** By 6/30/21 100% of the high schools, three middle schools, and one elementary will have trained staff **2 b. Promote evidence-based programming to parents/community/and county members via social media.** **Strategy Objective –** By 6/30/2021 increase participation to 100% of schools and increase doses to three middle school doses and at least one other dose in elementary or high school. By 6/30/2021 Quarterly programming via social media will be available in Logan County for parents and community members. **2 c. Secure funding.** **Strategy Objective –** By 6/30/2021 CORE and MHDAS to secure grant funding to cover costs of needed materials and curriculum.	Community Assessment of prevention delivery in Logan County.	6/30/2021	CORE Prevention & Education Team	As of 9/5/2018, there are two schools offering two grade levels of Middle School evidence-based prevention curriculum.
Outcomes/Progress:						
2019:						
2020:						
2021:						

3. Goal -Increase options for transportation to and childcare at sober support meetings. **Local Condition**- Transportation to sober support meetings and childcare care can be barriers to meeting attendance.	Reduce Barriers/ Enhance Access	3 a. Implement child care volunteer program **Strategy Objective –** By 6/30/2020 implement child care volunteer program to support sober support meetings, recruit child care providers for care during sober support meetings. 3 b. Implement county-wide coordinated social/traditional media messages within the sober support network regarding available transportation for sober support meetings. * **Strategy objective**: By 6/30/2021 increase transportation resources to sober support meetings to three. By 06/30/2021, implement social/traditional media messages within the sober support network related to access to transportation and childcare services.	Survey of meetings. Agreements with transportation resources.	6/30/2021	CORE Treatment/Recovery Supports Team	As of 9/5/2018, there is one meeting offering childcare. As of 9/5/18, Recovery Zone is offering free transportation to noon meetings only. TLC may also transport to noon meetings at a cost. No transportation resource to evening meetings.
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinant of Health

4. Goal- Improve coordination of care for pregnant mothers w/ opiate dependence in Logan Co. **Local Condition** Lack of established process for referral between medical providers (OBGYNs) and addiction treatment providers when an opiate addicted pregnant mom is identified. Also, only one doctor trained in butrenorphine treatment in Logan County.	Change Policies/ Rules	**4 a. Create Logan County policy for referring pregnant opiate dependent mothers.** **Strategy objective –** By 6/30/2021, the OBGYN practice will have a written policy/procedure for referring pregnant moms with opiate dependence for medication assisted treatment. By 6/30/2019, review and adopt/create policy for use when referring pregnant mothers with opiate addiction within Logan County. * **4b. Improve capacity for butrenorphine treatment in Logan County.** **Strategy Objective –** By 12/31/2021 have 15 medical personnel trained in butrenorphine treatment	Copy/Confirmation of the policy Training Records	12/31/2021	CORE Med/Harm Reduction Team, Mary Rutan Hospital, CHWPLC, Consolidated Care Federal SOR money to cover training	Currently no written policy for referring practice when pregnant moms are identified being opiate dependent for medication assisted treatment. Only one medical person in Logan County trained in butrenorphine treatment
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinant of Health

Priority 3

The Strategic Health Issue

"How can we reduce obesity and chronic disease in our community?" The Healthy Living Coalition decided to focus on community education regarding preparation of nutritious food and the education of school age children regarding the growth and consumption of fruits and vegetables, as well as the availability of affordable exercise.

The Goal

Reduce obesity and chronic disease risk through the consumption of healthful diets and increased physical activity.

A history of poor eating and physical activity patterns have a cumulative effect and have contributed to significant nutrition- and physical activity-related health challenges that now face the U.S. population. About half of American adults—117 million individuals—have one or more preventable chronic diseases, many of which are related to poor quality eating patterns and physical inactivity. These include cardiovascular disease, high blood pressure, type 2 diabetes, some cancers, and poor bone health. More than two-thirds of adults and nearly one-third of children and youth are overweight or obese. These high rates of overweight and obesity and chronic disease have persisted for more than two decades and come not only with increased health risks, but also at high cost.

Chronic diseases such as diabetes and heart disease have become the most common and costly health problems in the nation. These health problems stem in large part from the choices people make regarding their lifestyle. Behaviors such as eating certain foods and not enough physicalactivity are directly related to people's health. These and other lifestyle choices are people can choose to make more informed choices that will improve their health.

More than 80% of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80% of adolescents do not do enough aerobic physical activity to meet the guidelines for youth. Working together to meet Healthy People 2020 targets via a multidisciplinary approach is critical to increasing the levels of physical activity and improving health in the United States (Office of Disease Prevention and Health Promotion).

Supporting Data

Sources for data that were reviewed regarding behavior, health choices, and chronic disease included the Logan County Community Health Needs Assessment, Focus group data, key informant interview data, and secondary data from the county's many agencies and organizations.

From the 2018 Logan County Community Needs Assessment Survey respondents were asked the following:

Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of 'Not a Problem" to "Big Problem".

Community Issues - Overall Responses

Issue	Not a problem %	Small Problem %	Medium Problem %	Big problem %	Number of responses (N)
Childhood Obesity	6.2%	23.4%	42.5%	27.9%	1230
Adult Obesity	3.3%	12.0%	41.1%	43.6%	1235

Height and Weight

	Height		Weight		Obesity Calculations			
	N	Mean	N	Mean	N	BMI	Overweight	Obese
Overall Responses								
2018 Survey Results	1311	65.6	1295	178.9	1284	29.2	35.7%	36.9%
BRFSS--2010 National							36.2%	27.8%
BRFSS--2010 Ohio							36.0%	29.7%

Mean reported height in inches and weight in pounds BMI is calculated as (weight/height) "Overweight" is a BMI of 25-29.9, "obese" is a BMI of 30 or higher based on guidelines published by the U.S. Department of Health and Human Services. BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)

Over two-thirds of respondents' weight and height indicate they are either overweight or obese. The average respondent is 5 feet 5½ and weighs just over 178 pounds. The average BMI of respondents is 29.2 - the "overweight" range. BMI, Overweight mean and Obese mean are all higher in 2018 than in the previous years.

