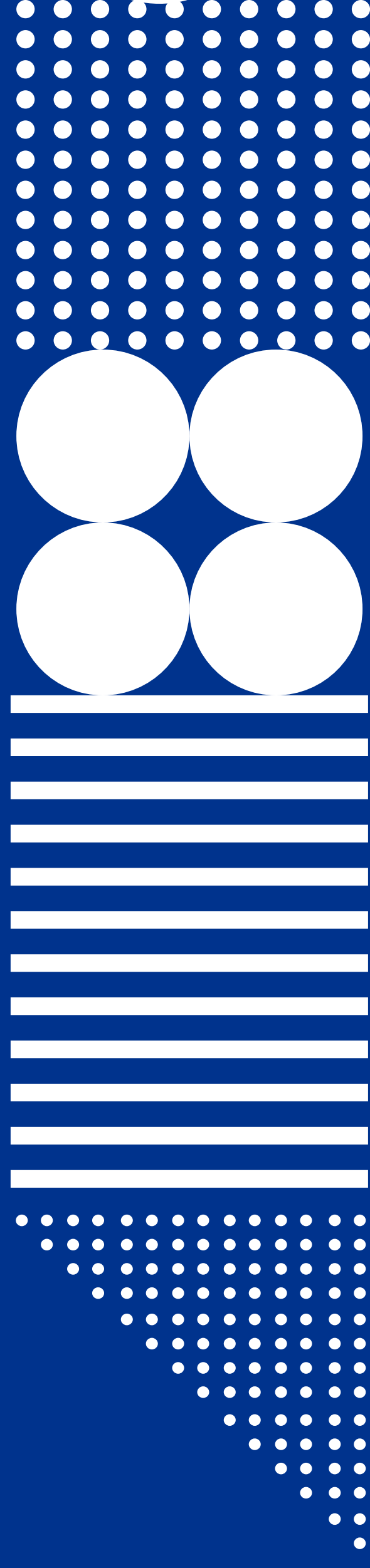


# COMMUNITY HEALTH IMPROVEMENT PLAN 2020



The Community Health Improvement Plan (CHIP) is a tool to strengthen local efforts to improve health, well-being, and economic vitality in Henry County. The CHIPs main components are:

- Four priorities
- Measurable objectives
- Evidence-informed strategies
- An evaluation plan to track and report progress

With the long-term goal of ensuring all Henry County residents achieve their full health potential, the CHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health.

## *Henry County Health Partners 2020-2022 Community Health Priorities*



Economic  
Stability



Mental  
Health



Healthcare  
Access

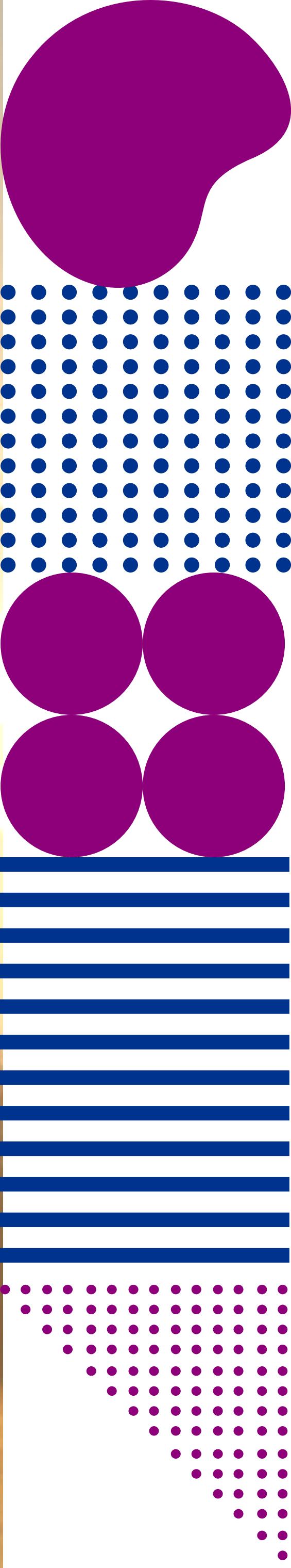


Substance  
Misuse



Sharon Meece, Director of  
Community Health Services

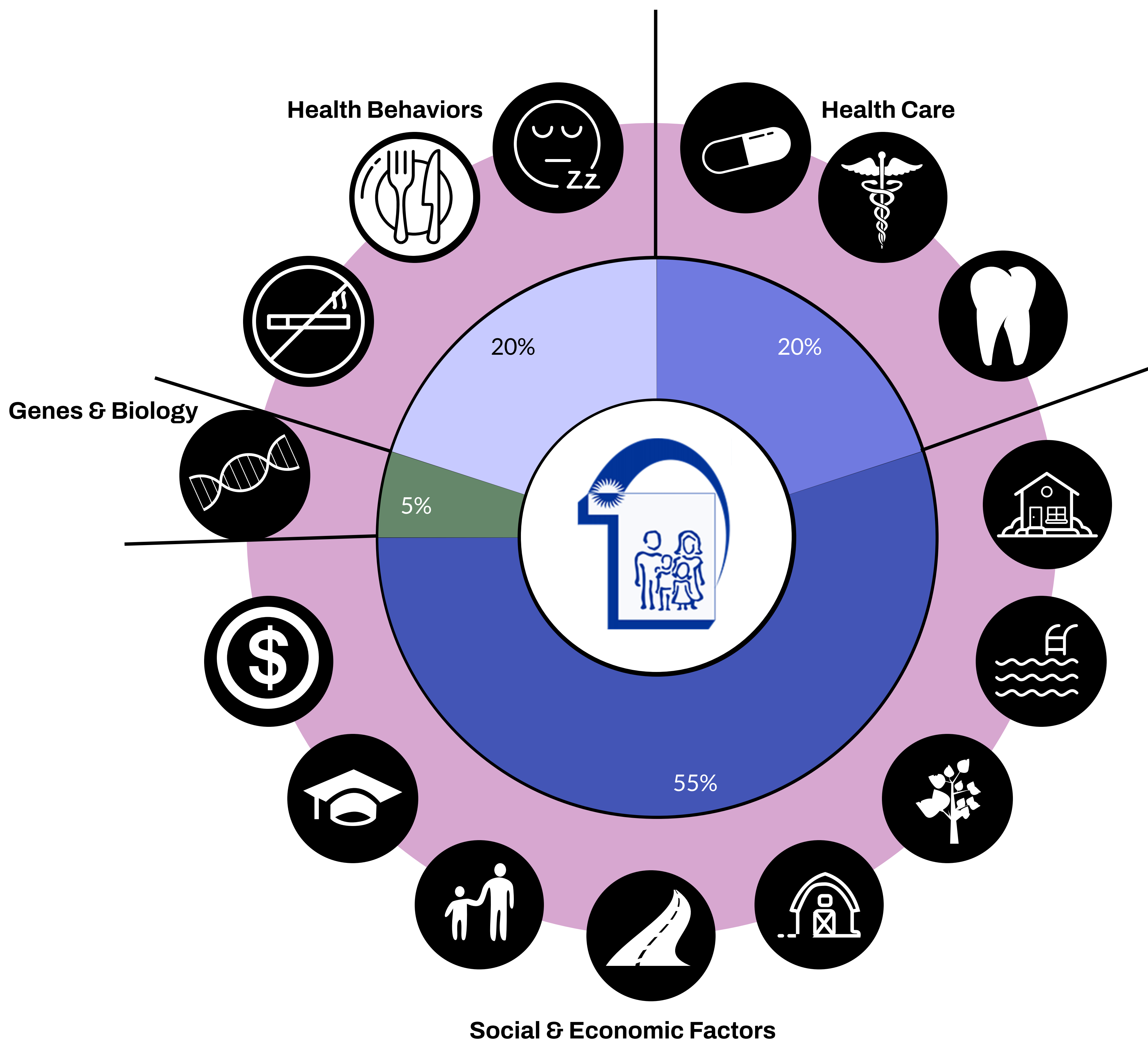
**“ Our goal is to improve  
health for all in Henry  
County.**

