

**2022-2025**

**Tuscarawas  
County**

**Community Health  
Improvement Plan**



*Building a Healthier Community* **Together**

Adopted on: October 14<sup>th</sup>, 2022





*City of New Philadelphia, Ohio*  
*New Philadelphia Health District*

*150 East High Ave. Suite 011, New Philadelphia, OH 44663 ~ 330-364-4491 X 1208*  
*www.newphilaoh.com/Health-Department ~ Fax 330-364-8830*

Our New Philadelphia City Health Department is pleased to present the Tuscarawas County 2022-2025 Community Health Improvement Plan. New Philadelphia City Health Department and its community partners understand that to build a culture of health in our community requires not only a diverse set of partners, but also a solid plan to guide our work. This 2022-2025 Community Health Improvement Plan is the culmination of a robust planning process that sought to be inclusive in its approach, evidence-based in its strategy selection while remaining realistic in its ambition.

We recognize that we have populations who experience disparities in their access to good health. Barriers exist that interfere with access to many social conditions that support health. These barriers include adverse childhood experiences and trauma, housing, food and financial insecurity, limited access to transportation, disability status, and inability to afford quality health care when needed. It is our intent to work with our community partners that can help address an increasing number of these social determinants of health. We will also continue to identify those populations in our community whose optimal health is disproportionately vulnerable, to remove or mitigate those barriers to health and to work to build resilience. It is our vision that we strive to achieve optimal health for all through diverse community partnerships and a robust and sustainable public health system. We believe this plan will advance that vision.

The publication of the Tuscarawas County 2022-2025 Community Health Improvement Plan is just the first step in this process. New Philadelphia City Health Department and its community partners will continue to work with each other and the community itself to implement the plan's Strategic Plan of Action. It is our hope that this plan will serve as a blueprint for positive change in our community.

Sincerely,

Vickie Ionno RN, Health Commissioner

# Table of Contents

Table of Contents.....	4
Executive Summary .....	5
Introduction .....	5
Hospital Requirements .....	5
Public Health Accreditation Board (PHAB) Requirements .....	5
Inclusion of Vulnerable Populations (Health Disparities).....	6
Mobilizing for Action through Planning and Partnerships (MAPP) .....	6
Alignment with National and State Standards.....	7
Vision and Mission.....	10
Community Partners.....	10
Community Health Improvement Process .....	12
Community Health Status Assessment.....	14
Key Issues.....	17
Priorities Chosen .....	21
Community Themes and Strengths Assessment (CTSA) .....	22
Open-ended Questions to the Committee.....	22
Quality of Life Survey .....	26
Forces of Change Assessment.....	27
Local Public Health System Assessment .....	33
Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources .....	35
Priority #1: Health Behaviors .....	36
Priority #2: Access to Care.....	40
Priority #3: Mental Health and Addiction .....	44
Progress and Measuring Outcomes.....	48
Appendix I: Gaps and Strategies .....	49
Appendix II: Links to Websites.....	53

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

# Executive Summary

## Introduction

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

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

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

## Hospital Requirements

### Internal Revenue Services (IRS)

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

## Hospital Mission Statements

Cleveland Clinic Union Hospital Mission Statement: Caring for life, researching for health, educating those who serve.

Trinity Health System Twin City Medical Center Mission Statement: As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Community Served by the Hospitals

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

## Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every three years. Additionally, while PHAB is a voluntary national accreditation program, the State of Ohio initially required all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met. However, The Ohio 134<sup>th</sup> General Assembly extended this deadline to 2025.

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

## Inclusion of Vulnerable Populations (Health Disparities)

Approximately 12.8% of Tuscarawas County residents were below the poverty line, according to the 2015-2019 American Community Survey 5 year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

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

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

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

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

**Figure 1.1 The MAPP model**



## Alignment with National and State Standards

The 2022-2025 Tuscarawas County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Tuscarawas County will be addressing the following priority health factors: *health behaviors and access to care*. Tuscarawas County will be addressing the following priority health outcome: *mental health and addiction*.

### Healthy People 2030

Tuscarawas County's priorities also fit specific Healthy People 2030 goals. For example:

- Health Care Access and Quality (AHS) – 01: Increase the proportion of people with health insurance
- Mental Health and Mental Disorder (MHMD) – 02: Reduce suicide attempts by adolescents

Please visit [Healthy People 2030](#) for a complete list of goals and objectives.

### Ohio State Health Improvement Plan (SHIP)

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

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioans achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors (community conditions, health behaviors, and access to care) that impact the 3 priority health outcomes (mental health and addiction, chronic disease, and maternal and infant health).

The three priority factors include the following:



1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity)
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care)

The three priority health outcomes include the following:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead])
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births)



The Tuscarawas County CHIP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Tuscarawas County CHIP identifies strategies likely to reduce disparities and inequities. This symbol  will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities. Throughout the report, hyperlinks will be highlighted in **bold, gold text**.

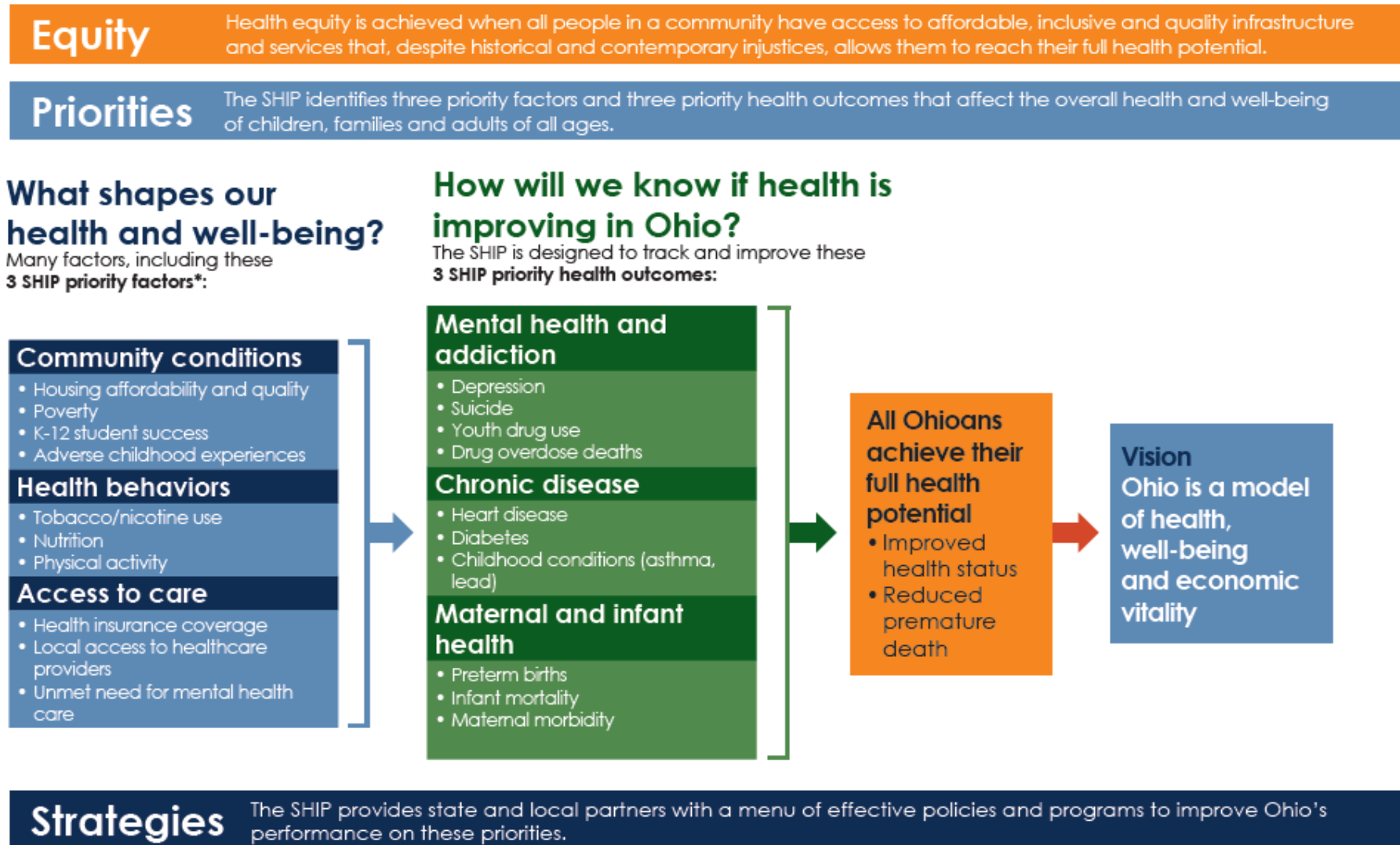
The following Tuscarawas County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

**Figure 1.2 2022-2025 Tuscarawas CHIP Alignment with the 2020-2022 SHIP**

Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
<b>Health Behaviors</b>	<ul style="list-style-type: none"> <li>• Adult physical inactivity</li> <li>• Adult smoking</li> </ul>	<ul style="list-style-type: none"> <li>• Community-wide physical activity campaign</li> <li>• Policies for smoke free environments for tobacco/nicotine/vaping/smokeless tobacco (Smoke-free policies for indoor/outdoor areas)</li> <li>• Access to cessation for tobacco/nicotine/vaping/smokeless tobacco (Tobacco cessation therapy affordability)</li> <li>• Licensure for retailers for tobacco/nicotine/vaping/smokeless tobacco</li> </ul>	<ul style="list-style-type: none"> <li>• Youth physical inactivity</li> <li>• Youth all-tobacco/nicotine use</li> </ul>
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>• Primary care health professional shortage areas</li> <li>• Mental health professional shortages areas</li> </ul>	<ul style="list-style-type: none"> <li>• School-based health centers (SBHCs)</li> <li>• Community resource guide</li> <li>• Expand broadband Internet access to rural areas</li> <li>• Community health workers</li> </ul>	<ul style="list-style-type: none"> <li>• Number of community resource guides printed and disseminated</li> <li>• Number of community resource guides distributed among disparate populations (low-income, Latino, etc.)</li> <li>• Number of community members who lack access to Internet</li> </ul>
Priority Health Outcomes	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
<b>Mental Health and Addiction</b>	<ul style="list-style-type: none"> <li>• Youth suicide deaths</li> <li>• Adult depression</li> <li>• Adult suicide deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Universal school-based suicide awareness and education programs</li> <li>• Collaborate with schools to support implementation of Social Emotional Learning (SEL) standards and ongoing Behavioral Health (BH) support (Implement school-based social and emotional instructions)</li> <li>• Mental health first aid (MHFA)</li> <li>• Increase County awareness of signs and symptoms of alcohol addiction and local resources</li> </ul>	<ul style="list-style-type: none"> <li>• Youth depression</li> <li>• Adult binge drinking</li> </ul>

## Alignment with National and State Standards, continued

Figure 1.3 2020-2022 State Health Improvement Plan (SHIP) Overview



## Vision and Mission

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

### The Vision of Tuscarawas County:

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

### The Mission of Tuscarawas County:

Improve the health and wellness of Tuscarawas County residents through programming, community awareness and advocacy aimed at improving health and quality of life.

