



# 2021-2023 Hocking County Community Health Improvement Plan

September 2021

*A guide to improving the health and well-being of the residents of Hocking County, Ohio. A collaborative community effort convened by the Hocking County Health Department with assistance from the Center for Public Health Practice at the Ohio State University.*



**Public Health**  
Prevent. Promote. Protect.

# Table of Contents

I.	<b>Executive Summary</b> .....	<b>2</b>
II.	<b>Vision Statement</b> .....	<b>3</b>
III.	<b>Letter from the Health Official</b> .....	<b>4</b>
IV.	<b>Introduction</b> .....	<b>5</b>
V.	<b>The Process</b> .....	<b>6</b>
VI.	<b>Our Plan to Address Priorities</b> .....	<b>11</b>
VII.	<b>Tracking Our Performance</b> .....	<b>14</b>
VIII.	<b>Next Steps and Call to Action</b> .....	<b>15</b>
IX.	<b>Appendix A: Work Plans</b> .....	<b>16</b>
	Health Promotion and Education Work Plan .....	16
	Chronic Health Conditions Work Plan .....	18
	Mental Health and Substance Use Disorder Work Plan .....	20
X.	<b>Appendix B: Assets and Resources</b> .....	<b>22</b>
XI.	<b>Appendix C: Community Partners</b> .....	<b>23</b>
	CHIP Planning Group: .....	23
	Health Promotion Work Group: .....	24
	Chronic Disease Conditions Work Group .....	24
	Mental Health and Substance Use Disorder Work Group .....	24

# Executive Summary

---

In 2020, a community health assessment (CHA) was completed in Hocking County to evaluate the health issues and health status of the county's population. In 2021, in an effort to improve the health of Hocking County, community stakeholders were convened by the Hocking County Health Department (HCHD) to examine the results of the CHA and develop a Community Health Improvement Plan (CHIP). The CHIP is a long-term plan that identifies health priorities, goals, objectives, and action steps that can be used by a community to guide them in the development and implementation of projects, programs, and policies that are aimed at improving the health of the residents of Hocking County.

37 community partners participated in the development of the CHIP. The Center for Public Health Practice at the Ohio State University's College of Public Health was retained by HCHD as the facilitator. Community partners were tasked with providing inputs to inform a vision for health and examining the data provided in the CHA along with their knowledge of the community to select the most pressing health priorities that they will dedicate resources, time, and effort towards over the course of this CHIP. The approved health priorities for Hocking County are: Health Promotion and Education, Chronic Health Conditions, and Mental Health and Substance Use Disorder.

Following priority selection, work groups created individual work plans to address each priority and members were charged with drafting work plans to address the health issues. The work plans detail the specific goals, objectives, and measures that will be used to address these priorities and track progress. The work groups considered several overarching principles as they further refined the health priorities and created action plans. The principles included the tiers of the Health Impact Pyramid, the importance of Policy, System, and Environmental Changes, the concepts of evidence based public health practice, and priority alignment with Ohio's State Health Improvement Plan.

Implementation of the CHIP will begin in September 2021. Hocking County is fortunate to have a large group of dedicated community members that will oversee the implementation and evaluation of the CHIP until the next planning cycle commences in 2023.

# Vision Statement

---

*A County where building a sense of community is an everyday activity for each one of us.*

*A County that provides all residents with a healthy, safe environment.*

*A County where quality healthcare is accessible for all.*

*A County where community resources are well known, accessible and available to all.*

*A County where there is respect for the environment and our natural resources, in recognition of the connection between environmental health, mental health and physical health.*

*A County where good health is not taken for granted, where prevention is the focus, including respect for our bodies, our minds, and our souls.*

*A County where children are valued and nurtured by a strong family and community support system.*

*A County where each resident has the opportunity to develop and live life to their fullest potential with equal opportunities for all.*

*A County where education is valued as a lifelong process enabling individuals to make informed choices.*

*A County where alcohol and drug use do not present harmful consequences to the health and well-being of the community.*

*A County where residents' meaningful employment opportunities are available for all.*

# Letter from the Health Official

---

I am pleased to present the 2021-2023 Hocking County Community Health Improvement Plan (CHIP). I want to immediately thank all that helped to complete this very important task for our community which took place during a very challenging time of battling the COVID-19 Pandemic. This includes all the residents that took the time and were willing to answer our health assessment survey back in 2020. I want to express a special thank you to Ms. Kelly Bragg from the Ohio State University Center for Public Health Practice for her help in leading and guiding us through the CHIP development process.

In order to bring this CHIP together it took community partners, stakeholders, and agencies working together through meetings and deliberations to gather data, discuss the results of the 2020 Hocking County Community Health Assessment, identify and prioritize the major health concerns, and agree upon ways to improve the community of Hocking County's health.

Now, the improvement work begins. This work will take place during a continued community response to the pandemic with all the obstacles and trials that it may present. This will require the community's determination, devotion, and a commitment to continue to work together over the next three years- because of this important opportunity! This plan contains goals, objectives, and strategies to use and put into action. The CHIP serves as a reference and guide to mobilize and address the identified critical health issues.

I encourage all residents of Hocking County to read this CHIP and to do their part by committing themselves to live healthier, familiarize themselves with the community's health issues, and be willing to then get involved with the efforts to make Hocking County a healthier place to live. We can accomplish this when everyone accepts their part and we work together.

