2023-2025

Seneca County Community Health Improvement Plan

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SENECA
COUNTY

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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.

The Seneca County Health Alliance have been conducting CHAs since 2001 to measure community health status. The most recent Seneca County CHA was cross-sectional in nature and included a written survey of adults within Seneca County. Additionally, HCNO incorporated data from The Ohio Healthy Youth Environments Survey (OHYES) throughout the report. 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). This has allowed Seneca 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.

The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHIP. The health district invited various community stakeholders to participate in the community health improvement process. Data from the most recent CHA was 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 the Seneca County Health Alliance that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

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, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP 1.0 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 10% of Seneca County residents were below the poverty line, according to the U.S. Census Bureau, 2020 Poverty and Median Income 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 1.0, 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 Seneca County Health Alliance to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model

Alignment with National and State Standards

The 2023-2025 Seneca County CHIP priorities align with state and national priorities. Seneca County will be addressing the following priorities: community conditions, health behaviors, and mental health and addiction.

Healthy People 2030

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

- Health Care Access and Quality (AHS) – 04: Reduce the proportion of people who can't get medical care when they need it
- Nutrition and Healthy Eating (NWS) – 03: Reduce the proportion of adults with obesity
- Mental Health and Mental Disorder (MHMD) – 01: Reduce the suicide rate

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 Ohioan's 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 Seneca 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. As outlined in figure 1.2, the following priority outcome, priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP.

Figure 1.2 2023-2025 Seneca CHIP Alignment with the 2020-2022 SHIP

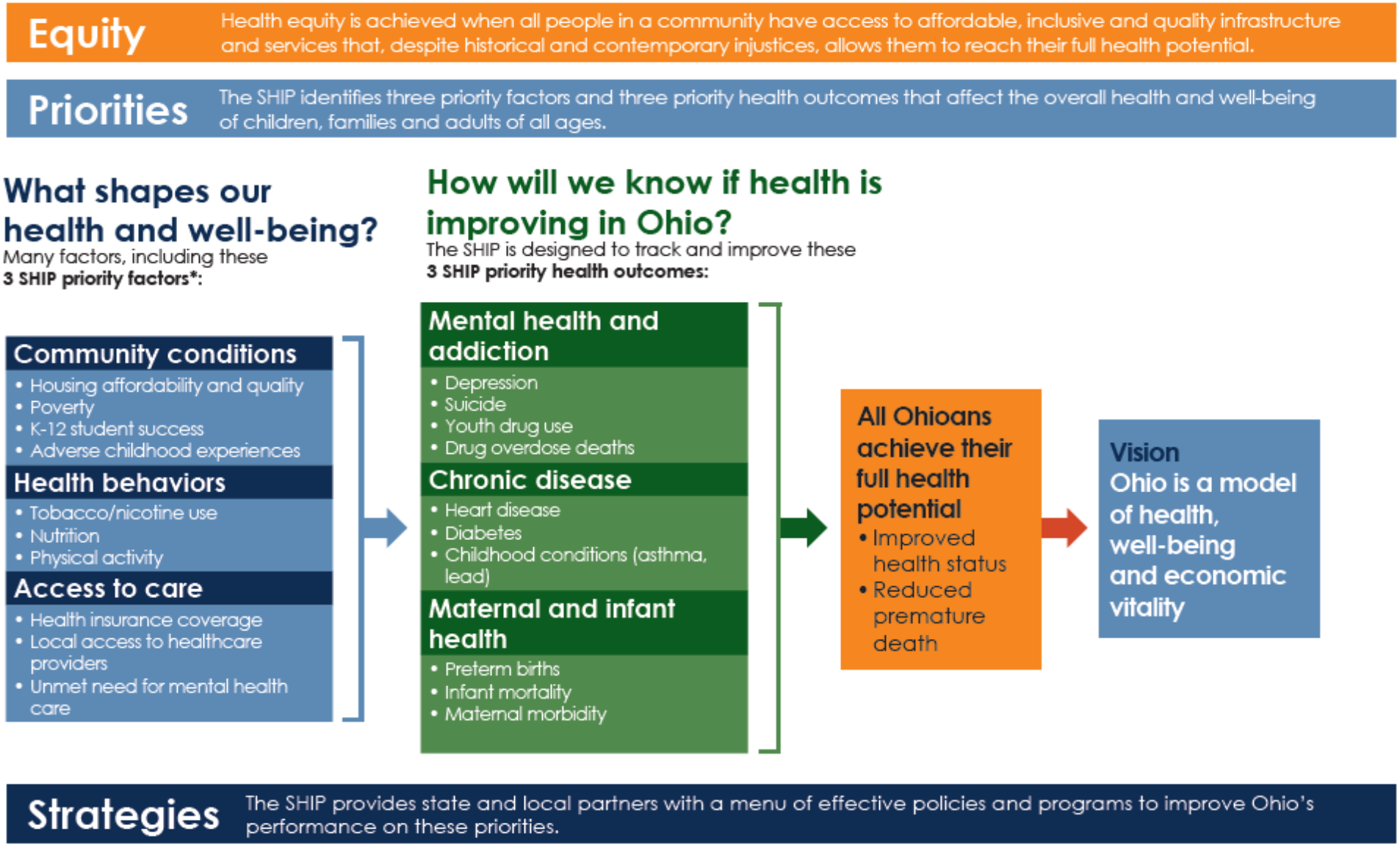
Priority Factors	State Aligned Priority Indicators	Strategies to Impact State Priority Indicators
Community Conditions	• High housing costs	• Tax credits • Land bank
Health Behaviors	• Adult physical activity	• Shared-use agreement • Community-wide physical activity campaign
Priority Health Outcomes	**State Aligned Priority Indicators**	**Strategies to Impact State Priority Indicators**
Mental Health & Addiction	• Adult depression • Youth depression	• Not available

Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP.

Note: This symbol √ will be used throughout the report when a strategy has been rated by **What Works for Health** as "likely to decrease disparities" and/or recommended by **The Community Guide** as effective strategies for achieving health equity. These sources consider potential impact on disparities and inequities by racial/ethnic, socio-economic, geographic, or other characteristics.