## Community Partners

The CHIP was planned by various agencies and service-providers within Tuscarawas County. From May 2022 to August 2022, Healthy Tusc reviewed many data sources concerning the health and social challenges that Tuscarawas County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

### Healthy Tusc Members:

The Community Health Improvement Plan was made possible through the work of 38 professionals representing the following organizations:

- Access Tusc
- ADAMHS Board
- Aultman Health Foundation
- Cleveland Clinic Foundation
- Cleveland Clinic Union Hospital
- Community Hospice
- Community Volunteer
- Compass
- East Central Ohio Educational Service Center
- Friends of the Homeless of Tuscarawas County
- New Philadelphia City Health Department
- Ohio Guidestone, Empower Tusc
- Ohio Mid-Eastern Government Association
- Ohio RISE/Aetna
- ProVia
- Puentes Group
- SpringVale Health Center
- Trinity Health System Twin City Medical Center
- Twin City Medical Center Vibrant Living
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Addiction Task Force
- Tuscarawas County Commissioners
- Tuscarawas County Economic Development Council
- Tuscarawas County Emergency Management Agency
- Tuscarawas County Health Department
- Tuscarawas County Senior Center
- Tuscarawas County Senior Center Mobility Management
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Council for Church & Community
- Tuscarawas County Family & Children First Council
- Tuscarawas Valley Farmers Market
- Tusco Display
- United Way of Tuscarawas County
- YMCA

## **Acknowledgements of Support**

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

- Chris Abbuhl, County Commissioner
- Kerry Metzger, County Commissioner
- Joe Sciaretti, County Commissioner
- Al Landis, County Commissioner

The East Central Ohio Educational Service Center provided meeting space and virtual meeting technology for the CHIP process.

## **Hospital Council of Northwest Ohio (HCNO)**

The community health improvement process was facilitated by Gabrielle (Gabbey) Mackinnon, Community Health Improvement Manager, from HCNO.

**The 2022-2025 Tuscarawas County Community Health Improvement Plan is available at:**

<http://www.newphilaoh.com/Health-Department>

## Community Health Improvement Process

Beginning in May 2022, the Tuscarawas County Community Partners met four (4) times and completed the following planning steps:

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

# Community Health Status Assessment

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

## Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
<b>Health Status</b>					
Rated general health as good, very good or excellent	85%	85%	86%	85%	86%
Rated general health as excellent or very good	50%	50%	45%	55%	57%
Rated general health as fair or poor	15%	15%	14%	16%	13%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.1*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	24%	24%**	23%**
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.2	4.8*	4.1*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	29%	29%**	26%**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	28%	N/A	N/A
<b>Health Care Coverage, Access, and Utilization</b>					
Uninsured	14%	9%	13%	9%	11%
Primary source of health care coverage was Medicaid or medical assistance	6%	8%	7%	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	90%	79%	77%
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	77%	76%
Unable to see a doctor due to cost	9%	8%	3%	9%	10%
<b>Arthritis, Asthma, &amp; Diabetes</b>					
Ever been told by a doctor that they have diabetes (not pregnancy-related)	9%	12%	14%	12%	11%
Ever been diagnosed with arthritis	35%	33%	39%	31%	25%
Ever been diagnosed with asthma	10%	15%	13%	14%	14%
<b>Cardiovascular Health</b>					
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	5%	4%
Had a heart attack	6%	7%	5%	5%	4%
Had a stroke	3%	2%	3%	4%	3%
Had been told they had high blood pressure	40%	39%	41%	35%***	33%***
Had been diagnosed with high blood cholesterol	36%	40%	38%	33%***	33%***
Had blood cholesterol checked within the past 5 years	76%	77%	86%	85%***	87%***




N/A – Not Available

\*2018 BRFSS Data as compiled by 2021 County Health Rankings

\*\*2019 BRFSS


\*\*\*2019 Ohio and U.S. BRFSS

☒ Indicates alignment with the Ohio State Health Assessment




Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
<b>Weight Status</b>					
<b>Overweight</b> (BMI of 25.0 – 29.9)	37%	36%	26%	34%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above) 	36%	37%	43%	36%	32%
<b>Alcohol Consumption</b>					
<b>Current drinker</b> (drank alcohol at least once in the past month)	41%	50%	46%	51%	53%
<b>Binge drinker</b> (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	16%	18%	17%	16%	16%
<b>Tobacco Use</b>					
<b>Current smoker</b> (currently smoke some or all days) 	14%	20%	16%	19%	16%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	24%	25%
<b>Drug Use</b>					
<b>Adults who used marijuana in the past 6 months</b>	5%	3%	4%	N/A	N/A
<b>Adults who misused prescription drugs in the past 6 months</b>	10%	7%	5%	N/A	N/A
<b>Preventive Medicine</b>					
<b>Had a pneumonia vaccine in lifetime</b> (age 65 and older)	68%	66%	63%	72%	72%
<b>Had a flu vaccine in the past year</b> (ages 65 and over)	55%	65%	70%	65%	68%
<b>Had a clinical breast exam in the past two years</b> (age 40 and older)	66%	66%	70%	N/A	N/A
<b>Had a mammogram in the past two years</b> (age 40 and older)	68%	67%	71%	71%	72%
<b>Had a pap smear in the past three years</b>	68%	60%	63%	77%*	78%*
<b>Had a PSA test in within the past two years</b> (age 40 and over)	60%	56%	61%	32%	32%
<b>Had a digital rectal exam within the past year</b>	20%	16%	9%	N/A	N/A
<b>Quality of Life</b>					
<b>Limited in some way because of physical, mental or emotional problem</b>	18%	26%	24%	N/A	N/A
<b>Mental Health</b>					
<b>Felt sad or hopeless for two or more weeks in a row in the past year</b>	9%	12%	8%	N/A	N/A
<b>Seriously considered attempting suicide in the past year</b>	2%	7%	1%	N/A	N/A
<b>Attempted suicide in the past year</b>	<1%	<1%	0%	N/A	N/A
<b>Sexual Behavior</b>					
<b>Had more than one sexual partner in past year</b>	4%	4%	2%	N/A	N/A
<b>Oral Health</b>					
<b>Adults who had visited the dentist in the past year</b>	58%	59%	64%	65%	67%

N/A – Not Available

\*2020 Ohio and U.S. BRFSS reports women ages 21-65

 Indicates alignment with the Ohio State Health Assessment

## Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2021 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2021 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2019 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2019 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Weight Control</b>						
<b>Obese</b> 	16%	18%	27%	24%	17%	16%
<b>Overweight</b>	13%	14%	21%	20%	12%	16%
<b>Physically active at least 60 minutes per day on every day in past week</b>	35%	28%	33%	32%	24%	23%
<b>Physically active at least 60 minutes per day on 5 or more days in past week</b>	56%	54%	57%	57%	43%	44%
<b>Did not participate in at least 60 minutes of physical activity on any day in past week</b>	9%	9%	9%	9%	21%	17%
<b>Unintentional Injuries and Violence</b>						
<b>Were in a physical fight</b> (in the past 12 months)	25%	18%	14%	14%	19%	22%
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	7%	6%	4%	3%	N/A	7%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days)	5%	13%	9%	10%	N/A	9%
<b>Bullied</b> (in past year) 	48%	35%	31%	30%	N/A	N/A
<b>Electronically bullied</b> (in past year)	9%	10%	13%	13%	13%	16%
<b>Were bullied on school property</b> (during the past 12 months)	N/A	N/A	18%	16%	14%	20%
<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	6%	10%	8%
<b>Mental Health</b>						
<b>Felt sad or hopeless</b> (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	23%	26%	33%	37%
<b>Seriously considered attempting suicide</b> (in the past 12 months)	16%	17%	13%	15%	16%	19%
<b>Attempted suicide</b> (in the past 12 months)	8%	8%	6%	6%	7%	9%
<b>Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse</b> (in the past 12 months)	3%	3%	2%	2%	N/A	N/A
<b>Social Determinants of Health</b>						
<b>Visited a dentist within the past year</b> (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	63%	64%	N/A	N/A
<b>Visited a doctor for a routine checkup in the past year</b>	65%	79%	52%	53%	N/A	N/A
<b>Tobacco Use</b>						
<b>Current smoker</b> (smoked on at least 1 day during the past 30 days) 	9%	5%	3%	2%	5%	6%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment (SHA)