Respondents were asked to indicate whether they had used different weight loss techniques. Specifically, they were asked, "Did you do any of the following to lose weight or keep from gaining weight over the past 6 months?"

All ages, both genders and all census tracts were more likely to indicate, eat less food and to exercise; followed by eat fewer calories and eat low fat foods than the other options.

	Less Food	Fewer Calories	Low Fat Foods	Exercise	Go Without Eating	Diet Pills, etc.	Vomiting	Laxatives	Smoking	NA	N
Overall Responses											
2018 Survey Respondents	57.3%	43.8%	29.0%	50.9%	2.2%	3.3%	0.3%	0.7%	4.0%	20.8%	1349

Exercise (Number of Times/Week)

	None %	1 Time / Week %	3 Times / Week %	5 Times / Week %	Daily	N
Overall responses						
2018 Survey Respondents	16.0%	17.3%	30.5%	17.5%	18.7%	1318

Overall, just over 80% of respondents reported exercising at least once a week. Most of these reported a regimen of three times per week, with some reporting daily exercise. The overall responses were slightly improved from 2015, fewer reported “none” exercise and more reported daily exercise.

From the 2018 Logan County Community Needs Assessment respondents were asked if they had ever been told by a health professional that they had diabetes, high blood pressure and high cholesterol.

	Percent Indicating Diabetes	N
Overall Responses		
2018 Survey Respondents	17.8%	1332
	Percent Indicating High Blood Pressure	**N**
Overall Responses		
2018 Survey Respondents	51.7%	1318
	Percent Indicating High Blood Cholesterol	**N**
Overall Responses		
2018 Survey Respondents	43.0%	1310

Outcome Objectives

By 12/31/2021 increase the proportion of adults who are of healthy weight from 28.4% to 30% (2018 CHA, Residents were asked to indicate their height and weight in questions 4 and 5. Following are the responses for these questions. They were asked to estimate their height in inches and weight in pounds without shoes. Responses for height and weight were used to calculate BMI and get percentages for 'overweight' and 'obese') or from 81.1% to 79% (Secondary PCP BMI data).

Strategies and Strategy Objectives

1. Provide food preparation and cooking education.

Strategic Objective:

By 12/31 each year increase by 500 the number of Logan County residents receiving education about preparing nutritious food.

By 12/31 each year offer two food preparation/cooking classes and various types of education in at risk communities. *

2. Increase availability of free or affordable walking programs in Logan County to increase the proportion of adults in Logan County who meet current Federal physical activity guidelines for physical activity.

Strategy objective:

By 12/31/2021, Increase the proportion of adults who are exercising five times a week from 17.5% to 19%.

By 12/31/2021, four local schools will allow use of school property for all residents of Logan County.

3. Support the Full Circle Food Collaborative.

Strategy objective:

By 12/31/21 in Partnership with Full Circle Food Collaborative increase food education programs to all Logan County schools.

By 12/31 annually participate as a board member of the Logan County Food System Initiative.

Community Health Improvement Plan

Community PRIORITY: Obesity & Chronic Disease

Coalition Assigned: Healthy Living Coalition

Overall Goal – Reduce obesity and chronic disease risk through the consumption of healthful diets and increased physical activity.

Outcome Objective: By 12/31/2021 increase the proportion of adults who are of healthy weight from 28.4% to 30% (2018 CHA, Residents were asked to indicate their height and weight in questions 4 and 5. Following are the responses for these questions. They were asked to estimate their height in inches and weight in pounds without shoes. Responses for height and weight were used to calculate BMI and get percentages for 'overweight' and 'obese.') or from 81.1% to 79% (Secondary PCP BMI data). By 12/31/2021, increase the proportion of adults who are exercising 5 times a week from 17.5% to 19%.

Date Developed: 08-15-2018 **Date Updated** _____

Goal/Local Condition Outcome Objective	Strategy Area	Strategies/Strategy Objective	Data Source Method	By When	Responsible Entity	Baseline Data
1. Goal - Increase the number of Logan County residents who receive education related to preparing nutritious food. **Local Condition** - Deficit in people knowing how to cook basic food.	Enhance Skills	**1. Provide food preparation and cooking education.** **Strategic Objective-** By 12/31 each year increase by 500 the number of Logan County residents receiving education about preparing nutritious food. By 12/31 each year offer 2 food preparation/cooking classes and various types of education in at risk communities. *	**Education attendance tracking**	**12/31 each year**	**MRH, Farmers' Market, YMCA**	**Indian Lake Farmers Market survey and Logan County health District pre-Diabetes Survey. Community Call to Action determined there is a deficit in people knowing how to cook basic food.**
Outcomes/Progress:						
2019:						
2020:						
2021:						
2. Goal - Increase the proportion of Logan County adults who are exercising **Local Condition –** Only two Logan County locations offer free or affordable walking programs.	Reduce Barriers/ Enhance Access	**2 Increase availability of free or affordable walking programs in Logan County to increase the proportion of adults in Logan County who meet current Federal physical activity guidelines for physical activity.** **Strategy objective:** By 12/31/2021, increase the proportion of adults who are exercising 5 times a week from 17.5% to 19%. By 12/31/2021, four local schools will allow use of school property for all residents of Logan County.	**CHA** **Strategy use – attendance forms for number of people walking**	**12/31/21**	**Bellefontaine Parks & Rec Mary Rutan Hosp.**	**In 2018 there were 2 locations.**
Outcomes/Progress:						
2019:						
2020:						
2021:						