Throughout this effort, we will be measuring our progress and outcomes and adjusting the efforts as needed. Our goal again with this new CHIP is to see evidence-based interventions implemented, policies developed and change occur for improvement.

This will require very hard work to accomplish challenging tasks but the rewards will be great and very worthwhile!

Sincerely,

Douglas S. Fisher, D.P.M.  
Health Commissioner

# Introduction

---

In 2020, the Hocking County Health Department (HCHD), convened a group of community partners to lead a Community Health Assessment (CHA) that provided a comprehensive evaluation of the health status and issues that exist among the county's population. Upon the completion of the CHA, HCHD again engaged its community partners to gather inputs to inform a vision of health for Hocking County, review the CHA data, select health priorities based on the data, and collectively create a plan of action to address these. The Community Health Improvement Plan (CHIP) is comprehensive and long term and details actions steps that will be used by organizations as they implement project, programs, and policies. A list of participating individuals and organizations is located in [Appendix C](#).

This report begins with a brief description of the process used to engage community and stakeholders in the development of the CHIP. Following the summary of the process, there is a section for each identified priority. This document lists the goals and key measures selected for each health priority accompanied by data that is evidence of its significance. Detailed work plans that include measurable goals, objectives, action steps, assets and resources and evidence-based strategies for each priority are located in [Appendix A](#). This report concludes with a discussion of the next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.

# The Process

The Hocking County Health Department was responsible for providing oversight for the CHIP development process and contracted with the Center for Public Health Practice in the Ohio State University's College of Public Health (CPHP) to serve as lead facilitator. In that role, CPHP designed the overall CHIP development process, as well as organized and led CHIP project meetings. The overall CHIP process occurred over the course of ten months. Figure 1 shows the timeline of CHIP development. Because of the COVID-19 pandemic, the process was modified to allow for maximum community participation while keeping everyone as safe as possible.



Figure 1: Hocking County CHIP development timeline

37 community partners (planning group) representing various sectors of the community were engaged in the development of the CHIP. The process began with a virtual meeting for the planning group to develop a vision of health for the community as well as select the health priorities. After this meeting, an online survey was distributed to the planning group to assure that those who could not participate in the virtual Visioning and Prioritization session were able to contribute to the approval of the vision and approve the priorities.

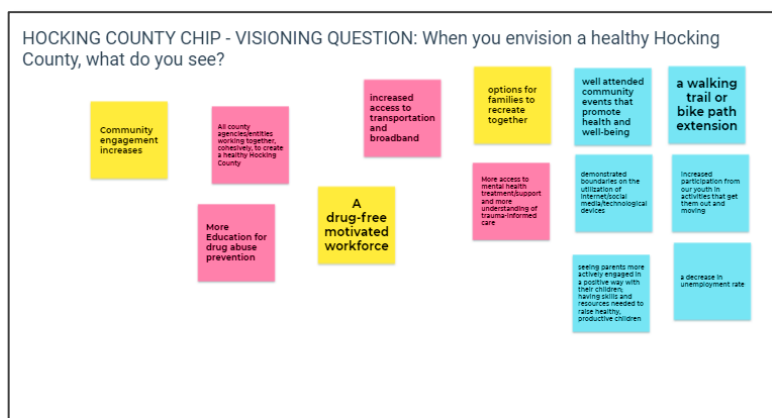


Figure 2: Visioning Jamboard

A community vision, or definition, of health serves as a guiding principle for this CHIP. It was adopted through a process that asks the community to identify what the ideal future includes pertaining to community health. Community members are asked to identify what a healthy community means to them, what they picture when they envision a healthy community, and what definition of a healthy community best captures their

vision of health. Figures 2 and 3 include inputs generated during the vision process. Figure 2 is a page from the online whiteboard that was used during the virtual meeting and Figure 3 is a word cloud of the common words generated from the online survey.

The approved vision for health in Hocking County is:

*A County where building a sense of community is an everyday activity for each one of us.*

*A County that provides all residents with a healthy, safe environment.*

*A County where quality healthcare is accessible for all.*

*A County where community resources are well known, accessible and available to all.*

*A County where there is respect for the environment and our natural resources, in recognition of the connection between environmental health, mental health and physical health.*

*A County where good health is not taken for granted, where prevention is the focus, including respect for our bodies, our minds and our souls.*

*A County where children are valued and nurtured by a strong family and community support system.*

*A County where each resident has the opportunity to develop and live life to his or her fullest potential with equal opportunities for all.*

*A County where education is valued as a lifelong process enabling individuals to make informed choices.*

*A County where alcohol and drug use do not present harmful consequences to the health and well-being of the community.*

*A County where residents meaningful employment opportunities are available for all.*



Following the visioning process, the planning group developed priorities and created the action plans that compromise the work of the CHIP.

Figure 3: Word Cloud of Visioning Inputs



# Developing Priorities

## Identifying Health Priorities

The planning group engaged in large and small group processes during a virtual meeting to analyze the CHA in order to determine the most pressing health issues impacting Hocking County. Planning group members applied the following criteria to identify health priorities:

1. What is the magnitude of this health issue? Does the health issue impact a high number of residents or high percentage of the population?
2. What is the seriousness of this health issue? Does the health issue lead to premature death or serious illness across the population?
3. What is the feasibility of having a positive impact on this health issue? Given the current state of the community's health system, are the resources needed to address the health issue available or easily attainable?
4. What is the impact of the health issue on vulnerable populations? Considering the social determinants of health, does the health issue disproportionately affect certain subpopulations or geographic areas within the community?
5. How does this health issue align with Ohio's priorities? Does the health issue align with the current State Health Improvement Plan (SHIP) priorities of Mental Health and Addiction, Maternal and Infant Health, and Chronic Disease? See Figure 3 for CHIP alignment with state and national priorities.

