2022 - 2026

COSHOCTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Released: August 2023

For questions about the Community Health Improvement Plan (CHIP), contact:

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Review History:

Revision or Review Date	Author:	Notes:

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Signature Page

This Community Health Improvement Plan (CHIP) has been developed for use by the Coshocton Public Health District. By affixing the signature indicated below, this CHIP is hereby approved for implementation and intended to provide specific decision-making guidelines, as well as protocols for the execution of the plan. This document is a "living document" and will be updated on an as needed basis. This CHIP will be reviewed annually. Review dates will be recorded in the table below.

This CHIP was approved and adopted by the Coshocton Public Health District Board of Health on August 17, 2023:

S Lonsinger

Health Commissioner, Steve Lonsinger

8/21/2023

Date

Executive Summary

Introduction

Executive Summary

Public health is influenced by many factors including individual health behaviors, access to health care, community characteristics, the environment, and services offered and delivered by local agencies. All of these factors are identified and considered when developing a Community Health Improvement Plan (CHIP). A CHIP is a community driven, long-term plan to address issues identified in a Community Health Assessment (CHA). The purpose of the CHIP is 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 involves more than the roles and responsibilities of the health department alone and must include participation from a broad spectrum of community partners. This CHIP reflects the results of a collaborative planning process that includes involvement by a variety of community agencies. Over the next three years, these priorities and strategies will be implemented at the county level with the goal of improving community health and creating lasting, sustainable change.

What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of Community Health Assessment activities and community health improvement processes. This presents a description of the characteristics of what a healthier community would look like. By including priorities and strategies, the CHIP is intended to be utilized as a guide or roadmap by the partner organizations to work toward creating that vision of a healthier community.

The CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. The plan is used by health and other governmental education and human service agencies, in collaboration with community partners and residents, to set priorities, coordinate, and target resources. This plan spans 2022 to 2026 and is typically updated every year.

Public Health Accreditation Board (PHAB) Requirements

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

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

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 16% of Coshocton County residents were below the poverty line, according to the 2014-2018 American Community Survey 5 year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

Mobilizing for Action through Planning and Partnerships (MAPP)

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

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

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

Figure 1.1 The MAPP model

Alignment with National and State Standards

The 2022-2026 Coshocton County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Coshocton County will be addressing the following priority health factors: Mental Health, Chronic Diseases, Access to Care/Resource Education. Additionally, Coshocton County will be addressing the following priority health outcomes: mental health and addiction, chronic disease, resource education.

Healthy People 2030

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

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

Please visit Healthy People 2030 for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

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

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all 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 Coshocton County CHIP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Coshocton County CHIP identifies strategies likely to reduce disparities and inequities. This symbol √ will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities.