3. Goal – Educate school age children about the growth and consumption of fruits and vegetables **Local Condition –** Most Logan County Schools do not incorporate food education or hands on learning in their curriculum.	Enhance Skills	**3. Support the Full Circle Food Collaborative.** **Strategy objective:** By 12/31/21 in Partnership with Full Circle Food Collaborative increase food education programs to all Logan County schools. By 12/31 annually participate as a board member of the Logan County Food System Initiative.	**School report**	**12/31/19** **12/31/20**	**MRH, Full Circle Food Network, Logan County Food System Initiative.**	**Indian Lake Farmers market survey (Grant project) determined the need to educate our children on fruits and vegetables; what they are, how to grow them, and how to prepare them.**
Outcomes/Progress:						
2019:						
2020:						
2021:						
4. Goal – Use health communication branding to improve population health outcomes. **Local Condition –** Health District is seen as expert on health initiatives, therefore communicating through the Health District to improve health outcomes within Logan County could be effective.	Change Policies/ Rules	**4. Continue the community-wide Healthy Habits Healthy You campaign to increase public awareness of healthier food choices on restaurant menus.** **Strategy objective:** By 12/31 annually ensure that Health District letters given to any food entity (restaurant, concession, etc.) contain the Healthy Habits Healthy You logo along with a statement about the current obesity rate in Logan County and encourage them to offer healthier food choices. The statement could also invite them to contact the Healthy Living Coalition for suggestions or more information. By 12/31/2021, enlist the support of 3 local restaurants who brand their healthy menu options with the Healthy Habits Healthy You logo.	**Letters with added content** **Menus with branding.**	**12/31/21**	**Coalition**	**Businesses and organizations see the Health District as the expert on health initiatives.**
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinant of Health

Priority 4

The Strategic Health Issue
"How can Logan County improve their communities, so their kids enjoy healthy development, well-being, safety, and health?" The Safe & Healthy Kids Coalition is newly formed. The coalition has chosen to focus their initial efforts on providing information regarding child development and managed care plans.

The Goal

Improve the healthy development, health, safety, and well-being of kids.

Parental knowledge of child development has often been mentioned as a factor related to child development outcomes. Mothers who are knowledgeable of child development respond more sensitively when their children begin to explore their world, while mothers who have inaccurate expectations about their child's development tends to have harsher reactions.

Studies have indicated that when mothers have higher knowledge of infant and child development, they show higher levels of parenting skills, their children have higher cognitive skills, and there are fewer child behavior problems. Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education.
What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their experiences on their own development and their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children. Furthermore, understanding the mounting evidence about the nature and importance of early brain development enables both parents and those who work with children to know what young children need most to thrive: nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines; interactive language experiences; a physically and emotionally safe environment; and opportunities to explore and to learn by doing.

Supporting Data

From the 2018 Logan County Community Needs Assessment there were many mentions of the need for life skills. From the key informant interviews, interviewees identified a wide range of issues in the

community, although there were many common themes, one of which was life skills for youth and adults. The focus groups provided rich detail of the issues. Across all groups discussed the need for life skills.

Secondary data from Ohio Kids Count 2017 Fact Sheet, indicate child maltreatment in Logan County is higher than the state rate.

Logan County Child Safety - Ohio Kids Count Fact Sheet 2017, 2015

	2016		2013	
	Logan County	Ohio	Logan County	Ohio
Child Maltreatment (rate per 1000 children)	17.3	6.8	12.9	7.6

Rates for children in foster care are significantly higher from 2013 to 2016 for Logan County, indicating this is an area of concern for the community. Families and children receiving in-home services and children placed out-of-home, as reported in the PCSAO Factbook, has increased by 100% each.

From the 2018 survey 28.2% of the respondents indicated child abuse was a “big problem”.
Also, from the survey when asked, “During the past 12 months, was there any time that any of your children did not have health insurance coverage?” respondents mostly indicated coverage with the percentage improving, however, work will continue in the community to make certain every parent is aware of medical resources.

	No	Yes (coverage now)	Yes (currently without)
Overall Responses			
2018 Survey Results	92.1%	6.2%	1.7%

Objective

To decrease the proportion of respondents indicating child abuse is a medium to big problem in the community from 73.4% to 65% (2018 CHA, Respondents were asked the following:
Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of ‘Not a Problem” to “Big Problem”)

Strategies and Strategy Objectives

1 a. Adopt/create and distribute materials on learning, development, and behavior of children.

Strategic Objective:

By 12/31/2021 15 doctor/health care facilities will be providing information regarding child learning, development, or behavior.

By 12/31/20 provide materials to doctors, health care facilities, other agencies that serve parents and caregivers of children.

1 b. Adopt developmental information appropriate for at risk neighborhoods and agencies that serve them. *

Strategic Objective:

By 12/31/2021 provide information to five outlets over a three-year period.

2. Develop campaign to share information with the community regarding well check incentives and coverage in managed care plans.

Strategic Objective:

By 12/31/19 create an information campaign for the community including items covered by managed care plans in use in the community.

By 12/31/2021 Twenty-five families will have received well check appointment incentives through their managed care plans

3 a. Adopt/create and distribute materials on learning, development and behavior of children.

Strategic Objective:

By 12/31/19 Promote two PSAs per month on two different platforms to total 24 ads in one year.

By 12/31/20 provide materials to two agencies that serve parents and caregivers of children.

Action Steps

ACTION STEPS FOR IDENTIFIED STRATEGIES

Community PRIORITY: Safe & Healthy Kids

Coalition Assigned: Safe & healthy kids Coalition

Overall Goal - Improve the healthy development, health, safety, and well-being of kids.