Youth Variables	Tuscarawas County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2021 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tuscarawas County 2021 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2019 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2019 (9 <sup>th</sup> -12 <sup>th</sup> )
<b>Alcohol Consumption</b>						
<b>Ever drank alcohol</b> (at least one drink of alcohol on at least 1 day during their life)	44%	35%	26%	32%	N/A	N/A
<b>Current Drinker</b> (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	8%	12%	26%	29%
<b>Binge drinker</b> (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	3%	6%	13%	14%
<b>Drank for the first time before age 13</b> (of all youth)	13%	8%	11%	8%	16%	15%
<b>Rode with a driver who had been drinking alcohol</b> (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	8%	7%	N/A	17%
<b>Obtained the alcohol they drank by someone giving it to them</b> (of current drinkers)	36%	41%	45%	49%	N/A	6%
<b>Drug Use</b>						
<b>Currently used marijuana</b> (in the past 30 days)	7%	5%	5%	7%	16%	20%
<b>Ever used methamphetamines</b> (in their lifetime)	1%	2%	0%	0%	N/A	2%
<b>Ever used cocaine</b> (in their lifetime)	3%	2%	<1%	1%	4%	4%
<b>Ever used heroin</b> (in their lifetime)	1%	1%	0%	0%	2%	2%
<b>Ever used inhalants</b> (in their lifetime)	9%	6%	1%	1%	8%	6%
<b>Ever took steroids without a doctor's prescription</b> (in their lifetime)	5%	2%	<1%	0%	N/A	2%
<b>Ever used ecstasy</b> (also called MDMA in their lifetime)	2%	1%	2%	3%	N/A	4%
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	7%	4%	4%	5%	15%*	22%*

N/A – Not Available

\*YRBS is for youth who were ever offered, sold, or given illegal drugs on school property

■ Indicates alignment with the Ohio State Health Assessment (SHA)

## Key Issues

Healthy Tusc reviewed the 2021 Tuscarawas County Health Needs Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each organization completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

**What are the most significant health issues or concerns identified in the 2021 health needs assessment report?** Examples of how to interpret the information include: 13% of adults were uninsured, increasing to 15% of those ages 19-64 years old.

### Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>Adult Mental Health (11 votes)</b>			
Adults who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	8%	Age: 19-64 (9%) Income: <\$25K (11%)	Females (10%)
Adults who seriously considered attempting suicide in the past 12 months	1%	N/A	N/A
Adults who made a plan about attempting suicide in the past 12 months	2%	N/A	N/A
Average number of days mental health was not good in the past 30 days	4.2 days	N/A	N/A
<b>Adult Weight Status (10 votes)</b>			
Adults identified as obese (includes severely and morbidly obese, BMI of 30.0 and above)	43%	Age: 19-64 (48%) Income: <\$25K (46%)	Females & Males (43%)
Adults identified as overweight (BMI of 25.0-29.9)	26%	Age: 65+ (45%) Income: \$25K+ (29%)	Males (35%)
Adults who did not participate in any physical activity in the past week	18%	N/A	N/A
<b>Uninsured Adults (7 votes)</b>			
Adults who were without health care coverage in 2021	13%	Age: 19-64 (15%) Income: <25K (13%)	Females (14%)
<b>Adult Cardiovascular Disease (7 votes)</b>			
Adults reported they had survived a heart attack	5%	Age: 65+ (14%) Income: N/A	N/A
Adults reported they had survived a stroke	3%	Age: 65+ (7%) Income: <\$25K (11%)	N/A
Adults reported they had angina or coronary heart disease	2%	Age: 65+ (8%) Income: N/A	N/A
Adults reported they had congestive heart failure	2%	Age: 65+ (4%) Income: <\$25K (6%)	N/A
Adults diagnosed with high blood cholesterol	38%	Age: 65+ (60%) Income: <\$25K (51%)	Males (44%)
Adults diagnosed with high blood pressure	41%	Age: 65+ (61%) Income: <25K (74%)	Males (49%)

N/A- Not Available

## Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>Adult Diabetes (5 votes)</b>			
Adults diagnosed with diabetes	14%	Age: 65+ (24%) Income: <\$25K (33%)	Males (19%)
<b>Adult Alcohol Consumption (4 votes)</b>			
Adult current drinkers (drank alcohol at least once in the past month)	46%	Age: N/A Income: \$25K+ (55%)	N/A
Average number of drinks adults consumed per drinking occasion	2.6	Age: 19-64 (2.6) Income: <\$25K (2.9)	Females (2.8)
Adult binge drinkers (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	17%	N/A	N/A
<b>Adult Drug Use (4 votes)</b>			
Adults who used recreational marijuana in the past 6 months	4%	Age: 19-64 (7%) Income: \$25K+ (4%)	Males (7%)
Adult prescription medication misuse in the past 6 months	5%	Age: 65 & older (6%) Income: <\$25K (14%)	Males (5%)
Overdose deaths – 2020, 2021, 2022 totals ( <i>Tuscarawas County Coroner's Office</i> )	65 total	10 since Jan-Apr in 2022 25 in 2021 30 in 2020	N/A
<b>Adult Cancer (3 votes)</b>			
Adults who were diagnosed with cancer at some point in their lives	16%	Age: 65+ (37%)	N/A
Lung and Bronchus cancer ( <i>ODH 2014-2018</i> )	423 cases	N/A	N/A
<b>Adult Tobacco Use (3 votes)</b>			
Adult current smokers	16%	Age: 19-64 (18%) Income: <\$25K (24%)	Males (21%)
<b>Adult Quality of Life (3 votes)</b>			
Adults who were limited in some way because of a physical, mental, or emotional problem	24%	Age: N/A Income: <\$25K (43%)	N/A
Adults who were limited by arthritis/rheumatism	60%	N/A	N/A
Adults who were limited by back or neck problems	54%	N/A	N/A

N/A- Not Available

## Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>Adult Social Determinants of Health (2 votes)</b>			
Adults who experienced 4 or more ACEs	14%	N/A	N/A
Adults who were considered binge drinkers and experienced 4 or more ACEs	53%	N/A	N/A
<b>Adult Arthritis (2 votes)</b>			
Adults diagnosed with arthritis	39%	Age: 65+ (67%) Income: <\$25K (76%)	Males (43%)
<b>Adult Oral Health (2 votes)</b>			
Adults who visited the dentist/dental clinic in the past 12 months	64%	Age: 19-64 (61%) Income: <\$25K (42%)	Males (64%)
<b>Adult Preventive Medicine (2 votes)</b>			
Adults who got the flu vaccine during the past 12 months	50%	Age: 19-64 (47%) Income: \$25K+ (50%)	Females (47%)
Adults who have had a pneumonia shot in their life	30%	N/A	N/A
<b>Women's Health (1 vote)</b>			
Women ages 40 and older who had a mammogram in the past 2 years	71%	N/A	N/A
Women ages 40 and older who had a clinical breast exams (CBEs) in the past 2 years	70%	N/A	N/A
Women who had a Pap smear in the past 3 years	63%	N/A	N/A
<b>Primary Care Physicians and Mental Health Providers (1 vote)</b>			
Ratio of population to primary care physicians (2022 County Health Rankings)	2,630:1	N/A	N/A
Ratio of population to mental health providers (2022 County Health Rankings)	570:1	N/A	N/A

N/A- Not Available

## Youth Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
<b>Youth Mental Health (11 votes)</b>			
Youth who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	23%	Age: 17 & older (38%) 14-16 (22%)	Females (31%)
Youth who had seriously considered attempting suicide in the past 12 months	13%	Age: 17 & older (21%) 14-16 (13%)	Females (14%)
Youth who attempted suicide in the past 12 months	6%	N/A	N/A
Youth reported being bothered nearly every day within the past 2 weeks by – feeling nervous, anxious, or on edge	15%	N/A	N/A
<b>Youth Weight Status (6 votes)</b>			
Youth identified as obese	27%	Age: 13 & younger (30%)	Males (32%)
Youth identified as overweight	21%	Age: 13 & younger (25%)	Females (22%)
Youth did not participate in at least 60 minutes of any physical activity on any day in the past week	10%	N/A	N/A
<b>Youth Drug Use (2 votes)</b>			
Youth who used marijuana in the past 30 days	5%	Age: 17 & older (14%) 14-16 (5%)	Females (6%)
Among those who tried marijuana – youth used marijuana in the past 30 days	41%	N/A	N/A
<b>Youth Alcohol Consumption (2 votes)</b>			
Youth current drinkers (individuals who have had at least one alcoholic drink in the past 30 days)	8%	Age: 17 & older (25%) 14-16 (7%)	Females (11%)
<b>Youth Violence and Bullying (1 vote)</b>			
Youth who were bullied in the past 12 months	31%	N/A	N/A
<b>Perceived Risk of Drug Use (1 vote)</b>			
Use electronic vapor products every day – no risk	14%	N/A	N/A
Smoke marijuana one or twice a week – no risk	23%	N/A	N/A
<b>Youth Smoking (1 vote)</b>			
Youth current smokers (smoked in the past 30 days)	3%	N/A	N/A
Youth who used electronic vapor product (in the past 30 days)	12%	N/A	N/A

N/A- Not Available



## Priorities Chosen

Based on the 2021 Tuscarawas County Health Needs Assessment, key issues were identified for adults and youth. Overall, there were 23 key issues identified by the Healthy Tusc members. The Healthy Tusc members then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.