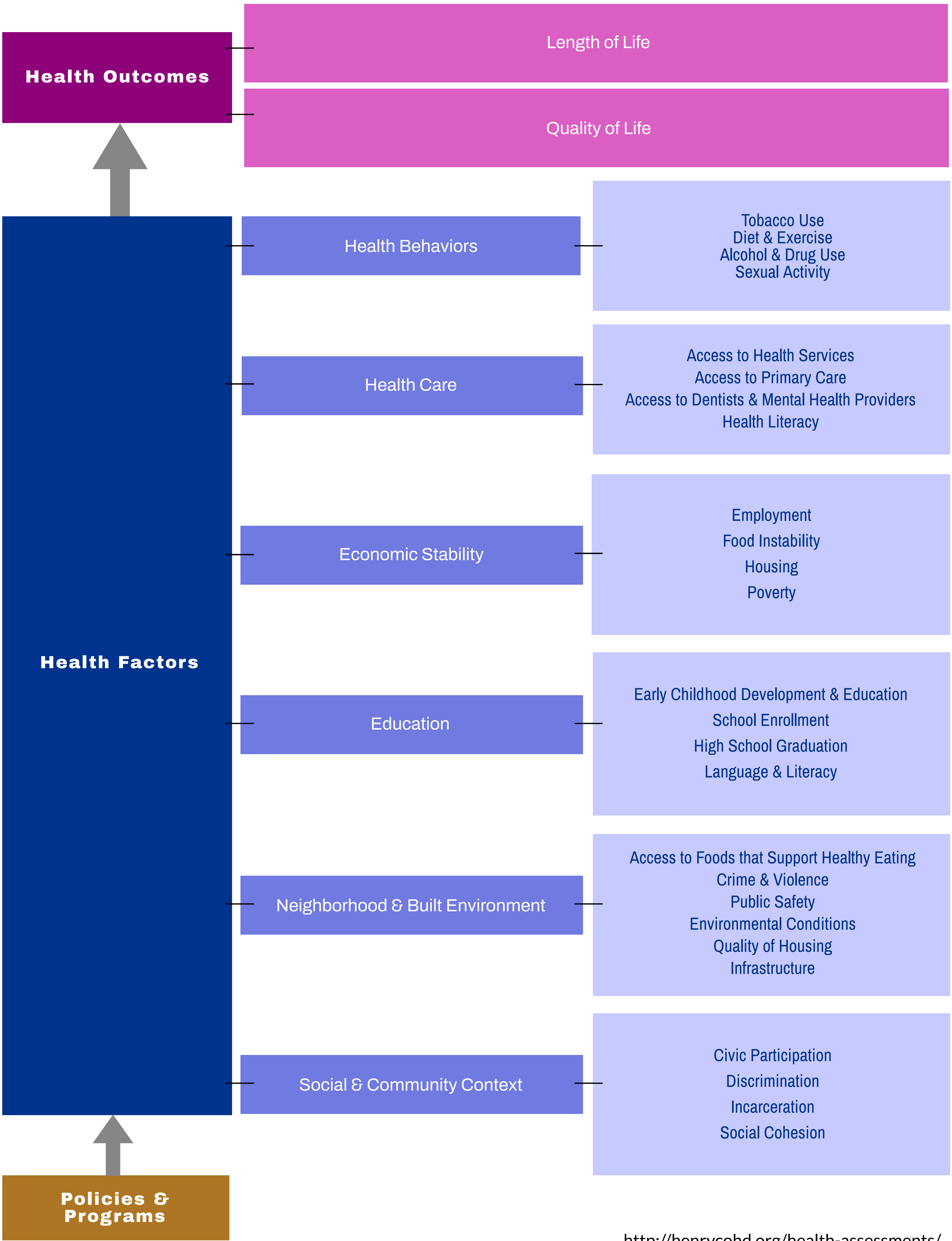




# SOCIAL DETERMINANTS OF HEALTH

Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.







# CHIP Framework

## Equity

Health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

## Priorities

The CHIP identifies three priority factors and one priority health outcome that affect the overall health and well-being of children, families, and adults of all ages. These priorities were chosen by the Henry County Health Partners, based on data reflecting Henry County, Ohio's residents' lived experiences.

## What shapes our health and well-being?

### Economic Stability

- Poverty
- ALICE Households
- Unemployment
- Household Income
- Job Instability

### Substance Misuse

- Drug overdose deaths
- Drug overdoses
- Drug charges
- Successful Recovery

### Access to Care

- Health Insurance
- Non-emergent ED Visits
- Preventive Care Utilization

## How will we know if health is improving in Henry County?

### Mental Health

- Depression
- Suicides

### All Henry County residents achieve their full health potential

- Improved health status
- Reduced premature death

## Strategies

Effective policies and programs to improve Henry County's performance on the chosen priorities.

# CHIP PLAN

2020-2022

Henry County Community Health Improvement Plan has 4 priority areas to improve health: 1) Access to care, 2) Economic Stability, 3) Mental Health and 4) Substance Misuse. Each Priority has a coalition comprised of social service, health professionals, education, private industry, residents, and other community representation. Each group reviewed local, state, and national data to collectively determine an objective. Utilizing local data to determine levels of success, targets were set in 3, 6, and 9 year increments. Strategies to achieve success were chosen by reviewing community resources and looking at evidence-based program highlighted in Ohio Department of Health's State Health Improvement Plan. Each priority has its own plan outlined in the following pages.

## Four Priorities-One Goal

1. Access to Care
2. Economic Stability
3. Mental Health
4. Substance Misuse



**Improve  
Health in  
Henry County**



# Access to Healthcare

## What shapes our health and well-being?

Health insurance improves access to care, limits out-of-pocket spending on healthcare services and makes healthcare costs more predictable. People with health insurance are less likely to delay or forgo needed care, seek care in emergency departments and experience financial hardship from medical debt. Expanding access to health insurance coverage reduces disparities in access to care, a critical factor for achieving health equity for all Henry County residents.



**Objective:** Increase the number of Henry County residents getting preventative care by providing equitable health care services people use and understand by 2028.

\*Designates Indicators linked to Ohio State Health Improvement Plan

Desired Outcome	Indicator (source)	Trend	Baseline1 (2018 & 2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of uninsured adults in Henry County to 4.0% by 2028.	<b>Uninsured adults.</b> *Percent of adults, ages 19-64, who are uninsured (ACS 5-yr est.)	<b>Uninsured Adults Under the Age of 64</b> 	<b>6.0%</b> (n = 926)	5.5	5.5	4.0
	<b>HC priority populations</b>					
	Unemployed (among those in the labor force) civilian noninstitutionalized population 19 to 64 years	<b>Uninsured Among the Unemployed</b> 	<b>8.9%</b> (n = 33)	8.0	8.0	8.0



	Part-time employed civilian noninstitutionalized population 19 to 64 years	<b>Uninsured Among the PT Employed</b> 	<b>11.4%</b> (n = 437)	11.0	6.0	4.0
	Ohio		8.4%	6.2%	5.1%	4%
	United States		12.4%			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of uninsured children in Henry County to less than 1% by 2028.	<b>Uninsured children.*</b> Percent of children, ages 0-18, who are uninsured (ACS 5-yr est.*	<b>Uninsured Children</b> 	<b>1.9%</b> (n = 127)	Monitoring	Monitoring	<1%
	Ohio		4.4%	2.9%	2%	<1%
	United States		5.1%			



Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)												
Reduce the percentage of uninsured within priority populations in Henry County to 4.0% by 2028.	<b>Uninsured population.</b> Percent of civilian noninstitutionalized population who are uninsured (ACS 5-yr est.)	<b>Uninsured Civilian Noninstitutionalized Population</b> <table border="1"> <caption>Uninsured Civilian Noninstitutionalized Population</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>7.3%</td> </tr> <tr> <td>2016</td> <td>6.4%</td> </tr> <tr> <td>2017</td> <td>4.5%</td> </tr> <tr> <td>2018</td> <td>3.6%</td> </tr> <tr> <td>2019</td> <td>4.0%</td> </tr> </tbody> </table>	Year	Percentage	2015	7.3%	2016	6.4%	2017	4.5%	2018	3.6%	2019	4.0%	<b>4.0%</b> (n = 1,058)	4.0	4.0	4.0
	Year	Percentage																
	2015	7.3%																
2016	6.4%																	
2017	4.5%																	
2018	3.6%																	
2019	4.0%																	
<b>HC priority populations</b>																		
	Those aged 26 to 34 years (Data from 2015 and 2016 had an age range of 25 to 34 years)	<b>Uninsured Among Those Aged 26-34</b> <table border="1"> <caption>Uninsured Among Those Aged 26-34</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>12.6%</td> </tr> <tr> <td>2016</td> <td>10.2%</td> </tr> <tr> <td>2017</td> <td>7.6%</td> </tr> <tr> <td>2018</td> <td>7.2%</td> </tr> <tr> <td>2019</td> <td>10.9%</td> </tr> </tbody> </table>	Year	Percentage	2015	12.6%	2016	10.2%	2017	7.6%	2018	7.2%	2019	10.9%	<b>10.9%</b> (n = 314)	9%	6.0	4.0
Year	Percentage																	
2015	12.6%																	
2016	10.2%																	
2017	7.6%																	
2018	7.2%																	
2019	10.9%																	
	Uninsured racial minorities	<b>Uninsured Racial Minorities</b> <table border="1"> <caption>Uninsured Racial Minorities</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>11.5%</td> </tr> <tr> <td>2016</td> <td>11.3%</td> </tr> <tr> <td>2017</td> <td>6.9%</td> </tr> <tr> <td>2018</td> <td>7.7%</td> </tr> <tr> <td>2019</td> <td>7.3%</td> </tr> </tbody> </table>	Year	Percentage	2015	11.5%	2016	11.3%	2017	6.9%	2018	7.7%	2019	7.3%	<b>7.3%</b> (n = 126)	7.0	6.0	4.0
Year	Percentage																	
2015	11.5%																	
2016	11.3%																	
2017	6.9%																	
2018	7.7%																	
2019	7.3%																	



