2023 2026

Warren County Community Health Improvement Plan

Table of Contents

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

Executive Summary

Introduction

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

The Warren County Community Health Assessment Committee has been conducting CHAs since 2006 for the purpose of measuring community health status. The most recent Warren County CHA was cross-sectional in nature and included a written survey of adults within Warren County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). This has allowed Warren 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 Warren County Health District contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The Warren County Health District then invited various community stakeholders to participate in the community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) 1.0 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 Warren County Community Health Assessment Committee 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 3 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. The Warren County Health District received accreditation through the Public Health Accreditation Board (PHAB) in 2020.

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)

Health disparities (including age, gender, and income-based disparities) were identified throughout the 2022 Warren County Health Assessment. Income-based disparities are particularly prevalent in Warren County. For this reason, data is broken down by household income (less than $50,000; $50,000 - $99,999; and greater than $100,000) 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 Warren County Community Health Assessment Committee 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 Warren County CHIP priorities align with state and national priorities. Warren County will be addressing the following priorities: access to care, health behaviors, and mental health and addiction.

Healthy People 2030

Warren 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 Warren 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 2023-2026 Warren CHIP Alignment with the 2020-2022 SHIP

Priority Factors	State Aligned Priority Indicators	Strategies to Impact State Priority Indicators	Additional Aligned Strategies*
Access to Care	• Not available	• Not available	• Not available
Health Behaviors	• Adult physical activity	• Community fitness programs	• Healthy food initiatives • Community gardens
Priority Outcome	**State Aligned Priority Indicators**	**Strategies to Impact State Priority Indicators**	**Additional Aligned Strategies***
Mental Health & Addiction	• Unintentional drug overdose deaths	• Naloxone Education and Distribution Programs	• Not available

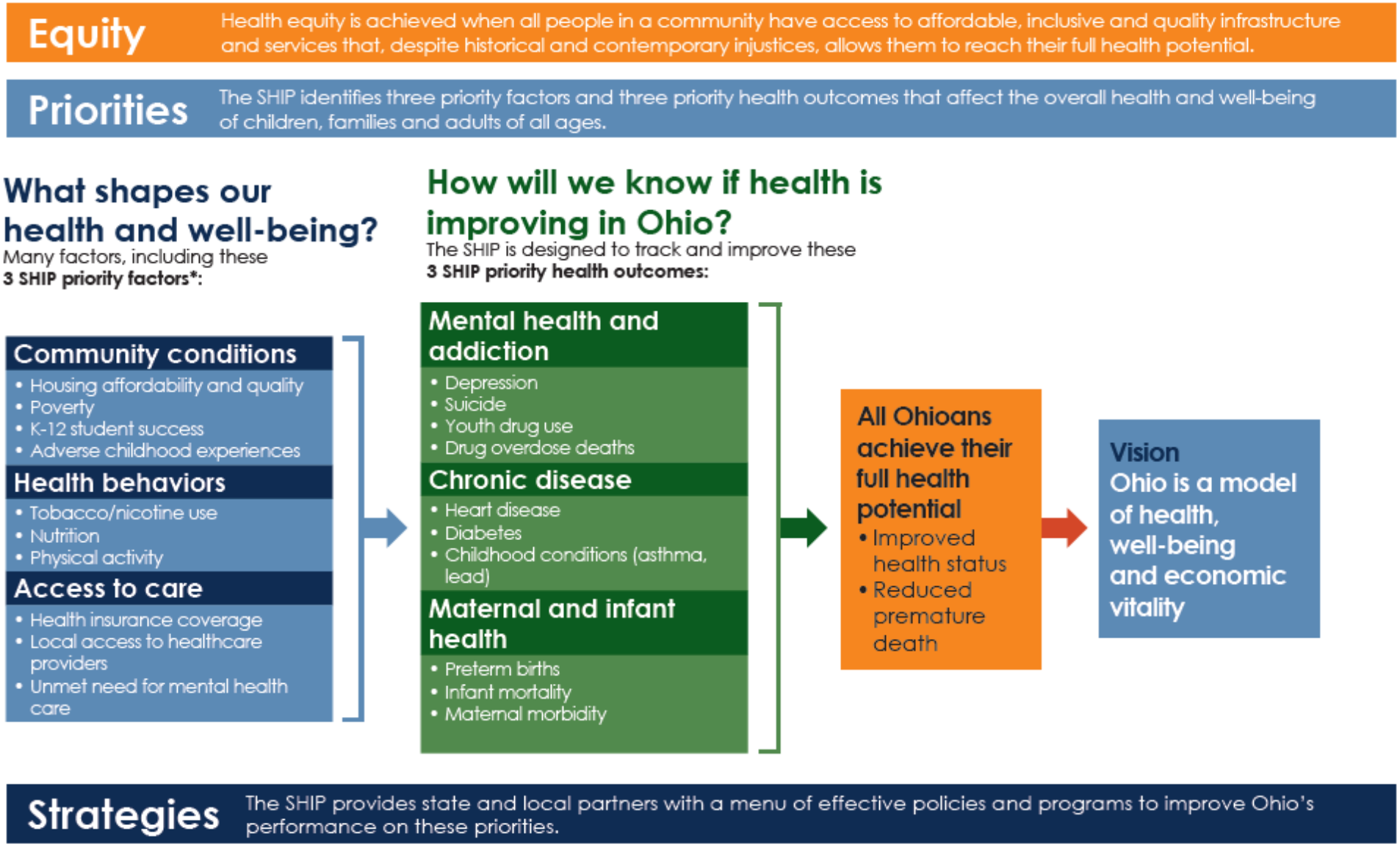
*Strategies are supported by the 2020-2022 SHIP, but Warren County priority indicators do not directly align with state identified indicators.

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 Warren County

Working together to promote health and wellness for residents of Warren County.

The Mission of Warren County

We envision a community where all residents can reach their optimal health and well-being.

Community Partners

The CHIP was planned by various agencies and service-providers within Warren County. From May 2023 to August 2023, the Warren County Community Health Assessment Committee reviewed many data sources concerning the health and social challenges that Warren 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 organizations and thank them for their dedication to this process:

Warren County Community Health Assessment Committee

Area Progress Council
Countryside YMCA
Mental Health Recovery Board Serving Warren & Clinton Counties
OSU Extension Warren County
Safe on Main
United Way of Warren County
Warren County Board of Developmental Disabilities
Warren County Children Services
Warren County Community Services
Warren County Educational Service Center
Warren County Elderly Services Program
Warren County Health District
Warren County Human Services
Warren County Regional Planning Commission
Warren County Sheriff's Office
Warren County Transit Service

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Jodi Franks, MPH, CHES, Community Health Improvement Coordinator from HCNO.