Outcome Objective: Decrease the proportion of respondents indicating child abuse is a medium to big problem in the community from 73.4% to 65% (2018 CHA, Respondents were asked the following: Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of **Not a Problem' to 'Big Problem').**

Date Developed: 08-23-2018 **Date Updated** _____

Action / Strategy *(What needs to be done)*	Strategy Area 1-7 *(Below)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data
1. Goal – Increase the number of doctors or other health care professionals giving information to parents/caregivers regarding children's learning, development, or behavior. **Local Condition – Lack of understanding of basic child development**	Provide Information	**1 a. Adopt/create and distribute materials on learning, development, and behavior of children.** **Strategic Objective –** By 12/31/2021 15 doctor/health care facilities will be providing information regarding child learning, development, or behavior. By 12/31/20 provide materials to doctors, health care facilities, other agencies that serve parents and caregivers of children. **1 b. Adopt developmental information appropriate for at risk neighborhoods and agencies that serve them. *** **Strategic Objective –** By 12/31/2021 provide information to five outlets over a three-year period.	Tracking sheet with outlet name – information and method of information dispersal – date CHA	By 2021	Safe and Healthy Kids	N/A
Outcomes/Progress:						
2019:						
2020:						
2021:						

2. Goal – Increase the percentage of kids who have taken advantage of well-check appointment incentives offered through managed care plans. **Local Condition –** Lack of knowledge of available well- check appointments covered by managed care plans.	Change Consequences / Incentives	**2. Develop campaign to share information with the community regarding well check incentives and coverage in managed care plans.** **Strategic Objective –** By 12/31/19 create an information campaign for the community including items covered by managed care plans in use in the community. By 12/31/2021 Twenty-five kids will have received well check appointment incentives through their managed care plans	(For example, the posting, "If you are a diabetic, please remove your socks and shoes. Your doctor will check your feet during each visit.") Actual changed forms in use from office locations. CHA	2021	Safe and Healthy Kids; Local Medical offices	MRH Peds has 7,172 established pediatric patients. Of those 2,715 had well child checks in 2017 for a total percentage of 37.8% compliance. Community Health and Wellness has 1167 established pediatric patients. Of those 657 had well child checks in 2017 for a total percentage of 56.30%.
Outcomes/Progress:						
2019:						
2020:						
2021:						
3. Goal – Provide child development information to residents of Logan County. **Local Condition -** Lack of understanding of basic child development.	Provide Information	**3. a. Adopt/create and distribute materials on learning, development and behavior of children.** **Strategic Objective –** - By 12/31/19 Promote two PSAs per month on two different platforms to total 24 ads in one year. By 12/31/20 provide materials to two agencies that serve parents and caregivers of children.	Audit Use tracking form to record "engagement" data from Social Media platforms and radio advertisements to see how many individuals reached. Could you also use the newspaper (track their readership numbers)? Tracking form to record type of PSA, date, number of people reached	2021	Safe and Healthy Kids	No baseline
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinant of Health

Priority 5

The Strategic Health Issue

“How can Logan County create a housing environment that promotes good health for all?” The Housing Coalition has elected to focus on building the capacity of their coalition, through work groups. In the community the coalition seeks to educate the County on the effects of housing on the health, workforce, and well-being of the community. Also, to build collaboration in the community to address housing strategies across the continuum of care.

The Goal

To create a housing environment in Logan County that promotes good health for all.

Where we live is at the center of our daily lives. Home represents a place of safety, security, and shelter, where families come together. Given housing’s importance, it is not surprising that factors related to housing have the potential to help—or harm—our health in major ways.

There is strong scientific evidence on the connection between housing and health. This evidence can be used to guide efforts related to housing construction, renovation, use and maintenance, which can promote better overall health. There is a clear need and opportunity for communities to promote health while making investments in housing. Examples of key housing-related health risks include: respiratory and cardiovascular diseases from indoor air pollution; illness and deaths from temperature extremes; communicable diseases spread because of poor living conditions, and risks of home injuries. (WHO, 2010)

Along with conditions in homes, conditions in the neighborhoods where homes are located also can have effects on health. The social, physical and economic characteristics of neighborhoods have been increasingly shown to affect short- and long-term health quality and longevity. A neighborhood’s physical characteristics may promote health by providing safe places for children to play and for adults to exercise that are free from crime, violence and pollution. Access to grocery stores selling fresh produce—as well as having fewer neighborhood liquor and convenience stores and fast food outlets—can make it easier for families to find and eat healthful foods. Social and economic conditions in neighborhoods may improve health by affording access to employment opportunities and public resources including efficient transportation, an effective police force, and good schools. Neighborhoods with strong ties and high levels of trust among residents may also strengthen health. (Robert Wood Johnson Foundation, 2008)

The affordability of housing has implications for health. The shortage of affordable housing limits

families' and individuals' choices about where they live, often placing lower-income families into substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion (e.g., parks, bike paths, recreation centers and activities). The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care and is significant for low-income families. (Robert Wood Johnson Foundation, 2008)

Supporting Data

From Primary data Key Informants indicated housing as an issue, stating the need for all types of housing, some homelessness, the quality of housing and affordable housing needs.
From the focus groups housing was a concern for all groups, except the Amish. For the youth they understand the run-down condition of homes, for young adults, it is the issue of affordable nice housing, for older people it the issue of downsizing to a nice apartment or condo. For all they are aware of homelessness in the county.

From the Logan County Community Needs Assessment Survey when residents were asked to provide their opinion on each of the following community needs. Tell us whether each is "Not a Problem" to a "Big Problem." Over 59% of the respondents indicated affordable housing was a big or medium problem and over 48% indicated safe housing was a big or medium problem.