	Hispanic or Latino (of any race)	<b>Uninsured Hispanics/Latinos</b> 	<b>10.4%</b> (n = 217)	8.0	6.0	4.0
	Foreign born, non-citizens	<b>Uninsured Foreign Born</b> 	<b>8.8%</b> (n = 37)	8.0	6.0	4.0
	Ohio*		6.1%			
	United States		8.8%			

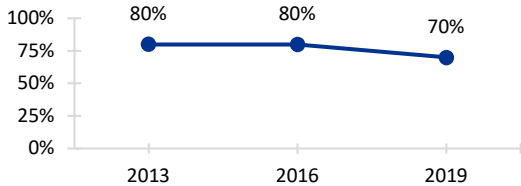
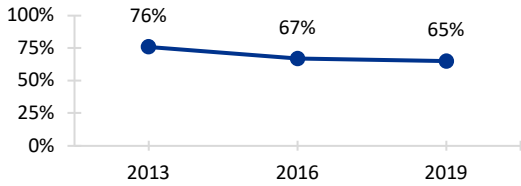
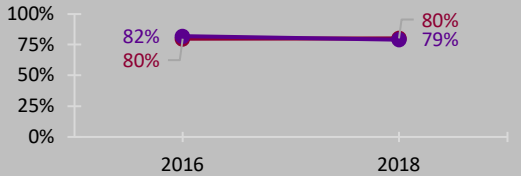
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the number of non-emergent visits to the ER to ___ by 2028.	<b>Emergency Room visits for non-emergent issues.</b> (Henry County Hospital, 2019)	Still gathering trend data and corresponding state and nat'l level data.	Level 1 35 Level 2 481			
	Ohio					
	United States					
	<b>Hospital Emergency Room Visits per 1,000 Population</b> (KFF State Indicators)					
	Ohio		589 per 1,000			



	U.S.		437 per 1,000			
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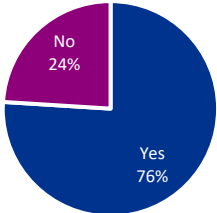
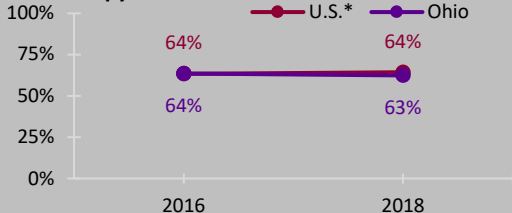
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Increase preventive care services by 2028.	<b>Preventive care service utilization.</b>					
Maintain flu vaccination rate of 78% through 2028.	<b>Flu shot.</b> Percentage of adults who received the flu vaccine among those aged 65+ (Henry County CHA, 2019)	<p><b>Had a Flu Shot in the Past Year Among Those Aged 65+</b></p>	<b>78%</b> (Aged 65+) <b>65%</b> (Aged 18+)	78%	78%	78%
	Ohio	<p><b>Had a Flu Shot in the Past Year Among Those Aged 65+</b></p>	63% (2019)			
	U.S.		64% (2019)			



Increase mammogram to 80% by 2028.	<b>Mammogram.</b> Percentage of women over the age of 40 who reported a mammogram in the past 2 years (Henry County CHA, 2019)	<b>Women Aged 40+ Who Report a Mammogram Within the Past 2 Years</b> 	<b>70%</b>	Monitor	75%	80%
	Ohio (BRFSS)		74% (2016-2018)			
	U.S. (BRFSS)		72% (2016-2018)			
Increase the percentage of women who have had a pap smear in past year to 80% in 2028.	<b>Pap smear.</b> Percentage of women ages 21 – 65 who had a Pap smear in the past three years (Henry County CHA, 2019)	<b>Women Aged 18/21-64 Who Report Having a Pap Smear within the Past 3 Years</b> 	<b>65%</b>	Monitor	75%	80%
	Ohio (BRFSS)	<b>Women aged 21-65 who have had a pap test in the past three years</b> — U.S.* — Ohio 	79% (2018)			
	U.S. (BRFSS)		80% (2018)			

Maintain 73% of adults visiting the dentist or dental clinic in past year.	<b>Dental.</b> Percentage of Henry County adults who had visited a dentist or dental clinic in the past year (Henry County CHA, 2019)	<b>Adults Who Visited a Dentist or Dental Clinic in the Past Year, Henry County</b> 	<b>73%</b>	73%	73%	73%
	Ohio (BRFSS)	<b>Adults Who Visited a Dentist or Dental Clinic in the Past Year</b> 	67% (2018)			
	U.S. (BRFSS)		68% (2018)			
Increase the percentage of adults who had routine checkup in past year to 80% by 2028	<b>Checkup.</b> Percentage of Henry County adults who visited a doctor for a routine checkup in the past year (Henry County CHA, 2019)	<b>Percentage Who Have Visited a Doctor for a Routine Checkup in the Past Year</b> 	<b>72%</b>	75%	77%	80%
	Ohio (BRFSS)	<b>Percentage Who Have Visited a Doctor for a Routine Checkup in the Past Year</b> 	78% (2019)			
	U.S. (BRFSS)		78% (2019)			

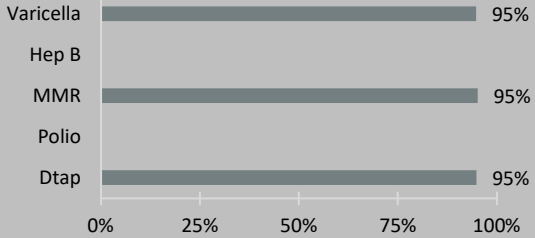


Maintain 76 % of adults ages 50 and over who had a colonoscopy in last 10 years.	<b>Colonoscopy.</b> Percentage of adults ages 50 and over had a colonoscopy in the past ten years (Henry County CHA, 2019)	<b>Percentage Aged 50+ Had a Colonoscopy in the Past 10 Years</b> 	<b>76%</b>	76%	76%	76%
	Ohio (BRFSS)	<b>Percentage Aged 50-75 Had a Colonoscopy in the Past 10 Years</b> 	63% (2018)			
	U.S. (BRFSS)		64% (2018)			
	Adult vision screening in the past two years (Henry County CHA, 2019)	N.A.	<b>80%</b>	80%	80%	80%
Increase Adults getting hearing test in past 2 years by 10% in 2028.	Adult hearing tested in the past two years (Henry County CHA, 2019)	N.A. N.A.	<b>31%</b>	Monitor	32.5%	34%
Increase Adults getting skin test in past 2 years in 2028.	Adult skin test in the past two years (Henry County CHA, 2019)		<b>24%</b>	Monitor	25%	26.4%
Increase adults getting	Adult bone density in the past two years	N.A.	<b>12%</b>	Monitor	12.7%	13.2%

bone density test by 10%.	(Henry County CHA, 2019)					
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Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																																				
Increase childhood vaccination rates for Henry County to 95% and get data from NAS.	Kindergarteners Single Antigen Up-To-Date Rates, 2019-2020 School Year (ODH, School Immunization Level Assessment) <i>Note: *Does not include Napoleon Public Schools)</i>	<b>Kindergarteners Single Antigen Up-To-Date Rates, Henry County* Ohio</b> <table border="1"> <tr><td>Varicella</td><td>92%</td></tr> <tr><td>Hep B</td><td>95%</td></tr> <tr><td>MMR</td><td>93%</td></tr> <tr><td>Polio</td><td>93%</td></tr> <tr><td>Dtap</td><td>92%</td></tr> </table>	Varicella	92%	Hep B	95%	MMR	93%	Polio	93%	Dtap	92%	←	95%	95%	95%																										
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	Ohio (ODH, School Immunization Level Assessment)	<b>Kindergarteners Single Antigen Up-To-Date Rates, Ohio</b> <table border="1"> <tr><th>School Year</th><th>Dtap</th><th>Polio</th><th>MMR</th><th>Hep B</th><th>Varicella</th></tr> <tr><td>2015-2016</td><td>92%</td><td>93%</td><td>93%</td><td>95%</td><td>92%</td></tr> <tr><td>2016-2017</td><td>92%</td><td>93%</td><td>93%</td><td>95%</td><td>92%</td></tr> <tr><td>2017-2018</td><td>92%</td><td>93%</td><td>93%</td><td>95%</td><td>92%</td></tr> <tr><td>2018-2019</td><td>92%</td><td>93%</td><td>93%</td><td>95%</td><td>92%</td></tr> <tr><td>2019-2020</td><td>92%</td><td>93%</td><td>93%</td><td>95%</td><td>92%</td></tr> </table>	School Year	Dtap	Polio	MMR	Hep B	Varicella	2015-2016	92%	93%	93%	95%	92%	2016-2017	92%	93%	93%	95%	92%	2017-2018	92%	93%	93%	95%	92%	2018-2019	92%	93%	93%	95%	92%	2019-2020	92%	93%	93%	95%	92%	Dtap 92% (2019-2020) Polio 93% (2019-2020) MMR 93% (2019-2020) Hep B 95% (2019-2020) Varicella 92% (2019-2020)			
School Year	Dtap	Polio	MMR	Hep B	Varicella																																					
2015-2016	92%	93%	93%	95%	92%																																					
2016-2017	92%	93%	93%	95%	92%																																					
2017-2018	92%	93%	93%	95%	92%																																					
2018-2019	92%	93%	93%	95%	92%																																					
2019-2020	92%	93%	93%	95%	92%																																					