Key Issues	Votes
1. Adult Mental Health	11
2. Youth Mental Health	11
3. Adult Weight Status	10
4. Uninsured Adults	7
5. Adult Cardiovascular Health	7
6. Youth Weight Status	6
7. Adult Diabetes	5
8. Adult Alcohol Consumption	4
9. Adult Drug Use	4
10. Adult Cancer	3
11. Adult Tobacco Use	3
12. Adult Quality of Life	3
13. Adult Social Determinants of Health	2
14. Adult Arthritis	2
15. Adult Oral Health	2
16. Adult Preventive Medicine	2
17. Youth Drug Use	2
18. Youth Alcohol Consumption	2
19. Women's Health	1
20. Youth Violence and Bullying	1
21. Perceived Risk of Drug Use	1
22. Youth Smoking	1
23. Primary Care Physicians and Mental Health Providers	1

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

### Priority Factor(s):

- 1) Health Behaviors 
- 2) Access to Care 

### Priority Health Outcome(s):

- 1) Mental Health and Addiction 

# Community Themes and Strengths Assessment (CTSA)

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

## Open-ended Questions to the Committee

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

- Access to affordable health care (10)
- Access to healthy low costs foods (5)
- High employment rates (3)
- Access to parks, walking trails, exercise opportunities (3)
- Safety (2)
- Affordable housing (2)
- Support and well-being (2)
- Access to preventative services (2)
- Physically active community members (2)
- Inclusion
- Education
- Low crime
- Walkability
- Mental well-being
- Acknowledgement
- Community collaboration
- Low homeless population
- Promotion of healthy lifestyle
- Sense of family and belonging
- Declining use of tobacco products
- Appropriate interactions with all people
- Supporting the most vulnerable population
- Multiple and diverse natural and created quality of life features
- Decrease in obesity incidences - i.e., Type 2 diabetes, stroke/heart attack
- Outreach and educations for community's health challenges and concerns

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

- Community collaboration (9)
- Family orientated (2)
- Supportive of non-profit organizations (2)
- Work ethic
- Compassion
- Philanthropy
- Tuscarawas YMCA
- Tourism destinations
- Warm and welcoming
- Growing local manufacturing base
- Dedicated and passionate members
- Giving of time and financial resources
- Natural resources – woods, hills, rivers
- Leadership and support for the younger population
- Not "hiding" from challenges but to recognize them and work to address them
- Strength of local schools (i.e., graduation rates, post-secondary education access, levy support, facility upgrades)

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

- Healthy Tusc – CHA/CHIP (7)
- Access Tusc – Bridges to Wellness (6)
- Tuscarawas YMCA (5)
- County/City Health Departments (5)
- Empower Tusc (3)
- Tuscarawas Clinic for the Working Uninsured (3)
- Tuscarawas County Council for Church & Community (T4C) (2)
- Cleveland Clinic Union Hospital (2)
- Rotary Club (2)
- Food pantry (2)
- School system (2)
- Farmers Markets (2)
- TUFF Bags Program (2)
- County ministerial associations (2)
- Regional Tech Park development by Tuscarawas County Commissioners (2)
- Safe Communities Coalition
- Addiction Task Force
- Camp Tuscazoar
- Ernie's bike shop
- Rt. 250 Health & Fitness
- OhioGuidestone
- Non-profit organizations
- Job & Family Services
- Big Brothers, Big Sisters
- Puentes
- Helping neighbors with various tasks
- Leadership Tuscarawas
- Economic development
- Kent State University Tuscarawas & Buckeye Career Center
- United Way
- Twin City Medical Center
- Cleveland Clinic Union Hospital
- ADAMHS Board
- Society for Equal Access
- Salvation Army
- Tusc Against Trafficking
- Newsymom
- OSU Extension Programs
- RTY
- Senior Center
- Convention and Visitors Bureau
- Rick Arredondo's efforts in downtown New Philadelphia
- Tuscarawas County Convention & Visitors Bureau – working to attract tourists & support attractions
- People working to impact the physical activity and behavioral health of the community



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

- Mental health care and addiction (7)
- Access to health care (6)
- Obesity (2)
- Diabetes (2)
- Education (2)
- Transportation options (2)
- Increased housing assistance (2)
- Better utilization of preventative services
- Reconnecting individuals together for mutual support & encouragement
- Continue to create outdoor activities – bike trails and paths
- Rapid access for substance using individuals
- Options for health care – dental, OB, specialty care
- Education on already available resources
- Workplace wellness initiatives
- Reducing abuse of services
- Awareness of the cost increases associated with abuse
- Mentorship programs in schools
- Vaccine resistance
- Being aware of programs out in the community
- Addressing ACEs which lead to both physical and behavioral health issues
- Drug culture and use
- Foster care programs
- Outreach and access to services to minority populations - Latinos. Low-income, LGBTQ+
- Health promotion and disease prevention programs
- Broadband access
- Workforce shortages
- Social Determinants of Health

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

- Funding (6)
- Lack of health care access (4)
- Resources - mental health care services and addiction/recovery services (3)
- Stigma (2)
- Politics (2)
- Lack of education (2)
- Transportation issues (2)
- Apathy of the community (2)
- Lack of initiative to change (2)
- Fear
- Misinformation
- Fast pace societal change
- Fast pace of work
- Mental health “scars” from pandemic challenges & losses
- Workforce
- Poor paying jobs
- Insurance issues or no insurance
- Communication
- Increased cost and decreased availability of goods and services
- Lack of knowledge regarding ACEs
- Ignorance
- Resistance and resolute behaviors that will not consider reviewing facts, advice, and guidance
- Lack of interest by the residents

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

- Public transportation (3)
- General/reduced price health screenings and health education events (2)
- More support groups for mental health and addiction services (2)
- Development of more bike trails/paths
- New mental health care facilities in the community
- Well-being days/fairs
- Public events promoting healthy living
- Rewarding responsible healthy choices
- Advocate for work permits for undocumented workers
- Education
- Affordable insurance
- Evaluation of assistance programs
- ACEs implementation
- Work with teams that have the same common goal and get communication out to community for awareness
- Clearly-defined opportunities to engage retirees, business leaders, educators, and families
- Support for community health programming at local health departments and hospitals
- Tobacco use policies
- Policies around safer communities and gun violence
- Outreach to the growing Central American immigrant population to build support and utilization and social services
- Childcare
- Grant projects

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

- Support and engagement of the entire community (2)
- Trying new things
- ACEs implementation
- Addressing mental health stigma
- More community leaders involved
- Development of more bike trails/paths
- Not continuing things as they have been for years
- Seeing people's lives be changed and get healthier
- Progress made in the past several years and the support of non-healthcare agencies and officials such as Tuscarawas County Commissioners.
- Seeing results and improvements through improved health indicators, health outcomes, and quality of life. Results should be seen through data and testimonials and stories

## Quality of Life Survey

Healthy Tusc urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were **578** Tuscarawas County community members who completed the survey. The table below incorporate responses from the previous Tuscarawas County CHIP for comparison purposes. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of “Very Satisfied” = 5, “Satisfied” = 4, “Neither Satisfied or Dissatisfied” = 3, “Dissatisfied” = 2, and “Very Dissatisfied” = 1. For all responses of “Don’t Know,” or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response		
	'16 -'19 (n=670)	'19 -'22 (n=594)	'22 -'25 (n=578)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.72	3.76	3.72*
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.38	3.21	3.20*
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.00	3.93	3.83*
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.78	3.72	3.57*
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.90	3.12	3.13*
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.72	3.79	3.78*
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.65	3.63	3.62*
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.51	3.44	3.43*
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.23	3.24	3.17*
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.23	3.23	3.18*
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25	3.27	3.19*
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.24	3.24	3.17*

*\*Results of this assessment were collected during the COVID-19 pandemic*

# Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Healthy Tusc members were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Tuscarawas County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change	Threats Posed	Opportunities Created
1. Economic shifts/inflation (11)	<ul style="list-style-type: none"> <li>• Housing/utility insecurity (5)</li> <li>• Food insecurity (4)</li> <li>• Increased cost of gas and health care (4)</li> <li>• Increased anxiety and depression (3)</li> <li>• Nutrition issues (2)</li> <li>• Increased risk of suicide (2)</li> <li>• Increased unemployment (2)</li> <li>• Increased interest rates to slow inflation</li> <li>• Utility shut off for vulnerable populations</li> <li>• Working to live</li> <li>• Local small businesses struggling</li> <li>• Less savings</li> <li>• Increase in obesity rates</li> <li>• Tough for parents to drive kids to fitness and athletic events</li> <li>• More domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to bring needed programming to the community (3)</li> <li>• Grant opportunities (2)</li> <li>• Collaboratives to help address food and financial insecurities (2)</li> <li>• Community outreach</li> <li>• Increased community assistance</li> <li>• Increased participation in 'free' community events</li> <li>• Budgeting/financial management trainings</li> <li>• Farmers markets</li> <li>• Local meats and produce</li> <li>• Spotlight on local whole food</li> <li>• More local fitness and athletic programming</li> <li>• More mental health programming</li> <li>• Families spending more time together – use of outdoor activities and parks</li> </ul>

Force of Change	Threats Posed	Opportunities Created
<p>2. COVID-19 pandemic (11)</p>	<ul style="list-style-type: none"> <li>• Economic strain (4)</li> <li>• Sickness (2)</li> <li>• Delayed care (2)</li> <li>• Increased deaths (2)</li> <li>• Depression and suicide (2)</li> <li>• Distrust of medical experts (2)</li> <li>• Continued community spread of the virus due to unvaccinated (2)</li> <li>• Strain on public health and health care (2)</li> <li>• Increased hospitalizations</li> <li>• Increased health care costs</li> <li>• PTSD</li> <li>• Increased anti-vaxxers</li> <li>• Lost educational years</li> <li>• Long term health problems</li> <li>• Unable to work</li> <li>• Increased chronic conditions</li> <li>• Increase in disease diagnosis</li> <li>• Distrust in government and public health</li> <li>• Chain of supply decreased</li> </ul>	<ul style="list-style-type: none"> <li>• Community partnerships (4)</li> <li>• Virtual events (2)</li> <li>• Better understanding of the importance of public health (2)</li> <li>• Increased awareness and rates for all types of preventative vaccinations (2)</li> <li>• Focus on emergency preparedness</li> <li>• More mental health programs, education, and events</li> <li>• Group counseling</li> <li>• Education and prevention of COVID-19</li> <li>• Positive health care messages to the community</li> <li>• Community resilience/adaptability</li> <li>• More free services</li> <li>• Telehealth</li> </ul>
<p>3. Mental health issues (5)</p>	<ul style="list-style-type: none"> <li>• Lack of resources (2)</li> <li>• Lack of psychiatrists (2)</li> <li>• Lack of affordable insurance (2)</li> <li>• Lack of mental health care professionals (2)</li> <li>• Rising drug/alcohol usage</li> <li>• Depression</li> <li>• Suicide</li> <li>• Increased strain on law enforcement and legal services</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to mental health services (2)</li> <li>• Need for inpatient/outpatient services (2)</li> <li>• Need for trained professionals</li> <li>• Schools/programs</li> <li>• Long term research &amp; solutions</li> <li>• Better federal &amp; state legislation</li> <li>• Enforce laws</li> </ul>

