

2021-  
2023

# Community Health Improvement Plan

Published October 2021

Released April 2022



**CARROLL COUNTY  
GENERAL HEALTH DISTRICT**

**Healthy People — Safe Communities**

## ACKNOWLEDGEMENTS

The Carroll County General Health District (CCGHD) would like to thank all the community agencies, leaders, and members that assisted in the development of the 2021 Carroll County Community Health Improvement Plan (CHIP). A list of members that were a part of the Carroll County Community Health Improvement Advisory Committee and each of the Task Forces can be found in this document under the Organizing for Success section. The contributions from each of these members was invaluable in the development and adoption of this plan to increase the health and safety of our residents.

The CCGHD received funding to complete the development of the 2021 Carroll County CHIP through sponsorships from community partners and foundations. These supporters are outlined below:

### **Gold Level Sponsors: \$5,000.00 or more**

- ADAMHS Board of Tuscarawas and Carroll Counties
- The Giving Well Family Foundation

### **Silver Level Sponsors: \$2,500.00-\$4,999.99**

- Aultman Health Foundation
- Carroll County General Health District
- North Canton Medical Foundation

### **Bronze Level Sponsors: \$1,000.00-\$2,499.99**

- Carroll County Commissioner's
- Mercy Medical Center
- Anonymous Donor

### **Contributing Funder: Less than \$1,000.00**

- Community Mental Healthcare

## EXECUTIVE SUMMARY

The 2021 Carroll County Community Health Improvement Plan (CHIP) is the result of our strong collaboration with our community partners. A CHIP is a long-term, systematic effort to address public health problems based on the results of a community health assessment. In November 2020, the Carroll County General Health District (CCGHD) organized a Health Improvement Summit which brought twenty-seven (27) community partners together to identify the top four (4) health priorities for Carroll County utilizing the results from the 2019 Carroll County Community Health Assessment (CHA). Since the Carroll County Health Improvement Summit was held community partners have continued to meet to draft the 2021 Carroll County CHIP this included four (4) on-line focus-group sessions, one for each identified priority area in April 2021. The CHIP is designed to inform the community of the goals, objectives, and strategies that are to be implemented to improve the health and safety of residents in Carroll County.

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The 2021 Carroll County CHIP is a document accessible to the community through the CCGHD. Anyone in the community wanting to provide feedback on the 2021 CHIP, please contact the Carroll County General Health District at 330-627-4866 or through our website at [www.carroll-lhd.org](http://www.carroll-lhd.org). Please note that Carroll County does not have a hospital system within the county. Therefore, alignment with the hospital Community Health Needs Assessment was not possible as our residents utilize multiple hospital systems in adjacent counties depending on where they reside within Carroll County. Hospital partners did not want to repeat their needs assessments to collaborate with Carroll County individually.

## MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP)

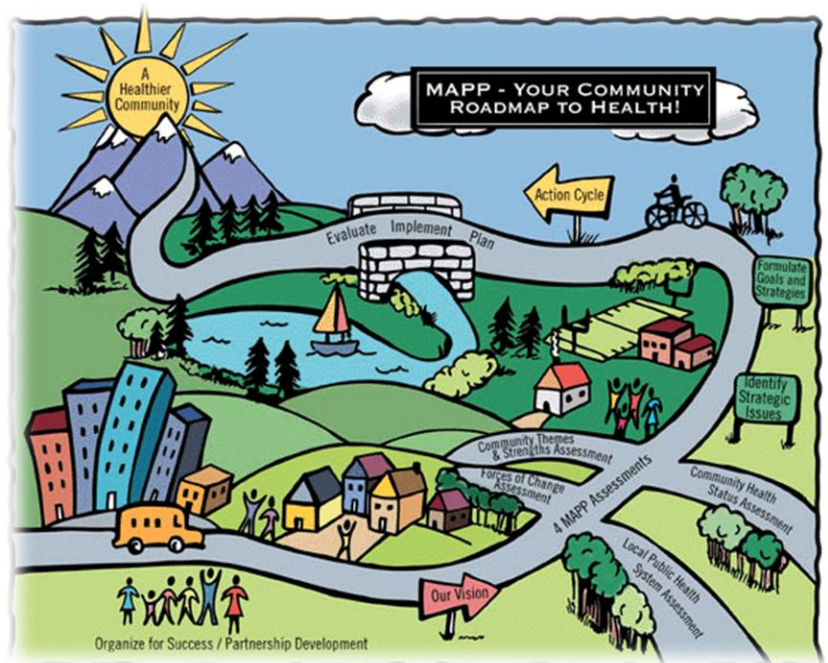
The Carroll County General Health District (CCGHD) has utilized the **Mobilizing for Action through Planning and Partnerships (MAPP)** strategic planning process to improve community health in the development of the 2013, 2017, and 2021 Carroll County Community Health Improvement Plans (CHIP). This process is facilitated by public health and is a great tool that helps communities prioritize public health issues and identify resources to address them. The MAPP model was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

The CCGHD utilizes the MAPP model to achieve benefits that can be derived through facilitation of the process, such as; creating a healthier community and a better quality of life, increasing the visibility of public health within the community, better anticipation and management of change, a stronger public health infrastructure, and community engagement and ownership for public health issues. MAPP is a continuous process that will be implemented every three (3) in Carroll County and will be reviewed frequently by identified committees and coalitions. Monitoring progress on a regular basis will ensure that strategies are implemented according to specified timelines, and goals are being met which will ultimately lead to community health improvement.



## THE MAPP PROCESS CONSISTS OF SIX (6) PHASES

1. **Organizing for success-** This is the planning phase on how the MAPP process would be facilitated. During this phase in Carroll County the CCGHD worked on identifying and building commitment among partners, engaging & educating participants on the process, ensuring that time was used well throughout the process for all participants, and developing a plan that can be realistically implemented.
2. **Visioning-** This phase is the development of a goal that is a shared vision of what the ideal future of the community looks like. Carroll County developed their statement at the 2017 Carroll County Community Health Improvement Summit.



3. **The four MAPP Assessments-** Four different assessments are completed at this phase. The results from these four assessments are incorporated into the Community Health Assessment (CHA) and utilized when identifying the health priorities. These assessments also aide in the development of the goals, objectives, and strategies for each health priority and incorporated into the CHIP. See upcoming pages for further information on how the assessments were completed.
  - ➔ **Community Themes and Strengths-** This assessment provides a deep understanding of the issues that residents feel are important by answering specific questions.
  - ➔ **Local Public Health System-** This assessment focuses on all the organizations and entities that contribute to the public's health by answering specific questions.
  - ➔ **Community Health Status-** This assessment identifies priority community health and quality of life issues by reviewing data and answering specific questions.
  - ➔ **Forces of Change-** This assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
4. **Identify strategic issues-** This phase is the identifying and developing an ordered list of the most important issues facing the community. The top four health priorities for Carroll County were identified at the 2021 Community Health Improvement Summit.
5. **Formulate goals and strategies-** The strategic issues identified in the previous phase are used in this phase to formulate goal statements. Then using the community's vision objectives and strategies for addressing and achieving each of the issues are developed. Each identified health priority for Carroll County was assigned a task force. This group worked on the development of the goals, objectives, and strategies, which were all put into an action plan that would be incorporated into the 2021 Carroll County CHIP.
6. **Action Cycle-** This phase links three (3) activities into one- planning for action, implementation and evaluation. During this phase, the efforts of the previous phases begin to produce results.

## ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2021-2024 Carroll County CHIP priorities align with state and national priorities. Carroll County will be addressing the following priorities: mental health, addiction, access to care and community conditions.

## OHIO STATE HEALTH IMPROVEMENT PLAN (SHIP)

*NOTE: THIS SYMBOL  WILL BE USED THROUGHOUT THE REPORT WHEN A PRIORITY, INDICATOR, OR STRATEGY DIRECTLY ALIGNS WITH THE 2020-2022 SHIP.*

### SHIP OVERVIEW

The 2020-2022 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. The overall goal of the SHIP is to ensure that all Ohioans achieve their full health potential through improved health status and reduced premature death. In order to do this, the SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages. These priorities are outlined in the following section.

### SHIP FRAMEWORK

The SHIP framework includes the following three components:

#### EQUITY

Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

#### PRIORITIES

The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

#### STRATEGIES

The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

### SHIP PRIORITIES

The SHIP will focus on six priority topics:

#### 3 SHIP PRIORITY FACTORS

##### COMMUNITY CONDITIONS

- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

#### 3 SHIP PRIORITY HEALTH OUTCOMES

##### MENTAL HEALTH AND ADDICTION

- Depression
- Suicide
- Youth drug use
- Drug overdose deaths







HEALTH BEHAVIORS
<ul style="list-style-type: none"> <li>Tobacco/nicotine use</li> <li>Nutrition</li> <li>Physical activity</li> </ul>
ACCESS TO CARE
<ul style="list-style-type: none"> <li>Health insurance coverage</li> <li>Local access to healthcare providers</li> <li>Unmet need for mental health care</li> </ul>

CHRONIC DISEASE
<ul style="list-style-type: none"> <li>Heart disease</li> <li>Diabetes</li> <li>Childhood conditions (asthma, lead)</li> </ul>
MATERNAL AND INFANT HEALTH
<ul style="list-style-type: none"> <li>Preterm births</li> <li>Infant mortality</li> <li>Maternal morbidity</li> </ul>

**CHIP ALIGNMENT WITH THE 2020-2022 SHIP**

It is encouraged that the 2021-2023 Carroll County CHIP is aligned with each of the following components of the 2020-2022 SHIP as outlined in the visual below:

	SHIP component	Alignment
	<p><b>Priorities</b> The SHIP includes:</p> <ul style="list-style-type: none"> <li>Three priority factors (community conditions, health behaviors and access to care)</li> <li>Three priority health outcomes (mental health and addiction, chronic disease and maternal and infant health)</li> </ul>	<p><b>Identify at least one priority factor and at least one priority health outcome.</b> Selection of community conditions is strongly recommended. Priorities should be informed by the CHNA and/or CHA. (see figure 3)</p>
	<p><b>Tracking progress with SMART objectives</b></p> <ul style="list-style-type: none"> <li>Objectives are statements describing a specific outcome to be achieved.</li> <li>SMART objectives are specific, measurable, achievable, realistic and time-bound.</li> <li>SMART objectives must include an indicator — a specific metric or measure used to quantify an outcome, typically expressed as a number, percent or rate.</li> </ul>	<p><b>Select at least one indicator for each identified priority factor and priority health outcome.</b> (see figure 3)</p>
	<p><b>Strategies</b></p> <ul style="list-style-type: none"> <li>Strategies are policies, programs or services.</li> <li>The SHIP includes a menu of evidence-informed strategies that are relevant to SHIP priorities.</li> </ul>	<p><b>Select at least one strategy for each selected priority factor and priority health outcome.</b> Strategies should be relevant to the selected indicator. (see SHIP pages 20-84 for complete list of strategies)</p>
	<p><b>Equity</b></p> <ul style="list-style-type: none"> <li>Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.</li> <li>The SHIP addresses equity through priority populations, universal targets, strategy selection and strategy implementation.</li> </ul>	<p>Whenever possible, identify priority populations for objectives and select strategies likely to reduce disparities and inequities. Resources should be allocated and tailored to communities where need is greatest. (see the SHIP Toolkit for additional information)</p>

*Fig: State Health Improvement Plan (SHIP) Alignment with CHIP Overview*

The table below outlines specifically how the 2021-2023 Carroll County CHIP aligns with the 2020-2022 SHIP.

<b>2021-2023 Carroll County CHIP Alignment with the 2020-2023 SHIP</b>			
<b>Priority Area</b>	<b>Topic</b>	<b>Indicator</b>	<b>Strategy</b>
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>Local access to healthcare services</li> </ul>	<ul style="list-style-type: none"> <li>Increase the professional shortage areas</li> </ul>	<ul style="list-style-type: none"> <li>Linkage to Medical Homes</li> <li>School Based Health Clinics</li> <li>Community Health Worker</li> </ul>
<b>Community Conditions</b>	<ul style="list-style-type: none"> <li>Adverse Childhood Events</li> </ul>	<ul style="list-style-type: none"> <li>Decrease the number of children who experience 2 or more ACEs</li> </ul>	<ul style="list-style-type: none"> <li>Implement Trauma informed care</li> <li>Implement ACEs screening with physical health providers</li> </ul>
<b>Mental Health/Suicide</b>	<ul style="list-style-type: none"> <li>Depression</li> <li>Suicide deaths</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of adults who report a major depressive episode in the past year</li> <li>Decrease the number of youth deaths due to suicide per 100,000 population</li> </ul>	<ul style="list-style-type: none"> <li>Implement school based social and emotional and suicide awareness programs</li> <li>Mental health first aid for community</li> <li>Stigma reduction for both MH and Addiction</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>Youth drug use</li> <li>Drug overdose deaths</li> </ul>	<ul style="list-style-type: none"> <li>Decrease the number of high school youth who have used alcohol in past 30 days</li> <li>Increase the age for first use of alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Universal school-based alcohol prevention programs</li> <li>Alcohol policy to restrict advertising</li> </ul>



## ACCREDITATION REQUIREMENT FOR CHA AND CHIP

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### NATIONAL REQUIREMENT

As a prerequisite of accreditation by the Public Health Accreditation Board (PHAB), local health departments must conduct a community health assessment (CHA) and develop a community health improvement plan (CHIP) at least every five years.

