



# 2023 COMMUNITY HEALTH ASSESSMENT

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## PAULDING COUNTY, OHIO

DELIVERED BY:



*Moxley*  
PUBLIC HEALTH

**PCHD**  
Paulding County  
Health Department

# TABLE OF CONTENTS

<b>NOTE FROM PAULDING COUNTY HEALTH DEPARTMENT</b>	3
<b>ACKNOWLEDGEMENTS</b>	4
<b>INTRODUCTION</b>	5
WHAT IS A COMMUNITY HEALTH ASSESSMENT (CHA)?	
OVERVIEW OF THE PROCESS	
<b>STEP 1: PLAN AND PREPARE FOR THE ASSESSMENT</b>	8
BRIEF SUMMARY OF 2018 CHA	
WRITTEN PUBLIC COMMENTS TO 2018 CHA	
PAULDING COUNTY'S 2018-2021 PRIORITY HEALTH NEEDS AND IMPACT	
EVALUATION OF IMPLEMENTED STRATEGIES	
<b>STEP 2: DEFINE PAULDING COUNTY'S SERVICE AREA</b>	11
DEMOGRAPHICS AT-A-GLANCE	
THINGS PEOPLE LOVE ABOUT THE COMMUNITY	
TOP COMMUNITY PRIORITIES	
<b>STEPS 3-5: IDENTIFY, UNDERSTAND AND INTERPRET THE DATA</b>	17
SECONDARY DATA COLLECTION	
Assessment of Health Needs Using Secondary Data	
Review of 2020 CHA Data	
PRIMARY DATA COLLECTION	
Key Informant Interviews, Focus Groups, Community Member Survey and Ranking of Health Needs	
<b>2023 HEALTH NEEDS (IN ORDER AS RANKED BY THE PUBLIC)</b>	25
#1: Substance Use	25
#2: Mental Health	27
#3: Income/Poverty/Employment	29
#4: Food Insecurity	31
#5: Access to Healthcare	33
#6: Access to Childcare	35
#7: Adverse Childhood Experiences	36
#8: Transportation	37
#9: Chronic Diseases	39
#10: Nutrition and Physical Health	43
#11: Housing and Homelessness	46
#12: Education	48
#13: Crime and Violence	50
#14: Environmental Conditions	51
#15: Internet Access	52
#16: Tobacco and Nicotine Use	53
#17: Preventive Care and Practices	55
#18: Maternal and Child Health	57
#19: HIV/AIDS and Sexually Transmitted Infections (STIs)	60
COVID-19 (not ranked)	62
<b>LEADING CAUSES OF DEATH IN PAULDING COUNTY</b>	64
<b>IDEAS FOR CHANGE FROM OUR COMMUNITY</b>	65
<b>CURRENT PARTNERS AND RESOURCES ADDRESSING PRIORITY HEALTH NEEDS</b>	67
<b>STEP 6: DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS</b>	69
<b>CONCLUSION AND NEXT STEPS</b>	71
<b>APPENDICES</b>	
APPENDIX A: BENCHMARK COMPARISONS	72
APPENDIX B: IMPACT AND PROCESS EVALUATION	74
APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS	83
APPENDIX D: FOCUS GROUP PARTICIPANTS	86
APPENDIX E: COMMUNITY MEMBER SURVEY	88
APPENDIX F: PHAB CHA REQUIREMENTS CHECKLIST	95
APPENDIX G: REFERENCES	97

# A NOTE FROM PAULDING COUNTY HEALTH DEPARTMENT



Paulding County Health Department strives to bring together people and organizations to improve community wellness. The community health assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2023, Paulding County Health Department partnered to conduct a comprehensive Community Health Assessment (CHA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Paulding County Health Department and their many health partners conduct CHAs for measuring and addressing the health status of the Paulding County community. We have chosen to assess Paulding County as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2023 Paulding County Community Health Assessment would not have been possible without the help of numerous Paulding County organizations, acknowledged on the following pages. It is vital that assessments such as this continue so we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing our community member survey. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

Sincerely,

**Brandi Schrader**

Director of Environmental Health & Deputy Health Commissioner  
Paulding County Health Department

# ACKNOWLEDGEMENTS

This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Paulding County Health Department, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.



## PAULDING COUNTY HEALTH DEPARTMENT WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

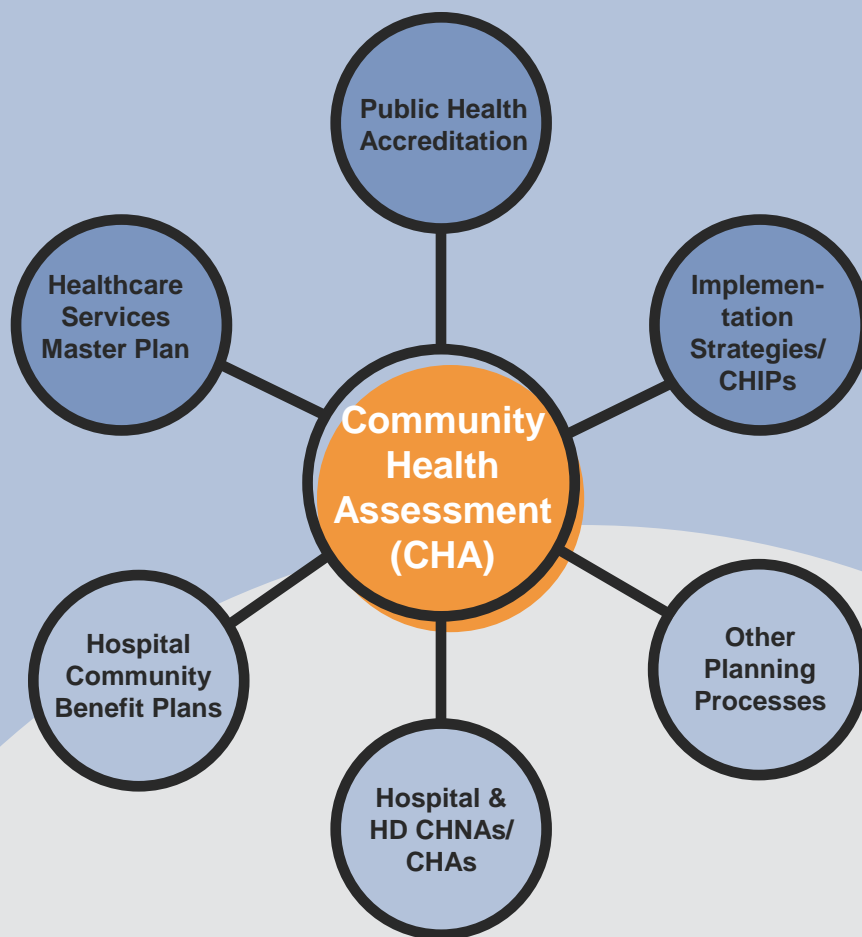
Antwerp Local Schools  
CHP Homecare and Hospice  
Cooper Farms  
Foundations Behavior Health  
Hands of Hope Pregnancy Services  
Little Sprouts Early Learning Center  
Ohio Farm Bureau  
Ohio State University Extension Office  
Paulding County Board of Developmental Disabilities  
Paulding County Court of Common Pleas  
Paulding County Emergency Management Agency  
Paulding County Hospital  
Paulding County Senior Center

Paulding County Opportunity Center  
Paulding County Probate and Juvenile Courts  
Paulding County Sheriff's Office  
Paulding County Veterans Affairs  
Paulding Exempted Village Schools  
PC Workshop, Inc.  
Tri County Alcohol, Drug Addiction and Mental Health Services Board  
United Way of Paulding County, Ohio  
Vancrest Health Care Centers  
Vantage Career Center  
Wayne Trace Local School District  
West Ohio Food Bank  
Western Buckeye Educational Service Center



# INTRODUCTION

## WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **Community Health Assessment (CHA)** is a tool that is used to guide community benefit activities and several other purposes. For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an Improvement Plan (CHIP).

The CHA is an important piece in the development of a CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the county, Paulding County Health Department utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups and surveys with community residents and leaders.

# OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Assessment (CHA), Paulding County Health Department followed a process that included the following steps:

**STEP 1:** Plan and prepare for the assessment.

**STEP 2:** Define the community.

**STEP 3:** Identify data that describes the health and needs of the community.

**STEP 4:** Understand and interpret the data.

**STEP 5:** Define and validate priorities.

**STEP 6:** Document and communicate results.



## Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

## Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on Community Health (Needs) Assessments (CHNAs/CHAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

**THE 2023 PAULDING COUNTY CHA MEETS ALL OHIO  
DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.**



# OVERVIEW OF THE PROCESS



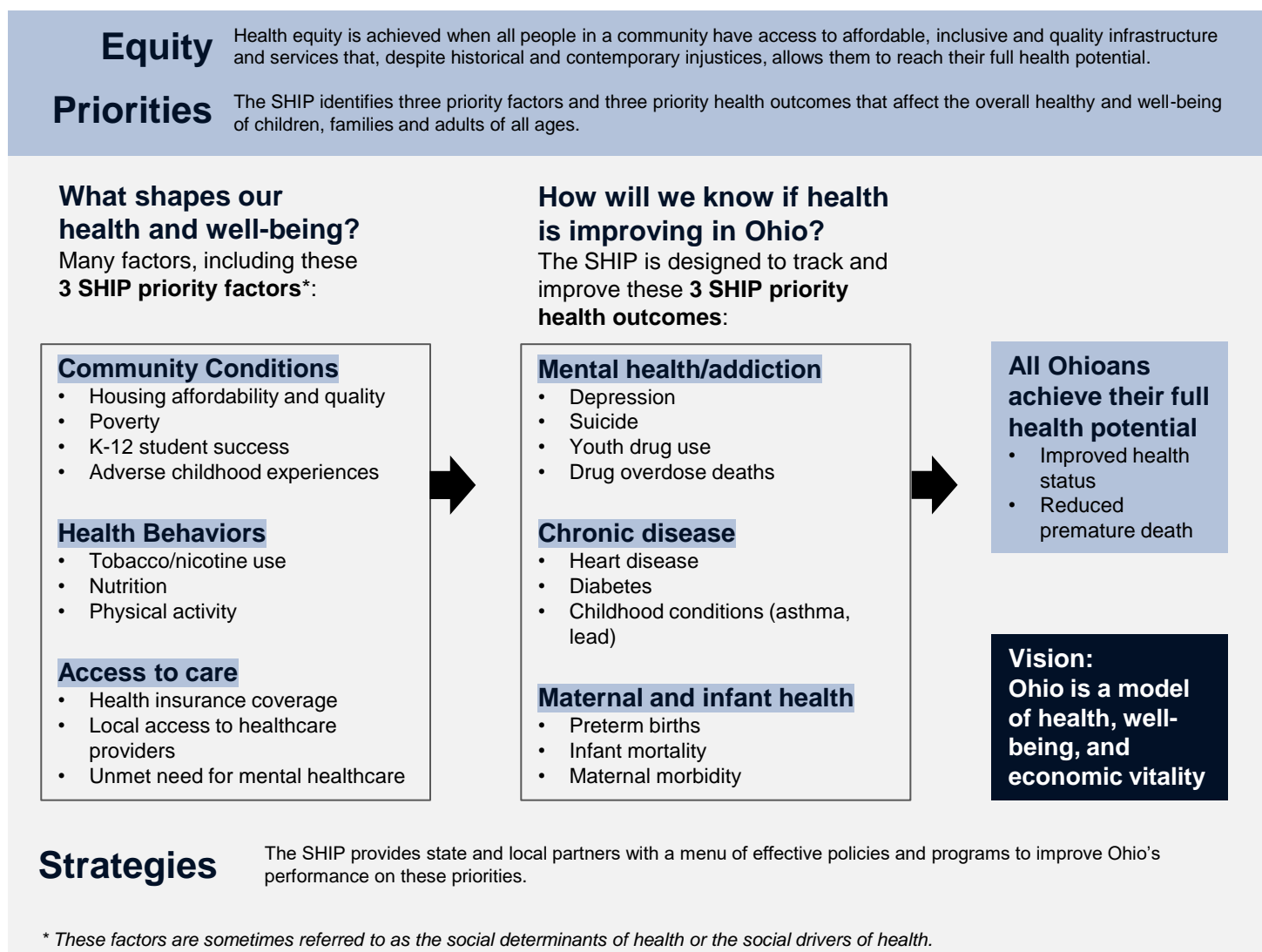
## Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while federal requirements and the community's needs.

Paulding County Health Department desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, Paulding County Health Department used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2023 Paulding County Community Health Assessment.

**Figure 1: Ohio State Health Improvement Plan (SHIP) Framework**



# **STEP 1**

## **PLAN AND PREPARE FOR THE ASSESSMENT**



### **IN THIS STEP, PAULDING COUNTY HEALTH DEPARTMENT:**

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE



# PLAN AND PREPARE

Paulding County Health Department began planning for the 2023 Community Health Assessment (CHA) in 2023. They involved health department and county leadership and kept the board informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

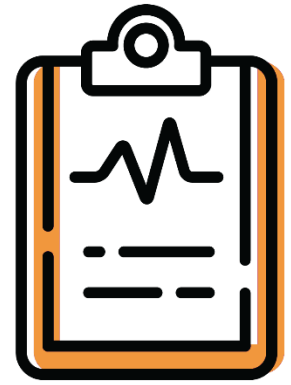
“

**Community Health Assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.**

”



# PREVIOUS CHA & IMPROVEMENT PLAN (CHIP)



## BRIEF SUMMARY OF 2018 CHA (PAULDING COUNTY YOUTH HEALTH ASSESSMENT)

In 2018, Paulding County conducted the previous Community Health Assessment (CHA), that focused specifically on youth health. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The Improvement Plan (CHIP) associated with the 2018 Paulding County Youth Health Assessment addressed mental health and addiction, chronic disease, and sexual behavior.

The progress and impact of the strategies that Paulding County used to address these significant health needs can be found in **Appendix B**.

## PREVIOUS CHA AND CHIP AVAILABILITY TO COMMUNITY

A Community Health Assessment (CHA) and Improvement Plan (CHIP) are to be made widely available to the community/public and comments and feedback are to be solicited. The previous CHA (2018 Paulding County Youth Health Assessment) and CHIP were made widely available to the public on the following website:

Paulding County Health Department: <https://www.pauldingcountyhealth.com/index.html>

Written comments on this report were solicited on the website where the report was posted.

## PAULDING COUNTY 2018-2021 PRIORITY HEALTH NEEDS

A community workgroup developed the Paulding County 2018-2021 Youth Health Improvement Plan (CHIP) by reviewing the 2018 Youth Health Assessment. The workgroup reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by the health department and county:

1. Mental health and addiction
2. Chronic disease
3. Sexual behavior

## IMPACT/PROCESS EVALUATION OF 2018-2021 STRATEGIES

In collaboration with community partners, Paulding County developed and approved an Improvement Plan (CHIP) report for 2018-2021 to address the significant youth health needs that were identified in the 2018 Youth Health Assessment. The county chose to address: mental health and addiction, chronic disease, and sexual behavior. While the CHIP focused on youth health, some strategies also addressed adult health. **Appendix B** describes the evaluation of the strategies that were planned in the 2018-2021 CHIP, as well as further progress that has been made to date from 2022 to present.

## STEP 2

# DEFINE THE PAULDING COUNTY SERVICE AREA



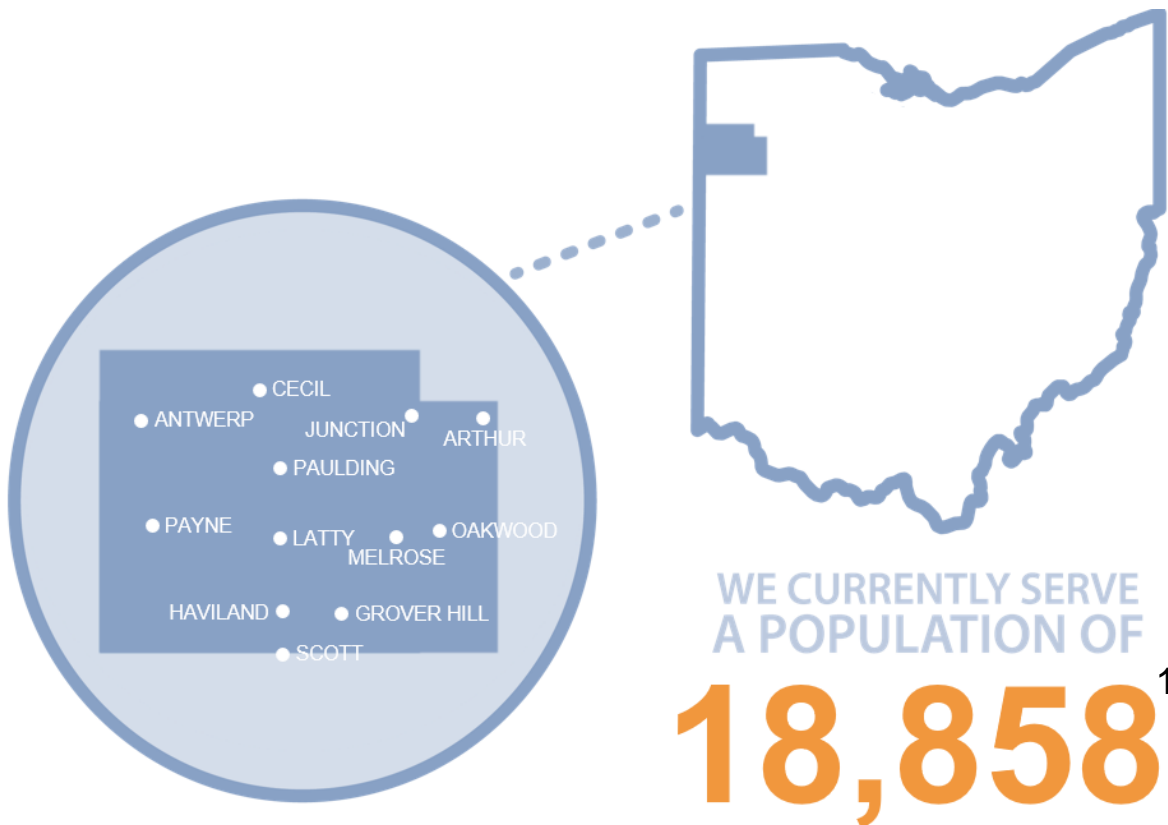
### **IN THIS STEP, PAULDING COUNTY HEALTH DEPARTMENT:**

- ✓ DESCRIBED THE PAULDING COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

# DEFINING THE PAULDING COUNTY SERVICE AREA



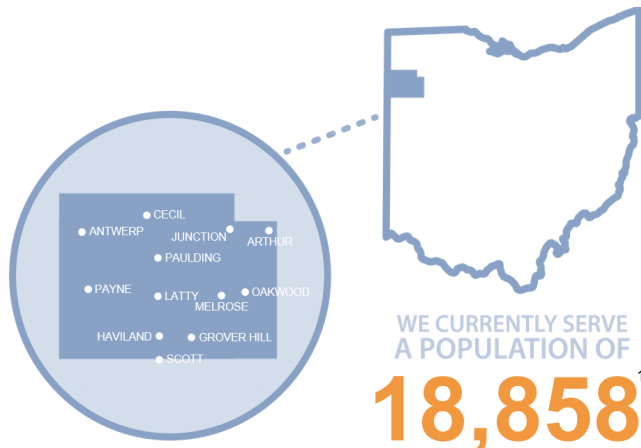
For the purposes of this report, Paulding County Health Department defines their primary service area as being made up of Paulding County, Ohio.



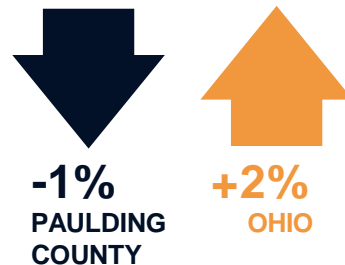
## PAULDING COUNTY SERVICE AREA

GEOGRAPHIC AREA	ZIP CODE	GEOGRAPHIC AREA	ZIP CODE
Antwerp	45813	Latty	44827
Cecil	45821	Melrose	45861
Cloverdale	45827	Oakwood	45873
Defiance	43512	Paulding	45879
Grover Hill	45849	Payne	45880
Haviland	45851		

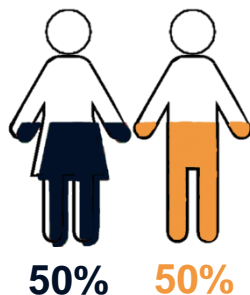
# PAULDING COUNTY AT-A-GLANCE



THE POPULATION OF OHIO IS INCREASING, WHILE THE PAULDING COUNTY POPULATION HAS **SLIGHTLY DECREASED** IN THE PAST 10 YEARS

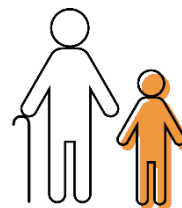


THE % OF MALES AND FEMALES IS **APPROXIMATELY EQUAL**<sup>3</sup>



**8%** OF PAULDING COUNTY RESIDENTS ARE **VETERANS**, SLIGHTLY HIGHER THAN THE STATE RATE<sup>4</sup>

**OVER HALF OF VETERANS IN THE SERVICE AREA ARE AGED 65+**<sup>4</sup>



YOUTH AGES 0-19 AND SENIORS 65+ MAKE UP

**45% OF THE POPULATION**

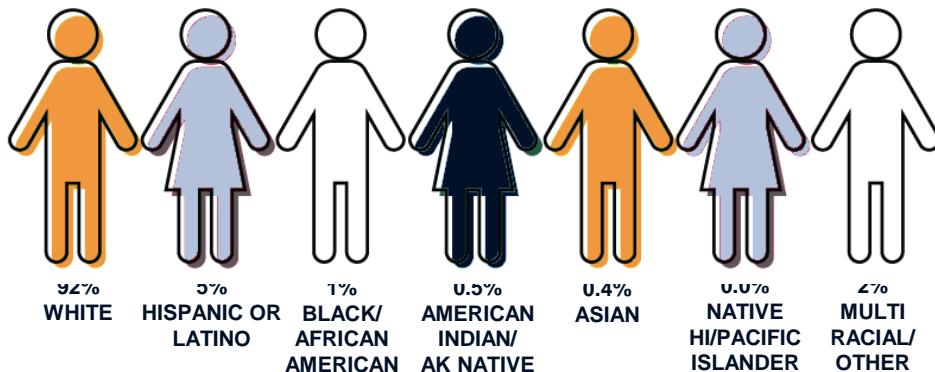
IN THE PAULDING COUNTY SERVICE AREA<sup>5</sup>

**NEARLY 1 IN 5 PAULDING COUNTY RESIDENTS ARE AGE 65+**<sup>6</sup>

THE **MAJORITY (92%)** OF THE POPULATION IN PAULDING COUNTY IDENTIFIES AS **WHITE** AS THEIR ONLY RACE<sup>1</sup>



**98% OF THE POPULATION IN THE PAULDING COUNTY SERVICE AREA SPEAKS ONLY ENGLISH AND ONLY 3% ARE FOREIGN-BORN**<sup>7</sup>



THE AGE-ADJUSTED **MORTALITY RATE** IN PAULDING COUNTY OF 852 PER 100,000 POPULATION IS **SLIGHTLY HIGHER** THAN THE STATE OF OHIO<sup>8</sup>



**1 IN 256 PAULDING COUNTY RESIDENTS WILL DIE PREMATURELY**, WHICH IS **LOWER** THAN THE OHIO STATE RATE<sup>9</sup>



PAULDING COUNTY IS RANKED IN THE **TOP 25%** OF HEALTHIEST COUNTIES IN OHIO BASED ON **HEALTH FACTORS THAT WE CAN MODIFY**<sup>9</sup>



# THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS

***“Anytime that someone needs a helping hand people show up regardless of if they know them or not.”***

- Community Member Interview

***“I love that the community is very neighborly and takes care of their own.”***

- Community Member Interview

***“You can talk with people easily, and people still go to Friday night football games.”***

- Community Member Interview

***“I love the cooperative nature of community leaders.”***

- Community Member Interview

***“The community pulls together and rallies around projects.”***

- Community Member Interview

***“Great place to raise a family.”***

- Community Member Focus Group

***“Small, relatively safe, and everyone supports each other.”***

- Community Member Interview

***“Outpouring of community support.”***

- Community Member Interview

***“I love that Paulding County is small and [it’s] great to work there, knowing that you are not just a ‘number’.”***

- Community Member Interview

***“Low crime rate...”***

- Community Member Focus Group

***“I love the small-town support from local businesses trying to take care of each other’s needs.”***

- Community Member Interview

***“I love the small-town aspect of it [Paulding County], the sense of community. It takes a village to help and get things done, and we all come together and support each other.”***

- Community Member Focus Group



# TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

## FROM INTERVIEWS:

### Major health issues impacting community (community interviews):

1. Mental health
2. Substance use
3. Alcoholism
4. Diabetes
5. Poor nutrition/lack of access to healthy foods

### Top socioeconomic, behavioral, and/or environmental factors impacting community (community interviews):

1. Lack of transportation
2. Not enough community resources
3. Lack of grocery stores/access to healthy foods
4. Poverty
5. Drug use
6. Not enough high paying jobs

## FROM FOCUS GROUPS:

### Major health issues impacting community (community focus groups):

1. Language barriers
2. Poor communication/unsure where to get help
3. Lack of information on accessing healthcare
4. Lack of resources on fun things to do and community involvement

### How health concerns are impacting community (community focus groups):

1. Language barriers prevent/limit healthcare access
2. Segregation of the Hispanic/Latino community
3. Missing/lack of information about community events

***“Parents are giving their children alcohol and vapes.”***

- Community Member Interview

***“Preventive care: [People don’t know] where to go for healthcare, did not know where to get vaccines, [or] how the health department works.”***

- Community Member Focus Group

***“[People need] access to support and knowledge of what public support we have access to.”***

- Community Member Focus Group

***“People can’t afford organic even if offered.”***

- Community Member Interview

***“[There are] limited resources for exercise there are only a few gyms.”***

- Community Member Interview

# TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

## FROM INTERVIEWS:

**Sub-populations in the area that face barriers to accessing healthcare and social services (community interviews):**

1. Low-income families
2. Children/youth
3. Hispanic/Latino population/non-English speakers/immigrants
4. Aging population/elderly

***“The minorities are in need, but sometimes [they] have too much pride to seek help.”***

- Community Member Interview

***“People don’t call EMS because they fear their insurance co-pay will spike.”***

- Community Member Focus Group

## FROM FOCUS GROUPS:

**Sub-populations in the area that face barriers to accessing healthcare and social services (community focus groups):**

1. Hispanic/Latino population/non-English speakers/immigrants
2. Released prison inmates
3. Low-income/people living in poverty
4. Aging population/elderly

**Resources people use in the community to address their health needs (community focus groups):**

1. Paulding County Hospital
2. Women, Infants and Children (WIC)
3. Paulding County Health Department
4. Medicaid

**Top resources that are lacking in the community (community focus groups):**

1. Transportation
2. Translators at all service businesses
3. More access to healthcare/providers
4. Parenting classes
5. Recreation centers/better parks
6. Dental care
7. Awareness of what is happening in the community

***“Latin[o/a] people will go back to their home countries for care because they don’t understand the system.”***

- Community Member Interview

***“[There is] no health or safety info available in Spanish...Hispanics don’t know [what issues] are emergencies or what to do in some emergency situations.”***

- Community Member  
Focus Group

***“Some of us isolating ourselves in our houses for fear of not being able to be heard or having legal conflict.”***

- Community Member Interview

***“[The] elderly fear firefighters because they are afraid, they will have to go to nursing homes.”***

- Community Member  
Focus Group

# STEPS 3, 4 & 5 **IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS**



## **IN THIS STEP, PAULDING COUNTY HEALTH DEPARTMENT:**

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



## UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



**HEALTH FACTORS** are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

**HEALTH OUTCOMES** are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health.)

IN ORDER TO ALIGN WITH THE OHIO DEPARTMENT OF HEALTH'S INITIATIVE TO IMPROVE HEALTH, WELL-BEING, AND ECONOMIC VITALITY, PAULDING COUNTY HEALTH DEPARTMENT INCLUDED THE STATE'S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

# SECONDARY DATA EXISTING DATA SOURCES



## ASSESSING HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups and survey. Significant health needs were identified from the secondary data using the following criteria.

### Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Paulding County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix A**).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

## REVIEW OF PAULDING COUNTY CHA DATA

In order to build upon the work that was initiated previously, the prior 2020 CHA was reviewed. When making final decisions for the 2024-2026 Improvement Plan (CHIP), previous efforts will be assessed and analyzed.

## SECONDARY DATA DEFINITIONS

### Behavioral Risk Factor Surveillance System (BRFSS) Region 1:

Paulding County is part of BRFSS Region 1, which also includes Defiance, Fulton, Henry, Lucas, Williams, and Wood Counties.

**HIV Planning Region 10:** Paulding County is part of HIV Planning Region 10, which also includes Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Putnam, Shelby, and Van Wert Counties.

**National Survey on Drug Use and Health (NSDUH) Region:** Paulding County is part of an NSDUH Region that also includes Defiance, Fulton, Henry, Williams, Hancock, Mercer, Van Wert, and Putnam Counties.

When data is only available at the regional level, this will be indicated in the report.

## 2023 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Community conditions (housing, education, economic security, internet access, etc.)
- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- COVID-19
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Maternal and infant health
- Mental health
- Nutritional and physical activity
- Preventative practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

The secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the Improvement Plan (CHIP).

# DATA COLLECTION

## PRIMARY

Secondary data collection and discussions with health department leadership, resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection will ultimately inform the needs assessment report and the decisions on health needs that the community will address in its Improvement Plan (CHIP).



### COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA TO BE ASSESSED IN PRIMARY DATA:

---

Access to healthcare (health insurance coverage, local access to providers, unmet need for mental healthcare, etc.)

---

Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)

---

Community conditions (childcare, crime/violence, housing, education, transportation, income/poverty, economic stability)

---

HIV/AIDS and Sexually Transmitted Infections (STIs)

---

Maternal, infant, and child health

---

Mental health (depression and suicide, etc.)

---

Nutritional/physical activity (overweight and obesity, etc.)

---

Preventive practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)

---

Substance use (alcohol and drugs, etc.)

---

Tobacco and nicotine use



# PRIMARY DATA COLLECTION

## KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **25 experts** from various organizations serving the community and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.



### KEY INFORMANT INTERVIEW QUESTIONS:

Broad questions asked at the beginning of the interview

What are some of the major health issues affecting individuals in the community?

What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?

Who are some the populations in the area that are not regularly accessing health care and social services? Why?

Questions asked for each health need

What are the issues/challenges/barriers faced for the health need?

Are there specific sub-populations and areas in the community that are most affected by this need?

Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

# PRIMARY DATA COLLECTION

## FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **8 focus groups** with a total of **72 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.



### FOCUS GROUP QUESTIONS:

---

What are your biggest health concerns/issues in our community?

---

How do these health concerns/issues impact our community?

---

What are some populations/groups in our community that face barriers to accessing health and social services?

---

What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?

---

What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?

---

Do you have any ideas for how to improve health/address health issues in our community?

---

Do you have any other feedback/thoughts to share with us?

# PRIMARY DATA COLLECTION COMMUNITY-WIDE SURVEY

Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department and community partners shared the survey link with clients, patients, and others who live and/or work in the community. This resulted in **354 responses** to the community survey. The survey questions and demographics can be found in **Appendix E**.



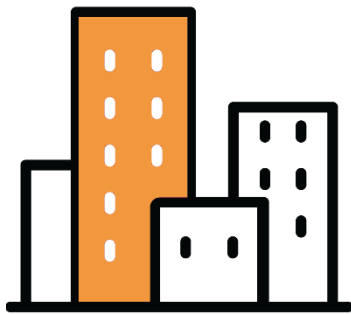
## HEALTH NEEDS RANKED IN THE COMMUNITY MEMBER SURVEY:

- #1 Substance use
- #2 Mental health and access to mental healthcare
- #3 Income/poverty and employment
- #4 Food insecurity (e.g. not being able to access and/or afford healthy food)
- #5 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, etc.)
- #6 Access to childcare
- #7 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)
- #8 Transportation (e.g. public transit, cars, cycling, walking)
- #9 Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)
- #10 Nutrition and physical health/exercise
- #11 Housing and homelessness
- #12 Education (e.g. early childhood education, elementary school, post-secondary education)
- #13 Crime and violence
- #14 Environmental conditions (e.g. air and water quality)
- #15 Internet/Wi-Fi access
- #16 Tobacco and nicotine use/smoking
- #17 Preventive care and practices (e.g. mammograms, vaccinations)
- #18 Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
- #19 HIV/AIDS and Sexually Transmitted Infections (STIs)

# PRIORITY HEALTH FACTORS OF PAULDING COUNTY RANKED AND ANALYZED

County Health Rankings & Roadmaps is an organization that ranks counties for each state in the U.S. according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. Ohio has 88 counties, which are ranked from 1 to 88 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 88 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and other factors.

Many factors in a community shape the health and well-being of that community. To follow the framework of the state of Ohio, this report first ranks the health factors of Paulding County as they are prioritized by the community in the community member survey.



**PAULDING COUNTY IS RANKED 21<sup>ST</sup> OF 88 RANKED COUNTIES IN OHIO, ACCORDING TO SOCIAL AND ECONOMIC FACTORS (WITH 1 BEING THE BEST), PLACING IT IN THE TOP 25% OF THE STATE'S COUNTIES<sup>10</sup>**



# #1 HEALTH NEED SUBSTANCE USE



In the community survey, Paulding County residents ranked **SUBSTANCE USE, MENTAL HEALTH AND ACCESS, and INCOME/POVERTY** as the top issues that are very important for healthcare leaders to address<sup>20</sup>

## IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, **OVER HALF (55%)** OF PAULDING COUNTY RESPONDENTS REPORTED **SUBSTANCE USE** AS ONE OF THEIR TOP HEALTH CONCERNS<sup>11</sup>

**1 in 5 adults** in Paulding County reported **binge drinking** within the past month, the same as Ohio<sup>36</sup>



### ACCORDING TO THE 2018 PAULDING COUNTY YOUTH HEALTH ASSESSMENT:

- 23% of Paulding County teens have used alcohol in the past month, vs. 30 for Ohio<sup>34</sup>
- 12% of Paulding County teens have binge drank in the past 30 days, vs. 16% for Ohio<sup>34</sup>
- 15% of Paulding County teens first consumed alcohol before age 13, vs. 13% for Ohio<sup>34</sup>
- 13% of Paulding County teens rode with someone who was drinking in the past 30 days, vs. 17% for Ohio<sup>34</sup>
- With the exception of current drinking, all of these rates fell between 2011 and 2018

# 7%

of Paulding County youth have abused prescription medications to get high, compared to 17% for the US<sup>37</sup>

Paulding County youth knowledge of how to obtain the following drugs<sup>37</sup>:

- Alcohol – **73%**
- Marijuana – **30%**
- Unprescribed prescription drugs – **20%**
- Other drugs – **6%**

**16%** of Paulding County youth surveyed have **used marijuana at least once**, compared to 36% for Ohio youth. Of these youth, **25%** have used the substance **100 times or more**<sup>37</sup>



ER visit rates for suspected overdoses are consistently lower in Paulding County compared to Ohio. In 2022, 29 of every 10,000 emergency department visits in the county can be attributed to suspected overdose. This rate **declined** from 2019 to 2022. Due to low counts, the rate of unintentional drug **overdose deaths** was unable to be calculated and compared to Ohio<sup>37</sup>



*"Some don't understand for addiction it isn't a one size fits all issue. It takes multiple levels of treatment and support for people to get help."*  
- Community Member Interview

*"Youth drink at high school football games and no one says anything."*  
- Community Member Interview

# #1 HEALTH NEED SUBSTANCE USE

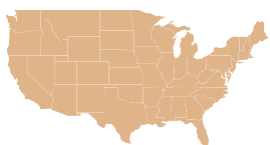


"Addiction and mental health doesn't discriminate, no matter the age, gender, ethnicity, or sexual orientation."

- Community Member Interview

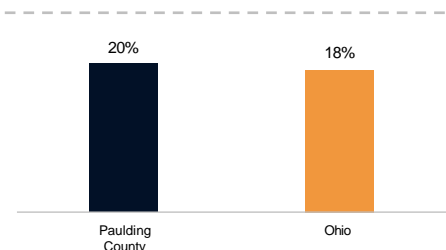
"The wealthy have issues with drugs more than those in poverty."

- Community Member Interview



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT BINGE DRINKING



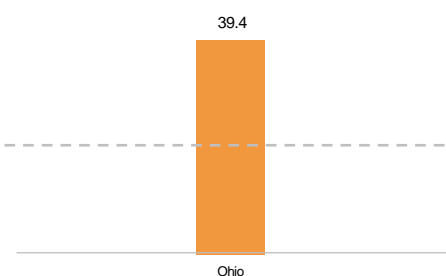
HP 2030 TARGET: **25%**

DESIRED DIRECTION: ↓



Paulding County meets/ exceeds the target<sup>36</sup>

### DRUG OVERDOSE DEATHS PER 100,000



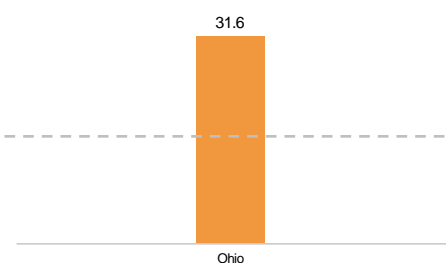
HP 2030 TARGET: **20.7 PER 100,000**

DESIRED DIRECTION: ↓



Ohio does not yet meet the target. This indicator was not available for Paulding County<sup>37</sup>

### OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: **13.1 PER 100,000**

DESIRED DIRECTION: ↓



Ohio does not yet meet the target. This indicator was not available for Paulding County<sup>37</sup>

## PRIORITY POPULATIONS SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



In the community survey, most **OAKWOOD (45873)** residents (67%) rated substance use in their top five community concerns<sup>11</sup>

According to research, **BOYS** were more likely than girls to try drinking alcohol at a younger age<sup>38</sup>



Binge drinking rates were **HIGHEST AMONG MEN, ADULTS AGES 25 TO 39, WHITE PEOPLE, and HIGHER INCOME HOUSEHOLDS**<sup>36</sup>

According to the community survey, over half of Paulding County residents **AGED 25-34 and 65+** (60% respectively) feel substance use is a top health concern in the community, significantly more than the 18-24 age category (41%)<sup>11</sup>

**11% of people who are HOMELESS** in the service area experienced chronic substance use challenges<sup>24</sup>



**YOUTH** are more impacted by substance use due to their developing brains<sup>35</sup>

### Top issues/barriers for substance use (reported in interviews):

1. High usage of drugs/alcohol/nicotine
2. Lack of activities in the community to occupy time



# #2 HEALTH NEED MENTAL HEALTH



MENTAL HEALTH AND ACCESS TO MENTAL HEALTHCARE was the #2 RANKED HEALTH NEED reported in the community member survey, with over 54% of respondents selecting this option. Mental health was one of the most commonly mentioned “major health issues” in the community member interviews<sup>10</sup>

ALMOST 27%

OF PAULDING COUNTY RESIDENTS WHO RESPONDED TO THE 2023 COMMUNITY MEMBER SURVEY RATE THEIR ACCESS TO MENTAL OR BEHAVIORAL HEALTH SERVICES AS LOW OR VERY LOW, WITH ANOTHER 41% RATING IT AS NEUTRAL<sup>11</sup>

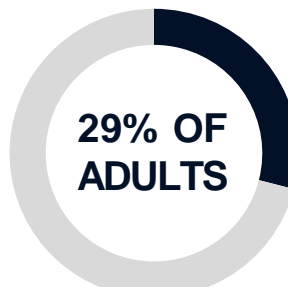
## IN OUR COMMUNITY



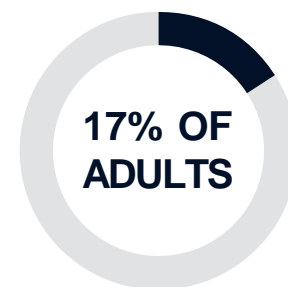
in Ohio with major depressive episodes in the past year **did not receive mental health services**<sup>33</sup>



in Ohio with major depressive episodes in the past year received some **consistent mental health services** (7+ visits)<sup>33</sup>



in BRFSS\* Region 1 have been diagnosed with **depression and suicidal ideation** by a mental health professional, compared to 29% for Ohio<sup>34</sup>



in Paulding County experienced **frequent mental distress** (2+ weeks/ month in the past year), compared to 16% for Ohio<sup>35</sup>

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT PAULDING COUNTY HAS **MANY FEWER MENTAL HEALTH PROVIDERS** RELATIVE TO ITS POPULATION WHEN COMPARING THE RATIO TO OHIO. 35% OF SURVEY RESPONDENTS SAY THAT **MENTAL HEALTHCARE ACCESS IS LACKING** IN THE COMMUNITY<sup>10</sup>



PAULDING  
COUNTY  
1,720:1

OHIO  
330:1

PAULDING COUNTY ADULTS REPORT **5.3 MENTAL UNHEALTHY DAYS PER MONTH**, COMPARED TO 5 FOR OHIO<sup>35</sup>

ONLY 27% OF RESPONDENTS TO THE 2023 COMMUNITY MEMBER SURVEY REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES RECEIVED ALL THE CARE THEY NEEDED<sup>13</sup>

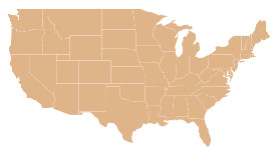
Paulding County's adult suicide rate of **25 per 100,000** is **higher** than Ohio's rate of 15 per 100,000<sup>33</sup>

**5% of BRFSS\* Region 1 adults have considered attempting suicide** in the past year vs. 4% for Ohio<sup>33</sup>

\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.

*“For mental health there are only two providers in the community, but private practice is out of the county.”*  
- Community Member Interview

# #2 HEALTH NEED MENTAL HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES

HP 2030 TARGET: **69%**  
DESIRED DIRECTION: **↑**

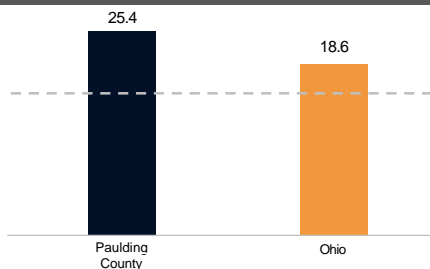
✗ Ohio does not yet meet the target. This % was not available for Paulding County<sup>34</sup>



### SUICIDE RATE

HP 2030 TARGET: **12.8 PER 100,000**  
DESIRED DIRECTION: **↓**

✗ Paulding County does not yet meet the target<sup>35</sup>



*"Mental health first aid is important and needed more."*

- Community Member Interview

*"Youth and low income in rural areas...hard to travel long distances for mental health services."*

- Community Member Interview

*"The hospital only holds 15 beds. On-call crisis management is all outsourced. There are no in-patient services. There are no mental health houses."*

- Community Member Interview

## PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Residents of **PAULDING (45879)** were more likely to say that they did not know where to go or how to find mental/behavioral health services on the community member survey<sup>13</sup>

Only 7% of **PAYNE (45880)** residents rated their overall mental health as excellent. This was significantly less than **Haviland 45851 (50%)** (in the community member survey)<sup>14</sup>



Mental health was a top five health concern in **PAULDING (45879)**, **ANTWERP (45813)** and **OAKWOOD (45873)** in the community member survey<sup>11</sup>

**LOWER INCOME RESIDENTS** are more likely to have mental health challenges<sup>14</sup>

**35-44 YEAR OLDS** were most likely to rank their access to mental healthcare as low or very low in the community member survey<sup>12</sup>

Top issues/barriers for mental health (reported in interviews):

1. Lack of mental health providers
2. People are unsure of where to go for resources

Sub-populations most affected by mental health (reported in interviews):

1. Youth

# #3 HEALTH NEED ECONOMIC STABILITY INCOME/POVERTY AND EMPLOYMENT



ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, AND MANY OF THE MOST IMPORTANT SOCIAL FACTORS THAT IMPACT THE COMMUNITY'S HEALTH...

5% OF PAULDING COUNTY TEENS 16–19 ARE **AT RISK** BECAUSE THEY ARE NOT IN SCHOOL OR UNEMPLOYED, WHICH IS **LOWER** THAN THE 6% SEEN STATEWIDE<sup>39</sup>

93% OF THESE TEENS DO NOT HOLD A HIGH SCHOOL DIPLOMA<sup>39</sup>



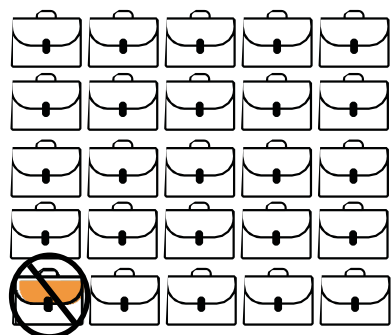
PAULDING COUNTY IS RANKED **21 OUT OF 88** COUNTIES IN OHIO FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER), PLACING IT IN THE **TOP 25%** OF THE STATE'S COUNTIES<sup>8</sup>

## IN OUR COMMUNITY



PAULDING COUNTY'S MEDIAN HOUSEHOLD INCOME IS **22% HIGHER** THAN THE STATE AVERAGE<sup>40</sup>

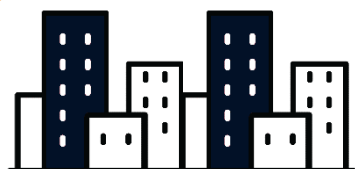
PAULDING COUNTY: \$65,331  
OHIO: \$61,138



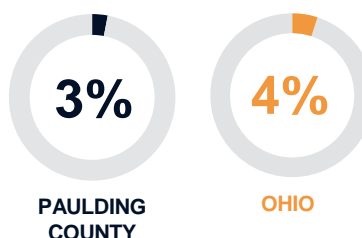
**4%**

OF PAULDING COUNTY AND OHIO ADULTS ARE **UNEMPLOYED**, COMPARED TO 5% FOR OHIO<sup>41</sup>

*"The cost of living is going up, but pay stays the same."*  
- Community Member Interview

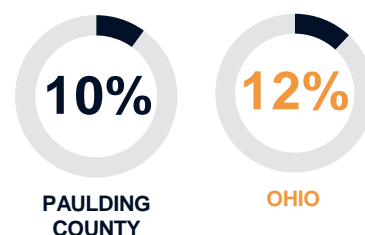


LIVES IN POVERTY<sup>40</sup>



THE **HIGHEST POVERTY** RATES ARE FOUND IN HAVILAND (7%), CECIL (6%), AND LATTY (5%). POVERTY RATES ARE **HIGHEST FOR CHILDREN AT 14%**, COMPARED TO 19% FOR OHIO<sup>40</sup>

IS LOW-INCOME<sup>40</sup>



THE **HIGHEST LOW-INCOME** RATES ARE FOUND IN HAVILAND (15%), MELROSE (14%), AND OAKWOOD (13%)<sup>40</sup>



*"There are good resources, but pride is a big issue. Everyone knows everyone...there are food pantries, but people are uncomfortable with people knowing they are there for help."*  
- Community Member Interview

# #3

## HEALTH NEED ECONOMIC STABILITY

### INCOME/POVERTY AND EMPLOYMENT



**10% OF LOW-INCOME PAULDING COUNTY ADULTS UTILIZE FOOD STAMPS VS. 13% FOR OHIO<sup>31</sup>**

#### ACCORDING TO THE U.S. CENSUS BUREAU

**2% OF PAULDING COUNTY RESIDENTS RECEIVE PUBLIC ASSISTANCE VS. 3% FOR OHIO<sup>42</sup>**

**8% OF PAULDING COUNTY RESIDENTS RECEIVE SUPPLEMENTAL SECURITY INCOME (SSI), COMPARED TO 6% FOR OHIO<sup>42</sup>**



*"There are problems with transportation...there is no uber or public transportation, so people struggle getting to work or maintaining jobs."*

- Community Member Interview

*"The food pantry has seen an increase in the number of families that use the services in the last few years.."*