Force of Change	Threats Posed	Opportunities Created
4. Rising prices of goods - gas/grocery (5)	<ul style="list-style-type: none"> <li>• Lack of traveling including not to receive care (2)</li> <li>• Food insecurity (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Public transportation (2)</li> <li>• Food availability</li> <li>• Education on managing expenses better</li> <li>• Ride share programs</li> <li>• Active mobility opportunities</li> </ul>
5. Ease of access to dangerous drugs (5)	<ul style="list-style-type: none"> <li>• Poverty (2)</li> <li>• Addiction</li> <li>• Overdoses</li> <li>• Crime</li> <li>• Youth exposed to drug usage</li> <li>• Lack of adult role models</li> <li>• Lack of parental support-engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Decreasing ease of access</li> <li>• Better federal &amp; state legislation</li> <li>• Support law enforcement</li> <li>• Youth programming – Empower Tusc</li> <li>• Afterschool programming</li> <li>• Wellness programs</li> </ul>
6. Growing Hispanic population (4)	<ul style="list-style-type: none"> <li>• Impact on housing stock</li> <li>• Limited outreach without bilingual workers</li> <li>• Lack of insurance and ability to pay bills</li> <li>• Communication/language barriers</li> <li>• Failure of community to welcome and embrace</li> </ul>	<ul style="list-style-type: none"> <li>• Train and hire bilingual providers (3)</li> <li>• Improve access of care (2)</li> <li>• Development of programs and services (2)</li> </ul>
7. Obesity rates – adult and youth (3)	<ul style="list-style-type: none"> <li>• Diabetes (2)</li> <li>• Heart disease (2)</li> <li>• Weight gain</li> <li>• High cholesterol</li> <li>• Decreased quality of life</li> </ul>	<ul style="list-style-type: none"> <li>• Wellness and nutrition programming (2)</li> <li>• Walking groups</li> <li>• More focus on whole food, less processed food</li> <li>• Girls on the run implementation programming</li> <li>• Fit for life</li> </ul>

N/A – Not available

Force of Change	Threats Posed	Opportunities Created
8. Political climate (3)	<ul style="list-style-type: none"> <li>• Funding channels for improvement efforts may decrease and health policies may change (2)</li> <li>• Lack of trust</li> <li>• Increased community divide</li> <li>• Refusal to follow best practices with regard to pandemic</li> <li>• Changes in health care coverage</li> </ul>	<ul style="list-style-type: none"> <li>• New elected leaders could retain or increase funding support for improvement efforts (2)</li> <li>• Community reunification</li> <li>• New beneficial health policies and projects could be initiated</li> </ul>
9. Community workforce shortages (3)	<ul style="list-style-type: none"> <li>• Not enough staff to serve population (2)</li> <li>• Access to care will not be timely</li> <li>• Cost of childcare</li> <li>• Lower household incomes</li> </ul>	<ul style="list-style-type: none"> <li>• Redesign services</li> <li>• Daycare program improvements and availability</li> <li>• Support groups for working parents</li> <li>• Affordable education opportunities</li> <li>• Increased employment benefits</li> </ul>
10. Loss of health care workers to provide services (2)	<ul style="list-style-type: none"> <li>• Lack of experts and resources to meet community improvement goals</li> <li>• Longer wait times for tests and care</li> </ul>	<ul style="list-style-type: none"> <li>• Recruiting new workers</li> <li>• Opportunity to partner with schools and colleges to increase interest in health and public health careers</li> </ul>
11. Increase in aging population (2)	<ul style="list-style-type: none"> <li>• Lack of affordable housing</li> <li>• Stress on elder care organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of new non-single resident housing options</li> <li>• Expansion of elder care facilities &amp; providers</li> </ul>
12. Lack of communication/misinformation	<ul style="list-style-type: none"> <li>• Communication rapidly changing</li> <li>• Mistrust</li> <li>• Population not adhering to health recommendations that are based on science/research, listening to social media instead</li> </ul>	<ul style="list-style-type: none"> <li>• Better research, planning, and organization</li> <li>• Ability to work to develop trust in our local experts as trusted advisors</li> </ul>
13. Cost of living increase	<ul style="list-style-type: none"> <li>• Paying for health care</li> </ul>	<ul style="list-style-type: none"> <li>• More funding for health screenings</li> </ul>

Force of Change	Threats Posed	Opportunities Created
14. Housing market price increases	<ul style="list-style-type: none"> <li>• Lower inventory of homes available for sale</li> <li>• Higher property values causing increase in rent</li> <li>• Mortgage interest rates on the rise</li> <li>• Increase in homeless population</li> </ul>	<ul style="list-style-type: none"> <li>• Housing affordability programs</li> <li>• Public housing program changes</li> <li>• Employee housing programs</li> </ul>
15. Hospital/medical organization consolidations	<ul style="list-style-type: none"> <li>• Loss of input/control</li> <li>• Transient medical service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Establish local board to influence local decisions</li> <li>• Access to greater care resources</li> </ul>
16. Legalization efforts around recreational marijuana use	<ul style="list-style-type: none"> <li>• Decreased perception of harm resulting in an increased youth use</li> </ul>	<ul style="list-style-type: none"> <li>• Become educated and informed about this issue</li> <li>• Communities create policies to protect their communities and vulnerable populations</li> </ul>
17. Increasing health care costs	<ul style="list-style-type: none"> <li>• Decreased access to care</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness and efforts to address unfair health care practices</li> </ul>
18. Increased screen time/tech toys	<ul style="list-style-type: none"> <li>• Lack of social interactions/skills</li> <li>• Increased BMI</li> <li>• Online vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>• Digital wellness activities – tracking steps</li> <li>• Geocaching</li> </ul>
19. Vaping	<ul style="list-style-type: none"> <li>• Health problems</li> <li>• Increased teen smoking</li> </ul>	<ul style="list-style-type: none"> <li>• Increased communication efforts</li> <li>• Social media efforts</li> </ul>
20. Increased wait time for BCI process confiscated substances	<ul style="list-style-type: none"> <li>• Increased risk of overdose and deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative options for unknown substances</li> <li>• Reprieve from existing timeframes attached to filing charges and hearings</li> </ul>
21. Language access	<ul style="list-style-type: none"> <li>• Miscommunication of critical information</li> </ul>	<ul style="list-style-type: none"> <li>• Train and maintain multi-lingual personnel</li> <li>• Mentor bi-cultural students to get a higher education</li> </ul>
22. Peer pressure/social media influence	<ul style="list-style-type: none"> <li>• Gender identities</li> </ul>	<ul style="list-style-type: none"> <li>• Education and counseling opportunities</li> </ul>
23. Shopping mall	<ul style="list-style-type: none"> <li>• Empty</li> <li>• Anchor stores have left</li> <li>• Low foot traffic</li> </ul>	<ul style="list-style-type: none"> <li>• Community event center – farmer’s market</li> </ul>



Force of Change	Threats Posed	Opportunities Created
24. Local hospitals have less control due to systemization	<ul style="list-style-type: none"> <li>• Hospitals may be unable to enact</li> <li>• Delayed programming for community health improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals have access to more potential resources from the larger hospitals and larger pool of experts within their hospital systems</li> </ul>
25. Decrease in family values, morals, and family model	<ul style="list-style-type: none"> <li>• Increased crime, addiction, and entitlement</li> <li>• Cycle of poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity for reform with judicial and penal system</li> </ul>
26. The war in Ukraine	<ul style="list-style-type: none"> <li>• Shortages of supplies</li> <li>• Government aiding/funding to Ukraine</li> <li>• Resource shortages nationally and globally</li> </ul>	<ul style="list-style-type: none"> <li>• Creating plants and workforces here to combat shortages</li> </ul>
27. Payor reimbursement	<ul style="list-style-type: none"> <li>• Service level</li> <li>• Staffing</li> </ul>	<ul style="list-style-type: none"> <li>• Better ability to service the community</li> </ul>