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### OHIO REQUIREMENT

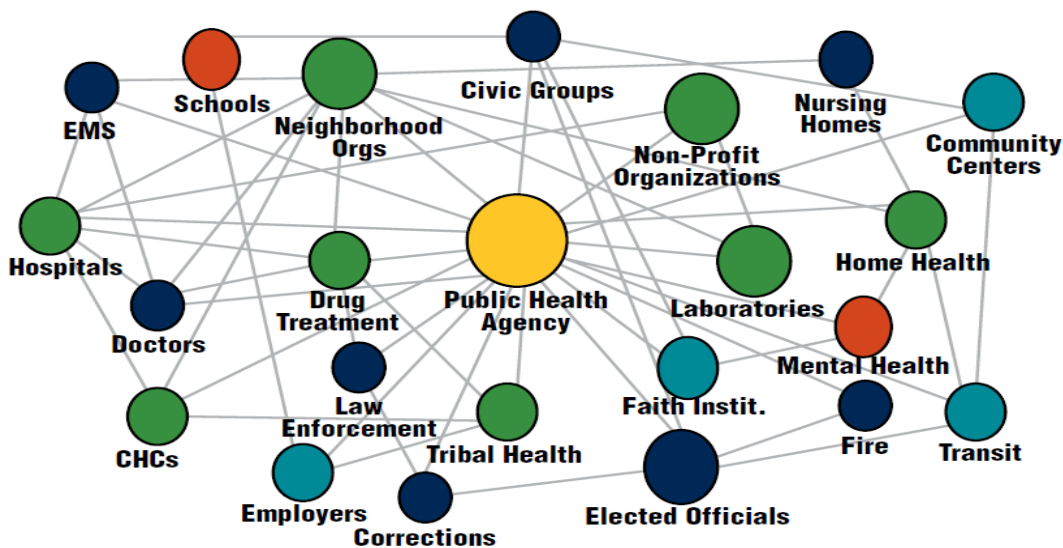
According to Ohio Revised Code 3701.981, which was enacted in July 2016:

- ✓ **Three-year cycle:** Beginning January 1, 2020, complete assessments and plans on a aligned 3-year cycle (2020-2022; 2023-2025, et.)
- ✓ **Reporting:** By October 1, 2020, submit assessments and plans to ODH covering 2020-2022.

## ORGANIZING FOR SUCCESS

In 2013 the Carroll County General Health District (CCGHD) began the MAPP process for community health improvement through the Child and Family Health Services (CFHS) Consortium. In 2016 the CCGHD used the same CFHS Consortium to develop and implement the 2016 Carroll County Community Health Assessment (CHA), however it was determined that more community partners needed to be brought to the table as part of the local public health system to identify the top health issues and concerns for Carroll County. During the implementation of the 2016 Carroll County CHA, staff within the CCGHD took the opportunity to educate additional community partners and elected officials on the benefits and process of the CHA and CHIP documents for the county and the importance of having their representation at the Carroll County Health Improvement Summit in October 2016. The most recent Carroll County Health Improvement Summit occurred in November 2020.

The Community Health Improvement Summit that was organized by the CCGHD, was an opportunity for twenty-seven (27) stakeholders to come together to continue planning on how to improve the health and safety of the residents in Carroll County. During the summit findings from the CHA was presented, other local health data was shared, the visions statement was reaffirmed, and the top four (4) health priorities were identified for Carroll County. Those in attendance at the Summit are considered the Carroll County Community Health Improvement Advisory Committee. This committee continues to meet on an annual basis to review data and progress towards health improvement.



*Figure: Jelly Bean Diagram representing a local public health system.*

A committee was formed for each of the four (4) identified health priorities: 1) Mental Health and Suicide; 2) Substance Use; 3) Community Conditions; and 4) Access to Care. Each of the committee met virtually in April 2021 to develop goals, objectives, and strategies for the 2021 CHIP, following the community’s vision and the 10 Essential Public Health Services. Meeting minutes are captured and maintained as evidence of all completed meetings. At the completion of the development of the Carroll County CHIP each committee will continue to meet on its own or with an already exiting coalition monthly or quarterly to plan the implementation of all the activities for health improvement.



Thank you to the Carroll County Community Health Improvement Advisory Committee for participating in the Carroll County Health Improvement Summit and identifying the top four (4) health priorities for Carroll County.

<b>CARROLL COUNTY HEALTH IMPROVEMENT ADVISORY COMMITTEE</b>	
<b>Name</b>	<b>Organization</b>
<b>Sarah Endlich</b>	Access to Tusc, Bridges to Wellness
<b>Natalie Bollon</b>	ADAMH Board Tusc and Carroll County
<b>Wendy Gotschall</b>	Aultman Hospital
<b>Julie Elkins</b>	Aultman Orrville Rural Health Center
<b>Mark Scott</b>	Brown Local School Superintendent
<b>Rachel Rinkes</b>	Carroll County Adult Probation
<b>Christopher Modranski</b>	Carroll County Board of Commissioners
<b>Walter Stine</b>	Carroll County Board of Health
<b>Thomas Cottis</b>	Carroll County EMA
<b>Amy Campbell</b>	Carroll County General Health District
<b>Caitlin Mathews</b>	Carroll County General Health District
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Wendy Gotschall</b>	Carroll County General Health District
<b>Debbie Bowe</b>	Carroll County Head Start
<b>Kate Offenberger</b>	Carroll County Department of Jobs and Family Services
<b>Barbara Burns</b>	Carrollton Schools Food Service
<b>Mark Wells</b>	Carrollton Village
<b>Amanda Barna</b>	Center for Marketing and Research (CMOR)
<b>Miles Riley</b>	Community Mental Health (FQHC)
<b>Jessica Faulk</b>	Golden Age Retreat
<b>Patrica Finch</b>	Golden Age Retreat
<b>Carol McIntire</b>	Messenger Newspaper
<b>John Humphrey</b>	North Canton Medical Foundation
<b>Jodi Salvo</b>	Ohio Guidestone Kinship Navigator
<b>Lisa Winkler</b>	Ohio Guidestone Kinship Navigator
<b>Bridget Britton</b>	OSU Extension
<b>Corinna Gromley</b>	OSU Extension
<b>Chelsea Woodruff</b>	Verveta Dialysis

ACCESS TO CARE COMMITTEE	
Name	Organization
<b>Sarah Endlich</b>	Access to Tusc, Bridges to Wellness
<b>Natalie Bollion</b>	ADAMH Board
<b>Wendy Gotschall</b>	Aultman Hospital System
<b>Pete Kandis</b>	Aultman Orrville
<b>Dr. Scott Stine</b>	Aultman Primary Care
<b>Carol Risaliti</b>	Beacon Charitable Pharmacy
<b>Matt Campbell</b>	Board of DD
<b>Constance Bitzer</b>	CareSource
<b>Kate Offenberger</b>	Carroll County Department of Jobs and Family Services
<b>Amy Campbell</b>	Carroll County General Health District
<b>Caitlin Mathews</b>	Carroll County General Health District
<b>Jessica Slater</b>	Carroll County General Health District
<b>Julie Halfhill</b>	Carroll County General Health District
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Natalie Blevins</b>	Carroll County General Health District
<b>Susan McMillen</b>	Carroll County General Health District
<b>Tonya Myers</b>	Carroll County Senior Center (Friendship Center)
<b>Sonja Trbovich</b>	Carroll County Transit
<b>LaVonne Bruno</b>	Carroll County WIC
<b>Jessica Lafferty</b>	Carroll Hills
<b>Amanda Barna</b>	Center for Marketing and Research (CMOR)
<b>Susan Smith</b>	Commquest
<b>Amy Rutledge</b>	Community member
<b>Melanie Campbell</b>	Community member
<b>Angela Henary</b>	Community Mental Health
<b>Jim Fiecht</b>	Community Mental Health
<b>Miles Riley</b>	Community Mental Health (FQHC)
<b>Mary Catherine Jones</b>	Consultant with Beacon Charitable Pharmacy
<b>Ken Joseph</b>	EMT Ambulance
<b>Dawn Faulk</b>	Golden Age Retreat
<b>Nancy Reed</b>	Harcatus- Head Start
<b>Mandy Caldwell</b>	Help Me Grow
<b>Crystal Walters</b>	Mercy
<b>Rosemary Brace</b>	Mercy Medical
<b>Suzanne Bates</b>	My Community Hospice

<b>ACCESS TO CARE COMMITTEE</b>	
<b>Name</b>	<b>Organization</b>
<b>Jody Salvo</b>	Ohio Guidestone
<b>Lisa Winkler</b>	Ohio Guidestone
<b>Rob Miller</b>	RJ Miller Behavioral Health
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Sarah Endlich</b>	Bridges to Wellness

<b>COMMUNITY CONDITIONS COMMITTEE</b>	
<b>Name</b>	<b>Organization</b>
<b>Mary Catherine Jones</b>	Consultant with Beacon Charitable Pharmacy
<b>Caitlin Mathews</b>	Carroll County General Health District
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Laiton Carter</b>	Carroll County Department of Jobs and Family Services
<b>Amy Campbell</b>	Carroll County General Health District
<b>Amanda Barna</b>	Center for Marketing and Research (CMOR)
<b>Angela Henary</b>	Community Mental Health
<b>Gwenevere Malcuit</b>	Community Mental Health
<b>Lisa Winkler</b>	Ohio Guidestone
<b>Debbie Albright</b>	Parent Rep FCFC/Community Member

<b>MENTAL HEALTH AND SUICIDE COMMITTEE</b>	
<b>Name</b>	<b>Organization</b>
<b>Natalie Bollon</b>	ADAMH Board Tusc and Carroll County
<b>Carol Risaliti</b>	Beacon Charitable Pharmacy
<b>Matt Campbell</b>	Carroll County Board of DD
<b>Cheri Miller</b>	Carroll County Department of Jobs and Family Services
<b>Amy Campbell</b>	Carroll County General Health District
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Amanda Barna</b>	Center for Marketing and Research (CMOR)
<b>Angela Henary</b>	Community Mental Health
<b>Gwenevere Malcuit</b>	Community Mental Health
<b>Miles Riley</b>	Community Mental Health
<b>Lisa Winkler</b>	Ohio Guidestone
<b>Debbie Albright</b>	Parent Rep FCFC/Community Member



**SUBSTANCE USE COMMITTEE**

<b>Name</b>	<b>Organization</b>
<b>Natalie Bollon</b>	ADAMH Board Tusc and Carroll County
<b>Carol Risaliti</b>	Beacon Charitable Pharmacy
<b>Mary Catherine Jones</b>	Consultant with Beacon Pharmacy
<b>Jennifer Burns</b>	Carroll County Department of Jobs and Family Services
<b>Amy Campbell</b>	Carroll County General Health District
<b>Kelly Engelhart</b>	Carroll County General Health District
<b>Amanda Barna</b>	Center for Marketing and Research (CMOR)
<b>Angela Henary</b>	Community Mental Health
<b>Gwenevere Malcuit</b>	Community Mental Health
<b>Miles Riley</b>	Community Mental Health
<b>Lisa Winkler</b>	Ohio Guidestone
<b>Debbie Albright</b>	Parent Rep FCFC/Community Member

## VISIONING

The visioning phase for the 2021 Carroll County Community Health Improvement Plan (CHIP) occurred during the 2016 Carroll County Health Improvement Summit. The group was provided a definition of what needed captured in the statement, *an aspirational description of what we as a county would like to achieve or accomplish over the next 5 to 10 years*. The group was also provided with a question to help formulate a vision for Carroll County: *what makes a healthy county?* Throughout the summit participants were asked to write down their ideas of a vision statement for Carroll County. Their visions consisted of a positive environment, a safe environment, a healthy environment, healthy lifestyle incentives, opportunities for healthy and positive activities for at-risk children and teens, parent education, and a community center for families.

The Carroll County General Health District reviewed all the responses to guide in the development of the vision for Carroll County. The following vision statement was developed in 2016 and continues to be used today:

*Striving to achieve a positive, safe, healthy, and resource accessible county for residents.*



## THE FOUR ASSESSMENTS

This section provides details regarding each of the four assessments that were completed in Carroll County for health improvement, the Community Themes and Strengths Assessment, the Local Public Health System Assessment, the Community Health Status Assessment, and the Forces of Change Assessment. Each of these assessments were used in different stages of the CHIP process; the identification of the health priorities and in the development of the goals and strategies. Results from these assessments can also be found in the 2019 Carroll County Community Health Assessment document.

### ASSESSMENT 1: COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment identifies issues that community partners and residents perceive that need addressed by the public health system, community assets and resources available or needed to help improve quality of life. Carroll County completed this assessment as part of the 2019 Carroll County Community Health Assessment. Both residents and community partners were asked for feedback regarding community needs, resources, and assets. A summary of the results is below.

- All residents were asked what they thought was the MOST important health related issue or challenge in Carroll County. Nearly half, 45%, felt that drugs, alcohol and opiates was the most important health issue in the county. The second largest health-related issue was the lack of medical facilities and professionals, given by 35% of residents. The remaining health related issues and challenges as reported by county residents is outlined below.