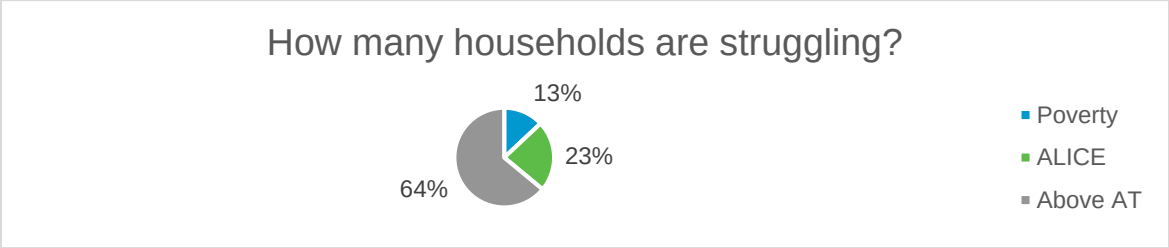
Need	**Not a problem %**	**Small Problem %**	**Medium Problem %**	**Big problem %**	**Number of responses**(N)
Affordable Housing	10.7	30.2	36.0	23.2	1239
Safe Housing	15.0	36.6	37.2	11.1	1217

Some challenges for the community were highlighted in the secondary data. For example, consider the 2-1-1 reporting, of housing issues.

Logan County 211 Calls - Top Needs and Referrals 2016 and through Q. 3 2017

Top Needs 2016 - 2017		
Needs	**2017 (first 3 Quarters)**	**2016 (5wks of Q 3 and Q4)**
Rent Assistance	118	78
Electric Assistance	130	55
Emergency Shelter	67	37
Housing Issues	74	28
Need to Move	46	21
Homeless	69	29

The top needs requested through Logan County 211 are all related to shelter.
Also, from secondary data, the chart below indicates that 13% of Logan County population is at or below the Federal Poverty Level. However, another 23% earn less than the basic cost of living for the county.



ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold, or AT). Combined the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Objectives

By 12/31/2021 have established processes to address the top six needs reported to 211 in 2018 which were all housing related including, rent assistance, electric assistance, emergency shelter, housing issues, need to move, and homeless.

Strategies and Strategy Objectives

1 a. Recruit members to this Housing Coalition.

Strategic Objective:
By 1/1/2019 invite five new members to be on the Housing Coalition.

By 12/31/2021 fully implement Work Groups.
- Rent, Utilities, Landlord Relationships
- Coordinated Entry
- Advocacy
- Housing Innovation

1 b. Implement Training regarding available housing and condition of housing in the County.

Strategy Objective:
By 1/1/2020 use work group reporting to develop a “picture “of existing housing in the county.

2. Educate the coalition on housing conditions

Strategic Objective:
By 7/1/2019 the coalition will review the American Housing Survey

By 7/1/2019 Develop one specific housing related educational information item

By 7/1/2020 create two Housing Resources, one workshop and one set of “Street Cards”

By 12/31/2021 create a work group within the coalition for Education Develop

By 12/31/2021 development of one educational informational piece – for print and/or social media regarding the importance of quality affordable housing to a community

3. Conduct a GAP analysis of housing types in the community.

Strategic Objective:
By 1/1/2019, identify current housing and the owners in three areas of housing across the spectrum (subsidized housing, entry level purchase, entry level rent).

By 5/30/2020, implement a review team for reports regarding housing quality.

By 7/31/2020, complete GAP analysis.

By 12/31/ 2020, have scheduled reoccurring quarterly meetings with one realtor, a housing coalition member, United Way representative, one political office holder, one local landlord.

By 12/31/2021, Get the right people to the table to create a plan to address the GAP.

Action Steps

Community Health Improvement Plan

ACTION STEPS FOR IDENTIFIED STRATEGIES

Community PRIORITY: Housing/Homelessness

Coalition Assigned: Housing Coalition (COC)

Overall Goal – Create housing environment in Logan County that promotes good health for all.

Outcome Objective – By 12/31/2021 have established processes to address the top 6 needs reported to 211 in 2018 which were all housing related including, rent assistance, electric assistance, emergency shelter, housing issues, need to move, and homeless.

Date Developed: 09-7-2018 **Date Updated** _____

Action/Strategy *(What needs to be done)*	Strategy Area 1-7 *(Below)*	Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data
Outcomes/Progress:						
2019:						
2020:						
2021:						

1. Goal Implementation of 4 Work Groups within the coalition. **Local Condition** - No specific targeted workgroups in this area in the Housing Coalition or CAB.	Enhance Skills	1 a. Recruit members to this Housing Coalition. **Strategic Objective –** By 1/1/2019 invite 5 new members to be on the Housing Coalition. By 12/31/2021 fully implement Work Groups. 1) Rent, Utilities, Landlord Relationships 2) Coordinated Entry 3) Advocacy 4) Housing Innovation 1 b. Implement Training regarding available housing and condition of housing in the County. **Strategy Objective –** By 1/1/2020 use work group reporting to **develop a "picture "of existing housing** in the county.	Agenda, Minutes, Attendance Sheets and Meeting Schedule	1 January 2020	Housing Coalition COC	Currently there are no specific targeted workgroups in this area in the Housing Coalition or CAB.
Outcomes/Progress:						

2019:
2020:
2021:

2. **Goal –** To educate Logan County communities on effects of housing on the health, workforce, and well-being of the community. **Local Condition**: County Lacks Awareness of Full Continuum of Housing Resources Available in Community	Enhance Skills	2. Educate the coalition on housing conditions **Strategic Objective –** By 7/1/2019 the coalition will review the American Housing Survey By 7/1/2019 Develop 1 specific housing related educational information item By 7/1/2020 create 2 Housing Resources, one workshop **and one set of "Street Cards"** By 12/31/2021 create a work group within the coalition for Education Develop By 12/31/2021 development of 1 educational informational piece – for print and/or social media regarding the importance of quality affordable housing to a community .	Flyers, Promo Resources (i.e. Street Cards) and cross-sector dissemination points. Workshop Dates, Agendas & Attendance Rosters	1 July 2019	Housing Coalition COC	There are no housing specific targeted, educational resources within the Housing Coalition or CAB.
Outcomes/Progress:						
2019:						
2020:						
2021:						