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 the Seneca County Health Alliance

Partnering to improve the health and quality of life for Seneca County residents

The Mission of the Seneca County Health Alliance

Working together to create a healthier Seneca County

Community Partners

The CHIP was planned by various agencies and service-providers within Seneca County. From August 2023 to November 2023, the Seneca County Health Alliance reviewed many data sources concerning the health and social challenges that Seneca 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:

Seneca County Health Alliance

CARSA
City of Fostoria Mayor's Office
City of Fostoria Police Department
City of Tiffin Mayor's Office
City of Tiffin Police Department
Firelands Counseling and Recovery Services
First Call for Help Fostoria
Fostoria City Schools
Great Lakes Community Action Partnership
Heidelberg University
HOPE in Fostoria
Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky, and Wyandot Counties
Mercy Health-Tiffin Hospital
North Central Ohio Educational Service Center
OSU Extension, SNAP-Ed
ProMedica Hospital of Fostoria
Seneca County Council on Homelessness
Seneca County Department of Job and Family Services
Seneca County Family and Children First Council
Seneca County General Health District
Seneca County Government
Seneca County Juvenile/Probate Court
Seneca County Sheriff's Department
Suicide Prevention Coalition of Seneca County
Tiffin City Schools
Tiffin-Seneca Economic Partnership
Tiffin Seneca United Way
Tiffin University
Transformation Life Center
United Way of Fostoria
YMCA of Bucyrus-Tiffin

Hospital Council of Northwest Ohio (HCNO)

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

Community Health Improvement Process

Beginning in August 2023, the Seneca County Health Alliance 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 **https://www.senecahealthdept.org/**. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Seneca County 2022	Ohio 2020	U.S. 2020
Healthcare Coverage, Access, and Utilization							
Uninsured	11%	15%	8%	9%	7%	9%	9%
Visited a doctor for a routine checkup (in the past 12 months)	52%	57%	68%	68%	75%	77%	76%
Unable to see a doctor due to cost	16%	19%	12%	12%	N/A	9%	10%
Had at least one person they thought of as their personal doctor or health care provider	86%	88%	81%	90%	87%	79%	77%
Preventive Medicine							
Had a pneumonia vaccination (age 65 and over)	N/A	46%	58%	80%	67%	72%	72%
Had a flu shot within the past year (age 65 and older)	38%	44%	71%	72%	73%	65%	68%
Ever had a shingles or zoster vaccine	N/A	5%	13%	19%	20%	29%†	29%†
Had a clinical breast exam in the past two years (age 40 and over)	N/A	65%	64%	60%	56%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	68%	69%	69%	66%	71%	72%
Had a Pap smear in the past three years (ages 21-65)	N/A	72%	67%	67%	70%	77%	78%
Had a PSA test in within the past two years (age 40 and over)	N/A	52%	N/A	53%	51%	32%	32%
Health Status Perceptions							
Rated general health as good, very good, or excellent	88%	87%	85%	87%	86%	85%	86%
Rated general health as excellent or very good	55%	50%	47%	52%	44%	55%	57%
Rated general health as fair or poor	12%	13%	15%	14%	14%	16%	13%
Rated physical health as not good on four or more days (in the past 30 days)	21%	20%	22%	23%	18%	24%*	23%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.7	3.8	3.1	3.7	4.1**	4.7**
Rated mental health as not good on four or more days (in the past 30 days)	16%	23%	27%	25%	35%	29%*	26%*

N/A - Not Available
†2017 BRFSS Data
**2019 BRFSS Data*
***2018 BRFSS as compiled by 2021 County Health Rankings*
Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Seneca County 2022	Ohio 2020	U.S. 2020
Health Status Perceptions, Continued							
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	4.6	3.8	3.3	4.9	4.8**	4.1**
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)	12%	23%	26%	24%	30%	N/A	N/A
Weight Status							
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	27%	36%	39%	39%	39%	36%	32%
Overweight (BMI of 25.0 – 29.9)	41%	35%	35%	39%	38%	34%	35%
Normal weight (BMI of 18.5 – 24.9)	31%	28%	25%	20%	23%	29%	31%
Tobacco Use							
Current smoker (currently smoke some or all day)	19%	17%	13%	14%	15%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	25%	29%	22%	21%	24%	25%
Alcohol Consumption							
Current drinker (drank alcohol at least once in the past month)	56%	47%	56%	58%	58%	51%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 day)	21%	19%	19%	26%	25%	16%	16%
Drove after having perhaps too much alcohol to drink	N/A	N/A	7%	4%	6%	3%	2%
Drug Use							
Adults who used marijuana in the past 6 months	5%	5%	4%	5%	7%	N/A	N/A
Adults who used recreational drugs in the past 6 months	0%	<1%	1%	6%	7%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	8%	5%	7%	N/A	N/A
Sexual Behavior							
Had more than one sexual partner in past year	6%	5%	6%	6%	3%	N/A	N/A
Mental Health							
Considered attempting suicide in the past year	4%	4%	6%	3%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	3%	<1%	<1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	13%	13%	16%	11%	13%	N/A	N/A

N/A - Not Available
**2019 BRFSS Data*
***2018 BRFSS as compiled by 2021 County health Rankings*
Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Seneca County 2022	Ohio 2020	U.S. 2020
Cardiovascular Health							
Had angina or coronary heart disease	N/A	6%	5%	8%	6%	5%	4%
Had a heart attack	5%	7%	6%	3%	6%	5%	4%
Had a stroke	3%	2%	2%	3%	4%	4%	3%
Had high blood pressure	33%	30%	28%	37%	38%	35%*	33%*
Had high blood cholesterol	31%	36%	37%	37%	36%	33%*	33%*
Had blood cholesterol checked within past 5 years	N/A	79%	79%	83%	78%	85%*	87%*
Arthritis, Asthma, and Diabetes							
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	38%	34%	31%	31%*	25%*
Had been diagnosed with asthma	13%	16%	17%	15%	14%	14%	14%
Had been diagnosed with diabetes	11%	9%	11%	10%	11%	12%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	7%	8%	11%	2%	2%
Ever diagnosed with pregnancy related diabetes	N/A	N/A	5%	3%	1%	1%	1%
Oral Health							
Visited a dentist or dental clinic (within the past year)	62%	59%	67%	60%	63%	65%	67%
Visited a dentist or dental clinic (5 or more years ago)	11%	13%	10%	9%	14%	N/A	N/A

**2019 BRFSS Data*
N/A - Not Available
Indicates alignment with Ohio SHA

Youth (OHYES!) Trend Summary

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2022 OHYES (7th-12th)	Seneca County 2022 OHYES (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Weight Status								
Obese	13%	17%	19%	19%	24%	24%	17%	16%
Overweight	14%	14%	12%	18%	19%	18%	12%	16%
Physically active at least 60 minutes per day on every day in past week	29%	21%	32%	26%	26%	22%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	54%	43%	53%	60%	50%	49%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	16%	9%	10%	13%	12%	21%	17%
Tobacco/Electronic Vapor Product Use								
Current smoker (smoked on at least 1 day during the past 30 days)	11%	9%	6%	9%	3%	4%	5%	6%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days)	N/A	N/A	N/A	8%	3%	4%	7%	6%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	N/A	N/A	22%	14%	17%	30%	33%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products—such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs—not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	N/A	N/A	4%	3%	2%	10%	4%