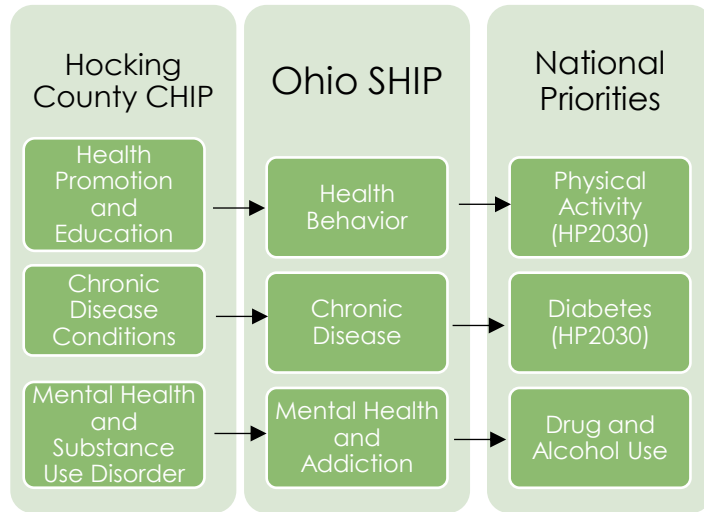


Figure 3: Hocking County CHIP alignment with state and national priorities.

After carefully considering the assessment data and the above criteria, the planning group determined that the most pressing health priorities in Hocking County are:

1. Health Promotion and Education
2. Chronic Disease Conditions
3. Mental Health and Substance Use Disorder

An overview of these priorities, including a summary of the goals and objectives, is located in the next section of the CHIP.

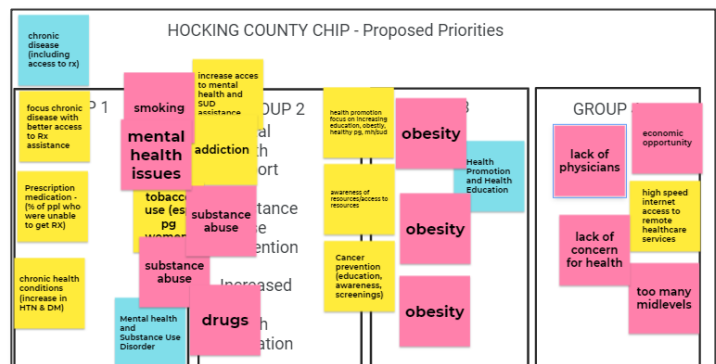


Figure 4: Prioritization Jamboard

## Work Plan Creation

Following the identification of priorities, work groups were formed to create work plans that will address the approved health priorities over the next three years. The groups initially met via Zoom in June 2021 and went through a series of facilitated activities to assist with the generation of a priority definition. Work groups were given information on the social determinants of health and how those impact health outcomes. The groups also discussed why impacting the community at the policy, system, and environmental change level could impact health outcomes by impacting those social determinants of health. Then, the groups conducted a root cause analysis on the health priorities. During this activity, the work groups generated potential root causes for the identified health priorities, focusing on what causes related to existing policies, systems, environmental factors, and resources were currently in the community and what policies, systems, environmental factors, and resources were needed in the community. Following the root cause analysis, groups conducted a gap analysis of the priority in order to show where gaps in services and initiatives might exist. Work groups then used the results of both the root cause analysis and the gap analysis to generate goals. The priority definitions and goals can be found in the next section of this report.

Due to the evolving nature of the COVID-19 pandemic, planning shifted from an online to an in-person format. During the in-person meeting, work groups identified key measures for each goal to serve as outcome measures for the plan. Measurable objectives, with associated action steps, time frame, and responsible parties were also developed to achieve the goals. Groups were encouraged to continue to consider vulnerable populations and policy changes throughout the planning process. A formal definition of what concepts and frameworks work groups were asked to consider during the generation of the work plans follows:

The Social Determinants of Health are factors in a community that impact health outcomes. They include conditions such as socioeconomic status, education, neighborhood, and access to healthcare. Addressing these at the community level will impact health outcomes such as morbidity and mortality, healthcare expenditures, and health status. They are factors in a community that impact health outcomes. Figure 5 defines the Social Determinants of Health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 5: The Social Determinants of Health as defined by the Kaiser Family Foundation. Source: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Policy, System, and Environmental Changes are sustainable changes that when implemented that make the context in which someone lives healthier. Policy changes refer to changes made at the legislative level. Systems changes are changes to the rules in the way people and organizations operate. Environmental changes are changes to the physical environment that people live in. These changes often require a governing board or rule making body to approve them and result in opportunities for healthy choices being easily available to all. Work groups

considered policy changes that would most greatly impact vulnerable populations and address the causes of higher risks on those populations

The Health Impact Pyramid is a data visualization and concept that describes the effectiveness of different types of public health interventions.

Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Changes to policy, systems, and environments are located towards the bottom. Groups were asked to consider addressing community health needs towards the bottom of the pyramid, while still recognizing that there is value impacting the community at all levels. This is due to the fact that, although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized at all intervention levels. Figure 6 displays the Health Impact Pyramid.

