



PICKAWAY COUNTY

Community Health Improvement Plan

December 2023



PICKAWAY COUNTY
PUBLIC HEALTH
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In 2023, Pickaway County Public Health in Pickaway County, Ohio entered into an agreement with Illuminology to develop a regional Community Health Improvement Plan (CHIP).

Before developing this CHIP, Pickaway County Public Health participated in a collaborative effort to conduct a Community Health Assessment (CHA). This CHA was intended to help community stakeholders better understand the health needs and priorities of those who reside in Pickaway County. The final report of that effort can be accessed via the Pickaway County Public Health website (<https://pickawaycountypublichealth.org/clinical-health/community-health-assessment/>).

Public health professionals from Pickaway County Public Health, along with leaders representing a diverse array of social service and community organizations, participated in large and small group discussions on August 10, 2023 in the Pickaway County Library Conference Room. During this session, community members worked in small groups to review the recently completed CHA and identified the most important health issues facing residents in Pickaway County:

Substance use
Health care access
Mental health care access
Transportation

These community members then pledged to work together to develop a strategic plan – this CHIP – to address these prioritized community health needs.

The community members involved in this process then split into four work groups to begin drafting health improvement plans for each health priority, following a systematic process. The plans drafted by each group detail the specific goals, objectives, and measures that will be used to address the community health priorities and track progress over time.

Pickaway County's 2023-2025 Community Health Improvement Plan identifies health priorities, goals, objectives, and action steps that the community will use to develop and implement projects, programs, and policies to improve the health of its residents.

Implementation of the CHIP will begin in 2024. On an annual basis, Pickaway County will publish a report outlining progress made towards accomplishing the goals outlined in the work plan and reconvene community partners to discuss progress and necessary revisions.

The original group of community partners, along with additional community members, will be invited to provide ongoing guidance and support throughout the implementation of this CHIP and any revisions that may be necessary; the composition of this group will be expanded and maintained as this work progresses. The CHIP is scheduled to be implemented over a two-year period.

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In the summer of 2023, Pickaway County Public Health completed a comprehensive assessment of the health of its residents. The 2023 Pickaway County Community Health Assessment (CHA) considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Pickaway County residents. Residents and partners can access the most recent CHA at the following link: (<https://pickawaycountypublichealth.org/clinical-health/community-health-assessment/>).

Based on the 2023 Pickaway County CHA, the community health stakeholders embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2023 CHA data) and finished with the creation of a Community Health Improvement Plan (CHIP) for addressing those priorities. The CHIP is comprehensive and long term, detailing action steps that will be used by public health system partner organizations as they implement projects, programs, and policies in Pickaway County.

This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority, listing the goals, key measures, an overview of the objectives selected for each health priority, and information to demonstrate the significance of this priority. A work plan that includes more detailed objectives, action steps, and evidence-based strategies for each priority is available in Appendix A. This report concludes with a brief discussion of next steps relative to implementation, ongoing monitoring, and evaluation of the CHIP.

Pickaway County Public Health contracted with Illuminology to design the CHIP process, to facilitate multiple group meetings, and to draft this document.

Identifying the Community's Priority Health Needs

On August 10, 2023, community members representing a diverse array of public health, public safety, hospital, healthcare, social service, political, and community organizations met in person to identify potential priority health needs of the community using the *Pickaway County 2023 Community Health Assessment*. Along with reviewing the data and insights presented in the 2023 CHA, participants also considered their personal experience and history with the community before identifying priority health issues.

Illuminology researchers helped to facilitate large and small group discussions during this meeting. To aid community members during their deliberations and discussion, the following criteria were shared for their consideration:

- **Equity:** Degree to which specific groups are affected by a problem.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the problem leads to death, disability, and impairs one's quality of life.
- **Feasibility:** Ability of organization(s) or individuals to reasonably combat the problem given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of problem if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health problem is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the problem.
- **Value:** The importance of the problem to the community.
- **Social Determinant/ Root Cause:** Whether or not a problem is a root cause or social determinant of health that impacts one or more health issues.

After a total of 14 health needs were identified by small groups, participants were asked to engage in a voting process to select the highest priority needs. In the first round of voting, each person was given 5 votes to cast for the needs they perceived to be the highest priority. Needs receiving the least number of votes were then eliminated, and participants were asked to vote again with 3 votes to cast. The three health needs which received the highest number of votes were substance use, health care access in general, and mental health care access. When participants were asked to vote to confirm these issues as the highest priority health

needs, they proposed including transportation access. The group then voted unanimously to approve these four issues as priority health needs.