Community Health Improvement Process

Beginning in May 2023, the Warren County Community Health Assessment Committee 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. Community Themes and Strengths Assessment
    - Open-ended questions for committee on community themes and strengths
4. Forces of Change Assessment
    - Open-ended questions for committee on forces of change
5. Local Public Health Assessment
    - Review the Local Public Health System Assessment with committee
6. Gap Analysis
    - Determine discrepancies between community needs and viable community resources to address local priorities
    - Identify strengths, weaknesses, and evaluation strategies
7. Quality of Life Survey
    - Review results of the Quality of Life Survey with committee
8. Strategic Action Identification
    - Identification of evidence-based strategies to address health priorities
9. Best Practices
    - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
10. Resource Assessment
    - Determine existing programs, services, and activities in the community that address specific strategies
11. 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 to health and well-being, including social determinants of health. Numerous 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 on the **Warren County Health District** website. Below is a summary of county primary data and the respective state and national benchmarks.

Trend Summary

Comparisons	Warren County 2022	Ohio 2021	U.S. 2021
Health Care Coverage			
Uninsured	4%	6%	7%
Access and Utilization			
Had at least one person they thought of as their personal doctor or health care provider	88%	86%	84%
Visited a doctor for a routine checkup in the past year	74%	77%	76%
Needed to see a doctor in the past 12 months but could not because of cost	11%	8%	9%
Preventive Medicine			
Ever had a pneumonia vaccination (age 65 and over)	73%	71%	71%
Had a flu vaccine in the past year (age 65 and over)	79%	66%	67%
Women's Health			
Had a mammogram within the past two years (age 40 and older)	74%	71%*	72%*
Had a Pap smear within the past three years (age 21-65)	80%	77%*	78%*
Oral Health			
Visited a dentist or dental clinic in the past year	75%	65%*	66%*
Health Status Perceptions			
Rated health as excellent or very good	61%	51%	53%
Rated health as fair or poor	9%	17%	15%
Rated physical health as not good on four or more days (in the past 30 days)	21%	21%	20%
Average days that physical health not good in past month	4.0	4.2**	3.9**
Rated mental health as not good on four or more days (in the past 30 days)	35%	31%	29%
Average days that mental health not good in past Month	4.7	5.2**	4.5**
Weight Status			
Obese, including severely and morbidly obese (BMI of 30.0 and above)	32%	38%	34%
Overweight (BMI of 25.0 – 29.9)	35%	33%	34%

Indicates alignment with the Ohio State Health Assessment (SHA)
**2020 BRFSS Data*
***2019 BRFSS as compiled by 2022 County Health Rankings*
N/A – Not Available

Comparisons	Warren County 2022	Ohio 2021	U.S. 2021
Tobacco Use			
Current smoker (currently smoke some or all days)	6%	18%	14%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	18%	25%	25%
Current e-cigarette user (vaped on some or all days)	3%	8%	7%
Alcohol Consumption			
Current Drinker (drank alcohol at least once in the past month)	66%	53%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	22%	17%	15%
Cardiovascular Disease			
Ever diagnosed with angina or coronary heart disease	5%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	3%	5%	4%
Ever diagnosed with a stroke	2%	4%	3%
Ever diagnosed with high blood pressure	32%	36%	32%
Ever diagnosed with high blood cholesterol	42%	37%	36%
Asthma			
Ever been diagnosed with asthma	17%	15%	15%
Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related)	12%	12%	11%
Ever been diagnosed with pregnancy-related diabetes (among females)	3%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	10%	2%	2%

Indicates alignment with the Ohio State Health Assessment

Key Issues

The Warren County Community Health Assessment Committee reviewed the 2022 Warren 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" exercise via an online survey. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2023 health assessment report? Examples of how to interpret the information include: 32% of Warren County adults were obese, including 33% of adults ages 19-64; 47% of adults with annual household incomes below $50,000; and 33% of males.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Mental Health (3 votes)			
Felt sad or hopeless almost every day for two weeks or more in a row (in the past year)	15%	Income: <$50k (38%)	Female (19%)
Rated mental health as not good on four or more days (in the past month)	35%	N/A	Female (42%)
Number of deaths due to suicide among adults (ages 20 and older) *(ODH Vital Statistics, 2020)*	25 Deaths (2020)	N/A	N/A
Number of deaths due to suicide among youth (ages 19 and younger) *(ODH Vital Statistics, 2020)*	1 Death (2020)	N/A	N/A
Weight Status (2 votes)			
Obese adults	32%	Age: 19-64 (33%) Income: <$50k (47%)	Male (33%)
Overweight adults	35%	Age: 65+ (45%) Income: >$100k (38%)	Male (43%)
Consumed 0 servings of fruits and/or vegetables per day	3%	Income: <$50K (8%)	N/A
Consumed 0 servings of fruit per day	14%	N/A	N/A
Consumed 0 servings of vegetables per day	7%	N/A	N/A
Reported no leisure-time physical activity in the past month *(2020 BRFSS, as compiled by County Health Rankings)*	20%	N/A	N/A
Reported no physical activity in the past week	8%	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 adverse childhood experiences (ACEs)/trauma (2 votes)			
Experienced four or more ACEs	17%	Income: <$50k (19%)	Female (24%)
Abused physically, sexually, verbally, emotionally, financially, or through electronic methods (in the past year)	6%	N/A	Female (9%)
Diabetes (2 votes)			
Ever diagnosed with diabetes	12%	Age: 65+ (20%) Income: <$50k (25%)	Male (13%)
Ever diagnosed with pre-diabetes or borderline diabetes	10%	Age: 65+ (18%) Income: $50k-$99,999 (16%)	N/A
Access to health care (1 vote)			
Needed to see a doctor but could not because of cost (in the past year)	11%	Income: <$50k (25%)	Female (12%)
Did not have a routine check-up in the past year	26%	Age: 19-64 (27%) Income: <$50K (28%) Income: >$100K (32%)	N/A
Reported "distance" as the main reason for not getting medical care in the past year (among adults who did not get medical care in the past year)	4%	N/A	N/A
Reported "no need to go" as the main reason for not getting medical care in the past year (among adults who did not get medical care in the past year)	41%	N/A	N/A
Reported "cost/no insurance" as the main reason for not getting medical care in the past year (among adults who did not get medical care in the past year)	13%	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
Alcohol Consumption (1 vote)			
Binge drinker (drank 5 or more drinks for males and 4 or more drinks for females on an occasion)	22%	N/A	Male (28%)
Current drinker (drank at least one alcoholic beverage in the past month)	66%	Income: >$100k (74%)	Male (69%)
Alcohol liver disease deaths: Number of deaths due to chronic liver disease caused by chronic alcohol use *(ODH Vital Statistics, 2020)*	12 Deaths (2020)	N/A	N/A
Cardiovascular Health (1 vote)			
Ever diagnosed with high blood cholesterol	42%	Age: 65+ (66%) Income: $50k-$99,999 (49%)	Male (48%)
Cancer (1 vote)			
Breast cancer incidence – percent of total cancer incidence *(ODH Information Warehouse, 2016-2020)*	16.3%	N/A	N/A
Women's health exams (1 vote)			
Women who had a mammogram in the past year	39%	Income: <$50k (24%)	N/A
Women who had a clinical breast exam in the past year	57%	Income: <$50k (30%)	N/A
Women who had a pap smear in the past year	39%	Income: <$50k (21%)	N/A
Substance abuse (1 vote)			
Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdose *(ODH Vital Statistics, 2020)*	56 Deaths (2020)	N/A	N/A
EMS events involving naloxone administration in Warren County *(Ohio Integrated Behavioral Dashboard, 2022)*	181 Events (2022)	N/A	N/A
Naloxone united distributed by Project DAWN in Warren County *(Ohio Integrated Behavioral Dashboard, 2022)*	168 Units (2022)	N/A	N/A
Medicaid enrollees with opioid use disorder in Warren County *(Ohio Integrated Behavioral Dashboard, 2021)*	1,082 Medicaid enrollees (2021)	N/A	N/A