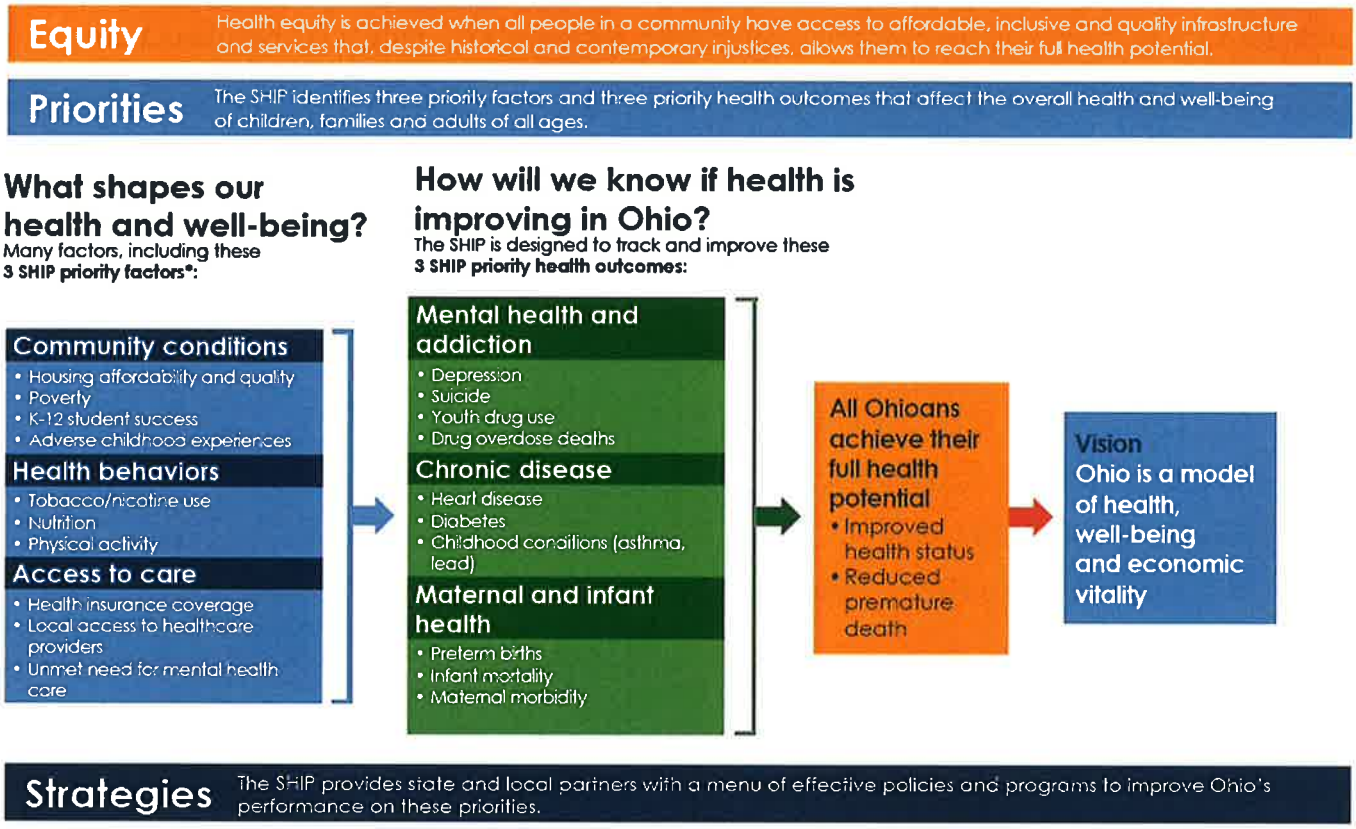
The following Coshocton County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

Figure 1.2 2022 Coshocton County CHIP Alignment with the 2020-2022 SHIP

Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators
Access to Care/Chronic Disease	• Lack of Resources and Care	• Education of resources • Create Resource guide (paper and online) • PSAs, articles, social media • Develop an app • Involve existing coalitions in gathering a complete list of services and resources. • Identify gaps and overlaps
Mental Health and Addiction	• Depression and addiction	• Online videos for community with tips and information on mental health • Educated agencies about red flags and how to talk to someone who needs help • Provide resources for help lines, texting, phone numbers, etc. • Outreach to local schools to advertise more mental health degrees

Alignment with National and State Standards, continued

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



Vision and Mission

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

The Vision of the Coshocton County Health District, Coshocton City Health Department and the Community Health meeting:

Working to ensure healthy living and learning in a safe environment in Coshocton County.

The Mission of the Coshocton County Health District, Coshocton City Health Department and the Community Health meeting:

To prevent disease, promote healthy behaviors and protect the well-being and safety of the community

Community Partners

The CHIP was planned by various agencies and service-providers within Coshocton County. From September 2021 to December 2021, the Community health meetings, invited by Coshocton County and Coshocton City Health Department reviewed many data sources concerning the health and social challenges that Coshocton County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

Community Health Meeting, invited by Coshocton County and Coshocton City Health Department: Partners List