N/A – Not Available

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2022 OHYES (7th-12th)	Seneca County 2022 OHYES (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Alcohol Consumption								
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	60%	50%	36%	41%	35%	45%	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	29%	20%	11%	14%	12%	16%	26%	29%
Binge drinker (drank five or more drinks within a couple of hours on at least 1 day during the past 30 days)	18%	11%	5%	7%	5%	8%	13%	14%
Drank for the first time before age 13 (of all youth)	25%	17%	11%	16%	18%	16%	16%	15%
Drank and drove (of youth drivers)	4%	5%	2%	2%	2%	3%	N/A	5%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	19%	21%	14%	14%	15%	15%	N/A	17%
Drug Use								
Currently use marijuana (in the past 30 days)	10%	9%	5%	10%	8%	12%	16%	22%
Tried marijuana for the first time before age 13	N/A	3%	4%	3%	6%	7%	N/A	6%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	10%	7%	4%	11%*	10%	11%	12%	14%
Ever used methamphetamines (in their lifetime)	N/A	N/A	N/A	N/A	<1%	1%	N/A	2%
Ever used cocaine (in their lifetime)	N/A	N/A	N/A	N/A	1%	1%	4%	4%
Ever used heroin (in their lifetime)	N/A	N/A	N/A	N/A	1%	1%	2%	2%
Ever used inhalants (in their lifetime)	N/A	N/A	N/A	N/A	2%	3%	8%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	N/A	N/A	N/A	N/A	<1%	<1%	N/A	2%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	N/A	N/A	<1%	1%	N/A	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	5%	2%	5%	7%	9%	15%**	22%**
Sexual Behavior								
Ever had sexual intercourse	N/A	N/A	N/A	N/A	17%	26%	37%	N/A
Currently sexually active (had sexual intercourse with at least one person, during the past 3 months)	N/A	N/A	N/A	N/A	12%	21%	27%	27%

N/A – Not Available
**OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution.*
***YRBS is for youth who were ever offered, sold, or given an illegal drug on school property*

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2022 OHYES (7th-12th)	Seneca County 2022 OHYES (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Mental Health								
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	23%	27%	34%	40%	44%	33%	37%
Seriously considered attempting suicide (in the past 12 months)	N/A	N/A	N/A	N/A	19%	24%	16%	19%
Attempted suicide (in the past 12 months)	N/A	N/A	N/A	N/A	9%	11%	7%	9%
Social Determinants of Health								
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	66%	68%	65%	52%	49%	51%	N/A	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	74%	70%	67%	64%	66%	N/A	N/A
Unintentional Injuries and Violence								
Were in a physical fight (in the past 12 months)	N/A	N/A	N/A	20%	17%	15%	19%	22%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	N/A	8%	8%	6%	N/A	8%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	5%	5%	11%	17%	19%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	5%	4%	8%	22%	21%	N/A	9%
Bullied on school property (in the past year)	N/A	33%	26%	25%	27%	27%	14%	20%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	10%	13%	9%	10%	19%	19%	13%	16%
Experienced physical dating violence (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)	N/A	N/A	N/A	N/A	9%	10%	10%	8%

N/A – Not Available

Key Issues

The Seneca County Health Alliance reviewed the 2022 Seneca County Health 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 2022 health assessment report? Examples of how to interpret the information include: 39% of Seneca County adults were obese including 40% of those 19-64 years old and 47% of females.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Weight Status/Nutrition (6 votes)			
Obesity	39%	Age: 19-64 (40%) Income: $25K+ (41%)	Females (47%)
Overweight	38%	Age: 65+ (47%) Income: <$25K (38%)	Males (50%)
Ate 5+ servings of fruits	4%	N/A	N/A
Ate 1-2 servings of fruits	74%	N/A	N/A
Ate 5+ servings of vegetables	6%	N/A	N/A
Ate 1-2 servings of vegetables	74%	N/A	N/A
Drank 1-2 servings of sugar-sweetened beverages	37%	N/A	N/A
Youth Mental Health (5 votes)			
Felt sad or hopeless almost every day for two weeks or more in a row in the past year	40%	Age: 14-16 (40%) 17+ (40%)	Females (49%)
Youth who had attempted suicide in the past year	9%	N/A	N/A
Considered attempting suicide	19%	Age: 17+ (25%)	N/A
Adult Mental Health (3 votes)			
Felt sad or hopeless almost every day for two weeks or more in a row in the past year	13%	Age: 19-64 (13%) Income: <$25K (34%)	Females (15%)
Adults reported they or a family member were diagnosed with or treated for the following mental health issue: anxiety or emotional problems	27%	N/A	N/A
Considered attempting suicide	3%	N/A	N/A
Adults who rated their mental health as not good on four or more days in the past month	35%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Alcohol Consumption (2 votes)			
Current drinker (had at least one alcoholic drink in the past month)	58%	Age: N/A Income: <$25K (62%)	N/A
Average number of days drinking alcohol in the past month – 3 or more days	40%	Age: 19-64 (42%) Income: $25K+ (44%)	Males (51%)
Adult Drug Use (2 votes)			
Adults who used recreational marijuana or hashish in the past 6 months	7%	Age: 65+ (8%) Income: <$25K (9%)	Males (10%)
Adult who used medication not prescribed for them or took more than prescribed to feel good and/or more active or alert in the past 6 months	7%	Age: 65+ (11%) Income: <$25K (8%)	Females (9%)
Adults who used recreational drugs in the past 6 months	7%	N/A	N/A
Adults who misused prescription medication to alleviate physical or psychological pain	15%	Age: 65+ (24%) Income: N/A	N/A
Average age-adjusted unintentional drug overdose death rate per 100,000 population by county from 2015-2020 *(2020 Ohio Drug Overdose Report)*	25.5-31.0	N/A	N/A
Youth Alcohol Consumption (2 votes)			
Youth who had at least one drink of alcohol in their life	35%	Age: 17+ (58%) Grade: 9th-12th (45%)	Females (36%)
Current drinker (had at least one alcoholic drink in the past month)	12%	Age: 17+ (22%)	Females (12%)
Youth drinkers reported getting their alcohol from the following - ***a parent gave it to them***	42%	N/A	N/A
Youth Violence: Bullying (2 votes)			
Youth who had been bullied in the past year	43%	N/A	N/A
Youth who had been bullied on school property in the past year	27%	Age: <13 (28%) 14-16 (28%)	Females (30%)
Parenting (2 votes)			
Topics discussed with child – social media issues - ***did not discuss***	41%	N/A	N/A
Topics discussed with child – depression, anxiety, suicide - ***did not discuss***	63%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth Weight Status (1 vote)			
Obesity	24%	Age: 14-16 (3%)	Males (30%)
Overweight	19%	Age: <13 (56%) 17+ (56%)	Females (20%)
Ate 5+ servings of fruits and vegetables	12%	N/A	N/A
Ate 0 servings because they did not like fruits or vegetables	7%	N/A	N/A
Youth Drug Use (1 vote)			
Youth who had used marijuana at least once in the past month	8%	Age: 17+ (19%)	Females (8%)
Uninsured Adults (1 vote)			
Adults who were without health care coverage within the past year	7%	Age: 19-64 (8%) Income: <$25K (15%)	Males (11%)
Youth Vaping (1 vote)			
Youth who had used an electronic vapor product in their life	24%	N/A	N/A
Adult Tobacco Use (1 vote)			
Adult current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days)	15%	Age: 19-64 (19%) Income: <$25K (20%)	Females (16%)
Adult Health Status (1 vote)			
Adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation	30%	N/A	N/A
Adult High Blood Pressure (1 vote)			
Adults who had been diagnosed with high blood pressure	38%	Age: 65+ (60%) Income: <$25K (48%)	Males (39%)
Youth Adverse Childhood Experiences - ACEs (1 vote)			
Youth who experienced three or more ACEs in their lifetime	32%	N/A	N/A
Youth Social Determinants of Health (1 vote)			
Youth reported their parents limited the times of day or length of time they used their electronic devices for non-school related purposes at the following frequencies - ***never***	42%	N/A	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Social Determinants of Health (1 vote)			
Adults who needed help meeting their general daily needs such as food, clothing, shelter, or paying for utilities in the past month	9%	Age: 19-65+ (8%) Income: <$25K (24%)	Males (12%)
Adults who experienced at least one issue related to hunger/food insecurity in the past year	13%	N/A	N/A
Adults who experienced more than one issue related to hunger/food insecurity in the past year	6%	N/A	N/A
Adults and loved ones needed the following assistance in the past year – rent/mortgage/eviction ***- did not know where to look***	1%	N/A	N/A
Rent in Seneca County cost an average of $699 per month *(U.S. Census Bureau, 2020 American Community Survey 5-year Estimates)*	N/A	N/A	N/A
Received 50 calls from adult men seeking emergency shelter since 9/1 *(Seneca County – Transformation Life Center)*	N/A	N/A	N/A
Increase in calls from families with two parent households - 4+ family size *(Seneca County – Transformation Life Center)*	N/A	N/A	N/A