N/A- Not Available

Priorities Chosen

Based on the 2022 Warren County Health Assessment, key issues were identified for adults. Overall, there were 9 key issues identified by the Warren County Community Health Assessment Committee. The Warren County Community Health Assessment Committee came to a consensus on the priority areas Warren 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. Mental health	3
2. Weight status	2
3. Adult adverse childhood experiences (ACEs)/trauma	2
4. Diabetes	2
5. Access to health care	1
6. Alcohol consumption	1
7. Cardiovascular health	1
8. Cancer	1
9. Women's health exams	1

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

Priority Factor(s):

1) Access to Care
2) Health Behaviors

Priority Health Outcome(s):

1) Mental Health and Addiction

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Votes are displayed in parentheses if more than one organization identified the same or similar response to the below questions. 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?**
    - Community inclusion and cohesion, social engagement, tolerance, and non-prejudice (including ethnic, cultural, religious, and other various groups) (4)
    - Understanding and having access to community services (e.g., physical and behavioral health services) (2)
    - Affordable and secure housing/food (2)
    - Access to health care
    - Community centers (encourage community participation and events)
    - Industry and business with good paying jobs
    - Good municipal institutions
    - Good educational institutions
    - Good health care institutions
    - Thriving families that are free from abuse and have the income they need to provide a decent home and quality of life for their children
    - Economic opportunity
    - Adapt innovative infrastructure solutions to mitigate climate change
    - Health equity
    - Public infrastructure (public transit, sidewalks for pedestrians, designated bike lanes)

2. **What makes you most proud of our community?**
    - Adopting good policies and good planning in all different jurisdictions
    - Cooperation between county agencies
    - Health rankings
    - Industry and businesses with good paying jobs
    - Good municipal, health care, and educational institutions
    - Tolerance of ethnic, cultural, religious, and gender differences
    - The county utilizes its resources to provide a higher quality of life to its members through social programs, community development, and economic opportunities
    - The amount of collaboration between county agencies to help provide services to families in need and prevent the issues in the first place
    - We tend to be a community of high giving and support
    - Our general emphasis on community engagement in all plans and events we host
    - Community residents are able to provide their input

3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**
    - Warren County Connect – collective impact initiative aimed at achieving youth well-being in Warren County (2)
    - Local groups work on providing resources and affordable housing to the less fortunate community members
    - Providing quality infrastructure to the county
    - This CHA/CHIP process
    - Various jurisdictions partnering with WCHD in tire recycling
    - Various health, civic, religious, and governmental organizations come together to cooperate for really important issues
    - Community projects posted on social media for food drives for the Lebanon Food pantry as well as for the downtown events in the summer
    - Jurisdictions working with communities on providing park access to be more ADA compliant

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?**
    - Increase access to care (more clinics, Telehealth, CHWs, preventive care, treatment) (3)
    - Affordable and secure housing/food
    - Long-term planning to revitalize downtowns and blighted areas in the County
    - Zoning and building regulations should be more flexible to allow more affordable housing options
    - Housing affordability and stock to allow for aging in place, and residents with mobility constraints
    - Public infrastructure (sidewalks, dedicated bike lanes)
    - Infill developments which benefit the community (community centers, pocket parks)
    - Improve public transportation to serve elderly, persons with disabilities, and low income population
    - Mitigate the SDOH factors that cause and perpetuate health disparities
    - Safety among county residents in their home, school, and when seeking mental health support
    - Stigma to behavioral health concerns
    - Promotion of social service events for the local communities throughout the different townships to reach those that need support and services
    - Fragmented agencies – need for one agency to coordinate all volunteer opportunities
    - Social connectivity

5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**
    - Lack of resources/funding to the community (2)
    - Further emphasis and promotion of resources for health care, community events, and participation outreach
    - Fragmentation throughout the community on resources and promotion to the clients that need our services
    - Some people and communities are not willing to be honest and admit there are problems that need to be addressed
    - Lack of awareness that other people's health affects others in the community (insurance premiums, quality of goods/services)
    - Lack of providers in the community
    - Housing improvement
    - Lack of investment in current programming that will impact generations to come

6. **What actions, policy, or funding priorities would you support to build a healthier Community**?
    - Coordinate and develop public-private partnerships to expand outreach and prevent overlap of resources to existing programs (2)
    - Increase awareness and access to resources (community marketing, resource education, social services fair)
    - Job training/opportunities
    - Reasonable accommodations for homeowners to be more ADA compliant
    - Improve access to care (increase clinics, CHWs)
    - Funding and transit/rideshare programs
    - Flexible zoning and building regulations
    - Promote renewable energy
    - Early student/workplace mandatory education with incentives to be health aware and compliant
    - Collaborative and innovative actions/policies
    - Increased data collection on community health concerns that will allow partners to identify appropriate targets to work toward improving

7. **What would excite you enough to become involved (or more involved) in improving our community?**
    - The ability to measure and present results that show progress and improvements
    - Increase in community-wide acceptance and dedication to data collection and analysis of population-based factors that impact community health
    - Continuous volunteering events and community participation activities
    - Promotion on social media to reach out to families and youth on what is happening within the community
    - WCCS is already attempting to bring social service programs together through their monthly brown bag lunch and learn meetings
    - It has to be a collaborative project and have a collective voice of the community agencies participating but also involves community mobilization of those we are trying to help
    - Buy-in from stakeholders, policymakers, etc.
    - Renewable energy products and adapting climate change mitigation programs

Quality of Life Survey

The Warren County Community Health Assessment Committee urged community members to fill out a short quality-of-life survey via an online platform (SurveyMonkey) from May to July 2023. There were **61** Warren County community members who completed the survey. This tool will assist the Warren County Community Health Assessment Committee in understanding the overall quality of life in Warren County. In the table below, 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. When a respondent left a response blank, the choice was considered a non-response and the response was not used in averaging responses or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response
	2023 n=61
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.)	4.08
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.67
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.22
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.)	3.84
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.)	3.70
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?)	4.13
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?	3.75
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.44
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.47
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.56
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.39
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?)	3.49

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 Warren County Community Health Assessment Committee was 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 Warren County in the future. HCNO categorized the forces of change and their potential impacts based on common themes, which are displayed in the table below:

Force of Change	Threats Posed	Opportunities Created
General Health Forces		
1. Aging population (2)	• Lack of senior living • Homes with visitability standards • Universally designed homes • Increase of expenditures on health and long-term care • Shortage of labor-force • Increase of chronic disease and disability • Ability of governments and communities to provide adequate resources and services for elderly	• New incentives for developers and/or growing support for new housing types within Warren County • More volunteering work could be provided by the elderly which provides social and economic benefits to the society
2. Increased chronic conditions from untreated health care	• Increased comorbidity • Decreased quality of life for community members	• Increased community awareness and education • Improved quality of life • Improved scores for community health • Transportation would need to be reviewed for access to care
3. Obesity epidemic	• Increased co-morbidity conditions leading to weaker/less healthy workforce • Increased related costs of health care for all	• Nutrition education • Workplace/business owners offering incentives like food gift cards good for only healthy foods
4. COVID-19	• Social isolation • Mental health issues • Lack of community connections	• Community development opportunities • Increase in awareness and education about mental health and risk factors
5. Vaccination hesitation continues post-COVID	• Reemergence of once thought eradicated diseases like smallpox, measles, polio	• Increased need for public health and medical educators • New and enforcement of policies and laws

Force of Change	Threats Posed	Opportunities Created
Economic Forces		
6. Decreased economic stability	• Decreased familial engagement • Less parental supervision due to parents working multiple jobs • Poor mental health • Decreased food quality and choices	• Community garden • Free community family activities • Increased free after school programming • Community recreation centers
7. Uncertainty in future funding	• Without a long-term expectation of steady state funding, it can be difficult to plan for programming and services that will take place past a biennium	• More flexible funding at the local level can be utilized in lieu of state and federal dollars for pilot projects instead of relying on state and federal funds
Mental/Behavioral Health Forces		
8. Mental health (3)	• More people experiencing mental health issues decreases their quality of life and around them • If enough people experience it, society is affected as a whole • Difficulty providing access to care • Increased suicide rates • Substance abuse • Undiagnosed mental health issues • Increased demand on systems that are already taxed with workforce issues	• Increased need for qualified personnel at all levels to treat people • Collaboration with local partners to increase access to care and quality of life • As more individuals are impacted by mental health conditions, negative stigma regarding seeking treatment may decrease
9. Increasing social isolation of clientele in the community	• Increased mental health factors • Crisis or emergent events that affect adult protective service needs • Reduced access of services	• Increased access to mental health services including telehealth opportunities or home support • Increased outreach of social services in the community • Re-assessment of how the community does community outreach for a greater impact

Forces of Change	Threats Posed	Opportunities Created
Political Forces		
10. Extreme political climate/polarization (2)	• Women's health • Social-emotional learning (SEL) education in schools • Student safety • Exclusionary policies • Violence • Anger • Distrust • Hate crimes	• Increase in DEI efforts • Opportunities for advocacy • Town halls • Public awareness campaigns • Education • Community partnerships working together and in solidarity
Employment & Occupational Forces		
11. Changing workforce in public health	• Inability to fill positions • Struggles with retention • Difficulties competing with private sector	• Revisions of existing policies and practices • Increased wages
12. Workforce capacity	• Essential community services may not be properly staffed, resulting in individuals not being able to be adequately served	• Novel and innovative interventions can be developed to not only retain staff, but build a future pipeline of professionals to the field
Environmental Forces		
13. EPA regulations weakened	• Water and air quality decreases	• Vote politicians into office who will reverse this policy
14. Climate change	• More health risk • Not enough food • Poverty and displacement	• Renewable energy projects that will create jobs • Renewable energy saves households and businesses money • Mitigation actions guarantee modest costs for the agricultural sector and improve the public health
15. Food deserts/nutrition	• No grocery stores in some areas • Some grocery stores offering limited fresh produce because it doesn't sell • High cost of fresh produce • Unhealthy school meals	• Nutrition education • Advocate to local grocers to sell fresh produce • Need for affordable fresh food

Forces of Change	Threat Posed	Opportunities Created
Social Forces		
16. Decrease in trust with public health	• Difficulties providing services • Decreased vaccination rates • Re-emergence of preventable illnesses • Difficulties maintaining population health • Employee burnout	• Increased vaccination drives • Opportunities to engage the community in different ways to increase trust
17. Increased unhealthy reliance on technology	• Social isolation • Spread of misinformation • Online bullying • Decrease in physical activity • Diminished communication skills in younger population	• Education around navigating systems • Chance to provide in-person activities for community connection • Schools to incorporate responsible technology
18. Increased number of youth with 4+ ACES	• Poor mental health • Increase in suicide and other chronic health issues • Increase in adverse behaviors at school	• Increase funding for prevention services • Increase in collaboration among community agencies • Shift in policy change for behavioral interventions

Forces of Change	Threat Posed	Opportunities Created
Developmental Forces		
19. Lack of affordable housing/Increasing cost of living (2)	• Increased poverty (2) • Decreased economic mobility • Despair • Homelessness • Hunger • Substance abuse • Chronic stress • Mental health challenges	• Build more affordable housing to: create more job opportunities, have more money to spend in local communities, and promote a healthier population and economy • Education • Community caring and support • Social services partnering and support each other and the citizens of Warren County
20. Emphasis on park usage	*None noted*	• Growing support on new park utilization and hosted events (Warren County Sports Park, Armco Park improvements, etc.) • New leadership – potential to expand partnership
21. School-based health centers	*None noted*	• More access to health care opportunities and resources for students
22. Urban sprawl and vacancies in small cities downtown	• Higher water and air pollution • Loss of agricultural land • Increased car dependency Harmful effects on human health (e.g., obesity, high blood pressure, chronic diseases, etc.)	• Cities revitalization creates jobs • Reduces sprawl • Protects property values • Improves public health • Less cars/less car use • Increase the community's options for goods and services

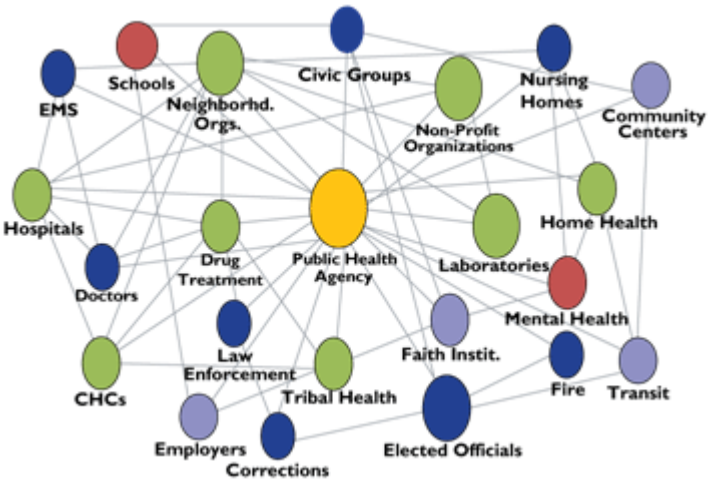
Local Public Health System Assessment

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 National Public Health Performance Standards (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 (ES) being provided to our community?"