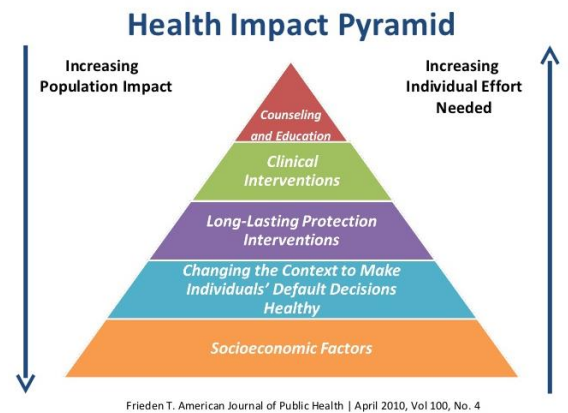


Figure 6: The Health Impact Pyramid Source: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.185652>

Evidence Based Public Health Practices are interventions that are based in scientific reasoning and use data and information systems to systematically implement programs with proven efficacy. They have been evaluated and have shown evidence that they are effective in changing behavior and health outcomes within populations.

Groups also considered a list of assets and resources that was generated during the Community Health Assessment. The purpose of these is to give the groups existing community assets to leverage in order to assure the CHIP is successful. That list is located in Appendix B.

The following pages include an overview of the priorities and the goals and objectives outlined during CHIP development that will improve the health of Hocking County.

# Our Plan to Address the Priorities

## Priority: Health Promotion and Education

**Why is this a priority?** Health Promotion and Education are integral to a community's ability to thrive. In Hocking County, residents are unaware of many resources that are available to them that could improve their health and wellbeing. Awareness of available resources is key to accessing the system for many health and wellness related needs. There is currently no central resource system for health, which results in inconsistent or incorrect information in the community. In addition, 21.4% of residents report not being physically active, which leads to many negative health outcomes.

**Our plan:** We will leverage our resources to increase education and awareness for all in order to provide all residents, and especially our families, with the information they need to have optimal health. In addition, we will work to increase the physical activity rate by working to increase biking and walking in accessible ways in Hocking County. By doing this, our community will be more informed, active, and healthy. [A detailed work plan is located in Appendix A.](#)

**Goals:** Increase community awareness of resources available; Increase physical activity rate

**Key Measure(s):** Establishment of central resource system; Increase in residents engaging in physical activity

**Objectives:**

- Increased awareness of community resources
- Increase in biking opportunities
- Increase in safe walking opportunities

**Vulnerable populations impacted by CHIP:** Youth (Safety Town); Persons with Disabilities (Accessible bike programming); low-income residents (CRS)

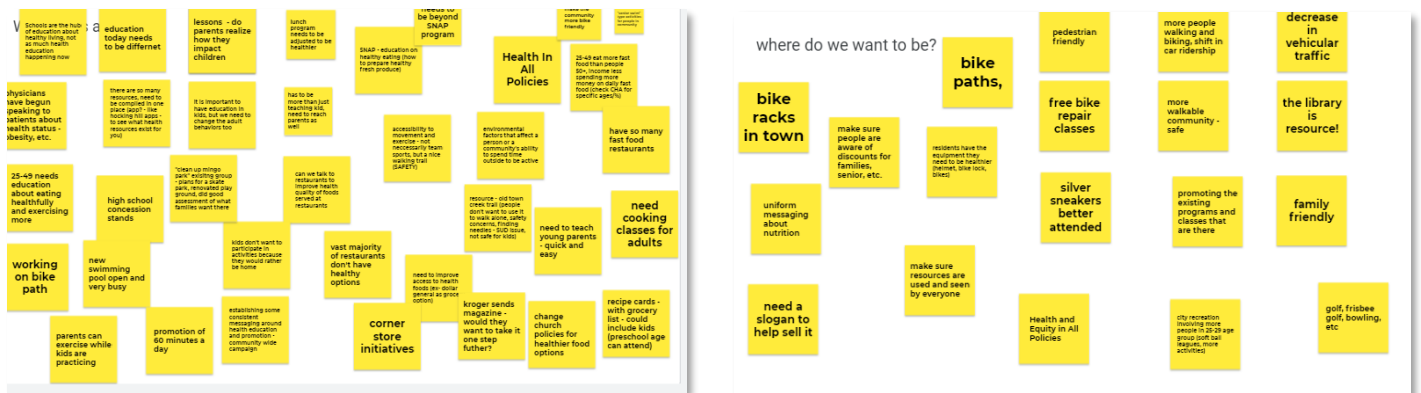


Figure 7: Health Education Work Group Jamboard

**Priority: Chronic Health Conditions**

**Why is this a priority?** In Hocking County, rates of chronic diseases are increasing. Over the past five years, we have seen an increase in diabetes, hypertension, and obesity. According to the 2020 Hocking County Community Health Assessment, 21.3% of residents have received a diabetes diagnosis and 50.8% of residents have received a hypertension diagnosis, compared to 12.2% and 34.7% for the state of Ohio, respectively. In addition, 34% of Hocking County adults are overweight and 39% are obese. These chronic health conditions lead to an increased burden on the health care system and overall poorer health outcomes for residents. Hocking County also has a high number of pregnant women who smoke, with 25.5% mothers reporting they smoked during the third trimester, compared to 9.6% for the state of Ohio. Smoking leads to myriad health issues for both mother and baby, including lung cancer, low birth weight, and increased incidence of asthma.