N/A- Not Available

Additional feedback with no specific data/indicators reported:

1 vote:

- Age-adjusted cancer mortality rates

Priorities Chosen

Based on the 2022 Seneca County Health Assessment, key issues were identified for adults and youth. Overall, there were 18 key issues identified by the Seneca County Health Alliance. The Seneca County Health Alliance came to a consensus on the priority areas Seneca 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 Weight Status/Nutrition	6
2. Youth Mental Health	5
3. Adult Mental Health	3
4. Adult Alcohol Consumption	2
5. Adult Drug Use	2
6. Youth Alcohol Consumption	2
7. Youth Violence: Bullying	2
8. Parenting	2
9. Youth Weight Status	1
10. Youth Drug Use	1
11. Uninsured Adults	1
12. Youth Vaping	1
13. Adult Tobacco Use	1
14. Adult Health Status	1
15. Adult High Blood Pressure	1
16. Youth Adverse Childhood Experiences (ACEs)	1
17. Youth Social Determinants of Health (SDOH)	1
18. Adult Social Determinants of Health (SDOH)	1

Seneca County will focus on the following 3 priority areas over the next three years:

Priority Factors:

1) **Community Conditions** (includes: housing)

2) **Health Behaviors** (includes: adult/youth nutrition and adult/youth physical activity)

Priority Health Outcomes:

3) **Mental Health and Addiction** (includes: adult/youth depression, adult/youth suicide, adult/youth drug use, youth bullying, and youth trauma)

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?**
    - Comprehensive service approach to a healthy community: physical, mental, and emotional plateaus for a high quality of life for all citizens (6)
    - Safe, healthy and affordable environment in which to gain quality education, employment and health care (2)
    - Low unemployment rates/strong workforce (2)
    - Having access to healthy living environment (air, water, sunshine, home, etc)
    - Having places to go to get good physical activity (parks, nature preserves, etc)
    - Access to natural healthcare (not just the overprescription of medication but places that get to the root causes of the problem)
    - Access to quality whole foods at affordable costs
    - Low disease rates
    - People involved in community/events/volunteer events/schools
    - Proactive services: cradle to grave for all citizens.
    - Working together all social classes and ethnicities
    - Positive attitudes
    - Being truthful and honest
    - Access to mental health care
    - Affordable housing
    - Strong sense of community among most residents

2. **What makes you most proud of our community?**
    - Community collaboration (4)
    - It's a small town with people who have good values and morals. I can safely walk on the sidewalks without fear of something bad happening.
    - I believe (for the most part) people look out for each other in our community
    - The mitigation and response work we do
    - Knowing the issues and talking about the issue
    - The strong sense of community and willingness to keep pushing forward even in tough times.
    - Small town pride
    - Monthly events
    - I am most proud of our community parks and green spaces. Both Tiffin and Fostoria have newly revitalized downtown buildings and green spaces for recreation and entertainment. Both communities are engaged with the public through Farmers' Markets and community events.

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

- Health Alliance (3)
- Fostoria United Way (2)
- Family and Children First (2)
- Suicide Prevention Coalition (2)
- Fostoria City Schools (3)
- SMYL
- CARSA
- Local churches
- Women's Empowerment Group
- Helping Hands Seneca County
- Court system
- First responders
- Mental health/addiction services
- Law enforcement
- Seneca County General Health District
- Local libraries
- Parks department
- Hospitals
- Tiffin Community Kitchen
- Transformation Life Center
- First Step
- Local YMCAs
- Pantry Plus
- Leadership Seneca County
- Community Health Service
- SNAP-Ed
- Little Faith Ministries
- Fostoria Learning Center
- Master Gardeners
- Friendship Club
- PIVOT Drug Court
- SCAT
- Hope – Fostoria
- Franciscan Earth Literacy Center
- Cycling Without Age
- Tiffin City Schools
- Improving Youth Programming
- IMPACT
- Seneca County Community Council
- Tiffin Women in Action
- Health Partnerships among providers and social service agencies

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 (3)
- Substance/drug abuse (3)
- Poverty (2)
- Vaping
- Housing
- Healthy eating
- Access, affordability, education (nutrition, mental health, dental, etc.)
- Overuse of governmental assistance
- Waste of taxpayer funds
- High disease rates
- Parenting skills/education
- Child abuse/neglect
- Adult abuse
- Safe and affordable childcare
- Services that are crafted to identify with all sub-cultures we serve.
- Obesity and generational lack of knowledge regarding good health habits**.**
- Greater inter and intra agency collaborations with a focus on public service as a priority, not political motives or personal agendas.
- Stop forcing/encouraging/advertising medication as the only fix to problems and start encouraging people/advertising that they should eat healthy, get physical exercise, get off their electronic devices, etc. because that would solve quite a bit of health problems that we currently have (mental and physical 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 (2)
- Overwhelmed staff
- Overwhelmed parents
- Overwhelmed resources
- Educating public about local agencies
- American culture (bigger=better)
- Unwillingness to explore universal healthcare options
- Capitalism
- Pharmaceutical companies
- Landfill
- Waste of taxpayers' money on unnecessary programs
- I believe that those who lead often have full schedules
- A true need of servant leadership
- Access to affordable health care
- Lack of trust
- Push for vaccinations/medications instead of supporting services that get to the root cause
- Obesity is listed as one of the greatest health concerns for Seneca County. Perhaps a more collaborative effort to combat this important health issue.