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

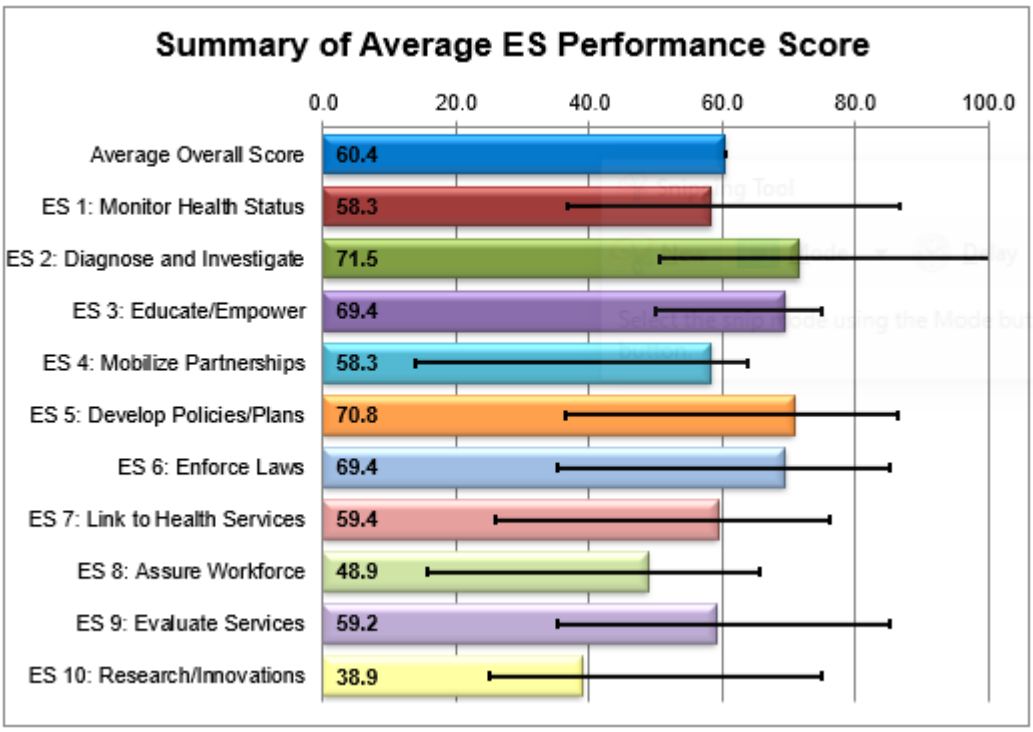
Members of the Warren County Health District completed the performance measures instrument. The LPHSA results were then presented to the Warren County Community Health Assessment Commitee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well 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 CHIP committee identified 17 indicators that had a status of "minimal" and no indicators 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 Warren County Health District at (513)-695-1228.

Warren 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 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 Warren County Community Health Assessment Committee was 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 Warren County Community Health Assessment Committee was 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.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Warren County Community Health Assessment Committee 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 Warren County Community Health Assessment Committee was 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. Each resource inventory can be found with its corresponding strategy.

Further information about community resources in Warren County can be found by contacting United Way of Warren County by phone 513-932-3987 or visiting their **website**.

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: The population the strategy focuses on, with emphasis on specific populations at higher risk or impact (based on Key Issues).
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: 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 Rating: The strategy has been rated by **What Works for Health** based on the amount, type, and quality of evidence available regarding the strategy.
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 criteria are marked with a ^ icon throughout the CHIP.

Priority #1: Access to Care

Strategic Plan of Action

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

Priority #1: Access to Care				
Strategy 1: Deploy mobile clinic to connect patients with providers and other health care resources				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Secure grant funding and contract with a company to construct a mobile health clinic. Utilize the 2022 Warren County CHA to determine initiatives and populations to target with the mobile health clinic (e.g., primary care for low-income population).	September 30, 2024	Adults (specifically adults aged 19-64, adults with yearly household income <$50K and >$100K)	Routine check-up: Percent of adults who had a routine check-up in the past year *(2022 CHA)* Health care barriers: Percent of adults reporting "distance" as their main reason for not getting medical care in the past year *(2022 CHA)*	Warren County Health District
Year 2: Prepare for deployment of mobile health clinic (e.g., hire staff, advertise services, etc.). Deploy mobile health clinic.	September 30, 2025			
Year 3: Continue efforts from year 2. Evaluate the mobile health clinic yearly (e.g., impact, outcomes, effectiveness). Ensure financial sustainability by applying for grants and advocating to potential funders (e.g., local agencies, government officials, foundations, etc.) to generate funding streams ^.	September 30, 2026			
Resources to address strategy: ODH EO3 grant, Warren County Community Services, Premier Health				

^ - *indicates a policy development or enforcement strategy*

Priority #1: Access to Care				
Strategy 2: Increase awareness of existing health care services				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Establish a committee to plan and implement an awareness campaign. Utilize the 2022 Warren County CHA to determine priority topics (e.g., routine check-up and screening recommendations, insurance coverage, affordable services, etc.) Based on priority topics, develop unified messaging to promote utilization of local resources (e.g., mobile clinics, prescription discount programs, non-emergency medical transportation, Medicaid/Marketplace enrollment assistance, telehealth, etc.). Include eligibility criteria for specific programs, such as income, age, etc.	September 30, 2024	Adults (specifically adults aged 19-64, adults with yearly household income <$50K and >$100K)	Routine check-up: Percent of adults who had a routine check-up in the past year *(2022 CHA)* Health care barriers: Percent of adults reporting "no need to go" as a reason for not receiving medical care in the past year *(2022 CHA)* Health care barriers: Percent of adults reporting "cost/no insurance" as a reason for receiving medical care in the past year *(2022 CHA)*	Warren County Health District Mental Health Recovery Board
Year 2: Continue work from year 1. Implement awareness campaign by utilizing the following mass-reach communication initiatives: • Share messages and engage audiences on social networking sites like Facebook and Twitter. • Deliver messages through different websites and stakeholders communications. • Generate free press through public service announcements. • Pay to place ads on TV, radio, billboards, online platforms and/or print media.	September 30, 2025			
Year 3: Continue efforts from years 1 and 2. Evaluate awareness campaign yearly. Identify emerging topics and determine ways to improve/expand messaging.	September 30, 2026			
Resources to address strategy: Warren County Community Services				

Priority #2: Health Behaviors

Strategic Plan of Action

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

Priority #2: Health Behaviors				
Strategy 1: Healthy food initiatives				
Action Step	Timeline	Priority Population	Indicator (s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Determine feasibility of implementing any of the following in local food pantries, farmers' markets, and grocery stores: • Cooking demonstrations and **recipe tastings*** • Grocery store tours (e.g., **Cooking Matters at the store framework**) • Nutrition and health education • Health care support services (e.g., pre-diabetes and hypertension screenings) • Coupons for healthy foods Implement at least one of the above options. Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources.	September 30, 2024	Adults (specifically adults with yearly household income <$50K)	Adult fruit and/or vegetable consumption: Percent of adults who report consuming 0 servings of fruits and/or vegetables per day *(2022 CHA)* Adult fruit consumption: Percent of adults who report consuming 0 servings of fruits per day *(2022 CHA)* Adult vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per day *(2022 CHA)*	Warren County Health District
Year 2: Continue efforts from year 1. Implement one additional healthy food initiative from year 1. Work with at least one organization, such as a school, senior center, or community center, to pilot a series of cooking classes (e.g., **Cooking Matters**).	September 30, 2025			
Year 3: Continue efforts from years 1 and 2. Recruit additional organizations or grocery stores to commit to encouraging healthy food choices. Provide technical assistance to increase participation in the initiatives. Measure knowledge gained from new programming through evaluations. Search for grants and funding opportunities to support efforts.	September 30, 2026			
Resources to address strategy: Council on Aging				