# Local Public Health System Assessment

## The Local Public Health System

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



### The public health system includes:

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

## The 10 Essential Public Health Services

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

### Public health systems should:

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

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

## The Local Public Health System Assessment (LPHSA)

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

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

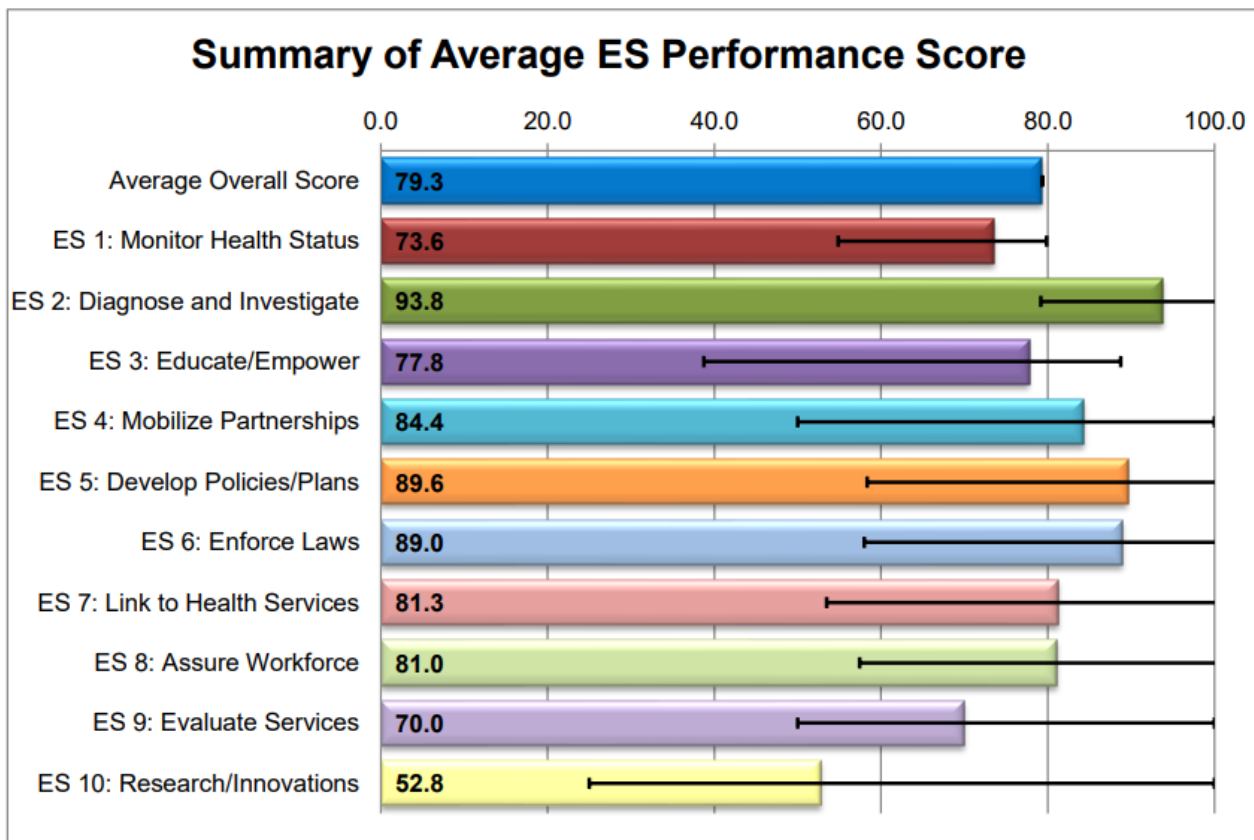
Members of Healthy Tusc completed the performance measures instrument. The LPHSA results were then presented to the committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the group came to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

The Healthy Tusc members identified 0 indicators that had a status of "no activity" and 0 indicator that had a status of "minimal". The remaining indicators were all moderate or significant.

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

To view the full results of the LPHSA, please contact the New Philadelphia City Health Department at 330-364-4491 ext. 1208 or the Tuscarawas County Health Department at 330-343-5555 ext. 100.

## Tuscarawas County Local Public Health System Assessment 2022 Summary



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

# Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

## Gaps Analysis

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

## Strategy Selection

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

## Evidence-Based Practices

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

## Resource Inventory

Based on the chosen priorities, the Healthy Tusc members 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 Tuscarawas County Healthy Tusc Partners was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

# Priority #1: Health Behaviors

## Strategic Plan of Action

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

### Physical Activity/Nutrition Strategies:

Priority #1: Health Behaviors				
Strategy 1: Community-wide physical activity campaign				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Create a community-wide physical activity campaign.</p> <p>Recruit at least five agencies who are working to improve and promote Tuscarawas County's physical activity opportunities. Determine the goals and objectives of the physical activity campaign.</p> <p>Engage community agencies that coordinate a unified message to increase awareness of Tuscarawas County physical activity opportunities and create a culture of health.</p> <p>Brand the campaign and explore the feasibility of creating a county physical activity resource that houses information about all physical activity opportunities.</p>	August 13, 2023	Adults and Youth	<p>Adult physical inactivity. Percent of adults, age 18 and older, reporting no leisure time physical activity (BRFSS)</p> <p>Youth physical inactivity.</p>	<p>Tuscarawas County YMCA</p> <p>New Philadelphia City Health Department</p>
<p><b>Year 2:</b> Continue efforts of year 1.</p> <p>Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least twice a month. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc.</p> <p>Continue to build upon the trail system in Tuscarawas County parks. Collaborate with local partners to promote local parks, playgrounds, trails, and other green space.</p>	August 13, 2024			<p>Tuscarawas County Health Department</p> <p>Trinity Health System Twin City Medical Center</p>
<p><b>Year 3:</b> Continue efforts of years 1 and 2.</p> <p>Work with partner to promote Sports Closet locations.</p>	August 13, 2025			
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p><input type="radio"/> Yes      <input checked="" type="radio"/> No      <input type="radio"/> Not SHIP Identified</p>				
<p><b>Resources to address strategy:</b></p> <p>Tuscarawas County Parks Department, Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center, Tuscarawas County Convention and Visitors Bureau, Tuscarawas County Parks, OSU Extension, Kiwanis Clubs, Tuscarawas County Libraries, Tuscarawas County School Districts, Healthy Tusc Members, Leadership Tusc, Tuscarawas Valley Farmers Market</p>				
<p><b>Outcome:</b></p> <p>Increase physical activity among adults and youth in Tuscarawas County</p>				

## Tobacco Strategies:

Priority #1: Health Behaviors				
Strategy 2: Policies for smoke free environments for tobacco/nicotine/vaping/smokeless tobacco (Smoke-free policies for indoor/outdoor areas)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Conduct Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass ordinance or create policy to be smoke free.	August 13, 2023	Adults	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)	Tuscarawas County Health Department  Empower Tusc
<b>Year 2:</b> Conduct annual Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass 1 new ordinance or create policy to be smoke free.	August 13, 2024		Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	
<b>Year 3:</b> Conduct annual Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass 1 new ordinance or create policy to be smoke free.	August 13, 2025			
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Member, Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center				
<b>Outcome:</b> Increase the number of smoke-free facilities in Tuscarawas County				

**Priority #1: Health Behaviors**

**Strategy 3: Access to cessation for tobacco/nicotine/vaping/smokeless tobacco (Tobacco cessation therapy affordability)**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Quit Line Referrals/Quit Attempts. Health Care provider reminder systems.</p> <p>Conduct outreach with community members, agencies, groups, organizations this can be done via trainings, presentations, or community events.</p>	August 13, 2023	Adults and Youth	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)	Tuscarawas County Health Department  Empower Tusc
<p><b>Year 2:</b> Youth screening for nicotine use and quit attempts.</p> <p>Work with school districts to get 1 school district to implement an alternative to suspension for nicotine use at school.</p> <p>Adult online Quit Line Referrals and Quit Attempts.</p> <p>Train organizations on AAR/AAP.</p> <p>Conduct outreach with community members, agencies, groups, organizations this can be done via trainings, presentations, or community events.</p>	August 13, 2024		Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	
<p><b>Year 3:</b> Youth screening for nicotine use and quit attempts.</p> <p>Adult online Quit Line Referrals and Quit Attempts.</p> <p>Increase youth cessation offerings.</p> <p>Promote county youth and adult cessation offerings at outreach event.</p>	August 13, 2025			

**Strategy identified as likely to decrease disparities?**  
 Yes       No       Not SHIP Identified

**Resources to address strategy:**  
 Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Members, Trinity Health System Twin City Medical Center, Cleveland Clinic Union Hospital

**Outcome:**  
 Increase the number of smoking-related cessation offerings in Tuscarawas County

**Priority #1: Health Behaviors** 

**Strategy 4: Licensure for retailers for tobacco/nicotine/vaping/smokeless tobacco**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> <li>• SWOT Analysis</li> <li>• Identify decision makers and gather information on probable positions of potential decision makers</li> <li>• Create Implementation Plan</li> <li>• Compile list of retailers</li> </ul>	August 13, 2023	Adults and Youth	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)  Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	Tuscarawas County Health Department  Empower Tusc
<b>Year 2:</b> Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> <li>• Promote TRL at community</li> <li>• Educate retailers on TRL and requirements</li> <li>• Collaborate with TCHD environmental health and local law enforcement</li> </ul>	August 13, 2024			
<b>Year 3:</b> Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> <li>• Work with stakeholders to promote and pass TRL</li> <li>• Retailer enrollment and issuing of licenses</li> <li>• Conduct compliance checks and site visits for TRL</li> </ul>	August 13, 2025			

**Strategy identified as likely to decrease disparities?**  
 Yes       No       Not SHIP Identified

**Resources to address strategy:**  
 Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Members

**Outcome:**  
 Promotion and implementation of Tobacco Retail License (TRL) in Tuscarawas County



# Priority #2: Access to Care

## Strategic Plan of Action

To work toward improving access to care, the following strategies are recommended:

Priority #2: Access to Care				
Strategy 1: School-based health centers (SBHCs)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Gather community leaders, stakeholders, local qualified healthcare providers (such as nurse practitioners), and mental health providers to discuss and assess the need for a school-based health center and determine the type of services it will be provide to the students that follow state standards.</p> <p>Research and secure funding through the state, county health department, federally qualified heath centers (FQHC), local businesses, community providers, grants, and another fundraising.</p> <p>Open 2 school-based health clinics in Tuscarawas County.</p>	August 13, 2023	Youth	<p>Primary care health professional shortage areas. Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF)</p>	Aultman Health Foundation
<p><b>Year 2:</b> Continue efforts to sustain funding. Add behavioral health services to school-based health clinics.</p> <p>Become a <b>School-Based Health Alliance</b> member and complete the trainings and resource guides.</p> <p>Find additional funding to secure the school nurse resources at each school.</p> <p>Work with schools to locate any onsite clinic space that could be utilized for well visits/physicals/vaccinations/etc.</p> <p>Aim to hire 2 additional mental health or acute/primary medical staff professionals either in-person or through telehealth.</p>	August 13, 2024		<p>Mental health professional shortage areas. Percent of Ohioans living in a mental health professional shortage area* (HRSA, as compiled by KFF)</p>	
<p><b>Year 3:</b> Continue efforts of year 2.</p> <p>Start to plan to open one new school-based health center.</p>	August 13, 2025			
<p><b>Strategy identified as likely to decrease disparities?</b></p> <p><input checked="" type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not SHIP Identified</p>				
<p><b>Resources to address strategy:</b></p> <p>Tuscarawas County Health Department, Claymont Local Schools, Tusky Valley Local Schools, Educational Service Center of East Central Ohio, The Village Network, Healthy Tusc Members, SpringVale Health Centers, Tuscarawas County School Districts, Cleveland Clinic Union Hospital, Access Tusc, New Philadelphia City Health Department, OhioGuidestone</p>				
<p><b>Outcome:</b></p> <p>Expand the number of school-based health centers in Tuscarawas County</p>				

**Priority #2: Access to Care**

**Strategy 2: Community resource guide**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Review old community resource guide and update information as needed.</p> <p>Promote/share guide through various outlets (i.e., social media, newspaper, bulletins, and radio) and provide print copies throughout county.</p>	August 13, 2023	Adults and Youth	Number of community resource guides printed and disseminated	<p>Access Tuscarawas</p> <p>Tuscarawas County Family &amp; Children First Council</p>
<p><b>Year 2:</b> Continue efforts from year 1.</p> <p>Create a Spanish version of the community resource guide and promote/shared the guide through the county.</p>	August 13, 2024		Number of community resource guides distributed among disparate populations (low-income, Latino, etc.)	
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	August 13, 2025			

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

Yes     
  No     
  Not SHIP Identified

**Resources to address strategy:**

East Central Ohio Educational Service Center, Healthy Tusc Members, Tuscarawas County Libraries, Tuscarawas County Social Service Agencies, Tuscarawas County Medical Offices, Tuscarawas County School Districts, Cleveland Clinic Union Hospital, Tuscarawas Valley Farmers Market, Tuscarawas County Health Department, New Philadelphia City Health Department, Mediwise Pharmacy, Homeless Shelter, Trinity Health System Twin City Medical Center, Access Tusc Transit, Tuscarawas County Clinic for the Working Uninsured, United Way of Tuscarawas County

**Outcome:**

Increase awareness about the services offered in Tuscarawas County

**Priority #2: Access to Care****Strategy 3: Expand broadband Internet access to rural areas**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Collect baseline data on the number of community members who lack access to Internet in rural areas.</p> <p>Share information with various community stakeholders and review current contract(s) with broadband company(ies).</p> <p>Work with stakeholders and broadband company(ies) to create a plan for extending services to rural areas.</p>	August 13, 2023	Adults and Youth	Number of community members who lack access to Internet	Tuscarawas County Economic Development Corporation (Broadband Ohio Accelerator Program)
<p><b>Year 2:</b> Continue efforts from year 1.</p>	August 13, 2024			
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	August 13, 2025			

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

Yes
  No
  Not SHIP Identified

**Resources to address strategy:**

Tuscarawas County Commissioners, Healthy Tusc Members

**Outcome:**

Expand broadband Internet access to rural areas in Tuscarawas County

**Priority #2: Access to Care**

**Strategy 4: Community health workers**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Increase number of Community Health Workers (CHW) and/or improve CHW community engagement.	August 13, 2023	Adults and Youth	Primary care health professional shortage areas. Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF)	Access Tuscarawas  Bridges to Wellness Pathways Community HUB
<b>Year 2:</b> Increase number of Tuscarawas residents served by Pathways Community HUB - this enrollment addresses any of 21 Pathways specifically designed to remove social determinant of health barrier (including access to healthcare, mental health and health insurance specifically measurable).	August 13, 2024			
<b>Year 3:</b> Over 50% pathway completion rate for enrolled members.  Over 50% completion rate directly correlates to successful community referrals to Tuscarawas County health and social service-related organizations.	August 13, 2025			
<p><b>Strategy identified as likely to decrease disparities?</b>  <input checked="" type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Not SHIP Identified</p>				
<p><b>Resources to address strategy:</b>                      City of New Philadelphia, Tuscarawas County Health Department, Tuscarawas County Senior Center, Healthy Tusc Members, Tuscarawas County Family &amp; Children First Council, Trinity Health System Twin City Medical Center</p>				
<p><b>Outcome:</b>                      Increase residents' access to care by decreasing social determinants and improving disparities in Tuscarawas County</p>				

# Priority #3: Mental Health and Addiction

## Strategic Plan of Action

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

Priority #3: Mental Health and Addiction				
Strategy 1: Universal school-based suicide awareness and education programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Introduce school-based suicide awareness and education program (i.e., <b>Signs of Suicide (SOS), Question, Persuade, Refer (QPR), Hope Squad Peer Support, and Mental Health First Aid</b> ) along with supporting data, to all school districts and engage interesting districts in a planning process.	August 13, 2023	Youth	Youth suicide deaths. Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)	East Central Ohio Educational Service Center (ECOESC)  Empower Tusc/Suicide Coalition
<b>Year 2:</b> Continue efforts from year 1. Implement the program(s) in 1-2 school districts in select grade levels.	August 13, 2024			
<b>Year 3:</b> Continue efforts from years 1 and 2. Expand program service area to 1-2 additional school districts.	August 13, 2025			
<b>Strategy identified as likely to decrease disparities?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
<b>Resources to address strategy:</b> OhioGuidestone, SpringVale Health Center, Survivors of Suicide support group, NAMI, School Guidance Counselors, Tuscarawas Area Counselors Association (TACA), Healthy Tusc Members, ADAMHS Board, Tuscarawas County School Districts, Empower Tusc/Suicide Coalition Members, Cleveland Clinic Union Hospital Behavioral Health				
<b>Outcome:</b> Increase awareness of suicide among youth in Tuscarawas County				

**Priority #3: Mental Health and Addiction**

**Strategy 2:** Collaborate with schools to support the implementation of Social Emotional Learning (SEL) standards and ongoing Behavioral Health (BH) support (Implement school-based social and emotional instruction )

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<b>Year 1:</b> Work with schools to determine areas of need as well as opportunities to partner behavioral health resources and trainings in districts that are willing.	August 13, 2023	Youth	Youth depression (major depressive episode). Percent of youth, ages 12-17, who experienced a major depressive episode within the past year (NSDUH)	Tuscarawas County Family and Children First Council  ECOESC  ADAMHS Board of Tuscarawas and Carroll Counties
<b>Year 2:</b> Work with interested schools to determine areas of intervention both from a diagnostic/symptomatic lens as well as determining which groups to target, i.e. teaches; PTO; admin; coaches. etc.	August 13, 2024			
<b>Year 3:</b> Initiate a behavioral health-focused plan in the interested school districts to address need, decrease depressive symptoms, and increase resiliency.	August 13, 2025			

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

Yes     No     Not SHIP Identified

**Resources to address strategy:**

Good Neighbor Project/Buddy Bench, SpringVale Health Center, OhioGuidestone, Early Childhood Mental Health Consultants, Pre-School Interventionalists, Tuscarawas Area Counselors Association (TACA), Healthy Tusc Members, Tuscarawas County School Districts, Cleveland Clinic Union Hospital Behavioral Health

**Outcome:**

Improve social competence, behavior, and resiliency in youth in Tuscarawas County

**Priority #3: Mental Health and Addiction**

**Strategy 3: Mental health first aid**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Obtain baseline data on the number of <b>Mental Health First Aid (MHFA)</b> trainings that have taken place in the Tuscarawas County.</p> <p>Market the training to local churches, schools, rotary clubs, law enforcement, chambers of commerce, city councils, college students, etc.</p> <p>Provide at least two MHFA trainings.</p>	August 13, 2023	Adult	Adult depression (major depressive episode). Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH)	Empower Tusc  Tuscarawas County Farm Bureau
<p><b>Year 2:</b> Continue efforts from year 1. Provide at least three additional trainings and continue marketing the training.</p>	August 13, 2024		Adult suicide deaths. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)	
<p><b>Year 3:</b> Continue efforts from years 1 and 2.</p>	August 13, 2025			

**Strategy identified as likely to decrease disparities?**  
 Yes     No     Not SHIP Identified

**Resources to address strategy:**  
 Empower Tusc, Suicide Coalition Members, ADAMHS Board of Tuscarawas & Carroll Counties, TACA, Tuscarawas County Council for Church & Community (T4C), Healthy Tusc Members, Tuscarawas County Churches, Tuscarawas County Civic Clubs, Tuscarawas County Libraries, Tuscarawas County Chambers of Commerce, Tuscarawas County Local Businesses, Tuscarawas County Senior Centers, Tuscarawas County Local Farmers, Cleveland Clinic Union Hospital, OhioGuidestone, Trinity Health System Twin City Medical Center

**Outcome:**  
 Increase the number of mental health trainings being offered in Tuscarawas County

**Priority #3: Mental Health and Addiction**

**Strategy 4: Increase County awareness of signs and symptoms of alcohol addiction and local resources**

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p><b>Year 1:</b> Review existing awareness campaigns related to alcohol addiction and determine which would have the most impact in the county.</p> <p>Ensure campaign includes connection to local resources as well as ease of engagement in services.</p> <p>Develop a roll-out plan for campaign.</p>	August 13, 2023	Adult	<p>Adult binge drinking</p> <p>Adult depression (major depressive episode). Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH)</p> <p>Adult suicide deaths. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)</p>	<p>Tuscarawas County Addiction Task Force</p> <p>OhioGuidestone</p> <p>ADAMHS Board</p>
<p><b>Year 2:</b> Initiate roll-out of alcohol addiction awareness campaign.</p> <p>Monitor calls to Hope Line and diagnoses following assessment to determine impact</p>	August 13, 2024			
<p><b>Year 3:</b> Review impact of efforts from years 1 and 2 and if necessary, plan for changes in year 3</p>	August 13, 2025			

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

Yes       No       Not SHIP Identified

**Resources to address strategy:**

Next Level, Recovery Community, Recovery-Focused Churches, ADAMHS Board, Tuscarawas County Addiction Task Force Members, OhioGuidestone, New Philadelphia City Health Department, Tuscarawas County Health Department, SpringVale Health Center, Trinity Health System Twin City Medical Center, Healthy Tusc Members, Tuscarawas County Libraries, Tuscarawas County Local Businesses


**Outcome:**

Tuscarawas County will receive awareness information about alcohol addiction and where to seek services



## Progress and Measuring Outcomes

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

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

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

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

### Contact Us

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

#### **Tuscarawas County Health Department**

897 East Iron Avenue  
Dover, Ohio 44622  
(330) 343-5555 x 100

#### **New Philadelphia City Health Department**

150 E. High Avenue  
New Philadelphia, Ohio 44663  
(330) 364-4491 x 1208

# Appendix I: Gaps and Strategies

The following tables indicate health behaviors, access to care, mental health and addiction, and potential strategies that were compiled by the Healthy Tusc.

