2023 — 2026

Marion County
Community Health Improvement Plan

Released on May 15, 2023

Table of Contents

Note: Throughout the report, hyperlinks will be highlighted in bold, gold text. If using a hard copy of this report, please see Appendix I for links to websites.

Executive Summary

Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Marion Public Health has been conducting CHAs since 2010 to measure community health status. The most recent Marion County CHA was cross-sectional in nature and included a written survey of adults within Marion County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). This has allowed Marion County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Marion County Public Health contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The health department then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA was carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of the Marion County Community Health Assessment Committee that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every three years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 15.9% of Marion County residents were below the poverty line, according to the 2021 American Community Survey 1-year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Marion County Community Health Assessment Committee to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrate how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model

Alignment with National and State Standards

The 2023-2026 Marion County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Marion County will be addressing the following priority health factors: *community conditions* and *health behaviors*. Marion County will be addressing the following priority health outcome: *mental health and addiction*.

Healthy People 2030

Marion County's priorities also fit specific Healthy People 2030 goals. For example:

- Nutrition and Healthy Eating (NWS) – 03: Reduce the proportion of adults with obesity
- Mental Health and Mental Disorder (MHMD) – 01: Reduce the suicide rate

Please visit **Healthy People 2030** for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

The 2020-2022 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioan's achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors (community conditions, health behaviors, and access to care) that impact the 3 priority health outcomes (mental health and addiction, chronic disease, and maternal and infant health).

The three priority factors include the following:

1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity)
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care)

The three priority health outcomes include the following:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes, and childhood conditions [asthma and lead])
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births)

Marion County Alignment with Ohio's State Health Improvement Plan (SHIP)

The Marion County CHIP is required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP. As outlined in figure 1.2, the following priority outcome, priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP.

Figure 1.2 2023-2026 Marion County CHIP Alignment with the 2020-2022 SHIP

Priority Factors	State Aligned Priority Indicators	Strategies to Impact State Priority Indicators	Additional Aligned Strategies*
Community Conditions	• Affordable and available housing units • Child lead poisoning	• Affordable housing development • Lead screening and mitigation◊	• N/A
Health Behaviors	• Adult physical inactivity	• Promote bike and pedestrian master plans • Community fitness programs	• Adopt healthy food initiatives
Priority Health Outcomes	**State Aligned Priority Indicators**	**Strategies to Impact State Priority Indicators**	**Additional Aligned Strategies***
Mental Health and Addiction	• Unintentional drug overdose deaths	• Recovery communities and peer supports • Naloxone education and distribution programs and syringe service programs (SSPs)	• Trauma-informed schools◊◊

N/A – Not Available

*Strategies are supported by the 2020-2022 SHIP, but Marion County priority indicators do not directly align with state identified indicators.

◊ - Strategy is categorized under priority health outcomes: chronic disease: childhood conditions in Ohio 2020-2022 SHIP
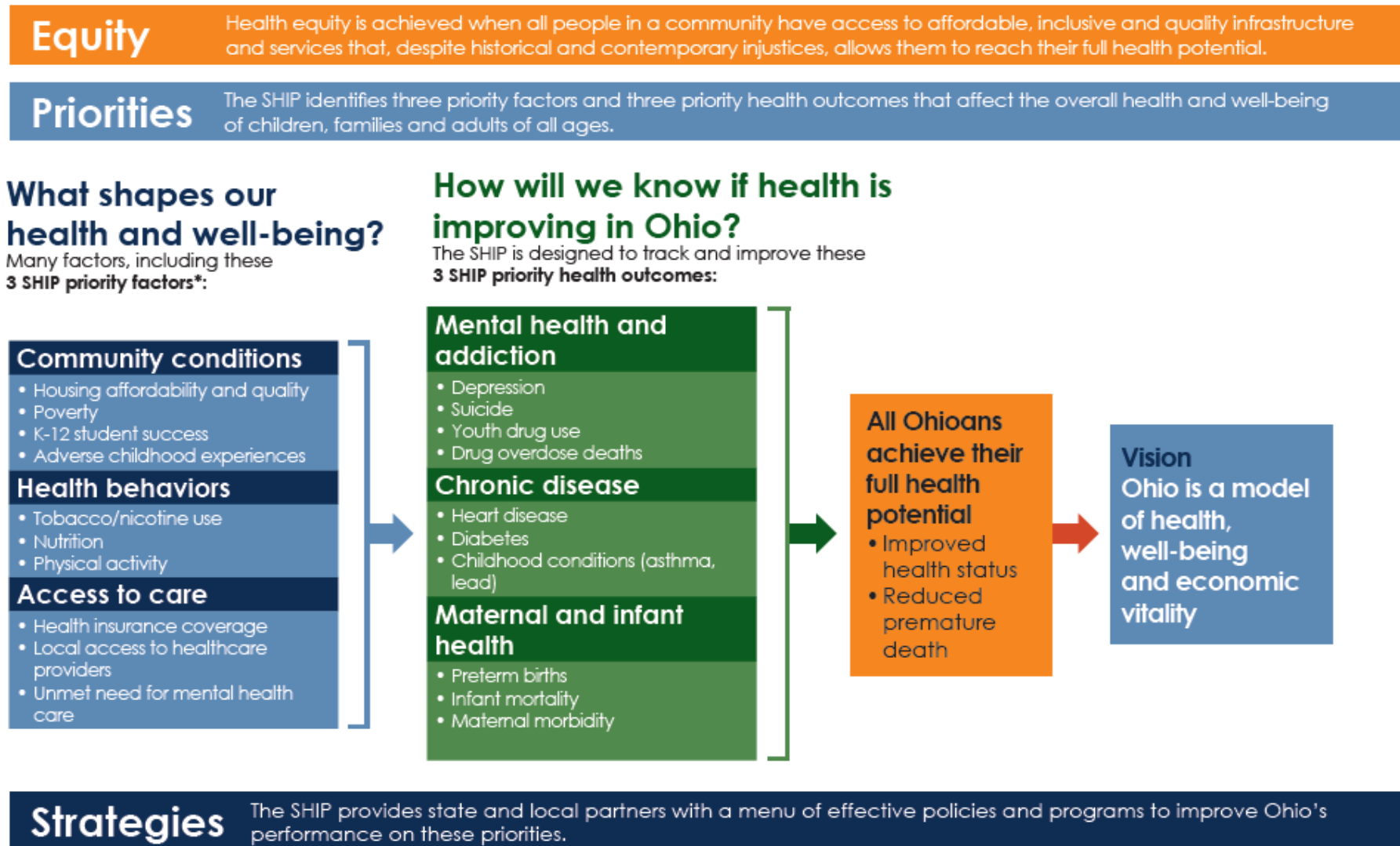
◊◊ - Strategy is categorized under priority factors: community conditions: chronic absenteeism in Ohio 2020-2022 SHIP

Note: This symbol 🛡 will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP.

Note: This symbol √ will be used throughout the report when a strategy has been rated by **What Works for Health** as "likely to decrease disparities" and/or recommended by the **Community Guide** as effective strategies for achieving health equity. These sources consider potential impact on disparities and inequities by racial/ethnic, socio-economic, geographic, or other characteristics.

Figure 1.3 2020-2022 State Health Improvement Plan (SHIP) Overview

Equity — Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities — The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors*:**

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes:**

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Strategies — The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of the Marion County Community Health Assessment Committee

Marion is a healthy place to live, work, and play

The Mission of the Marion County Community Health Assessment Committee

Create a culture of health by providing all people with the opportunity to reach their greatest health potential at every stage of life.