**Our plan:** We will leverage our resources to reduce the prevalence of chronic disease in the community by improving nutrition, increasing physical activity, and increasing education. By doing this, we will reduce the number of preventable emergency department visits and improve the overall health and wellbeing of our residents. A detailed work plan is located in Appendix A.

**Goals:** Decrease diabetes prevalence, decrease obesity prevalence, Decrease maternal smoking prevalence

**Key measures:** Diabetes diagnosis, Obesity prevalence, Tobacco use in pregnant women

**Objectives:**

- Decrease in rate of people reporting a diagnosis of diabetes
- Decrease in rate of people reporting a diagnosis of obesity
- Decrease rate of pregnant women who report smoking

**Vulnerable populations impacted by CHIP:** Food insecure (increase access to healthy foods); Pregnant women, infants (decrease in maternal smoking)



Figure 8: Chronic Health Conditions workgroup Jamboard

**Priority: Mental Health and Substance Use Disorder**

**Why is this a priority?** Mental Health and Substance Use Disorder are issues that impacts our community in myriad ways. According to the 2020 Hocking County Community Health Assessment, 22.1% of residents have ever been diagnosed with a depressive disorder, 27.0% of residents have ever been diagnosed with an anxiety disorder, and 28.4% of residents know someone with a drug or addiction problem. In addition, through the CHA process, the community voiced concerns about substance use and the supply of drugs. In addition, 22% of residents reported that their mental health affects their daily activities and the community voiced a need for increased mental health and drug addiction counseling. These issues are well known throughout the community as being pressing and long lasting, creating both a concern for negative impacts on whole family systems, therefore impacting future generations, as well as impacting the workforce and economy. By addressing these issues, we will have healthier families, a stronger economy, and a decrease in community disease.

**Our plan:** We will leverage our resources to reduce the number of overdose deaths by increasing naloxone distribution and creating an overdose fatality review board to investigate overdose deaths to further explore how we can prevent them. In addition, we will work to increase access to care by enhancing workforce capacity. A detailed work plan is located in Appendix A.

**Goals:** Decrease overdose deaths, increase access to mental health and substance use disorder care

**Key Measures:** Residents who know someone addicted to an illegal drug; Residents who know someone addicted to prescription pain medication, Residents who rarely or never getting the social and emotional support they need

**Objectives:**

- Increase in Naloxone distribution
- Creation of Hocking County Overdose Fatality Review Board
- Increase in graduates interested in pursuing behavioral health careers
- All first responders in Hocking County will receive CIT training

**Vulnerable populations impacted by CHIP:** People experiencing addiction; People experiencing mental health crisis



Figure 9: Mental Health and Substance Use Disorder Work Group Jamboard

## Tracking Our Performance

---

We understand that the community and the needs of the community will change. To that end, we acknowledge that our plan may need to be adjusted as the community that we serve changes. We will review the plan at least quarterly and adjust any goals and objectives as applicable.

Objective	Adjustment	Person Responsible

## Next Steps and Call to Action

---

Hocking County Health Department (HCHD) will continue to monitor the CHIP on a regular basis over the next three years. The work plans located in [Appendix A](#) identifies the agencies and individuals responsible for implementing each of the objectives outlined in this CHIP. Hocking County Health Department will collect monitoring frequency updates from each responsible party in order to gauge the progress of the CHIP. Goals and objectives will be monitored to assure that timeframe targets are being met. To allow the CHIP to evolve with the community, goals and objectives will be adjusted or amended if needed. Hocking County Health Department will publicly release an annual update, highlighting the success of the CHIP and providing any information on major changes that have been made.

This CHIP represents the work of a dedicated group of community representatives. If you or your agency are interested in becoming involved with CHIP initiatives and community health improvement planning in Hocking County, HCHD at 740-385-3030 or visit HCHD at [www.hockingcountyhealthdepartment.com/](http://www.hockingcountyhealthdepartment.com/).



# Appendix A: Work Plans

## Health Promotion and Education Work Plan

**Priority # 1: Health Promotion and Education** are integral to a community's ability to thrive. In Hocking County, residents are unaware of many resources that are available to them that could improve their health and wellbeing. Awareness of resources is key to accessing the system for many health and wellness related needs and there is currently no central resource system for health, which results in inconsistent or incorrect information in the community. In addition, 21.4% of residents report not being physically active, which leads to many negative health outcomes. We will leverage our resources to increase education and awareness for all in order to provide all residents, and especially our families, with the information they need to have optimal health. In addition, we will work to increase the physical activity rate by working to increase biking and walking in accessible ways in Hocking County. By doing this, our community will be more informed, active, and healthy.