** 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.*

Priority #2: Health Behaviors				
Strategy 2: Community fitness programs *				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Recruit at least three agencies that are working to improve and promote access to wellness (physical activity and nutrition) opportunities in Warren County to oversee a wellness campaign. Create an inventory/calendar to raise awareness of wellness opportunities in the county. Include information about affordable/discounted opportunities. Engage community agencies to assist in awareness efforts. Encourage the integration of child/youth, family, and senior components into current and future organized wellness activities within the county.	September 30, 2024	Adults	Adult physical inactivity: Percent of adults reporting no leisure-time physical activity in the past month *(BRFSS as compiled by CHR)* Adult physical inactivity: Percent of adults reporting no physical activity in the past week *(2022 CHA)* Adult fruit and/or vegetable consumption: Percent of adults who report consuming 0 servings of fruits and/or vegetables per day *(2022 CHA)* Adult fruit consumption: Percent of adults who report consuming 0 servings of fruits per day *(2022 CHA)* Adult vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per day *(2022 CHA)*	Warren County Health District YMCA
Year 2: Integrate wellness initiatives into workplaces by advocating to businesses and organizations about the benefits of offering free/subsidized evidence-based programs to their employees ^. Using resources such as the **CDC Workplace Health Resource Center** and **ChangeLab Solutions**, research workplace wellness programs that focus on nutrition and physical activity. Consider promoting/implementing at least two of the following programs in Warren County workplaces: • **Point-of-decision prompts for physical activity**** • **Water availability and promotion interventions*** • **Healthy vending machine options*** • **Financial rewards for employee healthy behavior*** • **Multi-component workplace supports for active commuting*** • **Healthy foods at catered events** • **Incentives for workplace wellness programs**	September 30, 2025			
Year 3: Continue efforts of years 1 and 2. Search for grants and funding opportunities to support efforts. Evaluate programming yearly and adapt accordingly. Partner with organizations/worksites that offer wellness programming to showcase benefits/results of successful programming.	September 30, 2026			
Resources to address strategy: Warren County Parks District, Chambers of Commerce				

*** 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.*

** 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.*

^ *- indicates a policy development or enforcement strategy*

Priority #2: Health Behaviors				
Strategy 3: Community gardens * ✓				
Action Step	Timeline	Priority Population	Indicator (s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data regarding how many school districts, churches, and other community organizations currently have **community gardens*** and where they are located. Market current community gardens and related activities within the county (i.e. raise awareness of location, offerings, etc.). Update the marketing information on an annual basis. Gather feedback from residents and local organizations about community gardens (awareness/effectiveness of current community gardens, interest/support in expanding community gardens, specific nutritional needs (education, access, etc.))	September 30, 2024	Adults (specifically adults with yearly household income <$50K)	Adult fruit and/or vegetable consumption: Percent of adults who report consuming 0 servings of fruits and/or vegetables per day *(2022 CHA)* Adult fruit consumption: Percent of adults who report consuming 0 servings of fruits per day *(2022 CHA)* Adult vegetable consumption: Percent of adults who report consuming 0 servings of vegetables per day *(2022 CHA)*	SAFE on Main
Year 2: Explore partnership opportunities (e.g., **OSU Extension**) to incorporate educational programming for community members and families on gardening and healthy eating practices. Establish connections with local food banks. Support **healthy food initiatives in food pantries*** using donations from community gardens and other local sources.	September 30, 2025			
Year 3: Continue efforts from years 1 and 2. Research grants and funding opportunities to ensure resources for community gardens. Develop a sustainability plan to maintain existing and future community gardens year-round.	September 30, 2026			
Resources to address strategy: Churches/faith-based organizations, YMCA, Warren County Community Services				

** 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:

Priority #3: Mental Health and Addiction				
Strategy 1: Community-based comprehensive program(s) to reduce alcohol abuse				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Engage businesses as partners and promote low risk drinking guidelines with the "Be One of Us" initiative in Lebanon. Research additional alcohol prevention programs that address binge drinking. Analyze local data to identify high use populations to target strategies.	September 30, 2024	Adults (specifically males, adults ages 19-64)	Binge drinker: Percent of adults who drank 4 or more drinks, for females, or 5 or more drinks, for males, on an occasion in the past month *(2022 CHA)* Alcoholic liver disease deaths: Number of deaths due to chronic liver disease caused by chronic alcohol use *(ODH Vital Statistics)*	Mental Health Recovery Board
Year 2: Develop plan to expand the Be One of Us initiative into at least one more municipality to promote low risk drinking guidelines. Implement alcohol prevention programs that were identified in Year 1 as pilot projects.	September 30, 2025			
Year 3: Further explore the possibility to expand strategies to all areas of the county and implement remaining strategies. Publicize the results.	September 30, 2026			
Resources to address strategy: Talbert House				

Priority #3: Mental Health and Addiction				
Strategy 2: Naloxone education and distribution programs* ✓				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer **Naloxone and harm reduction education** to persons at high risk of overdose, including those experiencing health disparities and targeting sites serving them. Expand Naloxone access by allocating funding for Naloxone vending machines. Incorporate Naloxone vending machines throughout the county. Continue to promote and raise awareness of harm reduction sources in the county (e.g., mailed Narcan kits, Narcan trainings, etc.).	September 30, 2024	Adults (specifically males)	Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) *(ODH Vital Statistics)* Naloxone Administration: Number of EMS events involving naloxone administration *(OIBHD)* Naloxone Administration: Number of Naloxone units distributed by Project DAWN *(OIBHD)* Opioid Use Dependence: Number of Medicaid enrollees with opioid use disorder (prevalence) *(OIBHD)*	Warren County Sheriff's Office Warren County Health District Mental Health Recovery Board
Year 2: Continue efforts from year 1. Expand harm reduction education and and secondary Naloxone distribution partnerships (e.g., **Naloxbox** placement) to treatment providers, law enforcement/first responders, health system, and businesses to ensure multiple points of contact are available 24 hours per day. Assess community readiness to expand harm reduction programs. Consider programs that address overdose and infectious disease prevention, reduce health disparities, and connect residents to supportive services consistent with state and national best practices (e.g., **syringe service program (SSPs)**)	September 30, 2025			
Year 3: Continue efforts from years 1 and 2.	September 30, 2026			
Resources to address strategy: Regional Harm Reduction Collaborative, Project HOPE				