The four priority health needs along with clarification/reasoning provided by participants are outlined below:

- **Substance use** (tobacco use; cigarette use in 3rd trimester; alcohol abuse; prescription drug abuse; vaping, especially among youth)
- **Health care access** (limited providers in county; limited capacity for maternal, reproductive, and menopausal care; low cancer screening rates)
- **Mental health care access** (affordable, available, continued)
- **Transportation** (for accessing health care outside of county, for seniors, for families, for dental care/orthodontics; large number of households without vehicles in the county)

Other health needs identified by the small groups and considered in this voting process included:

- Affordable housing crisis (lack of affordable, low-income housing options)
- Access to fresh, healthy food/reliance on fast food
- Access to activity (lack of transportation access, need for bike-friendly infrastructure)
- Food insecurity
- Higher paying jobs for college and educational attainment (lower percentage of advanced degrees in Pickaway compared to Ohio)
- Internet access (broadband 11% lower than Ohio)
- Households in poverty with children/access to benefits (percentage of households in poverty with children higher in Pickaway than Ohio)
- Mental health stigma (more women report, but everyone experiences poor mental health)
- Adverse Childhood Experiences (abuse - emotional, physical, sexual; relationship issues)
- Childcare (limited options during workday hours, not trained for special needs, lack of transportation to childcare)

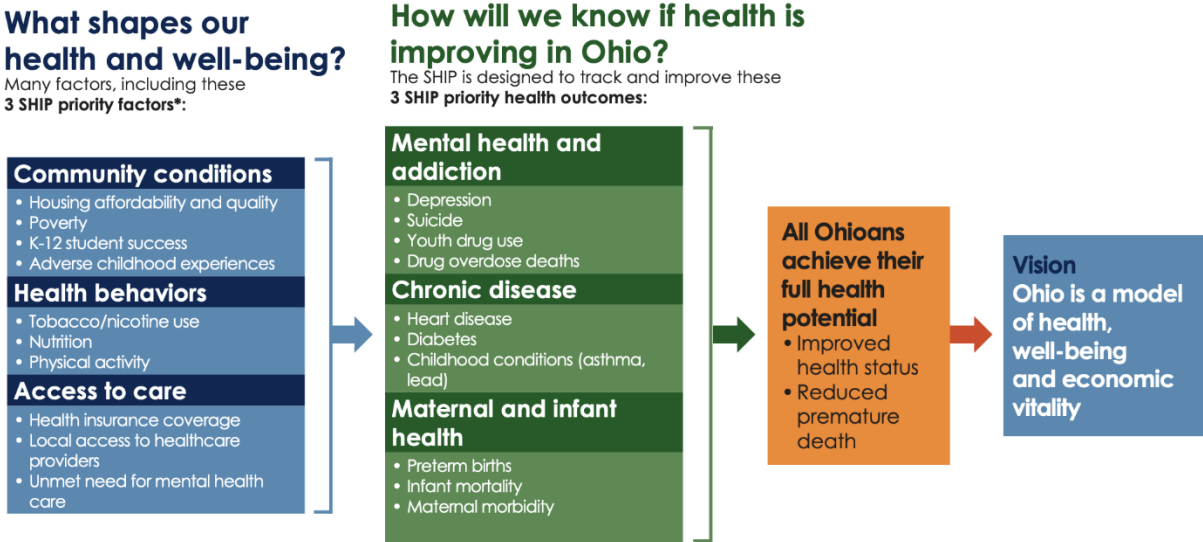
For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health *factors* important to improving communities' health, with particular emphasis on mental health and addiction, chronic disease, and maternal and infant health. The three priority health *outcomes* include community conditions, health behaviors, and access to care, as shown below. For each of these priority health factors Ohio's 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is good

alignment between the prioritized health needs identified by Pickaway County and the priority health factors and outcomes identified by Ohio’s 2020-2022 SHIP:

1. Substance use aligns with Ohio’s priority factor “health behaviors” as well as the priority outcome of “mental health and addiction.”
2. Mental health care access aligns with Ohio’s health priority factor of “access to care” as well as the priority health outcome of “mental health and addiction.”
3. Health care access in general aligns with Ohio’s health priority factor of “access to care” as well as the priority health outcome of “chronic disease” (by focusing on access to screenings).

While transportation could be considered a “community condition,” this was not specifically outlined by Ohio’s 2020-2022 SHIP.

Health Priority Factors and Outcomes Identified By Ohio’s 2020-2022 SHIP¹



After identifying the four priorities, participants brainstormed community assets and resources that could be deployed to address these priorities; any assets or resources not previously cited on the list that was developed during the 2023 CHA were added: see Appendix B for the revised list. Appendix C presents a list of community members who participated in this strategic planning process. **Thank you to all who participated!**

¹ <https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf>: Figure 1.2

Creating The Community Health Improvement Plan

After identifying the four priority health needs, Pickaway County health stakeholders had the opportunity to indicate their interest in participating in work groups to develop four work plans. Then, the CHIP work group began their efforts to create the work plans that comprise the main portion of the CHIP. They considered the priorities and needs of residents in the community in order to identify goals, key measures, objectives, action steps, time frames, and accountable persons/organizations related to each priority area. The product of these meetings was a work plan for each of four prioritized health issues; these work plans define the actions of this CHIP. Detailed work plans can be found in Appendix A.

First, participants completed a goals and measures worksheet which helped them to think openly about goals and objectives to consider and how achievement might be measured. The questions they answered as part of this worksheet included:

- 1) What do you want to change?
- 2) How will you know you've made a change?
- 3) What structural barriers are in the way?
- 4) What big actions should we take in order to accomplish our goal?
- 5) How must our environment/context change if we are to accomplish our goal?