- Community Member Interview

Top issues/barriers for income/poverty and employment (reported in interviews):

1. Higher poverty/low-income rates in the area
2. Hard to get new businesses to come to the area and older businesses to stay
3. Transportation

Sub-populations most affected by income/poverty and employment (reported in interviews):

1. Immigrants
2. Low-income residents

*"With [people receiving] aid from government [they] will not be motivated to go to work. There are more jobs available than there are people to work right now."*

- Community Member Interview

#### PRIORITY POPULATIONS INCOME/POVERTY AND EMPLOYMENT

While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to the community survey, there are significantly more unemployed residents **AGES 25-34** (11%) and **35-44** (13%) than ages 45-54 (2%)<sup>15</sup>

**ANTWERP (45813)** residents were 47% more likely to rate employment as one of their top concerns on the community survey than residents of Paulding (45879)<sup>15</sup>



30% of **CHILDREN**, 14% of **SENIORS**, and 44% of **FEMALE HEADS-OF-HOUSEHOLD (HoH)** living with their minor children, live in poverty<sup>40</sup>

**27% of Paulding County 65+ YEAR-OLD** survey respondents earn a relatively low household income of \$20,000-\$34,000 per year, significantly more than 35-44 and 45-54 year-olds (6%)<sup>16</sup>

In the community survey, those with **LESS THAN A HIGH SCHOOL DIPLOMA** were 44% more likely to rank employment as a top concern than those with a graduate degree (24%)<sup>11</sup>



According to research, people who are **IMMIGRANTS AND/OR EXPERIENCE LANGUAGE BARRIERS** may have additional challenges with accessing employment, education, and health and social services<sup>40</sup>

Science says that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment<sup>29</sup>

# #4 HEALTH NEED FOOD INSECURITY



According to Feeding America, **11% of Paulding County residents and 12% of Ohioans overall experience FOOD INSECURITY**<sup>45</sup>



When asked what resources were lacking in the community of Paulding County survey, **42%** of respondents answered **affordable food**<sup>14</sup>, while **35%** of survey respondents ranked **access to healthy food** as a top health concern<sup>11</sup>

## IN OUR COMMUNITY



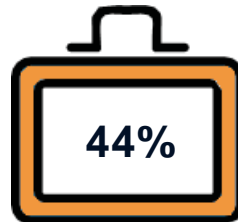
The rate of food insecurity is higher in Paulding County **children (12%)**, while this rate is lower than for Ohio children (15%)<sup>45</sup>



**Melrose (45861)** has the highest overall proportion of households receiving food stamps (25%), as well as the highest proportion of single moms with children (69%), and **Latty (44827)** has the highest proportion of **senior** households (43%)<sup>45</sup>



When asked about the major health issues affecting the Paulding County community, factors relating to **food insecurity** were mentioned in almost **75%** of the interviews conducted with community leaders



The percentage of students in Paulding County who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **44%** on average, with the highest rate being **84%** for **Paulding County Opportunity Center** in 2021<sup>48</sup>



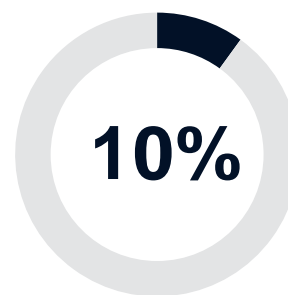
### PLACES TO ACCESS FOOD IN PAULDING COUNTY:<sup>46</sup>

- 3 full-service supermarkets
- 4 limited-service stores,
- 16 SNAP\* benefit retailers,
- 0 farmers' markets
- 10 fast-food and takeout restaurants

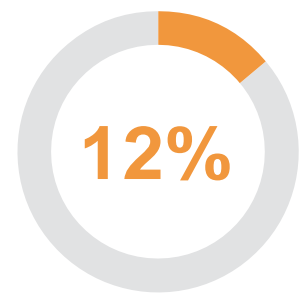
The United States Department of Agriculture (USDA) rates **0 out of 5** Paulding County census tracts as 'low-income' or 'low-access'<sup>46</sup>

\*Supplemental Nutrition Assistance Program

A **slightly lower rate** of Paulding County and Ohio households access **SNAP\* benefits**<sup>47</sup>



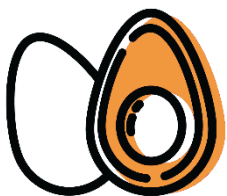
PAULDING  
COUNTY



OHIO



# #4 HEALTH NEED FOOD INSECURITY



*"Dollar general stores are food sources but aren't the best and do not take the place of a deli or full grocery store."*

- Community Member Interview

*"[There is] no access to healthy foods without driving 20-45 mins away to another town."*

- Community Member Interview

*"Kids skip lunch when they don't get free/reduced [price] lunch."*

- Community Member Interview

*"There is limited access...there is only one grocery store."*

- Community Member Interview

## Top issues/barriers for food insecurity (reported in interviews):

1. Rely on dollar stores/lack of grocery stores
2. Transportation

## Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income
2. Youth
3. Rural areas

## PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to research, food insecurity among **BLACK OR LATINO INDIVIDUALS** is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **RURAL**. 1 in 3 people facing hunger are unlikely to qualify for SNAP<sup>47</sup>

Research says that 44% of food insecure residents in Paulding County are below the SNAP threshold of 130% of the **POVERTY** level<sup>46</sup>

According to the community survey, over 75% of **MELROSE (45861)** residents feel that access to healthy foods needs to be addressed in Paulding County<sup>11</sup>

Based on the community survey, Paulding County residents **AGED 18-24** (53%) rank access to healthy foods as more of a health concern in the community than other age groups<sup>11</sup>

Survey respondents **25-34 YEARS OLD** felt that resources were lacking more for affordable food (50%) than those who were 65+ years old<sup>14</sup>

*"There are a couple of food pantries in the county, but they aren't open daily."*

- Community Member Interview



# #5 HEALTH NEED ACCESS TO HEALTHCARE



## IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES  
AND SERVICE ADMINISTRATION

### PAULDING COUNTY

HAS LESS ACCESS TO PRIMARY CARE PROVIDERS THAN OHIO  
OVERALL, WHILE MORE ACCESS TO DENTAL CARE PROVIDERS<sup>53</sup>

PAULDING COUNTY  
4,660:1<sup>10</sup>



OHIO  
1,291:1<sup>10</sup>

13% of community survey respondents say that  
primary healthcare access is lacking in the community<sup>14</sup>

PAULDING COUNTY  
1,291:1<sup>10</sup>



OHIO  
1,566:1<sup>10</sup>

24% of community survey respondents say that dental  
healthcare access is lacking in the community<sup>14</sup>

24% of community survey respondents say that vision  
healthcare access is lacking in the community<sup>14</sup>

## BARRIERS TO CARE AND IMPACTS



13% of community  
survey respondents  
could not obtain a  
necessary prescription  
medication in the past  
year<sup>18</sup>



29% of community  
survey respondents  
have delayed or gone  
without medical care  
due to being unable to  
get an appointment<sup>17</sup>



4% of survey  
respondents lack health  
insurance because it  
costs too much<sup>17</sup>



Less Paulding County  
(12%) than Ohio (17%)  
3rd grade children had  
untreated cavities<sup>54</sup>



8% of community  
survey respondents'  
usual source of care is  
an urgent care clinic<sup>23</sup>



45% of Paulding County  
3rd graders have a  
history of tooth decay,  
vs. 51% for Ohio<sup>54</sup>

*"The only dentist that takes  
Medicaid is retiring and not  
taking new patients."*

- Community Member Interview



1 IN 10

COMMUNITY SURVEY RESPONDENTS  
DO NOT HAVE A USUAL PRIMARY  
CARE PHYSICIAN (PCP)<sup>19</sup>



1 IN 5

BRFSS\* REGION 1 RESIDENTS  
(PAULDING COUNTY AREA) DID  
NOT HAVE A ROUTINE CHECKUP  
IN THE PRIOR YEAR<sup>35</sup>

\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.



MORE THAN 1 IN 5 (22%)

SURVEY RESPONDENTS HAVE NOT  
BEEN TO THE DENTIST IN THE  
PAST 1-2 YEARS<sup>20</sup>

# #5 HEALTH NEED ACCESS TO HEALTHCARE



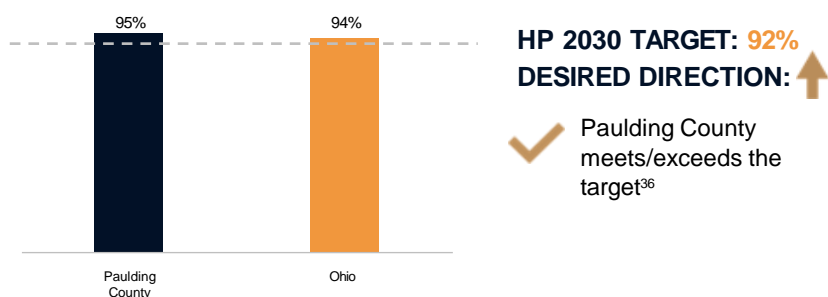
*"There is primary care at the hospital, but for specialty care there are set days and hours, or you have to go outside the county."*

- Community Member Interview



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HEALTH INSURANCE COVERAGE



### Top issues/barriers for access to healthcare (reported in interviews):

1. Lack of specialists
2. Transportation
3. Lack of availability to see providers

### Sub-populations most affected by access to healthcare (reported in interviews):

1. Low-income

*"People don't receive adequate medical Attention, causing stress and them to not want to return for more care."*

- Community Member Focus Group

## PRIORITY POPULATIONS ACCESS TO HEALTHCARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

5% of residents in Paulding County **DO NOT HAVE HEALTH INSURANCE**<sup>36</sup>



According to the community survey, over 45% of **GROVER HILL (45849)** residents report not having a checkup within the past year<sup>36</sup>

According to the community survey, individuals **AGED 55–64** in Paulding County were more likely to indicate access to primary healthcare services as a high concern (37%)<sup>11</sup>

Community survey respondents in **OAKWOOD (45873)** (28%) were more likely to visit urgent care clinics for routine care than those in Antwerp (45813) (7%) and Paulding (45879) (11%)<sup>11</sup>

87% of the **LOW-INCOME POPULATION** remain unserved by a health center<sup>47</sup>

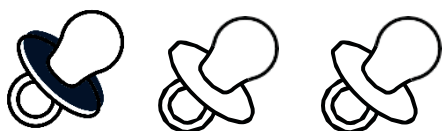
71% of respondents with **LESS THAN A HIGH SCHOOL DIPLOMA** indicated in the community survey that access to dental/oral healthcare is very important<sup>15</sup>

Of all age groups surveyed, **ADULTS 25–34** (9%) were most likely to report having no insurance due to being ineligible or not qualifying<sup>18</sup>

# #6 HEALTH NEED ACCESS TO CHILDCARE

ACCORDING TO THE 2020 OHIO CHILDCARE RESOURCE AND REFERRAL ASSOCIATION ANNUAL REPORT, THE AVERAGE COST OF CHILDCARE IN OHIO RANGES FROM \$3,731 PER YEAR FOR SCHOOL-AGED CHILDREN CARED FOR OUTSIDE OF SCHOOL HOURS TO \$10,161 PER YEAR FOR INFANTS UNDER ONE YEAR OF AGE<sup>49</sup>

## IN OUR COMMUNITY



32% OF PAULDING COUNTY COMMUNITY MEMBERS SURVEYED REPORTED THAT **ACCESS TO CHILDCARE** IS A **VERY CONCERNING** ISSUE IN THEIR COMMUNITY<sup>11</sup>



ACCORDING TO THE GROUNDWORK OHIO STATEWIDE SURVEY, 40% OF **WORKING PARENTS** STATED THAT THEY HAVE HAD TO **CUT BACK ON WORKING HOURS** TO CARE FOR THEIR CHILDREN<sup>52</sup>

80% OF OHIOANS SURVEYED SAY THAT **QUALITY CHILDCARE IS EXPENSIVE** WHERE THEY LIVE<sup>52</sup>

*"Employers don't consider maternity/parental leave as a priority. [You can only take] Family and Medical Leave (FMLA) if you have enough time saved up to continue getting paid."*

- Community Member Interview

*"[There is] no after school care for middle school-aged students."*

- Community Member Interview

## PRIORITY POPULATIONS ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

100% of **BLACK/AFRICAN AMERICAN** and **NATIVE AMERICANS/ALASKA NATIVES** who responded to the community survey rated access to childcare as a "very important" need to address<sup>15</sup>

**LOWER-INCOME RESIDENTS** may have challenges affording childcare<sup>50</sup>



**SINGLE PARENTS** who lack social support may have a greater need for childcare<sup>52</sup>

According to the community survey, Paulding County residents **AGED 25-44** (43%) were significantly more likely to report childcare among their top five health concerns than residents 45+<sup>1</sup>

### Top issues/barriers for access to childcare (reported in interviews):

1. Lack of childcare
2. High costs
3. Transportation
4. Elderly taking care of children

### Top resources, services, programs and/or community efforts in the community for access to childcare (reported in interviews):

1. Northwestern Ohio Community Action Commission (NOCAC)

# #7 HEALTH NEED ADVERSE CHILDHOOD EXPERIENCES

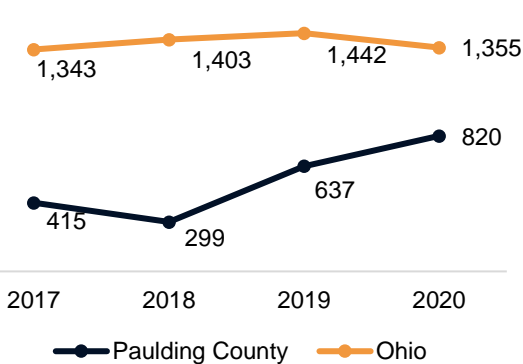


ADVERSE CHILDHOOD EXPERIENCES (ACEs), INCLUDING ABUSE, NEGLECT, MENTAL ILLNESS, SUBSTANCE ABUSE, DIVORCE/ SEPARATION, WITNESSING VIOLENCE, AND HAVING AN INCARCERATED RELATIVE CAN HAVE LIFELONG IMPACTS<sup>44</sup>

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs<sup>44</sup>

## IN OUR COMMUNITY

89% OF SURVEY RESPONDENTS SAID THAT CHILD ABUSE WAS AN IMPORTANT OR VERY IMPORTANT ISSUES TO ADDRESS IN THE COMMUNITY<sup>17</sup>



While rates per 100,000 of reported of child abuse are **substantially lower** in Paulding County than the state, they **increased overall** in Paulding County from 2017 to 2020, while they fluctuated in Ohio<sup>17</sup>

1 IN 4 PAULDING COUNTY YOUTH HAVE EXPERIENCED 3 OR MORE ACEs<sup>17</sup>



Research shows that youth with the most assets are **MORE LIKELY TO:**<sup>44</sup>

- Do Well In School
- Be Civically Engaged
- Value Diversity

Research shows that youth with the most assets are **LEAST LIKELY TO have problems with:**<sup>44</sup>

- Alcohol Use
- Violence
- Sexual Activity

*"There needs to be extra guidance counseling in schools and making sure teachers are aware could help, as well as health care providers doing proper screening [for ACEs/child abuse]."*

- Community Member Interview

*"Generational issues are a problem for children and parents."*

- Community Member Interview

## PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES (ACEs)

While **adverse childhood experiences (ACEs)** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**GIRLS** were more likely than boys to report adverse events at the Ohio state level<sup>44</sup>

**CHILDREN WITH THE FOLLOWING RISK FACTORS:**<sup>44</sup>



- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more **OAKWOOD (45873)** residents (47%) ranked "adverse childhood experiences" as a top health concern in the community survey<sup>11</sup>

**Top issues/barriers for ACEs (reported in interviews):**

1. Childhood trauma
2. Parental crimes and domestic violence
3. Generational issues and trauma

**Top resources, services, programs and/or community efforts in the community for ACEs (reported in interviews):**

1. Counseling services
2. Community Behavioral Health Providers
3. Foundations Behavioral Health

# #8 HEALTH NEED ECONOMIC STABILITY TRANSPORTATION



TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

## IN OUR COMMUNITY

NEARLY ONE-THIRD (31%) OF COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN PAULDING COUNTY<sup>14</sup>

*"We should have transportation options that are already paid for."*  
- Community Member Focus Group



When analyzing the largest population centers in Paulding County, according to WalkScore.com, Oakwood is 'Somewhat Walkable', while Paulding, Antwerp, and Payne are 'Car Dependent', with a few amenities within walking distance.

### ACCORDING TO THE AMERICAN COMMUNITY SURVEY:<sup>34</sup>



89% OF ALL WORKERS IN PAULDING COUNTY DRIVE ALONE TO WORK, COMPARED TO 80% FOR OHIO<sup>34</sup>



0% OF RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK (VS. 1% FOR OHIO) AND 3% WALK OR BIKE TO WORK (VS. 2% FOR OHIO)<sup>34</sup>



PAULDING COUNTY AND OHIO WORKERS SPEND AN AVERAGE OF 24 MINUTES PER DAY COMMUTING TO WORK<sup>34</sup>



RELIABLE TRANSPORTATION KEPT COMMUNITY SURVEY RESPONDENTS FROM THE FOLLOWING IN THE PAST YEAR:<sup>14</sup>

- Medical appointments – 6%
- Getting other things for daily living – 6%
- Work/meetings – 5%
- Buying food/groceries – 5%
- School – 3%
- Physical activity opportunities/the gym – 2%
- Childcare – 2%



# #8 HEALTH NEED ECONOMIC STABILITY TRANSPORTATION

*"[There is] no prenatal care. People have to travel out of town for care. Only a few medical care providers that will accept pediatric patients. People without transportation face major challenges with this."*

- Community Member Interview

*"People are traveling for up to 45 minutes away to get help [for chronic diseases]. Transportation is still an issue with this"*

- Community Member Interview

*"The supercenters are not located in the county. If you have no transportation, then you are limited."*

- Community Member Interview

## PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to the community survey, 36% of **PAULDING (45879)** residents feel that transportation is a lacking community resource<sup>61</sup>



**RURAL AREAS** have less access to public transit and residents must travel further to access necessary services<sup>61</sup>

27% of community members with a **DISABILITY** surveyed ranked transportation as a top concern<sup>11</sup>





# #9 HEALTH NEED CHRONIC DISEASES



CHRONIC DISEASES WERE THE #9 MOST REPORTED HEALTH NEED, ACCORDING TO PAULDING COUNTY 2023 COMMUNITY MEMBER SURVEY RESPONDENTS<sup>11</sup>

## IN OUR COMMUNITY

15% OF PAULDING COUNTY & OHIO ADULTS RATE THEIR HEALTH AS **FAIR OR POOR**<sup>48</sup>



POOR



FAIR



GOOD



VERY GOOD



EXCELLENT

17%

42%

While the state's disability rate was 16%, 17% of Paulding County adults identified as having a **disability**<sup>8</sup>

24% of survey respondents chose **chronic diseases** as a top community health need.<sup>11</sup> 42% of those surveyed saw **disabilities** as a very important health need<sup>15</sup>

THERE WERE 6,700 (AGE-ADJUSTED) YEARS OF **POTENTIAL LIFE LOST** AMONG PAULDING COUNTY RESIDENTS UNDER AGE 75, IN 2023, VS. 8,700 FOR OHIO<sup>67</sup>

*"There is a lack of general activities available in the area for this subpopulation of people [with disabilities] including having to go out of county for handicapped available parks and pools."*

- Community Member Focus Group

*"Making sure citizens have access to specialists [is important], some have to wait for diagnosis before treatment."*

- Community Member Interview

*"There is no cancer treatment in the county, you have to drive outside county for treatment."*

- Community Member Interview

*"There is a lack of access or resources for disabled students in regular public schools."*

- Community Member Interview

**Top issues/barriers for chronic diseases (reported in interviews):**

1. Lack of specialists
2. Transportation
3. Not enough facilities/treatment available
4. Asthma

**Sub-populations most affected by chronic diseases (reported in interviews):**

1. Low-income
2. Disabled
3. Elderly
4. Those with mental health disorders

# #9 HEALTH NEED CHRONIC DISEASES



## HEART DISEASE & HYPERTENSION

HEART DISEASE IS THE LEADING CAUSE OF DEATH IN PAULDING COUNTY<sup>65</sup>

4%

of both Paulding County and Ohio adults reported that they have had a **stroke**<sup>35</sup>

7%

of Paulding County adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio<sup>35</sup>

35%

of both Paulding County and Ohio adults have **hypertension**<sup>35</sup>

29%

of Paulding County adults have **high cholesterol**, compared to 31% of Ohio adults<sup>35</sup>

*"Some people go [travel] 4 days a week for radiation."*

- Community Member Interview

*"[There are] many types of cancer in the community, there isn't one more prevalent, it is in all age groups."*

- Community Member Interview

## DIABETES

15%

of Paulding County adults have **diabetes**, compared to 12% for the state<sup>16</sup>

**MORE THAN A THIRD OF OHIO ADULTS HAVE PREDIABETES**<sup>66</sup>

**OF THOSE WITH PREDIABETES, 20% WILL GO ON TO DEVELOP DIABETES WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION**<sup>66</sup>

**DIABETES PREVALENCE RISES WITH AGE AND IS ALSO HIGHLY IMPACTED BY INCOME AND LEVEL OF EDUCATION**<sup>66</sup>

## ASTHMA AND COPD

12%

of BRFSS\* Region 1 has **asthma**<sup>35</sup>

11%

of Ohio has **asthma**<sup>35</sup>

**MANY HOSPITAL ADMISSIONS DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND ASTHMA IN PAULDING COUNTY MAY BE PREVENTABLE EACH YEAR THROUGH ACCESS TO PRIMARY CARE**<sup>35</sup>

\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.