- Jessica Burt, Coshocton County Health Department
- Katherine Clark, Coshocton City Health Department
- Cindy Hibish, Coshocton Health Department
- Linda Holmstrand, Ohio University
- Margaret Hutzel, Ohio University
- Rick Hodges, Ohio University
- Jody Stones, Genesis Health Services
- Amy Crown
- Dawna Lee, Genesis Health Services
- Jennifer Austin, Public Library
- Isaac Bush, Kids America
- Kayla Chapman, Coshocton County EMS
- Todd Shroyer, Coshocton County EMS
- Mayor Steve Bordenkircher, West Lafayette
- Chris Gallagher, County Director of Allwell Behavioral Health Services
- Sophia Marcum
- Leslie Fehrman Ridenbaugh, Ohio Family Counseling and Consultation, LLC
- Brenda Bissett, Coshocton County Head Start

Community Health Improvement Process

Beginning in September 2021, the Community health meeting for Coshocton County met three times and completed the following planning steps:

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

Community Health Status Assessment

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

Adult Trend Summary

Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Health Care Coverage			
Uninsured	14%	9%	11%
Access and Utilization			
Had at least one person they thought of as their personal doctor or health care provider	82%	80%	77%
Visited a doctor for a routine checkup in the past year	64%	78%	78%
Needed to see a doctor in the past 12 months but could not because of cost	10%	12%	12%
Preventive Medicine			
Had a pneumonia vaccination (age 65 and over)	72%	75%	73%
Had a flu vaccine in the past year (age 65 and over)	70%	63%	64%
Ever had a shingles or zoster vaccine	29%	29%*	29%*
Women's Health			
Had a mammogram within the past two years (age 40 and older)	64%	74%**	72%**
Had a Pap smear within the past three years (age 21-65)	51%	79%**	80%**
Men's Health			
Had a prostate-specific antigen (PSA) test in the past two years (age 40 and older)	44%	34%**	33%**
Oral Health			
Visited a dentist or dental clinic in the past year	57%	67%**	68%**
Health Status Perceptions			
Rated health as excellent or very good	48%	48%	51%
Rated health as fair or poor	13%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	24%	24%**	23%**
Average days that physical health not good in past month ≠	3.1	4.1**	3.7**
Rated mental health as not good on four or more days (in the past 30 days)	32%	26%**	24%**
Average days that mental health not good in past month ≠	5.0	4.8**	4.1**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	33%	24%**	24%**

Indicates alignment with the Ohio State Health Assessment (SHA)
**2017 BRFSS*
***2018 BRFSS*

Comparisons	Coshocton County 2021	Ohio 2019	U.S 2019
Weight Status			
Obese	37%	35%	32%
Overweight	39%	35%	35%
Tobacco Use			
Current smoker (currently smoke some or all days)	18%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	24%	25%
Current e-cigarette user (vaped on some or all days)	6%	5%*	4%*
Alcohol Consumption			
Current drinker (drank alcohol at least once in the past month)	53%	51%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	6%	4%**	3%**
Cardiovascular Disease			
Had angina or coronary heart disease	8%	5%	4%
Had a heart attack or myocardial infarction	8%	5%	4%
Had a stroke	3%	4%	3%
Had high blood pressure	31%	35%	32%
Had high blood cholesterol	39%	33%	33%
Had blood cholesterol checked within past 5 years	78%	85%	87%
Asthma			
Ever been told they have asthma	14%	16%	15%
Arthritis			
Ever diagnosed with arthritis	37%	31%	26%
Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related)	12%	12%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	9%	2%	2%

Indicates alignment with the Ohio State Health Assessment (SHA)
**2017 BRFSS*
***2018 BRFSS*

Key Issues

Members of the Committee invited by Coshocton County and Coshocton City Health Department reviewed the 2021 Regional Community Health Assessment, which included Coshocton County results in September. At another meeting in October 2021, participants continued reviewing and discussing primary data. Through these discussions the participants identified key issues and concerns. The following tables reflect the groups discussions.