Several overarching principles were considered during the creation of these work plans: the concepts of evidence-based public health practice, social determinants of health, SMART objectives (specific, measurable, achievable and actionable, relevant, and time-oriented), and priority alignment with Ohio's 2020-2022 State Health Improvement Plan.

Overviews of the CHIP goals, key measures, and objectives follow.

Substance Misuse

Substance misuse has many downstream effects on the community, including negative social impacts and various substantial poor physical and mental health concerns.

Pickaway County wants to bring in more jobs and families. The county wants schools to be safe and drug-free to protect youth.

In interviews conducted for the Pickaway County 2023 Community Health Assessment, community leaders mentioned that substance abuse amongst parents can have negative impacts on their family members, especially children. It may result in grandparents needing to care for school-aged children. Community leaders also mentioned that vaping is a problem seen among students in schools.

According to the 2023 CHA adult survey, 11.9% use cigarettes every day and 1.8% use them some days. Those with a high school degree / GED or less education are more likely than those with some college or more education to smoke cigarettes every day: 19.7% vs. 2.7%.

Also according to the 2023 CHA adult survey, 7.4% use e-cigarettes every day and 1.6% use them some days. Those with either some college education or an associate degree are more likely than those with either a high school degree / GED or less, bachelor's degree, or graduate/professional degree to use e-cigarettes every day: 23.5% vs. 1.1%. Those under age 35 are more likely than those age 35 or older to use e-cigarettes every day or some days: 22.2% vs. 3.9%.

Additionally, more than a quarter (27.7%) of adults reported binge drinking at least once in the past month.

Goal: Reduce use of tobacco and nicotine (vaping/cigarettes/e-cigarettes).

Key measures: Youth self-reported use - CLYDE/PRIDE survey. Adults self-reported use - CHA survey.

Objective:

- By January 1, 2026, develop information and education campaign with the goal of reducing the use of tobacco, vaping, cigarettes, and e-cigarettes.

Health Care Access

Pickaway County residents may have difficulty accessing preventative and/or reactive health care for a variety of reasons. These difficulties need to be eliminated to help improve the health of county residents.

The ratio of licensed primary care physicians to the population in Pickaway County is 1:2,350 (compared to 1:1,290 for Ohio as a whole); the ratio of licensed dentists to the population is 1:2,280 (compared to 1:1,550 for Ohio). This can create a situation wherein residents seek healthcare outside of Pickaway County and/or delay getting care.

In the 2023 adult health survey for the Community Health Assessment, 72.6% of respondents or their family members traveled outside of Pickaway County to receive health care in the 12 months prior to the survey. A quarter (25.3%) of respondents delayed getting necessary physical health care in the 12 months prior.

More preventative health care is needed to catch potential issues early before people get sick. Starting with education/awareness about what it looks like to take care of oneself, including healthy eating. Education is needed regarding how to prepare easy, inexpensive healthy meals.

According to the 2023 adult health survey 26.2% of respondents have been diagnosed with high blood pressure, 29.8% of respondents have been diagnosed with high cholesterol, and 14.0% of respondents have been diagnosed with diabetes. 28.4% of respondents are overweight and 45.3% are obese. Access to information and awareness of programs and services could help prevent some of these conditions.

Goals: Increase awareness and education related to health and health care. Explore options for getting and retaining more health care providers in the area.

Key measures: 2-1-1 page views. Number of individuals reaching out to health care organizations. Number of health-related programs and number of participants in those programs. Possible programs or actions to pursue to bring in health care providers and retain them.

Objectives:

- By January 1, 2025, update 2-1-1. Have all health-related programs listed. Have a 2-1-1 webpage, Facebook page, and call and text options.
- By January 1, 2025, form partnerships between health-related and social service organizations and share information about events and services.
- By January 1, 2025, organize and hold at least 2 social events for members of health-related and social service organizations to socialize and share information (e.g.,

- “health happy hour”).
- By January 1, 2025, explore options for bringing more health care professionals into the area and retaining them and assess the effectiveness and feasibility of implementing each option.

Mental Health Care Access

Mental health issues, including those amplified by the pandemic, are prominent and need to be addressed. Pickaway County residents are experiencing homelessness, suicides, overdoses, and bullying. These are often coinciding with mental health issues.

A lot of people need help, but there are barriers such as finances, technology, transportation, etc. There also is a stigma against mental health issues, especially amongst the older generation. You don’t talk about mental health with other people. Keep it in the family, don’t take medication.

About a quarter (24%) of Pickaway County adult respondents have been diagnosed with a depressive disorder and 25% have been diagnosed with an anxiety disorder. The percentage of adult survey respondents with four or more poor mental health days in the past month increased significantly since 2020.

Goals: Increase awareness of mental health services available. Improve ease of access to mental health care.

Key measures: 2-1-1 page views. Social media shares. Number of individuals reaching out to mental health service organizations. Number of individuals successfully receiving care.

Objectives:

- By July 1, 2024, form mental health collaborative to take part in campaign to distribute information about mental health services and events.
- By January 1, 2025, have events and services of the collaborative posted on 2-1-1 and shared via social media by members of the collaborative.
- By January 1, 2025, complete training with at least 10 professionals regarding how to improve residents’ access to care.