# #9 HEALTH NEED CHRONIC DISEASES



ACCORDING TO THE OHIO COUNTY HEALTH DEPARTMENT DATA WAREHOUSE  
CANCER IS THE **LEADING CAUSE OF DEATH** IN PAULDING COUNTY, AND THE  
OVERALL CANCER INCIDENCE PER 100,000 IS **SLIGHTLY LOWER THAN OHIO**<sup>64</sup>

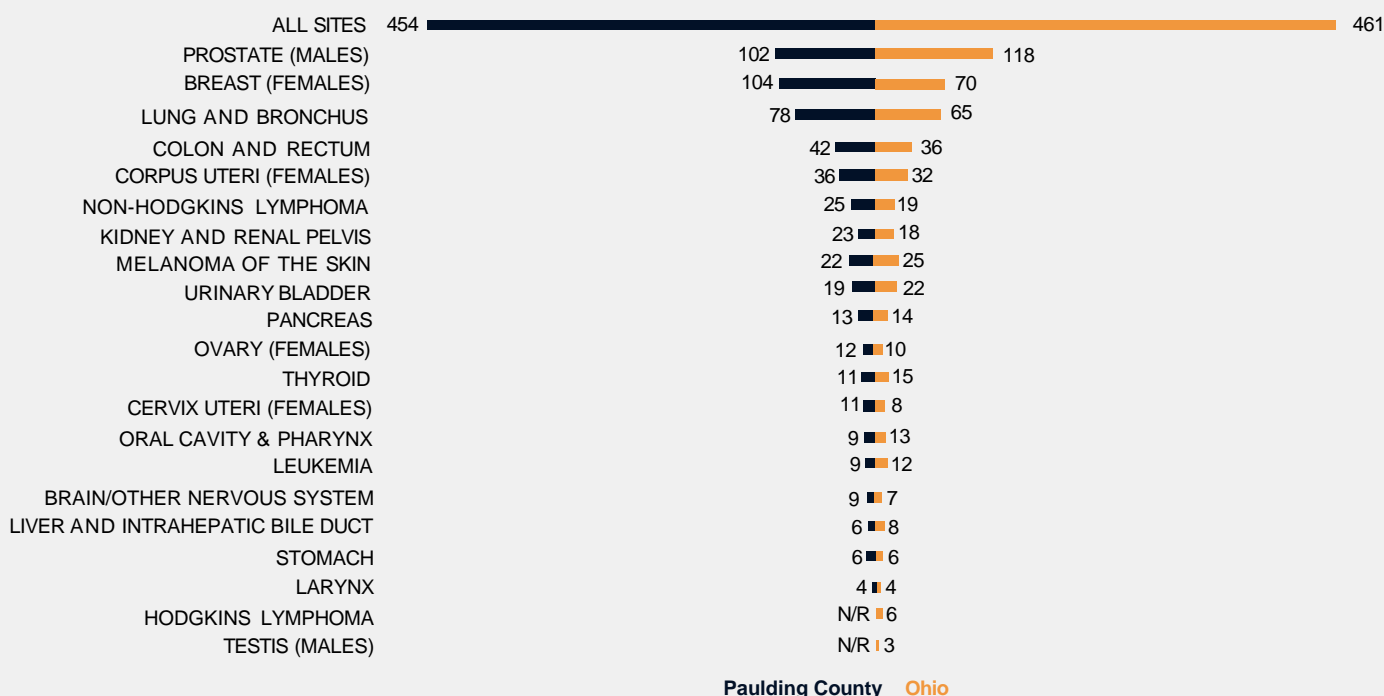
## 454

PAULDING COUNTY<sup>64</sup>

## 461

OHIO<sup>64</sup>

**LUNG, COLON, UTERINE, BLADDER, NON-HODGKIN'S LYMPHOMA, ORAL, KIDNEY, OVARIAN, CERVICAL, AND BRAIN CANCERS HAD HIGHER INCIDENCE RATES IN PAULDING COUNTY THAN OHIO<sup>64</sup>**



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



Paulding County does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates<sup>65,90</sup>

# #9 HEALTH NEED CHRONIC DISEASES



## PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Residents **AGED 65+** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than residents aged 25-44<sup>11</sup>

**PAULDING (45879)** survey respondents (52%) were more likely to rate diabetes as important to address in the community (54%), as compared to Oakwood (45873)<sup>15</sup>

**FEMALE** residents were more likely to rank asthma and COPD as important health concerns to address in the community survey (43%) than male residents (30%)<sup>15</sup>

Over half of survey respondents **AGED 25-34, 55-64, and 65+** feel that cancer is very important to address in Paulding County, compared to residents aged 35-44 (37%)<sup>15</sup>

**LOWER INCOME PEOPLE** are at a higher risk of developing many chronic conditions<sup>68</sup>

Chronic conditions are more common in **OLDER ADULTS**<sup>68</sup>

People with **HIGH EXPOSURE TO AIR POLLUTION**<sup>68</sup>

People who **SMOKE**<sup>68</sup>

People with challenges with **PHYSICAL ACTIVITY AND NUTRITION**<sup>68</sup>

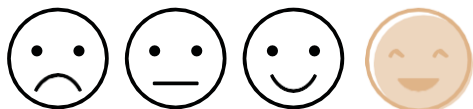


# #10 HEALTH NEED NUTRITION & PHYSICAL HEALTH

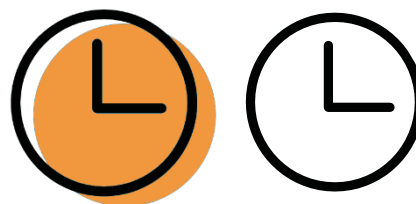


## IN OUR COMMUNITY

58% OF COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS 'GOOD'<sup>18</sup>



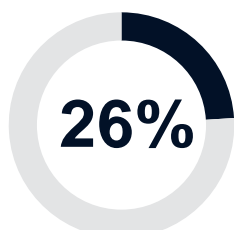
48% OF COMMUNITY SURVEY RESPONDENTS FEEL THAT HAVING A BUSY SCHEDULE LIMITS THEM FROM HAVING TIME TO COOK HEALTHY FOOD AND EXERCISE<sup>58</sup>



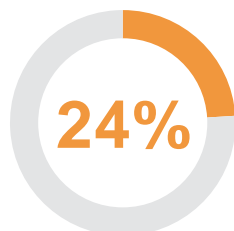
34% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RECREATIONAL SPACES ARE LACKING IN PAULDING COUNTY<sup>14</sup>



ACCORDING TO THE 2023 COUNTY HEALTH RANKINGS PROGRAM, MORE PAULDING COUNTY THAN OHIO ADULTS ARE SEDENTARY (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)<sup>35</sup>

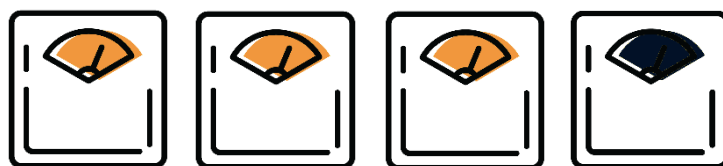


PAULDING COUNTY



OHIO

16% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RELIABLE TRANSPORTATION HAS KEPT THEM FROM BUYING FOOD/GROCERIES IN THE PAST YEAR, WHILE 2% SAY THAT IT HAS KEPT THEM FROM PHYSICAL ACTIVITY<sup>14</sup>



NEARLY THREE-QUARTERS (74%) OF PAULDING COUNTY RESIDENTS ARE OVERWEIGHT OR OBESE, HIGHER THAN THE STATE RATE OF 71%<sup>35</sup>

19% OF PAULDING COUNTY YOUTH ARE OBESE, HIGHER THAN THE STATE RATE OF 13%<sup>35</sup>

AT #21 OUT OF 88, PAULDING COUNTY RANKS IN THE TOP 25% OF OHIO COUNTIES FOR HEALTHY BEHAVIORS (WITH 1 BEING THE BEST RANKING)<sup>35</sup>

PAULDING COUNTY ROSE 3 RANKINGS FROM THEIR 2022 STANDING<sup>35</sup>



Of adults in BRFSS\* Region 1, 22% consume no vegetables per day, slightly higher than Ohio (20%)<sup>35</sup>

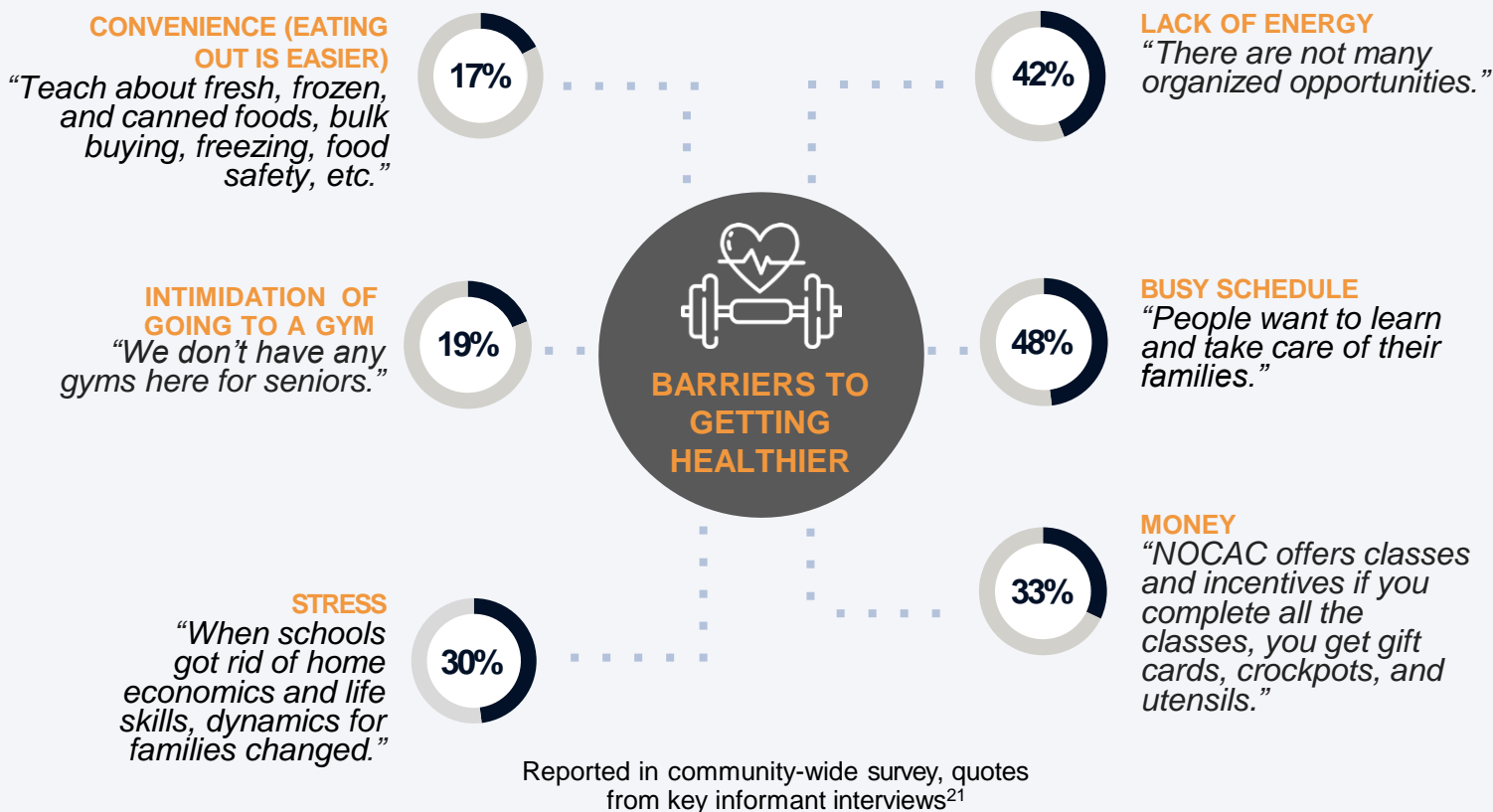


18% of BRFSS\* Region 1 adults meet physical activity guidelines, which is worse than 21% for Ohio<sup>35</sup>

\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.

# #10 HEALTH NEED

## NUTRITION & PHYSICAL HEALTH



**“There are no bike trails, playgrounds need maintenance, and there are no year-round opportunities for physical activity.”**  
 - Community Member Interview

**“There are still kids that ride their bikes here.”**  
 - Community Member Interview

**“Sugar is in all foods which is as addictive as drugs”**  
 - Community Member Interview

### Top issues/barriers for nutrition and physical health (reported in interviews):

1. Need more opportunities in community
2. Transportation
3. No/limited fitness/recreation centers
4. Costs

### Sub-populations most affected by nutrition and physical health (reported in interviews):

1. Low-income
2. Youth

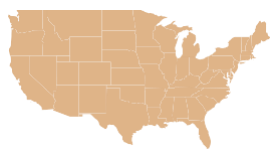
### Top resources, services, programs, and/or community efforts for nutrition and physical health:

1. Women, Infants, and Children (WIC)
2. Hospital gym



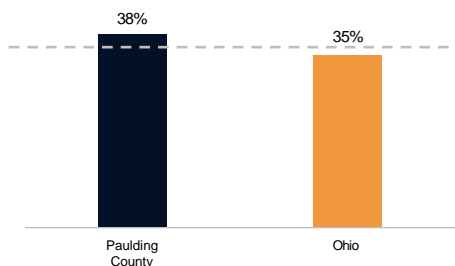
# #10 HEALTH NEED

## NUTRITION & PHYSICAL HEALTH



### HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

#### ADULT OBESITY

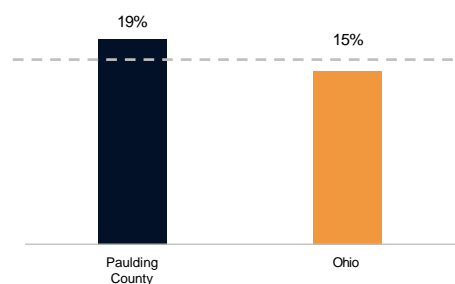


HP 2030 TARGET: **36%**

DESIRED DIRECTION: ↓

✗ Paulding County does not yet meet the target<sup>35</sup>

#### CHILDREN & TEEN OBESITY



HP 2030 TARGET: **16%**

DESIRED DIRECTION: ↓

✗ Paulding County does not yet meet the target<sup>35</sup>

*"Paulding has access to trails, parks, and basketball. There is a pool. The community is trying to find ways to improve."*

- Community Member Interview

*"Teach about MyPlate starting with kindergarten students and then send home tools to help spread education to families. By starting to teach kids early it helps to improve food relationships and knowledge that kids are excited about and then share with their families."*

- Community Member Interview

*"The hospital has a fitness center, but you have to be a member."*

- Community Member Interview

### PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to data, **TEEN GIRLS** are much more likely than boys to report trying to lose weight, regardless of BMI<sup>60</sup>

Among all races/ethnicities surveyed, **ASIANS, AMERICAN INDIANS & ALASKA NATIVES, and NATIVE HAWAIIAN & PACIFIC ISLANDERS** are the most likely to report being "inactive"<sup>35</sup>

According to research, **LOWER INCOME INDIVIDUALS, MALES AND OLDER ADULTS** are more likely to experience overweight and obesity, not exercise, and to not eat enough fruits and vegetables<sup>35</sup>



**YOUNG ADULTS AGES 18 TO 24** are at risk for being inactive<sup>61</sup>

**60% OF ANTWERP (45813)** survey respondents feel that their busy schedule (not having time to cook or exercise) impacts their ability to get healthier and in better shape<sup>60</sup>

**18% of PAULDING (45879)** community survey respondents indicated not enjoying exercise as a barrier to getting in shape<sup>60</sup>

# #11 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



HOUSING AND HOMELESSNESS IS A CONCERN IN TERMS OF QUALITY AND AFFORDABILITY, WHICH HAS ONLY INCREASED DURING THE COVID-19 PANDEMIC.

49% OF COMMUNITY SURVEY RESPONDENTS REPORT AFFORDABLE HOUSING AS A RESOURCE THAT IS LACKING IN THE COMMUNITY. AFFORDABLE HOUSING WAS THE #1 REPORTED RESOURCE NEEDED IN PAULDING COUNTY<sup>14</sup>

## IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, 1% OF ALL OCCUPIED HOUSING IN PAULDING COUNTY (90 UNITS), AS WELL AS OHIO, LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES<sup>56</sup>



FREDDIE MAC ESTIMATES THAT THE VACANCY RATE SHOULD BE 13% IN A WELL-FUNCTIONING HOUSING MARKET. THERE WAS ONLY A 9% VACANCY RATE IN PAULDING COUNTY IN 2021, ALTHOUGH THIS INCREASE FROM 8% IN 2020<sup>55</sup>



13% OF PAULDING COUNTY HOUSEHOLDS ARE 'COST BURDENED' (SPEND MORE THAN 35% OF THEIR INCOME ON HOUSING), VS. 15% FOR OHIO. OAKWOOD HAS THE HIGHEST PROPORTION OF COST-BURDENED HOUSEHOLDS (26%)<sup>55</sup>



The number of affordable and available units per 100 very low income renters (<50% of area median income) in Paulding County was only 29, vs. 44 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness<sup>56</sup>

*"There are 3 generations in one home that is 2-bedroom, 1 bathroom..."*

- Community Member Interview

*"Many homes aren't livable. Many homes don't fit low to middle incomes."*

- Community Member Interview



THE COALITION ON HOMELESSNESS AND HOUSING IN OHIO REPORTED THAT FROM 2020 TO 2021, THE PROPORTION OF HOMELESS INDIVIDUALS IN EMERGENCY SHELTERS IN THE CONTINUUM OF CARE INCREASED FROM 54% TO 79%<sup>57</sup>



IN 2022, THERE WERE AN ESTIMATED

**4,075 PEOPLE** EXPERIENCING HOMELESSNESS IN THE OHIO BALANCE OF STATE CONTINUUM OF CARE<sup>57</sup>



DATA SHOWS THAT 8% OF PAULDING COUNTY AND OHIO HOUSEHOLDS ARE SENIORS WHO LIVE ALONE. SENIORS LIVING ALONE MAY BE ISOLATED AND LACK ADEQUATE SUPPORT SYSTEMS<sup>56</sup>

# #11 HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



*"Housing: People in the community don't know their rights."*

- Community Member Interview

*"Nothing is streamlined to help people find these avenues for help."*

- Community Member Interview

*"Many people have to live with family members and are unemployed."*

- Community Member Focus Group

## Top issues/barriers for housing and homelessness (reported in interviews):

1. Not enough housing/availability
2. Too expensive/costs
3. Bad landlords
4. Poor quality housing

## Sub-populations most affected by housing and homelessness (reported in interviews):

1. Paulding
2. Elderly

## Top resources, services, programs, and/or community efforts for housing and homelessness:

1. Northwestern Ohio Community Action Commission (NOCAC)
2. Chamber of Commerce

## PRIORITY POPULATIONS HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

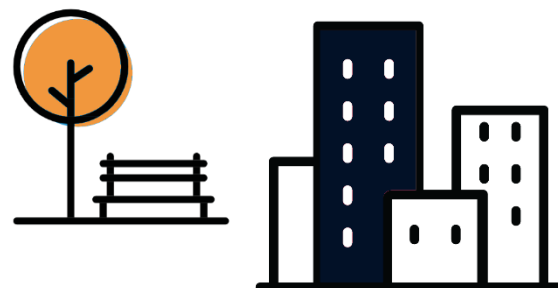


Residents in **GROVER HILL (45849)** ranked housing and homelessness as a top concern significantly more (50%) than residents in Defiance (43512) and Cecil (45821)<sup>11</sup>

According to the Ohio Balance of State Continuum of Care, nearly 19% of the homeless population lives with **MENTAL ILLNESS**, 10% were **SURVIVORS OF DOMESTIC VIOLENCE**, 11% had chronic **SUBSTANCE USE** challenges, 7% were **VETERANS**, and 6% were **YOUTH AND YOUNG ADULTS (ages 18–24)**<sup>57</sup>



According to community survey responses, **100% of BLACK/AFRICAN AMERICAN** residents felt that affordable housing resources were lacking, as well as **67% of MULTIRACIAL** residents<sup>57</sup>

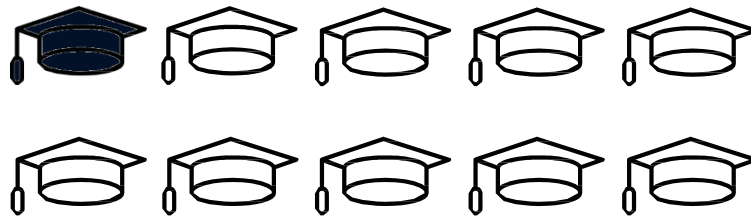


# #12 HEALTH NEED EDUCATION



EDUCATIONAL ATTAINMENT IS A KEY DRIVER OF HEALTH

## IN OUR COMMUNITY



ACCORDING TO CENSUS DATA, **10% OF PAULDING COUNTY RESIDENTS DID NOT GRADUATE HIGH SCHOOL**, WHICH IS **WORSE** THAN THE 8% FOR OHIO<sup>77</sup>



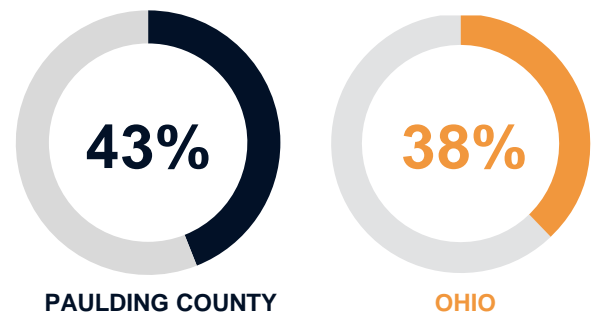
**16% OF PAULDING COUNTY RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER** (VS. 31% FOR THE STATE OF OHIO)<sup>77</sup>

**6% OF 3- AND 4-YEAR-OLDS IN PAULDING COUNTY ARE ENROLLED IN PRESCHOOL**. THIS IS **MUCH LOWER** (AND WORSE) THAN THE OVERALL OHIO RATE OF 39%<sup>74</sup>

PRESCHOOL ENROLLMENT CAN **IMPROVE SHORT AND LONG-TERM SOCIOECONOMIC AND HEALTH OUTCOMES**, PARTICULARLY FOR **DISPAULDING EXEMPTED VILLAGE ADVANTAGED CHILDREN**

**PAULDING EXEMPTED SCHOOL DISTRICT HAS THE LOWEST 4-YEAR HIGH SCHOOL GRADUATION RATE IN PAULDING COUNTY (89%), ALTHOUGH IT IS STILL ABOVE THE OHIO STATE AVERAGE (87%)**<sup>76</sup>

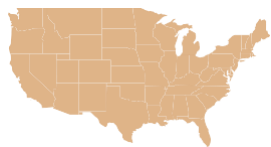
### KINDERGARTEN READINESS<sup>75</sup>



The average **kindergarten readiness rate** for Paulding County schools was higher than Ohio. Readiness rates range are lowest in Antwerp Local School District (40%)<sup>75</sup>

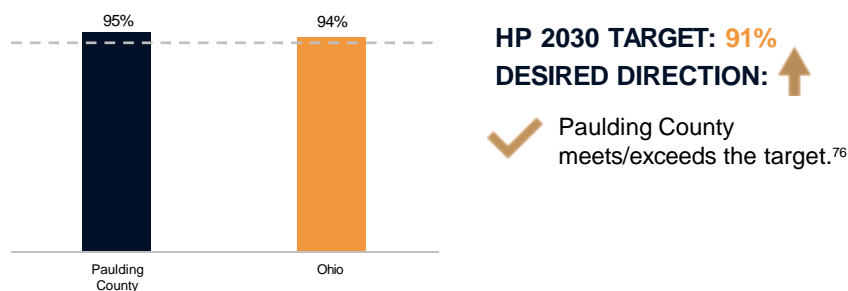
*"The school is having to sub-contract [teachers/staff] from other counties."*  
- Community Member Interview

# #12 HEALTH NEED EDUCATION



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HIGH SCHOOL GRADUATION RATE



IN 2020-2021, PAULDING EXEMPTED VILLAGE SCHOOL DISTRICT HAD THE HIGHEST HIGH SCHOOL CHRONIC ABSENTEEISM RATE (12%) IN THE COUNTY<sup>75</sup>

THE OVERALL RATE FOR 2020-2021 IN PAULDING COUNTY WAS 22%, LOWER THAN THE 29% FOR OHIO OVERALL<sup>75</sup>

*"There are services for those struggling to learn or behind."*  
- Community Member Interview

*"[Paulding County] schools are on brink of new technology and are pretty good, opportunities constantly evolving, staff are making sure students get all they need for success."*  
- Community Member Interview

*"[For education], what is seen the most is early learning delays that may not have been caught or diagnosed early enough for early intervention. Parents aren't educated on what to look for to seek early intervention."*  
- Community Member Interview

## PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

31% of community members surveyed reported having a **HIGH SCHOOL DEGREE OR LESS**<sup>23</sup>

According to the community survey, **MALES** were less likely (5%) to have an associate degree than **FEMALES** (20%)<sup>23</sup>



**CHILDREN WHO ARE LOWER INCOME** and may have less access to quality education, children attending schools in lower income and/or **RURAL AREAS**<sup>23</sup>

The Paulding County community survey found that those **AGED 65+** were less likely to have completed higher education compared to those aged 45-54<sup>23</sup>

### Top issues/barriers to education (reported in interviews):

1. Lack of school support for families
2. Burnt out teachers

### Sub-populations most affected by education (reported in interviews):

1. Non-English speakers
2. Low-income

# #13 HEALTH NEED CRIME AND VIOLENCE



83% OF COMMUNITY MEMBERS FEEL THAT ADDRESSING CRIME AND VIOLENCE IN THE COMMUNITY IS IMPORTANT OR VERY IMPORTANT<sup>20</sup>

## IN OUR COMMUNITY

PAULDING COUNTY'S 2021 **PROPERTY AND VIOLENT CRIME RATES ARE MUCH LOWER** THAN THE STATE OF OHIO OVERALL. WHILE THE **PROPERTY CRIME RATE DECLINED** BETWEEN 2010 AND 2012, THE **VIOLENT CRIME RATE INCREASED**<sup>43</sup>