What are the most significant health issues or concerns identified in the 2021 health assessment report? Examples of how to interpret the information include: 12% of adults were diagnosed with diabetes, increasing to 22% of those ages 65+.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Chronic Health Conditions/Issues			
Adults reporting, they had survived a heart attack	8%	Age: 65+ (12%) Income: N/A	N/A
Adults diagnosed with cancer (some time in their life)	22%	Age: 65+ (35%) Income: N/A	N/A
Adults diagnosed with arthritis	37%	Age: 65+ (59%) Income: <$25K (46%)	Females (41%)
Adults diagnosed with asthma (some time in their life)	14%	Age: 19-64 (13%) Income: <$25K (22%)	Females (17%)
Adults diagnosed with diabetes (some time in their life)	12%	Age: 65+ (22%) Income: <$25K (19%)	Males (17%)
Adults were limited in some way because of a physical, mental, or emotional problem	35%	Age: 65+ (39%) Income: <$25K (53%)	Males (41%)
Health Care Coverage			
Uninsured adults	14%	Age: 19-64 (14%) Income: <$25K (14%)	Females (22%)
Mental Health			
Adults who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities (in the past year)	13%	Age: N/A Income: <$25K (32%)	N/A
Access and Utilization			
Adults went outside of Coshocton County for health services (in the past year)	55%	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
Preventive Medicine/Care			
Adult women ages 40 and older who had a mammogram (in the past year)	48%	N/A	Females
Adults who had a flu vaccine (in the past year)	57%	Age: 19-64 (56%) Income: <$25K (44%)	Females (55%)
Education			
About resources/services that are available to community	N/A	N/A	N/A

N/A-Not Available

Priorities Chosen

Based on the 2021 Coshocton County Health Assessment, key issues were identified for adults. Overall, there were 6 key issues identified by community leaders and the Coshocton County and Coshocton City Health Departments. The community leaders and health departments then voted and came to a consensus on the priority areas Coshocton 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. Chronic Health Conditions/Issues	8
2. Health Care Coverage	7
3. Mental Health	11
4. Access and Utilization	7
5. Preventive Medicine/Care	3
6. Education	8

Coshocton County will focus on the following 2 priority factors and priority health outcomes over the next three years:

Priority Factor(s):

1) Community Conditions
2) Access to Care

Priority Health Outcome(s):

1) Mental Health and Addiction
2) Access to care through education/Chronic Disease

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 community partners and Quality-of-Life Survey. Below are the results:

Open-ended Questions to the Community Partners

1. **What do you believe are the 2-3 most important characteristics of a healthy community?**
    - Resources for health care
    - Good job market
    - Recreational opportunities
2. **What makes you most proud of our community?**
    - Compassion and helping one another
    - Library System, services to all ages and interests
    - Homegrown groups such as Coshocton in Bloom that takes care of plants/flowers in the community
3. **What are some specific examples of people or groups working together to improve the health and quality of life in our community?**
    - Hope Clinic for free care from volunteers
4. **What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?**
    - Mental Health and physical health provider access for those with private insurance.
    - Drug access
    - Resources
5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**
    - Not enough people in agencies to cover everything that needs addressed
    - Difficulty scheduling around their personal schedules
    - Not being aware of what is offered
    - Not enough providers accepting both Medicaid and personal insurance
6. **What would excite you enough to become involved (or more involved) in improving our community?**
    - Opportunities to join diverse and/or a variety of groups, not just the established groups like Lions Club, Rotary, etc.
    - When you see a successful initiative, it helps build excitement and interest.

Quality of Life Survey

The Coshocton County and City Health Departments urged community members to fill out a short Quality of Life Survey via Qualtrics. There were 383 Coshocton County community members who completed the survey. The table below incorporate responses from the previous Coshocton County CHIP for comparison purposes. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response 2021 (n=#)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.5
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	2.7
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.5
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.)	3.5
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.8
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.4
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?	3.5
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	N/A
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	4.0
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.8
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.6
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?)	3.2

Forces of Change Assessment

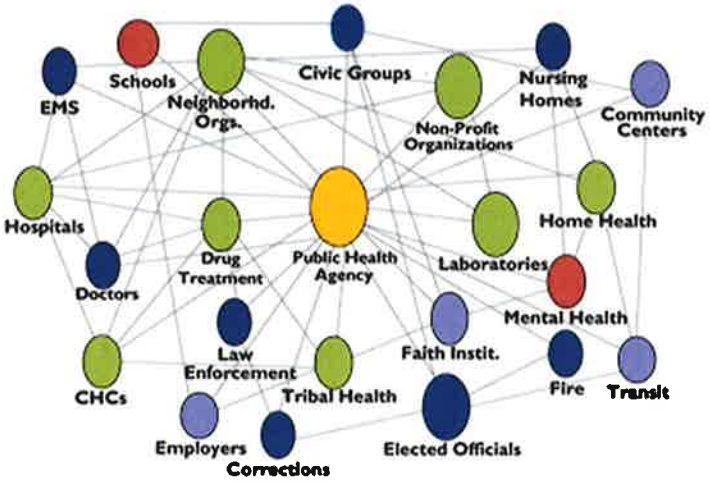
The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health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

