

DELIVERED BY:



2026-2028 COMMUNITY HEALTH IMPROVEMENT PLAN

Hancock County, Ohio
Published June 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,

Be Healthy Now Hancock County

Blanchard Valley Health System
City of Findlay Parks & Recreation
Findlay City Schools
Findlay-Hancock County Community Foundation
Findlay YMCA
Hancock County ADAMHS Board/Community Partnership
Hancock County Family and Children First Council

Hancock County Schools and Educational Service Center
Hancock Public Health
HHWP Community Action Commission
The Ohio State University Extension Office
United Way of Hancock County
50 North

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-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
YMCA of Findlay
50 North

The 2026-2028 Improvement Plan (CHIP) report was prepared by Moxley Public Health, LLC, (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.

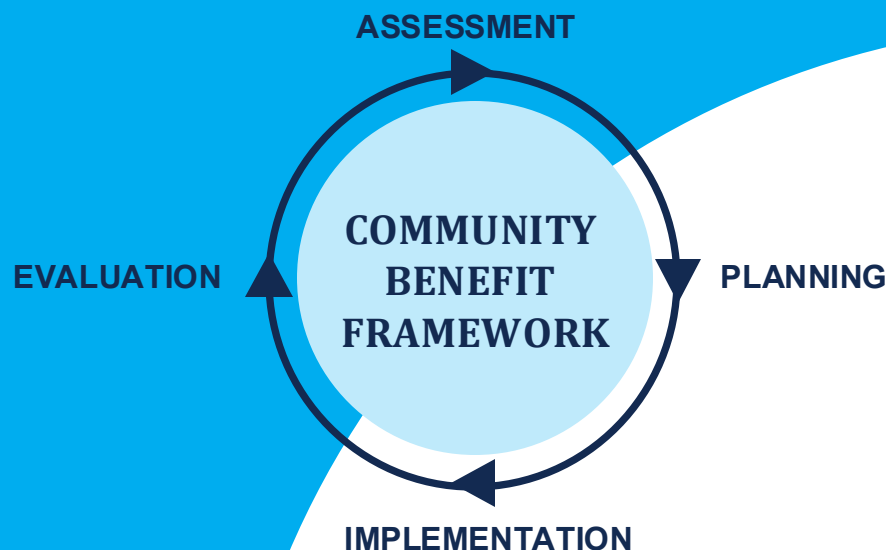
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INTRODUCTION

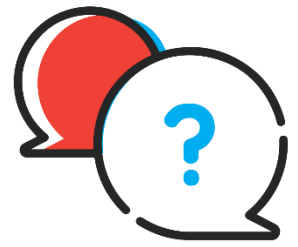
WHAT IS AN IMPROVEMENT PLAN (CHIP)?



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.

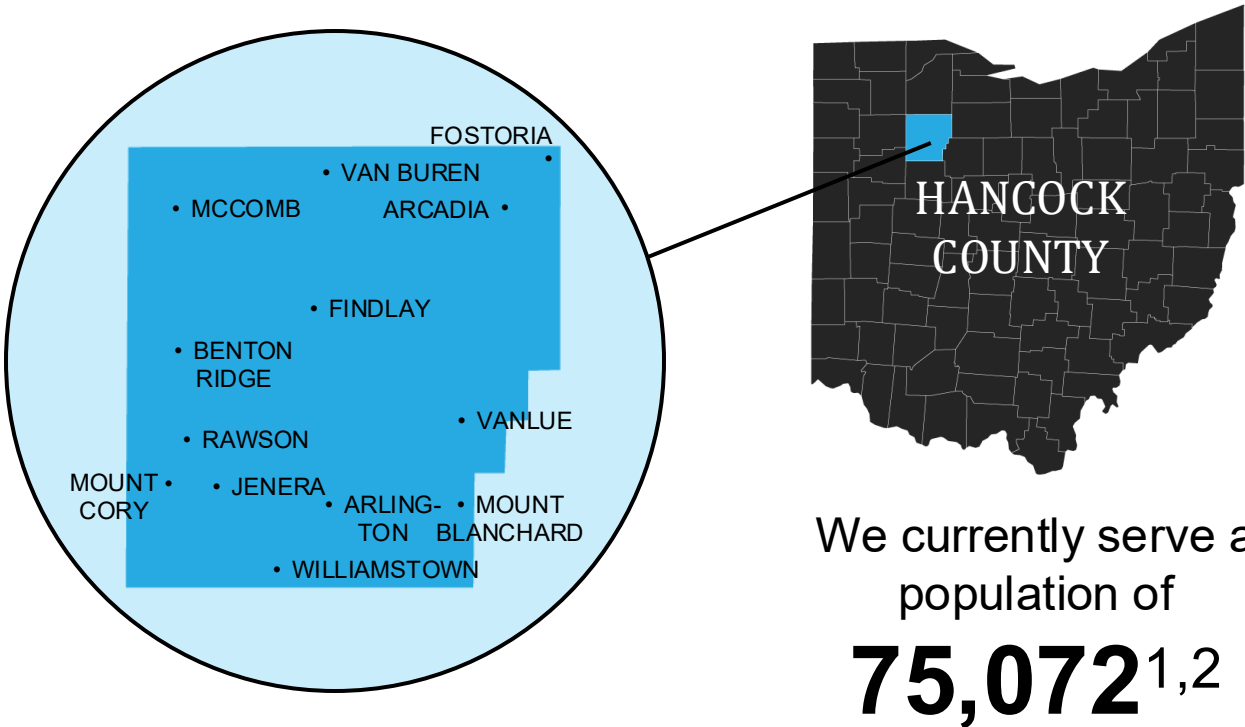
**THE 2026-2028 HANCOCK COUNTY CHIP MEETS ALL PUBLIC
HEALTH ACCREDITATION BOARD (PHAB) REGULATIONS.**