** 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 is likely to reduce disparities based on review by **What Works for Health** or health equity strategy in **The Community Guide**.*

Priority #3: Mental Health and Addiction				
Strategy 3: Suicide prevention initiatives				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data on current mental health/suicide programming and resources available in the county. Identify gaps in populations that are at higher risk of suicide. Using the **CDC Suicide Prevention Guide**, consider the following options to assist the suicide prevention coalition's efforts: • **Lethal means counseling** • **Safe storage** • **Correctional suicide prevention** • School programming (e.g., **Strong schools against suicidality & self-injury**, **Youth Aware of Mental Health**, **Good Behavior Game**, **Signs of Suicide**) • Family programming (e.g., **The Incredible Years**, **Strengthening Families**, **Adaptive Parenting Tools**, **Family Bereavement**) • **Workplace suicide prevention** • Promote **988 Crisis Lifeline** • Peer support programs for specific populations at risk (e.g., **youth**, **adult males**, **veterans**) • **Gatekeeper training** Identify one new approach to implement.	September 30, 2024	Adults (specifically males)	Adult suicide deaths: Number of deaths due to suicide among adults, ages 18 and older, per 100,000 population *(ODH Vital Statistics)* Youth suicide deaths: Number of deaths due to suicide among youth, ages 8-17, per 100,000 population *(ODH Vital Statistics)* Adult depression: Individuals who felt sad or hopeless almost every day for 2 or more weeks in a row in the past year that they stopped doing some usual activities in the past year *(2022 CHA)*	Mental Health Recovery Board
Year 2: Continue efforts from year 1. Identify settings/populations to expand programming.	September 30, 2025			
Year 3: Continue efforts from years 1 and 2. Evaluate programming.	September 30, 2026			
Resources to address strategy:				

Priority #3: Mental Health and Addiction				
Strategy 4: Advocate to schools for participation in youth health survey data collection				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Gather feedback from superintendents and principals regarding youth health surveying (current participation, barriers, etc.). Assess which schools currently participate in county/statewide/national health surveying.	September 30, 2024	Youth	School district participation: Percent of school districts in Warren County participating in youth health survey (OHYES!, YRBSS, etc.)	Warren County Connect
Year 2: Advocate to superintendents about the importance of youth health data collection ^. Promote benefits/importance of having youth health data and identify ways to address barriers to youth surveying in schools. Coordinate with school superintendents to identify one survey (e.g., **OHYES!**, **YRBSS**) that all school districts agree to participate in.	September 30, 2025			
Year 3: Ensure participation of all school districts in uniform youth health surveying. Collect county youth data and incorporate into new CHA to inform youth programming.	September 30, 2026			
Resources to address strategy: Ohio Healthy Youth Environments Survey (OHYES!), Youth Risk Behavior Surveillance System (YRBSS), Pride Survey				

^ - *indicates a policy development or enforcement strategy*

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 full committee will meet as needed to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed annually by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Warren County will continue facilitating CHA every three years to collect data and determine trends. Primary data will be collected for adults using national sets of questions to not only compare trends in Warren 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:

Matt Bear, MPH
Warren County Health District
(513) 695-1271
E-mail: mbear@wcchd.com

Appendix I: Gaps and Strategies

The following tables indicate priority related gaps and potential strategies that were identified by the Warren County Community Health Assessment Committee. The committee identified gaps and potential strategies via an online platform (SurveyMonkey). The results were compiled and presented to the committee. Additional gaps and potential strategies were identified and incorporated.

Note: parentheses indicate the number of organizations who reported the same or similar gaps/potential strategies

Priority Factor: Access to Care

Priority Factor #1: Access to Care (focus: access to health care, insurance coverage)	
Gaps	**Potential Strategies**
1. Transportation (3)	• Increasing quality telehealth options ✓ • Mobile service provision • Explore new, novel methodologies for providing public transportation on an on-demand model such as ride-sharing
2. Lack of providers in Warren County (2)	• Increase number of nurse practitioners and physician assistants - provide free tuition in exchange for some set amount of commitment to working in a clinic for set period ✓ • Developing incentives for providers to base their services in Warren County
3. Patients not knowing how to access system	• Assign a Community Health Worker/Patient Navigator to each patient ✓
4. Lack of fluidity in moving from physical to behavioral health care	• Explore opportunities for increased cohesion between systems (integration of behavioral health services into primary care ✓)
5. Affordability	• Simplify the Medicaid application process - take the application on the road to people who may need this service (Outreach and advocacy to maintain Ohio Medicaid eligibility levels and enrollment assistance)
6. Awareness of services/resources in the county	• Awareness campaign promoting services and resources in the county that residents can take advantage of

= Ohio SHIP supported strategy
✓ = likely to reduce disparities

Priority Factor: Health Behaviors

Priority Factor #2: Health Behaviors (focus: nutrition, physical activity)	
Gaps	**Potential Strategies**
1. High rate of overweight/obese adults (2)	• Community wide physical fitness campaigns • Explore opportunities for physical health care and behavioral health care systems to work together on messaging for physical activity • Look at opportunities for referral of obese individuals in physical health care settings to be referred to behavioral health care system for disordered eating • Create partnership with behavioral health to provide nutrition/physical activity education and resources to clients in need
2. Compliance and adherence to prescribed Rx or self-health measures	• Educate in personal costs and health risk due to health negligence
3. Inconsistent messaging	• One voice/organization leading messaging so that it is not overwhelming
4. Lack of health literacy, specifically related to nutrition	• Promote use of health literacy test to assess individual's knowledge
5. Consumption of healthy foods	• Community gardens • Cooking demonstrations • Grocery store tours
6. Sedentary lifestyle	• Promote "tech-free" community events and family activities • Workplaces promote physical activity breaks
7. Food insecurity	• Create a compiled resource of all local free community meals • Support food pantries with healthy options

= Ohio SHIP supported strategy
√ = likely to reduce disparities

Priority Outcome: Mental Health and Addiction

Priority Health Outcome #1: Mental Health & Addiction (focus: suicide, adult and youth depression/mental health, access to mental health care, ACEs/trauma, drug overdose deaths, alcohol use)	
Gaps	**Potential Strategies**
1. Availability of counselors/professionals who can treat and prescribe (2)	• Increase availability of counselors by free tuition and higher pay (higher education financial incentives for health professionals serving underserved areas ✓) (rural training in medical education ✓)
2. Increased alcohol use (2)	• Continue to build on Talbert's House's "One of Us" initiative to build community knowledge of low risk drinking practices • Increased community education on alcohol use and effects • Safe serving training for bartenders • DORA proceeds going toward prevention efforts • Promoting mocktails and non-alcoholic drinks • Educating individuals on what is considered a drink
3. Family education and resources	• Oftentimes after someone has decompensated, they say they saw all the warning signs. How to prompt them to call for help sooner?
4. Increasing youth depression/mental health concerns	• Collaborated county effort to connect youth with counselors and providers (School-Based Health Centers ✓) (School-based Cognitive Behavioral Therapy ✓) • Mental Health First Aid for Teens • Ensure support in schools when suicide does occur
5. Increasing rates of death by suicide	• Additional lethal means prevention efforts, including gun locks and education in collaboration with the firearms sector
6. Prevalence of ACEs	• Increased trauma-informed care education (trauma-informed schools ✓) • Programs to build resilient, strong families
7. Substance abuse	• Continue to promote/support county harm-reduction strategies (needle exchange, Narcan distribution, test strips, etc.) ✓