Force of Change	Threats Posed	Opportunities Created
1. New Genesis Medical Center being added	• Takes jobs and patients away from local hospital.	• New jobs created • More health care options
2. New satellite locations of outpatient substance use treatment facilities	• May not have enough staff. There is currently a shortage of trained substance use treatment providers	• Brings in more resources to address the drug problem in the community; will give those seeking help more choices
3. COVID Pandemic	• Negatively impacted mental health • Increase stress on medical care system • Created issues for working parents • Created split in the community	• Has led to greater adoption of Zoom and telehealth, which saves time and other resources and increases access to care through telemedicine
4. Housing market	• Difficult to obtain housing because of cost	• Unknown for sure, but possibly increase population for Coshocton County and bring in more skilled workforce

Local Public Health System Assessment

The Local Public Health System

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



The public health system includes:

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

The 10 Essential Public Health Services

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

Public health systems should:

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

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

The Local Public Health System Assessment (LPHSA)

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

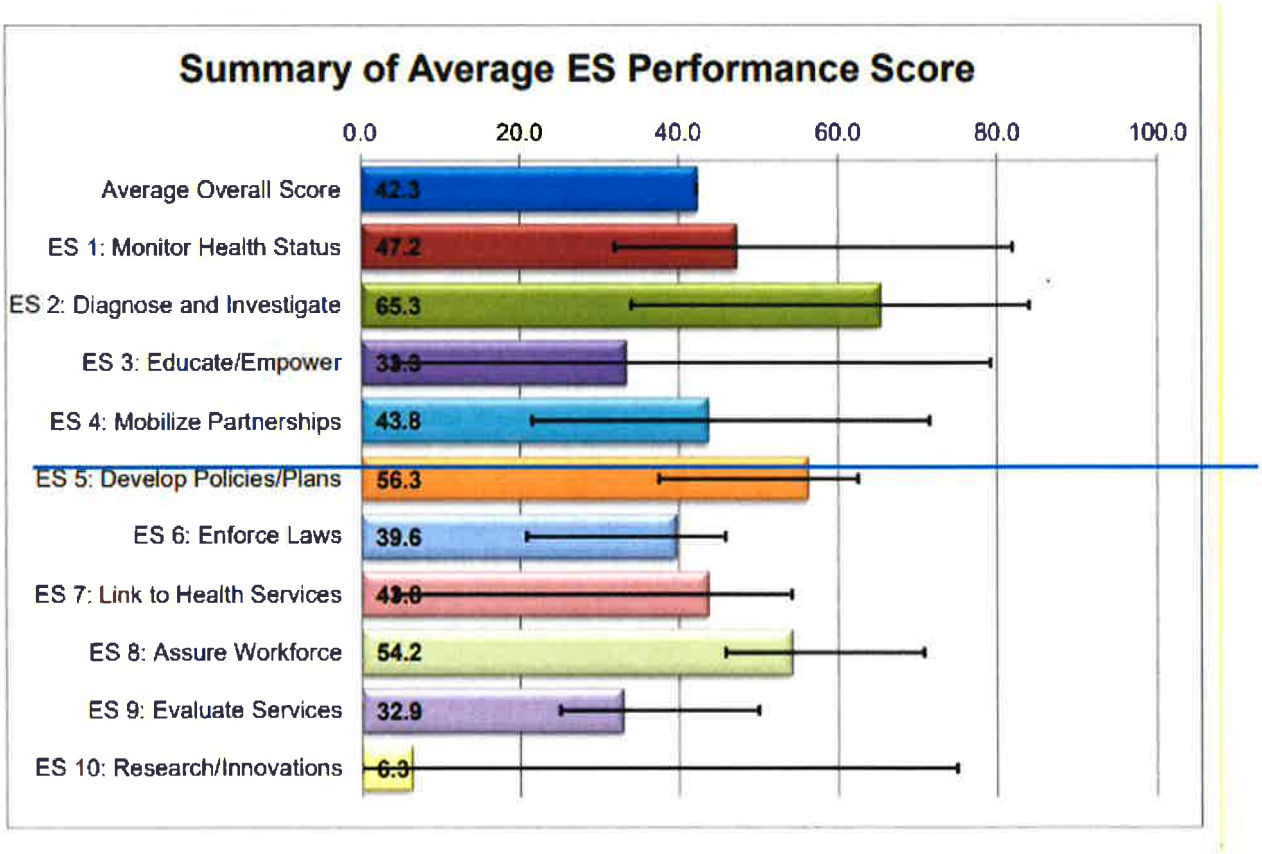
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**