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^{1,2}**

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**.

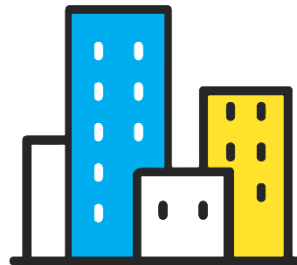
The populations of both Hancock County and Ohio **increased slightly** from 2010 to 2022^{1, 2}



+0.4%
HANCOCK
COUNTY

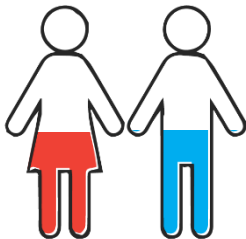


+2%
OHIO



Hancock County is ranked **13th 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 counties³

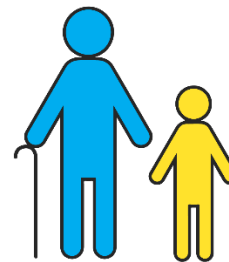
The % of males and females is **approximately equal** (with females being slightly higher)²



50.6% **49.4%**



of Hancock County residents are **veterans**, slightly higher than the state rate⁴



Youth ages 0-19 and seniors 65+ make up

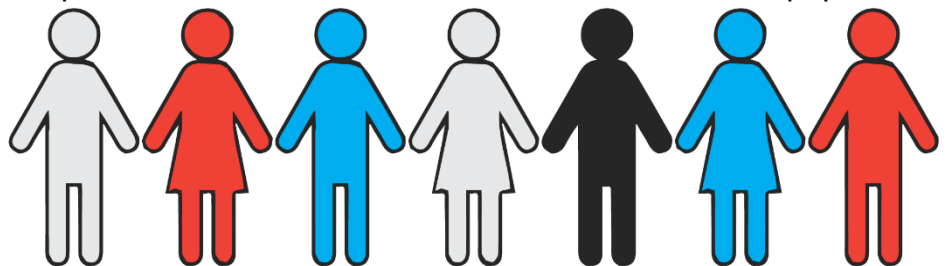
40% of the population

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



95% of the population in the Hancock County service area **speaks only English**. **3%** are foreign-born⁴

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 populations²



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 Ohio⁵



1 in 256

Hancock County residents will **die prematurely**, which is lower than the Ohio state rate⁵

PRIORITY HEALTH NEEDS FOR HANCOCK COUNTY



1



BEHAVIORAL HEALTH & SUBSTANCE USE

Hancock County has **fewer mental health providers** relative to its population compared to Ohio⁵

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 overall⁵

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.⁶ 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)