Community Partners

The CHIP was planned by various agencies and service-providers within Marion County. From December 2022 to April 2023, the Marion County Community Health Assessment Committee members reviewed many data sources concerning the health and social challenges that Marion County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

Marion County Community Health Assessment Committee Members:

Center Street Community Health Center
Crawford-Marion ADAMH Board
Downtown Marion Inc.
First Church of the Nazarene
Marion Area Chamber of Commerce
Marion City Schools
Marion Community Foundation
Marion County Board of Developmental Disabilities
Marion County Family and Children First
Marion Land Bank
Marion Matters
Marion Police Department
Marion Public Health
Marion Regional Planning Commission
OhioHealth Marion General
St.Mary Catholic Church
The Ohio State at Marion
United Way of North Central Ohio

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Jodi Franks, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process

Beginning in December 2022, the Marion County Community Health Assessment Committee members met four (4) times and completed the following planning steps:

1. Initial Meeting
   - Review the process and timeline
   - Finalize committee members
   - Create or review vision
2. Choose Priorities
   - Use of quantitative and qualitative data to prioritize target impact areas
3. Community Themes and Strengths Assessment
   - Open-ended questions for committee on community themes and strengths
4. Forces of Change Assessment
   - Open-ended questions for committee on forces of change
5. Local Public Health Assessment
   - Review the Local Public Health System Assessment with committee
6. Gap Analysis
   - Determine discrepancies between community needs and viable community resources to address local priorities
   - Identify strengths, weaknesses, and evaluation strategies
7. Quality of Life Survey
   - Review results of the Quality-of-Life Survey with committee
8. Strategic Action Identification
   - Identification of evidence-based strategies to address health priorities
9. Best Practices
   - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
10. Resource Assessment
    - Determine existing programs, services, and activities in the community that address specific strategies
11. Draft Plan
    - Review of all steps taken
    - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 100+ page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 30 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at https://marionpublichealth.org/marion-community-assessments/. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Marion County 2019	Marion County 2022	Ohio 2020	U.S. 2020
Health Status				
Rated general health as good, very good, or excellent	81%	80%	85%	86%
Rated general health as excellent or very good	46%	46%	55%	57%
Rated general health as fair or poor 🔵	19%	20%	16%	13%
Average number of days that physical health not good (in the past month) (County Health Rankings) 🔵	4.5	4.0	4.1**	3.7**
Rated physical health as not good on four or more days (in the past month)	27%	22%	24%*	23%*
Average number of days that mental health not good (in the past month) (County Health Rankings) 🔵	5.9	5.3	4.8**	4.1**
Rated mental health as not good on four or more days (in the past month)	36%	32%	29%*	26%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past month)	32%	31%	N/A	N/A
Health Care Coverage, Access, and Utilization				
Uninsured 🔵	8%	7%	9%	11%
Had one or more persons they thought of as their personal health care provider	90%	87%	79%	77%
Visited a doctor for a routine checkup (in the past year) 🔵	77%	73%	77%	76%
Visited a doctor for a routine checkup (five or more years ago)	4%	5%	6%	6%
Unable to see a doctor due to cost (in the past year) 🔵	17%	20%	9%	10%
Arthritis, Asthma, and Diabetes				
Ever been told by a doctor they have diabetes (not pregnancy-related) 🔵	12%	16%	12%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes 🔵	10%	10%	2%	2%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	44%	40%	31%*	25%*
Had ever been told they have asthma	19%	16%	10%	10%

🔵 *Indicates alignment with the Ohio State Health Assessment*
*2019 BRFSS
**2018 BRFSS as compiled by 2021 County Health Rankings
N/A – Not available

Adult Variables	Marion County 2019	Marion County 2022	Ohio 2020	U.S. 2020
Cardiovascular Health				
Ever diagnosed with angina or coronary heart disease 🛡	6%	5%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction 🛡	7%	6%	5%	4%
Ever diagnosed with a stroke	4%	2%	4%	3%
Had been told they had high blood Pressure 🛡	45%	40%	35%*	33%*
Had been told their blood cholesterol was high	37%	34%	33%*	33%*
Had their blood cholesterol checked within the past five years	77%	80%	85%*	87%*
Weight Status				
Normal weight (BMI of 18.5-24.9)	17%	18%	29%	31%
Overweight (BMI of 25.0-29.9)	34%	37%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 🛡	49%	45%	36%	32%
Alcohol Consumption				
Current drinker (had at least one drink of alcohol within the past month)	47%	51%	51%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion in the past month) 🛡	15%	16%	16%	16%
Tobacco Use				
Current smoker (currently smoke some or all days) 🛡	14%	16%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	27%	24%	25%
Current e-cigarette user	5%	5%	5%¶	4%¶
Mental Health				
Ever been told they have a form of depression	32%	28%	22%	20%
Preventive Medicine				
Had a mammogram within the past two years (ages 40 and older)	62%	76%	71%	72%
Had a Pap smear within the past three years (ages 21-65)	65%	77%	77%	78%
Had a PSA test within the past two years (ages 40 and older)	65%	53%	32%	32%
Quality of Life				
Limited in some way because of physical, mental, or emotional problem	35%	23%	N/A	N/A
Oral Health				
Visited a dentist or dental clinic (within the past year)	55%	62%	65%	67%

🛡*Indicates alignment with the Ohio State Health Assessment*
*2019 BRFSS
¶ 2017 BRFSS Data
N/A – Not available

Key Issues

The Marion County Community Health Assessment Committee members reviewed the 2022 Marion County Health Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each organization completed an "Identifying Key Issues and Concerns" survey. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2022 health assessment report? Examples of how to interpret the information include: 45% of adults in Marion County were considered obese, increasing to 54% of those under the age of 30 and 54% of those with incomes below $25,000.

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Mental Health (4 votes)			
Adults who rated their mental health as not good on four or more days in the previous month	32%	Age: Under 30 (46%) Income: <$25K (51%)	Females (45%)
Adults who had ever been told they had a depressive disorder including depression, major depression, dysthymia, and minor depression	27%	N/A	N/A
Adults who felt sad, blue, or depressed (almost every day for two or more weeks in a row in the past year)	20%	Age: Under 30 (36%) Income: <$25K (38%)	Females (32%)
Adults who considered attempting suicide in the past year	6%	N/A	N/A
Adult Drug Use (3 votes)			
Adults who used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert (within the past 6 months)	8%	Age: Under 30 (14%) Age: 65 & Over (12%) Income: <$25K (15%)	N/A
Adults who used recreational marijuana or hashish (in the past 6 months)	4%	Age: Under 30 (14%) Income: <$25K (13%)	N/A
Number of unintentional drug overdose deaths *(ODH, 2020 Ohio Drug Overdose Report)*	39 deaths (2020)	N/A	N/A
Adverse Childhood Experiences (ACEs) (3 votes)			
Adults who experienced 4+ ACEs	18%	Age: Under 30 (31%) Income: <$25K (36%)	Females (21%)

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Poverty (2 votes)			
Adults who reported they needed help meeting general daily needs, such as food, clothing, shelter, or paying utility bills	12%	Income: <$25K (37%)	N/A
Individuals living in poverty (all ages) *(U.S. Census Bureau 2020 Poverty and Median Income Estimates)*	14%	Age: 0-17 (19%)	N/A
Maternal and Infant Health (2 votes)			
Women who took a multivitamin with folic acid during their last pregnancy (among women pregnant within the past 5 years)	70%	N/A	N/A
Women who had a prenatal appointment in the first three months during their last pregnancy (among women pregnant within the past 5 years)	57%	N/A	N/A
Percentage of live births with low birthweight *(2022 County Health Rankings)*	9%	N/A	N/A
Youth Mental Health (1 vote)			
Youth who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (in the past year) *(2020-2021 Ohio Healthy Youth Environments Survey)*	29%	N/A	N/A
Youth who considered attempting suicide (in the past year) *(2020-2021 Ohio Healthy Youth Environments Survey)*	13%	N/A	N/A
Adult Weight Status (1 vote)			
Adult obesity (BMI of 30.0 or higher)	45%	Age: Under 30 (54%) Income: <$25K (54%)	N/A
Adult Cardiovascular Health (1 vote)			
Adults who survived a heart attack	6%	Age: 65 and Over (12%)	N/A
Adults who had ever been diagnosed with angina or coronary heart disease	5%	Age: 65 and Over (11%)	N/A
Adults who had ever been diagnosed with congestive heart failure	4%	Income: <$25K (16%)	N/A
Adults who survived a stroke	2%	Age: 65 and Over (6%)	N/A

N/A- Not Available

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Housing (1 vote)			
Percent of households with at least 1-of-4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities *(2022 County Health Rankings)*	13%	N/A	N/A
Transportation (1 vote)			
Adults who reported one or more transportation issues	17%	N/A	N/A
Adult Vaccination (1 vote)			
Adults who had a flu vaccine (in the past year)	48%	N/A	N/A
COVID primary vaccination completed (among all ages) *(ODH COVID-19 Vaccine Dashboard)*	50%	Age: 30-39 (44%) Age: 20-29 (35%) Age: 0-19 (18%)	Males (46%)
Adult Oral Health (1 vote)			
Adults who visited a dentist or dental clinic in the past year	62%	Age: Under 30 (46%) Income: <$25K (35%)	N/A
Adult Health Status Perceptions (1 vote)			
Rated general health as fair or poor	20%	Income: <$25K (59%) Age: Under 30 (23%)	N/A
Average number of days that physical health was not good (in the past month)	4.0	N/A	N/A

N/A- Not Available

Additional feedback with no specific data/source reported:

<u>1 vote:</u>

- Social vulnerability score – individuals living in poverty
- Lack of dental care for children
- Housing availability for everyone
- Lack of Spanish interpreters

Priorities Chosen

Based on the 2022 Marion County Health Assessment, key issues were identified for adults and youth. Overall, there were 13 key issues identified by the Marion County Community Health Assessment Committee members. The committee members then voted and came to a consensus on the priority areas Marion County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Votes
1. Adult mental health	4
2. Adult drug use	3
3. Adverse childhood experiences (ACEs)	3
4. Poverty	2
5. Maternal & infant health	2
6. Youth mental health	1
7. Adult weight status	1
8. Adult cardiovascular health	1
9. Housing	1
10. Transportation	1
11. Adult vaccination	1
12. Adult oral health	1
13. Adult health status perceptions	1

Marion County will focus on the following three priority areas over the next three years:

Priority Factor(s):

1) Community Conditions
   a. Includes: housing affordability/quality and child lead exposure

2) Health Behaviors
   a. Includes: adult nutrition and adult physical activity

Priority Health Outcome(s):

1) Mental Health and Addiction
   a. Includes: adult depression, youth depression, substance use/abuse, and adverse childhood experiences

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality-of-Life Survey. Below are the results:

Open-ended Questions to the Committee

1. **What do you believe are the 2-3 most important characteristics of a healthy community?**

   - Quality education (3)
   - Access to health care (primary care, behavioral health) (2)
   - Housing affordability (2)
   - Transportation
   - Employment
   - Food
   - Equity
   - Increase in middle-aged population creating families in community
   - Abundance of parks/green spaces
   - Inclusivity
   - Respect for one's own community & environment
   - Relational vitality
   - Strong families
   - Connectivity
   - Economic vitality/opportunities
   - Pride of place that evokes a willingness to serve where needed
   - Livable wage
   - Opportunities for healthy lifestyle
   - Support for mental health/addiction services
   - Lack of stigma
   - Workforce to provide supportive services in county

2. **What makes you most proud of our community?**

   - Community collaboration/partnerships (4)
   - Openness to address challenges in the community (2)
   - Perfect size to influence change in the community (connections with community partners & resources)
   - Great public servants- police, fire, EMS
   - Loyalty within the community
   - Downtown renovation
   - Opportunities for small businesses to successfully grow
   - Involvement of faith community

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- Faith-based community groups/churches (2)
- Marion Area Chamber of Commerce (2)
- Marion Housing Coalition (2)
- Marion Public Health Department (2)
- Regional planning (2)
- ADAMH board
- ASPIRE ministries
- Buckeye Community School
- Center Street Community Health Center
- Council on Aging
- Criminal justice & behavioral health
- Drug-Free Marion
- Early Learning Coalition
- Fairpark Neighborhood Associations
- Habitat for Humanity
- Health partnerships with agencies in the county
- Heart of Ohio Homeless Shelter & Marion Continuum of Care
- Leadership Marion Projects
- LoDo Association
- Marion Community Foundation
- Marion County Childcare Coalition
- Marion County Creating Healthy Communities Built Environment & Food Access Action Teams
- Marion County Land Bank
- Marion County Suicide Prevention Coalition
- Marion Matters
- Marion Transportation Coalition
- MLK
- Neighborhood Association
- OhioHealth Marion General Hospital
- Trauma-informed initiatives
- United Way
- YMCA

4. **What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?**

- Support & access for mental health services (4)
- Addiction (2)
- Drug/opioid safety (2)
- Poverty (2)
- Safe & affordable housing (2)
- Reduction of ACEs among youth
- Addressing SDOH to advance health equity
- Addressing neighborhood's individual needs
- Access to health care
- Access to housing that can accommodate individuals with mental health needs
- Access to affordable & healthy foods
- Livable wage
- Workforce
- Opportunities for healthy lifestyle
- Education attainment

5. **What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?**

- Need for ongoing community-wide commitment & support (3)
- Lack of coordinated leadership to create & sustain change
- Time
- Capacity
- Access to funding sources to develop large-scale solutions
- Participation & support from upper leadership (city council, commissioners, etc.)
- Lack of citizen confidence to make a difference in the community
- Lak of collaboration among agencies & ministries addressing addiction/mental health
- Lack of local investors who prioritize quality housing (new & old)
- Generational poverty
- Culture/attitudes, selfishness & lack of genuine caring
- Division of community
- Lack of overall county/city planning
- Workforce shortage- behavioral health, mental health, substance use

6. **What actions, policy, or funding priorities would you support to build a healthier community?**

- Building codes to ensure equitable housing (2)
- Home visiting programs
- Zoning for healthier housing
- Wrap around services at schools & other community-wide organizations
- Improved interagency referrals
- Efforts to increase quality of life within the community
- Support of neighborhood associations
- Increase in funding
- Recruit & incentivize local investors to improve housing options
- Community-wide coalition focused on addressing addiction
- Expanding businesses into Marion
- Food security
- Healthy lifestyles
- Continued focus on getting more students interested in behavioral health fields- social work, counseling, etc.

7. **What would excite you enough to become involved (or more involved) in improving our community?**

- Ongoing technical assistance support
- Identifying areas of strengths in the community in order to improve areas of need
- Increase in organizations whose mission is to help improve the community
- Increased community collaboration
- Leadership of a coordinated plan
- Any initiatives to address addiction & mental health from a wholistic, collaborative approach
- Any initiatives to improve housing conditions
- More church/community participation
- Anything surrounding behavioral health (e.g., mental health & substance use disorder)

Quality of Life Survey

The Marion County Community Health Assessment Committee urged community members to fill out a short quality of life survey via paper or online platform (Google Form). The survey results presented below are part of an ongoing neighborhood survey designed by Marion Public Health. In total, there were **136** Marion County residents who completed the survey between November 2022 through February 2023. This tool will assist the Marion County Community Health Assessment Committee in understanding the overall quality of life in Marion County.

The survey utilized an anchored Likert scale in which responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Strongly Agree" = 5, "Slightly Agree" = 4, "Neither Agree or Disagree" = 3, "Slightly Disagree" = 2, and "Strongly Disagree" = 1.

Quality of Life Statements	Likert Scale Average Response
	2022/2023 n=136
1. Children, youth, and adults have access to immunizations.	4.52
2. I am getting the health care I feel I deserve.	4.29
3. I am happy living in my neighborhood.	4.18
4. Local air, water, and soil are free from pollutants.	3.74
5. People are able to effectively manage chronic diseases such as diabetes, cardiovascular disease, and arthritis.	3.68
6. Dental care and preventable screenings are available for all.	3.56
7. Our community is walkable/bike-able/wheelable.	3.54
8. Residents in the community have adequate emotional and social support.	3.54
9. Healthy foods are available and affordable.	3.49
10. Transportation is available to people of all ages and abilities.	3.49
11. Safe and affordable housing is available.	3.39
12. People are treated fairly and without discrimination.	3.34
13. Mental health problems are recognized and treated in our community.	3.26
14. Quality child care is available and affordable.	3.14
15. People are free from stress or worry most of the time.	2.87

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Marion County Community Health Assessment Committee members were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Marion County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change	Threats Posed	Opportunities Created
Development Forces		
1. Safe & affordable housing (3)	• Increase in eviction/homelessness (2) • Lack of quality housing (2) • Adults on fixed incomes at high risk • Increase in adverse health effects due to hazardous living conditions • Disinvestment in neighborhood • Lack of community & social cohesion • Decrease in county population • Decrease in workforce	• Housing programs/coalitions (2) • Rental policies • Housing code • Education • Coordinated data collection • Partnerships with Habitat for Humanity • Built environment • Additional housing resources
2. Access to transportation (2)	• Access to health care (2) • Employment barriers/workforce instability (2) • Educational needs • Lack of availability • Hours of services • Food insecurity • Social isolation • Poor health outcomes	• Joint agreements with workforce/businesses (2) • Extend hours of operation • Community well-being • Coordinated data collection • Safety • Increase active transportation infrastructure • Complete streets policy implementation

Force of Change	Threats Posed	Opportunities Created
Development Forces, continued		
3. Lack of child care (2)	• Workforce instability (2) • Unsafe child care (2) • Affordability • Lack of facilities in county	• Parents being able to complete higher education/ obtain better jobs • Job opportunities for child care workers • Opportunity for providers • Partnerships between businesses & nonprofit providers to create solutions around child care • Increase affordability • Coordinated data collection
4. Current condition of local schools	• High turnover in school staff/teachers • Low scores/bad press • Difficult to attract new families to Marion • Inadequate educational environment & opportunities • Further population decline	• Charter or private school options • Co-ops • New partnerships
General Health Forces		
5. Access to healthy & affordable foods (2)	• Obesity (2) • Unhealthy habits • Comorbidities • Chronic disease • Food insecurity • Transportation	• Partnerships with food access team • Increased distribution within target areas • Food service guidelines • Food incentive programs (WIC, SNAP, Produce Perks, etc.) • Micro Farms • Implementation of Farm to Institution • Farmers markets • Community supported agriculture

Force of Change	Threats Posed	Opportunities Created
General Health Forces, continued		
6. COVID-19 pandemic (2)	- Decrease in trust - Emphasized socioeconomic inequalities - Change in job market - Decreased interest in health care professions resulting in shortage of health care workers	- Increase importance of local community infrastructures & importance of mental health - Campaigns about opportunities in health care
7. Increase in obesity rates	- Increase in chronic health issues - Strain on resources	- Awareness of the importance of good nutrition - Increase in public activities - Increase in pedestrian access
8. Disinterest in personal wellness	Increase in health risk factors	Interpret reality vs perception (communicate reality instead of negative perceptions)
Mental/Behavioral Health Forces		
9. Mental health & substance abuse	- Increase in mental health issues - Increase in suicide attempts & suicide deaths	- Improve community perception/decrease stigma - Increased coordination of care with agencies
10. Mental health & drug addiction among youth	- Increase in mental health issues - Need for intensive therapies - Lack of providers to treat mental health and/or addiction in youth	- Awareness of problems (short-term & long-term) - Decrease in institutionalization of youth
11. Access to mental/behavioral health services	- Lack of providers - Lack of access to service - Lack of awareness - Lack of societal acceptance - Lack of community safety - Long wait – risk of patients harming themselves/conditions worsening - Difficult to recruit prescribers (e.g., psychiatrists) - Community members having to handle crisis response first hand	- Community awareness - Support - Increase in services - Affordable care

Forces of Change	Threats Posed	Opportunities Created
Employment & Occupational Forces		
12. Opportunities for employment with liveable wages	• Migration out of younger people looking for more job opportunities resulting in decreasing size of community/resources	• Seek companies to start businesses here • Flexibility for workers • Employers creating opportunities to keep younger people • Promotion of low cost of living in county, opportunities for remote work
13. Intel manufacturing plant coming to central Ohio	• Residents going outside of county for employment opportunities leading to lack of workforce in county	• Employment opportunities for residents
Political Forces		
14. Growing disillusionment with government	• Public has decreased trust with health care providers • Broken relationships • Increase in violence against health care workers	• Increase in health campaigns • Relationship building with community members
15. History of resistance to cooperative efforts between city/county government	• Slows or impedes progress on many fronts, creating diminished reputation & capital	• Someone to emerge as a conciliatory leader who can bring unity & evoke change
Economic Forces		
16. Inflation	• Affordable housing • Food • General cost of living	• Increase in assistive programs for healthy lifestyles
17. Major employers leaving Marion County	• Generational poverty • Addiction • Depression & anxiety	• Economic development • Innovative ways to meet social, emotional, spiritual needs
Demographic Forces		
18. Declining population	• Lower tax base • Difficulties with local funding • Many potential next generation leaders leaving Marion	• Leadership development for youth • Campaigns like Marion Made • New housing areas to retain youth & attract people who could re-locate to Marion

Forces of Change	Threats Posed	Opportunities Created
Social Forces		
19. Lack of involvement/Decline in volunteerism	• Schools, non-profit organizations, faith-based groups will not continue to exist or provide services to community	• Consolidation of organizations' work or mission • Fewer but stronger organizations serving the community
20. Fractured public communication	• Increased difficulty communicating community messages • Increased tension or division between people	• Rallying pride • Common places sharing information • Cross promotion (e.g., Vlog, podcast) • Individualized messaging • Word of mouth

Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations
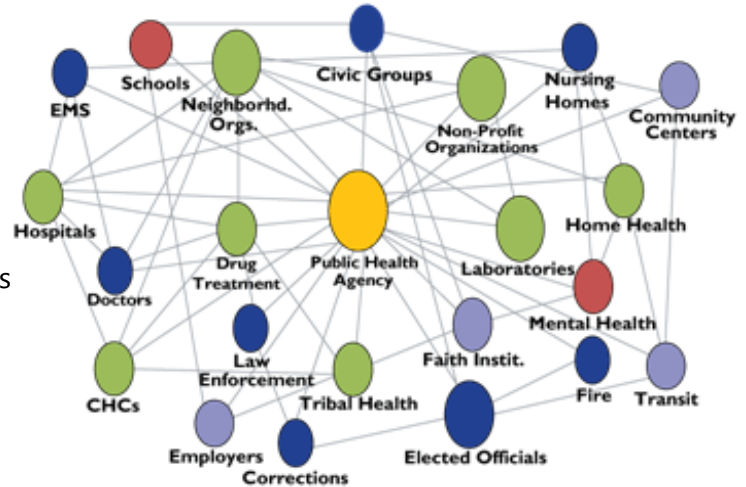
The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**
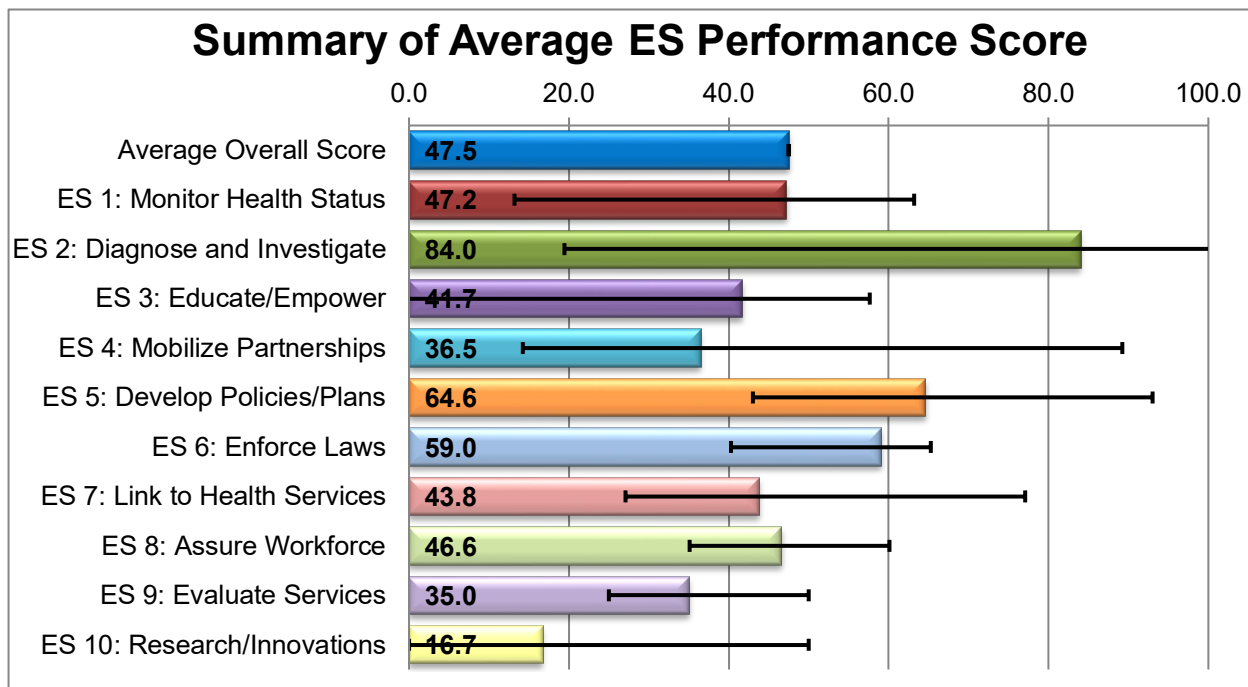
Members of Marion Public Health completed the performance measures instrument. The LPHSA results were then presented to the committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

The Marion County Community Health Assessment Committee members identified 8 indicators that had a status of "no activity" and 32 indicators that had a status of "minimal". The remaining indicators were all moderate, significant, or optimal.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Ide Okojie from Marion Public Health at 740-692-9181.

Marion County Local Public Health System Assessment 2023 Summary

Summary of Average ES Performance Score

Category	Score
Average Overall Score	47.5
ES 1: Monitor Health Status	47.2
ES 2: Diagnose and Investigate	84.0
ES 3: Educate/Empower	41.7
ES 4: Mobilize Partnerships	36.5
ES 5: Develop Policies/Plans	64.6
ES 6: Enforce Laws	59.0
ES 7: Link to Health Services	43.8
ES 8: Assure Workforce	46.6
ES 9: Evaluate Services	35.0
ES 10: Research/Innovations	16.7

Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The Marion County Community Health Assessment Committee members were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Marion County Community Health Assessment Committee members were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Marion County Community Health Assessment Committee members considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Marion County Community Health Assessment Committee was asked to identify resources for each strategy. The resource inventory allowed the committee members to identify existing community resources, such as programs, policies, services, and more. Each resource inventory can be found with its corresponding strategy.

Priority #1: Community Conditions

Strategic Plan of Action

To work toward improving community conditions, the following strategies are recommended:

Priority #1: Community Conditions 🦅				
Strategy 1: Homeownership Programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Ensure representation from the Marion County Community Health Assessment Committee on the Marion Housing Coalition. In partnership with the Marion Housing Coalition, collect baseline data on current homeownership programs offered in the county. Consider expanding or introducing various homeownership programs, such as: • **Financial fitness** • **Homebuyer education** • **Downpayment assistance** • **Foreclosure prevention** • **Home repair programs** • **Home Weatherization Assistance Program*** • **Rent to own tiny homes** Determine direction and priority populations to expand homeownership programming.	May, 2024	Adults/Families	Housing costs: Percent of adults reporting 50% or more of their household income goes toward housing *(CHA)* Owner-occupied housing units: Percent of total housing units that are owner-occupied *(U.S. Census, ACS-1 yr. Estimates)*	Marion Housing Coalition United Way of North Central Ohio
Year 2: Continue efforts from year 1. Support Marion County Housing Coalition by advocating for and promoting homeownership programming.	May, 2025			
Year 3: Continue efforts from years 1 and 2.	May, 2026			
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified				
Resources to address strategy: Marion Housing Coalition				

* Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Priority #1: Community Conditions 🗺️				
Strategy 2: Affordable Housing Development 🗺️				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Partner with the Marion Housing Coalition to explore various strategies to increase affordable housing stock in the county, such as: • Adopting an **ordinance to protect tenants from discrimination** ⌃ based on their source of income (e.g., rental assistance) • Providing incentives (e.g., expedited permits, **tax credits**, reduced fees) to landlords/developers offering affordable housing options • Enacting provisions ⌃ (e.g., affordability clause) for local landlords/developers in exchange for receiving government support (e.g., **CRA tax abatement**, **land bank****, home repair, etc.) Identify one affordable housing expansion policy to endorse.	May, 2024	Adults/Families	Affordable and available housing units (very low income): Number of affordable & available units per 100 renters with income below 50% of Area Median Income *(OHFA)* 🗺️ Housing costs: Percent of adults reporting 50% or more of their household income goes toward housing *(CHA)*	Marion Housing Coalition
Year 2: Working with the Marion Housing Coalition, develop an affordable housing expansion policy. Advocate to local government officials to enact affordable housing expansion policy.	May, 2025			
Year 3: Continue efforts from year 2. Work with the Marion County Housing Coalition and local government to implement an affordable housing expansion policy.	May, 2026			
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Marion Housing Coalition				

⌃ *indicates a policy development or enforcement strategy*
** Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Priority #1: Community Conditions 🔷				
Strategy 3: Lead Screening and Mitigation 🔷 ◊				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to identify lead in homes, provide beginnings of case management support, conduct lead inspection and testing, and conduct **lead abatement*** activities using funding from the ODH Lead Safe Home Fund.	May, 2024	Children (under the age of 6) Property owners/managers Adults/Families	Child lead poisoning: Percent of children, ages 0-5, with elevated blood lead levels (BLL≥5 ug/dl) *(Ohio Public Health Information Warehouse)* 🔷	
Year 2: Continue efforts from year 1. Increase public transparency regarding housing with/without lead hazards. In partnership with Marion County Housing Coalition and Code Enforcement: • Assess current compliance with property managers/landlords providing **real estate disclosures about potential lead hazards** ⌃ for applicable properties. Identify ways to improve compliance and implement • Identify **hazardous lead properties** in the county. Provide outreach to owners of hazardous lead properties and assist in connecting to appropriate lead abatement resources. • Promote/endorse properties that are certified lead-safe.	May, 2025			Marion Housing Coalition
Year 3: Continue efforts from years 1 and 2 Support the Marion County Housing Coalition and Code Enforcement to reduce exposure to lead in homes and other settings by: • Increasing enforcement of the **federal renovation, repair, and painting** ⌃ rule within Marion County • Ensuring abatement projects in pre-1978 housing and child-occupied facilities are performed by **certified contractors** ⌃ • Promoting current **programs** and certification opportunities for lead-safe contractors Provide assistance in assessing current compliance with the above activities and how to improve/promote compliance.	May, 2026			

Strategy identified as likely to decrease disparities?
    ◯ Yes   ⊗ No   ◯ Not SHIP Identified

Resources to address strategy:
Marion Housing Coalition, Marion Regional Planning Commission

◊ - *Strategy is categorized under priority health outcomes: chronic disease: childhood conditions in Ohio 2020-2022 SHIP*
⌃ - *indicates a policy development or enforcement strategy*
* *Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.*

Priority #2: Health Behaviors

Strategic Plan of Action

To work toward improving health behaviors, the following strategies are recommended:

Priority #2: Health Behaviors				
Strategy 1: Promote Bike and Pedestrian Master Plans** (Active Transportation Plans)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Ensure representation from the Marion County Community Health Assessment Committee on the local transportation coalition. Consider the following options to assist the transportation coalition in expanding/promoting active transportation: • Update and promote an inventory map including sidewalks, walking & biking trails, and points of interest within the county • Partner with local businesses to promote active transportation (e.g., discounts for customers who walk/bike to business) • Organize a community event (e.g., bike ride or walkathon) to raise awareness of active transportation opportunities and needs • Partner with local events (Cardinal Project, **cityHUNT**, Second Saturday in Downtown Marion) to utilize & promote bike/pedestrian paths • Share success stories of community members who have adopted active transportation • Implement **Bike to Work Day** with pit stops for prizes • Advocate/support **Complete Streets*** policies ⌃ • Advocate/support local government/business infrastructure improvements (e.g., bicycle parking) ⌃	May, 2024	Adults	Adult physical inactivity: Percent of adults reporting no leisure time physical activity in the past month *(BRFSS as compiled by KFF)* Adult physical inactivity: Percent of adults reporting no physical activity in the past week *(CHA)*	Built Environment Coalition
Year 2: Continue efforts from year 1. Assist transportation coalition with regular **nonmotorized counts** and pedestrian environment evaluation.	May, 2025			
Year 3: Continue efforts from years 1 and 2.	May, 2026			
Strategy identified as likely to decrease disparities? ◯ Yes ⊗ No ◯ Not SHIP Identified				
Resources to address strategy: Transportation Coalition				

⌃ - *indicates a policy development or enforcement strategy*
* Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
** Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Priority #2: Health Behaviors				
Strategy 2: Community Fitness Programs*				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data on community fitness programs and activities currently being offered in the county. Create a guide/calendar (online and/or print) of up-to-date activities that are available to the public, noting available resources for free/reduced cost opportunities. Develop a plan to update and sustain guides on a quarterly basis. Partner with local businesses, churches, and schools to support efforts (i.e. **shared use agreements**). Disseminate unified information and messaging throughout Marion County.	May, 2024	Adults/Families	Adult physical inactivity: Percent of adults reporting no leisure time physical activity in the past month *(BRFSS as compiled by KFF)* Adult physical inactivity: Percent of adults reporting no physical activity in the past week *(CHA)*	Marion Public Health
Year 2: Continue efforts from year 1. Complete a gap analysis of current community fitness programs within the county and determine potential action steps focused on collaboration. Research **community fitness programs**. When selecting programs, consider interests and activities for specific populations, such as seniors or families. Explore programming that includes group sports as well as individual fitness opportunities (e.g., weightlifting, running club, etc.). Integrate physical activity opportunities into planned events (e.g., festivals, farmer's markets, Second Saturday in Downtown Marion, etc.).	May, 2025			
Year 3: Continue efforts of years 1 and 2. Complete a yearly evaluation of current community fitness programs to determine direction for further programming.	May, 2026			
Strategy identified as likely to decrease disparities? ◯ Yes ⊗ No ◯ Not SHIP Identified				
Resources to address strategy: YMCA, OhioHealth Marion General Hospital, Marion Parks & Recreation, schools				

⌃ - *indicates a policy development or enforcement strategy*
* *Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.*

Priority #2: Health Behaviors				
Strategy 3: Adopt Healthy Food Initiatives				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data on current nutrition programming offered in the county. Determine need and direction for additional nutrition education programming. Explore partnership opportunities to educate community members and families on healthy eating practices. Determine feasibility of implementing or expanding any of the following initiatives: • **Cooking demonstrations** • **Fruit and vegetable taste testing**** • Home gardening support (e.g., **seed swaps**, **rain barrel workshops**) • **Fruit and vegetable incentive programs** • **Nutrition prescriptions** Identify one initiative to implement/expand for year 1.	May, 2024	Adults	Adult nutrition: Percent of adults reporting 0 servings of fruits and/or vegetables per day *(CHA)* Adult food insecurity: Percent of adults that went to bed hungry on at least one night per week because they did not have enough money for food *(CHA)*	Marion Public Health
Year 2: Continue efforts from year 1. Complete a gap analysis of current nutrition within the county and priority populations (e.g., adults with diabetes, WIC recipients, etc.). Implement an additional nutrition education initiative, focusing on identified priority populations.	May, 2025			
Year 3: Continue efforts from years 1 and 2. Complete a yearly evaluation of current nutrition education programming to determine direction for further programming.	May, 2026			
Strategy identified as likely to decrease disparities? ⊗ Yes ◯ No ◯ Not SHIP Identified				
Resources to address strategy: Food Access Coalition, OhioHealth Marion General Hospital, Center Street Clinic				

** Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Priority #3: Mental Health and Addiction

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority #3: Mental Health and Addiction 🔵				
Strategy 1: Suicide Prevention Initiatives				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Obtain baseline data on current mental health/suicide programming and resources available in the county. Identify gaps in populations that are at higher risk of suicide. Using the **CDC Suicide Prevention Guide**, consider the following options to assist the suicide prevention coalition's efforts: • **Lethal means counseling** • **Safe storage** • **Correctional suicide prevention** • School programming (e.g., **Strong schools against suicidality & self-injury**, **Youth Aware of Mental Health**, **Good Behavior Game**, **Signs of Suicide**) • Family programming (e.g., **The Incredible Years**, **Strengthening Families**, **Adaptive Parenting Tools**, **Family Bereavement**) • **Workplace suicide prevention** • Promote **988 Crisis Lifeline** • Peer support programs for specific populations at risk (e.g., **youth**, **high risk-psychiatric inpatients**, **adult males**, **veterans**) • **Gatekeeper training** Identify one new approach to implement.	May, 2024	Adults and Youth	Adult suicide deaths: Number of deaths due to suicide for adults, ages 18+, per 100,00 population *(ODH Vital Statistics)* Adult suicide contemplation: Percent of adults who considered attempting suicide in the past year *(CHA)* Youth suicide contemplation: Percent of youth who considered attempting suicide in the past year *(OHYES)*	Crawford-Marion ADAMH Board
Year 2: Continue efforts from year 1. Identify settings/populations to expand programming.	May, 2025			
Year 3: Continue efforts from years 1 and 2. Evaluate programming.	May, 2026			
Strategy identified as likely to decrease disparities? ◯ Yes ◯ No ⊗ Not SHIP Identified				
Resources to address strategy: Pathways of Central Ohio, Ohio Suicide Prevention Coalition, NAMI Central Ohio, Marion-Crawford Prevention Programs				

Priority #3: Mental Health and Addiction 🐦

Strategy 2: Trauma-Informed Schools** 🐦 ◊

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Identify one school to pilot trauma-informed programming. Conduct a school-wide needs assessment (i.e., surveys, focus groups, etc.) to identify areas of need for trauma-informed programming.	May, 2024	Youth	Youth ACEs: Percent of youth reporting 3+ adverse childhood experiences *(OHYES)*	
Year 2: Develop a trauma-informed policy ⋀ that outlines the school's commitment to providing a safe and supportive environment for all students. Create a trauma response team that includes mental health professionals, school counselors, and other staff members who are trained to respond to student needs in a trauma-sensitive manner. Design a referral process for students who require more intensive trauma-focused therapy or support. Train all school staff, including teachers, counselors, and administrators, on the principles of trauma-informed care.	May, 2025			Crawford-Marion ADAMH Board
Year 3: Implement trauma-informed practices (e.g., calming strategies, mindfulness practices, positive behavior supports) in classrooms at the pilot school. Develop partnerships with community organizations and mental health providers to support trauma-informed practices in the school. Develop a sustainability plan to ensure that trauma-informed practices continue to be embedded in the school culture beyond the initial implementation phase. Celebrate successes and acknowledge challenges in the implementation of trauma-informed programming and continue to work towards creating a supportive environment for all students. Conduct ongoing evaluations to assess the effectiveness of trauma-informed programming and make adjustments as needed. Assess feasibility of expanding trauma-informed policies to other schools.	May, 2026			

Strategy identified as likely to decrease disparities?

⊗ Yes   ◯ No   ◯ Not SHIP Identified

Resources to address strategy:

Marion City Schools, Ohio Healthy Youth Environments Surveys, Family & Children First Council

◊ - Strategy is categorized under priority factors: community conditions: chronic absenteeism in Ohio 2020-2022 SHIP

⋀ - indicates a policy development or enforcement strategy

** Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Priority #3: Mental Health and Addiction				
Strategy 3: Recovery Communities and Peer Supports				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Strengthen existing peer support groups with evidence-based practices and strategies. Meet with group facilitators to discuss evidence-based practices and strategies that could be implemented to improve programs' effectiveness. Determine the need to expand peer support programs, focusing on specific populations (overdose loss groups, parenting support groups). Pilot one new support group in the county.	May, 2024	Adults	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) *(ODH Vital Statistics)*	
Year 2: Continue efforts from year 1. Strengthen referral process from providers to peer support groups (e.g., providing CEU's to providers). Promote **peer recovery certification** classes. Market peer support programs. Pilot one new support group in the county.	May, 2025			Crawford-Marion ADAMH Board
Year 3: Continue efforts from years 1 and 2. Evaluate pilot support groups and reassess peer support needs in the county.	May, 2026			
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: NAMI Central Ohio, Marion-Crawford Prevention Programs, Lighthouse Behavioral Health Solutions, Community Counseling and Wellness Centers				

Priority #3: Mental Health and Addiction

Strategy 4: Naloxone Education and Distribution Programs** and Syringe Service Programs – SSPs*

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to offer **Naloxone and harm reduction education** to persons at high risk of overdose, including those experiencing health disparities and targeting sites serving them. Ensure the availability of a comprehensive **syringe service program (SSPs)** that addresses overdose prevention, infectious disease prevention, reduction of health disparities, and connection to supportive services consistent with state and national best practices. Apply for grant funding (e.g., Harm Reduction Grant) to expand education & distribution programs, as well as syringe service programs. With support from local organizations, begin planning for 2024 Harm Reduction Summit.	May, 2024	Adults	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) *(ODH Vital Statistics)* Naloxone Administration: Number of EMS events involving naloxone administration *(OIBHD)* Naloxone Administration: Number of Naloxone units distributed by Project DAWN *(OIBHD)* Opioid Use Dependence: Number of Medicaid enrollees with opioid use disorder (prevalence) *(OIBHD)*	Marion Public Health
Year 2: Continue efforts from year 1. Expand harm reduction education and secondary Naloxone distribution partnerships (e.g., **Naloxbox** placement) to treatment providers, law enforcement/first responders, health system, and businesses to ensure multiple points of contact are available 24 hours per day. Expand access to SSPs via partnership with local organizations and street outreach. With support from local organizations, plan and host 2024 Harm Reduction Summit.	May, 2025			
Year 3: Continue efforts from years 1 and 2. Expand harm reduction education using a "train-the-trainer" approach so that people at risk of overdose can receive harm reduction education at multiple points of contact (i.e., first responders, treatment providers, health system, and peer supports). Create and distribute community harm reduction education materials. Expand SSP to community locations based on ODMAP data, OFR, SSP, and other available data.	May, 2026			

Strategy identified as likely to decrease disparities?
⊗ Yes   ◯ No   ◯ Not SHIP Identified

Resources to address strategy:
OhioHealth Marion General Hospital

Strategy is scientifically supported. Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

** *Strategy is noted to have some evidence. Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.*

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as- needed basis. The full committee will meet quarterly to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Marion County will continue facilitating CHAs every three years to collect data and determine trends. Primary data will be collected for adults using national sets of questions to not only compare trends in Marion County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the 🔵 icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP committee will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Ide Okojie
Director of Community Health
Marion Public Health
181 S Main St.
Marion, Ohio 43302
740-914-4038

Appendix I: Gaps and Strategies

The following tables indicate priority related gaps and potential strategies that were identified by the Marion County Community Health Assessment Committee members. The committee identified gaps and potential strategies via an online platform (SurveyMonkey). The results were compiled and presented to the committee. Additional gaps and potential strategies were identified and incorporated.

Priority Factors: Community Conditions

Gaps	Potential Strategies
1. Safe, affordable, quality housing (4)	• Rental assistance programs (2) ⬤ √ • Develop/expand land banking (e.g., secure properties & develop higher-end apartments or single-family starter homes) (2) ⬤ √ • Recruit investors to provide quality housing options for middle-income families • Help drive legislation for building codes & higher standards to hold landlords accountable • Zoning regulations • Expand homeowner education programs • Feasibility studies for alternative housing schemes
2. Lead exposure in homes (4)	• Expansion of blood lead level screenings (3) ⬤ • Lead abatement programs - build capacity to seek out, write for, & administrate lead abatement related funding (strategic planning or backbone organization) (2) ⬤ • Zoning regulations • Education campaign to check for peeling paint

⬤ = Ohio SHIP supported strategy
√ = likely to decrease disparities

Priority Health Outcomes: Health Behaviors

Gaps	Potential Strategies
1. Access to physical activity (5)	- Green space & parks (& safety therein) 🛡 √ - Improvements to active transportation – universal design strategies 🛡 - Complete Streets- collaborate with city to improve sidewalks 🛡 - Community fitness programs (e.g., organized group exercises) 🛡 - Community fitness campaign 🛡 - Exercise prescriptions 🛡 - Diabetes Prevention Program 🛡 - Develop "walking tours" (e.g., cityHUNT.com for walking/team building events) - Increase variety & saturation of fitness programming (private & public)
2. Affordability & accessibility to healthy food & education (4)	- Education on healthy food choices (e.g., lectures at library) (2) - Healthy food initiatives in food banks 🛡 √ - Community gardens 🛡 - Nutrition prescriptions 🛡 - Nutrition incentives (Produce Perks, etc.) 🛡 - Cooking lessons - Explore mobile 'food fairs' (education, supplies, fuel subsidies for free mobile food drop-off)

🛡 = Ohio SHIP supported strategy
√ = likely to decrease disparities

Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Lack of mental & behavioral health workforce/resources (4)	• Collaborative effort to recruit mental/behavioral health providers to area – financial incentives (3) 🔷 √ • Promote Telemental health services 🔷 √ • Certified community health workers 🔷 √ • Increase crisis provisions • Explore non-clinical community mental health practices
2. Lack of coordinated care (4)	• Mental health/suicide screening tests (e.g., PHQ-9) (3) 🔷 • Integration of behavioral health services into primary care 🔷 √ • Screening for ACEs
3. Addiction resources (3)	• Expand Narcan distribution (2) 🔷 √ • Increase number of peer supports 🔷 • Support an effort to provide in-patient detox at Marion General Hospital • Develop an ad campaign "Marion: Where people come to get help, not get high" with a list of agencies/organizations that assist with addiction
4. Mental health/suicide resources (2)	• Mental health/suicide education programs (e.g., Mental Health First Aid for adults & teens) (2) 🔷 • Mental health benefits legislation 🔷 √ • Safe storage of firearms – partner with Marion Suicide Prevention Coalition 🔷
5. ACEs (2)	• Early childhood home visiting programs 🔷 √ • Big Brothers Big Sisters 🔷 √ • School-based violence & bullying prevention programs 🔷 • Multisystemic Therapy for juvenile offenders 🔷 • Functional Family Therapy 🔷 • Community training on ACEs & trauma-informed care to support community asset development
6. Limited social & emotional support	• Housing & recovery programs that could address a multitude of issues (housing, social, & emotional) 🔷

🔷 = Ohio SHIP supported strategy
√ = likely to decrease disparities

Appendix II: Secondary Data Sources – Strategies

Priority Indicator(s)	Secondary Data Source(s)	Secondary Data Source URL(s)	Applicable Strategy
Priority 1: Community Conditions			
Owner-occupied housing units: Percent of total housing units that are owner-occupied *(ACS-1 yr. Estimates)*	United States Census Bureau	https://data.census.gov/	Strategy 1: Homeownership Programs
Affordable and available housing units (very low income): Number of affordable & available units per 100 renters with income below 50% of Area Median Income	Ohio Housing Finance Agency's Housing Needs Assessment	https://ohiohome.org/research/rentercosts.aspx	Strategy 2: Affordable Housing Development
Child lead poisoning: Percent of children, ages 0-5, with elevated blood lead levels (BLL≥5 ug/dl)	Ohio Department of Health Public Health Data Warehouse	https://odh.ohio.gov/explore-data-and-stats/interactive-applications/ohio-public-health-data-warehouse1	Strategy 3: Lead Screening and Mitigation
Priority #2: Health Behaviors			
Adult physical inactivity: Percent of adults reporting no leisure time physical activity in the past month	Behavioral Risk Factor Surveillance System, as compiled by Kaiser Family Foundation	https://www.countyhealthrankings.org/	Strategy 1: Promote Bike and Pedestrian Master Plans (Active Transportation Plans) Strategy 2: Community Fitness Programs

Priority Indicator(s)	Secondary Data Source(s)	Secondary Data Source URL(s)	Applicable Strategy
Priority #3: Mental Health and Addiction			

Priority Indicator(s)	Secondary Data Source(s)	Secondary Data Source URL(s)	Applicable Strategy
Adult suicide deaths: Number of deaths due to suicide for adults, ages 18+, per 100,00 population	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 1: Suicide Prevention Initiatives
Youth suicide contemplation: Percent of youth who considered attempting suicide in the past year	Ohio Healthy Youth Environments Survey	https://ohyes.ohio.gov/	Strategy 1: Suicide Prevention Initiatives
Youth ACEs: Percent of youth reporting 3+ adverse childhood experiences	Ohio Healthy Youth Environments Survey	https://ohyes.ohio.gov/	Strategy 2: Trauma-Informed Schools
Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted)	Ohio Department of Health Public Health Data Warehouse	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality	Strategy 3: Recovery Communities and Supports Strategy 4: Naloxone Education and Distribution Programs and Syringe Service Programs - SSPs
Naloxone Administration: Number of EMS events involving naloxone administration	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 4: Naloxone Education and Distribution Programs and Syringe Service Programs - SSPs
Naloxone Administration: Number of Naloxone units distributed by Project DAWN	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 4: Naloxone Education and Distribution Programs and Syringe Service Programs - SSPs
Opioid Use Dependence: Number of Medicaid enrollees with opioid use disorder (prevalence)	Ohio Integrated Behavioral Health Dashboard	https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd	Strategy 4: Naloxone Education and Distribution Programs and Syringe Service Programs - SSPs

Appendix III: Links to Websites

Title of Link	Website URL
988 Crisis Lifeline	https://988lifeline.org/
Adaptive Parenting	https://www.adaptparenting.org/
Adult Males	https://usmenssheds.org/
Bike to Work Day	https://bikeleague.org/events/bike-month/dates-events/
CDC Suicide Prevention Guide	https://www.cdc.gov/suicide/pdf/preventionresource.pdf
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
Certified Contractors	https://www.epa.gov/lead/renovation-repair-and-painting-program-firm-certification
CityHUNT	https://cityhunt.com/
Community Fitness Programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
Community Gardens	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-gardens
Community Guide	https://www.thecommunityguide.org/
Complete Streets	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/complete-streets-streetscape-design-initiatives
Cooking Demonstrations	https://cookingmatters.org/community-resources/
Correctional Suicide Prevention	https://www.usmarshals.gov/what-we-do/prisoners/operation/custody-detention/suicide-prevention
Downpayment assistance	https://www.homeportlearning.org/get-help/downpayment-assistance
Family Bereavement	https://www.adaptparenting.org/
Financial Fitness	https://www.homeportlearning.org/get-ready/financial-fitness
Foreclosure prevention	https://www.homeportlearning.org/get-help/foreclosure-prevention-coaching
Fruit and vegetable incentive programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/fruit-vegetable-incentive-programs
Fruit and Vegetable Taste Testing	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/fruit-vegetable-taste-testing
Gatekeeper Training	https://www.rand.org/pubs/research_reports/RR1002.html
Good Behavior Game	https://goodbehaviorgame.air.org/
Hazardous Lead Properties	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadHazardousProperties

Title of Link	Website URL
Healthy Food Initiatives in Food Banks	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/healthy-food-initiatives-in-food-pantries
Healthy People 2030	https://health.gov/healthypeople/objectives-and-data
High-Risk Psychiatric Inpatients	https://pubmed.ncbi.nlm.nih.gov/30382743/
Homebuyer Education	https://www.homeportlearning.org/get-ready/homebuyer-education
Home Repair Programs	https://springfieldnhp.org/home-repair-programs/
Home Weatherization Assistance Program	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/weatherization-assistance-program
Intergenerational Programming	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/intergenerational-mentoring-and-activities
Land Banking	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/land-banking
Lead Abatement	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/lead-paint-abatement-programs
Lead Renovation, Repair, and Painting	https://www.epa.gov/lead/lead-renovation-repair-and-painting-program
Lethal Means Counseling	https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/
Master Gardeners	https://mastergardener.osu.edu/home
Naloxbox	https://naloxbox.org/
Naloxone and Harm Reduction Education	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/naloxone-education-distribution-programs
Nonmotorized Counts	https://www.michigan.gov/-/media/Project/Websites/MDOT/Programs/Planning/Asset-Management/TMP/Non-Motorized-Data-Collection-Monitoring-Report.pdf?rev=e79840a3801445b6ae2e5723deefcc2e
Nutrition Prescriptions	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/nutrition-prescriptions
Ordinance to Protect Tenants from Discrimination	https://www.columbus.gov/Templates/Detail.aspx?id=2147519478#:~:text=The%20Columbus%20ordinance%200494%2D2021,other%20lawful%20means%20of%20payment.

Title of Link	Website URL
Peer Recovery Certification	https://mha.ohio.gov/community-partners/peer-supporters/become-an-adult-peer-supporter
Rain Barrel Workshops	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rain-barrels
Real Estate Disclosures about Potential Lead Hazards	https://www.epa.gov/lead/real-estate-disclosures-about-potential-lead-hazards
Safe Storage	https://publichealth.jhu.edu/departments/health-policy-and-management/research-and-practice/center-for-gun-violence-solutions/solutions/safe-and-secure-gun-storage
Seed Swaps	https://www.seedsavers.org/site/pdf/csrp-seed-swap.pdf
Shared Use Agreements	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/shared-use-agreements
Signs of Suicide	https://www.mindwise.org/evidence-behind-sos-signs-of-suicide/
Strengthening Families	https://strengtheningfamiliesprogram.org/
Strong Schools Against Suicidality & Self-Injury	https://pubmed.ncbi.nlm.nih.gov/28165275/
Syringe Service Programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/syringe-services-programs
Tax Credits	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/low-income-housing-tax-credits-lihtcs
The Incredible Years	https://incredibleyears.com/
Veterans	https://www.stackup.org/stop
What Works for Health	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies
Workplace Suicide Prevention	https://workplacesuicideprevention.com/
Youth	https://sourcesofstrength.org/
Youth Aware of Mental Health	https://www.y-a-m.org/