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# 2026-2028 COMMUNITY HEALTH IMPROVEMENT PLAN

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**Hancock County, Ohio**  
Published April 2025



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# A NOTE FROM BE HEALTHY NOW HANCOCK COUNTY



Be Healthy Now Hancock County (BHNHC) 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 community's needs and prioritizing those needs for impact. In 2024, BHNHC partnered with Moxley Public Health and community-based organizations to conduct a comprehensive Community Health Assessment (CHA) to identify priority health issues and evaluate the overall current health status of the health department's service area. These findings were then used to develop a Community Health Improvement Plan (CHIP) to describe the response to the needs identified in the CHA report.

The 2026-2028 Hancock County CHIP would not have been possible without the help of numerous Hancock County organizations, acknowledged on the following pages. It is vital that assessments such as this continue, so partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. BHNHC believes that together, Hancock County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. BHNHC is grateful for those individuals who are committed to the health of the community, and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,

**Lindsay Summit**

Health Commissioner  
Hancock Public Health

# ACKNOWLEDGMENTS



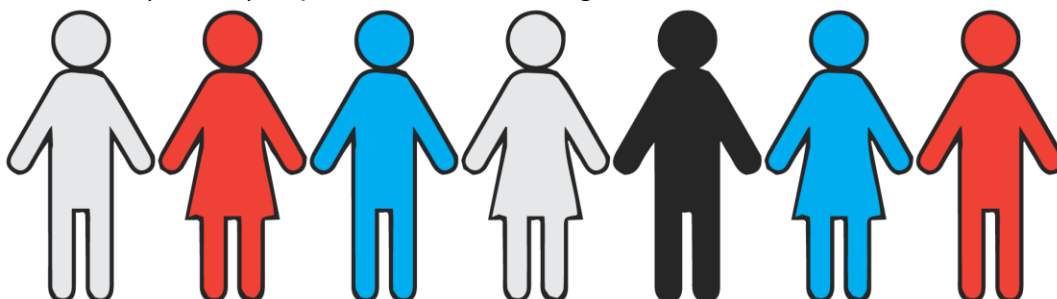
This Improvement Plan (CHIP) was made possible thanks to the collaborative efforts of Be Healthy Now Hancock County (BHNHC), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this strategic plan.

## **BHNHC WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:**

Black Heritage Library & Multicultural Center  
Blanchard Valley Health System  
Children's Mentoring Connection  
Church of the Living God  
City Mission of Findlay  
City of Findlay  
City of Findlay Parks & Recreation  
Family & Children First Council  
Family Resource Center  
Findlay City Schools  
Findlay-Hancock County Center for Civic Engagement  
Findlay-Hancock County Community Foundation  
Findlay YMCA  
Findlay Hancock County Chamber of Commerce  
Findlay Hancock County Public Library  
FOCUS Recovery & Wellness Community/  
Peer Advisory Partnership  
Friends of Findlay  
Hancock County Alcohol, Drug Addiction and  
Mental Health Services (ADAMHS) Board/  
Community Partnership

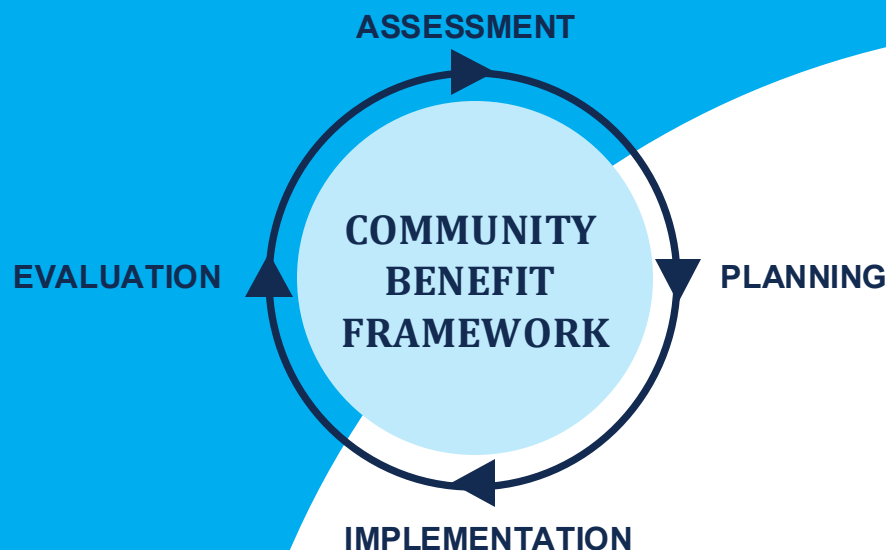
Hancock County Coalition on Addiction  
Hancock County Family and Children First  
Council  
Hancock County Probate/Juvenile Court  
Hancock County Schools and Educational  
Service Center  
Hancock County Veteran Services  
Hancock Public Health  
Hancock Hardin Wyandot Putnam  
(HHWP) Community Action Commission  
Hope House  
LGBTQ+ Spectrum of Findlay  
Mission Possible  
Parent Advisory Group  
Raise the Bar Hancock County  
The Ohio State University Extension Office  
United Way of Hancock County  
University of Findlay  
University of Findlay College of Pharmacy  
West Ohio Food Bank  
Whirlpool  
50 North

The 2026-2028 Improvement Plan (CHIP) report was prepared by Moxley Public Health, LLC, ([www.moxleypublichealth.com](http://www.moxleypublichealth.com)) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health Assessments (CHAs)/Community Health Needs Assessments/CHNAs and Improvement Plans (CHIPs)/Implementation Strategies.



## INTRODUCTION

# WHAT IS AN IMPROVEMENT PLAN (CHIP)?



An **Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities - policy, advocacy, and program-planning efforts. For health departments, the Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB).



# OVERVIEW OF THE PROCESS



In order to develop an Improvement Plan (CHIP), Be Healthy Now Hancock County (BHNHC) followed a process that included the following steps:

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

**STEP 2: Develop goals/objectives and identify indicators to address health needs.**

**STEP 3: Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.**

**STEP 4: Select approaches with community partners.**

**STEP 5: Integrate CHIP with community partner, health department, and hospital plans.**

**STEP 6: Develop a written CHIP.**

**STEP 7: Adopt the CHIP.**

**STEP 8: Update and sustain the CHIP.**

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

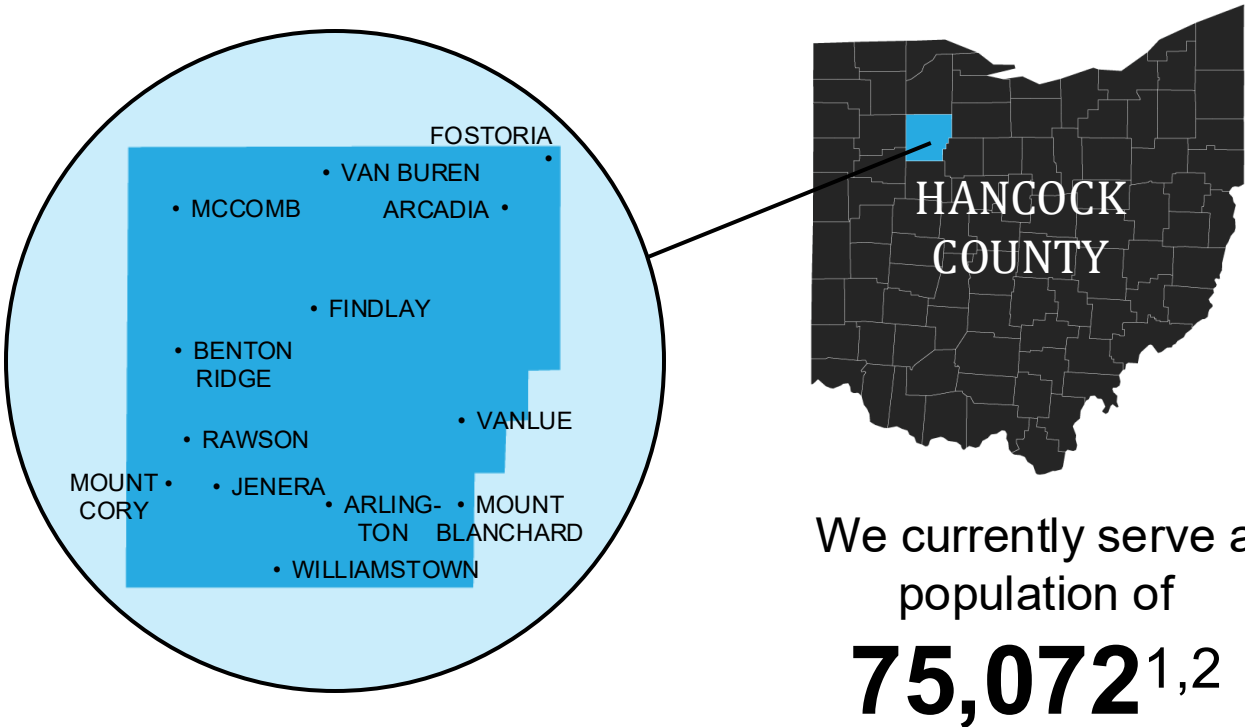
**THE 2026-2028 HANCOCK COUNTY CHIP MEETS ALL PUBLIC  
HEALTH ACCREDITATION BOARD (PHAB) REGULATIONS.**



# DEFINING THE HANCOCK COUNTY SERVICE AREA



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



We currently serve a population of **75,072<sup>1,2</sup>**

HANCOCK COUNTY SERVICE AREA			
GEOGRAPHIC AREA	ZIP CODE	GEOGRAPHIC AREA	ZIP CODE
Arcadia	44804	McComb	45858
Arlington	45814	Mount Blanchard	45867
Benton Ridge	45816	Mount Cory	45868
Rawson	45881	Van Buren	45889
Findlay	45840	Vanlue	45890
Jenera	45841	Williamstown	45897



# HANCOCK COUNTY AT-A-GLANCE

Hancock County's population is **75,072**.

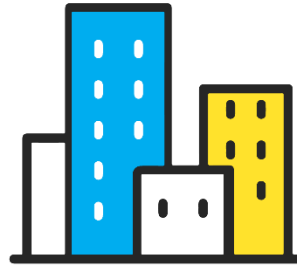
The populations of both Hancock County and Ohio **increased slightly** from 2010 to 2022<sup>1, 2</sup>



**+0.4%**  
HANCOCK  
COUNTY

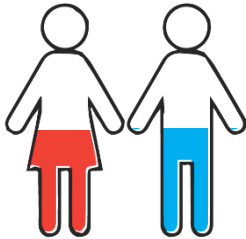


**+2%**  
OHIO



Hancock County is ranked **13<sup>th</sup> of 88** ranked counties in Ohio, according to social and economic factors (with 1 being the best), placing it in the **top 15%** of the state's counties<sup>3</sup>

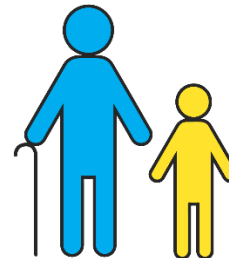
The % of males and females is **approximately equal** (with females being slightly higher)<sup>2</sup>



**50.6%** **49.4%**



of Hancock County residents are **veterans**, slightly higher than the state rate<sup>4</sup>



Youth ages 0-19 and seniors 65+ make up

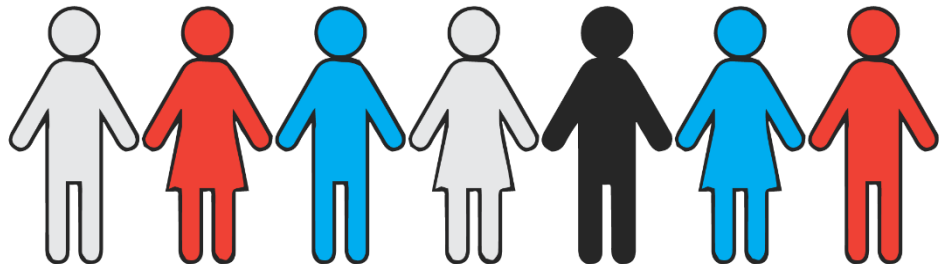
**40% of the population**

In the Hancock County service area, nearly **1 in 5 residents are age 65+**<sup>2</sup>



**95%** of the population in the Hancock County service area **speaks only English**. **3% are foreign-born**<sup>4</sup>

The **majority (88%)** of the population in Hancock County identifies as **White** as their only race, while there are also significant Hispanic or Latino, Black/African American, and Asian populations<sup>2</sup>



**88%**  
WHITE  
RESIDENTS

**6%**  
HISPANIC  
OR LATINO  
RESIDENTS

**2%**  
BLACK/  
AFRICAN  
AMERICAN  
RESIDENTS

**2%**  
ASIAN  
RESIDENTS

**0.1%**  
AMERICAN  
INDIAN/  
ALASKA  
NATIVE  
RESIDENTS

**0.02%**  
NATIVE  
HAWAIIAN/  
PACIFIC  
ISLANDER  
RESIDENTS

**2%**  
MULTI-  
RACIAL/  
OTHER  
RESIDENTS



The life expectancy in Hancock County of **76.9 years** is **1.3 years longer** than it is for the state of Ohio<sup>5</sup>



**1 in 256**

Hancock County residents will **die prematurely**, which is lower than the Ohio state rate<sup>5</sup>



# PRIORITY HEALTH NEEDS FOR HANCOCK COUNTY



1



## BEHAVIORAL HEALTH & SUBSTANCE USE

Hancock County has **fewer mental health providers** relative to its population compared to Ohio<sup>5</sup>

36% of survey respondents say that community mental healthcare access is lacking

In the community member survey, **nearly two-thirds (64%)** of respondents reported **substance use** as a **top concern**

2



## SOCIAL DETERMINANTS & BUILT ENVIRONMENT

69% of survey respondents report **affordable housing** as a resource that is **lacking** in Hancock County

39% of survey respondents say that **transportation** is lacking

Hancock County has **less access** to primary care and dental care providers than Ohio overall<sup>5</sup>

20% of survey respondents ranked **nutrition and physical health** as a **priority health need**

3



## CHRONIC DISEASE & HEALTHY LIFESTYLE

**Heart disease** is the **leading cause of death** in Hancock County.<sup>6</sup> 24% of community survey respondents rated it as a **top concern**

33% of community survey respondents rated **diabetes** as a **top concern** in Hancock County

31% of respondents said that **affordable food is lacking** in the community, while 27% of respondents ranked **access to healthy food** as a **top concern**



# STEP 1

## **PLAN AND PREPARE FOR THE IMPROVEMENT PLAN (CHIP)**



### **IN THIS STEP, BE HEALTHY NOW HANCOCK COUNTY:**

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE CHIP
- ENGAGED BOARD AND EXECUTIVE LEADERSHIP
- REVIEWED COMMUNITY HEALTH ASSESSMENT





## PLAN AND PREPARE FOR THE 2026-2028 HANCOCK COUNTY IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the 2024 Hancock County Community Health Assessment (CHA). (Available at <https://www.hancockph.com/health-assessment-project>).

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data was collected through key informant interviews with **29** experts from various organizations serving the Hancock County service area and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A *community member survey* was distributed via a QR code and link with **1,071** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and to identify health disparities present in the community. A shortened version of the community member survey was also distributed and received 51 responses. Finally, there were **10** focus groups held across the county, representing a total of **89** community members from priority populations. 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 potentially available to address needs, and prioritize health needs. More detail on methodology can be found in the 2024 Hancock County CHA Report.

“

**The improvement plan (CHIP) deals with the “how and when” of addressing needs. While the community health assessment considers the “who, what, where, and why” of community health needs, the CHIP takes care of the how and when components.**

**- Catholic Health Association**

”

## STEP 2

# DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS



### **IN THIS STEP, BE HEALTHY NOW HANCOCK COUNTY:**

- DEVELOPED GOALS FOR THE IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHA
- SELECTED INDICATORS TO ACHIEVE GOALS



# OVERVIEW OF THE PROCESS (CONTINUED)



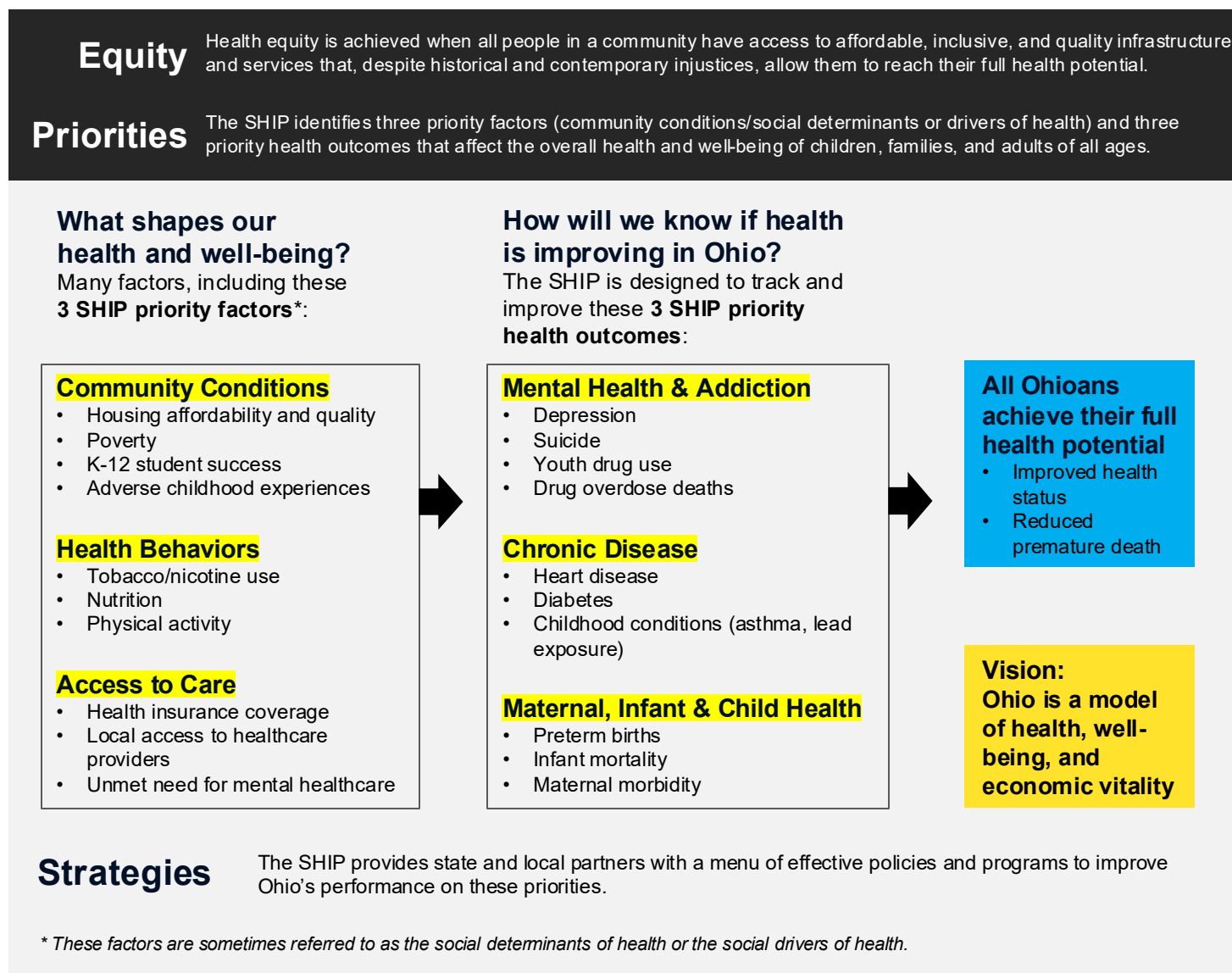
## Ohio Department of Health (ODH) Requirements

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

Be Healthy Now Hancock County (BHNHC) 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, BHNHC used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Hancock County Community Health Assessment (CHA).

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





Next, with the data findings from the community health assessment process, Be Healthy Now Hancock County (BHNHC) used the following guidelines/worksheet to choose priority health factors and priority health outcomes (worksheet/guidelines continued to next page).

## ALIGNMENT WITH PRIORITIES AND INDICATORS

**STEP 1:** Identify at least one priority factor and at least one priority health outcome.

PRIORITY FACTORS	PRIORITY HEALTH OUTCOMES
<input checked="" type="checkbox"/> Community Conditions	<input checked="" type="checkbox"/> Mental Health and Addiction
<input checked="" type="checkbox"/> Health Behaviors	<input checked="" type="checkbox"/> Chronic Disease
<input checked="" type="checkbox"/> Access to Care	<input type="checkbox"/> Maternal and Infant Health

**STEP 2:** Select at least 1 indicator for each identified priority factor.

PRIORITY FACTORS	
COMMUNITY CONDITIONS	
TOPIC	INDICATOR NAME
Housing Affordability and Quality	<input checked="" type="checkbox"/> Affordable and Available Housing Units
Poverty	<input type="checkbox"/> Child Poverty
	<input type="checkbox"/> Adult Poverty
K-12 Student Success	<input type="checkbox"/> Chronic Absenteeism (K-12 students)
	<input type="checkbox"/> Kindergarten Readiness
Adverse Childhood Experiences	<input checked="" type="checkbox"/> Adverse Childhood Experiences (ACEs)
	<input checked="" type="checkbox"/> Child Abuse and Neglect
Food Insecurity	<input checked="" type="checkbox"/> Food Insecurity
Environmental Conditions	<input type="checkbox"/> Air Quality
	<input type="checkbox"/> Water Quality
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME
Tobacco/Nicotine Use	<input type="checkbox"/> Adult Smoking
	<input type="checkbox"/> Youth All-Tobacco/Nicotine Use
Nutrition	<input checked="" type="checkbox"/> Fruit Consumption
	<input checked="" type="checkbox"/> Vegetable Consumption
Physical Activity	<input checked="" type="checkbox"/> Child Physical Activity
	<input checked="" type="checkbox"/> Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME
Health Insurance Coverage	<input checked="" type="checkbox"/> Uninsured Adults
	<input checked="" type="checkbox"/> Uninsured Children
Local Access to Healthcare Services	<input checked="" type="checkbox"/> Primary Care Health Professional Shortage Areas
	<input checked="" type="checkbox"/> Mental Health Professional Shortage Areas
Unmet Need for Mental Healthcare	<input checked="" type="checkbox"/> Youth Depression Treatment Unmet Need
	<input checked="" type="checkbox"/> Adult Mental Healthcare Unmet Need

## ALIGNMENT WITH PRIORITIES AND INDICATORS (CONTINUED)

**STEP 2 (continued):** Select at least 1 indicator for each identified priority health outcome.

PRIORITY HEALTH OUTCOMES	
MENTAL HEALTH AND ADDICTION	
TOPIC	INDICATOR NAME
Depression	<input checked="" type="checkbox"/> Youth Depression
	<input checked="" type="checkbox"/> Adult Depression
Suicide Deaths	<input checked="" type="checkbox"/> Youth Suicide Deaths
	<input checked="" type="checkbox"/> Adult Suicide Deaths
Youth Drug Use	<input checked="" type="checkbox"/> Youth Alcohol Use
	<input checked="" type="checkbox"/> Youth Marijuana Use
Drug Overdose Deaths	<input checked="" type="checkbox"/> Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	INDICATOR NAME
Heart Disease	<input checked="" type="checkbox"/> Coronary Heart Disease
	<input checked="" type="checkbox"/> Premature Death – Heart Disease
	<input checked="" type="checkbox"/> Hypertension
Diabetes	<input checked="" type="checkbox"/> Diabetes
Harmful Childhood Conditions	<input checked="" type="checkbox"/> Child Asthma Morbidity
	<input checked="" type="checkbox"/> Child Lead Poisoning
MATERNAL AND INFANT HEALTH	
TOPIC	INDICATOR NAME
Preterm Births	<input type="checkbox"/> Preterm Births
Infant Mortality	<input type="checkbox"/> Infant Mortality
Maternal Morbidity/Mortality	<input type="checkbox"/> Severe Maternal Morbidity/Mortality



# ADDRESSING THE HEALTH NEEDS



The 2024 Community Health Assessment (CHA) identified the following significant health needs from an extensive review of the primary and secondary data. The significant health needs were ranked as follows through the community member survey (1,071 responses from community members). Be Healthy Now Hancock County (BHNHC) also collected 51 responses from the shortened version of the community member survey.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Housing and homelessness	#1 Mental health
#2 Access to healthcare	#2 Substance use (alcohol and drugs)
#3 Transportation	#3 Cancer
#4 Income/poverty and employment	#4 Diabetes
#5 Access to childcare	#5 Dementia
#6 Food insecurity	#6 Heart disease and stroke
#7 Nutrition and physical health/ exercise (includes overweight and obesity)	#7 Maternal, infant, and child health
#8 Crime and violence	#8 Injuries
#9 Adverse childhood experiences (ACEs)	#9 HIV/AIDS and Sexually Transmitted Infections (STIs)
#10 Tobacco and nicotine use	#10 Parkinson's disease
#11 Education	#11 Chronic Obstructive Pulmonary Disease (COPD)
#12 Preventive care and practices	#12 Kidney disease
#13 Environmental conditions	#13 Chronic Liver Disease/Cirrhosis
#14 Internet/Wi-Fi access	

# ADDRESSING THE HEALTH NEEDS



From the significant health needs, Be Healthy Now Hancock County (BHNHC) chose health needs that considered the health department and community partners' capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department and community partners' priorities.

## THE 3 PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2026-2028 IMPROVEMENT PLAN (CHIP) ARE:

**Priority Area 1: Behavioral Health & Substance Use**

**Priority Area 2: Social Determinants & Built Environment**

**Priority Area 3: Chronic Disease & Healthy Lifestyle**



## STEPS 3 & 4

# **CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS**



### **IN THESE STEPS, BE HEALTHY NOW HANCOCK COUNTY:**

- SELECTED APPROACHES/  
STRATEGIES TO ADDRESS HANCOCK  
COUNTY SERVICE AREA PRIORITIZED  
HEALTH NEEDS, HEALTH  
DISPARITIES, AND SOCIAL  
DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN  
IMPROVEMENT PLAN (CHIP) REPORT



# #1

## PRIORITY AREA BEHAVIORAL HEALTH & SUBSTANCE USE

(includes substance use and mental health)



### GOAL

**Improve the overall well-being of Hancock County residents by increasing public awareness of mental health resources.**

### OBJECTIVE

To increase access to and improve service of behavioral health and substance use services in Hancock County by strengthening the workforce, expanding care transitions, enhancing access to acute care services, enhancing community engagement, and bolstering existing harm reduction and substance use awareness methodology.

### STRATEGIES

Build a local Civic Workforce Initiative. Increase access to behavioral health and substance use services by ensuring a stable, long-term workforce.

Advance the Mental Health & Schools Platform. Business Case Creation, Development, and Implementation of a universal program that cultivates a culture of mentoring.

Create a Solutions Exchange to cultivate and implement ideas that advance strategies to increase mental health and wellness. Expand the *We All Can Help Someone* campaign by increasing the number of materials/resources used to promote the messages of the campaign. Increase opportunities to engage more individuals with substance use history. Conduct awareness events in high-risk zip code areas in HC.

### PARTNERS

ADAMHS, HPH, FCFC, FHC Community Foundation, ROSC Leadership Team, HHS Workforce Coalition

ADAMHS, Findlay City Schools, Hancock County Educational Service Center (ESC), Family Resource Center, HPH, FCFC, FHC Community Foundation, Children's Mentoring Connection, Welcome to a New Life

ADAMHS, HPH, FCFC, FHC Community Foundation, ADAMHS Contract Agencies, ROSC Leadership Team, HC Community Partnership, Coalition on Addiction

### PRIORITY POPULATIONS

Hancock County

Findlay/Hancock County School students, teachers, staff, and parents, Hancock County

Hancock County, participants of SafeWorks, people in recovery/working to achieve recovery

### DESIRED OUTCOMES OF STRATEGIES



Education and awareness on mental health



Mental health stigma



Access to mental health and substance abuse care and support

### OVERALL IMPACT OF STRATEGIES



Mental health



Quality of life



Substance abuse



Mental health and substance use emergency department visits and hospitalizations



Overdose deaths



Suicides



Psychological distress and depression

**ALL HANCOCK COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #1

## PRIORITY AREA BEHAVIORAL HEALTH & SUBSTANCE USE (CONTINUED)

(includes substance use and mental health)



### GOAL

Improve the overall well-being of Hancock County residents by increasing public awareness of mental health resources.

### OBJECTIVE

To increase access to and improve service of behavioral health and substance use services in Hancock County by strengthening the workforce, expanding care transitions, enhancing access to acute care services, enhancing community engagement, and bolstering existing harm reduction and substance use awareness methodology.

### STRATEGIES

Operationalize the process of asking clients if they are connected to primary care.

Enhance access to acute care services by increasing connection to and transition to an appropriate level of care.

Implement medication-assisted treatment (MAT) in the Hancock County Justice Center. Enhance the existing harm reduction and substance use awareness methodology to further reduce stigma among the general public and first responders. Implement Uber Health Model to assist participants in harm reduction services.

### PARTNERS

Be Healthy Now  
Hancock County  
(BHNHC) Partners

ADAMHS, ADAMHS  
Contract Agencies

ADAMHS, HC Sheriff's  
Office, ROSC Leadership  
Team, Coalition on  
Addiction, HPH

### PRIORITY POPULATIONS

Hancock  
County

Hancock  
County

Hancock County Justice  
Center Inmates, Hancock  
County, First Responders,  
Participants of SafeWorks

### DESIRED OUTCOMES OF STRATEGIES



Education and  
awareness on  
mental health



Mental health  
stigma



Access to mental health  
and substance abuse  
care and support

### OVERALL IMPACT OF STRATEGIES



Mental  
health



Quality  
of life



Substance  
abuse



Mental health and  
substance use  
emergency  
department visits  
and hospitalizations



Overdose  
deaths



Suicides



Psychological  
distress and  
depression

ALL HANCOCK COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

# #2

## PRIORITY AREA SOCIAL DETERMINANTS & BUILT ENVIRONMENT

(includes housing, transportation, access to healthcare, and nutrition/physical health)



### GOAL

Improve the ability to accurately measure and address barriers to healthcare access, better address health inequities in the community, and improve health literacy.

### OBJECTIVE

To improve the understanding and accessibility of healthcare, reduce barriers, and improve policies by implementing a universalized process of collecting data on Social Determinants of Health (SDOH) across all organizations.

### STRATEGIES

Operationalize the process of asking clients if they are connected to primary care.

Establish a standardized social determinants of health (SDOH) data collection framework that involves assessing current data collection practices, selecting a universal tool, and implementing policies to institutionalize data collection processes.

Improve nutrition and physical health by increasing knowledge/awareness, revitalizing Community Garden, expanding availability of farmer's markets, and implementing more activities/partnerships with Findlay City Parks.

Explore changing the model of public transportation from the current on-demand system to a proposed 3-tier system of a fixed route within the City of Findlay, paratransit within a ¾ mile buffer, and on-demand system for the remainder of Hancock County.

Improve the dental hygiene of residents by providing basic prevention education and increasing opportunities for dental care within the county.

### PARTNERS

Be Healthy Now Hancock County (BHNHC) Partners

Be Healthy Now Hancock County (BHNHC) Partners

Collaborative Garden Committee, Findlay Parks & Recreation, Mayor's Office, HC Parks District, YMCA, 50 North, HC Farmer's Markets

Hancock County Transportation Advisory Committee

Hancock County Health Coalition

### PRIORITY POPULATIONS

Hancock County

Hancock County

Low-income population, families with young children, youth, older adults, rural population, immigrant population, Census tracts 9.1-9.2

Low-income population, elderly population, people who are experiencing a disability, those without a driver's license, immigrant population

Youth, low-income population, those with Medicaid

### DESIRED OUTCOMES OF STRATEGIES



Nutrition, including fruit and vegetable consumption



Opportunities for physical activity



Access to care



Transportation



Sedentary youth & adults

### OVERALL IMPACT OF STRATEGIES



Health status



Quality of life



Nutrition



Food insecurity



Chronic conditions



Unmet care needs

ALL HANCOCK COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL



# #3

## PRIORITY AREA CHRONIC DISEASE & HEALTHY LIFESTYLE



### GOAL

Reduce chronic disease and promote healthy lifestyles by addressing access barriers and promoting health literacy.

### OBJECTIVE

To reduce the prevalence of chronic diseases by promoting connection to wellness providers and healthier lives through targeted interventions, prevention culture, and resource support.

### STRATEGIES

Operationalize the process of asking clients if they are connected to primary care.

Enhance disease programs available in community to improve health outcomes, specifically for heart disease, diabetes, and dementia.

Increase screenings among Hancock County adults and educate community on their importance, especially for cholesterol, A1C, blood pressure, breast cancer, colon cancer, and lung cancer.

Expand health education within the community and establish a community health metric database to improve health outcomes of community members.

### PARTNERS

Be Healthy Now Hancock County (BHNHC) Partners

BVHS, HMG, HPH, OSU Extension, 50 North

BVHS, 50 North, HPH, HMG

BVHS, HPH, ADAMHS, 50 North, City Mission, HMG, FHC Community Foundation, YMCA

### PRIORITY POPULATIONS

Hancock County

Adults (18+ years old)

Adults (18+ years old), women 50-74 years old, adults 45-75 years old

Hancock County

### DESIRED OUTCOMES OF STRATEGIES

↑ Education on chronic diseases & risk factors

↑ Chronic disease prevention, screening & management

↓ Sedentary youth & adults

↑ Opportunities for physical activity

↓ Food insecurity

↑ Nutrition, including fruit and vegetable consumption

### OVERALL IMPACT OF STRATEGIES

↑ Mental and physical health

↑ Quality of life

↑ Health status

↓ Overweight & obesity

↓ Chronic disease

↓ Premature mortality

ALL HANCOCK COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL



# 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.

### Access to Childcare

Almost Home, Inc.  
 Almost Home Infant Care & Preschool  
 Around the Clock, Inc.  
 Around the Clock II  
 Bethel Christian Preschool  
 Bluffton Child Development Center  
 Children's Corner South  
 Christine Warner (Our Turn to Serve, Family Childcare Home)  
 Findlay YMCA After-Before-School Services  
 Findlay YMCA Child Development Center  
 First Presbyterian Church Nursery School  
 Immanuel Lutheran Preschool  
 Joylynn Baxter (Family Childcare Home)  
 Kim A. Rice (Family Childcare Home)  
 Little Panthers Learning Center, LLC  
 Marilyn's Lifelong Educational Center  
 McComb ESC Preschool  
 Nicole L. Trinko (Family Childcare Home)  
 Ohio Department of Education Licensed Preschool  
 Owens Community College Early Learning Center  
 Riverdale School  
 Sarah E. Wallen (Family Childcare Home)  
 Shining Stars Christian Preschool  
 Something Special Learning Center  
 The Fostoria Early Childhood Center  
 TLC Preschool and Childcare  
 Trinity Lutheran Child Development Center  
 Winfield Child Development Center  
 Head Start  
 Wesley Center  
 YMCA Early Learning Center at Cory-Rawson

### Access to Healthcare/Public Health

Allergy & Immunology Specialists of Northwest Ohio  
 Be Healthy Now Hancock County (BHNHC)  
 Blanchard Valley Health System  
 Blanchard Valley Pediatrics  
 Bridge Home Health & Hospice  
 Cancer Patient Services  
 Caughman Clinic  
 Center for Safe and Healthy Children  
 Century Health  
 Dental Center of North West Ohio  
 EasternWoods Outpatient Center  
 Findlay Ear, Nose & Throat Association, Inc.  
 Greater Midwest Urgent Cares, Findlay Urgent Care  
 Hancock Public Health  
 Hancock Public Health Mobile Health Clinic  
 Help Me Grow  
 Northwest Ohio Medical Center  
 Opti-Health Physical Therapy  
 Oral and Facial Surgery Inc; Dr. Bradley A. Gregory  
 Physicians Plus Urgent Care  
 Poison Control  
 Psychiatric Center of Northwest Ohio  
 Right at Home  
 Special Kids Therapy  
 Terra Nova Medical Clinic

### Community & Social Services

50 North  
 Alzheimer's Association  
 American Cancer Society  
 Associated Charities  
 Children's Mentoring Connection  
 CHOPIN Hall - Christians Helping Other People in Need  
 Christian Clearing House  
 Church of the Living God  
 City of Findlay  
 City of Findlay Parks & Recreation  
 Family Resource Center of Northwest Ohio, Inc.  
 Findlay YMCA

### Community & Social Services (cont.)

Findlay-Hancock County Community Foundation  
 First Call For Help  
 Friends of Findlay  
 Hancock County Adult Protective Services  
 Hancock County Agency On Aging (OhioHOPES)  
 Hancock County Children's Protective Services  
 Hancock County Christian Clearing House  
 Hancock County Family & Children First Council  
 Hancock County Veteran Services  
 Hancock County Women, Infants, Children (WIC) Program - The Family Center  
 Hancock Hardin Wyandot Putnam (HHWP) Community Action Commission  
 Hancock Helps  
 Hancock Youth Leadership  
 Immigration Task Force  
 LGBTQ+ Spectrum of Findlay  
 Lions Club  
 Lutheran Social Services - St. John's Lutheran Church  
 Mission Possible  
 No Wrong Door  
 Office of Service & Community Engagement  
 OhioKAN: Resources For Kinship & Adoptive Caregivers  
 Open Arms Domestic Violence and Rape Crisis Services  
 Parent Advisory Group  
 Red Cross  
 Salvation Army of Findlay  
 The Family Center  
 The First Step  
 United Way of Hancock County  
 Women's Resource Center

# 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.

### Disabilities & Support Services

Blanchard Valley Center  
Fox Run Manor  
Grace Speaks  
Hancock County Society for the Handicapped  
Hancock County Board of Developmental Disabilities  
Heartstring Melodies, LLC  
Miracle League of Findlay  
The Center for Autism & Dyslexia

### Education & Literacy

Arcadia Local School District  
Arlington Local School District  
Black Heritage Library & Multicultural Center  
Bluffton University  
Cory-Rawson Local School District  
Findlay City Schools  
Findlay Hancock County Public Library  
Liberty-Benton Local School District  
McComb Local School District  
Owens Community College  
Riverdale Local School District  
Speak Easy Program  
Sylvan Learning Centers  
The Ohio State University Extension Office  
University of Findlay  
University of Findlay's Mazza Museum  
Van Buren Local School District  
Vanlue Local School District

### Environmental Conditions

Blanchard River Watershed Partnership

### Food Insecurity

Catalyst Church  
CHOPIN Hall - Christians Helping Other People In Need  
Findlay City Mission  
Findlay YMCA - Feed-a-Child  
First Lutheran Church  
First Presbyterian Church  
Howard UMC  
Little Free Pantry  
Lutheran Social Services

### Food Insecurity (cont.)

Maranatha Bible Church  
Salvation Army  
St. Andrew's United Methodist Church  
St. Paul's United Methodist Church  
West Ohio Food Bank

### Housing

Blanchard Valley Center  
Findlay City Mission  
Habitat for Humanity of Findlay/Hancock County  
Hancock Metropolitan Housing Authority  
Home Energy Assistance Program (HEAP)  
Hope House  
Rapid Rehousing

### Income & Employment

Careers4You Training Center  
Financial Opportunity Center (FOC)  
Findlay Hancock County Chamber of Commerce  
Hancock County Child Support Enforcement Agency  
Hancock County Educational Service Center  
Hancock County Social Security Administration  
Hancock County Job & Family Services  
Job Solutions  
Kan-Du Group  
Legal Aid of Western Ohio  
Microenterprise Loan Program  
Millstream Career Center  
Ohio Means Jobs Hancock County  
Opportunities for Ohioans with Disabilities  
Raise the Bar Hancock County

### Legal & Law Enforcement

Crime Prevention Association of Findlay/Hancock County  
Dual Status Youth  
Hancock County Domestic Relations Court  
Hancock County Probate/Juvenile Court

### Legal & Law Enforcement (cont.)

Hancock County Prosecutor's Office  
Hancock County Sheriff's Office  
Legal Aid of Western Ohio  
Pre-Trial Diversion Program

### Mental Health & Addiction

Alcoholics Anonymous and Alcoholics Anonymous Teen  
Bereavement Services  
Blanchard Valley Health System  
Celebrate Recovery  
Family Resource Center  
Findlay Recovery Center  
Findlay Treatment Services  
FOCUS Recovery & Wellness  
Community/Peer Advisory Partnership  
Hancock County Board of Alcohol, Drug Addiction, and Mental Health Service  
Hancock County Coalition on Addiction  
Hancock County Community Partnership  
Hancock County Court System (Common Pleas, Municipal, Juvenile, Probation)  
Hancock County Crisis Hotline  
Maternal Opiate Medical Support (MOMS)  
Mind Body Health Associates  
National Alliance on Mental Illness (NAMI) Hancock County  
Ohio Guidestone Behavioral Health Services  
Orchard Hall  
Pioneer Club - Narcotics Anonymous, Alcoholics Anonymous  
ProMedica Physicians Behavioral Health  
The Lavender Hour

### Transportation

Department of Motor Vehicles  
Find-a-Ride  
Go Ohio - Carpooling  
Hancock Area Transportation Services (HATS)  
Hancock County Job and Family Services  
Hancock County Veterans Service Office  
T&H Lift  
USA Cab Company

## STEPS 5-8

# **INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPROVEMENT PLAN (CHIP)**



### **IN THIS STEP, BE HEALTHY NOW HANCOCK COUNTY:**

- INTEGRATE CHIP WITH COMMUNITY PARTNER, HEALTH DEPARTMENT, AND HOSPITAL PLANS
- ADOPT THE CHIP
- UPDATE AND SUSTAIN THE CHIP





# HANCOCK COUNTY

## NEXT STEPS

The Community Health Assessment (CHA) and this resulting Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This CHIP explains how Be Healthy Now Hancock County (BHNHC) plans to address the selected priority health needs identified by the CHA.

This CHIP report was adopted by BHNHC leadership in April 2025.

This report is widely available to the public on the Hancock Public Health website:

<https://www.hancockph.com/health-assessment-project>

Written comments on this report are welcomed and can be made by visiting the Hancock Public Health website at <https://www.hancockph.com/>.

### **EVALUATION OF IMPACT**

BHNHC will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. BHNHC is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of BHNHC's actions to address these significant health needs will be reported in the next scheduled CHA.

### **ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED**

Since BHNHC cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, BHNHC will not directly address the remaining health needs identified in the CHA, including but not limited to crime and violence, income, poverty, and employment, access to childcare, adverse childhood experiences (ACEs), environmental conditions, education, tobacco and nicotine use, internet access, preventive care and practices, maternal, infant, and child health, injuries, and HIV/AIDS and STIs. We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that BHNHC cannot independently lead in order to address the other health needs identified in the 2024 CHA.

# APPENDIX A **ACRONYMS** **INDEX**



# APPENDIX A:

## ACRONYMS INDEX



Acronym	Definition
ADAMHS	Alcohol, Drug Addiction and Mental Health Services
BHNHC	Be Healthy Now Hancock County
BVHS	Blanchard Valley Health System
FCFC	Family and Children First Council
FHC	Findlay-Hancock County
HC	Hancock County
HHS	Health and Human Services
HMG	Hancock Medical Group
HPH	Hancock Public Health
OSU	Ohio State University
ROSC	Recovery Oriented System of Care

# APPENDIX B **PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)**

## **MEETING THE PHAB REQUIREMENTS FOR THE CHIP**

The PHAB Standards & Measures serve as the official guidance for PHAB national public health department accreditation and include requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.





# APPENDIX B:

## PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPs			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<b>MEASURE 5.2.1 A: Engage partners and members of the community in a community health improvement process.</b>  1. A collaborative process for developing the community health improvement plan (CHIP), which includes: <ul style="list-style-type: none"> <li>a. A list of participating partners involved in the CHIP process. Participation must include: i. At least 2 organizations representing sectors other than public health. ii. At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.</li> <li>b. Review of information from the community health assessment.</li> <li>c. Review of the causes of disproportionate health risks or health outcomes of specific populations.</li> <li>d. Process used by participants to select priorities.</li> </ul> The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	
✓	7-24		
✓	19-22		
✓	12-17		
✓	19-22	<b>MEASURE 5.2.2 A: Adopt a community health improvement plan.</b>  1. A community health improvement plan (CHIP), which includes all of the following: <ul style="list-style-type: none"> <li>a. At least two health priorities.</li> <li>b. Measurable objective(s) for each priority.</li> <li>c. Improvement strategy(ies) or activity(ies) for each priority. i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it. ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.</li> <li>d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.</li> <li>e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.</li> </ul> The CHIP must address the jurisdiction as described in the description of Standard 5.2.	A detailed work plan (living document) has been developed that included strategies, SMART objectives, annual activities, indicators, partners, and priority populations.
✓	19-22		
✓	19-22		
✓	19-22		
✓	23-24		
✓	26		

# APPENDIX C **INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS CHECKLIST: IMPLEMENTATION STRATEGY**

## **MEETING THE IRS REQUIREMENTS FOR THE IMPLEMENTATION STRATEGY**

The Internal Revenue Service (IRS) requirements for an Implementation Strategy serve as the official guidance for IRS compliance. The following pages demonstrate how this Implementation Strategy/Improvement Plan meets those IRS requirements.



# APPENDIX C:

## IRS IMPLEMENTATION STRATEGY REQUIREMENTS CHECKLIST



### INTERNAL REVENUE SERVICE REQUIREMENTS FOR IMPLEMENTATION STRATEGIES

YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	18-24	<p>(2) Description of how the hospital facility plans to address the health needs selected, including:</p> <ul style="list-style-type: none"> <li>i. Actions the hospital facility intends to take and the anticipated impact of these actions;</li> <li>ii. Resources the hospital facility plans to commit; and</li> <li>iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.</li> </ul>	<p>(c)(2)</p> <p>(c)(2)(i)</p> <p>(c)(2)(ii)</p> <p>(c)(2)(iii)</p>	
✓	26	<p>(3) Description of why a hospital facility is not addressing a significant health need identified in the CHNA.</p> <p><i>Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.</i></p>	(c)(3)	
✓	Throughout report	<p>(4) For those hospital facilities that adopted a joint CHNA report, a joint IS may be adopted that meets the requirements above. In addition, the joint IS must:</p> <ul style="list-style-type: none"> <li>i. Be clearly identified as applying to the hospital facility;</li> <li>ii. Clearly identify the hospital facility's role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and</li> <li>iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.</li> </ul>	<p>(c)(4)</p> <p>(c)(4)(i)</p> <p>(c)(4)(ii)</p> <p>(c)(4)(iii)</p>	Strategies that hospitals are collaborating on are indicated throughout the report.
✓	3, 26	<p>(5) An authorized body adopts the IS on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.</p> <p><b>Exceptions (if applicable):</b></p> <p><b>Transition Rule (if applicable):</b></p>	(c)(5)	

# APPENDIX D

## REFERENCES



# APPENDIX D:

## REFERENCES

<sup>1</sup>U.S. Census Bureau, Decennial Census, P1, 2010. <http://data.census.gov/>

<sup>2</sup>American Community Survey, DP05, 2018-2022 5-year estimate. <http://data.census.gov/>

<sup>3</sup>County Health Rankings, 2023. <http://www.countyhealthrankings.org>

<sup>4</sup>U.S. Census Bureau, American Community Survey, DP02, 2018-2022 5-year estimate. <http://data.census.gov/>

<sup>5</sup>County Health Rankings, 2024. <http://www.countyhealthrankings.org>

<sup>6</sup>U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022\*, on CDC WONDER. \*Except for COVID-19, which is a 3-Year Average, 2020-2022. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>



# Be Healthy Now

*Hancock County*

*Provide your feedback on  
the plan by clicking here*



[www.moxleypublichealth.com](http://www.moxleypublichealth.com)  
[stephanie@moxleypublichealth.com](mailto:stephanie@moxleypublichealth.com)