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

- Community gardens
- Free clinics
- Parent-mentor program
- Funding for transportation
- Funding for income-based housing options
- Evidence-based education
- I would love to see funding available for the outdoor recreation facility.
- Any that are mission focused and have a dedicated taskforce to achieve the objectives and goals.
- Spreading the pros and cons of medication that is given and make sure that individuals know the side effects.
- County-wide education and collaboration to work together to identify where help is needed and how to reach them. There are so many people in Fostoria who are lost.
- Funding for individuals to get healthy food and for better quality water filters (ones that take out a lot of the chemicals in our water). Policies passed to not allow the water district to put all of the chemicals in our water.

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

- I am intrinsically motivated, so I am ready
- A belief that efforts would be utilized and suggestions would be implemented
- I would be happy to support initiatives to combat health issues in Seneca County
- A more naturalistic mindset instead of a medication driven one because we have more children and people on medication now than ever before and we are worse off with our health than we have been in the past (increase in learning disabilities, poor mental health, increase in drug use, and more chronic illnesses). At some point we have to ask ourselves "is what we are doing and pushing really working?"

Quality of Life Survey

The Seneca County Health Alliance urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 197 Seneca County community members who completed the survey. The table below incorporates responses from the previous Seneca 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		
	2016 (n=70)	2020 (n=151)	2023 (n=197)
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]	3.36	3.68	3.91
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	2.80	3.28	3.22
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.49	3.72	3.86
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.)	3.40	3.60	3.70
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.)	2.80	3.33	3.47
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?)	3.48	3.82	3.96
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?	3.49	3.69	3.79
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.40	3.50	3.64
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.88	3.17	3.40
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.06	3.31	3.42
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.35	3.40	3.48
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?)	3.22	3.42	3.51

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 Seneca County Health Alliance 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 Seneca 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. Mental health issues (3)	• Unstable home environment • Unemployment • Increase of bullying/violence/suicide • Increased drug use • Increase of mental health symptoms • Less providers available to manage the issues that are arising and remain from the past that impact not only individuals but trickle through the community including suicide and crime	• Increased mental health resource education • Mental health education to school-aged children • Increasing access to mental health facilities • More providers dedicated to the underserved • Grant dollars to fund new projects • Community-wide awareness campaign to identify and reach out to those suffering
2. Aging population (3)	• Health issues not addressed • Mental health issues • Safety • Food insecurities • Lack of resources to support day-to-day expenses • Lack of affordable housing	• New services to support them • Housing affordability

Force of Change	Threats Posed	Opportunities Created
3. Substance abuse (2)	• Crime • Domestic violence • Lack of medical care • Mental illnesses • Continued threat of even more dangerous substances appearing in illegal drugs • Impact on overall health and wellness • Adds to unemployment and school performance • Risk of death and suicide • Death of others	• CARSA • Education • Community outreach by health partners across the county to reach schools and especially parents
4. COVID re-surge (2)	• Possible business shut-down/restrictions • Schools close • Hospital restrictions • Public reaction to restrictions • Lack of trust in public health • Diminished precaution for this and other health issues that may impact the community	• Additional COVID money • Education • Emphasis on health habits • More engagement with the community regarding health trends and more transparency
5. Obesity	• Cardiovascular disease • Diabetes • Arthritis • Mental health issues	• Healthier food in school cafeterias • Education • Workplace physical activity programs • Community gardens • Increased walking/bike paths
6. High blood pressure	• Higher death rates • Increased illness • Higher risk of heart attack • Higher risk of associated diseases	• Community/workplace education on the importance of physical activity and healthy food options • Education in schools on heathy lifestyles
7. Lack of confidence in the agency by residents	• Continued disconnected perceptions, alliances, and partnership opportunities	• Opportunity to bolster a positive marketing campaign that includes all divisions

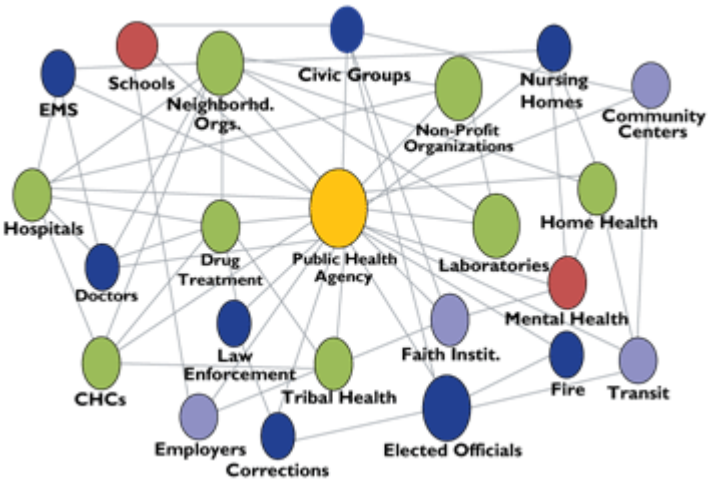
Force of Change	Threats Posed	Opportunities Created
8. Financial aspects of the agency; funding streams are miniscule	• Over-loading employees resulting in burn-out and separation • Inability to fund growth programs • Minimal opportunities for hands-on professional development • Dissatisfaction in salaries • Cannot remain current with technology	• Illuminate alternative funding streams with greater ROI and less bureaucratic "work-books"
9. Lack of substance abuse facilities/ lack of health care	• Increase of addiction and chronic conditions	• Increasing access to facilities and health care
10. Weather-related emergency	• Building damage • Power outage • Water issues	• Utilizing telework policies • Alternate locations if possible
11. Low-income families	• Lack of medical care • Food insecurities • Lack of housing	• Job fairs • Meal kits provided to low-income families
12. Loss of some social programs such as Medicaid coverage, SNAP, etc for working families	• Leaving jobs to maintain benefits • People not getting health care because they can't afford it • More mental health issues	• N/A
13. Workforce turn-over	• Reduced operational and emergency response capabilities	• Growth of individuals via stretch assignments
14. Sunny Farm Landfill	• Pollution of water and air	• N/A
15. Building hazard	• Inability to use facility • Needing to relocate	• Cleaning • Shredding old files • Team building

