

TUSCARAWAS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2025-2028



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This report has been commissioned by the following members of Healthy Tusc, who serve as Community Health Improvement Plan (CHIP) Partners. Resources provided through the following organizations will be utilized to implement the (CHIP):

- Access Tusc, Access Transit & Bridges to Wellness HUB
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- COMPASS
- East Central Ohio Educational Service Center
- Empower Tusc
- Friends of the Homeless of Tuscarawas County
- New Philadelphia City Health Department
- OhioGuidestone
- OSU Extension
- SpringVale Health Centers
- T4C
- TUFF Bags
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Board of Developmental Disabilities
- Tuscarawas County Commissioners
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Economic Development Corporation
- Tuscarawas County Family & Children First Council
- Tuscarawas County Health Department
- Tuscarawas County Homeland Security & Emergency Management Agency
- Tuscarawas County Job & Family Services
- Tuscarawas County Senior Center
- Tuscarawas County YMCA
- Tuscarawas Valley Farmers Market
- Trinity Health System Twin City Medical Center
- United Way of Tuscarawas County
- Uhrichsville Farmers Market

We would like to recognize the leaders from these organizations who participated in this CHIP process and thank them for their continued collaboration and dedication to improving health and well-being in Tuscarawas County.

Project Management, Data Collection, Analysis, and Report Development

Ohio University's Voinovich School of Leadership and Public Service facilitated the Community Health Needs Assessment and Community Health Improvement Plan in collaboration with Healthy Tusc. Tammy S. Kahrig, Ph.D., Senior Research Manager, was responsible for directing the project and was the lead author of the report. Katarina Krutel, M.P.H. student, Research Assistant 2, assisted with each stage of the project. Sharon Hatfield, M.S.J. and M.F.A., Research Associate 2, provided editorial guidance. Lindsey Siegrist, Senior Project Manager–Creative Design, completed the graphic design.

Ohio University Voinovich School of Leadership and Public Service partners with communities, agencies, and businesses to increase capacity, develop leaders, and improve the quality of life for Ohioans.

Written Comments

Individuals are encouraged to submit written comments, questions, or other feedback about Healthy Tusc's Community Health Improvement Plan report to the Tuscarawas County Health Commissioner at Director@tchdnow.org or the New Philadelphia City Health Commissioner at (330) 364-4491, ext. 1208. Please make sure to include details about what you are commenting on and if possible, a page number to the appropriate section of the document.

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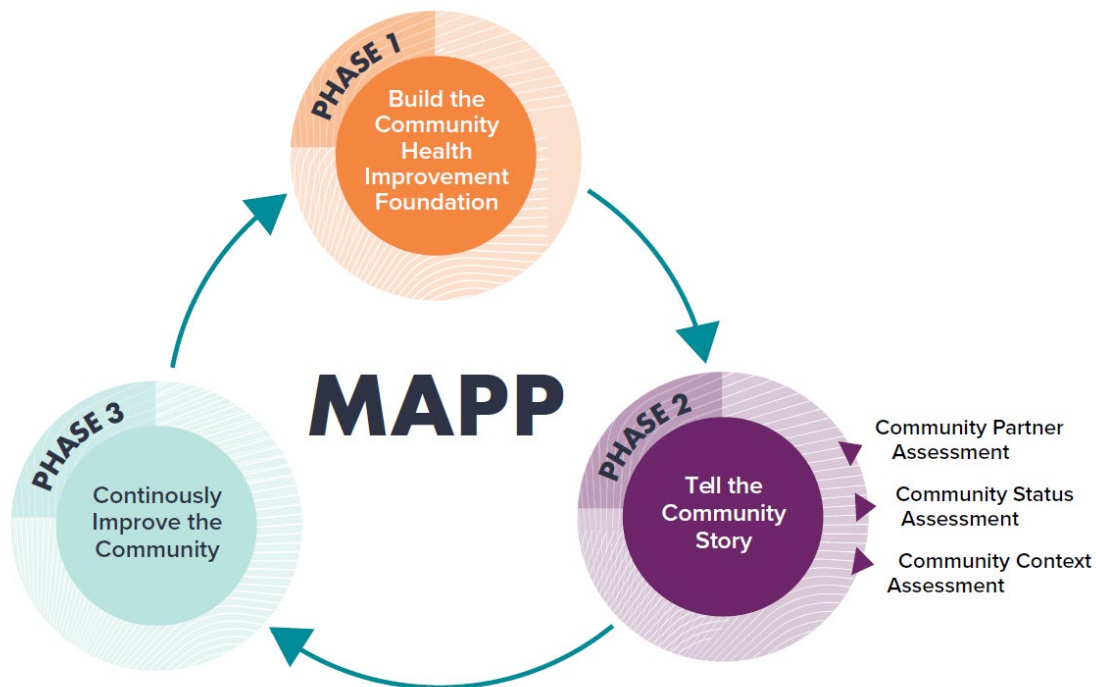
INTRODUCTION

Tuscarawas County is an Appalachian County located in East Central Ohio, with a total population of 91,874. It has 567.6 square miles of land area and is the 12th largest county in Ohio by total area. ¹

Tuscarawas County's Healthy Tusc coalition, which was founded in 2009, is a multi-agency, county-wide collaborative of health and social service agencies and supporters committed to improving the overall well-being and quality of life for all who live and work in Tuscarawas County. Since 2015, Healthy Tusc has been conducting a community health needs assessment (CHNA) every three years to measure community health status followed by the development of a community health improvement plan (CHIP) to address the issues and needs identified in the comprehensive assessment.

In 2024, the Healthy Tusc coalition began a community-driven needs assessment process to promote health for all in the county. Following the National Association of County & City Health Officials' model, *Mobilizing for Action through Planning and Partnerships* (MAPP 2.0)² depicted in Figure 1 below, Healthy Tusc's over 30 partner agencies including Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Trinity Health System Twin City Medical Center, and Tuscarawas County Health Department, collaborated to conduct an assessment of the health and well-being of the county's residents, including sub-populations within the community. The purpose of the community health needs assessment (CHNA) was to identify the top population health needs and health inequities in the community served by the Healthy Tusc coalition. Healthy Tusc enlisted professionals from Ohio University's Voinovich School of Leadership and Public Service to facilitate this assessment.

Figure 1. Mobilizing for Action through Planning and Partnerships (MAPP 2.0) Process



Following the development of the CHNA, Ohio University was also enlisted to facilitate the next phase of the process (Phase 3) aimed at addressing the health needs identified in the CHNA. Over an eight-month period in 2024 and 2025, Ohio University staff engaged the members of the Healthy Tusc coalition in a series of discussions to review the health status of the community, prioritize needs, and determine strategies to improve the health of the community over the next three years (see Overview of the CHIP Process on page 8 for additional details). The work culminated in the Tuscarawas County Community Health Improvement Plan 2025–2028, which is detailed in this report. 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.

Community for the CHNA and CHIP

Tuscarawas County has been designated as the defined community for both the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). The majority of patient discharges from Cleveland Clinic Union Hospital and Trinity Health System Twin City Medical Center are residents of Tuscarawas County, reinforcing this geographic focus. These hospitals also collaborate extensively with stakeholders who primarily operate at the county level. Given the shared service area among hospitals, health departments, and partner organizations, a unified definition of the community ensures alignment and facilitates coordinated efforts. This shared definition supports effective collaboration in conducting assessments and implementing health improvement strategies. Additionally, the CHNA fulfills the federal 501(r) compliance requirements for both hospital systems.

Patient Protection and Affordable Care Act Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, for 501(c)(3) organizations that operate one or more hospital facilities. Each 501(c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these ACA requirements.

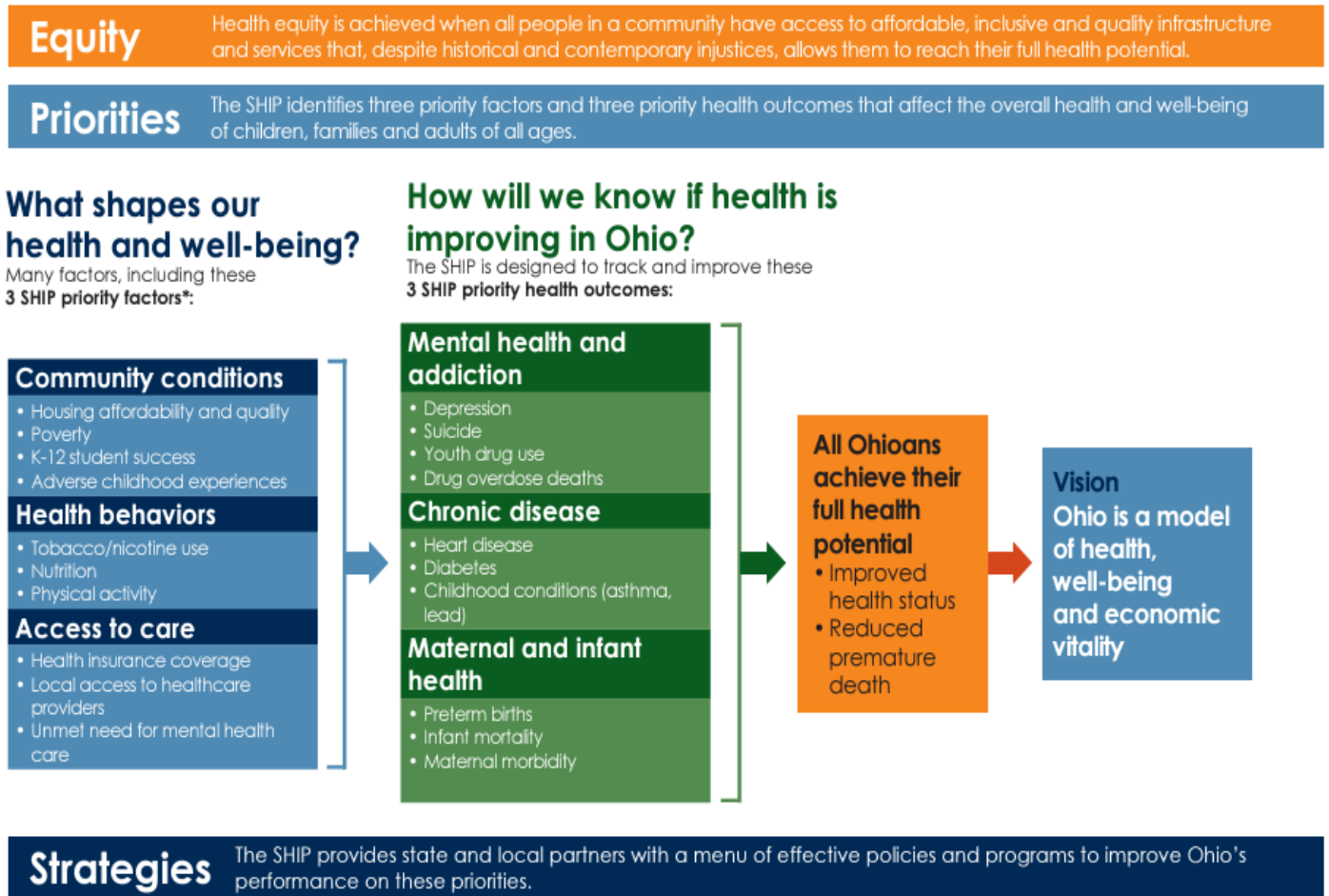
Alignment with Ohio Revised Code and Public Health Accreditation Board (PHAB) Standards

Ohio Revised Code³ requires that local health departments carry out public health services and capabilities set by the Public Health Accreditation Board (PHAB). The PHAB standards for accreditation require that health departments assess and monitor population health status, factors that influence health, and community needs and assets (Domain 1) and that they develop and implement community health improvement strategies collaboratively (Domain 5).⁴ Tuscarawas County Health Department and New Philadelphia City Health Department adhered to the PHAB standards in the development of the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP), in accordance with Ohio Revised Code.

Throughout the Phase 3 discussions of the CHIP process, the Healthy Tusc partners were engaged in examining health improvement plans developed at both the state and national levels. The partners reviewed materials from the United States Department of Health and Human Services' Healthy People 2030,⁵ which identifies public health priorities to help individuals, organizations, and communities across the U.S. improve health and well-being. The partners also examined the Ohio Department of Health's State Health Improvement Plan (SHIP),⁶ which is a tool to strengthen state and local efforts to improve health, well-being, and economic vitality in Ohio and address the complex health challenges identified in the 2019 State Health Assessment. Healthy Tusc partners followed the framework outlined in Ohio's SHIP shown in Figure 2 on the following page when identifying priority factors, priority

health outcomes, and evidence-based strategies to include in the CHIP. The Tuscarawas County CHIP’s alignment with the priorities and indicators of Ohio SHIP and Healthy People 2030 is detailed in each action plan beginning on page 18.

Figure 2. Ohio’s State Health Improvement Plan Framework



* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Overview of the CHIP Process

Beginning in August 2024, the Healthy Tusc CHIP Partners met five times to develop the Tuscarawas County CHIP. Below is a description of the process and resources that were utilized in accordance with MAPP 2.0:

A. Met to Review CHNA Data

- a. Reviewed and discussed health status data from the CHNA survey and Youth OHYES survey as well as data on health behaviors and outcomes for adults and youth compared to the state and the nation where available
- b. Completed the Community Context Assessment to identify assets and resources in the built environment and forces of change

B. Held Community-Wide Presentation to Share CHNA Findings with Members of the Community

- a. Presented overview of adult and youth health status and community perceptions of health
- b. Gathered input from the community through Community Stakeholder Perceptions Survey

C. Reviewed Data and Prioritized Issues

- a. Prioritized issues considering:
 - i. Relevance of the issue to community members
 - ii. Magnitude/severity of the issue
 - iii. Urgency to solve the issue
 - iv. Impact of the issue on communities affected by inequities
 - v. Availability and feasibility of solutions and strategies to address the issue and organizations willing to take the lead in addressing the issue
 - vi. Availability of resources (time, funding, staffing, equipment) to address the issue
- b. Ranked each of the health issues present in the adult and youth health status data

D. Met to Confirm Prioritization and Conduct Root Cause and Power Analyses

- a. Shared results of the prioritization; confirmed prioritization of top issues
- b. Completed root cause analysis by using Fishbone Diagrams for each issue
- c. Completed a power analysis of each issue to identify potential partners and opponents

E. Completed Partners Survey of Current Programs, Services, and Interventions Related to the Top Three Priority Issues Identified

F. Developed Issue Profiles for Each of the Three Issues

G. Met to Develop Vision, Shared Goals, and Long-Term Measures for Each Priority Issue

- a. Reviewed and discussed research related to the three priority issues, especially regarding health disparities among populations and the impact of adverse childhood experiences
- b. Discussed Healthy People 2030 and Ohio's State Health Improvement Plan
- c. Created shared vision for Tuscarawas County
- d. Met in Priority Issue Groups to develop shared goals and measures for collective impact

H. Reviewed Evidence-Based Strategies from State and National Resources

I. Met in Priority Issue Groups to Select Evidence-Based Strategies and Develop Action Plans for Each

- a. Reviewed completed Goal Development Worksheets from previous meeting
- b. Reviewed and discussed evidence-based strategies
- c. Brainstormed strategies
- d. Evaluated possible strategies considering the PEARL Test⁷
- e. Developed action plans for priority health issues, including the objective/strategy, priority populations, measures, action steps, lead contact and partners, and time frame

J. Shared the Action Plans and Solicited Feedback from the Healthy Tusc CHIP Partners

Vision

After reviewing materials from Healthy People 2030 and Ohio's SHIP, the Healthy Tusc partners developed the following vision for Tuscarawas County:

“A county where *everyone* has the opportunity to achieve their full potential for health and well-being across the lifespan, which is essential for economic vitality.”

COMMUNITY HEALTH NEEDS ASSESSMENT DATA

Assessments Completed

To gain an understanding of Tuscarawas County residents' health and well-being across all sub-populations within the community, Ohio University researchers employed a mixed-methods approach utilizing both quantitative and qualitative methods of inquiry. They conducted the following assessments in accordance with the National Association of County & City Health Officials' model, *Mobilizing for Action through Planning and Partnerships (MAPP 2.0)*:

1. **Community Status Assessment:** An assessment to gather quantitative data on the status of the community, including demographics, health behaviors, health outcomes, contributing factors (e.g., social determinants of health), and health inequities. This assessment included:
 - a. The collection of existing secondary data from multiple sources. Sources of data included, but were not limited to, the U.S. Census Bureau, the Centers for Disease Control and Prevention, the Ohio Department of Health, County Health Rankings, Healthy People 2030, Healthy Tusc organizations, and other sources of state, county, and local data.
 - b. A Community Health Needs Assessment Survey for adults aged 18 and over living in Tuscarawas County, which included core questions taken from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System as well as customized questions developed by the Healthy Tusc coalition. The Community Health Needs Assessment Survey was administered May through July 2024 and was available in both paper and online formats in English as well as Spanish. Members of the Healthy Tusc coalition promoted the survey through in-person outreach to specific populations, posting of fliers throughout the community, announcements through local media, and postings on social media. The resulting convenience sample included 704 respondents. Based on the census figure of 71,019 Tuscarawas County adults aged 18 or older, the power analysis indicated a 95 percent confidence level with a corresponding four percent margin of error for this sample size.
 - c. The Ohio Youth Environments Survey (OHYES), which measures the prevalence of the behaviors and experiences that pose a risk to youth wellness.

The OHYES survey is sponsored by the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, and the Ohio Department of Education and Workforce. The survey includes 110 items covering demographics; alcohol and tobacco/vapor products; marijuana; prescription misuse and illicit drugs; bullying, safety, and school climate; physical health and well-being; mental health and suicide; gambling; parental attitudes of substance use; community, family, and peer factors; and school success. Student participation is completely anonymous and voluntary. Students can skip questions they do not feel comfortable answering.

The OHYES survey was administered to students in grades 7–12 in five out of the eight Tuscarawas County public school systems in the 2023–2024 academic year. The OHYES data was provided to Ohio University by the Healthy Tusc coalition. The sample included responses from 25 percent of eligible students (1,528 students out of 6,007 possible in the county). The power analysis indicates a 95 percent confidence level with a corresponding three percent margin of error for this sample size.

2. **Community Context Assessment**: A qualitative tool to gather information from community members with lived experience and expertise on community strengths and assets; physical assets and resources in the built environment; and forces of change (i.e., social, economic, political, environmental, or other trends, factors, or events) affecting community health. The Community Context Assessment was administered to the Healthy Tusc coalition in August 2024.
3. **Community Stakeholder Perceptions Survey**: A qualitative survey to gather feedback from community members regarding health issues identified in the Community Status Assessment. The survey was administered to all community members who attended Healthy Tusc's "Creating a Thriving Community" presentation in which the findings of the 2024 Tuscarawas County Community Health Needs Assessment were shared with the community. Following the presentation, attendees were asked to complete a brief survey to share their perceptions regarding the most pressing health issues that should be addressed in the Community Health Improvement Plan. There were 45 respondents to the survey.

Data Summaries

Summaries of the Community Health Needs Assessment data are included on the following pages.

ADULT TREND SUMMARY

All Tuscarawas County 2024 data is from the Community Health Needs Assessment Survey unless otherwise noted.

Adult Variables	Tusc. County 2015	Tusc. County 2018	Tusc. County 2021	Tusc. County 2024	Ohio 2023 ⁸	U.S. 2023 ⁹
HEALTH STATUS						
Rated general health as good, very good or excellent	85%	85%	86%	82% ↓	79.6%	81.5%
Rated general health as excellent or very good	50%	50%	45%	43% ↓	46.1%	47.6%
Rated general health as fair or poor	15%	15%	14%	18% ↑	20.1%	18.2%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.0 ¹⁰	3.6 ¹¹	3.3 ¹²
HEALTH CARE COVERAGE, ACCESS, AND UTILIZATION						
Uninsured	14%	9%	13%	11.3% ¹³ ↓	8.8% ¹⁴	12.2% ¹⁵
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	80% ↑	79.7%	78.4%
Unable to see a doctor due to cost	9%	8%	3%	9% ↑	9.5%	10.6%
Visited a dentist in the past year	58%	59%	64%	57% ¹⁶ ↓	58.8% ¹⁷	63.9% ¹⁸
ARTHRITIS, ASTHMA, AND DIABETES						
Ever been told by a doctor that they have diabetes (not pregnancy-related)	9%	12%	14%	14%	13.2%	11.8%
Ever been diagnosed with arthritis	35%	33%	39%	30% ↓	30.2%	26.3%
Ever been diagnosed with asthma	10%	15%	13%	16% ↑	15.8%	15.7%
CARDIOVASCULAR HEALTH						
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	6% ↑	5.0%	4.0%
Had a heart attack	6%	7%	5%	3% ↓	4.8%	4.2%
Had a stroke	3%	2%	3%	2% ↓	3.9%	3.3%
Had been told they had high blood pressure	40%	39%	41%	39% ↓	37.2%	34.0%
Had been diagnosed with high blood cholesterol	36%	40%	38%	29% ↓	37.4%	37.2%
Had blood cholesterol checked within the past 5 years	76%	77%	86%	83% ¹⁹ ↓	NA	86.4% ²⁰
SEXUAL BEHAVIOR						
Had more than one sexual partner in past year	4%	4%	2%	5% ↑	NA	NA

Adult Variables	Tusc. County 2015	Tusc. County 2018	Tusc. County 2021	Tusc. County 2024	Ohio 2023 ²¹	U.S. 2023 ²²
MENTAL HEALTH						
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.2	7.4 ↑	5.5 ²³	4.8 ²⁴
Seriously considered attempting suicide in the past year	2%	7%	1%	10% ↑	NA	NA
Attempted suicide in the past year	<1%	<1%	0%	1% ↑	NA	NA
WEIGHT STATUS						
Overweight (BMI of 25 to less than 30)	37%	36%	26%	31% ↑	32.8%	34.2%
Obese (includes class 1, 2, and 3; BMI of 30 or greater)	36%	37%	43%	49% ↑	38.1%	33.6%
ALCOHOL CONSUMPTION						
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	17%	21% ↑	15.6%	15.1%
TOBACCO USE						
Current smoker (currently smoke some or all days)	14%	20%	16%	15% ↓	15%	12.1%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	26% ↑	25.2%	24.8%
Current vaper (used electronic vapor product some or every day)	NA	NA	6%	9% ↑	8.3%	7.5%
DRUG USE						
Adults who used marijuana in the past 6 months	5%	3%	4%	17% ↑	20%-25% ²⁵	22.7 ²⁶
Adults who misused prescription drugs in the past 6 months	10%	7%	5%	2% ↓	3.7%-4.2% ²⁷	5.3 ²⁸
PREVENTIVE CARE						
Had a pneumonia vaccine in the past year (Medicare beneficiaries) ²⁹	(68%, lifetime)	(66%, lifetime)	(63%, lifetime)	6%	8%	8%
Had a flu vaccine in the past year (Medicare beneficiaries) ³⁰	55%	65%	70%	39% ↓	53%	50%
Had a mammogram in the past two years (age 40 and older)	68%	67%	71%	70% ↑	75.6%	76.3%
Had a pap smear in the past three years	68%	60%	63%	63%	77.4%	77.7%
Had a PSA test within the past two years (age 40 and over)	60%	56%	61%	63% ↑	32%	31.8%
Colorectal cancer screening in lifetime (age 45 and older)	NA	NA	NA	81%	NA	NA

YOUTH TREND SUMMARY

All Tuscarawas County 2024 data is from the OHYES Survey unless otherwise noted.

Youth Variables	Tusc. County 2018 (6 th -12 th)	Tusc. County 2021 OHYES (7 th -12 th)	Tusc. County 2024 OHYES (7 th -12 th)	Tusc. County 2021 OHYES (9 th -12 th)	Tusc. County 2024 OHYES (9 th -12 th)	Ohio 2021 ³¹ (9 th -12 th)	U.S. 2021 ³² (9 th -12 th)
HEALTH CARE UTILIZATION							
Visited a doctor or a nurse for a routine checkup in the past year	79%	52%	52%	53%	58% ↑	NA	NA
MENTAL HEALTH							
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	28%	23%	24% ↑	26%	23% ↓	43%	42%
Seriously considered attempting suicide (in the past 12 months)	17%	13%	10% ↓	15%	10% ↓	22%	22%
Attempted suicide (in the past 12 months)	8%	6%	4% ↓	6%	3% ↓	10%	10%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	2%	1% ↓	2%	1% ↓	2%	3%
WEIGHT STATUS AND PHYSICAL ACTIVITY							
Obese	18%	27%	21% ↓	24%	20% ↓	19%	16%
Overweight	14%	21%	19% ↓	20%	18% ↓	13%	16%
Physically active at least 60 minutes per day on every day in past week during the past 7 days	28%	33%	34% ↑	32%	34% ↑	26%	24%
Physically active at least 60 minutes per day on 5 or more days in past week during the past 7 days	54%	57%	57%	57%	59% ↑	49%	45%
Did not participate in at least 60 minutes of physical activity on any day in past week during the past 7 days	9%	9%	15% ↑	9%	11% ↑	16%	16%
ALCOHOL CONSUMPTION							
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	16%	8%	4% ↓	12%	5% ↓	23%	23%
Binge drinker (drank 4 or more drinks of alcohol in a row for females or 5 or more in a row for males within a couple of hours on at least 1 day during the past 30 days)	8%	3%	2% ↓	6%	3% ↓	13%	11%
Drank for the first time before age 13 (of all youth)	8%	11%	11%	8%	9% ↑	11%	15%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasions during the past 30 days)	11%	8%	7% ↓	7%	5% ↓	NA	14%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	41%	45%	28% ↓	49%	33% ↓	NA	40%

Youth Variables	Tusc. County 2018 (6 th -12 th)	Tusc. County 2021 OHYES (7 th -12 th)	Tusc. County 2024 OHYES (7 th -12 th)	Tusc. County 2021 OHYES (9 th -12 th)	Tusc. County 2024 OHYES (9 th -12 th)	Ohio 2021 ³³ (9 th -12 th)	U.S. 2021 ³⁴ (9 th -12 th)
TOBACCO USE							
Current smoker (smoked on at least 1 day during the past 30 days)	5%	3%	1%↓	2%	1%↓	3%	4%
Current vaper (used electronic vapor product on at least 1 day during the past 30 days)	NA	NA	6%	NA	3%	20%	18%
DRUG USE							
Currently used marijuana (in the past 30 days)	5%	5%	2%↓	7%	2%↓	13%	16%
Used methamphetamines (in their lifetime)	2%	0%	<1%↑	0%	<1%	2%	2%
Used cocaine (in their lifetime)	2%	<1%	1%↑	1%	<1%↓	2%	3%
Used heroin (in their lifetime)	1%	0%	<1%↑	0%	<1%↑	NA	1%
Used inhalants (in their lifetime)	6%	1%	2%↑	1%	<1%↓	NA	8%
Took steroids without a doctor's prescription (in their lifetime)	2%	<1%	1%↑	0%	<1%↑	NA	NA
Used ecstasy (also called MDMA) (in their lifetime)	1%	2%	<1%↓	3%	<1%↓	NA	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	4%	4%	3%↓	5%	3%↓	NA	14%
UNINTENTIONAL INJURIES AND VIOLENCE							
Were in a physical fight (in the past 12 months)	18%	14%	14%	14%	12%↓	N/A	18%
Threatened or injured with a weapon on school property (in the past 12 months)	6%	4%	8%↑	3%	5%↑	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	13%	9%	12%↑	10%	8%↓	9%	9%
Electronically bullied (in past year)	10%	13%	12%↓	13%	11%↓	19%	16%
Were bullied on school property (during the past 12 months)	N/A	18%	22%↑	16%	15%↓	20%	15%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	2%	6%	9%↑	6%	8%↑	5%	9%

PRIORITIZATION OF TOP HEALTH ISSUES

The Healthy Tusc coalition, of which Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Trinity Health System Twin City Medical Center are members, met in August 2024 to review the findings of the primary and secondary data collection. These findings were shared with the community through a “Creating a Thriving Community” presentation in November 2024. Healthy Tusc members then reviewed the results of the Community Stakeholder Perceptions Survey and the full Tuscarawas County CHNA.

Based on the CHNA, 10 top population health priorities and health inequities in the community were identified. Healthy Tusc members, in accordance with the NACCHO’s MAPP guidelines, were asked to consider the following criteria before ranking these issues:

- a) Relevance of the issue to community members
- b) Magnitude/severity of the issue
- c) Impact of the issue on community members affected by inequities
- d) Availability and feasibility of solutions and strategies to address the issue and organizations willing to take the lead in addressing the issue
- e) Availability of resources (time, funding, staffing, equipment) to address the issue

The Healthy Tusc members confidentially ranked the key health issues via an online survey. The votes were compiled by calculating the mean scores for each issue. The results are included in the Appendix.

Following a review and discussion of the ranking results, Healthy Tusc members reached a consensus to focus on three priority areas for the 2025–2028 Tuscarawas County Community Health Improvement Plan (CHIP):

1. Mental health/suicide
2. Health care coverage, access, and utilization
3. Healthy behaviors (including physical activity and nutrition to address obesity; tobacco use; drug overdose deaths)

Strategy Selection

To identify the most effective strategies for each priority area, Healthy Tusc members first assessed existing gaps and community needs. They then reviewed a broad range of evidence-based practices, drawing from trusted sources such as Healthy People 2030 and Ohio’s State Health Improvement Plan. Through thoughtful discussion and collaboration, partners selected strategies they believed would most effectively address local health challenges—balancing impact with feasibility and available resources.

ACTION PLANS

ACTION PLAN: Mental Health and Suicide

PRIORITY 1: MENTAL HEALTH AND SUICIDE

67% of Tuscarawas County adults reported poor mental health on at least one day in the past month. Tuscarawas County adults reported their mental health was not good 7.3 days compared to 5.5 for Ohio and 4.8 for the U.S. 10% of Tuscarawas County adults reported they seriously considered attempting suicide in the past year, increasing to 27% for LGBTQ+ individuals, 25% for persons of color, and 17% for those with incomes of less than \$40,000. 21% were binge drinkers, and 21% reported drug use by self or a family/household member.

24% of Tuscarawas County youth reported feeling sad or hopeless almost every day for two weeks or more in a row during the past year. 10% of Tuscarawas County youth seriously considered attempting suicide in the past year and 3% of Tuscarawas County youth attempted suicide.

Adverse childhood experiences (ACEs) are known to be a significant contributing factor. 22% of Tuscarawas County adults with 4 or more ACEs seriously contemplated suicide compared to 3% of adults who did not experience any ACEs.

GOALS

Goal 1: Reduce the suicide rate.

Goal 2: Reduce stigma regarding depression and suicide.

Goal 3: Reduce the percentage of youth feeling sad or hopeless almost everyday for two weeks or more in a row during the past year. Increase youth resiliency by increasing awareness and mitigation for ACEs (especially for people with 4 or more ACEs).

ALIGNMENT WITH NATIONAL PRIORITIES: Healthy People 2030: Reduce the suicide rate (HP MHMD-01)

ALIGNMENT WITH OHIO'S STATE HEALTH IMPROVEMENT PLAN (SHIP): Priority Health Outcome: Reduce the number of adult and youth suicide deaths (SHIP MHA3, SHIP MHA4); Priority Health Outcome: Reduce percent of youth who experience a major depressive episode (SHIP MHA1).

Action Plan Priority 1: Mental Health and Suicide

OBJECTIVE 1.1

Increase depression and suicide ideation screening and referral across all healthcare settings and in schools.

**Policy recommendation PHAB 5.2.1A (1cii)*

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults (specifically males) All youth (especially males)	HP MHMD-01: Reduce the suicide rate. SHIP MHA3, SHIP MHA4: Reduce the number of deaths due to suicide for residents of Appalachian counties (especially males). Baseline: 21.8 per 100,000 Target: 15.4 per 100,000	Cleveland Clinic Behavioral Health Empower Tusc (schools) Resources: Suicide Prevention Coalition, Suicide Prevention Task Force, Educational Service Center, Tuscarawas County Health Department, Aultman

YEAR 1

1. Develop a 10–15-minute presentation to reach out to care providers to ask each of them to adopt a policy requiring depression and suicide screening and referral for all patients. Presentation will include rationale, what we are asking them to do regarding the policy for screening and referral, and resources.
2. Review the presentation and modify it as needed to be used for school personnel.
3. Conduct outreach to primary care providers and/or staff to do brief trainings to increase confidence and competence in assessing suicide ideation and making referrals.
4. Conduct outreach to local school districts to discuss current policies and procedures regarding screening and referral and encourage adoption of plans/policy if one does not exist.

COMPLETE BY

- January 30, 2026
- February 28, 2026
- October 31, 2026 and ongoing
- June 1, 2026

YEAR 2

1. Continue outreach to primary care providers and/or staff.
2. Review the presentation and modify it for use with human resource personnel in businesses.

August 31, 2027

YEAR 3

1. Monitor and reevaluate as needed. Consider an annual outreach to primary care providers and/or staff, schools, and businesses to remind them to continue screening and referral.

August 31, 2028

Action Plan Priority 1: Mental Health and Suicide

OBJECTIVE 1.2

Ensure depression and suicide screening for all Twin City Emergency Room and Physician Enterprise (TMG) patients.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Children, Adolescents, Adults, Seniors	SHIP MHA1 MHA3, SHIP MHA4: Reduce the number of deaths due to suicide for residents of Appalachian counties. Reduce the amount of depression for residents. Baseline: 21.8 per 100,000 Target: 15.4 per 100,000	Trinity Health System: Twin City Medical Center

YEARS 1, 2, 3

1. Hold annual Suicide Prevention Luncheon. (Our 1st Suicide Luncheon was on January 16, 2025 with 40 people.)
2. Ensure all patients are screened in the Emergency Room for Depression & Suicide, regardless of age.
3. Ensure all Physician Enterprise (TMG) patients are screened for Depression and monitored across the entire ministry.
4. Implement marketing campaign via social media during Mental Health Month.
5. Hold Depression Screening Symposium—community outreach at the Tuscarawas County Fair.

COMPLETE BY

August 31 annually

August 2027

Action Plan Priority 1: Mental Health and Suicide

OBJECTIVE 2.1

Increase education and training about mental health in the community.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults and youth in southern Tuscarawas County Manufacturing Sector	HP MHMD-01: Reduce the suicide rate. SHIP MHA3, SHIP MHA4: Reduce the number of deaths due to suicide for residents of Appalachian counties (especially males). Baseline: 21.8 per 100,000 Target: 15.4 per 100,000	Empower Tusc ADAMHS Board Tuscarawas County Addiction Task Force

YEARS 1, 2, 3

1. Offer at least three QPR Trainings per year if funding allows.
2. Offer at least one to two Mental Health in the Workplace trainings per year.
3. Continue to disseminate ManTherapy in the community.
4. Disseminate 988 yard signs and other 988 items
5. Explore feasibility of hosting a Mental Health & Addiction conference for the community in Year 3.

COMPLETE BY

August 31 annually

OBJECTIVE 3.1

Increase data collection on youth mental health by increasing the number of schools who participate in the OHYES survey.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Youth in grades 7–12	Number and size of county school districts participating in the OHYES survey Baseline: 5 school districts Target: 8 school districts	Empower Tusc Healthy Tusc

YEAR 1

1. Invite the state OHYES official to meet with Tuscarawas County superintendents and/or principals to encourage participation in the OHYES survey.
2. Follow up to encourage participation in Fall 2026 administration.

COMPLETE BY

May 31, 2026

August 31, 2026

Action Plan Priority 1: Mental Health and Suicide

OBJECTIVE 3.2

Increase youth resiliency by providing positive messaging and resources to youth likely to experience multiple adverse childhood experiences (ACEs).

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Low-income youth	Related to SHIP MHA1: Reduce the percentage of youth, ages 12–17, who experience a major depressive episode. Reduce the percentage of youth feeling sad or hopeless almost every day for two weeks or more in a row during the past year (OHYES Survey) Baseline: 24% Target: 21%	Empower Tusc Resources: Tuscarawas County Health Department

YEAR 1

1. Explore developing positive messaging and resource materials to include in TUFF Bags. Examine evidence-based resources for building youth resiliency/mitigating harmful effects of ACEs.

COMPLETE BY

August 31, 2026

YEAR 2

1. Develop positive messaging and resource materials based on evidence-based resources.
2. Work to get materials included in TUFF Bags.

August 31, 2027

YEAR 3

1. Evaluate inclusion of materials in TUFF Bags and consider re-design or other approaches.

August 31, 2028

ACTION PLAN: Healthy Behaviors

PRIORITY 2: HEALTHY BEHAVIORS

Ohio ranks 7th in the nation for adult obesity prevalence. In Tuscarawas County, 4 out of every 5 adults are either overweight (31%) or obese (49%) by BMI, placing them at an elevated risk for developing a variety of preventable diseases. More Tuscarawas County adults are obese (49%) than adults in Ohio (38.1%) or the U.S. (33.6%). Tuscarawas County adults with household incomes of less than \$30,000 were more likely to be obese than those with incomes of \$30,000+, 57% versus 44%. 21% of Tuscarawas County youth (7th–12th grade) were obese and 19% were overweight.

Adverse childhood experiences (ACEs) are known to be a significant contributing factor. National research indicates that individuals with 1 or more ACEs are 1.5 times more likely to become obese, and individuals of any ethnicity with 4 or more ACEs are 2.16 times more likely to become severely obese. 58% of Tuscarawas County adults with 4 or more ACEs were obese compared to 44% of adults who did not experience any ACEs.

Use of tobacco and other substances also places Tuscarawas County adults and youth at risk for preventable diseases and mortality. The percentage of adults who smoke cigarettes has remained constant since 2021 with 15% being current smokers, while the percentage of adults who use e-cigarettes or other electronic vaping products increased from 6% in 2021 to 9% in 2024. Lung and bronchus cancer was the leading cause of cancer incidence and mortality for 2016-2020. In 2023, there were 167 drug overdoses and 23 deaths among Tuscarawas County residents. The age-adjusted rate of unintentional drug overdose deaths for Tuscarawas County for 2020-2023 was 32.6 per 100,000.

GOAL:

1. **Increase the proportion of adults and youth who consume fruits and vegetables.**
2. **Increase the proportion of adults and youth who are physically active.**
3. **Reduce the proportion of adults who use nicotine/tobacco products.**
4. **Reduce unintentional drug overdose deaths.**

ALIGNMENT WITH NATIONAL PRIORITIES: Healthy People: Increase the proportion of adults who do enough physical activity for substantial health benefits (HP PA-02); Healthy People: Increase fruit and vegetable consumption (HP NWS-06 & HP NWS-07); Healthy People: Reduce current cigarette smoking in adults (HP TU-02); Increase past-year attempts to quit smoking (HP TU-11); Increase use of smoking cessation counseling and medication in adults who smoke (HP TU-13); Increase successful quit attempts in adults who smoke (HP TU-14); Healthy People: Reduce overdose deaths involving opioids (HP IVP-20)

ALIGNMENT WITH OHIO'S STATE HEALTH IMPROVEMENT PLAN (SHIP): Priority Factors Health Behaviors: Increase physical activity for youth (SHIP HB5) and adults (SHIP HB6); Priority Factors Health Behaviors: Improve nutrition (SHIP HB3; SHIP HB4); Priority Factors Health Behaviors: Reduce nicotine use for adults (SHIP HB1) and youth (SHIP HB2); Priority Factors Health Behaviors: Reduce drug overdose deaths (SHIP MHA7)

Action Plan Priority 2: Healthy Behaviors

OBJECTIVE 1.1

Develop educational campaign of health messages targeting senior centers, churches, ODJFS, Tuscarawas County Mayors Association, food pantries, employers, HARCATUS, and schools.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Youth, Adults, Senior Citizens, Low-Income Individuals	SHIP HB3; SHIP HB4; HP NWS-06: Fruit & Vegetable Consumption Baseline: 13% of adults and 8% of youth reported eating 0 servings of fruits and vegetables on a typical day Target: 10% of adults and 5% of youth will report eating 0 servings of fruits and vegetables on a typical day.	OSU Extension Tuscarawas County Health Department New Philadelphia City Health Department Tusc Valley Farmers Market YMCA Resources: Cleveland Clinic Union Hospital, Tuscarawas County Convention and Visitors Bureau

YEAR 1

1. Explore options for developing short, engaging video messages that promote healthy eating behaviors.
2. Consider filming cooking tips testimonials, or community spotlights that can be shared on social media.
3. Share via email lists, community newsletters, and social media.
4. Promote Tusky the Terrier to eat fruits and vegetables.
5. Offer farm to market tour to increase awareness of healthy food access for Tuscarawas County leaders and elected officials at least once a year.

COMPLETE BY

August 31, 2026

August 31, 2026 and annually thereafter

YEAR 2

1. Coordinate live or recorded cooking demos that focus on quick, affordable meals.
2. Develop healthy cooking on a budget content.
3. Share budget meal content through infographics or short videos that offer tips on shopping, meal prepping, and cooking.
4. Begin providing in-person outreach to promote healthy eating and active living using best practice methods (schools, senior centers, YMCA lunch and learns, Y Healthy Kids Day, at the markets, etc.).

August 31, 2027

YEAR 3

1. Review Year 1 and Year 2 content and impact and consider updates and next steps.

September 1, 2027

Action Plan Priority 2: Healthy Behaviors

OBJECTIVE 1.2

Implement point of purchase prompts for healthy foods across the county.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Youth, Adults, Senior Citizens, Low-Income Individuals	SHIP HB3; SHIP HB4; HP NWS-06: Fruit & Vegetable Consumption Baseline: 13% of adults and 8% of youth reported eating 0 servings of fruits and vegetables on a typical day Target: 10% of adults and 5% of youth will report eating 0 servings of fruits and vegetables on a typical day.	OSU Extension Tuscarawas County Health Department Cleveland Clinic Union Hospital

YEAR 1

1. Conduct outreach to markets in the community where unhealthy food purchases are highest.
2. Create easy to understand prompts for signs; create signs.
3. Conduct outreach with local partners such as the farmers market staff to get their support for placing the signs.

COMPLETE BY

August 31, 2026

YEAR 2

1. Conduct outreach to two local food pantries.
2. Implement the point of purchase signs in two local food pantries.

August 31, 2027

YEAR 3

1. Conduct outreach to two additional food pantries in the county.
2. Implement the point of purchase signs in two additional food pantries.

August 31, 2028

OBJECTIVE 1.3

Increase physical activity for adults and improve nutrition.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Youth and Adults Low income Senior Citizens Adults, Youth, Low-Income	Increase Physical Activity Adults:(SHIP HB6) Reduce percent of adults reporting no physical activity Baseline: 13% Target: 10% Improve Nutrition (SHIP HB3; SHIP HB4) Baseline: 13% of adults and 8% of youth reported eating 0 servings of fruits and vegetables on a typical day Target: 10% of adults and 5% of youth will report eating 0 servings of fruits and vegetables on a typical day.	Trinity Health System: Twin City Medical Center

YEARS 1, 2, 3

1. Hold Fit for Life Health & Nutrition program with Dr. Timothy McKnight. Target: 2 times per year for a 12-week class. Target 50 students per cohort.
2. Encourage use of our Employee Fitness Center (Dennison).
3. Host Farmers Market onsite during the summer months.
4. Promote Common Spirit Employee Wellness Program: Target 5%

COMPLETE BY

August 31 annually

OBJECTIVE 2.1

Promote community-wide physical activity.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults, Youth, Seniors	SHIP HB6: Percents of Adults reporting no physical activity. Baseline: 13% Target: 10% SHIP HB5: Percent of Youth physically active at least 60 minutes per day Baseline: 57% Target: 60% HP PA-02: Adult Minimum Physical Activity Rate. Baseline: 27% Target: 30%	OSU Extension YMCA Senior Center Tuscarawas County Health Department

YEAR 1

1. Launch and expand the summer walking program by developing designated routes in parks and neighborhoods.
2. Promote the walking program through digital flyers, social media, school newsletters, senior centers and local employers.
3. Conduct outreach with local YMCA and Senior Center to partner with and offer low-cost fitness classes.
4. Promote classes online and through community outlets.
5. Implement Y360 app program to make available for all Y members and test pilot.

COMPLETE BY

August 31, 2026

YEAR 2

1. Continue efforts of Year 1 and consider additional actions.
2. Identify community sponsors to make Y360 app available to all Tuscarawas County residents.

August 31, 2027

YEAR 3

1. Continue efforts of Year 2 and consider additional actions.
2. Make Y360 available to all Tuscarawas County residents and promote the app.

August 31, 2028

OBJECTIVE 2.2

Reach out to local employers to get them to adopt policy of allowing paid time for physical activity (e.g., 15 mins once/week, a health walk once annually to promote benefits of exercise, give physical activity breaks, adopt a walking policy, etc.)

**Policy recommendation PHAB 5.2.1A (1cii)*

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults, Youth, Seniors	SHIP HB6: Adult Physical Inactivity Baseline: 13% Target: 10% HP PA-02: Adult Min. Physical Activity Rate. Baseline: 27% Target: 30%	YMCA Healthy Tusc Society for Human Resource Management

YEAR 1

1. Identify evidence-based employer wellness policies that promote short physical activity breaks.
2. Develop policy recommendations that can be easily adopted by employers.

COMPLETE BY

August 31, 2026

YEAR 2

1. Create employer outreach materials that outline the benefits of physical activity, how the policy would work, and testimonials.
2. Conduct outreach to key employers, especially those employing low-income workers, to encourage policy adoption.

August 31, 2027

YEAR 3

1. Evaluate Year 1 and Year 2 efforts.
2. Expand outreach to other employers if feasible.

August 31, 2028

OBJECTIVE 3.1

Increase awareness of nicotine/tobacco cessation services and resources.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults, youth, any Tuscarawas County resident	HP – TU 02 Reduce current cigarette smoking in adults Baseline: 14.2% Target: 6.1%	Tuscarawas County Health Department Empower Tusc Tobacco & Vaping Subcommittee
	HP – TU 11 Increase past – year attempts to quit smoking in adults Baseline: 56% Target: 65.7%	
	HP – Increase use of smoking cessation counseling and medication in adults who smoke Baseline: 38.4% Target: 43.8%	
	HP – TU 14 Increase successful quit attempts in adults who smoke Baseline: 8.5% Target: 10.6%	

YEAR 1

1. Explore option of nicotine free behavioral health policy.
2. Promote tobacco cessation through the Ohio Tobacco Quit Line and Live Vape Free.
3. Maintain and explore expansion of Tobacco and Vaping Committee members.
4. Garner support for large scale tobacco and nicotine cessation event.

COMPLETE BY

August 31, 2026

YEAR 2

1. Maintain year 1 activities.
2. Explore vape recycling program.

August 31, 2027

YEAR 3

1. Maintain year 1 activities.
2. Coordinate vape recycling program.
3. Review Year 1 and Year 2 content and impact and consider updates and next steps.

August 31, 2028

OBJECTIVE 4.1

Increase naloxone awareness and availability.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults, youth, any Tuscarawas County resident	HP – IVP 20 Reduce overdose deaths involving opioids Baseline: 14.6 per 100,000 Target: 13.1 per 100,000	Tuscarawas County Health Department

YEAR 1

1. Create flyer with information on where naloxone is available at no cost.
2. Explore additional locations to expand distribution.
3. Explore partnerships with community stakeholders to have emergency use naloxboxes.

COMPLETE BY

August 31, 2026

YEAR 2

1. Revise (as needed) flyer with information on where naloxone is available at no cost.
2. Explore additional locations to expand distribution.
3. Create one new partnership with community stakeholders to have emergency use naloxboxes.

August 31, 2027

YEAR 3

1. Revise (as needed) flyer with information on where naloxone is available at no cost.
2. Explore additional locations to expand distribution.
3. Work with at least one community partner to update their policies to include having emergency use naloxone available and having at least one staff member trained on proper use.
4. Review Year 1 and Year 2 content and impact and consider updates and next steps.

August 31, 2028

ACTION PLAN: Health Care Coverage, Access, and Utilization

PRIORITY 3: HEALTH CARE COVERAGE, ACCESS, AND UTILIZATION

More Tuscarawas County adults (11.3%) are uninsured than adults in Ohio (8.8%), with the highest rates in Barnhill, Baltic, and Sugarcreek. More than 1 in 5 Tuscarawas County adults reported not getting medical care when they needed it; rates were higher for persons of color and those with household incomes of less than \$50,000. 9% of Tuscarawas County adults reported they were unable to see a doctor due to cost—3 times the rate of adults reporting this in 2021 (3%).

52% of Tuscarawas youth reported visiting a doctor or nurse for a physical exam when they were not sick or injured during the past 12 months.

Screening rates highlight additional gaps in preventive care. 85% of Tuscarawas County adults are up to date with colorectal cancer screening, while 63% of women reported receiving a Pap smear within the past three years and 70% received a mammogram within the recommended time frame.

GOAL:

- 1. Maintain the percentage of people who can't get medical care when they need it to 9% (through increased awareness of existing resources).**
- 2. Increase the proportion/percentage of adults and youth who access recommended evidence-based preventive health visits and screenings.**

ALIGNMENT WITH NATIONAL PRIORITIES: Healthy People: Increase the proportion of adolescents who get a preventive health care visit (HP AH-01); Healthy People: Reduce the proportion of people who can't get medical care when they need it (HP AHS-04); Increase the proportion of adults who get recommended evidence-based preventive health care (HP AHS-08)

ALIGNMENT WITH OHIO'S STATE HEALTH IMPROVEMENT PLAN (SHIP): n/a

Action Plan Priority 3: Health Care Coverage, Access, and Utilization

OBJECTIVE 1.1

Implement an awareness campaign of existing health resources in Tuscarawas County.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adults, particularly in Barnhill, Baltic, and Sugarcreek	HP AHS-04: Percentage of people who can't get medical care when they need it Baseline: 9% of Tuscarawas adults did not get medical care when they needed it. Target: Maintain at 9%.	Access Tusc Resources: Health Departments, Tuscarawas Clinic for the Working Uninsured, SpringVale

YEAR 1

1. Investigate opportunities and make contact with healthcare offices/organizations in target population areas.
2. Prioritize connecting families to the Tuscarawas Clinic for the Working Uninsured, Health Departments, and SpringVale.

COMPLETE BY

January 31, 2026

YEAR 2

1. Expand awareness campaign to entire county.
2. Implement resources in target population areas.

February 28, 2027

YEAR 3

1. Evaluate and consider next steps.

September 1, 2027

Action Plan Priority 3: Health Care Coverage, Access, and Utilization

OBJECTIVE 2.1

Implement a Healthy Youth campaign.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Youth in grades 6-12	HP AH-01: Increase the percentage of Adolescents with Preventive Care Visit Baseline: 52% Target: 55%	Educational Service Center SpringVale Clinic for the Working Uninsured New Philadelphia City Health Department Tuscarawas County Health Department Resources: School nurses, Aultman

YEAR 1

1. Identify and compile a list of free and low-cost preventive services for adolescents.
2. Consult with local school districts to ask them to send out list of free and low-cost youth preventive services to parents.

COMPLETE BY

April 1, 2026

August 1, 2026

YEAR 2

1. Coordinate with Tuff Bags and Blessings in a Backpack to send home fliers with children.

September 1, 2026

YEAR 3

1. Evaluate effectiveness of dissemination methods by tracking data from the Health Departments, SpringVale, and school-based clinics; consider other approaches if necessary.

September 1, 2027

OBJECTIVE 2.2

Implement a preventive health screening campaign.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Women aged 21–60 Men aged 40–69	<p>HP AHS-08: Increase the proportion of adults who get recommended evidence-based preventive health care</p> <p>Increase the proportion of adults who get colorectal screening Baseline: 81% Target: 85%</p> <p>Increase the proportion of females who get a pap smear Baseline: 63% Target: 68%</p> <p>Increase the proportion of females who get mammograms Baseline: 70% Target: 75%</p>	<p>Bridges to Wellness New Philadelphia City Health Department Tuscarawas County Health Department Tuscarawas Clinic for the Working Uninsured Healthy Tusc</p> <p>Resources: CHWs who are trained on locations of screening providers and the types of screenings offered , Aultman, Cleveland Clinic Union Hospital</p>

YEAR 1

1. Identify local community resources that provide women’s health screenings and colorectal screenings.
2. Identify and research existing campaigns happening in Ohio.

COMPLETE BY

June 1, 2026

YEAR 2

1. Select women’s health screening and colorectal screening campaigns from existing campaigns.
2. Tailor campaign to fit Tuscarawas County.
3. Coordinate campaign dissemination with community partners.

September 1, 2026

YEAR 3

1. Evaluate campaign for effectiveness and make necessary changes.

September 1, 2027

Action Plan Priority 3: Health Care Coverage, Access, and Utilization

OBJECTIVE 2.3

Increase the proportion of individuals who get preventive health care.

PRIORITY POPULATIONS	MEASURES	LEAD CONTACT/AGENCY & RESOURCES
Adolescents Men (Men’s Health) Women (Female Health)	HP AHS-01: Increase the proportion of adolescents who get a preventive health care visit (HP AH-01) Baseline: 52% Target: 55% HP AHS-08: Increase the proportion of adults who get recommended evidence-based preventive health care Increase the proportion of adults who get colorectal screening Baseline: 81% Target: 85% Increase the proportion of females who get a pap smear Baseline: 63% Target: 68% Increase the proportion of females who get mammograms Baseline: 70% Target: 75%	Trinity Health System: Twin City Medical Center

YEARS 1, 2, 3

1. Launch an adolescent marketing campaign to promote walk-in clinic services in Dennison and Dover. (Miranda Huffman & Dr. Andrew Newburn)
2. Implement a mammography awareness initiative during Breast Cancer Awareness Month, including education on breast self-exams and promotion of mammography services.
3. Promote access to HRT (Hormone Replacement Therapy)-Provider = Dr. Timothy McKnight.
4. Promote Vibrant Living Services: Local care for seniors with anxiety and depression.

COMPLETE BY

August 31 annually

YEAR 3

1. Explore creating a Community Health Worker position to not only improve wrap around services but assure the 360 circle is closed.

August 31, 2028

MONITORING AND EVALUATING THE CHIP

The Healthy Tusc coalition will follow the Plan-Do-Study-Act quality improvement model³⁵ throughout the implementation of the CHIP. Healthy Tusc will conduct ongoing monitoring of the implementation of the strategies and short-term outcomes to ensure they are being applied for the best possible outcome. Healthy Tusc will convene meetings of the Priority Issue Groups as indicated in the Action Plans and will update the status of the Action Plans at least once per year. As part of the Plan-Do-Study-Act cycle, Healthy Tusc will: (1) Study the outcomes of implemented strategies to assess their effectiveness and identify factors that influenced their success and (2) Act on these findings by making necessary adjustments to improve future efforts. Healthy Tusc members will make revisions to the CHIP as needed to strengthen progress toward the vision of **“a county where everyone has the opportunity to achieve their full potential for health and well-being across the lifespan, which is essential for economic vitality.”**

Contact Us

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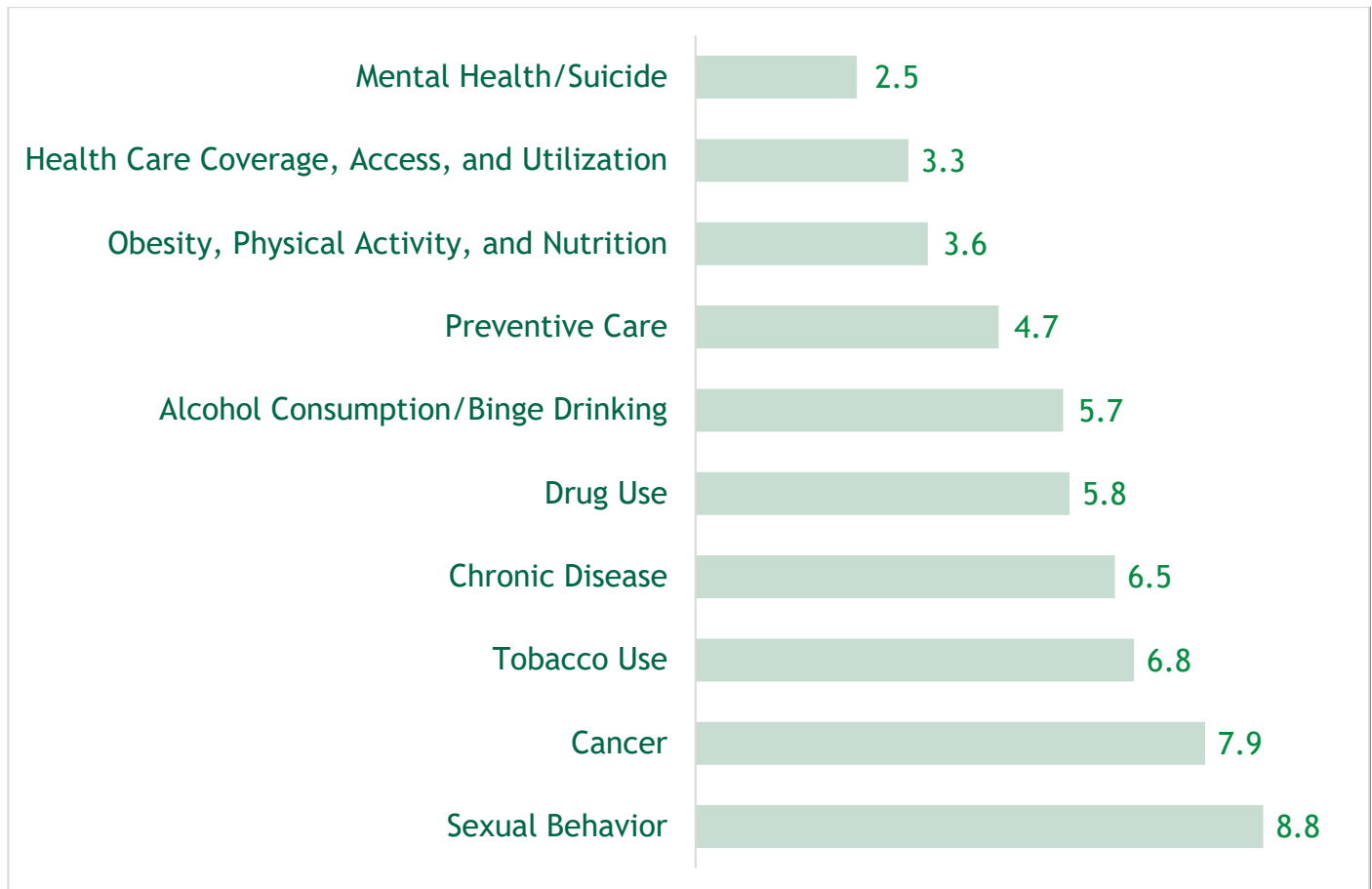
APPENDIX

2025–2028 Community Health Improvement Plan (CHIP) Key Issues

Following a review of the 2024 Tuscarawas County Community Health Needs Assessment, Healthy Tusc member organizations—including Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center, Tuscarawas County Health Department, and New Philadelphia City Health Department—solicited input from members and representatives of populations that are medically underserved, low-income, and experiencing inequities.

Healthy Tusc members confidentially ranked the key health issues via an online survey using a scale of 1 to 10 (with 1 being “most important” and 10 being “least important”). The votes were compiled by calculating the mean scores for each issue. The results are presented in the graph below.

Mean Scores of Healthy Tusc Members’ Ranking of Issues from Most Important (1) to Least Important (10)



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⁶ Ohio Department of Health, "State Health Improvement Plan (SHIP)," *Ohio.gov*, 2020, odh.ohio.gov/about-us/state-health-improvement-plan/.

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¹¹ "Tuscarawas, Ohio," [County Health Rankings](https://www.countyhealthrankings.org/health-data/ohio/tuscarawas?year=2024).

¹² "Tuscarawas, Ohio," [County Health Rankings](https://www.countyhealthrankings.org/health-data/ohio/tuscarawas?year=2024).

¹³ Appalachian Children Coalition, "Appalachian Ohio Child and Family Health Data: Indicators for Tuscarawas County," [Acchealthdata.org](https://www.acchealthdata.org/indicators), 2022, <https://www.acchealthdata.org/indicators>.

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²⁸ SAMHSA, "2021 National Survey."

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³⁰ Appalachian Children Coalition, "Indicators for Tuscarawas County."

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³² CDC, "YRBSS Results."

³³ CDC, "YRBSS Results."

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