3. Goal – Collaborate across Logan County to develop housing strategies across the continuum of care, maintaining an inventory to identify quality housing units. **Local Condition:** Unavailability of housing units across the continuum of care complicated by housing issues often addressed in silos.	Build Skills	**3. Conduct a GAP analysis of housing types in the community.** **Strategic Objective -** By 1/1/2019 identify current housing and the owners in 3 areas of housing across the spectrum (subsidized housing, entry level purchase, entry level rent) * By 5/30/2020 implement a review team for reports regarding housing quality. By 7/31/2020 complete GAP analysis By 12/31/ 2020 have scheduled reoccurring quarterly meetings with 1 realtor, a housing coalition member, United Way representative, 1 political office holder, 1 local landlord. By 12/31/2021 Get the right people to the table to create a plan to address the GAP	Include @ least 1 realtor and 1 landlord in the Housing Coalition. Leadership & participation to include new innovators & collaborators. Agenda, Minutes, Attendance Sheets and Meeting Schedule	31 December 2021	Housing Coalition COC	Key policy stakeholders have not been engaged in innovative, decision-making across the continuum in a collaborative context. There are no specific targeted workgroups in this area within the Housing Coalition or CAB
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinant of Health

Priority 6

The Strategic Health Issue

“How can Logan County improve access and knowledge of resources for health, social and supportive services?” The Access & Resource coalition has chosen to focus on two specific areas, 211 and transportation. The coalition would like to increase county resident’s knowledge of the 211 resource, this is a new resource therefore residents are not fully aware of the resources and its purpose. Also, the coalition intends to continue developing processes to coordinate responses to 211 inquiries and reports. Transportation is a concern for many Logan county residents. The coalition will focus on increasing the number of residents who use the transportation options and to increase access to out of county medical transportation.

The Goal

Improve access and knowledge of resources for health, social and supportive services.

A community resource is anything that has the potential to improve the quality of life in a community. In July 2000, the Federal Communications Commission (FCC) reserved the 211-dialing code for community information and referral services. The FCC intended the 211 code as an easy-to-remember and universally recognizable number that would enable a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies.

People in rural areas are more likely to have to travel long distances to access healthcare services, particularly specialist services. This can be a significant burden in terms of both time and money. In addition, the lack of reliable transportation is a barrier to care. Rural communities also have more elderly residents who have chronic conditions requiring multiple visits to outpatient healthcare facilities. This becomes challenging without available public or private transportation. (Rural Health Information Hub,n.d.)

Supporting Data

Primary data from the Logan County needs Assessment Survey indicates respondents feel public transportation is a medium to big problem both in the daytime and at night/weekends.

Community Needs - Overall Responses

Need	Not a problem %	Small Problem %	Medium Problem %	Big problem %	Number of responses(N)
Public Transportation (Daytime)	16.2	32.5	31.9	19.5	1217
Public Transportation (Evening/Weekend)	9.4	26.6	29.9	34.0	1209
Access to Health Care	16.4	32.3	34.0	17.4	1203

The community need that respondents felt was the most important was public transportation. Also, over 51% for respondents felt access to health care was a medium to big problem.

From secondary data 211 calls tracked indicate the use of 211, but room for increased use.

Logan County 211 Report	1st 5 Weeks	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Summary	8/25/2016-09/30/2016	10/01/2016-12/31/2016	01/01/2017 - 03/31/2017	04/01/2017 - 06/30/2017	07/01/2017 - 09/30/2017
Number of transactions/calls	136	309	271	224	244

Objectives

By 12/31/2021 the decrease the proportion of respondents indicating each type of barrier they experience by a minimum of three percentage points. Also, by 12/31/2021 decrease the proportion of respondents indicating daytime transportation is a big or medium problem from 51.4 % to 50.0% and weekend transportation is a big or medium problem from 63.9 % to 62.0% and from the 2018 CHA Respondents were asked the following: Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of ‘Not a Problem” to “Big Problem”)

Strategies and Strategy Objectives

1. Increase community use of 211 resource.

Strategic Objective:

By 12/31/21, implement monthly public service announcements regarding 211.

By 12/31/21 increase referrals by 10%.

2. Develop a program to coordinate health, social, and supportive services in Logan County.

Strategic Objective:

By 12/31/2021 have partnerships between 211 and two community partners respond to 211

issues

3. Increase number of promotional items and places providing available transportation information.

Strategic Objective:

By 12/31/21, create one new social media promotional item and increase number of places where printed information is available by 10 places (include four at-risk places).

4a. Recruit Drivers

Strategic Objective:

By 1/31/2021 Recruit 10 drivers

4b. Train Drivers

Strategic Objective:

By 12/31/2021Train all recruited drivers.

4c. Develop Expense reimbursement plan

Strategic Objective:

By 12/31/2021 75% of all drivers' expenses are reimbursed

Action Steps

Community Health Improvement Plan

ACTION STEPS FOR IDENTIFIED STRATEGIES

Community PRIORITY: Access & Resources

Coalition Assigned: Access & Resources Coalition

Overall Goal - Improve access and knowledge of resources for health, social and supportive services.