Transportation

A lack of transportation prevents individuals from being able to meet their basic needs such as accessing medical care, work, healthy food, and other needs.

According to US Census data presented in the Pickaway County 2023 Community Health Assessment, 5.9% of households in the county don’t have a vehicle. Given the rural nature

of the county, it's likely that individuals in these households have difficulty accessing services and items to meet their basic needs.

Community leaders perceive transportation limitations as a major issue that is one of the primary barriers to a healthy Pickaway County. They perceive public transit options as limited in terms of hours and area covered. They mentioned that a lot of planning is required to use other types of transportation services such as shuttles available through insurance, and it may not be feasible to use other transportation services given other obligations with work, children, etc.

Goal: Increase understanding of future transportation funding options and awareness of the current transportation options.

Key measures: Number of websites/databases reviewed to explore funding and program opportunities for improving transportation. Number of services within transportation resource guide.

Objectives:

- By January 1, 2025, complete research to understand funding and program opportunities for improving transportation.
- By July 1, 2024, complete and distribute resource guide to increase awareness of the current transportation options in Pickaway County.

The 2023-2025 Pickaway County Community Health Improvement Planning process aimed to identify the most pressing health issues in Pickaway County and bring stakeholders together to collaborate and create an actionable plan to address those issues. This plan presents priorities and associated goals and objectives to improve the health of Pickaway County. The detailed work plans that resulted from these collaborative efforts are located in Appendix A.

This CHIP will be monitored and updated annually to reflect accomplishments and new areas of need. Agencies and organizations are encouraged to align their agency strategic plans to this plan where appropriate.

Lastly, Pickaway County residents and community organizations are encouraged to participate in and comment on this process. If you or your organization is interested in participating in or commenting on the CHIP, please contact Stephaney Bauman, Pickaway County Public Health, at 740-477-9667.

The following pages display the detailed CHIP work plans.

PRIORITY #1

Substance Misuse

Substance misuse has many downstream impacts on the community. Pickaway County wants to progress in terms of bringing in jobs and families. The county wants schools to be safe and drug-free to protect youth.

In addition to negative social impacts, substance misuse could cause various substantial poor physical and mental health effects.

In interviews conducted for the Pickaway County 2023 Community Health Assessment, community leaders mentioned that substance abuse amongst parents can have negative impacts on their family members, especially children. It may result in grandparents needing to care for school-aged children.

Community leaders also mentioned that vaping is a problem seen among students in schools.

According to the 2023 CHA adult survey, 11.9% use cigarettes every day and 1.8% use them some days; 7.4% use e-cigarettes every day and 1.6% use them some days.

Those with a high school degree / GED or less education are more likely than those with some college or more education to smoke cigarettes every day: 19.7% vs. 2.7%.

Those with either some college education or an associate degree are more likely than those with either a high school degree / GED or less, bachelor’s degree, or graduate/professional degree to use e-cigarettes every day: 23.5% vs. 1.1%.

Those under age 35 are more likely than those age 35 or older to use e-cigarettes every day or some days: 22.2% vs. 3.9%.

More than a quarter (27.7%) of adults reported binge drinking at least once in the past month.

Goal 1.a: Reduce use of tobacco/vaping/cigarettes/e-cigarettes

Key Measure

Youth - CLYDE/PRIDE survey - self-reported use. Adults - CHA survey - self-reported use.

Alignment with National Priorities

[[Healthy People 2030](#), [CDC 6|18](#)] Healthy People 2030 Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke.

Alignment with SHIP

One of the 3 priority health outcomes is Mental Health and Addiction, including Youth drug use.

Consideration of social determinants of health or health inequities

Work group members mentioned that youth without parental/adult support may be less likely to be able to address substance misuse issues. In addition, some residents may not have transportation to substance misuse-related events or treatment.

Policy changes needed to accomplish goal

Funding may be necessary for developing the information campaign and ensuring it reaches youth who may not have a lot of parental/adult support as well as those with limited transportation options.

Goal 1.a	<p align="center">Objective 1.a.1</p> <p align="center">Start: January 1, 2024</p> <p align="center">Measure target deadline: January 1, 2025</p> <p align="center">Status:</p>
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Objective Overview

By January 1, 2025, develop information and education campaign with the goal of reducing the use of tobacco, vaping, cigarettes, and e-cigarettes.

Lead Agency

PCPH. Sub-leads: PAAC, schools, and OhioHealth hospitals.

Measure(s)

Number of individuals reached through campaign.

Measure baseline:

No one reached through campaign.

Measure target:

At least 100 individuals reached through campaign.

Action Steps

- Brainstorm campaign. Create materials – posters, language for schools, etc. Ensure materials are clear, concise, and attention-grabbing. (See below for campaign/outreach ideas).
- Build more robust connections with sector representatives. (See below for list of participants for twelve sector representation.)
- Push out materials. Build up to campaign launch by letting residents know about the initiative.
- Continue outreach through the campaign.

Campaign/outreach ideas:

- Youth health ambassadors
- YMCA memberships – alternative to substance misuse
- Schools: Communication coordinators at schools – share information from PAAC. Use final forms to share info with parents. If offering activities, set up carpools to reduce transportation barriers. Ensure there are adults available in schools who kids know they can talk to. Start early – elementary schools. At parent-teacher conferences or open houses, have addiction/mental health table.
- Ensure outreach to those without internet access. Go to their neighborhoods – offer snacks and educate them about services.
- Jeff Coleman – use his connections to promote campaign.
- Uptown Circleville – messaging in storefront.
- Ashley Tait, Richard Rhoades, Y, Steve Collins – Circleville Herald.
- Betsy McGraw – PCPH community liaison – help her launch tobacco cessation – Catch my breath

Twelve sector representation:

- Youth
- Parents
- Law enforcement
- Schools
- Businesses
- Media (social, traditional, etc.)
- Youth-serving organizations
- Religious and fraternal organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local, and tribal agencies with expertise in substance abuse
- Other organizations involved in reducing substance abuse

PRIORITY #2a**Health Care Access**

Pickaway County residents may have difficulty accessing health care (whether preventative or reactive) for a variety of reasons. These difficulties need to be eliminated.

The ratio of licensed primary care physicians to the population in Pickaway County is 1:2,350 (compared to 1:1,290 for Ohio as a whole); the ratio of licensed dentists to the population is 1:2,280 (compared to 1:1,550 for Ohio). This can create a situation wherein residents seek healthcare outside of Pickaway County and/or delay getting care.

In the 2023 adult health survey for the Community Health Assessment, 72.6% of respondents or their family members traveled outside of Pickaway County to receive health care in the 12 months prior to the survey. A quarter (25.3%) of respondents delayed getting necessary physical health care in the 12 months prior.

Also according to the 2023 adult health survey, 26.2% of respondents have been diagnosed with high blood pressure, 29.8% of respondents have been diagnosed with high cholesterol, and 14.0% of respondents have been diagnosed with diabetes. 28.4% of respondents are overweight and 45.3% are obese. Access to information and awareness of programs and services could help prevent some of these conditions.

More preventative health care is needed to catch potential issues early before people get sick. Start with education/awareness about what it looks like to take care of oneself, including healthy eating. Education is needed regarding how to prepare easy, inexpensive healthy meals.

Goal 1.a: Increase awareness and education related to health and health care

Key Measure

211 page views. Number of individuals reaching out to health care organizations.
Number of health-related programs and number of participants in those programs.

Alignment with National Priorities

[[Healthy People 2030](#), [CDC 6|18](#)] Broadly, this goal aligns with national priorities because it seeks to increase health awareness generally. In addition, Healthy People 2030 has multiple objectives related to health care access.

Alignment with SHIP

Broadly, this goal aligns with the SHIP because it seeks to increase health awareness generally. In addition, access to care is one of the three SHIP priority factors.

Consideration of social determinants of health or health inequities

Work group members mentioned that those with disabilities and those in rural areas may not have transportation to health care. In addition, cultural barriers to preventative health care exist (reactive care is the default). Those with Medicaid may be stereotyped by providers, and they may face specific challenges - lack of awareness of services, no transportation, cost too high. It is difficult to provide care to those who are homeless - there's no place to contact them, and it's hard to follow through.

Policy changes needed to accomplish goal

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Goal 1.a	<p align="center">Objective 1.a.1 Start: January 1, 2024 Measure target deadline: January 1, 2025 Status:</p>
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Objective Overview

By January 1, 2025, update 2-1-1. Have all health-related programs listed. Have a 2-1-1 webpage, Facebook page, and call and text options.

Lead Agency

PCPH

Measure(s)

2-1-1 set up with health-related services and programs available

Measure baseline:

2-1-1 not set up

Measure target:

2-1-1 set up with at least 10 health-related services and programs available

Action Steps

- PCPH - coordinate with agencies to understand their services and events
- Incorporate services and events into 2-1-1.

Goal 1.a	<p align="center">Objective 1.a.2 Start: January 1, 2024 Measure target deadline: January 1, 2025 Status:</p>
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Objective Overview

By January 1, 2025, form partnerships between health-related and social service organizations and share information about events and services.

Lead Agency

PCPH

Measure(s)

Shares as a result of partnership (through social media or other)

Measure baseline:

No shares

Measure target:

At least 8 shares as a result of partnership

Action Steps

- Identify organizations with services and events relevant to partnership¹
- Create forum for partnership communication (email, meeting - virtual or in-person, or other - events as part of Objective 1.a.3 could qualify)
- Communicate to increase awareness of others' events and services
- Explore opportunities for collaboration and cross-promotion
- Share out information learned through social media, flyers, etc. - target captive audiences such as schools and/or groups already gathered

Goal 1.a	<p>Objective 1.a.3</p> <p>Start: January 1, 2024</p> <p>Measure target deadline: January 1, 2025</p> <p>Status:</p>
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Objective Overview

By January 1, 2025, organize and hold at least 2 social events for members of health-related and social service organizations to socialize and share information (e.g., "health happy hour").

Lead Agency

OSU Extension

Measure(s)

Number of events held

¹ See end of work plan for ideas of organizations/services/events to include in partnership

Measure baseline:

No events

Measure target:

At least 2 events

Action Steps

- Identify organizations with relevant services and events (could use organizations from Objective 1.a.2)
- Identify time and location of event
- Invite members
- Hold event!

Goal 2.a: Explore options for getting more health care providers in the area (and keeping them in the area)

Key measures

Possible programs or actions to pursue to bring in health care providers and retain them.

Alignment with National Priorities

Healthy People 2030 has multiple objectives related to health care access that increasing the number of health care providers could help achieve.

Alignment with SHIP

Local access to healthcare providers is one component of the "Access to care" priority factor of the SHIP.

Consideration of social determinants of health or health inequities

It is important that health care providers are available within the county because those with lower income and in rural areas may be less likely to be able to reach health care outside of the county. According to the 2023 adult survey for the Community Health Assessment, those with lower incomes and who live outside of Circleville were less likely to travel outside of the county for care.

Policy changes needed to accomplish goal

A policy change may be required to fund a program that is selected - this policy change could help improve health care access for those with health inequities such as the populations listed above.

Goal 2.a	<p>Objective 2.a.1</p> <p>Start: January 1, 2024</p> <p>Measure target deadline: January 1, 2025</p> <p>Status:</p>
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Objective Overview

By January 1, 2025, explore options for bringing more health care professionals into the area and retaining them and assess the effectiveness and feasibility of implementing each option.

Lead Agency

Pickaway Works

Key Measure(s)

Number of options explored and assessed

Measure baseline:

No options explored or assessed

Measure target:

At least 5 options explored and assessed

Action Steps

- Using the internet, personal connections, and other sources, explore ideas for bringing in health care professionals and retaining them²
- Assess the feasibility of each option. Would the option likely result in bringing more health professionals to the area? Would it result in retaining those health professionals? Are the necessary resources available to implement the option (e.g., manpower, money)? If the necessary resources aren't currently available, is there a way to obtain them (e.g., grants).

Ideas for organizations with services/events related to health partnership

- Walk with A Doc - partner with YMCA to use indoor track when it's cold. Use park when it's warm.
- Berger Demo Kitchen - partner with chef for a demonstration of a healthy meal.
- Cooking Matters - teach how to cook healthy food quickly.
- Berger - garden next spring - resiliency gardening, master gardener, alternative schools to help.

² See the end of the work plan for ideas for bringing in health care professionals and retaining them.

- Berger - free breastfeeding class/childbirth class.
- OSU Extension - babysitting class for preteens.
- Library - calendar.
- 4-H health officers - they could push out information at 4-H meetings. Older 4-H members - health hero. Need to help out with health in community (classes).
- Berger - volunteers age 16+ to work desk on evenings and weekends.
- Station MD - 24/7 telehealth. Grant - free service and free internet.

Ideas for ways to bring in health care professionals and retain them

- Program similar to Van Wert - go to high school in the community, get advanced degree, return to area for work and get certain amount of student loans paid for.
- Have students shadow health care professionals in various departments (pharmacy, radiology, chef/dietary, EVS). Make shadowing more personal and build relationships. Help with letters of recommendations. Increase interest in returning due to relationships.
- College internships with PCPH.
- Connect with students at OU Lancaster and OU Chillicothe who are closer to graduation and are interested in medicine.

*PRIORITY #2b***Mental Health Care Access**

Mental health issues are prominent and need to be addressed, partially due to the pandemic. A lot of people need help, but there are barriers such as finances, technology, transportation, etc.

There is a stigma against mental health issues, especially amongst the older generation. The belief is that one shouldn't talk about mental health with other people. Keep it in the family, don't take medication.

Pickaway County residents are seeing, hearing about, and experiencing homelessness, suicides, overdoses, and bullying - coinciding with mental health issues.

The percentage of adult survey respondents with four or more poor mental health days in the past month increased significantly since 2020.

24% of Pickaway County adult respondents have been diagnosed with a depressive disorder and 25% have been diagnosed with an anxiety disorder.

Goal 1.a: Increase awareness of mental health services available**Key Measures**

2-1-1 page views. Social media shares. Number of individuals reaching out to mental health service organizations.

Alignment with National Priorities

[[Healthy People 2030](#), [CDC 6|18](#)] Healthy People 2030 Leading Health Indicators: Suicides and adolescents with major depressive episodes (MDEs) who receive treatment.

Alignment with SHIP

One of the 3 priority health outcomes is Mental Health and Addiction, including Depression and Suicide.

Consideration of social determinants of health or health inequities

Work group members mentioned that having access to information about resources may be particularly challenging for individuals who don't have Internet access (especially lower-income individuals or those who live in rural areas).

Objective 1.a.2 involves strategies to ensure that these individuals have access to information.

Policy changes needed to accomplish goal

For Objective 1.a.2, the people/agencies responsible will explore potential policy changes to provide funding for the campaign materials.

Goal 1.a	<p>Objective 1.a.1</p> <p>Start: January 1, 2024</p> <p>Measure target deadline: July 1, 2024</p> <p>Status:</p>
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Objective Overview

By July 1, 2024, form mental health collaborative to take part in campaign to distribute information about mental health services and events.

Lead Agency

Pickaway County Community Foundation (PCCF), Families and Children First Council (FCFC), Pickaway Addiction Action Coalition (PAAC), Pickaway County Public Health (PCPH) (connecting agencies)

Measure(s)

Number of organizations who have joined the collaborative.

Measure baseline:

No organizations part of collaborative.

Measure target:

At least 7 organizations part of collaborative.

Action Steps

- Identify agencies/organizations to take part in collaborative
- Reach out to organizations and ask to join collaborative

Goal 1.a	<p>Objective 1.a.2</p> <p>Start: January 1, 2024</p> <p>Measure target deadline: January 1, 2025</p> <p>Status:</p>
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Objective Overview

By January 1, 2025, have events and services of the collaborative posted on 2-1-1 and shared via social media by members of the collaborative.

Lead Agency

Pickaway County Public Health (PCPH) (2-1-1)¹,
Pickaway County Community Foundation (PCCF), Families and Children First Council (FCFC), Pickaway Addiction Action Coalition (PAAC)

Measure(s)

- Presence of Pickaway County 2-1-1 Facebook page
- Number of mental health services on 2-1-1 Facebook page
- Number of collaborative-managed social media shares or shares in other forms of mental health services or events within the past 6 months

Measure baseline:

- No Pickaway County 2-1-1 Facebook page present
- No mental health services on 2-1-1 Facebook page
- No collaborative-managed social media shares or shares in other forms of mental health services or events within the past 6 months

Measure target:

- Pickaway County 2-1-1 Facebook page present
- At least 7 mental health services posted on 2-1-1 Facebook page
- At least 5 collaborative-managed social media shares or shares in other forms of mental health services or events within the past 6 months

Action Steps

- Identify mental health events and services in Pickaway County
- Create Pickaway County 2-1-1 Facebook page
- Incorporate mental health events and services into Pickaway County 2-1-1 Facebook page
- Create resources such as social media graphics and flyers
- Provide collaborative with information and request to share
- Monitor social media/other responses

Goal 2.a: Improve ease of access to mental health care

Key Measure

¹ Mackenzie Kaminski may have previous experience with 2-1-1 Facebook page

Number of individuals successfully receiving care.

Alignment with National Priorities

[[Healthy People 2030](#), [CDC 6|18](#)] Healthy People 2030 Leading Health Indicators: Suicides and adolescents with major depressive episodes (MDEs) who receive treatment

Alignment with SHIP

One of the 3 priority health outcomes is Mental Health and Addiction, including Depression and Suicide

Consideration of social determinants of health or health inequities

Work group members mentioned that lack of transportation and inadequate health insurance coverage are barriers to accessing mental health care. The trainings provided as part of Objective 2.a.1 will help individuals navigate to get past these barriers.

Policy changes needed to accomplish goal

For Objective 2.a., policy changes may be required or useful to effectively and efficiently provide and take part in the trainings.

Goal 2.a	<p>Objective 2.a.1</p> <p>Start: January 1, 2024</p> <p>Measure target deadline: January 1, 2025</p> <p>Status:</p>
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Objective Overview

By January 1, 2025, complete training with at least 10 professionals regarding how to improve residents’ access to care.

Lead Agency

ADAMH - has access to trainings and can coordinate. The collaborative from Goal 1.a will assist.

Key Measure(s)

Number of professionals trained each year.

Measure baseline:

No professionals trained.

Measure target:

At least 10 professionals trained.

Action Steps

- Explore which trainings available
- Coordinate with professionals to choose training content, schedule the training, and conduct the training

PRIORITY #3**Transportation**

A lack of transportation prevents individuals from being able to meet their basic needs such as accessing medical care, work, healthy food, and other needs.

According to US Census data presented in the Pickaway County 2023 Community Health Assessment, 5.9% of households in the county don't have a vehicle. Given the rural nature of the county, it's likely that individuals in these households have difficulty accessing services and items to meet their basic needs.

Community leaders perceive transportation limitations as a major issue that is one of the primary barriers to a healthy Pickaway County. They perceive public transit options as limited in terms of hours and area covered. They mentioned that a lot of planning is required to use other types of transportation services such as shuttles available through insurance, and it may not be feasible to use other transportation services given other obligations with work, children, etc.

Goal 1.a: Increase understanding of future transportation funding options and awareness of the current transportation options.

Key Measure

Number of websites/databases reviewed to explore funding and program opportunities for improving transportation. Number of services within transportation resource guide.

Alignment with National Priorities

Within the U.S. Department of Health and Human Services' National Health Initiatives for Equitable Long-Term Recovery and Resilience, Reliable Transportation is part of the framework: [Reliable Transportation](#).

Alignment with SHIP

Access to care is one of the SHIP priority factors, with local access to healthcare providers as a sub-factor. A strategy listed to increase local access is "Public transportation: Develop, improve and maintain public transportation systems."

Consideration of social determinants of health or health inequities

Work group members mentioned that lower-income individuals and those who live in rural areas may have more transportation limitations.

Policy changes needed to address health inequities

Changes in policy such as updating public transit routes, infrastructure, or zoning may be needed to help provide transportation opportunities for those who are lower-income or live in rural areas.