	United States (Seither, et al., 2021)	<b>Kindergarteners Single Antigen Up-To-Date Rates, U.S.</b>   <table border="1"> <caption>Kindergarteners Single Antigen Up-To-Date Rates, U.S.</caption> <thead> <tr> <th>Antigen</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Varicella</td> <td>95%</td> </tr> <tr> <td>Hep B</td> <td>95%</td> </tr> <tr> <td>MMR</td> <td>95%</td> </tr> <tr> <td>Polio</td> <td>95%</td> </tr> <tr> <td>Dtap</td> <td>95%</td> </tr> </tbody> </table>	Antigen	Rate	Varicella	95%	Hep B	95%	MMR	95%	Polio	95%	Dtap	95%				
Antigen	Rate																	
Varicella	95%																	
Hep B	95%																	
MMR	95%																	
Polio	95%																	
Dtap	95%																	
Completion of Adult vaccine objectives: Maintain: Tdap-75% Pneu-80% Increase: Shingles-30%	Completion of Adult Vaccine-TDAP, Pneumonia, Shingles	N.A.	Tdap in the past 10 years-75% (2019)  Pneumonia vaccine aged 65+-80% (2019)  Shingles vaccine-20% (2019)	Tdap-maintain Pneu-maintain Shingles-30%	Tdap-maintain Pneu-maintain Shingles-30%	Tdap-maintain Pneu-maintain Shingles-30%												
	Ohio (BRFSS)	N.A.	Tetanus Shot since 2005-70.4% (2019)  Pneumonia vaccine aged 65+-74.7% (2019)  Shingles vaccine-28.9% (2017)															

	United States (BRFSS)	N.A.	Tetanus Shot since 2005-72.7% (2019)  Pneumonia vaccine aged 65+-73.3% (2019)  Shingles vaccine-28.9% (2017)			
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Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Increase completion of COVID Vaccine to 70%.	Completed COVID-19 vaccine (ODH COVID-19 Vaccine Dashboard)	N.A.	<b>39%</b> (6/28/2021)	70%	70%	70%
	Ohio (ODH COVID-19 Vaccine Dashboard)	N.A.	44% (6/28/2021)			
	United States (CDC)	N.A.	46% (6/28/2021)			





## Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Kristi Barnd	Henry County Hospital
Sheana Behringer	NOCAC
Phil Brock	NOCAC
Pamela Bunch	Paramount Advantage
Kristen Campos	HC Job and Family Services
Susan Davis	HCHD
Lee Ann Druhot	Henry County Hospital
Joy Ermie	Commissioner Henry County Health Department
Tracy Gerken	Henry County Hospital – Social Worker
Jennifer Hernandez	HCHD
Jan Hoffer	Henry County Hospital - Discharge Nurse
Jill Keller	HCHD
Tiffany Kennerk	Henry County Hospital
Sharon Meece	HCHD
Bev Palmer	A Renewed Mind – Program Manager
Krista Payne	HCHD
Cathy Price	Filling Home
Angel Robinson	Henry County Hospital
Jessica Schultz	Mercy Health
Allyson Smith	HCHD
Victoria Taylor	Community Health Services
Linda Thiel	Community Health Services Federally Qualified Health Center



## Community Resources

Below is a list of existing community resources for addressing access to care. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
Transportation Network	Henry County Transportation Network	All
Hospital	Henry County Hospital	All
Medical care	Napoleon Clinic Henry County Family Medicine Henry County Family Medical Care Promedica Physicians	All
FQHC	Community Health Services	All-sliding fee scale
Henry County Cares	Henry County Health Department	Medicaid
Immunizations	Henry County Health Department	All
Children with Medical Handicaps	Henry County Health Department	Families with Children who have medical handicaps
Help Me Grow	Henry County Health Department	WIC families, prenatal to 3 years of age



## Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

<b>HEALTH INSURANCE COVERAGE</b>	
ODH Recommended Strategies	Includes
Insurance enrollment assistance for adults and children	<ul style="list-style-type: none"> <li>Utilize existing resources such as Community Health Workers (CHWs) to raise awareness of health insurance enrollment assistance</li> </ul>
<b>LOCAL ACCESS TO PROVIDERS</b>	
OHD Featured Strategies	Includes
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> <li>Community health workers</li> </ul>
<b>Additional strategies</b>	
Healthcare workforce professional development	<ul style="list-style-type: none"> <li>Health career recruitment for minority students and other underrepresented or disadvantaged students (for example, Career Academies)</li> </ul>
Other access supports	<ul style="list-style-type: none"> <li>Health literacy interventions</li> </ul>
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> <li>Certified community health workers</li> <li>Support and expand the role of peer support specialists</li> </ul>





## Strategies

Items in blue text designate strategies and/or action steps that address health inequities.

\*Designates strategies linked to Ohio State Health Improvement Plan

<p><b>Community Health Priority:</b> Access to Healthcare</p> <p><b>Objective:</b> Increase the number of Henry County residents getting preventative care by providing equitable health care services people use and understand by 2028.</p>			
<p><b>Measure(s):</b> Uninsured Population, Non-emergent ED Visits, Preventive Care Utilization</p>			
<p><i>Henry County Improvement Strategies</i> (What We Want to Do)</p>	<p><i>Henry County Action Steps</i> (How We're Going to Do It)</p>	<p><i>Local Partners</i> (Who Needs to Work Together on This)</p>	<p><i>Completion date</i> (when will work be accomplished)</p>
<p>A. Increase culturally competent healthcare workforce across the county including in underserved communities*</p>	<p>1. Identify Community Health Workers (CHW)/patient navigators/patient advocates in Henry County 2. Create a robust CHW network for information sharing, networking, and support with the ultimate goal of improving healthcare services in HC. 3. Develop culturally/linguistically effective tools and processes to assist HC resident to access healthcare. 4. Determine the social determinants and subsequent barriers to accessing care.</p>	<p>Susan Davis, HCHD Christine McVay, A Renewed Mind Bev Palmer, A Renewed Mind Jen Leonard, CHS Victoria Taylor, NP CHS Kristen Campos, JFS Jan Huffer, Discharge Nurse HCH Tracy Gerken, Social Worker, HCH</p>	<p>12.31.21</p>

<p>B. <b>Develop healthcare workforce *</b></p>	<p>5. Create policies within the local health care system to utilize CHW services to increase health equity.</p> <p>1. Identify ways to recruit minority students and other underrepresented or disadvantaged populations to the local healthcare workforce.</p> <p>2. Develop educational/career awareness for entry into health care fields for local students.</p>	<p>Joy Ermie, HC HCHD          Allyson Smith, DON HCHD          Kristi Barnd, CEO HCH          Linda Thiel, CHS          Cathy Price, Filling Home</p>	<p>12.31.22</p>
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# Economic Stability

## What shapes our health and well-being?

Economic instability negatively impacts health through neighborhood conditions, access to health care and opportunities to engage in health behaviors. Increased stability allows greater access to high-quality education, nutritious food, safe housing, and health insurance coverage. Individuals without stability are also more likely to experience toxic and persistent stress, which can negatively affect health.