Outcome Objective – By 12/31/2021 the decrease the proportion of respondents indicating each type of barrier they experience by a minimum of 3 percentage points. ALSO by 12/31/2021 decrease the proportion of respondents indicating daytime transportation is a big or medium problem from 51.4 % to 50.0% and weekend transportation is a big or medium problem from 63.9 % to 62.0and from the 2018 CHA Respondents were asked the following: Communities can struggle with different issues. Let us know what issues you feel that your community struggles with by rating the following on a scale of 'Not a Problem' to 'Big Problem')

Date Developed: 08-27-2018 **Date Updated**

Goal / Local Condition	Strategy Area 1-7 *(Below)*	Strategy /Measurable Outcome Indicator	Data Source Method	By When	Responsible Entity	Baseline Data
1. Goal – Increase Logan County's residents' knowledge of 211 resource **Local Condition** - 211 resource is new to Logan County, residents need to be made aware it exists and what this resource provides.	Provide Information	**1. Increase community use of 211 resource.** **Strategic Objective –** By 12/31/21, implement monthly public service announcements regarding 211. By 12/31/21 increase referrals by 10%.	211 Quarterly Reports	12/31/21	Helpline Coalition	In 2018 there were 701 referrals for the first seven months.
Outcomes/Progress:						
2019:						
2020:						
2021:						

2. Goal – Develop process to use 211 data to coordinate **health, social, and supportive services.** **Local Condition**- No county wide program to coordinate resources		2. Develop a program to coordinate health, social, and supportive services in Logan County. **Strategic Objective**- By 12/31/2021 have partnerships between 211 and two community partners respond to 211 issues	Scheduled training – records of training, content, attendance	12/31/21	Coalition FCFC	Currently there are no programs.
Outcomes/Progress:						
2019:						
2020:						
2021:						

3. Goal – Increase the number of residents using transportation options **Local Condition –** Logan County Residents are not aware of their current transportation options.		3. Increase number of promotional items and places providing available transportation information. **Strategic Objective**- By 12/31/21, create one new social media promotional item and increase number of places where printed information is available by 10 places (include four at-risk places). *	Develop new promotional items Track transportation users	12/31/21	Coalition Logan Co. Mobility Mgr.	In 2018 there was one promotional piece and a web site available
Outcomes/Progress:						
2019:						
2020:						
2021:						

* Social Determinate of Health

4. Goal – Increase access to out of county medical transportation. Local Condition – Not enough trained drivers for medical transport outside Logan County.		4a. Recruit Drivers Strategic Objective- By 1/31/2021 Recruit 10 drivers 4b. Train Drivers Strategic Objective- By 12/31/2021Train all recruited drivers. 4c. Develop Expense reimbursement plan Strategic Objective- By 12/31/2021 75% of all drivers' expenses are reimbursed	Recruitment and training records CHA	12/31/21	Mobility manager, Transit Advisory Board, ARC	No volunteer driving programs
Outcomes/Progress:						
2019:						
2020:						
2021:						

References

[1] Public Health Accreditation Board – http://www.phaboard.org/accreditation-overview/getting-started/.

[2] U.S. Department of Health & Human Services, Healthy People 2010 Report

[3] U.S. Census

[4] https://www.publicschoolreview.com

[5] Ohio Kids Count Fact Sheet 2016,2015

Kids Count Fact Sheet 2016
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[6] County Health Rankings 2018, 2017

http://www.countyhealthrankings.org/app/ohio/2018/rankings/logan/county/outcomes/overall/snapshot

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Appendix A: 2018 Community Health Assessment Process Description

According to the Center for Disease Control, the following are common elements of assessment and planning frameworks:

1. Organize and plan
2. Engage the community
3. Develop a goal or vision
4. Conduct community health assessment(s)
5. Prioritize health issues
6. Develop community health improvement plan
7. Implement and monitor community health improvement plan
8. Evaluate process and outcomes

The Logan County Health District (LCHD), in collaboration with Mary Rutan Hospital, Mary Rutan Foundation, MHDAS of Logan and Champaign Counties, United Way, Community Health and Wellness Partners of Logan County and other area organizations used this basic model to conduct the Logan County Health Risks and Needs Assessment and Health Improvement Plan.

- Organize and plan:

  In May of 2017, the Logan County Health District (LCHD), Mary Rutan Hospital, MHDAS of Logan & Champaign Counties, Community Health and Wellness Partners and United Way of Logan County and other area organizations met to discuss the 2018 community needs survey. The group agreed to follow the same process as the one used in 2012 and 2015.
  To simplify resources, lead partners were in communication via meetings, email and telephone t hroughout the whole process, after the initial meeting on June 11, 2014. Other partners were in contact via email at various stages along the way as needed and to keep everyone informed.

Lead Committee meeting dates:

5/24/2017	in-person
6/8/2017	in-person
7/31/2017	in-person
8/31/2017	in-person
10/11/2017	in-person
10/16/2017	phone
2017: 6/20, 8/1, 9/29, 10/16, 11/22, 11/30, 12/13, 12/21 2018: 1/10, 1/19, 2/1, 3/22 , 4/17, 4/49, 4/30	email
4/20/2018	phone
4/18/2018	in-person

Full Committee meeting dates:

6/20/18	in-person
6/27/18	in-person
7/18/18 (plus community)	in-person

1. Engage the community:

The community was engaged at various times throughout the process:

- Area agencies, organizations, schools, and businesses were invited to participate in the planning.
- Paper surveys were sent to 50% of households in Logan County based on census tracts to ensure even distribution.
- Five focus groups were conducted to gather further input in May and June of 2018. Partners helped solicit focus group participants.
- Key Stakeholders met on June 20, 2018 to look at the key informant data, secondary data, and survey data to make an initial effort to prioritize community needs.
- The general public, businesses and organizations were invited to participate in a Call to Action meeting July 18, 2018 to give further input and prioritization. Work teams tackled each priority setting goals, strategies, and actions plans to meet the identified needs.

2. Develop a goal or vision:

The vision of this group is the same as stated in the 2012 CHA: “dedicated community partners working together to improve the health and wellbeing of residents of Logan County.

Project goals are:

- To initiate a formal and comprehensive community health assessment process that will a llow for the identification of key health, safety, and service issues, and a systematic review of those items in Logan County.
- To create an infrastructure that will permit ongoing updating and easy dissemination of available data and enable a continued partnership.
- To create a health profile that will allow for prioritization of needs and resource allocation informed decision making and collective action that will improve health outcomes.