Members of the Coshocton County and City Health Department completed the local public system assessment version 3.0 by looking at the 10 essential services through an equity lens. The LPHSA results were then presented to the Community meeting invited by, Coshocton County and City Health Department for discussion. The 10 Essential Public Health Services in instrument 3.0 lag behind the updated 2020 services but by completing this assessment through an equity lens the group was able to identify how well the public health system acknowledges and addresses health inequities. The challenges and opportunities that were discussed were used in the action planning process.

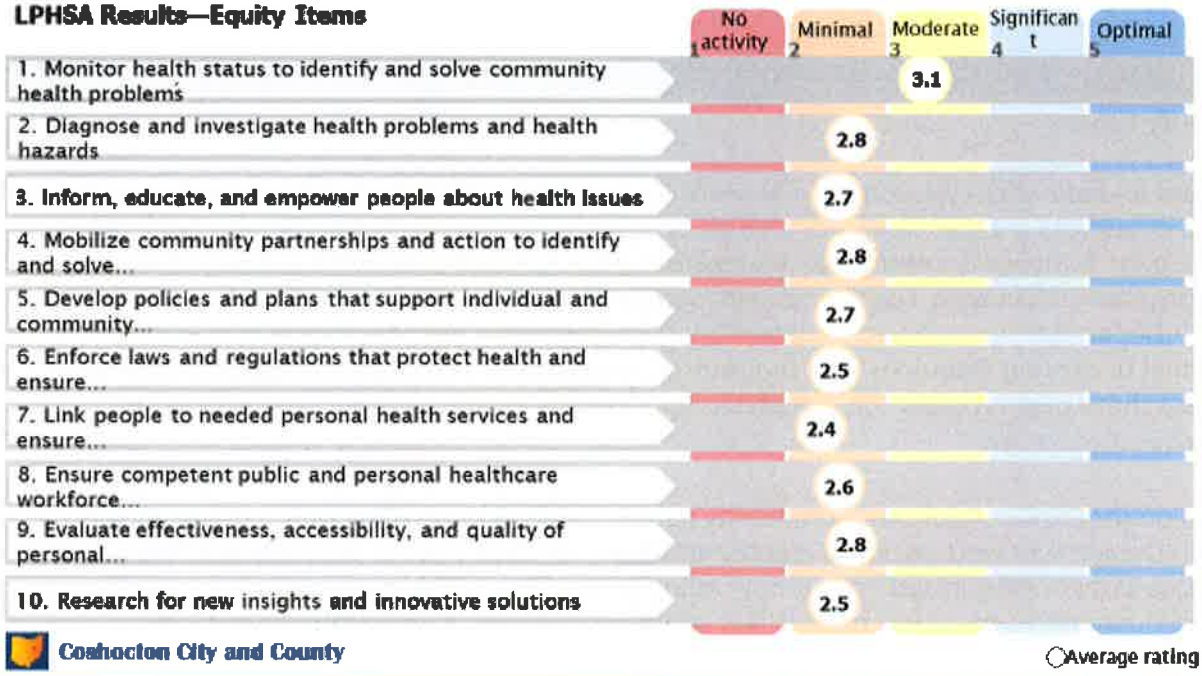
The Community meeting invited by, Coshocton County and City Health Department identified 0 indicators that had a status of "no activity" and 9 indicator that had a status of "minimal". The remaining indicators were all moderate or significant. Once an updated version of the LPHSA is available with 2020 Essential Services the Coshocton County group will complete it. 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 Stephanie Slifko at stephanieslifko@coshoctoncounty.net