## Objectives

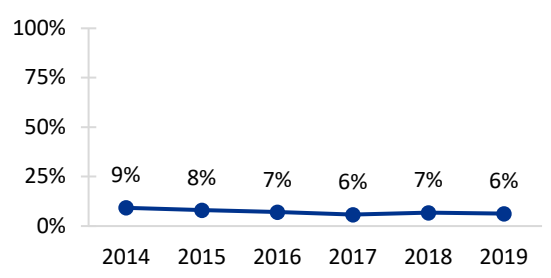
**Improve the economic stability of Henry County by creating a stable workforce through access to equitable jobs with opportunities for advancement, available daycare for all shifts, and affordable housing by 2028.**

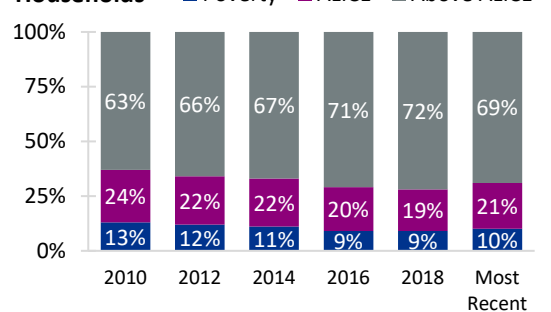
\*Designates Indicators linked to Ohio State Health Improvement Plan

Desired Outcome	Indicator (source)	Trend	Baseline1 (2018 & 2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)														
Reduce the percent of children living below the poverty level to 10% by 2028.	<b>Child poverty.</b> * Percent of children (< age 18) below the poverty level (ACS 5-yr est.)	<b>Child Poverty</b> <table border="1"> <caption>Child Poverty Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>17%</td> </tr> <tr> <td>2015</td> <td>17%</td> </tr> <tr> <td>2016</td> <td>15%</td> </tr> <tr> <td>2017</td> <td>12%</td> </tr> <tr> <td>2018</td> <td>16%</td> </tr> <tr> <td>2019</td> <td>14%</td> </tr> </tbody> </table>	Year	Percentage	2014	17%	2015	17%	2016	15%	2017	12%	2018	16%	2019	14%	<b>13.8%</b> (n = 861)	13.8%	12%	10%
Year	Percentage																			
2014	17%																			
2015	17%																			
2016	15%																			
2017	12%																			
2018	16%																			
2019	14%																			
	Ohio		19.9%																	
	United States		18.5%																	



Reduce the percentage of adults in priority populations living in poverty by 20% by 2028.	<b>Adult poverty*</b> Percentage of adults aged 18 and older below the poverty level (ACS 5-yr est.)	<p><b>Adult Poverty</b></p> <table border="1"> <caption>Adult Poverty Data (2015-2019)</caption> <thead> <tr> <th>Year</th> <th>Adult Poverty 18 to 34 years</th> <th>Adult Poverty 35 to 64 years</th> <th>Adult Poverty 65 years and over</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>16.5%</td> <td>8.2%</td> <td>4.8%</td> </tr> <tr> <td>2016</td> <td>15.5%</td> <td>7.5%</td> <td>5.5%</td> </tr> <tr> <td>2017</td> <td>13.5%</td> <td>6.5%</td> <td>7.0%</td> </tr> <tr> <td>2018</td> <td>12.5%</td> <td>6.0%</td> <td>7.5%</td> </tr> <tr> <td>2019</td> <td>10.8%</td> <td>5.7%</td> <td>5.7%</td> </tr> </tbody> </table>	Year	Adult Poverty 18 to 34 years	Adult Poverty 35 to 64 years	Adult Poverty 65 years and over	2015	16.5%	8.2%	4.8%	2016	15.5%	7.5%	5.5%	2017	13.5%	6.5%	7.0%	2018	12.5%	6.0%	7.5%	2019	10.8%	5.7%	5.7%	<b>6.77%</b> (n = 1,385)			
Year	Adult Poverty 18 to 34 years	Adult Poverty 35 to 64 years	Adult Poverty 65 years and over																											
2015	16.5%	8.2%	4.8%																											
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2019	10.8%	5.7%	5.7%																											
	Ohio		9.5%																											
	United States		9.2%																											
<b>HC priority populations – ALL AGES</b>																														
	Black or African American Alone		27.8% (n = 57)		25%	22%																								
	Hispanic or Latino of any race		16.2% (n = 339)		14.6%	13%																								
	Female		9.2% (n = 1,245)		8.3%	7.4%																								
<b>HC priority populations – Aged 25+</b>																														
	< H. S. graduate		17.5% (n = 200)		15.8%	14%																								

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce Family Poverty in priority populations by 20% in 2028.	<b>Family poverty.</b> Poverty status in the past 12 months of families (ACS 5-yr est.)	<b>Family Poverty</b> 	<b>6.3%</b> (n = 482)			
	<b>HC priority populations</b>					
	Female householder, no spouse present		27.9% (n = 1,275)	Monitoring	25.1%	22.3%
	Hispanic or Latino origin (of any race)		17.2% (n = 460)	Monitoring	15.5%	13.8%
	Ohio		9.9%			
	United States		9.5%			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of those living in the ALICE gap plus poverty by 10% in 2028.	<b>ALICE households.</b> The share of households that are asset limited, income constrained, yet employed plus the share of household below the poverty level (Unitedforalice.org)	<b>Economic Well-being Thresholds for Households</b> 	<b>31%</b>	Monitoring	29.5%	27.9%
	Ohio		39%			
	United States		42%			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)														
Monitor unemployment rate.	<b>Unemployment Rate.</b> Percent not employed among the population aged 16 and over in the labor force (ACS 5-yr est.)	<p><b>Unemployment Rate</b></p> <table border="1"> <caption>Unemployment Rate Data (2014-2019)</caption> <thead> <tr> <th>Year</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>7.7%</td> </tr> <tr> <td>2015</td> <td>6.7%</td> </tr> <tr> <td>2016</td> <td>5.3%</td> </tr> <tr> <td>2017</td> <td>4.5%</td> </tr> <tr> <td>2018</td> <td>4.2%</td> </tr> <tr> <td>2019</td> <td>3.1%</td> </tr> </tbody> </table>	Year	Rate (%)	2014	7.7%	2015	6.7%	2016	5.3%	2017	4.5%	2018	4.2%	2019	3.1%	<b>3.1%</b>	Monitoring	Monitor	Monitor
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2019	3.1%																			
	Ohio		5.3%																	
	United States		5.3%																	

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																					
Monitor household income	<b>Median household income.</b> (ACS 5-yr est.)	<p><b>Median Household Income</b></p> <table border="1"> <caption>Median Household Income and Inflation Adj. 2/2021 Data (2014-2019)</caption> <thead> <tr> <th>Year</th> <th>Median Household Income</th> <th>Inflation Adj. 2/2021</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>\$52,526</td> <td>\$57,963</td> </tr> <tr> <td>2015</td> <td>\$53,835</td> <td>\$59,334</td> </tr> <tr> <td>2016</td> <td>\$54,941</td> <td>\$59,955</td> </tr> <tr> <td>2017</td> <td>\$58,070</td> <td>\$62,351</td> </tr> <tr> <td>2018</td> <td>\$59,083</td> <td>\$61,668</td> </tr> <tr> <td>2019</td> <td>\$59,695</td> <td>\$61,296</td> </tr> </tbody> </table>	Year	Median Household Income	Inflation Adj. 2/2021	2014	\$52,526	\$57,963	2015	\$53,835	\$59,334	2016	\$54,941	\$59,955	2017	\$58,070	\$62,351	2018	\$59,083	\$61,668	2019	\$59,695	\$61,296	<b>\$59,695</b>	Monitor	Monitor	Monitor
Year	Median Household Income	Inflation Adj. 2/2021																									
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2019	\$59,695	\$61,296																									
	Ohio		\$56,602																								
	United States		\$62,843																								





## Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Jennifer Arps	Economic Development Coordinator
Carolyn Badenhop	OSU Extension Office
Dan Breitbart	HCHD
Kelli Burkhardt	Together We Can Make A Difference
Jim Drewes	Director of Workforce Development, Northwest State Community College
Andy and Nicole Elling	Dairy Queen - Owners
Karen Engler	HCHD
Joy Ermie	HCHD
Jennifer Hernandez	HCHD
Bob Hastedt	Henry County Commissioner
Barb Hoffman	Pillars of Success
Shannon Jones	Director of Job and Family Services
Jill Keller	HCHD
Tom Mack	United Way of Henry County
Sharon Meece	HCHD
Joel Miller	Director of HC Chamber of Commerce
Krista Payne	HCHD
Janie Shearer	Pastor Emanuel Lutheran Church
Jamison Smith	Resident
Cathy Zwyer	HCHD



## Community Resources

Below is a list of existing community resources for addressing economic stability. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
Housing	Pillars of Success	Homeless
Toiletries	Together We Make a Difference	Poverty/ALICE
Food Pantries	Various church and community groups	Poverty Alice
Government assistance	Job and Family Services	Unemployed/Poverty/Alice
Resource line	United Way	Poverty/Alice
Henry County Cares	Henry County Health Department	Medicaid/Poverty
Help Me Grow	Henry County Health Department	At Risk Parents for school readiness birth to age 3
Financial assistance	Various churches, St Vincent's de Paul	Those in need with rent, utility and other temporary financial needs
WIC--nutrition	Fulton County Health Department	Mother and babies
Emergency services, utility, housing, home repair, nutrition	Northwestern Ohio Community Action Commission, Inc. (NOCAC)	Poverty and low income



## Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

ODH Recommended Strategies	Includes
Adult employment programs	<ul style="list-style-type: none"> <li>• Post-secondary career-technical education (adult vocational training)</li> <li>• Transitional jobs</li> </ul>
<b>Additional strategies</b>	
<b>Child and youth-focused programs</b>	
<b>Early childhood education programs</b>	<ul style="list-style-type: none"> <li>• Publicly funded pre-kindergarten programs</li> </ul>
<b>Early childhood home visiting</b>	Some home visiting programs have been evaluated to assess impact on family economic security. <ul style="list-style-type: none"> <li>• Early childhood home visiting programs (Help Me Grow)</li> <li>• Nurse-Family Partnership (NFP)</li> </ul>
<b>Career training for high school students</b>	<ul style="list-style-type: none"> <li>• Career and technical education for high school graduation</li> <li>• Career Academies</li> <li>• Summer youth employment programs</li> </ul>
<b>Childcare</b>	<ul style="list-style-type: none"> <li>• Increase publicly funded childcare eligibility to 150% of the Federal Poverty Level</li> <li>• Childcare subsidies</li> </ul>
<b>Adult training and employment programs</b>	
<b>Sector-based workforce initiatives</b>	Sector-based workforce initiatives such as ApprenticeshipOhio program through OhioMeansJobs
<b>Financial literacy and wealth building initiatives</b>	Matched dollar incentives for saving tax refunds
<b>Affordable Housing</b>	
<b>Housing voucher program</b>	Expand affordable housing program for the lowest income renters including the housing choice voucher program (section 8).



### Strategies

Items in blue text designate strategies and/or action steps that address health inequities.

\*Designates strategies linked to Ohio State Health Improvement Plan.

<p><b>Community Health Priority:</b> Economic Stability</p> <p><b>Objective:</b> Improve the economic stability of Henry County by creating a stable workforce through access to equitable jobs with opportunities for advancement, available daycare for all shifts, and affordable housing by 2028.</p> <p><b>Measure(s):</b> Poverty, ALICE, Unemployment, Income, Turnover/Retention, Advancement</p>		
<i>Henry County Improvement Strategies</i> (What We Want to Do)	<i>Henry County Action Steps</i> (How We're Going to Do It)	<i>Local Partners</i> (Who Needs to Work Together on This)
A. Develop sector-based workforce initiatives*	<ol style="list-style-type: none"> <li>1. Increase access for employee education to increase employment and increase advancement for those in priority populations.</li> <li>2. Identify local employer challenges with hiring and retention.</li> <li>3. Identify workplace system changes to alleviate inequities by addressing social needs.</li> </ol>	<p>Jim Drewes, Northwest State</p> <p>Jennifer Arps, CIC</p> <p>Jennifer Arps, CIC HCHD</p>
B. Improve and expand childcare*	<ol style="list-style-type: none"> <li>1. Increase capacity of childcare services.</li> <li>2. Improve affordability and access to childcare.</li> <li>3. Expand childcare access to 2<sup>nd</sup> and 3<sup>rd</sup> shift workers.</li> <li>4. Identifying infrastructure needs of current childcare centers.</li> </ol>	<p>Jen Hernandez, Support Services</p> <p>Barb Hoffman, Pillars</p> <p>Bob Hastedt, HC Commissioner</p>
C. Increase affordable housing*	<ol style="list-style-type: none"> <li>1. Increase the availability of affordable/subsidized housing through system and policy change</li> </ol>	<p>Barb Hoffman Pillars</p> <p>Bob Hastedt, HC Commissioner</p>





# Mental Health

How will we know mental health and well-being is improving in Henry County?

Unmet need for mental health care (under Access to Care in the SHIP)

There will be fewer days of sadness and hopelessness reported among youth and adults.

There will be fewer contemplations of suicide among youth and adults and there will be fewer suicides among youth and adults.



## Objectives

**1. Reduce Henry County youth and adults with depression by 2028.**

**2. Reduce Henry County youth and adults contemplating, attempting, and completing suicide by 2028.**

\*Designates Indicators linked to Ohio State Health Improvement Plan

UNMET NEED FOR MENTAL HEALTH CARE						
Desired Outcome	Indicator (source)	Trend	Baseline	Short-term Target (2020-22)	Intermediate Target (2023-25)	Long-term Target (2026-28)
	<b>Youth depression treatment unmet need.</b>	ADAMhs Board is providing data	<b>N.A.</b>			
	Ohio (Percent of youth, ages 12-17, with major depressive episode who did not receive any mental health treatment within the past year (MHA analysis of NSDUH))		52% (2014-16)	49.0%	47.7%	46.4%
	Ohio (Percent of youth, grades 7-12, depressed as measured by the PHQ who did not receive any mental health treatment within the past year (OHYES))		61% (2018-19)			
	United States		N.A.			

Desired Outcome	Indicator (source)	Trend	Baseline	Short-term Target (2020-22)	Intermediate Target (2023-25)	Long-term Target (2026-28)
	<b>Adult mental health care unmet need.</b> Percent of adults, ages 18 and older, with mental illness in past year who reported perceived need for treatment/counseling that was not received (MHA analysis of NSDUH)	ADAMhs Board is providing data	<b>N.A.</b>			
	Ohio - Adult Unmet Need		8% (2018-19)			
	Ohio - Mild M.I.		68% (2018-19)			
	Ohio - Moderate M.I.		53% (2018-19)			
	Ohio - Serious M.I.		35% (2018-19)			
	U.S. - Adult Unmet Need		6% (2018-19)			
	U.S. - Mild M.I.		63% (2018-19)			
	U.S. - Moderate M.I.		51% (2018-19)			
	U.S. - Serious M.I.		31% (2018-19)			

Note: M.I. stands for mental illness. These are updated numbers from <https://www.kff.org/statedata/> analysis of NSDUH data.

DEPRESSION																
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)										
Reduce the percentage of girls reporting they felt sad or hopeless for 2 or more weeks from 26% to	<b>Youth depression.</b> 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) (Henry County Youth CHA)	<p><b>Youth Depression</b></p> <table border="1"> <caption>Youth Depression Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>21%</td> </tr> <tr> <td>2013</td> <td>21%</td> </tr> <tr> <td>2016</td> <td>18%</td> </tr> <tr> <td>2019</td> <td>21%</td> </tr> </tbody> </table>	Year	Percentage	2010	21%	2013	21%	2016	18%	2019	21%	<b>21%</b>	Monitor	Monitor	Monitor
Year	Percentage															
2010	21%															
2013	21%															
2016	18%															
2019	21%															

21% by 2028.	<b>Henry County Priority Populations</b>					
	<b>Girls</b>		<b>26%</b>		23.4	21%
	Ohio (7 <sup>th</sup> -12 <sup>th</sup> )		24% (2018/19)			
	U.S. (9 <sup>th</sup> - 12 <sup>th</sup> )		37% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of adults suffering from depression by 10% in 2028.	<b>Adults depression.</b> The percentage who reported their mental health was not good on four or more days in the previous month (Henry County Adult CHA)	<b>Adult Depression</b> 	<b>19%</b>	Monitor	18%	17.1%
	<b>Henry County Priority Populations</b>					
	<b>Women</b>		<b>25%</b>			
	Ohio		25% (2018)			
	United States		24% (2018)			

<b>SUICIDE</b>						
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce youth reporting seriously considered attempting suicide by 10% in 2028.	<b>Youth suicide contemplation.</b> Seriously considered attempting suicide (in the past 12 months) (Henry County Youth CHA, 7 <sup>th</sup> -12 <sup>th</sup> )	<b>Youth Considered Suicide</b> 	<b>10%</b>	monitor	9.5%	9%
		Ohio (7 <sup>th</sup> -12 <sup>th</sup> )		13% (2018/19)		
	U.S. (9 <sup>th</sup> -12 <sup>th</sup> )		19% (2019)			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
	<b>Adult suicide contemplation.</b> Seriously considered attempting suicide (in the past 12 months) (Henry County Adult CHA)	<b>Adults Considered Suicide</b> 	<b>2%</b>	Monitor	Monitor	Monitor
	Ohio		6% (2017-19)			
	United States		5% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce Youth attempted suicide by 20% in 2028	<b>Youth attempted suicide.</b> Percentage of youth who self-report they had attempted suicide in the past year (Henry County Youth CHA, 7 <sup>th</sup> -12 <sup>th</sup> )	<b>Youth Attempted Suicide</b> 	<b>6%</b>	Monitoring	5.5%	4.8%
	Ohio (7 <sup>th</sup> - 12 <sup>th</sup> )		7% (2018/19)			
	U.S. (9 <sup>th</sup> - 12 <sup>th</sup> )		9% (2019)			



Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of Adults who report attempting suicide by 25% by 2028.	<b>Adults attempted suicide.</b> Percentage of adults who self-report they had attempted suicide in the past year (Henry County Adult CHA)	<b>Adults Attempted Suicide</b> 	4%	Monitoring	2%	1%
	Ohio		N.A.			
	United States		0.6% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the number of suicide deaths from 4 to 2 by 2028.	<b>Suicide deaths.</b> Trend in the Number of Suicides Among Henry County Residents, 2007-2018. (HCHD analyses of Henry County Resident Mortality Files, 2007-2018)	<b>Number of Suicides</b> 	4	Monitor	3	2



## Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Emily Cordes	OSU Extension
Tiffany Day	HCHD
Joy Ermie	HCHD
Katie Frey	Resident
Ben Hartford	Napoleon Church of the Nazarene
Jill Keller	HCHD
Raegan Keller	Social Worker
Juli Lejman-Guy	St, Peters Lutheran Church Holgate
Tante Lovins	HCHD
Roberta Mack	CCFA
Christine McVay	A Renewed Mind
Kaitlyn Meece	Community Member
Sharon Meece	HCHD
Christie Metzner	Napoleon Area Schools Counselor
Dawn Miller	Maumee Valley Guidance Center
Ginny Minnick	St. Augustine School
Bev Palmer	A Renewed Mind
Krista Payne	HCHD
Lori Robison	A Renewed Mind Services
Bethany Shirkey	Four County Adams Board
Allyson Smith	HCHD
Karen VonDeylen	Maumee Valley Guidance
Kailie Williams	HCHD



## Community Resources

Below is a list of existing community resources for addressing mental health (specifically depression and suicide prevention). The working group will continue to research and add new resources to this list during the implementation process.

\*Designates strategies linked to Ohio State Health Improvement Plan

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
4 Your Mental Health	Defiance, Fulton, Henry, and Williams County Health Departments Four County ADAMhs Board	Residents in Four-County area
Four County Suicide Prevention Coalition	Four County ADAMhs Board/ Maumee Valley Guidance	Youth and adults residing in Four-County area
Outpatient Counseling Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Outpatient Counseling Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Community Psychiatric Supportive Treatment Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Psychiatric Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Intensive Home-Based Treatment and Family Systems Therapy home-based model*	A Renewed Mind	Children and their families
General Outpatient Mental Health	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ Center for Child & Family Advocacy/ A Renewed Mind	Adults
Domestic Violence and Sexual Assault Counseling	Center for Child & Family Advocacy	Adults
Caregiver Support	Churches	Youth and adults
LOSS Team	Hospice of Henry County/ Areas Office of Again	Caregivers
Rox*	Four County Suicide Prevention Coalition	Suicide survivors
	Patrick Henry/ Holgate	Youth girls

Depression Screening for children*	Maumee Valley Guidance	
Signs of Suicide (SOS)*	Maumee Valley Guidance-BJ Horner	staff
Mental Health First Aid*	Maumee Valley Guidance-BJ Horner	
Parent/ Teen Café*	Family Court	
1-800-GET-HELP and text "4HOPE"*		
Culture Project *	Toledo Catholic Diocese	St. Augustine school children
Ohio Youth Council*	Ridge Project	
Support Groups	NAMI	
Empowering families*	Renewed Mind Grant	Open to LC and NAS students and Medicaid families
Incredible Years-Dinosaur School -social and emotional learning *	Maumee Valley Guidance	K-1 <sup>st</sup> grade
Project Respect*	Ridge Project	6 <sup>th</sup> grade NAS and LC
PAX trauma info-classroom mgt*	NAS	Teachers
Pax Heroes*	NAS Laura Kamp	Teachers
2 <sup>nd</sup> Step SEL based *	NAS	School counselors
Crisis Intervention	Renewed Mind Crisis Line	All residents
Client Navigator	Renewed Mind	ALL residents-help finding right program.
Veteran Suicide	Maumee Valley Guidance	Veterans





## Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

<b>UNMET NEED for MENTAL HEALTH CARE</b>	
<b>ODH Featured Strategies</b>	<b>Includes</b>
Telehealth for mental health	<ul style="list-style-type: none"> <li>• Tele-mental health services</li> </ul>
<b>Additional strategies</b>	<b>Includes</b>
Digital access to treatment services and crisis response	<ul style="list-style-type: none"> <li>• mHealth App for mental health</li> <li>• Crisis lines (for example, text “4hope”)</li> </ul>
<b>DEPRESSION</b>	
<b>ODH Featured Strategies</b>	<b>Includes</b>
<b>School-based</b>	
Social and emotional instruction	<p>School-based social and emotional instruction, including comprehensive implementation of Ohio’s Social and Emotional Learning Standards</p> <p>For specific guidance on programs see:</p> <ul style="list-style-type: none"> <li>• Ohio Department of Education’s Evidence-Based Clearinghouse</li> <li>• Collaborative for Academic, Social, and Emotional Learning (CASEL0 Guide to effective social and emotional learning programs)</li> </ul>
<b>Healthcare system</b>	
Digital access to treatment services and crisis response	<ul style="list-style-type: none"> <li>• Crisis lines (for example, text “4hope”)</li> <li>• Health services delivered through telephone or digital conference</li> </ul>
<b>Community-based</b>	
Physical activity programs	<ul style="list-style-type: none"> <li>• Activity programs for older adults</li> <li>• Community-based social support for physical activity</li> </ul>
Parenting programs	<ul style="list-style-type: none"> <li>• Group-based parenting programs</li> <li>• For some specific guidance on programs: The California Evidence-Based Clearinghouse for Child Welfare</li> </ul>

Additional strategies	Includes
Community based	
Mental health education	<ul style="list-style-type: none"> <li>• Mental health first aid courses for community members, school staff, first responders and others</li> <li>• Motivational interviewing training for those who may be trusted resources for people with mental health challenges, such as clinicians, providers, case managers, and community workers</li> </ul>
Depression programs for older adults	<ul style="list-style-type: none"> <li>• Programs to Encourage Active, Rewarding Lives (PEARLS)</li> <li>• Healthy IDEAS</li> </ul>
Green spaces and parks	Increase, renovate or expand green spaces and parks

SUICIDE	
ODH Featured Strategies	Includes
Suicide awareness, prevention, and peer norm programs	<ul style="list-style-type: none"> <li>• Universal school-based suicide awareness and education programs (included in Preventing Suicide: A technical package of policy, programs, and practices)</li> <li>• Youth peer mentoring (for example Sources of Strength, included in Preventing Suicide: A technical package of policy, programs, and practices)</li> </ul> <p>For more specific guidance on programs see:</p> <ul style="list-style-type: none"> <li>• SAMHSA’s Preventing Suicide: A Toolkit for High Schools</li> </ul>
Limits on access to lethal means	<ul style="list-style-type: none"> <li>• Child firearm access prevention</li> </ul>

Additional strategies	Includes
Healthcare system	
Coordinated care for behavioral health	Integration of behavioral health services into primary care
Digital access to treatment services and crisis supports	<ul style="list-style-type: none"> <li>• Crisis lines (for example, the National Suicide Prevention Hotline Lifeline at 10800-273-TALK (8255) or text “4hope”)</li> <li>• Tele mental health services</li> </ul>
Community based	
Mental health education	<ul style="list-style-type: none"> <li>• Mental health first aid courses for community members, school staff, first responders and others</li> <li>• Motivational interviewing training for those who may be trusted resources for people with mental health challenges, such as clinicians, providers, case managers, and community workers</li> </ul>
Surveillance and data collection	Suicide Death Review Teams and other approaches to gathering data after a suicide has occurred





# Substance Misuse

How will we know if Substance Misuse is improving in Henry County?

There will be fewer drug overdoses deaths, disparities in drug over death rate will be eliminated, and more will successfully complete recovery programs.

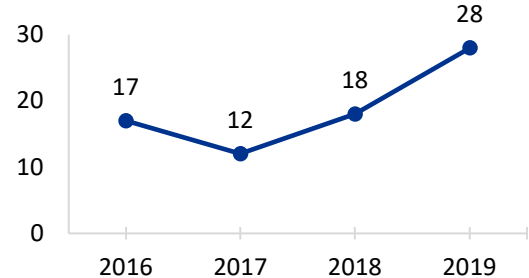


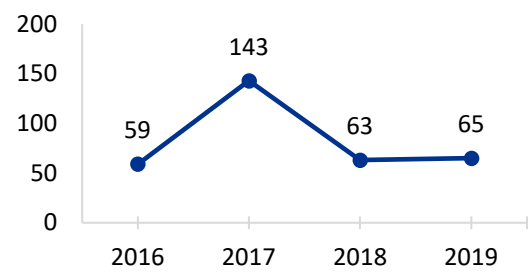
## Objectives

Reduce the number of unintentional drug overdose deaths by 2028.