N/A – Not Available

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.**

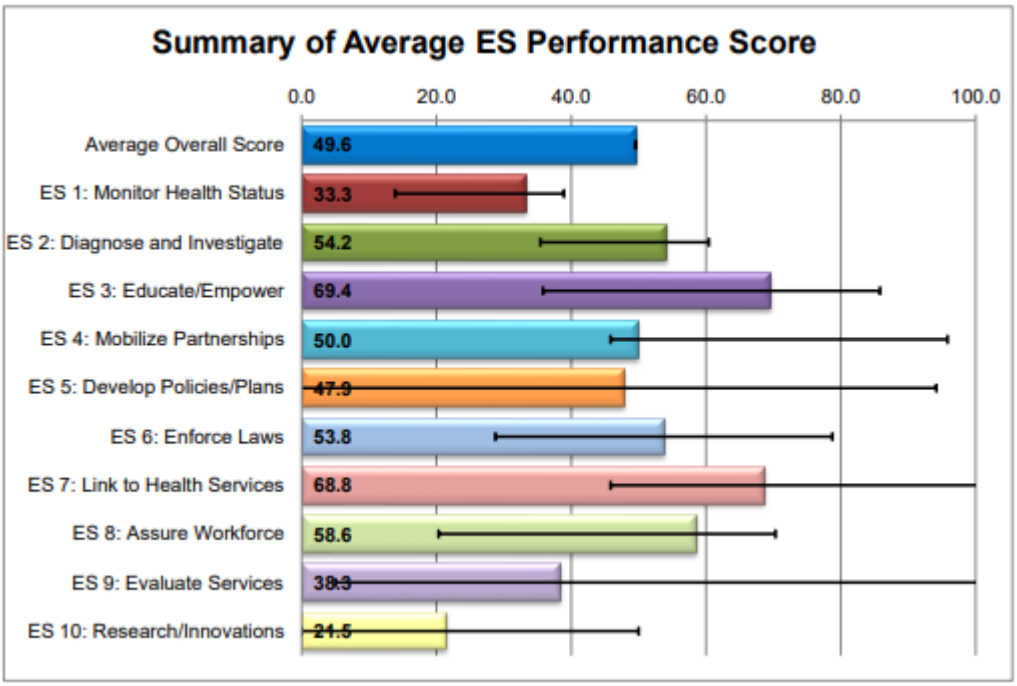
Members of the Seneca County General Health District completed the performance measures instrument. The LPHSA results were then presented to the Seneca County Health Alliance for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model 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 Seneca County Health Alliance identified 18 indicators that had a status of "minimal" and 9 indicators that had a status of "no activity." The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact the Seneca County General Health District at (419) 447-3691.

Seneca County Local Public Health System Assessment 2023 Summary



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

Gap Analysis, Strategy Selection, Evidence-Based Practices, Resources, and Strategic Planning Terminology

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 Seneca County Health Alliance 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 Seneca County Health Alliance 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 Seneca County Health Alliance 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 Seneca County Health Alliance 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 Seneca County Health Alliance 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.

Strategic Planning Terminology

Action Steps: The specific steps that need to be taken to meet the objective(s).

Timeline: The timeframe in which activities will take place.

Priority Population(s): The population the strategy focuses on, with emphasis on specific populations at higher risk or impact (based on Key Issues).

Strategic Planning Terminology, *continued*

Indicators: The specific metric(s) used to measure long term progress and success of the strategy.

Lead Contact/Agency: Who will be responsible for ensuring the objective is met?

Strategy identified as likely to decrease disparities: This symbol √ will be used throughout the report when a strategy has been rated by **What Works for Health** as "likely to decrease disparities" and/or recommended by **The Community Guide** as effective strategies for achieving health equity. These sources consider potential impact on disparities and inequities by racial/ethnic, socio-economic, geographic, or other characteristics.

Evidence Ratings: The strategy has been rated by **What Works for Health** based on the amount, type, and quality of evidence available regarding the strategy.

- ***Some Evidence*** – Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- ****Scientifically Supported*** – Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Policy development or enforcement strategies: Evidence-based health policies can help prevent disease and promote health. The Public Health Accreditation Board (PHAB) requires at least two strategies or activities to include a policy recommendation, one of which must be aimed at alleviating the causes of health inequities. Strategies fitting this criterion are marked with a ^ icon throughout the CHIP.

Priority #1: Community Conditions

Strategic Plan of Action

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

<table>
<tr><td colspan="5">Priority #1: Community Conditions</td></tr>
<tr><td colspan="5">Strategy 1: Homelessness facilities expansion and outreach/awareness</td></tr>
<tr><td>Action Steps</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1
-Seneca County Council on Homelessness (SCCOH) will identify current gaps/issues that the homeless shelters are facing.
-Explore and identify what efforts additional local agencies/organizations are working towards to combat homelessness.
-Meet with local stakeholders to share information about the lack of housing for single men and families with 4+ people.
-Search for grants and funding opportunities to support expansion efforts.</td><td>December 31, 2024</td><td rowspan="3">Adults/Families</td><td rowspan="3">Received 52 calls from adult men seeking emergency shelter since 10/31/22 (Transformation Life Center)

Increase in calls from families with two parents household – 4+ family size (Transformation Life Center)

Grants received by SCCOH or other shelters/ transitional hours

New or expanded shelters</td><td rowspan="3">Seneca County Council on Homelessness (SCCOH)</td></tr>
<tr><td>Year 2
-Continue efforts of year 1.
-Partner with local organizations to create and distribute resources (i.e., housing, food insecurity, etc.) to help increase awareness in Seneca County.
-Begin working on expansion efforts of additional housing facilities for single men and families with 4+ people.</td><td>December 31, 2025</td></tr>
<tr><td>Year 3
-Continue efforts from years 1 and 2.
-Expand the distribution efforts of informational materials to include online resources and social media platforms.</td><td>December 31, 2026</td></tr>
<tr><td colspan="5">Resources to address strategy: Seneca County Council on Homelessness (SCCOH), Morrison House, First Call For Help (FCFH) - Fostoria, Tiffin-Seneca United Way - 211, Tiffin Charitable Foundation, Greater Lakes Community Action Partnership (GLCAP), Seneca County Veterans Services, Fostoria Economic Development Corporation (FEDC), Seneca County Department of Job and Family Services (SCDJFS), Transformation Life Center (TLC), Tiffin-Seneca Economic Partnership (TSEP), First Step</td></tr>
</table>