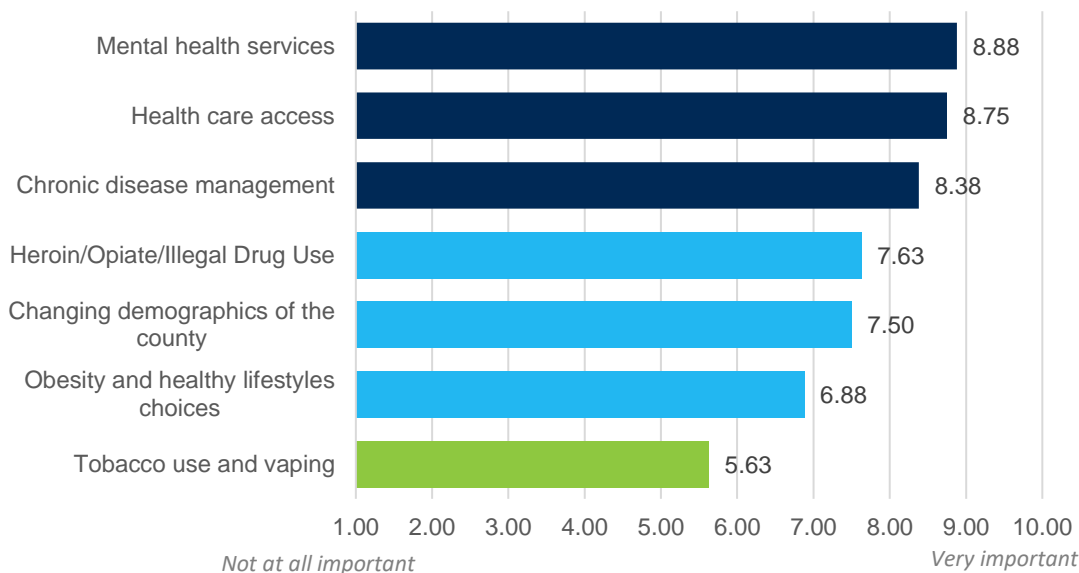
Most Important Health Related Issue or Challenge				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Residents
Drugs/Alcohol/Opiates	74	28.1%	117	44.5%
Lack of medical facilities/professionals	45	17.2%	92	35.0%
Socioeconomic factors	20	7.6%	42	16.1%
Healthcare/Transportation during emergencies	21	7.8%	33	12.6%
Mental health	6	2.4%	27	10.3%
Cancer	16	6.0%	27	10.1%
High medical costs	9	3.5%	26	9.9%
Environmental factors/Water quality	9	3.4%	24	9.1%
Obesity	7	2.7%	19	7.3%
Health insurance	14	5.4%	18	6.9%
Diabetes	2	0.9%	12	4.5%
Health care for elderly	5	2.1%	11	4.4%
Smoking/vaping	1	0.5%	11	4.3%
Heart disease	1	0.3%	9	3.3%
Unhealthy lifestyles	1	0.5%	8	2.9%
Access to nutritious food	2	0.8%	7	2.7%
Flu	5	1.9%	6	2.3%
Anti-vaccine belief	4	1.5%	5	1.9%
Health related education	0	0.0%	5	1.9%
Cost of prescriptions	4	1.6%	4	1.6%
Home healthcare	3	1.0%	4	1.4%
Chronic disease Management	0	0.0%	3	1.1%

<b>Most Important Health Related Issue or Challenge</b>				
	<b># of FIRST Responses</b>	<b>% of FIRST Responses</b>	<b># of TOTAL Responses</b>	<b>% of Residents</b>
Stray animals	2	0.6%	2	0.6%
MISCELLANEOUS	11	4.2%	25	9.5%
<b>Total</b>	<b>263</b>	<b>(n=263)</b>	<b>537</b>	<b>(n=263)</b>

*Question: What do you think is the MOST important health related issue or challenge facing your community?*

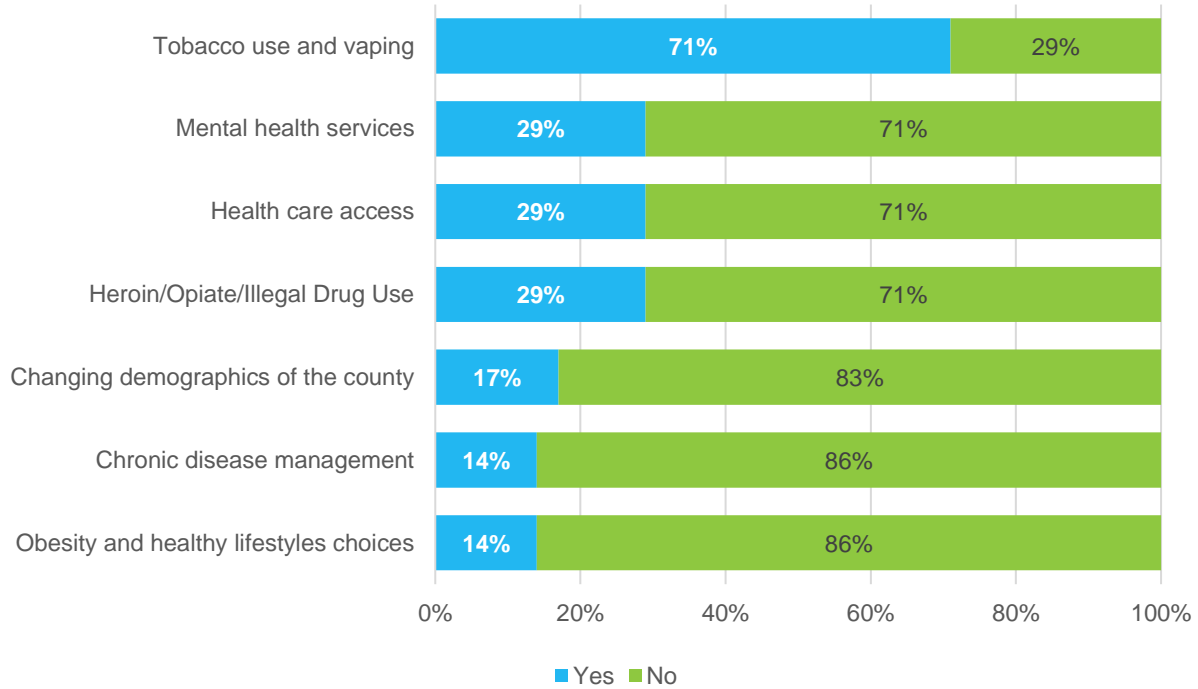
Eight Community Leaders in the healthcare industry were given a list of community health-related issues that were identified through the community survey and secondary data analysis and asked, based on their professional experience, how important they thought the issue was on a scale of 1=Not at all Important to 10=Very Important. Responses were averaged in order to rank the importance of the issues. The top three issues, based on the rankings, were (1) mental health services/suicide including the lack of mental health providers, (2) access to health care including lack of facilities, primary care doctors, dentists and access to specialists, and (3) chronic disease management.

### Importance of Issues



Community Leaders were also asked if there were any additional issues that should be added to the list of issues. The following additions, many of which are encompassed in the broader issues already identified, were suggested: alcohol use, having a quality 24/7 urgent care center available, the lack of intensive home-based and intensive out-patient mental health services, transportation issues, and housing. Health Leaders were also asked if they thought there were adequate services and programs already in place to address each issue. The only issue that Health Leaders thought that there were already adequate resources in place was for tobacco use and vaping. If they indicated that there were not enough services or programs in place they were then asked what is missing. Responses to this question are listed, verbatim, on the table on the next page.

## Adequate Services and Programs Available to Address Issue



What is missing from Carroll County to address issue	
Issues	What is Missing
<b>Changing demographics of the county</b>	<ul style="list-style-type: none"> <li>JFS programs</li> <li>Aging population needing assistance to services</li> <li>Gerontology</li> </ul>
<b>Chronic disease management</b>	<ul style="list-style-type: none"> <li>Prevention of chronic disease before they are chronic</li> <li>Dialysis</li> <li>No local programs</li> </ul>
<b>Health care access</b>	<ul style="list-style-type: none"> <li>Dentist accepting Medicaid, FP physicians, Specialty care</li> <li>No primary hospital, transportation in county, specialist needed</li> <li>No ability to become stabilized s new patient in timely fashion</li> <li>Dental Specialty, primary care</li> </ul>
<b>Heroin/Opiate/Illegal Drug Use</b>	<ul style="list-style-type: none"> <li>Detox, inpatient, No IOP in county</li> <li>Detox, residential</li> <li>More drug rehab facilities in the county</li> <li>Continued programs are needed and more outreach</li> <li>In patient rehab</li> </ul>
<b>Mental health services</b>	<ul style="list-style-type: none"> <li>Need suicide program in schools</li> <li>Mental health left not diagnosed, No results, end up in jail or prosecuted</li> <li>Limited number of professional available in county, unaffordable in general population of county</li> <li>No intensive homebased services for families. No service dual MH/DD</li> </ul>
<b>Obesity and healthy lifestyles choices</b>	<ul style="list-style-type: none"> <li>Perception of lifestyle and disease</li> <li>No local gyms</li> <li>Food pantries to provide staple items</li> <li>Dental services concern</li> </ul>
<b>Tobacco use and vaping</b>	<ul style="list-style-type: none"> <li>Public education is limited</li> <li>Letter-community promotion</li> </ul>

- When asked what **demographic groups** in Carroll County that they thought were not being adequately served by local health services the following groups were mentioned:
  - Specific age groups: 18-40, seniors, children, adolescents/teens
  - Income: low income and working poor
  - Chronic disease patients
  - Residents with mental health issues
- The following are some **problems, barriers, or gaps in services** that prevent residents from receiving health related care they need according to Community Leaders:
  - Transportation issues
  - General perception of health/illness, lack of understanding about risk and prevention
  - Insurance issues: Residents have no insurance or changes in insurance as well as the cost of insurance and high deductibles.
  - Limited number of providers and healthcare facilities
  - Lack of providers willing to provide home health care
  - The distance needed to travel to get health care
  - Lack of specialty providers
  - Limited awareness of available resources
  - Care givers not recognizing needs of ones giving care for
  - Residents don't have sick time and can't take time off of work to go to the doctor.

## ASSESSMENT 2: LOCAL PUBLIC HEALTH ASSESSMENT

The Local Public Health System Assessment measures the capacity and performance of the local public health system. Carroll County completed this assessment using two different assessments.

The first assessment was conducted in 2019 with the customers, community partners & stakeholders regarding the health department. The following chart represents the results from the local public health system S.W.O.T. Analysis.

Public Health System Strengths <i>(in order of importance)</i>	Public Health System Weaknesses <i>(in order of importance)</i>
<ul style="list-style-type: none"> <li>• Community partnerships</li> <li>• Variety of services</li> <li>• Community outreach/education</li> <li>• Personnel/Staff (experienced, dedicated, helpful, caring)</li> <li>• Teamwork</li> <li>• Committed</li> <li>• Leadership</li> <li>• Customer Service</li> <li>• Efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Community Outreach/Education/Public Awareness</li> <li>• Funding</li> <li>• Continued Education/Training</li> <li>• External Communication</li> <li>• Technology</li> <li>• Staff turnover</li> </ul>
Public Health System Opportunities/Priorities that CCGH Should Focus on over 5 years <i>(in order of importance)</i>	
<ol style="list-style-type: none"> <li>1. Community Health Prevention/Promotion/Education</li> <li>2. Enhanced partnerships</li> </ol>	



3. Funding
4. Continued education and training
5. Environmental issues
6. Emergency preparedness

The second local public health assessment completed was the National Public Health Performance Standards (NPHPS) assessment. This assessment provides another snapshot of strengths and weaknesses in the Carroll County local public health system. This assessment was completed with the Carroll County Access to Care Task Force that consists of thirteen (13) community partners. This assessment scores performance of the local public health system against the 10 Essential Public Health Services. Those completing the assessment scored each of the questions based on how they perceived that activity was being met in the county. The following scale was used on the assessment to determine strengths and opportunities to improve local public health system performance.

<b>Optimal Activity (76-100%)</b>	Greater than 75% of the activity described within the question is met.
<b>Significant Activity (51-75%)</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate Activity (26-50%)</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal Activity (1-25%)</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No Activity (0%)</b>	0% or absolutely no activity.

Community partners were given a two-week window to complete the assessment. The graph below shows the results of the NPHPS assessment.