**Goal 1.1:** Increase community awareness of resources available

**Key Measure(s):** No current central resource system (CRS) as of August 2021.

Objective(s) that address **policy change(s)** needed to accomplish goal: 1.1.1

Objectives	Measure	Action Steps	Timeframe	Lead	Partnering Agencies
<b>Objective 1.1.1:</b> By December 31, 2023, Hocking County residents will have an increased awareness of community resources.	Baseline: No current CRS  Target: Establishment of CRS	<ul style="list-style-type: none"> <li>• Create Central Resource System for Hocking County               <ul style="list-style-type: none"> <li>○ Develop policy requiring agencies to participate in the CRS                   <ul style="list-style-type: none"> <li>▪ Agencies must agree to assist in updating and sharing information</li> <li>▪ Agencies should sign MOU to assure commitment</li> </ul> </li> <li>○ Restart/update website</li> <li>○ Develop an app for people to access information about Hocking County resources                   <ul style="list-style-type: none"> <li>▪ Determine funding needs for app development and maintenance</li> </ul> </li> <li>○ Create marketing tools to promote website, app, and resources</li> <li>○ Develop a system that identifies new healthy resources</li> <li>○ Develop a slogan to promote the app/website</li> <li>○ Create PSAs to promote resources and programs</li> </ul> </li> </ul>	Start: 10/1/2021  End: 12/31/2021	FCFC	HCHD  Library

**Goal 1.2:** Increase physical activity rate

**Key Measure(s):** 37% of residents reported engaging in physical activity 16 or more times in the past 30 days. (2021 CHA)

Objectives	Measure	Action Steps	Timeframe	Lead	Partnering Agencies
<p><b>Objective 1.2.1:</b> By December 31, 2021, increase biking opportunities in Hocking County by 5%.</p>	<p>Baseline: TBD  Target: Baseline +5%</p>	<ul style="list-style-type: none"> <li>• Establish baseline by conducting an environmental scan of biking opportunities</li> <li>• Create bike friendly community in Logan:                             <ul style="list-style-type: none"> <li>○ Install bike racks in Logan</li> <li>○ Install curb cuts downtown to increase bike safety</li> <li>○ Increase number of pedestrian crosswalks and signage</li> <li>○ Make resources available that are needed for people to access biking (i.e.: helmets, locks, etc.)</li> <li>○ Create and distribute bike maps to residents</li> </ul> </li> <li>• Restart "Safety Town" program for children in county</li> <li>• Develop program that promotes bike safety                             <ul style="list-style-type: none"> <li>○ Integrate into physical education classes</li> <li>○ OASCO bike riding clinic</li> </ul> </li> </ul>	<p>Start: 10/1/2021  End: 12/31/2021</p>	<p>City of Logan</p>	<p>Sheriff (Safety Town)  LHSD  HCHD</p>
<p><b>Objective 1.2.2:</b> By December 31, 2021, increase safe walking opportunities for pedestrians in Hocking County by 5%.</p>	<p>Baseline: TBD  Target: Baseline +5%</p>	<ul style="list-style-type: none"> <li>• Establish baseline by conducting environmental scan of pedestrian opportunities</li> <li>• Create walking routes through town in collaboration with Hocking County Historical Society</li> <li>• Develop fitness trail at Mingo Park in collaboration with the Mingo Park Project</li> <li>• Improve and promote access to existing trails and walking routes in collaboration with the City of Logan Service Director</li> </ul>	<p>Start: 10/1/2021  End: 12/31/2021</p>	<p>City of Logan</p>	<p>Historical Society  Mingo Park Project</p>

## Chronic Health Conditions Work Plan

**Priority # 2: Chronic Health Conditions** in Hocking County are increasing. Over the past five years, we have seen an increase in diabetes, hypertension, and obesity. According to the 2020 Hocking County Community Health Assessment, 21.3% of residents have received a diabetes diagnosis and 50.8% of residents have received a hypertension diagnosis, compared to 12.2% and 34.7% for the state of Ohio, respectively. In addition, 34% of Hocking County adults are overweight and 39% are obese. These chronic health conditions lead to an increased burden on the health care system and overall poorer health outcomes for residents. Hocking County also has a high number of pregnant women who smoke, with 25.5% mothers reporting they smoked during the third trimester, compared to 9.6% for the state of Ohio. Smoking leads to myriad health issues for both mother and baby, including lung cancer, low birth weight, and increased incidence of asthma. We will leverage our resources to reduce the prevalence of chronic disease in the community by improving nutrition, increasing physical activity, and increasing education. By doing this, we will reduce the number of preventable emergency department visits and improve the overall health and well-being of our residents.

**Goal 2.1: Decrease diabetes prevalence**

**Key Measure(s):** 21.3% of adults report having been diagnosed with diabetes (2021 CHA)

Objectives	Measure	Action Steps	Timeframe	Lead	Partnering Agencies
<b>Objective 2.1.1:</b> By December 31, By December 31, 2022, the rate of people reporting they have been diagnosed with diabetes in Hocking County will be decreased by 5%.	Baseline: 21.3% Target: 16.3%	<ul style="list-style-type: none"> <li>• Increase nutrition education in health care settings</li> <li>• Increase attendance at Hocking Valley Community Hospital diabetes education courses                             <ul style="list-style-type: none"> <li>○ Promote program</li> <li>○ Target applicable patients/physicians with recruitment of new participants</li> </ul> </li> <li>• Consider creation of Diabetes prevention program in Hocking County that focuses on diet and exercise</li> </ul>	Start: 10/1/2021  End: 12/31/2021	HVCH	HCHD

<b>Goal 2.2:</b> Decrease prevalence of obesity					
<b>Key Measure(s):</b> 39.4% of adults report obesity					
<b>Objectives</b>	<b>Measure</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Partnering Agencies</b>
<p><b>Objective 2.2.1:</b> By December 31, 2022, the rate of people who report having been diagnosed with obesity in Hocking County will decrease by 3%.</p>	<p>Baseline: 39.4% Target: 36.4%</p>	<ul style="list-style-type: none"> <li>• Work with community partners to plan events focusing on physical activity. Consider including:               <ul style="list-style-type: none"> <li>○ Health Department</li> <li>○ Parks Department</li> </ul> </li> <li>• Research opportunities to bring in an additional grocery vendor (i.e., Aldi)               <ul style="list-style-type: none"> <li>○ Conduct feasibility study on grocery addition</li> </ul> </li> <li>• Research other opportunities to increase healthy food access among Hocking County Residents. Consider:               <ul style="list-style-type: none"> <li>○ Farmers Markets</li> <li>○ Community Gardens</li> <li>○ Community Awareness Campaigns</li> <li>○ Mobile food markets at community agencies, including HVCH, HCHD</li> </ul> </li> </ul>	<p>Start: 10/1/2021</p> <p>End: 12/31/2022</p>	HVCH	Chamber of Commerce (business development)
<b>Goal 2.3:</b> Decrease prevalence of maternal smoking					
<b>Key Measure(s):</b> 25.5% pregnant women report tobacco (2021 CHA)					
<b>Objectives</b>	<b>Measure</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Partnering Agencies</b>
<p><b>Objective 2.3.1:</b> By December 31, 2022, the rate of pregnant women In Hocking County who report smoking will decrease by 5%.</p>	<p>Baseline: 25.5% Target: 20.5%</p>	<ul style="list-style-type: none"> <li>• Promotion of Quit Line               <ul style="list-style-type: none"> <li>○ Need at least 4 pregnant participants in 2021 calendar year</li> </ul> </li> <li>• Create of billboards to promote quitting</li> <li>• Tobacco education during Hocking County Fair 2021 (targets all age groups)</li> <li>• Target physicians (OB) to connect patients who smoke with resources to help them quit</li> <li>• Restore the "Baby and Me Tobacco Free" grant for Hocking County</li> </ul>	<p>Start: 10/1/2021</p> <p>End: 12/31/2022</p>	HCHD	HVCH

## Mental Health and Substance Use Disorder Work Plan

**Priority # 3: Mental Health and Substance Use Disorder** are issues that impacts our community in myriad ways. According to the 2020 Hocking County Community Health Assessment, 22.1% of residents have ever been diagnosed with a depressive disorder, 27.0% of residents have ever been diagnosed with an anxiety disorder, and 28.4% of residents know someone with a drug or addiction problem. In addition, through the CHA process, the community voiced concerns about substance use and the supply of drugs. In addition, 22% of residents reported that their mental health affects their daily activities and the community voiced a need for increased mental health and drug addiction counseling. These issues are well known throughout the community as being pressing and long lasting, creating both a concern for negative impacts on whole family systems, therefore impacting future generations, as well as impacting the workforce and economy. By addressing these issues, we will have healthier families, a stronger economy, and a decrease in community disease. We will leverage our resources to reduce the number of overdose deaths by increasing naloxone distribution and creating an overdose fatality review board to investigate overdose deaths to further explore how we can prevent them. In addition, we will work to increase access to care by enhancing workforce capacity.

### Goal 3.1: Decrease overdose deaths

**Key Measure(s):** 28.4% of Hocking County residents know someone addicted to an illegal drug, 20.8% know someone addicted to prescription pain medication (2020 CHA)

Objective(s) that address **policy change(s)** needed to accomplish goal: 3.1.2

Objectives	Measure	Action Steps	Timeframe	Lead	Partnering Agencies
<b>Objective 3.1.1:</b> By December 31, 2023, increase Naloxone distribution across Hocking County by 50%.	Baseline: TBD Target: Baseline + 50%	<ul style="list-style-type: none"> <li>• Establish baseline for all county agencies distributing naloxone</li> <li>• Implement standard process for reporting naloxone use and distribution across Hocking County</li> <li>• Develop plan to increase:               <ul style="list-style-type: none"> <li>○ Increase health department distribution by 100% (baseline= 67 from January to July 2021)</li> <li>○ Create plan for other agencies to increase distribution</li> <li>○ Increase agencies that distribute</li> </ul> </li> </ul>	Begin: October 1, 2021  End: December 31, 2023	HCHD	EMS  HVCH  LE  Hopewell Health  317 Board
<b>Objective 3.1.2:</b> By December 31, 2022, create Hocking County Overdose Fatality Review Board.	Baseline: No current Overdose Fatality Review Board Target: Board established and operational	<ul style="list-style-type: none"> <li>• Convene stakeholders to plan for creation of Board</li> <li>• Consider:               <ul style="list-style-type: none"> <li>○ Frequency of meetings</li> <li>○ Entities and agencies involved</li> <li>○ Process for investigation</li> <li>○ Release of findings</li> </ul> </li> <li>• Create policy to create board and sustain operation</li> </ul>	Begin: October 1, 2021  End: December 31, 2022	HCHD	317 Board  Hopewell Health  EMS

**Goal 3.2: Increase access to mental health and substance use disorder care**

**Key Measure(s):** 9.4% of residents report rarely or never getting the social and emotional support they needed. (2020 CHA)

Objective(s) that address **policy change(s)** needed to accomplish goal: 3.2.2

Objectives	Measure	Action Steps	Timeframe	Lead	Partnering Agencies
<p><b>Objective 3.2.1:</b> By December 31, 2023, implement plan to increase percentage of graduates interested in pursuing behavioral health careers.</p>	<p>Baseline: 0 Target: 1 plan implemented</p>	<ul style="list-style-type: none"> <li>• Convene stakeholders to create plan</li> <li>• Create plan. Consider:                             <ul style="list-style-type: none"> <li>○ Promoting BH/medical careers in Logan Hocking School District</li> <li>○ Partnering with local universities to create "pipeline" of students to pursue BH/SU careers</li> <li>○ Working with employers to create incentives to work in Hocking County</li> <li>○ Conduct assessment to understand why workforce capacity is low? And Examine pay structures and work with stakeholders to improve salary/benefits</li> <li>○</li> </ul> </li> <li>• Implement plan</li> <li>• Evaluate</li> </ul>	<p>Begin: October 1, 2021  End: December 31, 2023</p>	<p>317 Board</p>	<p>LHSD  Muskingum County Educational Service Center  HHC  HRS  ISBH</p>
<p><b>Objective 3.2.2:</b> By December 31, 2023, 100% of first responders in Hocking County will receive annual CIT training.</p>	<p>Baseline: TBD Target: 100%</p>	<ul style="list-style-type: none"> <li>• Establish baseline of trained first responders</li> <li>• Convene heads of first responder agencies to develop policy to require 100% are trained</li> <li>• Create implementation plan for both passing the policy and getting everyone trained</li> <li>• Schedule trainings</li> <li>• Create system to track training</li> </ul>	<p>Begin: October 1, 2021  End: December 31, 2023</p>	<p>317 Board</p>	<p>LE  Other first responders  EMS</p>

# Appendix B: Assets and Resources

---

## Social Services

- Family and Children First Council (FCFC)
- Family Teams at FCFC
- Head Start
- Help Me Grow
- Hocking County Board of DD

## Senior Services

- Scenic Hills Senior Center

## Behavioral Health/Substance Use

- Active Opiate Task Force
- Behavioral Healthcare
- Drug Court
- Project DAWN
- Project HOPE

## Clinical Services

- Hocking Valley Community Hospital
- Hocking Valley Medical Group
- Hopewell

## Community

- Caves
- Hiking
- Hocking Hills
- Logan Hocking Schools Band Boosters
- Logan Hocking Schools Sport Boosters

## Schools

- Logan Hocking School District

## Government

- County Commissioners

## Business

- Tourism Association

## Law Enforcement

- Police
- Sheriff

## Appendix C: Community Partners

---

### CHIP Planning Group

Name	Agency
Doug Fisher	HCHD
Emily Norris	HCHD
Jamie Funk	HCHD
Wendy Hanna	HCHD
Doug Carr	HCHD
Bob Lilley	HCHD
Jim Hayward, DO	HCHD
Ruth Ann Spatar	HCHD
Andrea Jones	HCHD
Steve Carpenter	HCHD
Stacey Gabriel	HVCH
Beth Kluding	HVCH
Jill Squires	Hocking Co Board of DD
Diane Pfaff	317 Board
Margaret Demko	FCFC
Jody Walker	Job & Family Services
Mark Bridenbaugh	Hopewell Health Center
Lisa Poling	Hopewell Health Center - Primary
Dave Cummin	Coroner/Physician/Elected
Scott Anzalone	Stagecoach Family Medicine
Dr Mark Scarmack	Logan Pediatrics
Kate Jiggins	Hopewell Health Counseling
Joshua Stanton	Shrivers Pharmacy
Mindy Bailey	Carlin House
Scott Brooker	HC EMS
Bozz Salazzoni	HC EMA
Nathan Blatchley	Hocking Metro Housing Auth
Theresa Johnson	Hocking Co CPS
Kristi Pennington	Hopewell Health Center
Marjorie Morore	Scenic Hills Senior Center
Mary Leffler	Logan Hocking Co Library
Roger Stivison	Logan Public Transit
Christy Bosch	Logan-Hocking Schools
Karen Raymore	Hocking Hills Tourism Association
Bailey Simon	Hocking Hills Chamber of Commerce
Sandy Ogle	County Commissioner
Greg Fraunfelder	Logan Mayor



## Health Promotion Work Group

Name	Agency
Ruth Ann Spatar	Hocking County Board of Health
Andrea Jones	Hocking County Board of Health
Bailey Simons	Hocking Hills Chamber of Commerce
Roger Stivison	Hocking Athens Perry Community Action
Christy Bosch	Logan Hocking Schools
Wendy Hannah	Hocking County Health Department
Mary Leffler	Logan Hocking Library
Margaret Demko	Hocking County Family and Children First Council

## Chronic Disease Conditions Work Group

Name	Agency
Stacy Gabriel	Hocking Valley Community Hospital
Nathan Blatchley	Hocking Metropolitan Housing Authority
Emily Norris	Hocking County Health Department
Beth Kluding	Hocking Valley Community Hospital
Douglas Carr	Hocking Valley Community Hospital
Scott Brokker	Hocking County Emergency Medical Services

## Mental Health and Substance Use Disorder Work Group

Name	Agency
Bozz Salizzoni	EMA Director
Kristi Pennington	Hopewell Health
Jill Squires	Hocking County Board of Development Disabilities
Diane Pfaff	Athens, Hocking, Vinton 317 Board
Jody Walker	Hocking County Jobs and Family Services
Doug Fisher	Hocking County Health Department