Priority #1: Community Conditions				
Strategy 2: Affordable housing development * √				
Action Steps	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 -Collaborate with local government officials and other local agencies/organizations (i.e., SCCOH, Chamber of Commerce, housing coalition, etc.) to explore various strategies to increase affordable housing stock in the county, such as: • Providing incentives (i.e., expedited permits, **tax credits**, reduced fees) to landlords/developers offering affordable housing options • Enacting provisions ^ (i.e., affordability clause) for local landlords/developers in exchange for receiving government support (i.e., CRA tax abatement, **land bank****, home repair, etc.) -Identify one affordable housing expansion policy to endorse.	December 31, 2024	Adults/Families	High housing costs: Percent of households with monthly housing costs, including utilities, exceed 50% of monthly income (via U.S. HUD) Established tax credits Additional affordable housing inventory Affordable housing expansion policy	Community Development Committee
Year 2 -Continue efforts of year 1. -Advocate to local government officials to enact affordable housing expansion policy.	December 31, 2025			
Year 3 -Continue efforts from years 1 and 2.	December 31, 2026			
Resources to address strategy: Fostoria Economic Development Corporation (FEDC), Greater Lakes Community Action Partnership (GLCAP), Seneca County Department of Job and Family Services (SCDJFS), Habitat for Humanity, Seneca County Council on Homelessness (SCCOH), Tiffin-Seneca Economic Partnership (TSEP), North Central Electric, Seneca Regional Planning, North Central Ohio Educational Service Center (NCOESC)				

^ *Indicates a policy development or enforcement strategy*
**Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.*
√ *Strategy has the potential to reduce disparities based on review by **What Works for Health**.*

Priority #2: Health Behaviors

Strategic Plan of Action

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

Priority #2: Health Behaviors				
Strategy 1: Seneca County Food Council				
Action Steps	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 -Identify and compile a list of counties in the surrounding area (i.e., Hancock County) that have existing food councils. Gather information on their structures, activities, and achievements. -Determine the specific goals and objectives for the Seneca County Food Council (SCFC). -Identify and create a list of key community members, organizations, and agencies that should be involved. -Reach out to key stakeholders to gauge their interest. Share the goals and objectives and invite them to preliminary meetings.	December 31, 2024	Adults and youth	Adult obesity: Percent of adults who are obese *(2022 CHA)* Adult vegetable consumption: Percent of adults who report consuming 5+ servings of vegetables per day *(2022 CHA)* Adult fruit consumption: Percent of adults who report consuming 5+ servings of fruit per day *(2022 CHA)* Youth obesity: Percent of youth who are obese *(2022 CHA)* Youth fruit/vegetable consumption: Percent of youth who report consuming 0 servings of fruits and/or vegetables per day *(2022 CHA)*	Seneca County General Health District
Year 2 -Continue efforts of year 1. -Conduct a detailed analysis of neighboring food councils. Include best practices, challenges faced, and success stories. -Develop a preliminary charter and bylaws for the SCFC. Define the mission and vision of the SCFC. -Continue reaching out to potential stakeholders, community members, and organizations. -Identify specific areas of focus (i.e., food security and nutrition education) and establish work groups to address each area. Identify advocacy activities related to nutrition and food insecurity to support. ^	December 31, 2025			
Year 3 -Continue efforts from years 1 and 2. -Finalize the charter and bylaws. Establish regular meetings (i.e., dates and times). -Begin collaborative initiatives and projects that address the identified food-related issues in Seneca County. -Organize outreach and educational events such as: • Cooking demonstrations and recipe tastings (i.e., Cooking Matters) • Produce display stands • Nutrition and health education pamphlets • Local food drives • Healthy meals education -Promote the above information online via websites and social media platforms.	December 31, 2026			
Resources to address strategy: Tiffin Community Kitchen, Seneca County Common Grounds, Fostoria Sharing Kitchen, High Street Methodist Church – Fostoria, OSU Extension, SNAP-Ed, Salvation Army, YMCA Hunger Alliance – Fostoria & Tiffin, Women's Empowering Group, Seneca County Helping Hands, Pantry Plus of Seneca County, Hospitals, Franciscan Earth Literacy Center – Seeds of Hope, St. Paul's Sharing Kitchen, Sisters of St. Francis, Blessing Boxes, First Lutheran Church – Tiffin, Local Farmers Markets, Local food drives, FISH				

^ *Indicates a policy development or enforcement strategy*

Priority #2: Health Behaviors				
Strategy 2: Shared used agreement * √				
Action Steps	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 -Collect baseline data on how many county schools, churches, businesses and other organizations currently offer shared use of their facilities (gym, track, etc.). -Collect baseline data on how many organizations offer memberships/grants/scholarships for use of their facilities (i.e., Planet Fitness and YMCAs). Collaborate with facilities to promote their use. -Create an inventory of known organizations that possess physical activity equipment, space, and other resources.	December 31, 2024	Adults and youth	Adult physical activity: Percent of adults, age 18 and older, reporting no leisure time physical activity Youth physical activity: Percent of youth reporting no leisure time physical activity *(2022 CHA)*	Seneca County General Health District
Year 2 -Continued efforts of year 1. -Explore local organizations to promote proposals for a **shared-use agreement**. -Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. -Publicize the agreement and its parameters. Ensure that the information is widely disseminated. -Organize an executive committee of the Health Alliance to create a coordinated campaign to promote shared-use, employer agreements and other physical activity opportunities within Seneca County (**community-wide physical activity campaign**).	December 31, 2025			
Year 3 -Continue efforts from years 1 and 2. -Implement at least 2 additional shared-use agreements for community use in Seneca County.	December 31, 2026			
Resources to address strategy: Seneca County General Health District, Local churches, Tiffin University, Heidelberg University, Seneca County local school districts, YMCAs – Tiffin & Fostoria, Planet Fitness, Tiffin City Schools, Fostoria City Schools				

**Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.*
*√ Strategy has the potential to reduce disparities based on review by **What Works for Health**.*

Priority #3: Mental Health and Addiction

Strategic Plan of Action

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

<table>
<tr><td colspan="5">Priority #3: Mental Health and Addiction</td></tr>
<tr><td colspan="5">Strategy 1: Community awareness and education of risky behaviors and substance abuse issues and trends</td></tr>
<tr><td>Action Steps</td><td>Timeline</td><td>Priority Population</td><td>Indicator(s) to measure impact of strategy:</td><td>Lead Contact/Agency</td></tr>
<tr><td>Year 1
-Continue existing awareness campaigns to increase education and awareness of risky behaviors and substance abuse issues and trends. Include information on topics such as e-cigarettes/vaping, alcohol use, marijuana (responsible use and storage, safe retrieval from stores), and prescription drug abuse.
-Work with youth-led prevention groups to determine the best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).</td><td>December 31, 2024</td><td rowspan="3">Adults and Youth</td><td rowspan="3">Current drinker: Percent of adults/youth who had at least one alcoholic drink in the past month.