\*Designates Indicators to Ohio State Health Improvement Plan.

Desired Outcome	Indicator (source)	Trend	Baseline (2018)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce unintentional drug overdose deaths to 5 per 100,000 by 2028.	<b>Unintentional drug overdose deaths.*</b> Number of deaths due to unintentional drug overdose, per 100,000 population (ODH Vital Statistics)	<b>Henry County Trend in Unintentional Drug Overdose Deaths, 2015-2020</b> 	36.9/42.3	15	10	5
	<b>Priority populations</b>					
	Adults, ages 25-34		64.9			
	Adults, ages 35-44		154.2			
	Adults, ages 55-64		50.6			
	Men		52.3			
	Ohio		32.2/34.2	28.7	24.6	20.5
	United States		20.7			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)										
Reduce drug overdoses to 7 annually in 2028.	<b>All drug overdoses.</b> Number of overdose cases in Henry County (Man-unit Stats, 2019)	<b>Henry County Trend in Over Dose Cases, 2016-2019</b>  <table border="1"> <caption>Henry County Trend in Over Dose Cases, 2016-2019</caption> <thead> <tr> <th>Year</th> <th>Overdose Cases</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>17</td> </tr> <tr> <td>2017</td> <td>12</td> </tr> <tr> <td>2018</td> <td>18</td> </tr> <tr> <td>2019</td> <td>28</td> </tr> </tbody> </table>	Year	Overdose Cases	2016	17	2017	12	2018	18	2019	28	28	18	12	7
Year	Overdose Cases															
2016	17															
2017	12															
2018	18															
2019	28															

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)										
Monitor drug related charges on an annual basis.	<b>Drugs charges.</b> Total number of charges in Henry County (Man-unit Stats, 2019)	<b>Henry County Trend in Total Drug Charges, 2016-2019</b>  <table border="1"> <caption>Henry County Trend in Total Drug Charges, 2016-2019</caption> <thead> <tr> <th>Year</th> <th>Total Drug Charges</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>59</td> </tr> <tr> <td>2017</td> <td>143</td> </tr> <tr> <td>2018</td> <td>63</td> </tr> <tr> <td>2019</td> <td>65</td> </tr> </tbody> </table>	Year	Total Drug Charges	2016	59	2017	143	2018	63	2019	65	65	monitor	monitor	monitor
Year	Total Drug Charges															
2016	59															
2017	143															
2018	63															
2019	65															





## Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Mary Beth Alberti	Arrowhead Behavioral Health
Jim Augustine	MAN Unit
Katie Baden	Henry County Family Court
Abbie Badenhop	Henry County Family Court
Sue Barnes	Resident
Scott Barnes	Resident
Brent Bischoff	Veterans Services
Michael Bodenbender	Henry County Sheriff
Scott Buddelmeyer	Chief -South Joint Ambulance District
Michael Cavanaugh	County Prosecutor Office
Chelsea Diedrich	Arrowhead Behavioral Health
Joy Ermie	HCHD
Joel Frey	Napoleon Fire Department, Asst. Chief
Erica Gomez	A Renewed Mind – Peer Support
Jeff Howell	A Renewed Mind - Clinical Director
Gwen Howe-Gabers	County Prosecutor
Jill Keller	HCHD
Lucas Koch	
Dave Mack	Napoleon Police Chief
Denise McColley	Judge, Family Court
Christine McVay	Renewed Mind
Sharon Meece	HCHD
Heidi Mekus	Napoleon Area School Counselor
Clayton O’Brien	Napoleon Fire Chief
Bev Palmer	A Renewed Mind - Program Manager
Krista Payne	HCHD
Ruth Peck	Recovery Services of NW Ohio
Nicole Shank	HCHD
Bethany Shirkey	Four County Adams Board
Bethany Wachter	HCHD
Jodi Waldron	Scarborough Pharmacy Deshler

Maggie Westrick	The RIDGE Project-Director
Shae William	Equitas Health
Benjamin Wulff	



## Community Resources

Below is a list of existing community resources for addressing substance misuse. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
OMAHS Naloxone to 1 <sup>st</sup> Responders	Health Department	Henry County
Substance abuse and psychiatric treatment including inpatient and outpatient services	Arrowhead Behavioral Health	Northwest Ohio and Southeastern Michigan
Crisis Care Line 1800-468-4357	A Renewed Mind (ARM)	Northwest Ohio Region
A full continuum of care for both adult mental health and substance misuse disorders. Youth ages 6 and up	A Renewed Mind (ARM)	Northwest Ohio Region
General mental health agency with clinical therapeutic interventions and victim advocacy	Center for Child and Family Advocacy	Henry, Williams, Fulton and Defiance Counties
Care for the whole person: mind, body, spirit. Integrated model of care with multiple health care providers working together to address individual's health.	Health Partners of Northwest Ohio	Northwest Ohio
Mental Health agency providing assessments and treatment for youth and adults.	Maumee Valley Guidance	Henry, Williams, Fulton and Defiance Counties
Behavioral health service for adolescents and adults	Recovery Service of Northwest Ohio	Henry, Williams, Fulton and Defiance Counties
Deterra Bags	Henry County Health Department	ALL

Drug disposal	Henry County Sheriff, Napoleon Police	Henry County and City of Napoleon
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### Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

ODH Recommended Strategies	Includes
<b>Overdose prevention and reversal programs</b>	
Naloxone education and distribution programs	<ul style="list-style-type: none"> <li>• Become a Project DAWN community sites that can distribute naloxone</li> <li>• Use state funds (Community Innovation fund) to purchase naloxone for first responders</li> </ul>
<b>Addiction treatment access</b>	
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> <li>• Certified community health workers</li> <li>• Support and expand the role of peer support specialists</li> </ul>
Digital access to crisis supports	<ul style="list-style-type: none"> <li>• Crisis lines (for example, text “4hope” or 211)</li> </ul>
<b>Recovery supports</b>	
Recovery communities and peer support	Support recovery friendly communities including: <ul style="list-style-type: none"> <li>• Peer recovery organizations for recovery drug addicts</li> <li>• Alternative Peer Groups</li> </ul>



## Strategies

Items in blue text designate strategies and/or action steps that address health inequities.

\*Designates strategies linked to Ohio State Health Improvement Plan

<p><b>Community Health Priority:</b> Substance Misuse  <b>Objective:</b> Reduce the number of unintentional drug overdose deaths by 2028.</p>			
<p><b>Measure(s):</b> Unintentional Drug Overdose Deaths, Number of Drug Overdoses, Drug Charges, Recovery Program Graduates</p>			
<p><i>Henry County Improvement Strategies</i>            (What We Want to Do)</p>	<p><i>Henry County Action Steps</i>            (How We are Going to Do It)</p>	<p><i>Local Partners</i>            (Who Needs to Work Together on This)</p>	<p><i>Deadlines/Timelines</i>            (when we are going to do it by)</p>
<p>A. Establish Naloxone education and distribution plans. *</p>	<ol style="list-style-type: none"> <li>1. Establish Project DAWN in Henry County. *</li> <li>2. Identify individuals in community sectors who interact with persons who experience health inequities.</li> <li>3. Provide education and naloxone kits to any community member.</li> <li>4. Identify policy changes necessary to provide naloxone at health department, employer, and local business level to address health inequity.</li> </ol>	<p>Sharon Meece, HCHD            Bev Palmer, A Renewed Mind            Chief Clayton O’Brien, Fire Department            Chief David Mack, Napoleon Police            Sheriff Michel Bodenbender, Henry County            Nicole Shank, LPN HCHD</p>	<p>By 12.31.2021</p>



<p>B. Create Rapid Response Team/Support kits for loved ones</p>	<ol style="list-style-type: none"> <li>1. Create a support team to support overdose addicts and loved ones by personal contact and support.</li> <li>2. Create a resource a kit. The kit will include local addiction and social service resources and naloxone.</li> <li>3. Develop policies among first responders, law enforcement and hospital to utilize the response teams during overdose.</li> </ol>	<p>Chelsea Diedrich, Arrowhead Behavioral Chief Clayton O’Brien, Napoleon Fire Scott and Sue Barnes, Residents Bethany Shirkey, Adamhs’ Board Bev Palmer, A Renewed Mind Christine McVay, A Renewed Mind Officer Jim Augustine, Man Unit Christine McVay, A Renewed Mind Erica Gomez, A Renewed Mind Jeff Howell, A Renewed Mind Nicole Shank, HCHD Bethany Wachter, HCHD</p>	<p>12.31.2021</p>
<p>C. Provide Information and referral line</p>	<p>Obtain funding for a 24-hour Information &amp; Referral phone line (211) at the cost \$12,000 to provide a 1 call access to information for local services supporting equity in access to all services: physical health, mental health, food, housing transportation, crisis.</p>	<p>Joy Ermie, HC HCHD</p>	<p>12.31.2021</p>