### Summary of Average ES Performance Score

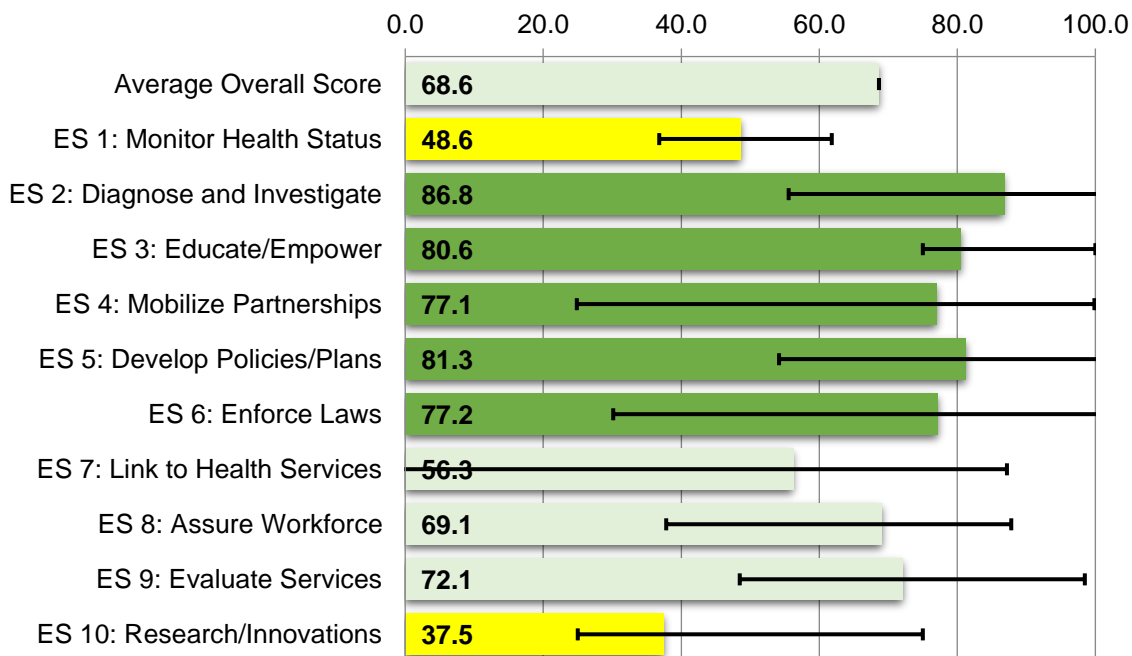


Figure 5: NPHPS Assessment- Carroll Count Public Health Essential Service Performance Score

## ASSESSMENT 3: COMMUNITY HEALTH ASSESSMENT

The Community Health Status Assessment provides data about the health status, quality of life, and risk factors in the community. Carroll County General Health District completed this assessment as part of the 2019 Carroll County Community Health Assessment.

Four different data phases were included in this assessment. The first phase of the project, a Community Survey, consisted of a random sample telephone survey of Carroll County households. This method was used to ensure representativeness of the adult population and to warrant statistical validity. The final sample size was 384 which resulted in an overall sampling error of +/- 5.0% within a 95% confidence level. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases and transportation.

The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data. CMOR gathered and compiled health and demographic data from various sources.

The third phase of the study, a Youth Health Survey, consisted of a survey of 297 area middle and high school students. The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.

The fourth and final phase, consisted of collecting qualitative data was in order to provide some contextual information to the primary and secondary data outlined above. The qualitative data included a Community Leader survey which consisted of a paper survey completed by 8 members of the county's health coalition as well as a focus group of a diverse set of eight community residents.

When available, data was compared to previous year's information and other geographic areas such as Ohio or the United States. Analysis included survey data, and health and demographic data.

Below presents a summary of the five (5) priority health needs for Carroll County identified as a result of this assessment (*in alphabetical order*). For each area, some of the data used to support the identified health need is included below. In many cases there were significant differences between demographic groups. The demographic characteristics with the most significant impact were income, education, and age. The five priority health need areas were identified because they were common themes that appeared throughout the multiple sources of data and had adequate support to identify them as a significant issue.

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### PRIORITY 1: ACCESS TO HEALTH CARE

**HEALTH NEED:** A large portion of county residents still do not have access to affordable basic health care services including primary care doctors. Access to medical specialists, dentists, and mental health professionals were also issues.

The ratio of population to primary care physicians, mental health providers, and dentists is significantly higher in Carroll County than Ohio; (1) for primary care physicians, the ratio was more than 4 times higher in Carroll, (2) for mental health providers, the ratio was more than 5 times higher in Carroll, (3) for dentists, the ratio is almost 1.5 times higher in the county than the state. More specifically, in Ohio, there is 1 Primary Care Physician for

every 1,300 residents. Carroll's County's ratio is more than four time the State ratio at 1 Primary Care Doctor for every 5,530 residents. In fact, there are only 5 Primary Care Physicians in the county.

In addition, there are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County.

Health Care Summary, 2017		
	Carroll County	Ohio
Primary Care Physicians	5	-
Ratio of population to primary care	5,530:1	1,300:1
Mental Health Providers	11	-
Ratio of population to mental health	2,490:1	470:1
Dentists	11	-
Ratio of population to dentists	2,490:1	1,620:1
Number of registered hospitals*	0	220
Number of hospital beds*	0	44,737
Licensed nursing homes*	3	965
Number of beds*	219	89,705
Licensed residential care*	1	748
Number of beds*	108	58,763

*SOURCE: County Health Rankings which used data from Area Health Resource File/American Medical Association for PCP and Dentists, original source of mental health data was CMS, National Provider Identification.  
\* Ohio Development Services Agency, Ohio County Profiles*

Primary Care Physicians trends											
	2012		2013		2014		2015		2016		% Change
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	
Carroll	8	3,573	7	4,040	6	4,700	6	4,640	5	5,530	-37.5%
Ohio	14,911	1,336	14,900	1,300	14,840	1,300	14,780	1,310	14,800	1,300	-0.74%

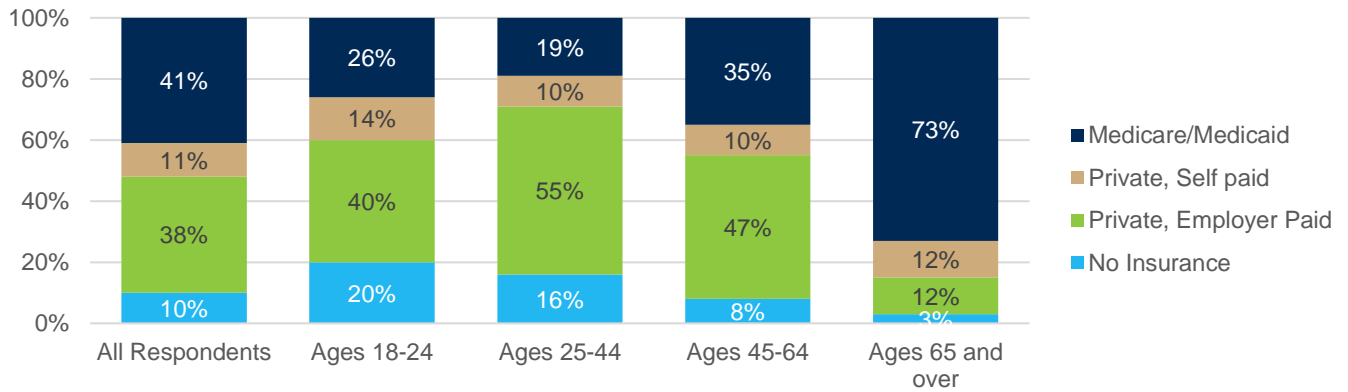
*SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. <http://www.countyhealthrankings.org/>*

Ratio of Population per Dentists trends											
	2013		2014		2015		2016		2017		% Change
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	
Carroll	10	2,828	10	2,820	10	2,780	11	2,520	11	2,490	-10.0%
Ohio	-	1,746	-	1,710	-	1,690	-	1,660	-	1,620	-

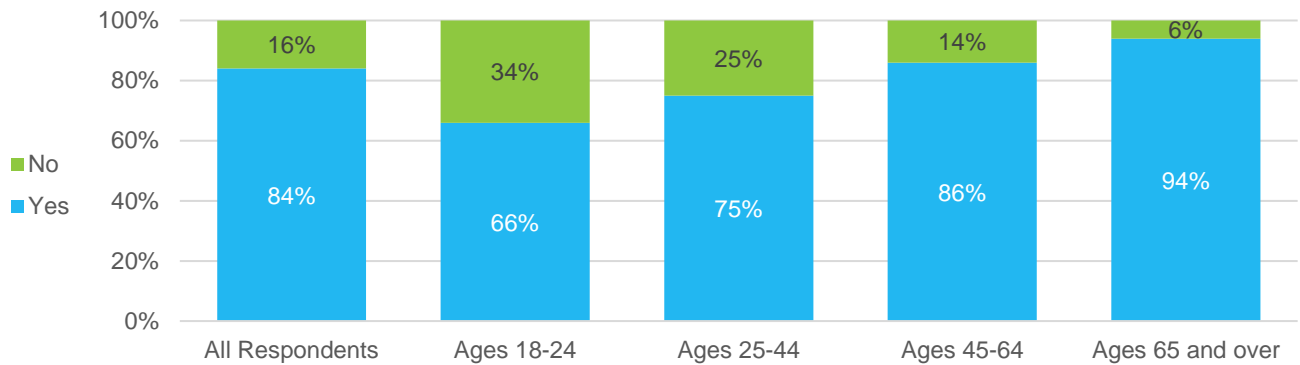
*SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. <http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/88/map>*

In the community survey of Carroll County Adult residents, one in ten residents, 9.7% reported that they did not have health insurance. Nearly one-sixth, 16%, reported that they do not have one person or group they think of as their doctor or health care provider. In addition, nearly one-sixth, 15.6%, of residents relied on a Stat Care or urgent care center as their primary source of health care, while another 4.9% relied on an emergency room. There were significant difference between resident age groups.

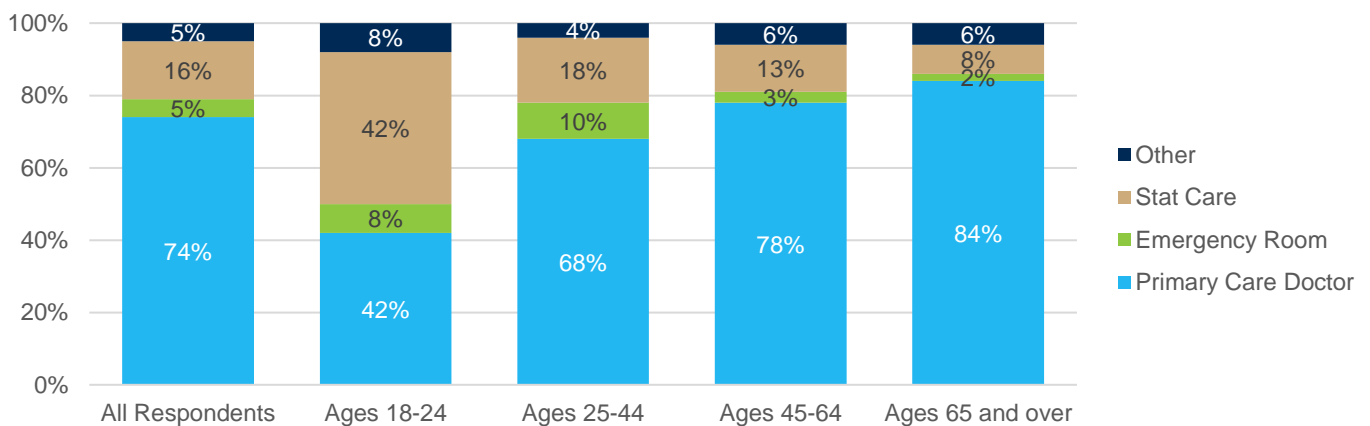
### Type of Insurance Coverage



### Has a Primary Care Provider

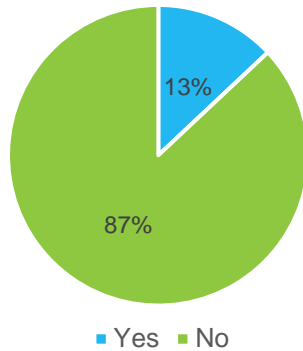


### Where Get Healthcare Most Often

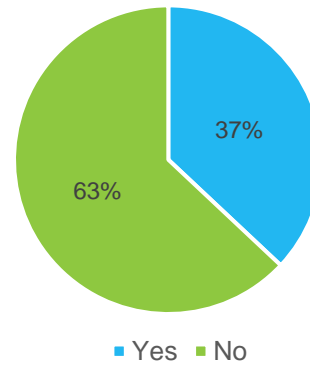


Also from the community survey, a notable portion of residents, 13%, reported that there were healthcare services that they or a family member needed in the past year that they were unable to get. The two services that were needed most often were specialist services and physical/occupational therapy and the most common reason for not being about to get the needed service was that the service was not available in their area. Also, more than a third of residents, 37%, reported being unable to find a specialist or doctor locally or having to wait more than 30 days to make an appointment.

**Healthcare Services Needed but Unable to Get**



**Needed Specialist/Doctor Unable to Find**



**PRIORITY 2: CHRONIC DISEASE MANAGEMENT**

**HEALTH NEED:** Chronic diseases develop over a period of time and require reoccurring care, which can be very expensive and span a person’s lifetime. While chronic diseases cannot be prevented by vaccinations, there are lifestyle choices such as lack of exercise or poor diet that can increase a person’s likelihood of developing a chronic disease.

The top two causes of death in Carroll County in 2018 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increase were cerebrovascular and diabetes.