Coshocton County Local Public Health System Assessment 2021 Summary



Note: The black bar identifies the range of reported performance score responses within each Essential Service


LPHSA Results—Equity Items
No activity 1
Minimal 2
Moderate 3
Significant 4
Optimal 5
1. Monitor health status to identify and solve community health problems
3.1
2. Diagnose and investigate health problems and health hazards
2.8
3. Inform, educate, and empower people about health issues
2.7
4. Mobilize community partnerships and action to identify and solve...
2.8
5. Develop policies and plans that support individual and community...
2.7
6. Enforce laws and regulations that protect health and ensure...
2.5
7. Link people to needed personal health services and ensure...
2.4
8. Ensure competent public and personal healthcare workforce...
2.6
9. Evaluate effectiveness, accessibility, and quality of personal...
2.8
10. Research for new insights and innovative solutions
2.5
Coshocton City and County
Average rating

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

Gaps Analysis

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

Strategy Selection

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

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Community partners invited by, Coshocton County and City Health Department 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 Community partners invited by, Coshocton County and City Health Department were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The Community partners invited by, Coshocton County and City Health Department was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

Priority #1: 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 #:**				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: • Create a resource guide (paper and online)	March 2022-September 2024	• All of the population for access to care through education of resources.	• Number of people who are knowledgeable about resources available to our community	Coshocton Public Health District
Year 2: • Develop an App • PSAs and articles/ social media, involving existing groups/coalitions in gathering a complete list of services and resources to finalize.	March 2022-March 2024			
Year 3: • Identify gaps and overlaps to any area that needs improvement	Consistent basis beginning March 2023			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy:				
Outcome:				

Priority #2: Mental Health and Addiction

Strategic Plan of Action

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

Priority #2: Mental Health and Addiction **Strategy #:**				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Staff training to educate a variety of public programs (schools, daycare, church, etc.) how to recognize red-flags	2022-2024	• Businesses that interact often with public. • Community members that struggle with mental health & have children who struggle.	• Number of people being seen by a mental health agency. • Number of children struggling in local schools from mental health	Coshocton Public Health District
Year 2: Start online videos through YouTube, County Health Website and Facebook to give education and tips on different ways to cope with and improve mental health, how to help their children and behaviors.	2023-2026			
Year 3: Out-reach to colleges to promote mental health careers to allow more providers. Out-reach to physicians for more awareness of mental health and referrals.	2022-2026			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy:				
Outcome:				

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 community health partners invited by, Coshocton County and City Health Department will meet quarterly to report our progress. The community health partners invited by, Coshocton County and City Health Department will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

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

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Appendix I: Gaps and Strategies

The following tables indicate access to care/chronic disease, mental health and addiction gaps and potential strategies that were compiled by the Coshocton Public Health District.

Priority Factors: Community Conditions

Priority Factors: Access to Care

Gaps	Potential Strategies
1. Lack of knowledge for services available	• Develop a resource directory
2. Limited access to care	• Promote resource directory

Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Depression	• Promotion of quality-of-life initiatives
2. Drug and alcohol use	• Education and referral services

Priority Health Outcomes: Chronic Disease

Gaps	Potential Strategies
1. High rate of obesity	• Healthy Food and physical activity initiatives
2. High blood pressure, heart health, diabetes, high cholesterol	• Community wellness activities and education

Appendix II: Links to Websites

Title of Link	Website URL
Centers for Disease Control	http://www.cdc.gov/nphpsp/essentialservices.html
Coshocton County Health Department	https://www.coshoctoncounty.net/health/
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data
National Public Health Performance Standards	http://www.cdc.gov/nphpsp/essentialservices.html
The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html