Goal 1.a	<p align="center">Objective 1.a.1</p> <p align="center">Start: January 1, 2024 End: January 1, 2025 Status:</p>
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Objective Overview

By January 1, 2025, complete research to understand funding and program opportunities for improving transportation.

Lead Agency

PCPH and PICCA

Measure(s)

Total number of options (websites and databases) reviewed to explore funding opportunities. Options prioritized.

Measure baseline:

- No options reviewed to explore funding opportunities.
- No options prioritized.

Measure target:

- At least 15 options reviewed to explore funding opportunities.
- Five or fewer options prioritized.

Action Steps

- Explore options through the ODH Creating Healthy Communities (CHCP program): <https://odh.ohio.gov/know-our-programs/creating-healthy-communities/Active-Living>. Some particular resources that may be relevant to Pickaway County are Transit Resources, Safe Routes to Healthy Food, Bicycle Libraries, and Bicycle Infrastructure FAQ sheet.
- Identify additional databases to search
- Search databases
- Prioritize top options

Goal 1.a	<p align="center">Objective 1.a.2</p> <p align="center">Start: January 1, 2024 End: July 1, 2024 Status:</p>
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Objective Overview

By July 1, 2024, complete and distribute resource guide to increase awareness of the current transportation options in Pickaway County.

Lead Agency

PCPH, PICCA (mobility manager)

Key Measure(s)

Number of transportations as part of resource guide.

Number of resource guide distribution outlets.

Measure baseline:

- No transportation options.
- No distribution outlets.

Measure target:

- At least 5 transportation options.
- At least 5 distribution outlets.

Action Steps

- Identify organizations that provide transportation services - talk to local partners.
- Reach out to organizations and gather information about their services.
- Pull information into central document/webpage.
- Distribute document or webpage link.

Below is a list of community assets and resources that could be engaged to improve the health of the community.

A Matter of Balance
Autumn Behavioral Health Center
Circleville Church of Christ Food Pantry
Circleville City Schools
Community Cupboards of Pickaway County
Elizabeth's Hope Women's Center
Emergency Clearinghouse of Pickaway County
Everts Center
Haven House of Pickaway County
Highlife Recovery
Hope House of Pickaway County
Hope Valley Recovery
iCan Swim
Integrated Services for Behavioral Health
Lactation home visits
Logan Elm Local School District
Ohio Buckles Buckeyes
OhioHealth Berger Hospital
OhioHealth Physician Group
Paint Valley ADAMH Board
Pathways Behavioral Health Center
Perinatal Outreach and Encouragement for Moms (POEM)
Pickaway Area Recovery Services
Pickaway County Addiction Action Coalition
Pickaway County Adult Protective Services
Pickaway County Blessings in a Backpack
Pickaway County Board of Developmental Disabilities
Pickaway County Community Action
Pickaway County Community Foundation
Pickaway County Cribs for Kids
Pickaway County DARE
Pickaway County Early Head Start
Pickaway County Early Intervention
Pickaway County Educational Services Center

Pickaway County EMA
Pickaway County Family and Children First Council
Pickaway County Help Me Grow
Pickaway County Job and Family Services
Pickaway County Library
Pickaway County OSU Extension Office
Pickaway County Park District
Pickaway County Public Health
Pickaway County Vaccines for Children
Pickaway County Veterans Services
Pickaway County YMCA
Pickaway Metropolitan Housing Authority
Pickaway Senior Center
PrimaryOne Health
Project DAWN (Deaths Avoided With Naloxone)
Scioto Paint Valley Mental Health Center
Silver Sneakers
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
Teays Valley Local School District
The Covering
Westfall CARES
Westfall Local School District

Pickaway County Family YMCA

Jeff Phillips *Executive Director*

Health Care Access Work Group**OhioHealth Berger Hospital**

Mary Echard *Administrative Nurse Manager - Maternity*
Tracy VanHorn *Volunteer and Community Outreach Coordinator*

Ohio State University Extension

Jessica Lowe *Educator, Family and Consumer Sciences*

Pickaway County Board of Developmental Disabilities

Marie Wilbanks *Assistant Superintendent*

Pickaway County Public Health

Andy Bull *Health Commissioner*

PrimaryOne Health

Lori Vandermark *Site Manager*

Mental Health Care Access Work Group**Paint Valley ADAMH Board**

Kelly Dennis *Associate Director*

Pickaway County Board of Developmental Disabilities

Amanda Knotts *Director of Service and Support*

Pickaway County Educational Service Center

Tom Kitchen *Superintendent*

Pickaway County Family and Children First Council

June Green *Executive Director*

Pickaway County Public Health

Mackenzie Kaminski *Emergency Preparedness
Coordinator/PIO*

Transportation Access Work Group**PICCA**

Becky Hammond *Executive Director*

Jonna Motter *Early Childhood Services Director*

Pickaway County Board of Developmental Disabilities

Bryston McKnight *SSA Supervisor*

Pickaway County Library

Drew Wichterman *Director*

Pickaway County Public Health

Stephaney Bauman *Director of Clinical Health Services*

Renea Byers *Licensed Practical Nurse*