## Priority Factors: Health Behaviors

Gaps	Potential Strategies
1. Obesity – adults & youth (7)	<ul style="list-style-type: none"> <li>• Fruit and vegetable incentive programs ✓ 🇺🇸 (2)</li> <li>• Shared use agreements ✓ 🇺🇸</li> <li>• Community fitness programs 🇺🇸 (2)</li> <li>• Fruit and vegetable taste testing 🇺🇸 (2)</li> <li>• Community-wide physical activity campaign * 🇺🇸</li> <li>• Active recess 🇺🇸</li> <li>• Physically active classrooms 🇺🇸</li> <li>• Safe Routes to School programs 🇺🇸</li> <li>• Education regarding health lifestyles</li> <li>• Increase enrollment in Fit for Life program</li> <li>• Bike and pedestrian master plan</li> <li>• Community health screenings</li> <li>• Installation of outdoor exercise equipment at County parks</li> </ul>
2. Nicotine/tobacco use (4)	<ul style="list-style-type: none"> <li>• Tobacco cessation therapy affordability ✓ 🇺🇸 (3)</li> <li>• Smoke-free policies for outdoor areas 🇺🇸</li> <li>• Mass media campaigns against tobacco use 🇺🇸</li> <li>• Smoke-free work and school settings</li> <li>• Tobacco retail license</li> </ul>
3. Physical activity – adult, youth, children (4)	<ul style="list-style-type: none"> <li>• Active recess 🇺🇸</li> <li>• Increased awareness of physical activity opportunities (2)</li> <li>• Central online location that is a warehouse for all camps, activities, etc.</li> <li>• Increase awareness of new parks, walking/bike paths, Tuscarawas River WaterTrail</li> <li>• Increased use of the #activetusc hashtag to link exercise opportunities across the county</li> <li>• Secure funding and create confidential funding requests to cover the cost of shoes, equipment, for families that can't afford sports</li> <li>• "Sports" closets</li> </ul>
4. Poor nutrition - adults & youth	<ul style="list-style-type: none"> <li>• Healthy school lunch initiatives ✓ 🇺🇸</li> <li>• Healthy local food retailers</li> </ul>

🇺🇸 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

\* Aligned with 2019-2022 CHIP

## Priority Health Outcomes: Access to Care










Gaps	Potential Strategies
1. Uninsured adults, youth, and children (4)	<ul style="list-style-type: none"> <li>Community health workers ✓ 🇺🇸 (2)</li> <li>Health insurance enrollment outreach and support ✓ 🇺🇸 (2)</li> <li>Federally qualified health centers – FQHCs ✓ 🇺🇸</li> <li>School-based health centers - SBHCs ✓ 🇺🇸</li> </ul>
2. Primary care shortages (3)	<ul style="list-style-type: none"> <li>Federally qualified health centers – FQHCs ✓ 🇺🇸</li> <li>Increase awareness of rural health clinics</li> <li>Provide community information to health care provider recruiters so the medical professionals are aware of the great quality of life Tuscarawas County provides</li> </ul>
3. Adult preventive medicine (2)	<ul style="list-style-type: none"> <li>Public transportation systems ✓ 🇺🇸</li> <li>Vaccine clinics</li> <li>Community health screenings</li> </ul>
4. Women (40+) mammogram in the past 2 years (2)	<ul style="list-style-type: none"> <li>Public transportation systems ✓ 🇺🇸</li> <li>Financial incentives to recruit and retain health professionals in rural and underserved areas ✓ 🇺🇸</li> </ul>
5. Women pap smears in the last 3 years (2)	<ul style="list-style-type: none"> <li>Public transportation systems ✓ 🇺🇸</li> <li>Community based training for health professions in rural and underserved areas</li> </ul>
6. Specialty services moving away from Tuscarawas County area	<ul style="list-style-type: none"> <li>Telemedicine ✓ 🇺🇸</li> <li>Bring/keep specialty providers to Tuscarawas County and into Twin Cities area</li> </ul>
7. Lack of access or long wait for specialty appointments	<ul style="list-style-type: none"> <li>Advocating with health care systems to bring more specialists to area</li> </ul>
8. Health insurance misinformation	<ul style="list-style-type: none"> <li>General education courses for the public on health insurance and assistance with enrollment</li> </ul>
9. Access to primary care due to language barrier and insurance	<ul style="list-style-type: none"> <li>Community resource guide in English &amp; Spanish</li> <li>Payment plans available for self-pay</li> <li>Require providers to have online interpreters</li> </ul>
10. Fear of receiving care	<ul style="list-style-type: none"> <li>Education on benefits of primary care and preventative care</li> <li>Discounted health screenings in the community</li> </ul>
11. Access to low-cost health screenings	<ul style="list-style-type: none"> <li>Provide screenings at low/no cost: HbgA1c, lipid panel, blood pressure, blood sugar</li> </ul>


🇺🇸 = Ohio SHIP supported strategy


✓ = likely to decrease disparities

\* Aligned with 2019-2022 CHIP

## Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Depression – adult and youth (5)	<ul style="list-style-type: none"> <li>School-based social and emotional instruction *  (2)</li> <li>Mental health first aid  (2)</li> <li>Search and hire bilingual mental health providers</li> <li>Continue to provide empowering information at youth leadership summit</li> </ul>
2. Suicide awareness and screening – adults and youth (4)	<ul style="list-style-type: none"> <li>Telemental health services  (2)</li> <li>Universal school-based suicide awareness and education program *  (2)</li> <li>Question Persuade Refer training – QPR </li> </ul>
3. Marijuana use (2)	<ul style="list-style-type: none"> <li>Higher educational financial incentives for health professionals underserved serving areas  (2)</li> <li>Better education of facts of marijuana use</li> <li>Ban vaping and access to THC oils</li> </ul>
4. Stigma around seeking help for mental health and addiction (2)	<ul style="list-style-type: none"> <li>Reduce stigma *</li> <li>Education to community regarding benefits of receiving care</li> <li>Access to support groups and marketing support groups information to the community members</li> <li>County-wide mental health stigma reduction campaign lead by leaders outside of the mental health system to show that community leaders support counseling and mental wellness</li> </ul>
5. Overdose deaths	<ul style="list-style-type: none"> <li>Naloxone education and distribution programs  (2)</li> <li>Certified recovery housing </li> <li>Harm reduction services</li> </ul>
6. Use electronic vape products every day	<ul style="list-style-type: none"> <li>Telemental health services </li> </ul>
7. Lack of ability to navigate the behavioral health care system	<ul style="list-style-type: none"> <li>Increase availability of case workers</li> <li>Access to care and regular check-ins</li> <li>LSW and community health workers who can ensure follow-up</li> </ul>
8. Lack of integration between behavioral health services into primary care	<ul style="list-style-type: none"> <li>Increase mental health appointment availability in primary health care settings</li> </ul>
9. Lack of support for behavioral health patients	<ul style="list-style-type: none"> <li>Leverage telehealth opportunities</li> <li>Partner with community mental health to serve patients and keep patients in community</li> <li>Bring more mental health programs and support groups to the area</li> </ul>
10. Appalachian suicide rates – youth	<ul style="list-style-type: none"> <li>Bring back Bridges Out of Poverty training</li> <li>Targeted strategies at our schools that focus on Appalachian population</li> </ul>
11. Education about drug and alcohol misuse	<ul style="list-style-type: none"> <li>Increase awareness of existing services</li> </ul>

 = Ohio SHIP supported strategy

 = likely to decrease disparities

\* Aligned with 2019-2022 CHIP

## Priority: Other

Gaps	Potential Strategies
1. Risky sexual activity	<ul style="list-style-type: none"><li>• Increase screening and treatment</li><li>• Promotion of "safer sex" practices</li></ul>
2. Increased rates of diabetes in the Latino population	<ul style="list-style-type: none"><li>• Free screenings at workplace</li></ul>

## Appendix II: Links to Websites

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	<a href="http://www.cdc.gov/nphpsp/essentialservices.html">http://www.cdc.gov/nphpsp/essentialservices.html</a>
Hope Squad Peer Support	<a href="https://hopesquad.com/">https://hopesquad.com/</a>
Mental Health First Aid (MHFA)	<a href="https://www.mentalhealthfirstaid.org/">https://www.mentalhealthfirstaid.org/</a>
Question, Persuade, Refer (QPR)	<a href="https://qprinstitute.com/">https://qprinstitute.com/</a>
School-Based Health Alliance	<a href="https://www.sbh4all.org/">https://www.sbh4all.org/</a>
Signs of Suicide (SOS)	<a href="https://sossignsofsuicide.org/parent/signs-suicide-program">https://sossignsofsuicide.org/parent/signs-suicide-program</a>