	Carroll County						Ohio					
	2014	2015	2016	2017	2018	Change	2014	2015	2016	2017	2018	Change
Malignant Neoplasms	225.1	147.5	154.1	213.7	150.6	<b>-49%</b>	219.2	218.6	219.5	219.9	165.3	<b>-33%</b>
Diseases of the heart	205.5	156.2	156.2	200.9	205.8	<b>0%</b>	232.7	241.5	235.8	240.1	191.1	<b>-22%</b>
Alzheimer’s Disease	36.4	27.8	32.8	38.4	25.7	<b>-42%</b>	35.2	40.0	43.3	43.9	34.7	<b>-1%</b>
CLRD	84.0	66.9	54.8	76.4	51.6	<b>-63%</b>	58.3	62.0	60.3	62.7	49.0	<b>-19%</b>
Cerebrovascular	46.0	45.7	31.6	51.1	53.5	<b>14%</b>	49.9	51.1	51.5	55.1	42.6	<b>-17%</b>
Diabetes	26.9	31.3	36.1	29.0	33.1	<b>19%</b>	31.4	31.4	30.7	32.1	25.4	<b>-24%</b>
Suicide	-	-	-	-	-	-	12.8	14.2	14.7	14.9	15.2	<b>16%</b>
Flu & Pneumonia	-	-	-	-	-	-	21.1	21.0	18.8	19.2	15.7	<b>-34%</b>
Accidents	64.7	50.9	41.0	98.4	59.1	<b>-9%</b>	53.3	58.0	68.8	76.9	63.8	<b>16%</b>

*CLRD- CHRONIC LOWER RESPIRATORY DISEASES, SOURCE: OHIO DEPARTMENT OF HEALTH, ODH DATA WAREHOUSE, \*2018 IS NOT YET FINALIZED AND MAY CHANGE*

Cancer incidence rates were considerably higher in Carroll County than Ohio for the following types of cancer: breast, lung, and oral. Cancer incidence rates were lower in Carroll County than Ohio for colon and prostate cancer.

Cancer Incidences in Carroll County and Ohio						
	Number of Cases				Age Adjusted Rate (2016)	% Change 2013-2016
	2013	2014	2015	2016		
<b>CARROLL COUNTY</b>						
Breast	19	18	27	31	76.7	38.7%
Lung and Bronchus	34	31	28	29	69.0	-17.2%
Oral Cavity & Pharynx	4	7	8	6	16.7	33.3%
<b>TOTAL- ALL CANCERS</b>	<b>190</b>	<b>168</b>	<b>172</b>	<b>186</b>	-	-2.2%
<b>OHIO</b>						
Breast	9,330	9,495	9,642	9,718	68.9	4.0%
Cervix	463	482	479	490	8.1	5.5%
Oral Cavity & Pharynx	1,693	1,696	1,782	2,641	11.7	35.9%
<b>TOTAL- ALL CANCERS</b>	<b>63,280</b>	<b>64,257</b>	<b>66,154</b>	<b>63,914</b>	-	1.0%

*SOURCE: Carroll County General Health District, Originally extracted from Ohio Department of Health Data Warehouse*

In the Community Survey, residents were given a list of nine chronic diseases and asked if they or a member of their immediate family have ever been diagnosed with the disease by a health care professional. The chronic diseases most prevalent were arthritis, diabetes, and heart disease or heart attack.

Summary: Chronic Disease Management		
	Resident or Immediate Family Been Diagnosed	Currently Seeing Doctor*
Arthritis	39.9%	69.3%
Diabetes	27.5%	88.9%
Heart disease or heart attack	22.7%	84.5%
Any form of cancer	19.2%	75.1%
Asthma	18.2%	75.6%
Lower respiratory diseases	12.9%	89.6%
Kidney disease	5.5%	92.8%
Stroke	5.4%	80.6%
Alzheimer's	2.6%	67.1%

*\*Asked only of residents diagnosed with condition*

## RISK FACTORS

According to the youth survey, more than a quarter of high school students, 28.4%, are considered overweight or obese based on their BMI which was calculated using their self-reported height and weight. A slightly higher percentage of high school students, 34.5%, categorized themselves as either slightly or very overweight. For middle school students, the percentage of students who thought of themselves as overweight was significantly lower, 25.3%.

Summary: Body Weight	High School	Middle
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<b>Weight Category</b> (based on BMI score)	Underweight	10.2%	-
	Normal	61.3%	-
	Overweight	17.5%	-
	Obese	10.9%	-
<b>Self-described weight</b>	Very underweight	3.5%	2.1%
	Slightly underweight	15.5%	16.4%
	About the right weight	46.5%	56.2%
	Slightly overweight	27.5%	20.5%
	Very overweight	7.0%	4.8%

Also, according to the youth survey, over a third, 42.1% of high school and 36.5% of middle school, students play an average of 3 or more hours of computer or video games on an average school day. Around a quarter, 23.2% of high school and 26.4% of middle school, students watch an average of 3 or more hours of television on an average school day. Approximately one-sixth, 14.2% high school and 17.5% middle school, students reported getting 5 hours or less of sleep a night. Middle school students are much more likely to report getting 8 or more hours of sleep than high school students, 45.7% compared to 29.7%. Middle school students were much more likely than high school students to report being physically active for more than 60 minutes a day each day for the past week; 42.9% of middle schoolers compared to 33.6% of high school students. A small percentage of students, 9.1% of high school students and 5.4% of middle school students, reported not being physically active at all over the past week. Physical activity was defined as any activity that increased their heart rate and made them breath hard some of the time.

<b>Summary: Physical Activity</b>			
		<i>High School Students</i>	<i>Middle School</i>
<b>Number of days in past week were physically active for at least 60 minutes</b>	None	9.1%	5.4%
	1 to 2 days	10.5%	13.6%
	3 to 4 days	26.6%	15.6%
	5 to 6 days	20.3%	22.5%
	All 7 days	33.6%	42.9%
<b>Number of hours watch TV on average school day</b>	Do not watch TV on school day	20.4%	12.8%
	Less than 1 hour	19.0%	25.0%
	1 hour	17.6%	14.2%
	2 hours	19.7%	21.6%
	3 hours	12.7%	14.9%
<b>Number of hours play video or computer games on average school day</b>	4 or more hours	10.5%	11.5%
	Do not play games on school day	14.1%	12.8%
	Less than 1 hour	9.9%	14.2%
	1 hour	10.6%	17.6%
	2 hours	13.4%	18.9%
<b>Number of hours sleep on average school night</b>	3 hours	19.0%	12.8%
	4 or more hours	33.1%	23.7%
	4 hours or less	7.1%	10.1%
	5 hours	7.1%	7.4%
	6 hours	27.0%	10.1%
	7 hours	29.1%	26.8%
	8 hours	23.4%	25.5%
	9 or more hours	6.3%	20.2%

Physical inactivity is the estimated percent of adults ages 20 and older reporting no leisure time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. More than a quarter of adults in both Carroll County are considered physically inactive, a number that has remained steady over the last several years.

Percentage of Adults Physically Inactive						
	2011	2012	2013	2014	2015	% Change
Carroll	29%	27%	24%	24%	28%	-1%
Ohio	26%	26%	25%	26%	25%	-1%

*SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion*

More than a third of adults in Carroll County have a BMI of 30 or more. The percentage of obese adults has slightly increased over the past several years.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2011	2012	2013	2014	2015	% Change
Carroll	32%	35%	35%	34%	35%	+3%
Ohio	30%	30%	31%	32%	32%	+2%

*SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion*

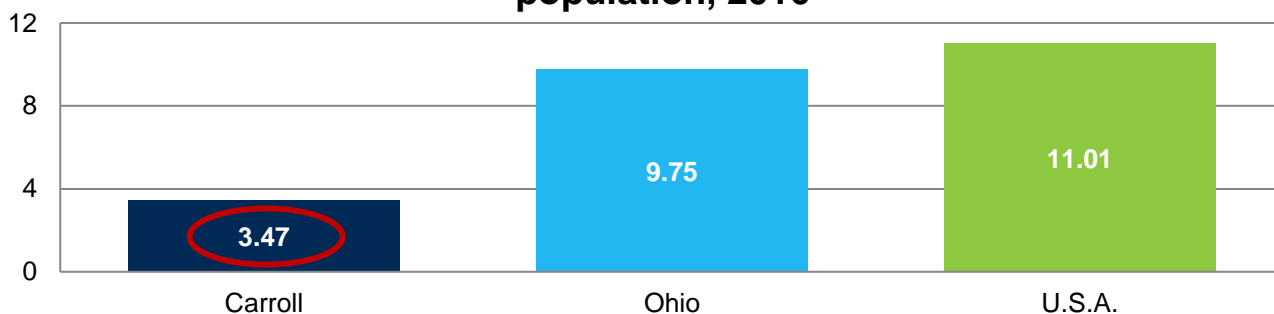
The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of Carroll County residents with access to locations for physical activity is alarmingly low. Less than a third of county residents, 30%, have access compared to a statewide average of 84%. Only four of Ohio's 88 counties have a smaller percentage of population with adequate access.

Percentage of Population with Access to Exercise Opportunities						
	2012	2013	2014	2016	2018	% Change
Carroll	34%	60%	60%	39%	30%	-4%
Ohio	78%	83%	83%	85%	84%	+6

*SOURCE: COUNTY HEALTH RANKINGS. ORIGINAL SOURCE: BUSINESS ANALYST, DELORME MAP DATA*

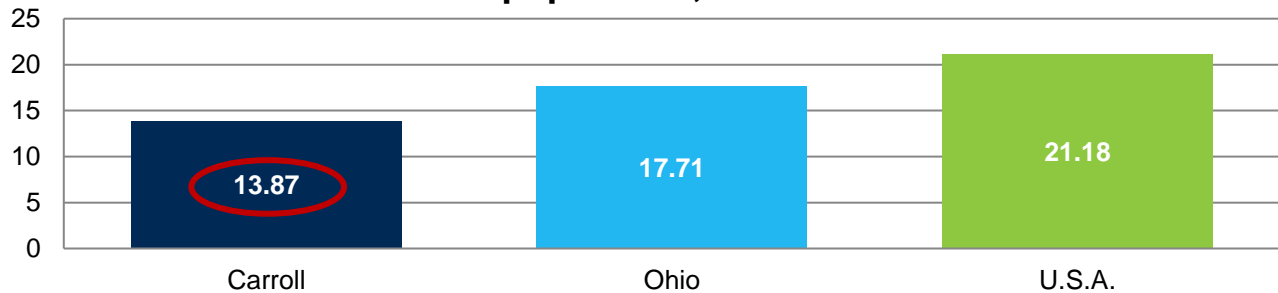
When looking at the rate of recreation and fitness facilities per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is immense. The rate of facilities per 100,000 population in Carroll County is just 3.47, which is nearly a third of the state's rate of 9.75 and more than a third of the country's rate of 11.01.

**Rate of Recreation/Fitness Facilities per 100,000 population, 2016**



When looking at the rate of grocery store establishments per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is significant. The rate of establishments per 100,000 population in Carroll County is 13.87, which is considerably smaller than the state's rate of 17.71 and the country's rate of 21.18.

### Rate of Grocery Store Establishments per 100,000 population, 2016



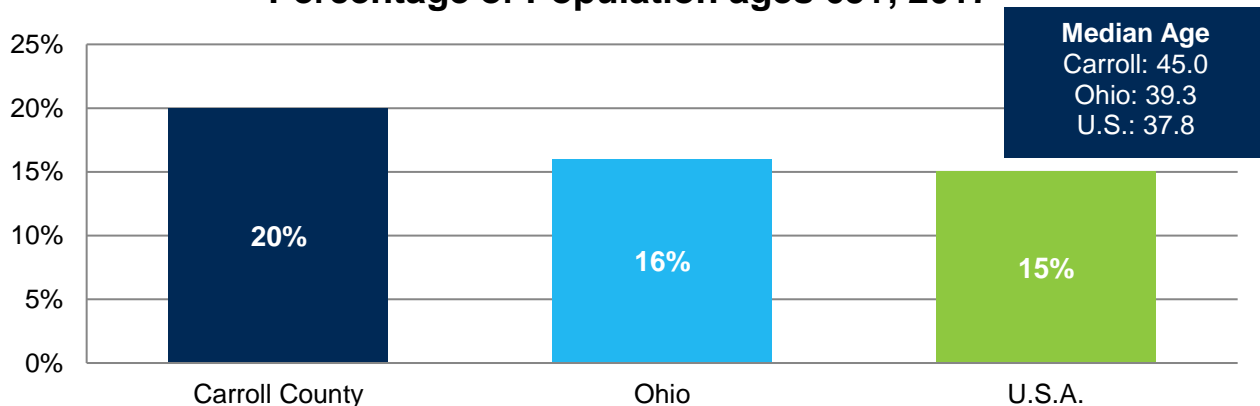
Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA

## PRIORITY 3: COMMUNITY CONDITIONS

**HEALTH NEED:** Carroll County is one of the oldest counties in Ohio (it is 5<sup>th</sup> out of 88) and the population ages 65 and over is growing. In addition, due partly to the heroin and opiate epidemic, the number of grandparents raising grandchildren has also been rapidly increasing. As the county continues to age, there will be significant challenges to meet the health needs of the again population.

As shown in the graph below, Carroll County has a disproportionate percentage of the population ages 65 and over compared to both Ohio and the country as a whole.