PAULDING  
859



OHIO  
1,524



PROPERTY CRIME RATES PER 100,000<sup>43</sup>

1. Paulding County Sheriff's Office: 726
2. Paulding Police Department: 106
3. Oakwood Police Department: 27

PAULDING  
53



OHIO  
246



VIOLENT CRIME RATES PER 100,000<sup>43</sup>

1. Paulding County Sheriff's Office: 42
2. Paulding Police Department: 11
3. Oakwood Police Department: 0

*"There have been more standoffs with officers."*

- Community Member Interview

*"There is a drug court program for repeat offenders and housing."*

- Community Member Interview

*"There are some areas I wouldn't go to at night."*

- Community Member Interview

*"[It has been a] low crime county but over last 15 years people have come, committed crimes...and leave, which takes away county tax dollars to investigate, but overall, the county is pretty safe."*

- Community Member Interview

## PRIORITY POPULATIONS CRIME AND VIOLENCE

While **crime and violence** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to the community survey, 24% of respondents in **ANTWERP (45813)** reported crime and violence as a top-ranked concern, significantly more than Oakwood (45873) (3%)<sup>11</sup>

### Top issues/barriers for crime and violence (reported in interviews):

1. People who use drugs and alcohol
2. Increase in murders
3. Theft

### Sub-populations most affected by crime and violence (reported in interviews):

1. Low-income

### Top resources, services, programs and/or community efforts in the community for crime and violence (reported in interviews):

1. Drug court program
2. Power to Change



# #14 HEALTH NEED ENVIRONMENTAL CONDITIONS

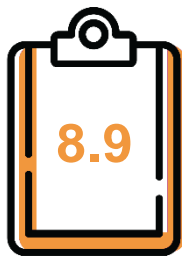


18% OF PAULDING COUNTY SURVEY RESPONDENTS REPORTED AIR AND WATER QUALITY AS A TOP HEALTH NEED FOR THE COMMUNITY<sup>11</sup>

## IN OUR COMMUNITY

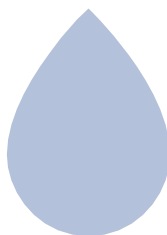


PAULDING  
COUNTY



OHIO

In 2019, Paulding County had approximately the **same air quality measurement** (micrograms of particulate matter per cubic meter of air) as Ohio overall<sup>53</sup>



In 2021, at least 1 community water system in Paulding County, Ohio reported a **health-based drinking water violation**<sup>55</sup>

*"Payne and Antwerp have some [air/water quality] issues. If it [the water] is bad, people don't drink it.*

*The air quality is generally good, but with largely unregulated manure spreading, rich in ammonia, the smell is bad...it gets into creeks and ground water and private wells. The health department probably knows. Paulding draws its water out of flat rock creek, which is one of main channels for evacuation of manure liquified runoff. Paulding has to work extra hard to filter out...not confident that everyone does."*

- Community Member Interview

*"Work need to be done to keep our streams clean and healthy."*

- Community Member Focus Group

## PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**CHILDREN, PARTICULARLY YOUNG CHILDREN** are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects<sup>56</sup>

According to community survey responses, 54% of **DEFIANCE (43512)** residents feel that air and water quality are very important to address in Paulding County<sup>15</sup>



34% of Paulding County **RESIDENTS AGED 65+** who responded to the community survey ranked air and water quality as a top concern<sup>11</sup>



In 2023, there were **2 West Nile virus positive mosquito samples** in Paulding County, out of a total of 1,476 in Ohio<sup>53</sup>



# #15 HEALTH NEED INTERNET ACCESS



HOUSEHOLDS AND COMMUNITIES WITH LIMITED INTERNET ACCESS ARE AT A COMPETITIVE, EDUCATIONAL, AND HEALTHCARE DISADVANTAGE, CREATING A 'DIGITAL DIVIDE' BETWEEN THE 'HAVES' AND 'HAVE NOTS'<sup>72</sup>

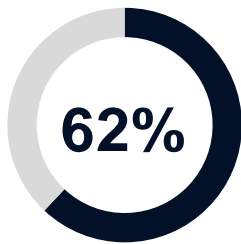
## IN OUR COMMUNITY

CELLULAR DATA  
& BROADBAND  
ARE THE MOST  
COMMON  
FORMS OF  
INTERNET  
ACCESS<sup>70,71</sup>

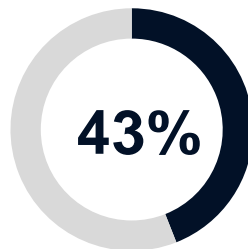
### OHIO RANKS

# #17

OUT OF THE 50 U.S. STATES FOR  
BROADBAND COVERAGE, WITH  
1 BEING BETTER COVERAGE<sup>70,71</sup>



Households **without access**  
to **25/3 mbps** (megabits per  
second) internet - 'unserved'  
by Broadband internet<sup>69</sup>



Households **without**  
access to **10/1**  
**mbps** internet<sup>69</sup>



# 23%

OF PAULDING COUNTY HOUSEHOLDS  
LACK BROADBAND INTERNET ACCESS,  
COMPARED TO JUST 6% FOR OHIO<sup>70</sup>

## PRIORITY POPULATIONS INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

**LOWER INCOME** people have a lower likelihood of having internet access, according to research<sup>70</sup>



According to the community survey, 42% of residents **AGED 25-34, 55-64, and 65+** ranked internet access as very important to address in the community, significantly more than those aged 35-44 (23%)<sup>11</sup>

*"There aren't reliable internet services in the county. The state offers free internet assistance for those who qualify. Some providers offer home services and there is a day program that helps with work skills."*  
- Community Member Interview

*"[There is a] lack of internet and cellphone service, which makes telehealth almost impossible. Dead zones are approximately 15 miles in radius with no service. Children were affected during COVID-19...they couldn't do school on zoom, which puts them behind in education."*  
- Community Member Interview

# #16 HEALTH NEED TOBACCO AND NICOTINE USE



75% OF COMMUNITY SURVEY RESPONDENTS INDICATED THAT ADDRESSING TOBACCO AND NICOTINE USE IN THE COMMUNITY WAS IMPORTANT OR VERY IMPORTANT<sup>15</sup>

## IN OUR COMMUNITY

THE LEADING CHRONIC DISEASE CAUSES OF DEATH IN PAULDING COUNTY ARE:<sup>65</sup>

#1 **CANCER**

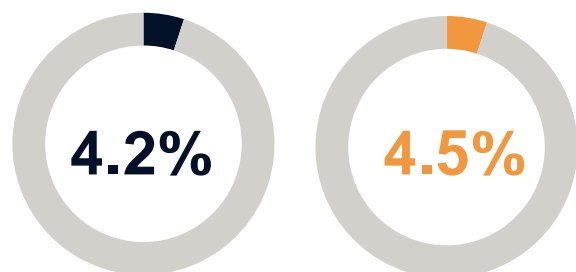
#2 **HEART DISEASE**

#3 **CHRONIC LOWER RESPIRATORY DISEASE**

#4 **STROKE**

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES<sup>35</sup>

RATES OF CURRENT CIGARETTE SMOKING ARE **SIMILAR** FOR PAULDING COUNTY NSDUH\* REGION **TEENS** TO OHIO TEENS<sup>37</sup>



PAULDING COUNTY  
NSDUH\*\* REGION

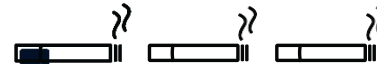
OHIO

\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.  
\*\*National Survey on Drug Use and Health



**23%**

OF BRFSS\* REGION 1 ADULTS ARE **CURRENT SMOKERS (VS. 20% FOR OHIO)**, WHILE **5%** OF BOTH REGIONAL AND STATE ADULTS **USE E-CIGARETTES**<sup>35</sup>



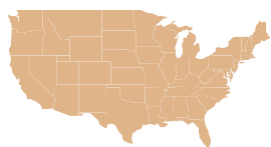
**38%**

PAULDING COUNTY NSDUH\*\* REGION TEENS **DO NOT VIEW TOBACCO USE AS A MODERATE OR GREAT RISK**, COMPARED TO **36%** FOR OHIO<sup>37</sup>

*"After kids' second offense of vaping in school, they have to do a session with a truancy officer...the third offense is a school Saturday detention for 8 hours."*  
- Community Member Interview

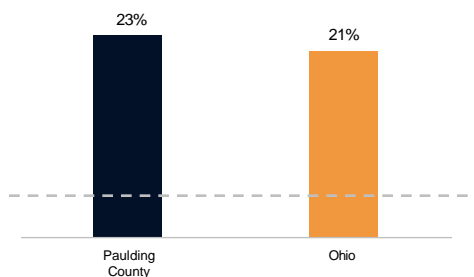
*"Some parents have introduced vapes to their kids."*  
- Community Member Interview

# #16 HEALTH NEED TOBACCO AND NICOTINE USE



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%

DESIRED DIRECTION: ↓

✗ Paulding County does not yet meet the target<sup>35</sup>

*"It is cheaper to get vapes than cigarettes."*

- Community Member Interview

*"[Some children] as young as 4th and 5th grade [are vaping/smoking]."*

- Community Member Interview

Top issues/barriers for tobacco and nicotine use (reported in interviews):

1. Vaping
2. Parents giving children vapes/cigarettes

Sub-populations most affected by tobacco and nicotine Use (reported in interviews):

1. Youth

## PRIORITY POPULATIONS TOBACCO AND NICOTINE USE

While **tobacco and nicotine** use is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Residents of Paulding County with a **HIGH SCHOOL DEGREE OR EQUIVALENT** in the community member survey ranked tobacco and nicotine use as a top concern (11%), significantly more than those with an advanced degree (2%)<sup>11</sup>



According to Paulding County data, the smoking rate is highest in **WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44**<sup>15</sup>

People with **MENTAL HEALTH ISSUES** are more likely to smoke<sup>15</sup>



**YOUTH** are more likely to **VAPE/USE E-CIGARETTES** than smoke tobacco<sup>37</sup>

People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke<sup>15</sup>

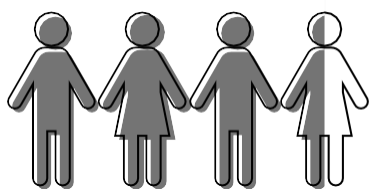


# #17 HEALTH NEED PREVENTIVE CARE & PRACTICES



ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO SIGNIFICANTLY INCREASE LIFE EXPECTANCY, AND CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE COUNTY<sup>57</sup>

## IN OUR COMMUNITY

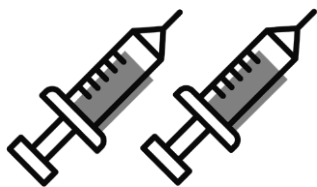


83% of community survey respondents said that addressing **preventive care & practices** in Paulding County is **important or very important**<sup>15</sup>

**20%**

of community survey respondents have **NEVER** had a **flu shot**<sup>24</sup>

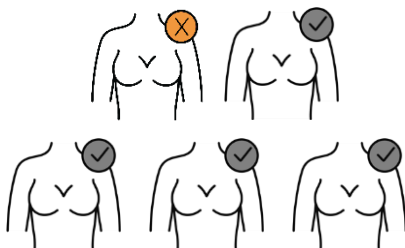
**Childhood immunization rates** entering Kindergarten in Ohio slightly **lag behind** U.S. rates and Healthy People 2020 goals for all required vaccines, ranging from 93.5% for chickenpox to 94.6% for Hepatitis B<sup>59</sup>



According to state data, more than **two-thirds** of Ohio **seniors 65+** **did not** receive a **flu vaccine** in the previous year<sup>35</sup>

**44%**

of Paulding County residents reported getting a **flu vaccine** the previous year, compared to 51% for Ohio, according to state data<sup>35</sup>



**14%**

OF PAULDING COUNTY WOMEN AGES 50-74 HAVE **NOT HAD A MAMMOGRAM** IN THE PAST TWO YEARS<sup>35</sup>

*"The hospital is the only location for mammograms, otherwise you have to travel outside of the county...health department does vaccinations, pharmacy does vaccinations."*

- Community Member Interview

*"VFC (Vaccines for Children) is offered for all locations, there is a new mammogram machine, and cardiac scoring."*

- Community Member Interview

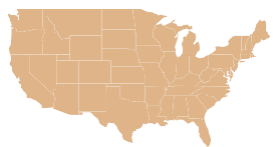


**1 IN 3** PAULDING COUNTY ADULTS AGES 50-75 **DO NOT MEET** COLORECTAL SCREENING GUIDELINES<sup>35</sup>



**1 IN 3** PAULDING COUNTY WOMEN AGES 21-65 **HAVE NOT HAD A PAP TEST** IN THE PAST THREE YEARS<sup>35</sup>

# #17 HEALTH NEED PREVENTIVE CARE & PRACTICES



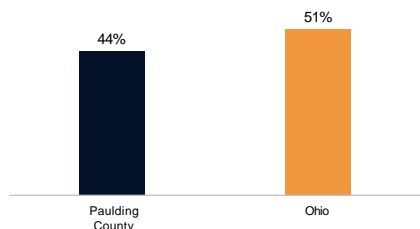
## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT ANNUAL FLU VACCINATION

HP 2030 TARGET: **70%**

DESIRED DIRECTION:

✗ Paulding County does not yet meet the target<sup>57</sup>

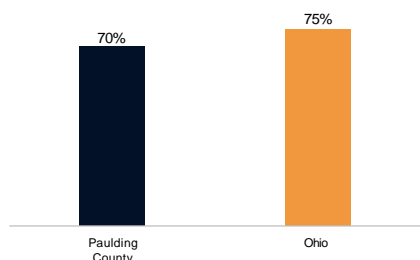


### WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

HP 2030 TARGET: **84%**

DESIRED DIRECTION:

✗ Paulding County does not yet meet the target<sup>15</sup>

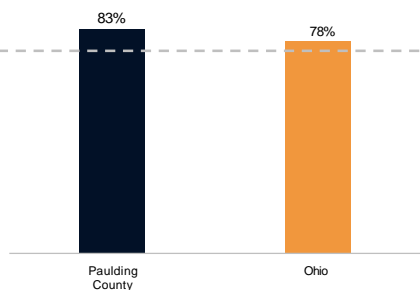


### WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

HP 2030 TARGET: **77%**

DESIRED DIRECTION:

✓ Paulding County meets/exceeds the target<sup>15</sup>

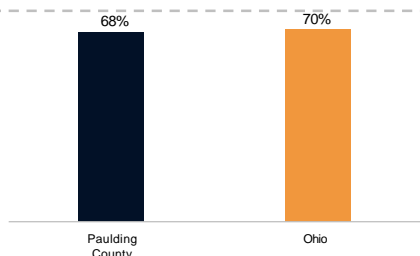


### ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

HP 2030 TARGET: **74%**

DESIRED DIRECTION:

✗ Paulding County does not yet meet the target<sup>15</sup>



## PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Data shows that Ohio residents are more likely to engage in preventive care the **MORE EDUCATED THEY ARE, THE MORE MONEY THEY MAKE, IF THEY ARE FEMALE, AND THE OLDER THEY ARE**<sup>60</sup>

**Residents WHO LACK HEALTH INSURANCE and/or have difficulties AFFORDING CARE**<sup>60</sup>



According to the community survey, over one-half (57%) of the **65+** age group feels that preventive practices are very important to address, significantly more than those aged 25-34 (36%)<sup>11</sup>

**PAYNE (45880), PAULDING (45879), DEFIANCE (43512), and ANTWERP (45813)** residents reported in the community survey that they are significantly less likely to get an annual or routine check-up with a provider than other respondents<sup>19</sup>

Top issues/barriers for preventive care and practices (reported in interviews):

1. Transportation

Top resources, services, programs and/or community efforts in the community for preventative care and practices (reported in interviews):

1. Health department
2. Local hospital
3. Local pharmacy



# #18 HEALTH NEED MATERNAL & CHILD HEALTH



85% OF COMMUNITY SURVEY RESPONDENTS SAY THAT ADDRESSING MATERNAL & CHILD HEALTH IN THE COMMUNITY IS IMPORTANT OR VERY IMPORTANT<sup>15</sup>

## IN OUR COMMUNITY

IN 2022 THERE WERE

**201**

BIRTHS IN PAULDING COUNTY<sup>82</sup>  
Births have been **trending down** in Ohio,  
and nationwide, since at least 2007<sup>82</sup>



PAULDING COUNTY'S  
NUMBER OF BIRTHS  
**DECREASED BY 9%**  
BETWEEN 2019–2022<sup>82</sup>



THE **LACK OF LOCAL  
PRENATAL CARE PROVIDERS  
AND FACILITIES** WAS THE MOST  
FREQUENT ISSUE RELATED  
TO MATERNAL, INFANT, AND  
CHILD HEALTH RAISED IN  
INTERVIEWS<sup>11</sup>



ACCORDING TO COUNTY  
HEALTH DEPARTMENT DATA,  
**2.5% OF PAULDING COUNTY AND  
2% OF OHIO CHILDREN UNDER 6  
TESTED HAD ELEVATED BLOOD  
LEAD LEVELS**<sup>83</sup>



PAULDING COUNTY  
AND OHIO'S **LOW  
BIRTH WEIGHT RATE IS**

**7%**<sup>82</sup>



**19% OF PAULDING  
COUNTY AND OHIO  
HOUSEHOLDS ARE  
CARING FOR  
CHILDREN UNDER  
AGE 18**<sup>8</sup>

*"There is no birthing facility in  
Paulding county. People go outside  
of the county to give birth."*

- Community Member Interview

PAULDING COUNTY'S **TEENAGE BIRTH RATE** FOR  
AGES 15–19 (**0 PER 1,000 FEMALES**) IS **LOWER** THAN  
THAT OF OHIO'S (12 PER 1,000 FEMALES)<sup>82</sup>

*"Paulding County Hospital won't  
accept preterm births unless it is an  
absolute bleeding out emergency."*

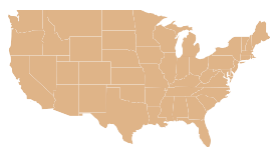
- Community Member Interview



**SEVERE MATERNAL MORBIDITIES (SMM)** ARE  
UNEXPECTED OUTCOMES OF CHILDBIRTH THAT  
RESULT IN SIGNIFICANT HEALTH CONSEQUENCES.  
IN OHIO, **59% OF ALL SMM FROM 2016 TO 2019  
WERE BLOOD TRANSFUSIONS**<sup>84</sup>

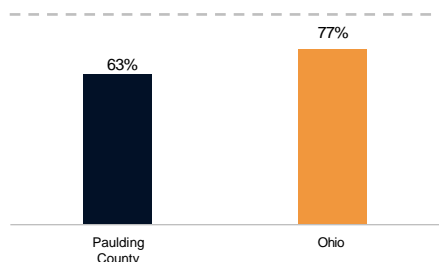
THE RATE OF SMM OHIO IS **71 PER 10,000  
DELIVERIES**<sup>84</sup>

# #18 HEALTH NEED MATERNAL & CHILD HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ANY BREASTFEEDING



HP 2030 TARGET: 92%

DESIRED DIRECTION: ↑



Paulding County does not yet meet the target<sup>82</sup>

*"There are some teen pregnancies at Paulding [high school]. There is pregnancy center in community that does classes ('Hands of Hope') with teen mothers/fathers."*  
- Community Member Interview

*"Sometimes emergency deliveries happen with workers who aren't qualified to deliver a baby."*  
- Community Member Interview

THE PREGNANCY-RELATED MATERNAL MORTALITY RATE  
IN OHIO IS 15 PER 100,000 LIVE BIRTHS<sup>85</sup>

THE LEADING CAUSES ARE:<sup>85</sup>

#1 CARDIOVASCULAR AND CORONARY CONDITIONS (16%)

#2 INFECTIONS (13%)

#3 HEMORRHAGE (12%)

#4 PRE-ECLAMPSIA AND ECLAMPSIA (12%)

#5 CARDIOMYOPATHY (10%)

MORE THAN HALF (57%) OF THESE DEATHS MAY BE PREVENTABLE<sup>85</sup>

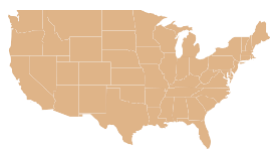
#### Top issues/barriers for maternal and child health (reported in interviews):

1. No place for birthing
2. No trained workers to deal with preterm births
3. No prenatal care/birthing facility

#### Sub-populations most affected by maternal and child health (reported in interviews):

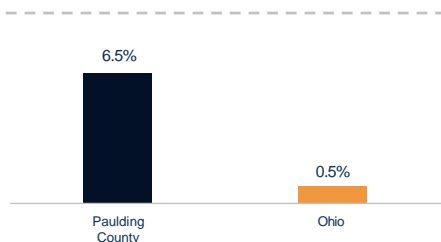
1. Youth
2. Low-income

# #18 HEALTH NEED MATERNAL & CHILD HEALTH



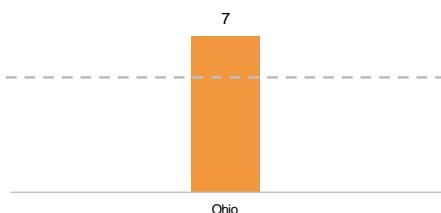
## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### PRETERM BIRTH RATE



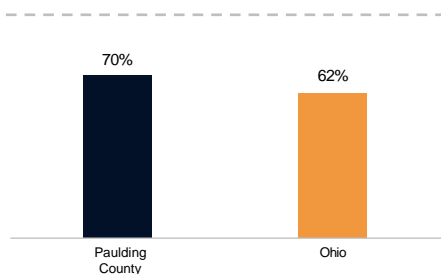
**HP 2030 TARGET: 9%**  
**DESIRED DIRECTION:** ↓  
✓ Paulding County meets/  
exceeds the target<sup>82</sup>

### INFANT MORTALITY RATE PER 1,000



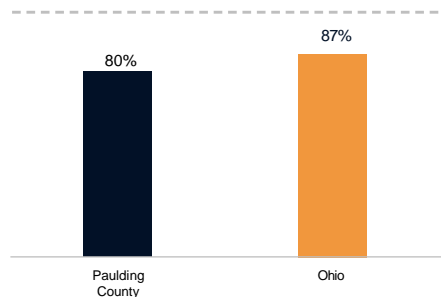
**HP 2030 TARGET: 5 PER 1,000**  
**DESIRED DIRECTION:** ↓  
✗ Ohio does not yet meet the  
target. This indicator was not  
available for Paulding County<sup>82</sup>

### ON-TIME PRENATAL CARE



**HP 2030 TARGET: 95%**  
**DESIRED DIRECTION:** ↑  
✗ Paulding County does not  
yet meet the target<sup>82</sup>

### PRENATAL NON-SMOKING RATE



**HP 2030 TARGET: 96%**  
**DESIRED DIRECTION:** ↑  
✗ Paulding County does not  
yet meet the target<sup>82</sup>

## PRIORITY POPULATIONS MATERNAL AND CHILD HEALTH

While **maternal and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**91% of community survey respondents in ANTWERP (45813) ranked maternal and child health as important or very important<sup>84</sup>**

**In Ohio, as in the nation, rates of severe maternal morbidity are much higher among NON-HISPANIC BLACK WOMEN compared to white women<sup>84</sup>**



Research data shows that in **RURAL OHIO COUNTIES**, the severe maternal morbidity (SMM) rate for **ASIAN WOMEN** in rural counties was 2.6 times greater than Asian women in suburban counties<sup>84</sup>



# #19 HEALTH NEED HIV & STIs



THE COVID-19 PANDEMIC MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & STIs<sup>86</sup>

## IN OUR COMMUNITY



PAULDING COUNTY HAS MUCH **LOWER RATES OF STI CASES AND HIV** THAN OHIO AS A WHOLE<sup>86,87</sup>

Chlamydia

273 532

Overall HIV Prevalence\*

84 217

Gonorrhea

49 217

New HIV Cases\*

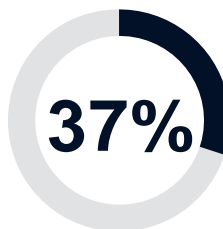
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Syphilis

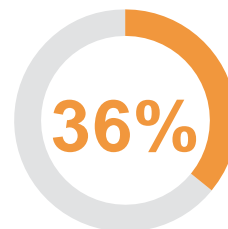
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Paulding County

Ohio



BRFSS\*\* REGION 1<sup>35</sup>



OHIO<sup>35</sup>



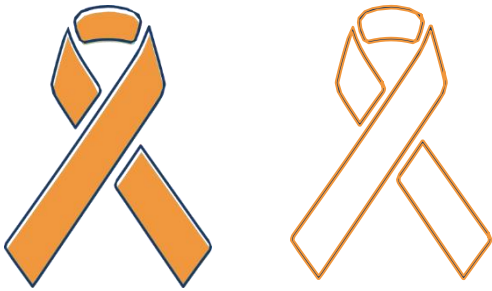
A **SIMILAR PROPORTION** OF ADULTS IN PAULDING COUNTY'S BRFSS\*\* REGION HAVE **EVER BEEN TESTED FOR HIV**, COMPARED TO THE STATE<sup>35</sup>

\*HIV rates are for HIV Planning Region 10.

\*\*Behavioral Risk Factor Surveillance System; BRFSS Region 1 contains Paulding County.



# #19 HEALTH NEED HIV & STIs



ACCORDING TO STATE DATA, **JUST OVER HALF (51%)** OF INDIVIDUALS LIVING WITH HIV IN OHIO'S HIV PLANNING REGION 10 (THAT INCLUDES PAULDING COUNTY) HAVE PROGRESSED TO AN **AIDS DIAGNOSIS**, COMPARED TO 46% FOR OHIO OVERALL<sup>87</sup>

*"The school board only allows them [schools] to teach abstinence and nothing else."*

- Community Member Interview

## PRIORITY POPULATIONS HIV & Sexually Transmitted Infections (STIs)

While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



More than half of survey respondents **AGED 55-64** (53%) felt that HIV/AIDS and STIs were an important health concern, compared to 35% of residents aged 45-54<sup>15</sup>

**WOMEN** have higher rates of chlamydia, particularly those **AGED 20-24**<sup>86</sup>

**MEN** have higher rates of syphilis and gonorrhea<sup>87</sup>



# HEALTH NEED COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



WHILE COVID-19 HAS ITSELF BEEN A MAJOR COMMUNITY HEALTH CHALLENGE SINCE 2020, IT HAS ALSO HAD OTHER FAR-REACHING HEALTH, ECONOMIC, AND SOCIAL IMPACTS

## IN OUR COMMUNITY

*"A lot of people already had breathing issues, may have been on oxygen. The pandemic hurt respiratory systems and these issues make it worse."*

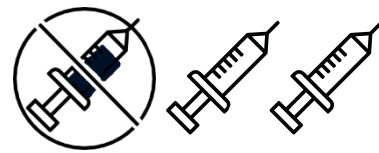
- Community Member Interview

*"Throughout COVID-19 and the aftereffects, the mental health aspect is most lacking and concerning, and it gets overlooked...so many people lost friends and loved ones, couldn't go to nursing homes [to visit], etc."*

- Community Member Interview

*"During the pandemic there were reports that the local community and government did not stop or slow down."*

- Community Member Interview



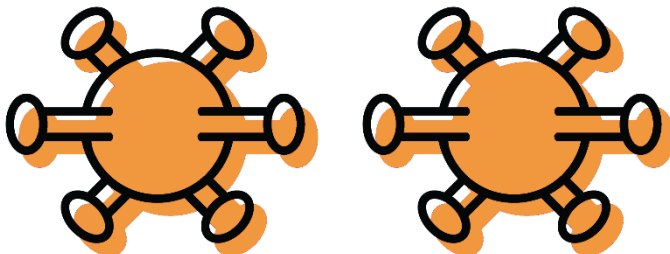
MORE THAN ONE-THIRD OF PAULDING COUNTY RESIDENTS HAVE NOT RECEIVED ANY COVID-19 VACCINATIONS. HOWEVER, VACCINATION RATES ARE HIGHER FOR ADULTS THAN CHILDREN AND YOUTH<sup>88</sup>

VACCINATION RATES ARE THE SAME FOR PAULDING COUNTY AS OHIO<sup>88</sup>

FOR ADULTS, VACCINATION RATES ARE HIGHEST FOR THOSE AGES 70-74 (95%) AND LOWEST FOR THOSE AGES 20-29 (61%)<sup>88</sup>

PAULDING COUNTY HAS RECORDED **5,649 CASES & 80 DEATHS** DUE TO COVID-19 AS OF JUNE 10, 2023<sup>88</sup>

While Paulding County has a lower COVID-19 case rate than Ohio, it has a higher death rate<sup>88</sup>



Case Rate Per 1,000

156 295

Death Rate Per 1,000

4.1 3.6  
Paulding County Ohio



# HEALTH NEED COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



*"The pandemic really impacted children."*

- Community Member Interview

*"Things have changed since COVID-19...companies have closed."*

- Community Member Interview

*"Some children have [educational] gaps from being away from school during the COVID-19 situation."*

- Community Member Interview



## PRIORITY POPULATIONS COVID-19

While **COVID-19** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

**YOUNGER INDIVIDUALS** are less likely to have been partially or fully vaccinated against COVID-19<sup>89</sup>

People of color, particularly **BLACK/AFRICAN AMERICAN** and **AMERICAN INDIAN & ALASKA NATIVE** communities have been disproportionately impacted by higher case and death rates. They are also more likely to be unvaccinated or only partially vaccinated<sup>89</sup>



**INDIVIDUALS WHO CANNOT WORK FROM HOME** may be at increased risk of exposure<sup>89</sup>

**OLDER ADULTS, PEOPLE WITH DISABILITIES, AND IMMUNOCOMPROMISED** people are at higher risks of negative impacts<sup>89</sup>

**LOWER INCOME PEOPLE** are more likely to contract COVID-19<sup>89</sup>

**HOMELESS AND PRECARIOUSLY HOUSED PEOPLE** are more likely to contract COVID-19<sup>89</sup>

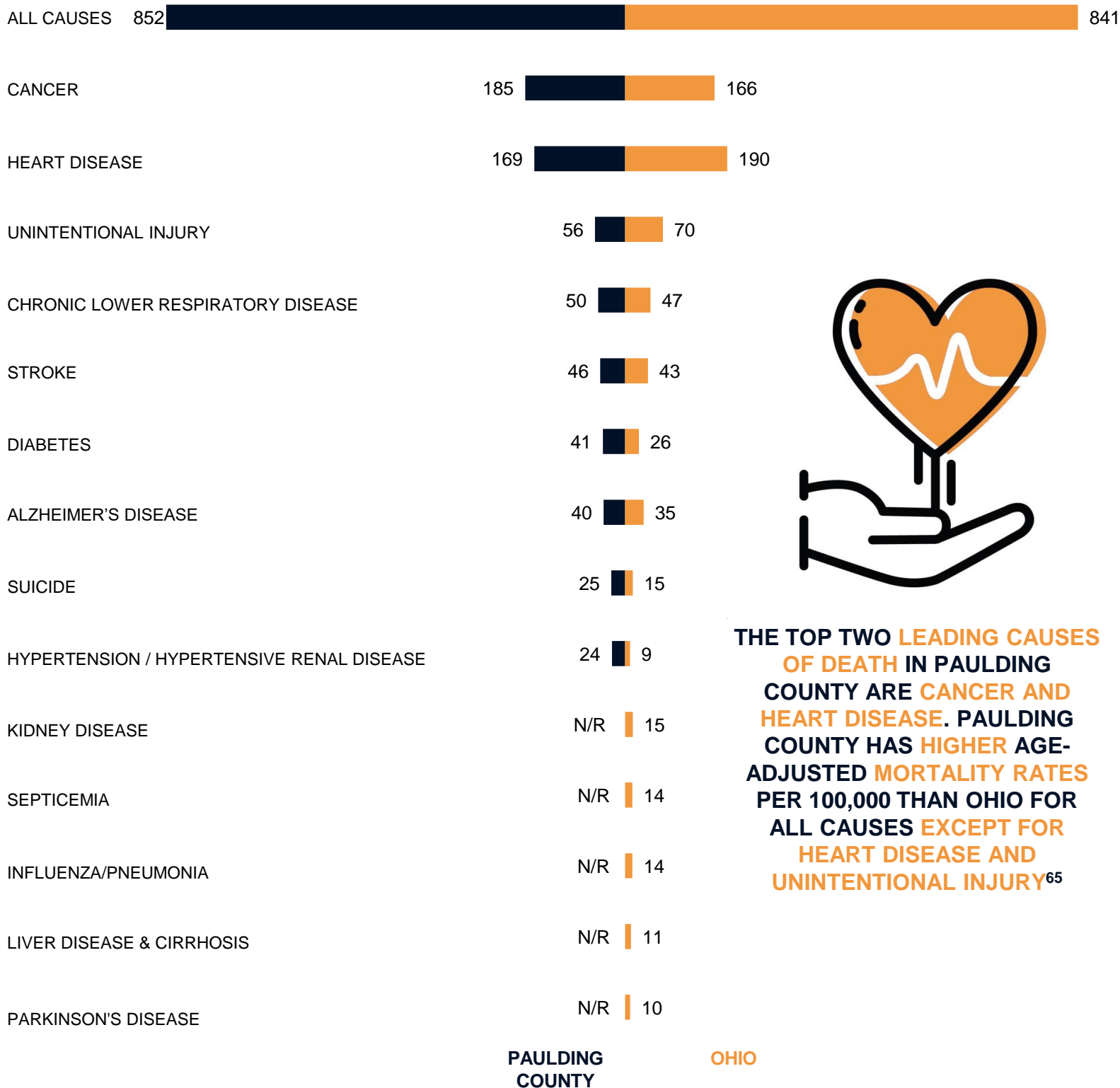
**PARENTS AND CHILDREN** are more likely to contract COVID-19<sup>89</sup>



People with **MENTAL HEALTH ISSUES** (mental health may be negatively impacted)<sup>89</sup>

People who **LACK INTERNET ACCESS** were more impacted by isolation and resource access during COVID-19<sup>89</sup>

# LEADING CAUSES OF DEATH



THE TOP TWO LEADING CAUSES OF DEATH IN PAULDING COUNTY ARE CANCER AND HEART DISEASE. PAULDING COUNTY HAS HIGHER AGE-ADJUSTED MORTALITY RATES PER 100,000 THAN OHIO FOR ALL CAUSES EXCEPT FOR HEART DISEASE AND UNINTENTIONAL INJURY<sup>65</sup>



# IDEAS FOR CHANGE FROM OUR COMMUNITY



These are **ideas** that we heard from community leaders and community members for potential suggestions to support community health.

## ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Expansion of 'Handle with Care' program in schools.
- Would like to see more care for those experiencing childhood trauma, including more education on how to approach and "handle" children who have had trauma. This could change how kids perceive school authorities and police interactions.

## TOBACCO/NICOTINE USE

- Install metal detectors in schools for vapes.
- School resource officers have a program that requires kids to go to a course if they are caught vaping.

## ACCESS TO HEALTHCARE

- Increase help with insurance coverage.
- More education and navigation support for immigrants on how the healthcare system works.
- Reduce wait times at doctors' offices.
- Hire more Emergency Medical Technicians (EMTs).

## NUTRITION/PHYSICAL ACTIVITY

- Teach life skills and home economics in school.
- Teach 'MyPlate' to children.
- Teach about fresh, frozen, and canned foods, bulk buying, freezing, food safety, etc.
- Increase access to grocery stores.
- Create more gyms for seniors.
- Increase health and nutrition education for Hispanic community – adults and children.
- There is a lack of available physical activity opportunities for older kids and teens to keep them active and feeling included, and affordability of activities could be improved.
- Increase awareness and prevention for obesity.

## EDUCATION

- More alternatives to college.

## CRIME AND/OR VIOLENCE

- Create safe drug storage programs and more education.
- Increase drug prevention and education for kids.

## ACCESS TO CHILDCARE

- Create programs to encourage people to become childcare providers.

## CHRONIC DISEASES

- Early detection/intervention for childhood conditions.
- More sunscreen or sun protection education for skin cancer.

# IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## PEOPLE WITH DISABILITIES

- Aid people with getting on disability support.
- Less restrictions for children under 18 for the Board of Developmental Disabilities.
- Increase resources, services, and educational support for parents with autistic children, particularly those who are 'low functioning'.
- Support for people with disabilities who have substance use issues.

## MATERNAL/INFANT HEALTH

- Postpartum support and helping moms "bounce back".
- More online classes with mothers (there is currently one where if you participate you get free diapers and formula, fathers can also participate).
- Create Obstetrics department at the hospital.
- Make programs more publicized.

## MENTAL HEALTH/SUBSTANCE USE

- Increase number of child psychiatrists.
- Agencies should go into schools and offer more services.
- Offer in-patient services/mental health recovery housing.
- Increase awareness of unused prescriptions drop-off program at Sheriff's office.
- Trauma informed care in schools.
- Increase guidance and resources on supporting and addressing mental health. More suicide prevention support for students and elderly.

## CANCER

- Transportation for special needs and elderly patients.
- Teach sun protection and sunscreen use for skin cancer prevention.
- Build cancer treatment centers in the county.

## HOUSING

- Increase housing quality and availability for low and middle income

## ECONOMIC SECURITY/POVERTY/EMPLOYMENT

- Northwestern Ohio Community Action Commission (NOCAC) has a financial security course that offers gift cards if you come to the classes.

## OTHER OPPORTUNITIES

- Proactive support such as recreation centers, transportation services, and Juvenile Detention Alternatives Initiative (JDAI).
- Small communities think they must work harder and be creative with issues, but they can look to other areas that have already solved the issue. Clean up/work needs to be done for blighted properties.
- Electronic directory or handouts for resources/companies.
- Spanish community resource directory.
- Increase acceptance of Hispanic/Latino population in community.

# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### **Crime and Violence**

Paulding County Court of Common Pleas  
Paulding County Probate and Juvenile Courts  
Paulding County Sheriff's Office

### **Education**

Antwerp Local Schools  
Ohio State University Extension Office  
Paulding Exempted Village Schools  
Wayne Trace Local School District  
Western Buckeye Educational Service Center

### **Emergency & General Needs**

Auglaize Chapel Church of God  
Caring and Sharing Food Pantry  
Furniture Bank- Defiance, Paulding and Southern Henry County  
Grover Hill Food Pantry  
Paulding County Emergency Management Agency  
Paulding County Ministerial  
Paulding County Senior Center  
Rainbow Ministries  
St. Paul United Methodist Church - Payne

### **Employment/Job Training**

Defiance-Paulding Consolidated Job & Family Services  
Department of Job and Family Services – Paulding  
Ohio Farm Bureau  
Ohio Means Jobs – Paulding  
Paulding County Opportunity Center  
Vantage Career Center

### **Food Security**

Caring and Sharing Food Pantry  
Northwestern Ohio Community Action Commission (NOCAC) – Partnership Assistance to the Homeless (PATH) Center  
Paulding County Health Department – Women, Infants, and Children (WIC)  
Paulding Family Worship Center  
Pioneer Christian  
St. Paul Lutheran Church  
The Gathering Place Church  
West Ohio Food Bank

### **Healthcare**

Allcaring Home Health Services  
Approved Home Health  
CHP Homecare and Hospice  
David Deal Ph.D. & Associates  
Defiance Family Physicians  
Defiance Orthopedic Center  
Dental Smile Express  
InfantSEE  
Ohio Early Intervention  
Paulding County Hospital  
Professional Vision Services  
Paulding County Health Department - Help Me Grow  
Vancrest Health Care Centers

### **Housing and Homelessness**

Habitat for Humanity-Paulding  
House of Ruth - Center for Child & Family Advocacy  
Maumee Valley Planning Organization  
Northwestern Ohio Community Action Commission (NOCAC) – Partnership Assistance to the Homeless (PATH) Center  
Regional Coordinated Entry Point of Access

### **Legal Assistance**

Advocates for Basic Legal Equality (ABLE)  
Birth Injury Justice Center  
Crime Victims  
Habitat for Humanity-Paulding  
Legal Aid of Western Ohio

### **Mental Health and Substance Use**

Coping Center  
Crisis Text Line  
Foundations Behavioral Health  
Hope Alive Counseling Services  
Ohio Guide Stone  
Paulding County Health Department - Help Me Grow  
Recovery Services of Northwest Ohio  
Tri County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board  
Westwood Behavioral Health Hospital - Paulding

### **Social Services**

Alzheimer Association NW Ohio Chapter  
American Red Cross of West Central Ohio  
Approved Home Health  
Area Office on Aging  
Defiance-Paulding Consolidated Job & Family Services  
Department of Job and Family Services – Paulding  
Family of Addicts (FOA)  
Fellowship Club  
Goodwill Industries – Defiance  
Hands of Hope Pregnancy Services  
House of Ruth - Center for Child & Family Advocacy  
Northwestern Ohio Community Action Commission (NOCAC) – Paulding  
Paulding County Board of Developmental Disabilities  
Paulding County Health Department  
Paulding County Veterans Affairs  
PC Workshop, Inc.  
Power2Change  
Salvation Army – Defiance  
United Way of Paulding County, Ohio

### **Preschool/Childcare**

Ann's Bright Beginnings Preschool, LTD.  
Antwerp Local Elementary School  
Divine Mercy School  
Emmaus Christian Preschool  
Grover Hill School  
Head Start/Northwestern Ohio Community Action Commission (NOCAC)  
Little Sprouts Early Learning Center  
Oakwood Elementary  
Ohio Early Intervention  
Paulding County Health Department - Help Me Grow  
Paulding Elementary School  
Payne School  
Teresa Stahl

## STEP 6

# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



### IN THIS STEP, PAULDING COUNTY HEALTH DEPARTMENT:

- WROTE AN EASILY UNDERSTANDABLE CHA REPORT
- ADOPTED AND APPROVED CHA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC



# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Paulding County Health Department worked with Moxley Public Health to pool expertise and resources to conduct the 2023 Community Health Assessment. By gathering secondary data (existing data) and conducting new primary research as a team (through focus groups with subpopulation and priority groups, interviews with community leaders, and a survey that went out to the community) the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by Paulding County residents.

The 2023 Paulding County CHA, which builds upon the prior assessment completed in 2020, meets all Public Health Accreditation Board (PHAB) and Ohio state requirements.

## **REPORT ADOPTION, AVAILABILITY AND COMMENTS**

This CHA report was adopted by Paulding County Health Department leadership in January 2024.

This report is widely available to the public on the health department's website:

Paulding County Health Department: <https://www.pauldingcountyhealth.com/index.html>

Written comments on this report are welcomed and can be made by emailing:  
[brandis@pcohhd.com](mailto:brandis@pcohhd.com).



# CONCLUSION & NEXT STEPS



## **NEXT STEPS WILL BE:**

- IMPROVEMENT PLAN (CHIP) FOR 2024-2026
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2024-2026 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR IMPROVEMENT PLAN (CHIP)
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

# CONCLUSION

## NEXT STEPS FOR PAULDING COUNTY



- Monitor community comments on the CHA report (ongoing) to the provided contacts at Paulding County Health Department.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by Paulding County Health Department. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Community partners (including Paulding County Health Department and many other organizations throughout the county) will select strategies to address priority health needs and priority populations. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health.)
- The 2024-2026 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by the health department, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



# APPENDIX A

## BENCHMARK COMPARISONS



### BENCHMARK COMPARISONS

The following table compares county rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the county compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP) to address priority health needs.

# APPENDIX A:

## HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS



Where data were available, Paulding County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **orange** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	PAULDING COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate <sup>76</sup>	↑	95.1%	90.7%
Child health insurance rate <sup>36</sup>	↓	95.7%	92.1%
Adult health insurance rate <sup>36</sup>	↓	94.5%	92.1%
Unable to obtain medical care	↓	N/R	3.3%
Ischemic heart disease deaths <sup>65</sup>	↓	168.5	71.1 per 100,000 persons
Cancer deaths <sup>65</sup>	↓	185.2	122.7 per 100,000 persons
Colon/rectum cancer deaths <sup>90</sup>	↓	15.6	8.9 per 100,000 persons
Lung cancer deaths <sup>90</sup>	↓	45.0	25.1 per 100,000 persons
Female breast cancer deaths <sup>90</sup>	↓	17.9	15.3 per 100,000 persons
Prostate cancer deaths <sup>90</sup>	↓	N/R	16.9 per 100,000 persons
Stroke deaths <sup>65</sup>	↓	46.2	33.4 per 100,000 persons
Unintentional injury deaths <sup>65</sup>	↓	55.8	43.2 per 100,000 persons
Suicides <sup>65</sup>	↓	25.4	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths <sup>65</sup>	↓	N/R	10.9 per 100,000 persons
Drug-overdose deaths <sup>37</sup>	↑	N/R	20.7 per 100,000 persons
Overdose deaths involving opioids <sup>37</sup>	↓	N/R	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal) <sup>82</sup>	↓	70.1%	84.8% (HP2020 Goal)
Infant death rate <sup>92</sup>	↓	N/R	5.0 per 1,000 live births
Adult obese, ages 20+ <sup>35</sup>	↓	38.0%	36.0%, adults ages 20+
Students, grades 7th to 12th obese <sup>35</sup>	↓	19.0%	15.5%, children & youth, 2-19
Adults engaging in binge drinking <sup>35</sup>	↑	20.0%	25.4%
Cigarette smoking by adults <sup>35</sup>	↑	23.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years <sup>35</sup>	↑	69.2%	84.3%
Mammogram, ages 50-74, screened in the past 2 years <sup>35</sup>		85.8%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines <sup>35</sup>		63.1%	74.4%

# APPENDIX B

## IMPACT AND PROCESS EVALUATION



### IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2018 CHA (Paulding County Youth Health Assessment) and the impact of Paulding County's 2018-2021 Youth Health Improvement Plan (CHIP) on the previous priority health needs, as well as further progress that has been made to date from 2022 to present. While the CHIP focused on youth health, some strategies also addressed adult health. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the county since the previous CHA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHA.



# APPENDIX B:

## IMPACT AND PROCESS EVALUATION



### PRIORITY #1A: MENTAL HEALTH

PRIORITY POPULATION: Adults & Youth

STRATEGY #1: Screen for clinical depression for all patients 12 or older using a standardized tool.

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Collect baseline data on the number of hospital emergency departments, urgent care centers, and primary care providers (including pediatricians) that currently screen for depression during visits</p> <p>Introduce the <a href="#">Patient Health Questionnaire (PHQ-9)</a>, or another screening tool, to healthcare providers. Pilot the screening tool with at least one hospital, urgent care center, or primary care office</p> <p><b>Year 2:</b> Increase the number of healthcare providers using PHQ-9, or another screening tool, by 25% from baseline</p> <p><b>Year 3:</b> Increase the number of healthcare providers using PHQ-9, or another screening tool, by 50% from baseline</p> <p>Explore the feasibility of implementing annual mental health screenings in the school setting</p>	<p><b>Youth Resources:</b></p> <ul style="list-style-type: none"> <li><a href="#">LifeWise</a> - All Schools but Antwerp - Starting in Paulding Junior High</li> <li>4H</li> <li>Boy/Girl Scouts</li> <li>Youth Groups</li> <li>Mentors for Paulding</li> <li>Youth Mentors - Peer to Peer (Wayne Trace) – Lydia Farley &amp; Bill Lyons</li> </ul> <p><b>Adult Resources:</b></p> <ul style="list-style-type: none"> <li><a href="#">Project Dawn</a> Promotion <ul style="list-style-type: none"> <li>NARCAN</li> </ul> </li> <li>Gun Safety - Landers - adding guns safety on the app and social media -</li> <li>DoTerra Drug disposal</li> <li>Take Back Day</li> <li><a href="#">Generation RX</a> -</li> <li><a href="#">Power2Change</a> - Open Community Resource (Mental Health, Addition, Grief Support)</li> <li><a href="#">Bel:eve</a> - Open Support Group</li> <li><a href="#">Farm Stress Grant</a> <ul style="list-style-type: none"> <li>Ohio State University (OSU) Extension Office</li> </ul> </li> </ul>	<p><b>Priority Outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduce the number of suicide deaths</li> <li>Reduce youth depression</li> <li>Comprehensive listing of services/programs currently available</li> <li>How have the trends shifted over the last 3-5 years</li> </ul> <p><b>Priority Indicators:</b></p> <ul style="list-style-type: none"> <li>Number of deaths due to suicide per 100,000</li> <li>% of youth who felt so sad or hopeless everyday for 2 weeks or more in a row that they stopped doing usual activities.</li> <li>Awareness Videos</li> <li>Social Media Platforms</li> <li>PC Sheriff's App</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>All Paulding County Hospital Offices utilizing PHQ-2</li> <li>Leads to PHQ - 9</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Paulding County Hospital hard screens 100% of patients that come in to assess any mental health needs</li> <li>May be able to share EPIC Data</li> <li>May be another participant interested</li> </ul> <p><b>2023:</b> <b>New Goals:</b></p> <ol style="list-style-type: none"> <li>Share National Resources (like 988) / (Local Resources)- make it an easily accessible list</li> <li>Share events that have happened or what is coming down the pipeline <ul style="list-style-type: none"> <li>Share that with target audience</li> </ul> </li> <li>Working on identifying safe spaces/groups</li> <li>Work on reaching out to the different groups for meeting dates</li> <li>Providing Social/Emotional Education – Ohio State University (OSU) Extension Office can provide that <ul style="list-style-type: none"> <li>Resources can relate to specific educational topics that teachers can request assistance with</li> </ul> </li> <li>Empowering Student/Youth Leaders - letting the schools/youth group leaders specify what student leaders they would like identified, let the students share what needs they think they need, and share resources <ul style="list-style-type: none"> <li>Having the students create positive pages on social media</li> </ul> </li> </ol> <ul style="list-style-type: none"> <li>Tri-County: <ul style="list-style-type: none"> <li>Resource Booths for Paulding Football games <ul style="list-style-type: none"> <li>They have stickers, chip clips, magnets, etc. to hand out for 988</li> </ul> </li> <li>Community Education on Mental Health <ul style="list-style-type: none"> <li>2 Community base learning educations – pending <ul style="list-style-type: none"> <li>Presenting at Kiwanis</li> </ul> </li> </ul> </li> <li>Can train staff &amp; do lunch and learns - have already done this in Henry County &amp; Williams County</li> </ul> </li> <li><a href="#">Power2Change</a> <ul style="list-style-type: none"> <li>One individual has shown up for over 100 hours.</li> <li>Focusing on how to expand: Needs Based &amp; Who can help</li> </ul> </li> </ul>

# APPENDIX B:

## IMPACT AND PROCESS EVALUATION



<p><b>PRIORITY #1A: MENTAL HEALTH</b>  <b>PRIORITY POPULATION: Adults &amp; Youth</b>  <b>STRATEGY #2: <i>Increase awareness of Trauma Informed Care.</i></b></p>			
GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Facilitate an assessment among healthcare providers, teachers, coaches, social service providers, and other community members on their awareness and understanding of trauma informed care, including toxic stress and adverse childhood experiences</p> <p>Administer training to increase education and understanding of trauma informed care</p> <p><b>Year 2:</b> Develop and implement a trauma screening tool for social service agencies who work with at-risk adults and youth. Increase the use of trauma screening tools by 25%</p> <p><b>Year 3:</b> Continue efforts from years 1 and 2. Increase the use of trauma screening tools</p>	<p><b>Data needed from:</b></p> <ul style="list-style-type: none"> <li>Schools</li> <li>Westwood</li> <li>Tri-County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board</li> <li>Juvenile Court</li> <li>Identify and compile resources for easy sharing</li> </ul>	<p><b>Priority Outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduce the number of suicide deaths</li> <li>Reduce suicide ideation in youth</li> </ul> <p><b>Priority Indicators:</b></p> <ul style="list-style-type: none"> <li>Number of deaths due to suicide per 100,000 populations (age adjusted)</li> <li>Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>Coffee Dessert Meetings</li> <li>Meeting had 18 attend, continuing education hours awarded, Trauma Informed Care Topic Suicide Brochures</li> <li>Cathy Ruiz emailed Parent Mentor Program with Western Buckeye Educational Services Center</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Paulding Middle School and Antwerp Middle School have all had the Catch My Breath program which covers vaping. Since the CHIP was created, vaping has become a HUGE issue in our schools</li> <li>Wayne Trace and Antwerp 7th grades have done suicide support</li> <li><a href="#">Generational RX</a></li> <li><a href="#">QPR (Question Persuade Refer) Program</a></li> <li>Juvenile court does screening for every child that comes to court. <ul style="list-style-type: none"> <li>Screening includes Post-Traumatic Stress Disorder (PTSD), ACEs (Adverse Child Experiences) &amp; Gain Short Screener</li> </ul> </li> <li>Paulding School - Emily Remaklus is starting a "Personal Growth and Positive Outlook" class. Will follow up to see how the pilot program goes <ul style="list-style-type: none"> <li>May be good to implement it in every school</li> </ul> </li> <li>Ohio State University (OSU) Extension Office – now offers free training for Mental Health First Aid to anyone interested <ul style="list-style-type: none"> <li>Antwerp Sophomores participated in Teen Mental Health First Aid</li> <li>Paulding teachers are doing an in-service training day</li> </ul> </li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>Community Campaign – this will be a broader campaign to get information and awareness out. We already have several different organizations that have programs in place. We don't want to duplicate or compete so this campaign would share what's available and who those programs are geared towards <ul style="list-style-type: none"> <li>Also looking to do an annual education on Mental Health Awareness</li> </ul> </li> <li>Community Resource Lists – there are already several Resource lists so the idea would be to have a comprehensive list of who has these lists and their contact info <ul style="list-style-type: none"> <li>Tri-County/United Way, Western Buckeye, and Northwestern Ohio Community Action Commission (NOCAC) all have resource lists.</li> </ul> </li> <li>Paulding High School is starting a new curriculum – Personal Growth and Mindset. Casey Bishop is working with the teacher to do Mental Health First Aid with the students</li> <li>Wayne Trace Teachers will be doing Trauma Informed Care with Casey Bishop on April 21st</li> <li><a href="#">Trauma Informed Care Training</a> – May 2nd – Hosted by Casey Bishop and Cathy Ruiz. Open to the public</li> <li>First Christian Church on April 26th at 11:30 AM will be hosting "Open the Door to Mental Health" with local pastors. Lunch is included</li> </ul>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



**PRIORITY #1B: DRUG USE**  
**PRIORITY POPULATION: Adults & Youth**  
**STRATEGY #1: Implement proper drug disposal programs.**

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1</b></p> <p>Increase awareness of prescription drug abuse and the locations of existing prescription <a href="#">drug collection boxes</a></p> <p>Encourage local pharmacies to provide information on prescription drug abuse and collection locations</p> <p>Work with local law enforcement to sponsor and host prescription drug take-back days</p> <p><b>Year 2</b></p> <p>Increase awareness of prescription drug abuse and the locations of existing prescription <a href="#">drug collection boxes</a></p> <p>Encourage local pharmacies to provide information on prescription drug abuse and collection locations</p> <p>Work with local law enforcement to sponsor and host prescription drug take-back days</p> <p><b>Year 3:</b> Continue to host prescription drug take-back-days</p> <p>Increase the number of prescription drug collection sites in Paulding County by 50% from baseline</p>	<p><b>Vaping – methods for prevention:</b></p> <ul style="list-style-type: none"> <li>Mindy Wenzlick trained</li> <li>Bill Lyons trained</li> <li>School Resource Officers (SROs) looking to implement</li> </ul> <p><b>Action Items:</b></p> <p>Look to add to group:</p> <ul style="list-style-type: none"> <li>Nate Trausch (Paulding SRO)</li> <li>Mindy Wenzlick</li> <li>Rich Phelan (Antwerp SRO/<a href="#">Drug Abuse Resistance Education (DARE)</a> Officer)</li> <li>Simeon Shepherd (DARE Officer)</li> <li>Contact Greg Delaney about sharing some informational videos</li> <li>Invite <a href="#">Paulding Recovery Clubhouse</a> to be on the Committee</li> <li>Share “Dream” links from the Ohio Department of Education with newsletters and Parent Teacher Organizations (PTOs) to help parents and educators approach younger children on the dangers of drugs</li> </ul>	<p><b>Priority Outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduce unintentional drug overdose deaths</li> <li>Reduce youth non-prescribed prescription drug use</li> <li>Address new vaping issues</li> </ul> <p><b>Priority Indicators:</b></p> <ul style="list-style-type: none"> <li>Number of deaths dues to unintentional drug overdoses per 100,000 population (age adjusted)</li> <li>Percent of youth who used prescription drugs not prescribed to them in the past 30 days</li> <li>Compile data on vaping usage</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>Paulding County Sheriff’s Office drug give back day, senior education to give back drugs day</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Reinitiate drug take-back day &amp; add flyers to food distribution at fairgrounds. Discuss with Sheriff’s Office &amp; West Ohio Food Bank</li> <li>Ohio State University (OSU) Extension Officer – <a href="#">Prescription RX Program</a></li> <li>Tri-County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board – Project</li> <li><a href="#">DAWN</a> being distributed at food pantries, juvenile court and health department. NARCAN available</li> <li>Anne Dunn – In charge of opioid awareness project</li> <li>Share <a href="#">RESURRECTION RECOVERY</a></li> </ul> <p><b>2023:</b></p> <p>Continue to host prescription drug take-back days</p> <ul style="list-style-type: none"> <li>Increase the number of prescription drug collection sites in Paulding County by 50% from baseline</li> <li>Increase the number of prescription drug collection sites in Paulding County by 50% from baseline <ul style="list-style-type: none"> <li>Built in drug dispense box- see (24/7, 365)</li> <li>Seniors’ Center – see about drug take-back day</li> <li><a href="#">PASS, Catch My Breath, I Mind</a>, Too Cool for Drugs (3rd Grade), 3-Rs (Refuse, Remove, Reasons), Lifeline for Suicide Prevention</li> </ul> </li> </ul> <p><b>Drug Use/Overdose Prevention – Bill Lyons &amp; Lora Lyons</b></p> <ul style="list-style-type: none"> <li>Drug Take-back Day – April 22nd – Paulding County Sheriff’s Office has a 24/7 Drop Box <ul style="list-style-type: none"> <li>Shared online through Facebook Pages and in Hospital Flyer, &amp; Paulding Area Social Service Network (PASSN)</li> </ul> </li> <li>Casey Bishop shared that she still has the <a href="#">Generation RX</a> that she can teach in the schools</li> <li>Catch My Breath – These are on vaping, 2 times a month (Thursdays 4:30-8:30pm) in Small Business Innovation Center <ul style="list-style-type: none"> <li>2 Students from Peacock and 1 from Vantage have participated</li> <li>Department of Public Safety (DPS)/Drug Resilience Education Awareness Mentorship (DREAM) website</li> <li><a href="https://publicsafety.ohio.gov/what-we-do/our-programs/dream/overview-dream">https://publicsafety.ohio.gov/what-we-do/our-programs/dream/overview-dream</a></li> <li><a href="https://youtu.be/W2DYuPy9daA">https://youtu.be/W2DYuPy9daA</a></li> <li><a href="https://youtu.be/pXR9qfggEC8">https://youtu.be/pXR9qfggEC8</a></li> </ul> </li> <li>Casey Bishop – left OSU Extension Office, awaiting replacement</li> <li>New groups available through <a href="#">Paulding Recovery Clubhouse</a>. Resources being shared online and in PASSN</li> <li><a href="#">Power2Change</a> – provides support groups</li> <li><a href="#">DARE</a> – doing classes in all elementary schools</li> </ul>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



<p><b>PRIORITY #1C: ALCOHOL USE</b>  <b>PRIORITY POPULATION: Youth</b>  <b>STRATEGY #1: Implement the <i>Parents Who Host Lose the Most</i> campaign.</b></p>			
GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Obtain baseline data on which areas of the county are implementing the Parents Who Host Lose the Most campaign and what strategies they are using, such as signs, social media, events, etc.</p> <p><b>Year 2:</b> Create a Public Service Announcement (PSA) for the campaign and create awareness of the danger of youth alcohol use</p> <p><b>Year 3:</b> Strengthen the message and efforts of the Parents Who Host Lose the Most campaign</p> <p><b>New Goals:</b></p> <ul style="list-style-type: none"> <li>• Resurvey public</li> <li>• Reassess data</li> </ul>	<p>Naomi Nicely, Paulding County Hospital</p> <p>Tabled until we have a specialized or trained person on the board</p>	<p><b>Priority Outcome:</b></p> <ul style="list-style-type: none"> <li>• Reduce youth alcohol use</li> </ul> <p><b>Priority Indicator:</b></p> <ul style="list-style-type: none"> <li>• Percent of youth who drank one or more drinks of an alcoholic beverage in the past 30 days</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>• Marketing tools</li> <li>• Visiting Superintendents</li> <li>• Paulding County Hospital will be adding literature to the quarterly magazine and Facebook page to raise awareness</li> <li>• Schools have emailed parents with data and resources</li> <li>• Mock crash demo set – Paulding Emergency Management Services (EMS)/Highway Patrol/Sheriff's Office, happening at Paulding County fairgrounds</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>• Working on breaking stigma that daily drinking is acceptable and normal</li> <li>• Erika Lee may be able to share resources with Supplemental Nutrition Assistance Program (SNAP) users</li> <li>• Paulding County Hospital showed a rise in alcohol use in youth and adults</li> <li>• Mock crash was not hugely successful. Parties felt like the impact was brief and students responded with negative feedback</li> <li>• Prevention Awareness Support Services (PASS) may be able to get grant dollars to help with alcohol prevention</li> </ul> <p>Tabled until we have a specialized or trained person on the board</p>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #2: CHRONIC DISEASE

PRIORITY POPULATION: Youth

STRATEGY #1: Increase healthy eating practices through fostering self-efficacy.

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Continue to implement the Share Our Strength's <a href="#">Cooking Matters</a> program to Supplemental Nutrition Assistance Program (SNAP)-eligible adults through the Ohio State University (OSU) Extension Office</p> <p>Work with at least one new organization, such as a school, senior center, or community center, to pilot an additional 6-week course of the <i>Cooking Matters</i> program. Offer the program to all adults and families</p> <p>Measure knowledge gained through evaluations</p> <p><b>Year 2:</b> Continue efforts to implement at least one <i>Cooking Matters</i> class per quarter</p> <p>Utilizing the <a href="#">Cooking Matters at the Store</a> framework, conduct quarterly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout Paulding County</p> <p><b>Year 3:</b> Continue efforts from years 1 and 2</p> <p>Measure knowledge gained through evaluations</p> <p><b>New Goals:</b></p> <ul style="list-style-type: none"> <li>• Resurvey public</li> <li>• Reassess data</li> </ul>	<p><b>Find key people to add to group:</b></p> <ul style="list-style-type: none"> <li>• Kristen Kurilec</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Identify new trends/issues</li> <li>• Identify resources for those issues</li> <li>• Are current Program Directors in need of resources?</li> <li>• Family Nights at each of the schools</li> <li>• See about setting up informational booths</li> </ul>	<p><b>Priority Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Reduce youth obesity</li> <li>• Reduce youth overweight</li> <li>• Identify new trends/issues</li> <li>• Create a resource list</li> </ul> <p><b>Priority Indicators:</b></p> <ul style="list-style-type: none"> <li>• Percent of youth who were obese</li> <li>• Percent of youth who were overweight</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Cooking Matters</a> – Erika Lee <ul style="list-style-type: none"> <li>• February and March 2019</li> <li>• Adults/Family class size: 15</li> </ul> </li> <li>• <a href="#">WIC</a> <ul style="list-style-type: none"> <li>• Head Start</li> <li>• Paulding/Oakwood Elementary Schools</li> <li>• Ann's Bright Beginnings</li> </ul> </li> </ul> <p><b>2023:</b> <a href="#">SNAP Education</a> – Casey Bishop and Erika Johannis with OSU extension shared that the SNAP Education program is working to educate children on healthy habits, nutrition, etc. The SNAP Program is only eligible in certain locations that meet the free &amp; reduced lunch requirements. Currently teaching at:</p> <ul style="list-style-type: none"> <li>• Ann's Bright's Beginnings</li> <li>• Little Sprouts</li> <li>• Northwestern Ohio Community Action Commission (NOCAC)</li> <li>• Paulding Elementary</li> </ul>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #2: CHRONIC DISEASE PRIORITY POPULATION: Youth

STRATEGY #2: *Implement school-based nutrition education programs*

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Assess Paulding County schools to determine which schools are currently utilizing the <a href="#">Serving Up MyPlate</a> framework</p> <p>Work with at least one school to conduct a “healthy habit” parent survey (pre-test) to collect baseline data of nutrition and physical activity habits. By utilizing the Serving Up MyPlate framework, implement various educational activities and programming</p> <p>“Healthy habit” post-tests will be given at the end of each year to measure knowledge gained. 50% of students will show increased knowledge of healthy habits</p> <p><b>Year 2:</b> Continue efforts from year 1 in at least 2-3 school districts</p> <p>Work with schools to offer “Try it Tuesday” fruit and vegetable taste-testing for students and/or work with at least 1-2 schools to host a family education night</p> <p>75% of students will show increased knowledge of healthy habits</p> <p><b>Year 3:</b> Continue efforts from years 1 and 2 in at least 4-5 school districts</p> <p>90% of students will show increased knowledge of healthy habits</p> <p><b>New Goals:</b></p> <ul style="list-style-type: none"> <li>• Resurvey public</li> <li>• Reassess data</li> </ul>	<ul style="list-style-type: none"> <li>• Reach out to Gary Mabis to join committee (on Parks &amp; Recreation Board)</li> <li>• Ask Schmidt Kayaking (new business in Payne) about hosting an educational event</li> <li>• Casey Bishop left Ohio State University (OSU) Extension Office – waiting to hear replacement. Check back with the OSU Extension Office</li> </ul>	<p><b>Priority Outcome:</b></p> <ul style="list-style-type: none"> <li>• Reduce youth obesity</li> <li>• Reduce youth overweight</li> </ul> <p><b>Priority Indicator:</b></p> <ul style="list-style-type: none"> <li>• Percent of youth who were obese</li> <li>• Percent of youth who were overweight</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Cooking Matters</a> – Erika Lee <ul style="list-style-type: none"> <li>• February and March 2019</li> <li>• Adults/Family Class size 15</li> <li>• WIC</li> <li>• Headstart</li> <li>• Paulding/Oakwood Elementary Schools</li> <li>• Ann’s Bright Beginnings</li> </ul> </li> </ul> <p>Increase number of farmers markets</p> <ul style="list-style-type: none"> <li>• WIC Coupons available for farmers markets</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>• Making Better Choices Program the biggest component of this committee is to educate children on health nutrition and making better choices</li> <li>• Get Up and Move Program – OSU Extension Office is working on a new curriculum that encourages physical exercise with children and their parents. It is currently pending approval</li> <li>• 4H Spin Club – Green Thumbs – available for kids 8-12 years old. This is a 4H club that will go over safe gardening and food tasting. The club meets once a week starting May 30<sup>th</sup>-August 1<sup>st</sup></li> <li>• United State Department of Agriculture (USDA) – Garden Detectives – the new curriculum Casey will be using</li> <li>• Casey Bishop has left OSU Extension Office – programs on hold until replacement is hired</li> </ul>



# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #3: SEXUAL BEHAVIOR

PRIORITY POPULATION: Youth

STRATEGY #1: Increase awareness and availability of birth control.

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Collect baseline data on the number of health care providers that provide sexual health patient counseling and discuss contraceptive options in Paulding County</p> <p>Present health care providers with Paulding County youth sexual behavior data and train primary care and women's healthcare providers to offer patient counseling on the full-range of efficacy-based <a href="#">contraceptive options</a></p> <p><b>Year 2:</b> Continue efforts from year 1</p> <p>Conduct an environmental scan on the number of community health centers, clinics, and other community-level providers that offer sexual health education, birth control, and Sexual Transmitted Infection (STI) screenings</p> <p>Identify and work with at least one new clinical provider to offer sexual health education and services</p> <p>Increase awareness of services to the community</p> <p><b>Year 3:</b> Continue efforts from years 1 and 2</p> <p><b>New Goals:</b></p> <ul style="list-style-type: none"> <li>• Resurvey public</li> <li>• Reassess data</li> </ul>	<ul style="list-style-type: none"> <li>• Reach out to Lindsay Manz to join</li> <li>• See if <a href="#">Hands of Hope</a> is interested in Joining or <a href="#">Crisis Pregnancy Center (CPC) Women's Health</a></li> <li>• Reach out to Tracy Koenig to join from <a href="#">LifeWise</a></li> <li>• Share resources through social media /news outlets</li> </ul>	<p><b>Priority Outcome:</b></p> <ul style="list-style-type: none"> <li>• Reduce the percentage of youth who engaged in sexual intercourse without a reliable method of protection</li> </ul> <p><b>Priority Indicator:</b></p> <ul style="list-style-type: none"> <li>• Percent of youth who engaged in sexual intercourse without a reliable method of protection</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li>• Ohio Department of Health Grant <ul style="list-style-type: none"> <li>• Bowling Green</li> <li>• At Risk Youth</li> <li>• Juvenile Court</li> <li>• Group Home</li> <li>• Contraceptives</li> <li>• Sexually Transmitted Infections</li> <li>• Antwerp Clinic</li> </ul> </li> <li>• 5 Action Steps Website</li> <li>• Self Worth/Self Care</li> <li>• Board of Health Approval</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>• Programs to combat pornography - working with School Resource Officers (SROs)</li> <li>• <a href="#">Power2Change</a> to partner with <a href="#">LifeWise</a> <ul style="list-style-type: none"> <li>• Youth</li> <li>• Adults</li> </ul> </li> <li>• <a href="#">CPC Women's Health</a> – Project Respect</li> <li>• <a href="#">Hands of Hope</a> – educational classes <ul style="list-style-type: none"> <li>• Both organizations provide education to middle school and high schoolers about inappropriate behavior and healthy relationships</li> </ul> </li> <li>• <a href="#">Equitas Health</a> – can set up educational booths and provides free testing at their walk-in clinic</li> </ul> <p>Tabled: Still looking for a trained or licensed person to chairperson to head this subcommittee</p>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## CROSS-CUTTING FACTOR: SOCIAL DETERMINANTS OF HEALTH

PRIORITY POPULATION: Youth

STRATEGY #1: *Implement school-based social and emotional instruction.*

GOALS	ACTION STEPS	OUTCOMES & INDICATORS	PROGRESS NOTES
<p><b>Year 1:</b> Introduce at least one of the following programs to the educational service board:</p> <ul style="list-style-type: none"> <li><a href="#">The PAX Good Behavior Game</a></li> <li><a href="#">The Second Step Social-Emotional Learning (SEL) Program</a></li> <li><a href="#">The Incredible Years</a></li> <li><a href="#">ROX (Ruling Our Experience)</a></li> <li><a href="#">Strengthening Families</a></li> <li>Olweus Bullying Prevention Program</li> <li><a href="#">The Leader in Me Program</a> – phasing out</li> </ul> <p>Pilot the program(s) in at least one Paulding County school district</p> <p><b>Year 2:</b> Continue efforts from year 1</p> <p>Implement the program(s) in one additional Paulding County school district</p> <p><b>Year 3:</b> Continue efforts from years 1 and 2</p> <p>Implement the program(s) in all Paulding County school districts</p> <p><b>New Goals:</b></p> <ul style="list-style-type: none"> <li>Resurvey public</li> <li>Reassess data</li> </ul>	<ul style="list-style-type: none"> <li>Share <a href="#">Rachel's Challenge</a></li> <li>Positive Behavioral Interventions and Supports (PBIS) Framework – state mandated now</li> <li>Churches – what supports are they providing?</li> <li><a href="#">Mental Health First Aid</a></li> <li>Research if there are overlaps or gaps in resources</li> </ul>	<p><b>Cross-cutting Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increase social-emotional skills</li> </ul> <p><b>Cross-cutting Indicators:</b></p> <ul style="list-style-type: none"> <li>Not currently available (per Ohio SHIP)</li> </ul>	<p><b>2019:</b></p> <ul style="list-style-type: none"> <li><a href="#">Western Buckeye Educational Service Center</a> – Ashley Shepherd</li> <li><a href="#">Leader In Me Program</a> – Pilot Program <ul style="list-style-type: none"> <li>Wayne Trace Local Schools</li> <li>Grover Hill Elementary</li> <li>Payne Elementary</li> </ul> </li> <li>Get updates from Ashley</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>Social-emotional Instructor – Ashley Shepherd</li> <li>Family Nights – Ashley shared that most schools will do a family night once a year where they allow organizations to come in and share resources. She stated this could be a great opportunity to share some resources from any one of our sub-committees <ul style="list-style-type: none"> <li>Ashley is going to add the points of contacts for the school to see if anyone is interested in participating in them</li> <li>Kindness Awareness – Casey Bishop shared that perhaps this program would be a great one to share at these events</li> </ul> </li> <li><a href="#">Strengthening Families</a> – Casey Bishop stated she may be taking over this program now that Michael is in a different position. This program would be huge in helping families better communicate with one another and address emotional issues <ul style="list-style-type: none"> <li>She will need some more instructors and a location to be able to do the program</li> </ul> </li> <li>Casey Bishop has left OSU Extension, programs on hold until replacement is found</li> </ul>

# APPENDIX C

## INFORMANT INTERVIEW PARTICIPANTS



### KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **25** leaders, representatives, and members of the Paulding County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHA team as leaders based on their professional expertise and knowledge of various target groups throughout the Paulding County community.

# APPENDIX C:

## KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Melinda Stoller	Director	Hands of Hope Pregnancy Services
2. Dustin Westhoven	Probation Officer	Paulding County Juvenile Court
3. Kari Morhart	Executive Director	Paulding County Senior Center
4. Ron Goedde 5. Kyle Mawer	Chief Executive Officer Chief Operations Officer	Paulding County Hospital
6. Sheriff Jason Landers	Sheriff	Paulding County Sheriff's Office
7. Sarah Noggle	Educator, Agriculture and Natural Resources	Ohio State University
8. Anne Guggenbiller 9. Heather Parret 10. Keziah Zachrich	Senior Manager, Support Assistant Manager, Human Resources Bilingual Human Resources Specialist	Cooper Farms
11. Lora Lyons	Director	United Way of Paulding County, Ohio
12. Emma Horstman	Family and Consumer Sciences (FCS) Educator	Ohio State University (OSU) Extension Office
13. Deputy William Lyons	Deputy	Paulding County Sheriff's Office
14. Erika Johanns	Supplemental Nutrition Assistance Program (SNAP) Educator	Ohio State University (OSU) Extension Office
15. Judge Tiffany Beckman	Judge	Paulding County Court of Common Pleas

Continued on next page...

# APPENDIX C:

## KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
16. Cathy Ruiz	Family Children First Council (FCFC) Coordinator/ Service Coordinator	Western Buckeye Educational Service Center
17. Travis Lichty	Middle/High School Principal	Antwerp Local Schools
18. Shannon Timmerman 19. Nicole Estle	Service and Support Administration Supervisors	Paulding County Board of Developmental Disabilities
20. Anne Dunn	Commissioner	Tri County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
21. Dr. Wendel Spangler	Family Physician	Paulding County Hospital
22. Amber Gochenour	Director	Little Sprouts Early Learning Center
23. Tommie Harner	Chief Executive Officer	West Ohio Food Bank
24. Brett Foster	Guidance Counselor	Paulding Exempted Village Schools
25. Sarah Franz	Guidance Counselor	Wayne Trace Local School District

# APPENDIX D

## FOCUS GROUP PARTICIPANTS

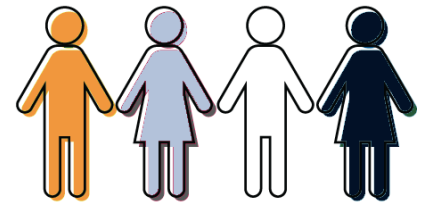


### FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **8 focus groups** conducted with **52 community members**, including the number of participants, format, and groups represented.



# APPENDIX D: FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS			
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	# OF PARTICIPANTS
1. General (Paulding County Trustees)	In-Person	Paulding County Health Department,	25
2. Hispanic Farm Workers	In-Person	Paulding County Health Department, Dairy Farms	7
3. Seniors	In-Person	Paulding County Health Department, Paulding County Senior Center	10
4. Hispanic Farm Workers	In-Person	Paulding County Health Department, Coopers Farms	7
5. First Responders	In-Person	Paulding County Health Department, Paulding County Emergency Management Agency, Paulding County Sheriff's Office	10
6. Low-Income Mothers	In-Person	Paulding County Health Department, Little Sprouts Early Learning Center, Northwestern Ohio Community Action Commission	3
7. Hispanic Parents	In-Person	Paulding County Health Department	3
8. Youth (ages 14-18)	In-Person	Paulding County Health Department	7
TOTAL			72

# APPENDIX E

## COMMUNITY MEMBER SURVEY



### COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Paulding County community to get their perspectives and experiences on the health assets and needs of the community they call home. **354 responses** were received.

# APPENDIX E:

## COMMUNITY MEMBER SURVEY



Paulding County Health Department is conducting a Community Health Assessment to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Paulding County) to complete this 10-minute survey.

This information will help guide us as we consider services and programs that will benefit the community. Be assured that this process is completely anonymous - we cannot access your name and your responses will be kept confidential. Your participation in this survey is entirely voluntary and you are free to leave questions unanswered. Thank you for helping us to better serve our community!

### 1. Where do you live or reside in Paulding County? (choose one)

- 43512 (Defiance)
- 45813 (Antwerp)
- 45827 (Cloverdale)
- 45821 (Cecil)
- 45861 (Melrose)
- 45849 (Grover Hill)
- 45873 (Oakwood)
- 45851 (Haviland)
- 45879 (Paulding)
- 44827 (Latty)
- 45880 (Payne)
- None of the above, I live primarily at the following ZIP code:

### 2. Where do you work? (choose one)

- 43512 (Defiance)
- 45813 (Antwerp)
- 45827 (Cloverdale)
- 45821 (Cecil)
- 45861 (Melrose)
- 45849 (Grover Hill)
- 45873 (Oakwood)
- 45851 (Haviland)
- 45879 (Paulding)
- 44827 (Latty)
- 45880 (Payne)
- None of the above, I work primarily at the following ZIP code:
- I am not currently employed

### 3. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

### 4. What is your gender identity?

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer
- Other

### 5. What is your sexual orientation?

- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Other (please specify)
- Prefer not to answer

### 6. What is your race and/or ethnicity? (Select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

### 8. Which is your primary language spoken at home?

- English
- Spanish
- Other (please specify)

### 9. How many children, ages 0-18, live in your household?

- |     |      |                          |
|-----|------|--------------------------|
| • 0 | • 6  | • 12                     |
| • 1 | • 7  | • 13                     |
| • 2 | • 8  | • 14                     |
| • 3 | • 9  | • 15                     |
| • 4 | • 10 | • Other (please specify) |
| • 5 | • 11 |                          |

# APPENDIX E:

## COMMUNITY MEMBER SURVEY



### 9. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

### 10. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

### 11. If you are currently employed, which of the following best describes your occupational category? (for example, health, education, law and social, community and government services, business, finance and administration, management, etc.)

- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other (please specify)

### 9. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

### 10. Do you identify as having a disability?

- Yes
- No
- Prefer not to answer

### 14. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere

### 15. Have you experienced any of the following types of abuse in the past year?

- Verbal/Emotional
- Mental/psychological
- Other (please specify)
- Cultural/Identity
- Financial/Economic
- Physical violence
- Sexual
- Elder

### 16. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)

- Access to childcare
- Access to healthcare
- Adverse childhood experiences
- Chronic diseases
- Education
- Employment
- Environment conditions
- Food insecurity
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Housing and homelessness
- Income/Poverty
- Internet/Wi-Fi access
- Maternal, infant and child health
- Mental Health and access to mental healthcare
- Nutrition and physical health/exercise
- Preventive care and practices
- Substance/drug use
- Tobacco and nicotine use/smoking
- Transportation

### 17. Indicate the level of IMPORTANCE that Paulding County health partners should place on addressing these needs IN OUR COMMUNITY - from not important to very important.

- |                                |                                    |
|--------------------------------|------------------------------------|
| • Access to Childcare          | • Early education/preschool        |
| • Access to dental/oral care   | • Employment                       |
| • Access to healthy foods      | • Food insecurity                  |
| • Access to mental healthcare  | • Heart disease and stroke         |
| • Access to primary healthcare | • HIV/AIDS and STIs                |
| • Access to Vision Healthcare  | • Maternal and child/infant health |
| • Air and Water quality        | • Mental health                    |
| • Asthma and COPD              | • Nutrition and physical activity  |
| • Cancer                       | • Preventive practices             |
| • Child Abuse                  | • Substance use                    |
| • Crime and violence           | • Tobacco and nicotine use         |
| • Diabetes                     | • Tuberculosis                     |
| • Disabilities                 | • Wifi/internet access             |

# APPENDIX E:

## COMMUNITY MEMBER SURVEY



**18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)**

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance

**19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (Select all that apply)**

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of Paulding County
- No barriers and did not delay health care - received all the care that was needed
- Other (please specify)

**20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (Select all that apply)**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**21. How long has it been since you have to get a checkup when you were well were already sick)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

**22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**23. How would you rate your current access to mental or behavioral health services?**

- Very high access
- High access
- Neutral
- Low access
- Very low access

**24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (Select all that apply)**

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

# APPENDIX E:

## COMMUNITY MEMBER SURVEY



**25. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply)**

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)

**26. In the last year, was there a time when you needed prescription medicine but were not able to get it?**

- Yes
- No

**27. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

**28. In the last year, was there a time when you needed dental care but could not get it?**

- Yes
- No

**29. In the last year, was there a time when you needed mental health counseling but could not get it?**

- Yes
- No

**30. Do you have a personal physician?**

- Yes
- No

**31. How long has it been since you have had a flu shot?**

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

**32. Overall, my physical health is:**

- Good
- Average
- Poor
- Excellent

**33. Overall, my mental health is:**

- Good
- Average
- Poor
- Excellent

**34. What resources are lacking within our community? (Select all that apply)**

- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/Oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other (please specify)

**35. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):**

- Not Applicable
- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Other (please specify)

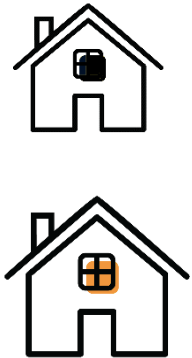
**36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)**

- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

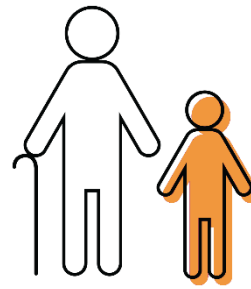
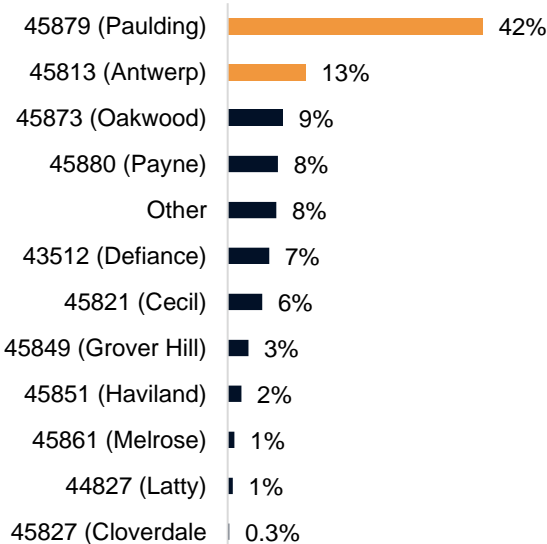
**37. Do you have any other feedback or comments to share with us?**



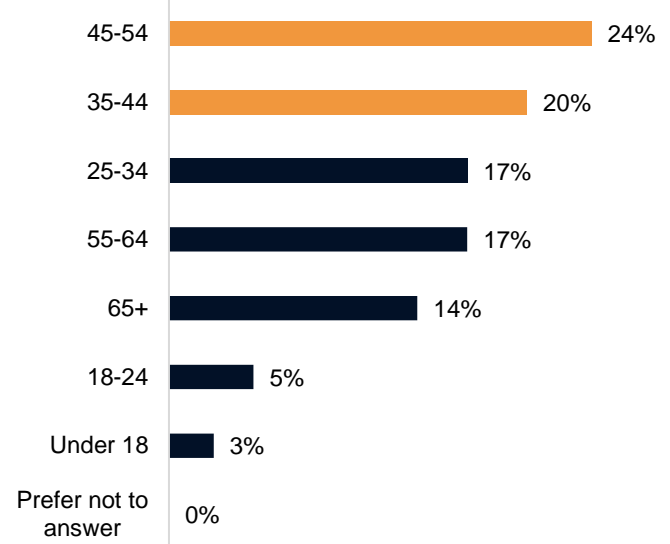
# APPENDIX E: COMMUNITY MEMBER SURVEY



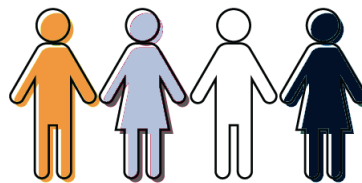
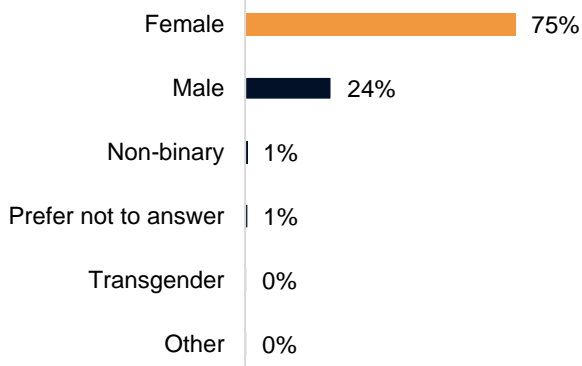
The majority of respondents live in **Paulding (45879)** and **Antwerp (45813)**, consistent with the population of the county<sup>27</sup>



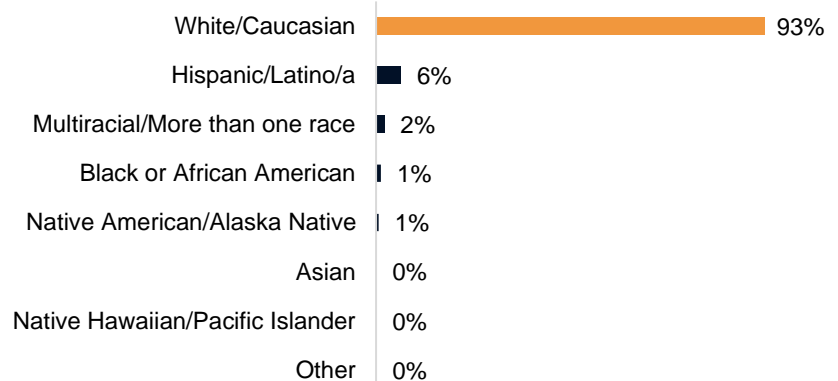
There was a greater proportion of survey responses from **middle-aged rather than younger or older adults**, particularly from the **45-54** year-old age group<sup>28</sup>



The majority of respondents were **female**<sup>26</sup>



The majority of respondents were **White**, consistent with the composition of the county. The representation from other racial groups was also similar to the county as a whole<sup>26</sup>



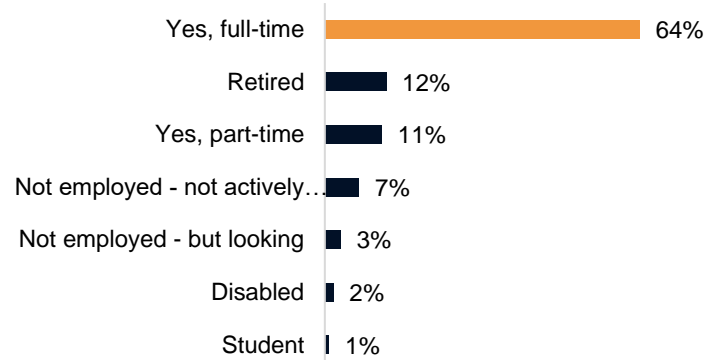
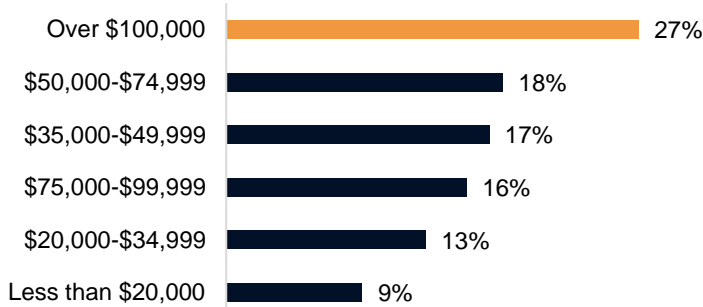
# APPENDIX E: COMMUNITY MEMBER SURVEY



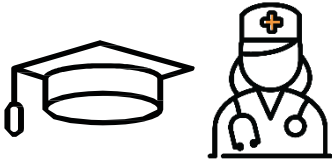
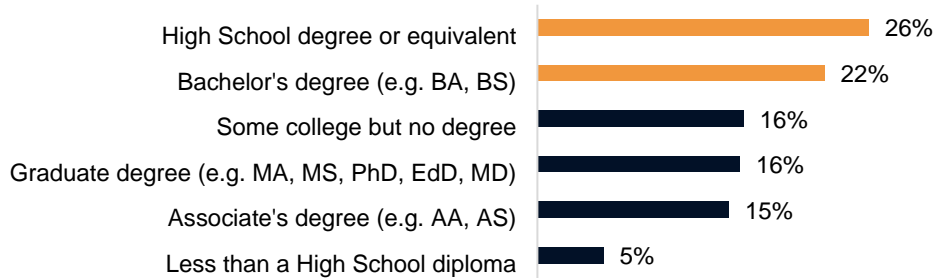
Respondents were generally **higher income**, with almost one-third having an annual household income of \$100,000 or more. This representation is similar to the county as a whole<sup>29</sup>



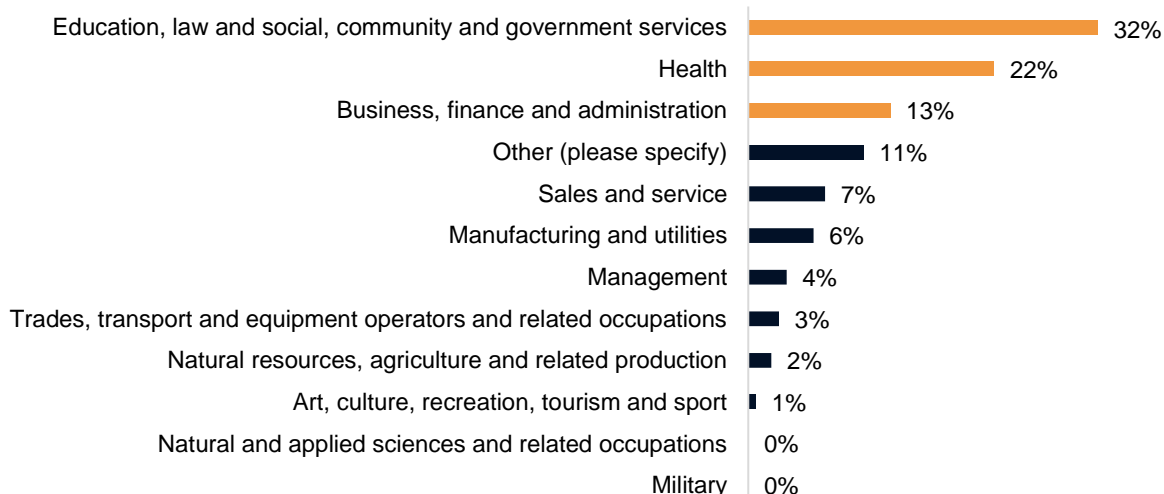
The majority of respondents are **employed full-time**<sup>30</sup>



The majority of respondents have at least a **high school degree or equivalent**.



While a variety of occupational categories were represented, **“Education, law and social, community and government services”** and **“Health”** were most common<sup>32</sup>



## APPENDIX G

# **PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT**



## **MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT**

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.

# APPENDIX G:

## PHAB CHA REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHNA process. Participation must include:</p> <ul style="list-style-type: none"> <li>i. At least 2 organizations representing sectors other than governmental public health.</li> <li>ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.</li> </ul>	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.</p>
✓	5-24	b. The process for how partners collaborated in developing the CHNA (or CHA).	
✓	25-67	<p>c. Comprehensive, broad-based data. Data must include:</p> <ul style="list-style-type: none"> <li>i. Primary data.</li> <li>ii. Secondary data from two or more different sources.</li> </ul>	Primary and secondary data is integrated together throughout the report
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <ul style="list-style-type: none"> <li>i. The percent of the population by race and ethnicity.</li> <li>ii. Languages spoken within the jurisdiction.</li> <li>iii. Other demographic characteristics, as appropriate for the jurisdiction.</li> </ul>	
✓	25-67	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <ul style="list-style-type: none"> <li>i. Health status</li> <li>ii. Health behaviors.</li> </ul>	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	25-67	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	67	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.</p>	

# APPENDIX H: **REFERENCES**

# APPENDIX H:

## REFERENCES

- <sup>1</sup>U.S. Census Bureau, Decennial Census, P1, 2010-2020. <http://data.census.gov/>
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- <sup>7</sup>U.S. Census Bureau, American Community Survey, DP02, 2020. <http://data.census.gov/>
- <sup>8</sup>Ohio Public Information Warehouse, Mortality, 2022, <https://publicapps.odh.ohio.gov/EDW/DataCatalog/>
- <sup>9</sup>County Health Rankings & Roadmaps, 2022 Data Set, <http://www.countyhealthrankings.org/>
- <sup>10</sup>County Health Rankings & Roadmaps, 2023 Data Set, <http://www.countyhealthrankings.org/>
- <sup>11</sup>Community Member Survey, Question 16
- <sup>12</sup>Community Member Survey, Question 23
- <sup>13</sup>Community Member Survey, Question 24
- <sup>14</sup>Community Member Survey, Question 35
- <sup>15</sup>Community Member Survey, Question 17
- <sup>16</sup>Community Member Survey, Question 18
- <sup>17</sup>Community Member Survey, Question 19
- <sup>18</sup>Community Member Survey, Question 20
- <sup>19</sup>Community Member Survey, Question 21
- <sup>20</sup>Community Member Survey, Question 23
- <sup>21</sup>Community Member Survey, Question 25
- <sup>22</sup>Community Member Survey, Question 26
- <sup>23</sup>Community Member Survey, Question 27
- <sup>24</sup>Community Member Survey, Question 34
- <sup>25</sup>Community Member Survey, Question 1
- <sup>26</sup>Community Member Survey, Question 3
- <sup>27</sup>Community Member Survey, Question 4
- <sup>28</sup>Community Member Survey, Question 6
- <sup>29</sup>Community Member Survey, Question 9
- <sup>30</sup>Community Member Survey, Question 10
- <sup>31</sup>Community Member Survey, Question 11
- <sup>32</sup>Community Member Survey, Question 12
- <sup>33</sup>U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via 2023 County Health Rankings, 2020 data. <http://www.countyhealthrankings.org>
- <sup>34</sup>U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2023 data. <http://www.countyhealthrankings.org/>
- <sup>35</sup>U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>
- <sup>36</sup>Ohio Department of Health, Violence and Injury Prevention Section, 2017-2020. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/suspected-od-dashboard2>
- <sup>37</sup>SAMHSA. (2020). 2016-2018 NSDUH Substate Region Estimates By Age Group. Retrieved from <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-age-group>
- <sup>38</sup>U.S. Census Bureau, American Community Survey, S1702, 2021, 5-yr estimates. <http://data.census.gov/>
- <sup>39</sup>U.S. Census Bureau, American Community Survey, DP03, 2021. <http://data.census.gov/>
- <sup>40</sup>U.S. Census Bureau, American Community Survey, B14005, 2021. <http://data.census.gov/>
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- <sup>46</sup>Ohio Child Care and Resource Referral Association Annual Report, 2022. <https://d2hfgw7vtz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>
- <sup>47</sup>Groundwork Ohio Statewide Survey, 2021. [https://www.groundworkohio.org/\\_files/ugd/d2fbfd\\_5429e4e10cea4102b-1c249f271b579d1.pdf](https://www.groundworkohio.org/_files/ugd/d2fbfd_5429e4e10cea4102b-1c249f271b579d1.pdf)
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