Goals for each identified area were written into the logic models and work plans created by each coalition.

3. Conduct community health assessment(s):

Secondary Data was requested from many organizations and agencies in the Logan. The Logan County Health Risk and Community Needs Assessment Committee identified the key informants as leaders in the community including people from; education, the legal system, business, youth, religious/ fraternal, state, and local agencies, health care, civic and volunteer groups, media, and youth service organizations, health care, an Amish community member, and law enforcement. The committee supplied contact information to ECS. ECS arranged 20 to 30-minute interviews with 35 Key Informants. Interviews were analyzed for common themes as well as disagreement on common issues. The written assessment was modeled after the CDC's Behavioral Risk Factor Surveillance System (BRFSS) questionnaires. Partners were given the opportunity to add questions or adjust to help assess their specific needs,

The written assessment was modeled after the CDC's The Behavioral Risk

After reviewing the return rates and determining where responses were low, focus groups were held to get further input. Those groups targeted were:

- 1 group young adult (20 to 39 years old)
- 1 group 2 adults from the Indian Lake area
- 2 groups of young people under 18 years
- 1 group from the Amish Community Prioritize health issues

Partners were provided with a draft copy of the survey results in July of 2018 via email with a pdf attachment. It was available to the public and open for comment:

- On the county, health district, and hospital websites Facebook postings
- A hard copy at the Knowlton Library, Logan County Health District and Mary Rutan Hospital
- Published in multiple news releases in the local paper and radio station audio and radio website

4. Prioritize health Issues:

On June 20, 2018 a group of key stakeholders met to discuss the findings from the Logan Community Health Risks and Needs Assessment. The group included representatives from a cross section of the community's major social services, healthcare, public health, mental health, substance abuse, children services and non-profit organizations.

The first part of the meeting was devoted to reviewing the findings of the survey. During the second part the participants discussed the findings, identified key issues, and went through a voting process to obtain consensus regarding which issues should be identified as strategic issues.

The current priority issues were reconsidered, all groups voted the same five issues would remain priorities, adding two additional priority issues. The stakeholders selected the priorities using the following criteria:

- They are Consequential. They are all problems that have serious consequences and affect large numbers of people in the community. They are problems that are persistent. The consequences of not addressing them have long term negative impacts on the community's wellbeing. On the other hand, if the community takes effective action to address these problems, the benefits will also be long-term and will make a measurable difference in the lives of many.
- There is Community Support for tackling these problems. A number of organizations
- have already pledged their support for a community initiative to work on them.
- They are all Pragmatic. Each of the problems can be addressed. There are also ways to measure the progress that's being made over time to improve these conditions.

The priority issues identified by the stakeholder's group are:

- Healthy living to prevent chronic disease
- Substance abuse
- Mental health
- Resource and awareness communication
- Housing and homelessness
- Safe and healthy children
- Workforce development

On July 18, 2018 the Community Call to Action meeting was held and engaged a wider segment of Logan County organizations and the general public. A summary of findings was reviewed, and a prioritization process was conducted like at the Stakeholder's Meeting. The group of nearly 70 people identified the same issues.

5. Develop community health improvement plan:

After prioritization of issues the Community Call to Action participants then divided into 7 smaller groups. The discussions focused on one of the selected priorities to identify community assets and resources as well as action steps that could be included in the community improvement plan. These teams included member of existing coalition supporting each current priority. From these teams one new coalition may form, Safe and Healthy Children. The Workforce development team decided this group is already formed and working and at this time there is no reason to add this as a priority.
Coalitions will continue to meet and develop specific strategies. They are Healthy Habits Healthy You, Suicide Prevention Coalition, Coalition for Opiate Relief Efforts (CORE), and Access & Resources Coalition. The new priority Safe and Healthy children will be considered by the stakeholders for development as a new priority or a part of one or more existing priorities.

6. Implement and monitor community health improvement plan:

Each coalition will continue to meet to implement the tasks determined within each group. The Coalition Advisory Board (CAB) will be the change force that supports these five/six coalitions. CAB is made up of officials and decision makers in the community able to change policy and open needed avenues to make change possible.

7. Evaluate process and outcomes:

Ongoing evaluation and updating of information will be led by the key partners, Logan County Health District, Mary Rutan Hospital, Community Health and Wellness Partners of

Logan County, United Way, and MHDAS Board. LCHD will be the data collectors for the coalitions and will produce an annual update. As hospitals have a federal requirement of a three-year assessment cycle, the partners have also agreed to this time period, valuing the partnership of the local hospital. The partners will continue to provide the community with this valuable resource of information.

Appendix B: Logan County CHIP Alignment with State and Federal Priorities

1. Ohio Department of Health (ODH) Strategy

ODH Strategic Priorities	Logan County Priorities
Reduce Obesity	Healthy Living to Prevent Chronic Disease
Curb Tobacco Use	Healthy Living to Prevent Chronic Disease and Reduce Substance Abuse
Infant Mortality	Resource and Awareness
Expand Patient – Centered Medical Homes	Resource and Awareness

2. National Prevention Strategy

National Prevention Strategy Priorities	Logan County Priorities
Healthy Eating	Healthy Living to Prevent Chronic Disease
Active Living	Healthy Living to Prevent Chronic Disease
Preventing Drug Abuse & Excessive Alcohol Use	Healthy Living to Prevent Chronic Disease and Reduce Substance Abuse
Tobacco Free Living	Healthy Living to Prevent Chronic Disease and Reduce Substance Abuse
Mental and Emotional Health	Mental Health
Injury and Violence Free Living	Mental Health
Reproductive and Sexual Health	Resource and Awareness