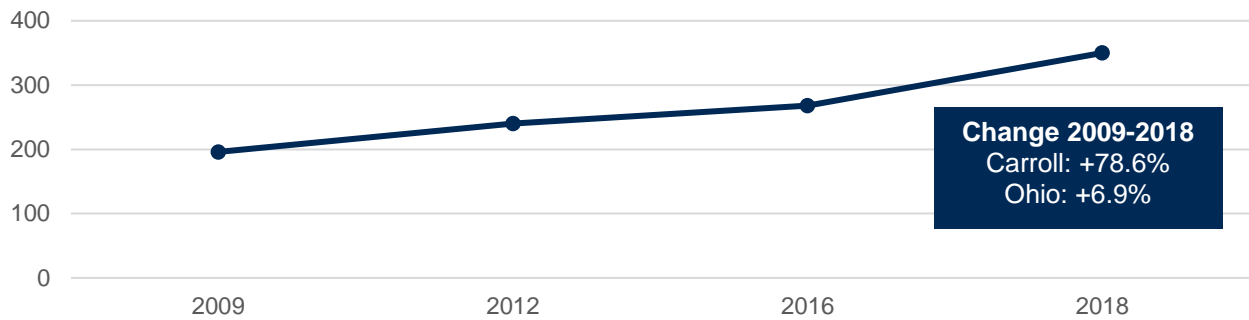
### Percentage of Population ages 65+, 2017



Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

The change in percentage of children living with their grandparents in Carroll County is more than 10 times the increase for the state (a 79% increase in Carroll County compared to 7% for the state).

### Number of Grandparents Raising Grandchildren - Carroll

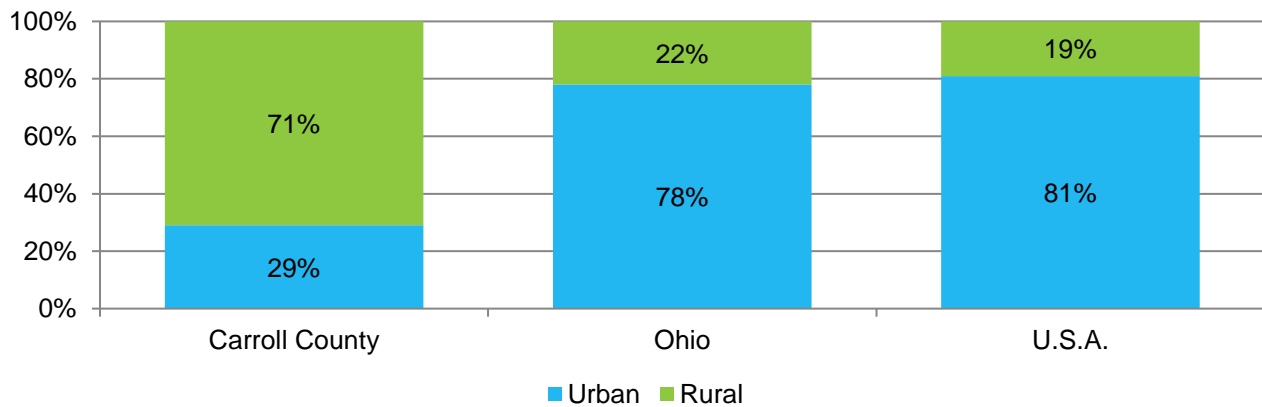


Number of Grandparents Raising Grandchildren					
County	2009	2012	2016	2018	Change '09- '18
Carroll	196	240	268	350	78.6%
Ohio	91,513	99,487	100,667	97,811	6.9%

*SOURCE: Public Children Services Association of Ohio (PCSAO). <https://www.pcsao.org/pdf/factbook/2019/Carroll.pdf>*

Carroll County is considerably more rural (71%) than Ohio (22%) and the country as a whole (19%).

### Urban/Rural Classification, 2010



*Data Source: US Census Bureau, Decennial Census, 2010. Source geography: Tract*

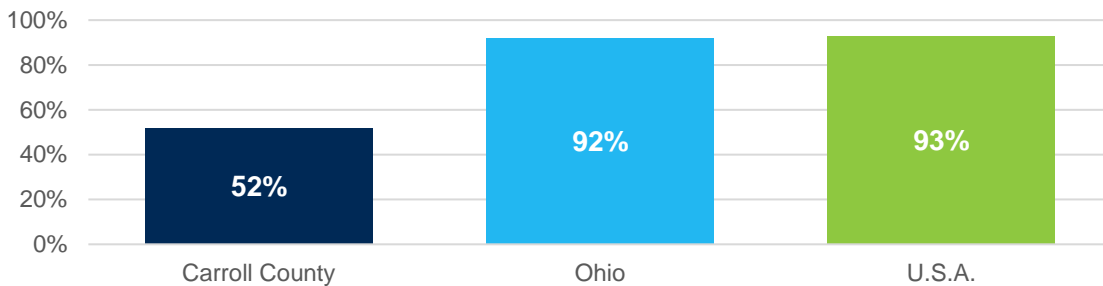
In terms of educational attainment for adults ages 18 to 24, the percentage of the population with a high school degree or more education is significantly lower in the county than in the state. However, the percentage of the population with a high school degree or higher ages 25 and older, is very similar to the state average (88% for Carroll County and 90% for state). Only 12% of Carroll County residents have a bachelor's degree or higher, significantly less than the state average, 27%.

Educational Attainment						
	2013	2014	2015	2016	2017	Change 2013-2017
<b>Percentage that have high school degree or higher, ages 18-24</b>						
Carroll	80.5%	82.2%	83.0%	82.1%	73.3%	-7.2%

Ohio	84.7%	85.2%	85.7%	86.0%	86.4%	+1.7%
<b>Percentage that have high school degree or higher, ages 25 and older</b>						
Carroll	85.0%	86.6%	87.0%	87.0%	88.1%	+3.1%
Ohio	88.5%	88.8%	89.1%	89.5%	89.8%	+1.3%
<b>Percentage that have bachelor's degree or higher</b>						
Carroll	11.0%	10.6%	11.4%	11.4%	12.3%	+1.3%
Ohio	25.2%	25.6%	26.1%	26.7%	27.2%	+2.0%
<i>SOURCE: United States Census Bureau, American Fact Finder</i>						

The percentage of residents with broadband access is significantly lower in Carroll County (52%) than both the state (92%) and the country (93%).

### Broadband Access- Percentage with Access to DL Speeds >25MBPS, 2016



Data Source: National Broadband Map. Dec. 2016. Source geography: Tract

## PRIORITY 4: MENTAL HEALTH/SUICIDE

**HEALTH NEED:** The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for anxiety and depression as well as an alarming percentage of youth who have admitted having suicidal thoughts substantiate this issue.

There is only one mental health provider for every 2,490 county residents (the ratio in the state is 1 provider for every 470 residents).

<b>Health Care Summary, 2017</b>		
	<b>Carroll County</b>	<b>Ohio</b>
Mental Health Providers	11	-
<i>Ratio of population to mental health</i>	<i>2,490:1</i>	<i>470:1</i>
<i>SOURCE: County Health Rankings which used data from Area Health Resource File/American Medical Association for PCP and Dentists, original source of mental health data was CMS, National Provider Identification.</i>		
<i>* Ohio Development Services Agency, Ohio County Profiles</i>		

Mental Health Providers refers to the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. In Ohio, there is 1 Mental Health Provider for every

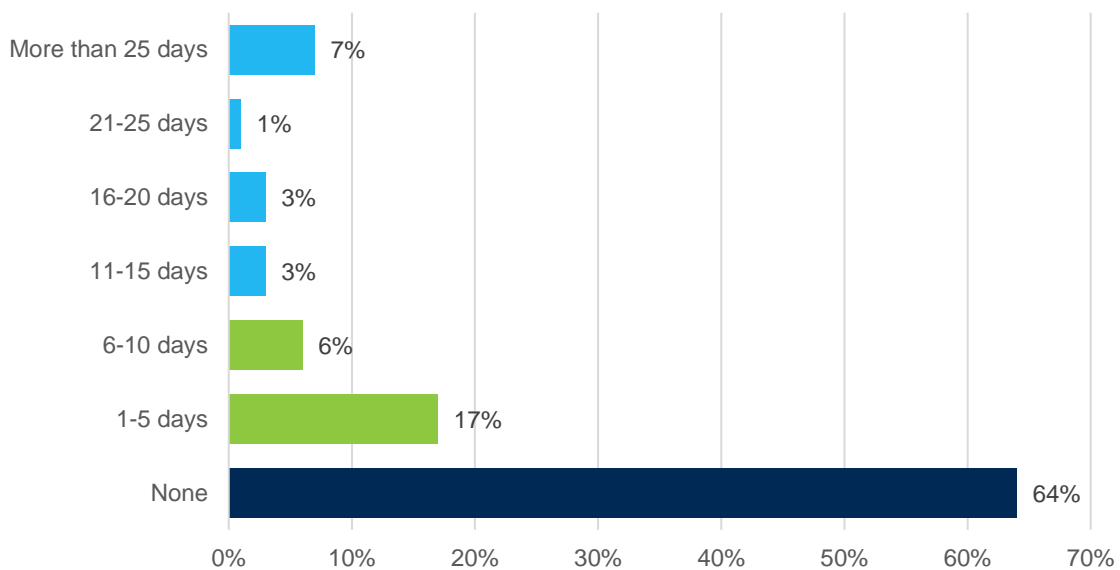
470 residents. The ratio in Carroll County is much, much worse with there being 1 Mental Health Provider for every 2,490 county residents. There are only eleven mental health providers, total, in Carroll County.

Mental Health Providers										
	2014		2015		2016		2017		2018	
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio
Carroll	7	4,049	9	3,130	9	3,090	10	2,770	11	2,490
Ohio	14,531	778	14,630	700	14,640	630	10,980	560	8,790	470

*SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.*

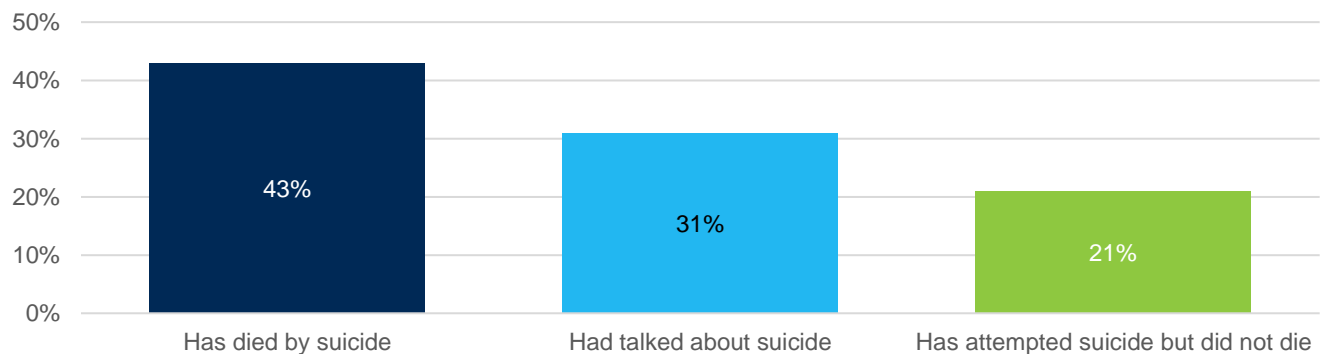
According to the community survey, more than one-third, 36.5%, of community residents had at least one day in the past 30 days that their mental health was not good. More than one in ten, 10.7%, indicated that their mental health was not good 16 or more days in the past 30.

### Number of Days Mental Health Not Good



A significant portion of community residents, 43.3%, know someone who has died by suicide while nearly a third, 31.4% know someone who has talked about suicide and 21.3% know someone who has attempted suicide but did not die. (Source: Community Survey)

### Know Someone Who. . . . .



According to the youth survey, over a quarter of high school students, 27.4%, have felt so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing their usual activities sometime in the last 12 months. An alarming percentage of high school students, 21.9%, have seriously considered suicide sometime in the past 12 months. Slightly fewer, 14.9%, middle school students have thought about killing themselves sometime in the past. More than one-tenth of high school students, 13.1%, and 9.4% of middle school students reported making a plan about how they would attempt suicide. A small percentage of high school students, 7.6%, have attempted suicide sometime in the past 12 months. Even fewer, 2.0%, middle school students have attempted suicide sometime in the past.

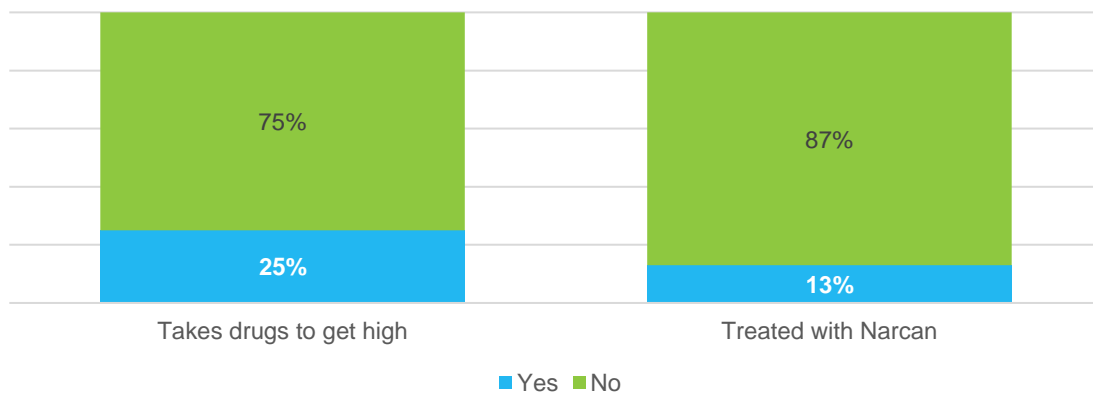
Summary: Sad Feelings and Suicide			
		High School	Middle School
Felt sad or hopeless and stopped doing activities	Yes	27.4%	-
	No	72.6%	-
Considered suicide	Yes	21.9%	14.9%
	No	78.1%	85.1%
Ever made a plan to attempt suicide	Yes	13.1%	9.4%
	No	86.9%	90.6%
Attempted suicide	Yes	7.6%	2.0%
	No	92.4%	98.0%

## PRIORITY 5: SUBSTANCE USE

**HEALTH NEED:** A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Carroll County. The epidemic has swept across all parts of Carroll County and has touched all demographic groups and has put strains on all governmental agencies and health-related organizations, including county health departments

According to the community survey, one fifth of residents, 25%, reported that they know someone who has taken something to get high in the past year. Less than one-sixth of residents, 13%, know someone who was treated for a drug overdose with Narcan.

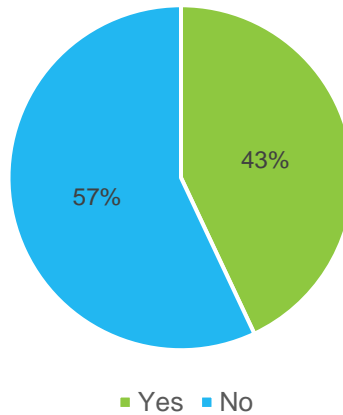
### Know Someone Who. . . .



More than half of residents, 57%, felt that there are not enough treatment options for drug and alcohol addiction in their community. (Source: Community Survey)



## Think There Are Enough Treatment Options in County



According to the youth survey, more than half of high school students, 55.5%, and nearly one-third, 29.5%, of middle school had consumed alcohol (more than just a few sips) sometime in the past. More than a quarter of high school students, 27.1%, had at least one drink of alcohol in the past 30 days. Only a small percentage of students, 2.1%, reported drinking alcohol 10 or more days in the past month. Less than a tenth of high school students, 7.6%, and 6.7% of middle school students reported taking prescription pain medicine without a doctor's prescription or differently than how it was prescribed. More than a quarter of high school students, 26.4%, have used marijuana sometime in their lifetime. Nearly one-tenth, 9.0%, have used marijuana 100 or more times in their lifetime. Marijuana use for middle school students was much less common with just 6.5% reporting using marijuana in the past. Less than one-tenth, 7.0%, of high school students reported that, sometime in the last 12 months, someone had offered, sold, or given them an illegal drug on school property.

Summary: Drugs and Alcohol			
		High School	Middle School
Ever drank alcohol	Yes	55.5%	29.5%
	No	45.5%	70.5%
Ever taken prescription pain medicine without prescription	Yes	7.6%	6.7%
	No	92.4%	93.3%
Ever used marijuana	Yes	26.4%	6.5%
	No	73.6%	93.5%
Ever used following drugs	Any form of cocaine	1.4%	-
	Sniffed glue or inhaled	4.1%	-
	Heroin	0.0%	-
	Methamphetamine	1.4%	-
	Ecstasy	0.7%	-
	Any other drugs	4.7%	-
Anyone offered or sold illegal drugs on school property	No	93.0%	-
	Yes	7.0%	-

The number of unintentional drug overdose deaths in Carroll County has doubled since 2010. The unintentional drug overdose death rate for Ohio was higher than the rate for Carroll County.

Number of Unintentional Drug Overdose Deaths, 2010-2017										
	2010	2011	2012	2013	2014	2015	2016	2017	Change	Rate*
Carroll	3	0	4	2	3	5	3	6	100%	17.2
Ohio	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	214%	27.8

\*Rate per 100,000 Population, SOURCE: 2017 Ohio Drug Overdose Data: General Findings

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of alcohol use disorder. On average, 39.9% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2016. It should be noted that this data comes from the Ohio Mental Health & Addiction Services (OhioMHAS) Multi Agency Community Information System (MACSIS). While MACSIS data is required for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. It should also be noted that reported data only reflects information for clients whose treatment was provided with public dollars.

Percentage of Unduplicated Clients - Treatment for Alcohol Use Disorder						
	SFY 2011	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change
Carroll	50.0%	51.0%	49.3%	38.9%	39.9%	-10.1%
Ohio Avg.	37.3%	30.2%	32.7%	29.7%	20.3%	-17.0%

## ASSESSMENT 4: FORCES OF CHANGE

The force of change assessment was completed as part of the 2019 Carroll County Community Health Assessment. This assessment identified trends, events, and factors that could affect the local public health system.

There are a number of factors that affect the health of a community. Carroll County is one of the least populated counties in the state (80 out of 88). Carroll County is also one of the oldest in the state. The median age of Ohio residents is 39.3, in Carroll, the median age is 45.0 (*Source: U.S. Census Bureau*). In addition, the number of grandparents raising grandchildren has increased from 196 in 2009 to 350 in 2018, which is a 79% increase (*Source: PCSAO*). Education is also a contributing factor to the county’s health challenges. Only 73.3% of the county population ages 18-24 have a high school diploma or higher (compared to 86.4% for the state) and just 12.3% of the county population have a bachelor’s degree or higher (compared to 27.2% in the state). (*Source: US Census Bureau, American Fact Finder*)

Carroll County is considerably more rural (71%) than Ohio (22%) and the country as a whole (19%) (*Source: U.S. Census Bureau*). Being so rural creates challenges that make it more difficult for Carroll County residents to get the health-related services that they need. For example, the percentage of residents with broadband access is significantly lower in Carroll County (52%) than both the state (92%) and the country (93%). (*Source: National Broadband Map*). In addition, the percentage of Carroll County residents with access to locations for physical activity is alarmingly low. Less than a third of county residents, 30%, have access compared to a statewide average of 84%. Only four of Ohio’s 88 counties have a smaller percentage of population with adequate access. (*Source: County Health Ranking*). When looking at the rate of recreation and fitness facilities per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is immense. The rate of facilities per 100,000 population in Carroll County is just 3.47, which is nearly a third of the state’s rate of 9.75 and more than a third of the country’s rate of 11.01. (*Source: U.S. Census Bureau*)

The factor that has impacted the local public health system more than anything else in recent memory would be the COVID-19 pandemic. The impact of COVID-19 impact the health system in numerous ways including:

- ✓ Limited-service delivery for preventive services
- ✓ Increased availability and acceptance of Telehealth visits
- ✓ Increased awareness of public health services

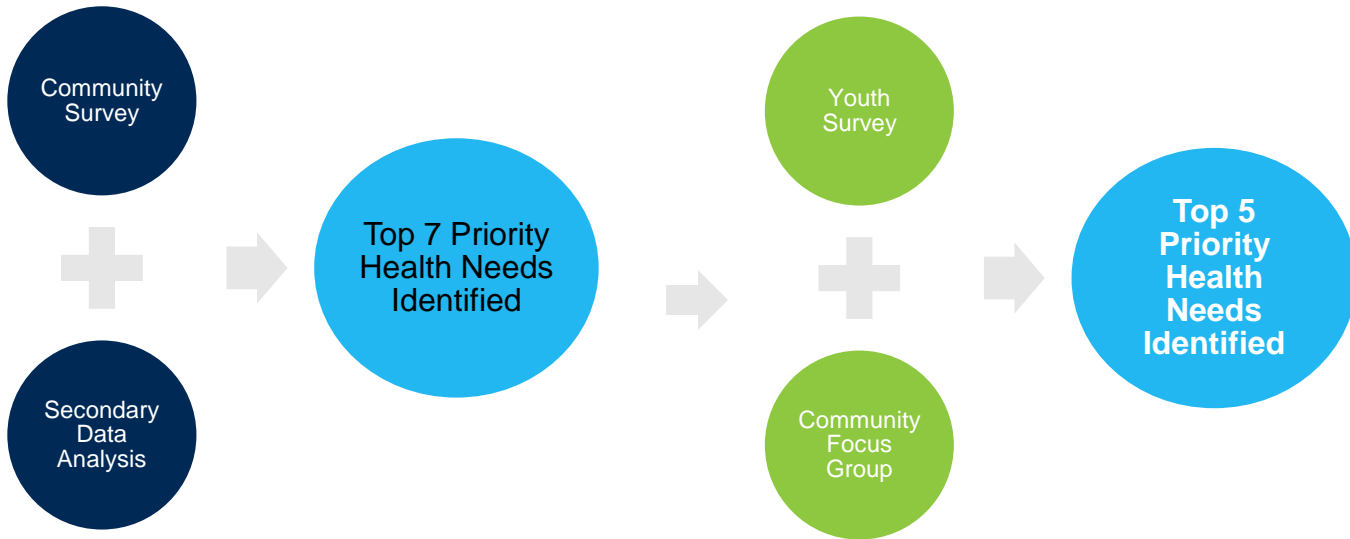
- ✓ Decreased ability to implement the MAPP process and implementation of strategies in CHIP workgroups

Other factors that have recently positively impacted the public health system include:

- 1- The establishment of Rural Health Center designation for Aultman Orrville Health Center. This led to:
  - a. Expanded availability of services- specialists
  - b. School based clinic telehealth services – Carrollton Schools
- 2- Expanded partnerships with the Schools, the Beacon Pharmacy- charitable pharmacy, and Ohio Guidestone and Trauma informed care.

## IDENTIFYING STRATEGIC ISSUES

In 2019, the Center for Marketing and Opinion Research (CMOR) conducted the Carroll County Community Health Assessment (CHA) on behalf of Carroll County General Health District. Analysis for the CHA included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priority community health needs for the county. The data is included in this document. The findings from the secondary data reinforce the findings of the CHA Community Survey and Community Health Leader Survey. The process for identifying the top 5 priority health needs for the county is diagrammed below.



On November 16<sup>th</sup>, 2020 CMOR presented the results of the CHA at the Carroll County Health Improvement Summit, where twenty-seven (27) community partners and stakeholders were present. After the results were presented and a discussion period was completed, the community partners and stakeholders voted on which priority health needs that they wanted to have included in the Community Health Improvement Plan (CHIP). Based on the input from our community stakeholders these were the finalized four (4) health priorities selected for Carroll County, in order of importance.

- 1- MENTAL HEALTH/SUICIDE**
- 2- ACCESS TO HEALTH CARE**
- 3- SUBSTANCE USE**
- 4- COMMUNITY CONDITIONS**

**Please note:** that the Carroll County Health Improvement Summit was delayed multiple times due to the COVID-19 pandemic and was converted from an in-person meeting to a virtual format to meet the health and safety needs of participants.



# STRATEGY SELECTION, EVIDENCE-BASED PRACTICES AND RESOURCES

## STRATEGY SELECTION

Based on the chosen priorities, the Carroll County Health Advisory Committee were asked to identify strategies for each priority area. Considering all previous assessments and available data, committee members determined strategies that best suited the needs of their community. Members referenced a list a of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

### Resource Inventory

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

## ACTION PLAN

The Action Plan for the 2021 Carroll County Community Health Improvement Plan (CHIP) contains all the goals, objectives, strategies, time frame, and lead organization or agency responsible for each of the specific activities. This component of the CHIP will be used for implementation of all strategies and to track progress in achieving goals. Each health priority had its own task force that worked on the development of the action plans. Each Task Force will continue to meet on a monthly or quarterly basis to ensure that objectives and activities are being implemented and met to reach the overall goals. Meeting minutes will be developed and maintained for documentation of discussions, updates, and progress made on each of the health priorities. The progress section of the action plan within the CHIP will be updated on a quarterly basis.