= Ohio SHIP supported strategy
✓ = likely to reduce disparities

Appendix II: Links to Websites

Title of Link	Website URL
Adult male peer support programs	https://usmenssheds.org/
Adaptive Parenting Tools	https://www.adaptparenting.org/
CDC Suicide Prevention Guide	https://www.cdc.gov/suicide/pdf/preventionresource.pdf
CDC Workplace Health Resource Center	https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	https://www.cdc.gov/publichealthgateway/nphps/index.html
ChangeLab Solutions – workplace wellness	https://www.changelabsolutions.org/product/workplace-wellness-walk-way
Community fitness programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
Community gardens	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-gardens
Community Trails Intervention to Reduce High-Risk Drinking	https://crimesolutions.ojp.gov/ratedprograms/309#pd
Cooking Matters	https://cookingmatters.org/about/
Cooking Matters at the Store	https://snapedtoolkit.org/interventions/programs/cooking-matters-at-the-store/
Correctional suicide prevention	https://www.usmarshals.gov/what-we-do/prisoners/operation/custody-detention/suicide-prevention
Cross-age youth peer mentoring	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cross-age-youth-peer-mentoring
Family bereavement	https://www.bereavedparenting.org/
Farmers markets	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/farmers-markets
Financial rewards for employee healthy behavior	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/financial-rewards-for-employee-healthy-behavior
Gatekeeper Training	https://www.rand.org/pubs/research_reports/RR1002.html
Good Behavior Game	https://goodbehaviorgame.air.org/
Good Food Here Guide	https://odh.ohio.gov/know-our-programs/creating-healthy-communities/Healthy-Eating/
Healthy food at meetings and catered events	https://odh.ohio.gov/know-our-programs/creating-healthy-communities/resources/meetings-and-catered-events-toolkit
Healthy food initiatives in food pantries	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/healthy-food-initiatives-in-food-pantries
Healthy food in vending machines	https://odh.ohio.gov/know-our-programs/creating-healthy-communities/resources/vending-machines-toolkit
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data

Title of Link	Website URL
Incentives for workplace wellness programs	https://www.shrm.org/resourcesandtools/hr-topics/benefits/documents/rand_rb9842.pdf
Incredible Years	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/incredible-years
Intergenerational mentoring and activities	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/intergenerational-mentoring-and-activities
Lethal means counseling	https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/
Mental Health First Aid	https://www.mentalhealthfirstaid.org/
Mental Health First Aid Funding Opportunities	https://www.mentalhealthfirstaid.org/funding-opportunities/
Mobile Healthcare Association	https://mobilehca.org/
Mounty Vernon DORA	https://www.experiencemv.org/mount-vernon-dora
Multi-component workplace supports for active commuting	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/multi-component-workplace-supports-for-active-commuting
Naloxbox	https://naloxbox.org/
Naloxone education and distribution programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/naloxone-education-distribution-programs
Ohio Food and Beverage Guidelines Toolkit	https://odh.ohio.gov/know-our-programs/creating-healthy-communities/Healthy-Eating/
Ohio Healthy Youth Environments Survey (OHYES!)	https://www.rand.org/pubs/research_reports/RR1002.html
Ohio State Health Improvement Plan	https://odh.ohio.gov/about-us/sha-ship/state-health-improvement-plan
OSU Extension – Master Gardeners	https://mastergardener.osu.edu/
Outdoor experiential education and wilderness therapy	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/outdoor-experiential-education-wilderness-therapy
PAX Good Behavior Game	https://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf
Point-of-decision prompts for physical activity	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/point-of-decision-prompts-for-physical-activity
Recipe tastings	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/fruit-vegetable-taste-testing
Responsible beverage server training	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/responsible-beverage-server-training-rbsrbst
ROX (Ruling Our Experience)	https://rulingourexperiences.com/#!about_us/csgz
Safe storage	https://publichealth.jhu.edu/departments/health-policy-and-management/research-and-practice/center-for-gun-violence-solutions/solutions/safe-and-secure-gun-storage
School-based trauma counseling	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-trauma-counseling
Signs of Suicide	https://www.mindwise.org/evidence-behind-sos-signs-of-suicide/
Sources of Strength	https://sourcesofstrength.org/
Strengthening Families	https://strengtheningfamiliesprogram.org/
Strong Schools Against Suicidality And Self-Injury	https://pubmed.ncbi.nlm.nih.gov/28165275/
Syringe service programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/syringe-services-programs

Title of Link	Website URL
The Community Guide	https://www.thecommunityguide.org/
The Incredible Years	https://www.incredibleyears.com/
United Way of Warren County	https://uwwcoh.org/
Veterans peer support programs	https://www.stackup.org/stop
Warren County Community Services	https://www.wccsi.org/sitepages/HOME.html
Warren County Health District	https://warrenchd.com/about/community-health-assessment#1515163538406-01880dc7-ebf1
Water availability and promotion interventions	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/water-availability-promotion-interventions
What Works for Health	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies
Workplace Suicide Prevention	https://workplacesuicideprevention.com/
Youth Aware of Mental Health	https://www.y-a-m.org/
Youth Risk Behavior Surveillance System (YRBSS)	https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
988 Crisis Line	https://988lifeline.org/

Appendix III: Secondary Data Sources – Strategies

Priority Indicator(s)	Secondary Data Source(s)	Secondary Data Source URL(s)	Applicable Strategy
Priority #2: Health Behaviors			
Percent of adults reporting no leisure-time physical activity in the past month	Behavioral Risk Factor Surveillance System, as compiled by Kaiser Family Foundation *Similar county level data (ratio of population to mental health providers) – County Health Rankings*	https://www.countyhealthrankings.org/explore-health-rankings/ohio/williams?year=2022	Strategy 2: Community fitness programs
Priority #3: Mental Health and Addiction			
Alcoholic liver disease deaths: Number of deaths due to chronic liver disease caused by chronic alcohol use	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 1: Community-based comprehensive program(s) to reduce alcohol abuse
Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted)	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 2: Naloxone Education and Distribution Programs
Naloxone Administration: Number of EMS events involving naloxone administration	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 2: Naloxone Education and Distribution Programs
Naloxone Administration: Number of Naloxone units distributed by Project DAWN	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 2: Naloxone Education and Distribution Programs
Opioid Use Dependence: Number of Medicaid enrollees with opioid use disorder (prevalence)	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 2: Naloxone Education and Distribution Programs
Number of deaths due to suicide for adults, ages 18 and older; and youth, ages 8-17, per 100,0000 population	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 3: Suicide prevention initiatives