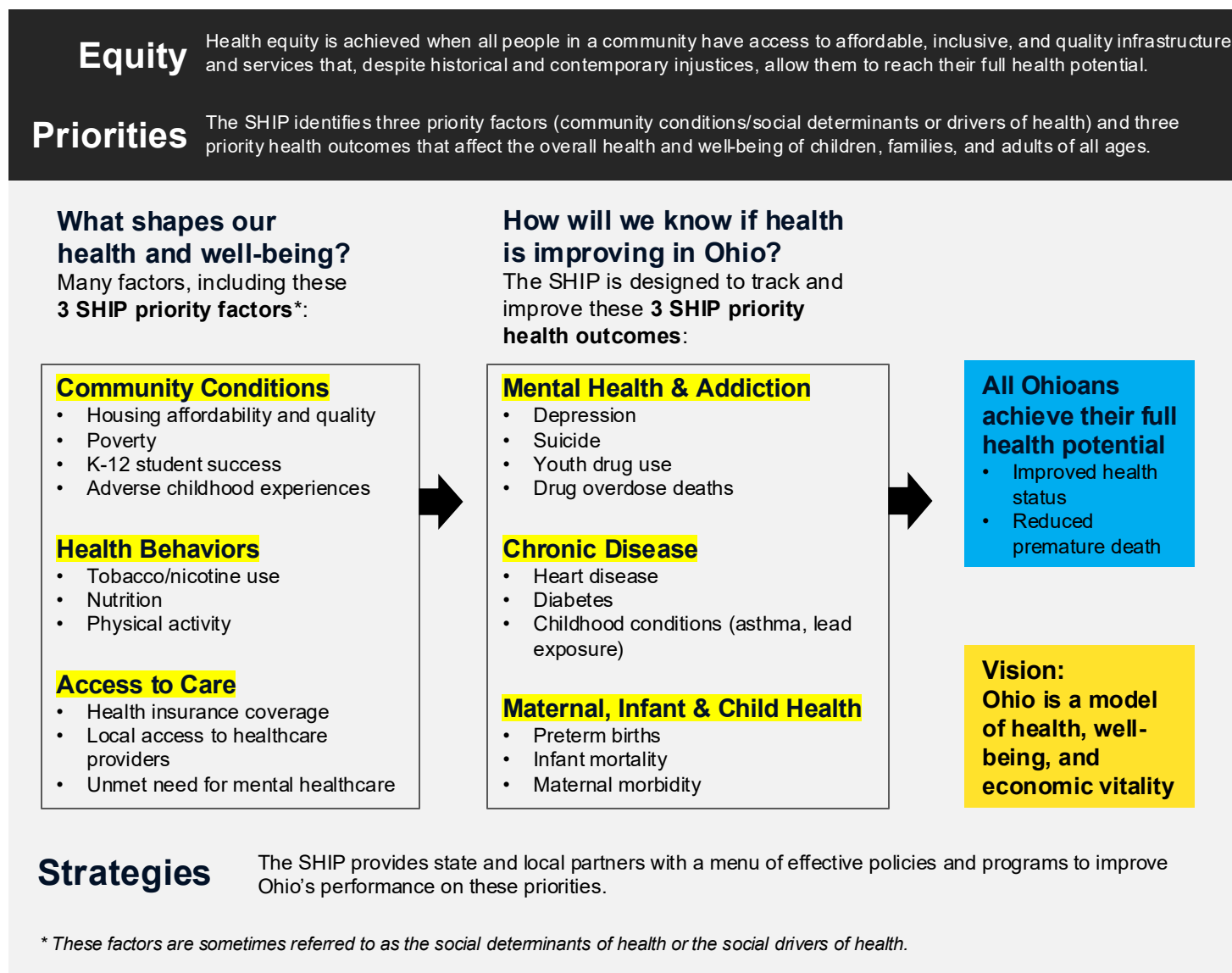
Ohio Department of Health (ODH) Requirements

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
☒ Community Conditions	☒ Mental Health and Addiction
☒ Health Behaviors	☒ Chronic Disease
☒ Access to Care	☐ 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	☒ Affordable and Available Housing Units
Poverty	☐ Child Poverty
	☐ Adult Poverty
K-12 Student Success	☐ Chronic Absenteeism (K-12 students)
	☐ Kindergarten Readiness
Adverse Childhood Experiences	☒ Adverse Childhood Experiences (ACEs)
	☒ Child Abuse and Neglect
Food Insecurity	☒ Food Insecurity
Environmental Conditions	☐ Air Quality
	☐ Water Quality
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME
Tobacco/Nicotine Use	☐ Adult Smoking
	☐ Youth All-Tobacco/Nicotine Use
Nutrition	☒ Fruit Consumption
	☒ Vegetable Consumption
Physical Activity	☒ Child Physical Activity
	☒ Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME
Health Insurance Coverage	☒ Uninsured Adults
	☒ Uninsured Children
Local Access to Healthcare Services	☒ Primary Care Health Professional Shortage Areas
	☒ Mental Health Professional Shortage Areas
Unmet Need for Mental Healthcare	☒ Youth Depression Treatment Unmet Need
	☒ 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	☒ Youth Depression
	☒ Adult Depression
Suicide Deaths	☒ Youth Suicide Deaths
	☒ Adult Suicide Deaths
Youth Drug Use	☒ Youth Alcohol Use
	☒ Youth Marijuana Use
Drug Overdose Deaths	☒ Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	INDICATOR NAME
Heart Disease	☒ Coronary Heart Disease
	☒ Premature Death – Heart Disease
	☒ Hypertension
Diabetes	☒ Diabetes
Harmful Childhood Conditions	☒ Child Asthma Morbidity
	☒ Child Lead Poisoning
MATERNAL AND INFANT HEALTH	
TOPIC	INDICATOR NAME
Preterm Births	☐ Preterm Births
Infant Mortality	☐ Infant Mortality
Maternal Morbidity/Mortality	☐ 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, Financial Opportunity Center

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



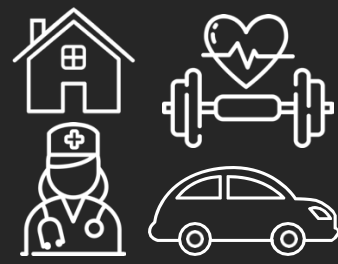
Psychological
distress and
depression

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 of Findlay, 50 North, HC Farmer's Markets, Food Security Coalition, CHOPIN Hall, United Way of HC

Hancock County Transportation Advisory Committee

Hancock County Health Coalition, HPH

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. Advocate for insurance companies to pay for food prescriptions.

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 of Findlay, HMG, FHC Community Foundation, YMCA of Findlay

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)
 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 of Findlay After-Before-School Services
 YMCA of Findlay Child Development Center
 YMCA of Findlay 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
 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.
 YMCA of Findlay

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
MonArk ABA
Ms. Donna's Adaptive Learning Center

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

CHOPIN Hall - Christians Helping Other People In Need
Findlay City Mission
First Lutheran Church
First Presbyterian Church
Howard UMC
Little Free Pantry
Lutheran Social Services
Maranatha Bible Church

Food Insecurity (cont.)

Salvation Army
St. Andrew's United Methodist Church
St. Paul's United Methodist Church
West Ohio Food Bank
YMCA of Findlay - Feed-a-Child

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 June 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
CHOPIN	Christians Helping Other People In Need
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
✓ ✓ ✓ ✓	19-22	MEASURE 5.2.1 A: Adopt a community health improvement plan. 1. A community health improvement plan (CHIP), which includes all of the following: a. At least two health priorities. b. Measurable objective(s) for each priority. 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. d. Identification of the assets or resources that will be used to address at least one of the specific priority areas. 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.	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		
	23-24		
✓	26		
		MEASURE 5.2.2 A: Encourage and participate in collaborative implementation and revision of the community health improvement plan. 1. Implementation of a community health improvement plan (CHIP) strategy or activity, including: a. Which CHIP priority the example addresses. (This may be indicated in the Documentation Form.) b. The health department's role in the implementation. c. Results of the strategy or activity. 2. Community health improvement plan (CHIP) strategy or activity that was revised, in collaboration with partners. The CHIP must address the jurisdiction as described in the description of Standard 5.2.	
		MEASURE 5.2.3 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. 1. Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or inequities. 2. Efforts taken that contribute to building environmental resiliency.	

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	(2) Description of how the hospital facility plans to address the health needs selected, including: i. Actions the hospital facility intends to take and the anticipated impact of these actions; ii. Resources the hospital facility plans to commit; and iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.	(c)(2) (c)(2)(i) (c)(2)(ii) (c)(2)(iii)	
✓	26	(3) Description of why a hospital facility is not addressing a significant health need identified in the CHNA. <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>	(c)(3)	
✓	Throughout report	(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: i. Be clearly identified as applying to the hospital facility; 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 iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4) (c)(4)(i) (c)(4)(ii) (c)(4)(iii)	Strategies that hospitals are collaborating on are indicated throughout the report.
✓	3, 26	(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. Exceptions (if applicable): Transition Rule (if applicable):	(c)(5)	

APPENDIX D

REFERENCES



APPENDIX D:

REFERENCES

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

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

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

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

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

⁶U.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



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