## PRIORITY 1: MENTAL HEALTH/SUICIDE

### Priority #1: Mental Health/Suicide

#### Strategy 1: Trauma Informed Care

**Goal:** Improve access to early mental health services

**Objective:** Implement ACE's screening by healthcare system providers

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Implement ACE's screening at Carroll County General Health District	December 31, 2021	Parents and children	1. Identify number of children aged 6 and younger who identify	Ohio Guidestone

Priority #1: Mental Health/Suicide				
Strategy 1: Trauma Informed Care				
Goal: Improve access to early mental health services				
Objective: Implement ACE's screening by healthcare system providers				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 2:</b> Continue integration services from year 1.</p> <p>Identify and train health department nurses and primary care provider nurses for ACEs screenings</p> <p>Implement ACEs screening in primary care providers offices</p>	December 31, 2022	aged 6 and under	<p>as having one or more ACEs on screening</p> <p>2. Integration of behavior health services into primary care. Number of primary care providers implementing ACEs screening.■</p>	(Mental Health Provider)
<p><b>Year 3:</b> continue efforts from year 1 and 2.</p> <p>Integrate Community Health Workers (CHW) into primary care settings</p> <p>Raise community awareness of trauma informed care screenings and services</p>	December 31, 2023		<p>3. Percentage of youth who report they seriously considered suicide in the past 12 months (baseline 18% 2019 CHA)</p> <p>4. Safer suicide care through systems changes (Ohio strategy) Number of CHW integrated into primary care settings</p>	
<p><b>Type of Strategy:</b></p> <p> <input type="radio"/> Social determinants of health  <input checked="" type="radio"/> Public health system, prevention and health behaviors  <input type="radio"/> Healthcare system and access  <input checked="" type="radio"/> Not SHIP Identified  <input checked="" type="checkbox"/> Develop Infrastructure for Enabling Services         </p>				
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p> <input type="radio"/> Yes      <input type="radio"/> No      <input checked="" type="radio"/> Not SHIP Identified         </p>				
<p><b>Resources to address strategy:</b> Partnerships with Ohio Guidestone, Aultman Primary Care, Mercy Cleveland Clinic Stat Care, Dr. Inman and Dr. Stasiack.</p>				

Priority #1: Mental Health/Suicide
Strategy 2: Universal school-based suicide awareness and education programs
Goal: Increase awareness of suicide among Carroll County youth
Objective: Implement at least one school-based suicide awareness or education program in at least one of Carroll County school districts by August 30, 2023



Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Introduce evidence-based programs to school Superintendents, School Counselors and School Psychologists. Programs include Hope Squad, Peer Support, Mental health First Aid, or other school-based suicide awareness and education programs.</p> <p>Provide school staff supporting data to all school districts</p> <p>Identify school district willing to partner through MOU</p>	December 31, 2021	Youth aged 12-18	Measure youth suicide ideation: The percentage of youth who report that they ever seriously considered attempting suicide within the past 12 months. (Baseline 18% , 2019 CHA)	School Boards ADAMHS Board
<p><b>Year 2:</b> Implement the evidence-based program school personnel selected as best fit/best outcomes for the district</p>	December 31, 2022			
<p><b>Year 3:</b> Continue efforts to expand to other school districts.</p>	August 31, 2023			
<p><b>Type of Strategy:</b></p> <p> <input type="radio"/> Social determinants of health                      <input type="radio"/> Healthcare system and access  <input checked="" type="radio"/> Public health system, prevention and health behaviors                      <input type="radio"/> Not SHIP Identified </p>				
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p> <input type="radio"/> Yes                      <input type="radio"/> No                      <input type="radio"/> Not SHIP Identified </p>				
<p><b>Resources to address strategy:</b> Partnerships with School Districts, Tuscarawas and Stark County Educational Service Centers</p>				

## PRIORITY 2: SUBSTANCE USE

Priority #2: Substance Use OR Addiction				
Strategy 1: Universal school-based alcohol prevention programs				
Goal: Decrease the number of youth (ages 12-18) reporting using alcohol				
Objective: Implement at least one type of school-based strategy in each of the 3 school districts by August 2023.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Provide each school district, Superintendents,</p>	December 2022	Youth aged 12-18		ADAMHS Board

Principals and Counselors with the types of youth evidence-based substance use prevention programs.  Compile their specific district data on alcohol use with the data collected for the 2019 CHA			<ul style="list-style-type: none"> <li>▣ Reduce the percentage of students reporting ever drinking alcohol. (Baseline 42.5% from 2019 CHA)</li> <li>▣ Decrease the percentage of youth reporting drinking 4/5 drinks for 1-9 days. (Binge Drinking) (Baseline 10.6% from 2019 CHA)</li> </ul>	School Boards
<b>Year 2:</b> Establish a student driven Alcohol coalition to identify the root causes of youth alcohol use.	December 2023			
<b>Year 3:</b> Implement school-based prevention programs in all 3 school districts. Targeting early use of alcohol (middle school)	December 2023			
<b>Type of Strategy:</b>				
<input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b>				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> MOU for partnership with each School Board, ADAMHS Board, OhioGuidestone or Community Mental Health (CMH).				

<b>Priority #2: Substance Use OR Addiction</b>				
<b>Strategy 2: Drug use among youth and adults</b>				
<b>Goal: Reducing the use of addictive substances in Carroll County</b>				
<b>Objective: To build a system of care that provides resources, education and medication to support treatment</b>				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> incorporate systems of care strategy development into the Carroll County Task Forces/Coalitions working around addiction services.  Bring partner agencies together to develop strategic delivery models	December 2022	Youth and Adults	<ul style="list-style-type: none"> <li>▣ Increase the number of medical providers who have obtained a waiver to prescribe medication-assistance treatment (MAT) in the county.</li> <li>▣ Decrease the number of youth and adults reporting drug use, Marijuana, Heroin, Methamphetamine</li> </ul>	ADAMHS Board
<b>Year 2:</b> Educational campaigns to reduce the stigma associated with mental health and addiction services	December 2022			

			(Baseline 58.9% Marijuana, 12.3% Heroin, 4.1% Methamphetamine 2019 CHA)	
<b>Year 3:</b> increase the number of mental health and addiction providers within Carroll County, through shared services across county agencies.	December 2023			
Develop a culturally sensitive workforce in underserved communities				
<b>Type of Strategy:</b>				
<input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input checked="" type="checkbox"/> Public health system, prevention and health behaviors <input checked="" type="checkbox"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b>				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Physicians, Mental Health providers				

<b>Priority #2: Substance Use OR Addiction</b>				
<b>Strategy 3: Tobacco/Nicotine use among youth</b>				
<b>Goal: To reduce the use of Tobacco products among Carroll County youth</b>				
<b>Objective: To reduce the percentage of youth under the age of 19 using tobacco products including vaping</b>				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> <ul style="list-style-type: none"> <li>Form Vaping Work Group with community partners to address youth vaping epidemic.</li> <li>Facilitate development of a tiered Youth Vaping Intervention Program for Brown Local School District.</li> <li>Implement tiered Youth Vaping Intervention Program in Brown Local School District.</li> <li>Evaluate barriers, successes, etc., of Youth Vaping Intervention Program.</li> </ul>	June 30, 2021  July 31, 2021  Sept 30, 2021  June 30, 2022	Youth	<ul style="list-style-type: none"> <li># of community partners involved in Vaping Work Group.</li> <li>Reduction of repeat offenses of electronic cigarette use in schools by 5%.</li> </ul>	Carroll County General Health District
<b>Year 2:</b>				

<ul style="list-style-type: none"> <li>Implement tiered Youth Vaping Intervention Program in all Carroll County school districts (Carrollton Exempted Village School District, Conotton Valley Union Local School District).</li> <li>Engage community partners in participating in local tobacco control Point-of-Sale policy advocacy (ex: banning the sale of tobacco products within 1,000 ft. of a school or park).</li> </ul>	<p>August 31, 2022</p> <p>June 30, 2022</p>		<ul style="list-style-type: none"> <li># of Carroll County school districts implementing Youth Vaping Intervention Program</li> <li># of community partners involved in local tobacco control Point-of-Sale policy advocacy.</li> </ul>	
<p><b>Year 3:</b></p> <ul style="list-style-type: none"> <li>Pass at least one tobacco control Point-of-Sale policy in the Carroll County community.</li> </ul>	<p>June 30, 2023</p>			
<p><b>Type of Strategy:</b></p> <p> <input type="radio"/> Social determinants of health                      <input type="radio"/> Healthcare system and access  <input checked="" type="radio"/> Public health system, prevention and health behaviors                      <input checked="" type="radio"/> Not SHIP Identified </p>				
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p> <input type="radio"/> Yes                      <input type="radio"/> No                      <input type="radio"/> Not SHIP Identified </p>				
<p><b>Resources to address strategy:</b> Physicians, Mental Health providers</p>				

**PRIORITY 3: ACCESS TO CARE**

<b>Priority #3: Access to Care</b>				
<b>Strategy 1: Healthcare System Access</b>				
<b>Goal:</b> To increase access to a medical home				
<b>Objective:</b> By December 31,2021 to have a fully function HUB				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Hire a Community Health Worker at the Carroll County General Health District to support the enabling services through the HUB</p> <p>Enroll clients in the pathways HUB.</p>	<p>December 2021</p>	<p>Adults</p>	<ul style="list-style-type: none"> <li>Increase the number of clients enrolled in the HUB program by 10% (Baseline Data 12 2020)</li> <li>Decrease the percentage of residents who report NOT having a primary care</li> </ul>	<p>Carroll County General Health District</p> <p>Bridges to Wellness</p>





<p>Services, MH and Addiction, that links parents identified at risk to resources that address root cause</p> <p>Include School counselors, psychologists, and day care providers into the collaborative to help identify at-risk families</p>				
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**Type of Strategy:**

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

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

- Yes
- No
- Not SHIP Identified




**Resources to address strategy:** FCFC, OhioGuidestone, JFS, Drug Court, Schools, Day Care providers

**Priority #4: Community Conditions**

**Strategy 2: Grandparents raising grandchildren**

**Goal:** Create resilient families when grandparents are raising grandchildren

**Objective:** Engage grandparents raising grandchildren in education and support programs/services

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Work with collaborative partners to identify the number of programs/services available to grandparent families.</p> <p>Work with JFS/Child Protective Services to collect data to identify the number of engaged grandparents in support programs.</p>	December 2021	Youth and Seniors	<ul style="list-style-type: none"> <li> Decrease the percentage of change in the number of grandparents who are raising their grandchildren by 10%. (Baseline showed a 78.6%% increase in 2 years from 2016-2018. CHA, 2019)</li> <li> Increase the number of families linked to education and support services. (Baseline data from OhioGuidestone)</li> <li> Number of parents linked to support resources and continued engagement in support programs. ( Baseline data from</li> </ul>	Ohio Guidestone FCFC
<p><b>Year 2:</b> Develop a Social Worker Collaborative bringing all social workers or community health workers together from different agencies/sectors to support linkage to existing program/services.</p>	December 2022			



Outreach to faith based or physician providers to increase awareness and referral for grandparents in need.			collaborative work group providers)	
<b>Year 3:</b> Grow or enhance programs or services to engage more grandparents to address their unique needs in raising grandchildren.	December 2023			
<b>Type of Strategy:</b> <input checked="" type="checkbox"/> Social determinants of health <input checked="" type="checkbox"/> Public health system, prevention and health behaviors <input type="checkbox"/> Healthcare system and access <input checked="" type="checkbox"/> Not SHIP Identified				
<b>Strategy identified as likely to decrease disparities?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not SHIP Identified				
<b>Resources to address strategy:</b> FCFC, JFS, Drug Court, Schools, Day Care providers				

## COMMUNITY HEALTH IMPROVEMENT PLAN TIMELINE

August 2013	Carroll County Community Health Assessment and Improvement Plan was approved by CFHS Consortium members and submitted to the Ohio Department of Health.
2014-2016	Implementation of the 2013 CHIP.
2015	The 2015 Carroll County Youth Risk Behavior Survey was completed in both the middle and high schools in Carroll County. The Northeast Ohio Medical University (NEOMED) completed a Community Needs Assessment.
April 2016	The CFHS Consortium developed the 2016 Carroll County Community Health Assessment
May 2016-Sept 2016	The CCGHD in collaboration with the CFHS Consortium implemented the 2016 Carroll County Community Health Assessment survey.
October 1, 2016-October 24, 2016	825 Community Health Assessments were received and analyzed. Only surveys completed by Carroll County residents were incorporated into the results, therefore 759 of the surveys were viable to use for data.
October 25, 2016	Carroll County Health Improvement Summit was held and the results from the Community Health Assessment survey was presented to the Community Health Improvement Committee. Additional data and information was provided and presented to the group during this meeting and the top three health priorities were identified: Mental Health & Addiction Maternal & Child Health (Reducing Risky Behaviors) Access to Care
Jan- August 2017	The development of the Community Health Improvement Plan
October 2017	Approval of the 2016 Carroll County Community Health Assessment and 2017 Carroll County Community Health Improvement Plan, begin implementation of CHIP.
2018-2019	Evaluate CHIP and update goals, objectives, and strategies
August 2019	SWOT analysis with customers, community partners & stakeholders
Fall 2019	Community Health Assessment data collection including a community survey of county adults, a youth survey of middle and high school students in the county, qualitative data from community leaders with health knowledge and community residents.
Nov 2019	2019 Carroll County Community Health Assessment Complete
November 2020	2020 Community Health Improvement Summit (originally planned for early 2020, delayed due to COVID-19). During the meeting the 2019 Carroll County Community Health Assessment results were shared and the group was able to discuss the data. I have attached the 2019 Carroll County Community Health Assessment Report and the presentation that was shared during the Summit for your review. During the meeting the group identified 4 Health Priorities:  Access to Health Care Mental Health Services/Suicide Substance Use Community Conditions (this group will focus on changing demographics, social determinants of health, county-specific barriers)
April 2021	Committee for each priority areas met to update and develop goals, objectives, and strategies for each area to be included in the CHIP
October 2021	2021 Carroll County Community Health Improvement Plan (CHIP) complete

## REFERENCES

- ✓ 2019 Carroll County Community Health Assessment
- ✓ 2017 Ohio Drug Overdose Data
- ✓ Behavioral Risk Factor Surveillance System (BRFSS)
- ✓ Business Analyst, Delorme map data
- ✓ Carroll County General Health District
- ✓ Centers for Disease Control and Prevention WONDER Environmental Data
- ✓ County Health Rankings
- ✓ Dartmouth Atlas of Health Care
- ✓ Feeding America
- ✓ HRSA Area Resource File
- ✓ National Center for Health Statistics/Census Bureau
- ✓ National Center for Chronic Disease Prevention and Health Promotion
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health, 2017 Ohio Infant Mortality Report
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Department of Job and Family Services, Office of Workforce Development
- ✓ Ohio Department of Medicaid
- ✓ Ohio Development Services Agency, Ohio County Profiles
- ✓ Ohio Housing Finance Agency
- ✓ Ohio Department of Youth Services
- ✓ Ohio Mental Health and Addiction Services
- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ Uniform Crime Reporting - FBI
- ✓ U.S. Census Bureau - American Fact Finder, American Community Survey
- ✓ U.S. Department of Agriculture (USDA)