Current marijuana user: Percent of adults who used marijuana or hashish in the past 6 months.

Prescription medication abuse: Percent of adults who misused prescription medication in their lifetime.

Current marijuana user: Percent of youth who used marijuana or hashish in the past month.

E-cigarette use: Percent of youth who reported using e-cigarettes in their life.</td><td rowspan="3">Community Action for Reducing Substance Abuse (CARSA) Coalition</td></tr>
<tr><td>Year 2
-Continue efforts of year 1.
-Focus awareness programs and/or workshops on different “hot topics”, risky behaviors, and substance abuse issues and trends. Continue implementation of the Hidden In Plain Sight program and consider adjusting topics to align with identified key issues.
-Attain media coverage for all programs and/or workshops.</td><td>December 31, 2025</td></tr>
<tr><td>Year 3
-Continue efforts from years 1 and 2.</td><td>December 31, 2026</td></tr>
<tr><td colspan="5">Resources to address strategy: Community Action for Reducing Substance Abuse (CARSA) Coalition, Firelands Counseling and Recovery Services of Seneca County, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties (MHRSB), Serenity Christian Counseling, Local law enforcement, Critical Incident Stress Management (CISM)</td></tr>
</table>

Priority #3: Mental Health and Addiction				
Strategy 2: Trauma informed care				
Action Steps	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 -Obtain baseline of the number of Trauma Informed Care trainings that have been administered within Seneca County. -Expand services among health care providers, teachers, social service providers, and other community members/agencies on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences (ACEs). -Continue to facilitate Trauma Informed Care and trainings in the community to increase education and understanding of trauma within Seneca County.	December 31, 2024	Adults and Youth	Depression: percent of adults/youth who felt sad or hopeless for two weeks or more in the past year. Suicide: Percent of adults/youth who considered attempting suicide year. Suicide: Percent of youth who had attempted suicide in the past year.	Seneca County Family and Children First Council (FCFC) North Central Ohio Educational Service Center (NCOESC)
Year 2 -Continue efforts of year 1. -Implement tool assessment results collected by evaluation team.	December 31, 2025			
Year 3 -Continue efforts from years 1 and 2. -Ensure fidelity of the determined screening tool. -Increase the use of trauma screening tools by 10% from baseline.	December 31, 2026			
Resources to address strategy: Seneca County Family and Children First Council, Seneca County local school districts, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties (MHRSB), Seneca County Suicide Prevention Coalition, Critical Incident Stress Management (CISM), Trauma Event Crisis Intervention Plan (TECIP)				

Priority #3: Mental Health and Addiction				
Strategy 3: Community-based mental health education				
Action Steps	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1 -Obtain baseline of the number of adult and youth community based mental health trainings which have been administered within Seneca County (e.g., Question, Persuade, and Refer [QPR], Parental SOS, MHFA, NAMI etc.). -Market the trainings to identified target populations such as public serving entities, youth serving organizations, home school entities.	December 31, 2024	Adults and Youth	Adult depression: Percent of adults, ages 18 and older who experienced a major depressive episode within the past year Youth depression: Percent of youth, ages 12-17 who experienced a major depressive episode within the past year	Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties (MHRSB)
Year 2 -Continue efforts of year 1. -Identify gaps in existing programs and determine additional program needs (e.g., the need for additional trainers, digital training/online platform opportunities). Research social marketing programs that can accompany community-based trainings (specifically addressing removing mental health stigma, successes of treatment among diverse populations, and dispelling misinformation). -Identify opportunities to increase participation (e.g., free or reduced cost or incentives). Track audience and participant reach of programming. -Determine how trainings can connect attendees to social marketing campaigns/local resources to help increase awareness of local mental health resources.	December 31, 2025			
Year 3 -Continue efforts from years 1 and 2. -Evaluate needs yearly and adapt accordingly.	December 31, 2026			
Resources to address strategy: Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties (MHRSB), National Alliance on Mental Illness – Seneca, Sandusky, & Wyandot Counties (NAMI), Serenity Christian Counseling, Firelands Counseling and Recovery Services of Seneca County, Tiffin City Schools, Fostoria City Schools, Seneca County local school districts, Tiffin University, Heidelberg University, Mobile Crisis Response Teams, Critical Incident Stress Management (CISM)				

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 Seneca County Health Alliance will meet every other month to report out progress. The Seneca County Health Alliance will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Seneca 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 Seneca County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the icon.

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

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future 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:

Julie Richards, MA, LSW, LPCC-S
Health Commissioner
Seneca County General Health District
92 E. Perry St.
Tiffin, OH 44883
419-447-3691

Appendix I: Gaps and Strategies

The following tables indicate community conditions, health behaviors, and mental health and addiction gaps and potential strategies that were compiled by the Seneca County Health Alliance.

Priority Factor #1: Community Conditions

Gaps	Potential Strategies
1. Lack of housing available for homeless men	• Develop and/or expand current homeless facilities and raise community awareness of need
2. Lack of housing available for homeless families with children	• Develop and/or expand current homeless facilities and raise community awareness of the need

Priority Factor #2: Health Behaviors

Gaps	Potential Strategies
1. Obesity/Poor nutrition	• Develop a Seneca County Food Council by researching area counties with existing Food Councils. We will also invite key community members and agencies to the table.
2. Obesity/Lack of physical activity	• Research developing an App in partnership with Destination Seneca County to include all recreation facilities/parks and include accessibility information, access to restrooms, etc.

Priority Health Outcome #1: Mental Health & Addiction

Gaps	Potential Strategies
1. Depression	• Partner with existing community resources to educate and provide info on causes/symptoms of Depression to begin identifying and referring individuals for activities (other than traditional counseling or medication) to combat Depression
2. Addiction	• Improve Youth Programming Consortium which includes local mental health providers to help tackle cause of addiction (mental health issues)

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	http://www.cdc.gov/nphpsp/essentialservices.html
Healthy People 2023	https://health.gov/healthypeople/objectives-and-data
Land Banking	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/land-banking
Low Income Housing Tax Credits (LIHTCs)	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/low-income-housing-tax-credits-lihtcs
Ohio State Health Improvement Plan	https://odh.ohio.gov/about-us/sha-ship/state-health-improvement-plan
Physical Activity: Community-Wide Campaigns	https://www.thecommunityguide.org/findings/physical-activity-community-wide-campaigns.html
Seneca County Health Department	https://www.senecahealthdept.org/
Shared Use Agreements	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/shared-use-agreements
The Community Guide	https://www.thecommunityguide.org/
What Works for Health	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies