

DELIVERED BY:



2025 CRAWFORD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED APRIL 2025



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A NOTE FROM CRAWFORD COUNTY HEALTH PARTNERS



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

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2025, CCHP partnered with Moxley Public Health to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of Crawford County's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

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

The 2025 Crawford County CHNA would not have been possible without the help of numerous Crawford County organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

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

Conducting the CHNA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

Cinda M. Kropka, MHA
Corporate Compliance & Privacy Officer
Avita Health System

Kate Siefert, REHS, MPH
Health Commissioner
Crawford County Public Health

Andrea Barnes, REHS
Health Commissioner
Galion City Health Department

ACKNOWLEDGMENTS

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



CCHP WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

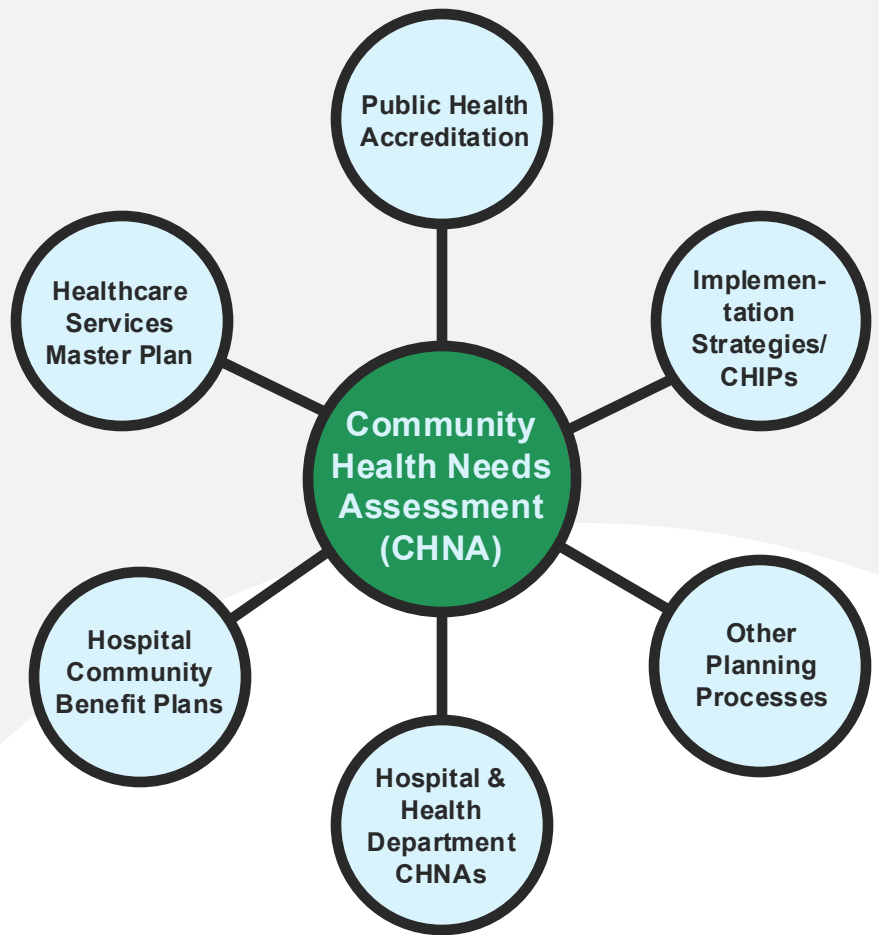
Alzheimer's Association—Northwest Ohio Chapter
Avita Health System*
Bucyrus Area Chamber of Commerce
Bucyrus City Schools
Bucyrus Outreach Restoration Network (BORN)
Bucyrus Public Library
Community Counseling Wellness Centers
Community Foundation for Crawford County
Crawford County Board of Developmental Disabilities*
Crawford County Child Protective Services
Crawford County Commissioner's Office
Crawford County Council on Aging
Crawford County Emergency Management Agency
Crawford County Help Me Grow
Crawford County Partnership for Education & Economic Development
Crawford County Public Health*
Crawford County School Districts
Crawford County Veterans Service Commission
Crawford County WIC
Crestline Nursing Home
Galion City Council
Galion City Fire & EMS Department
Galion City Health Department*
Galion City Schools

Galion Family Health Center
Galion Golden Age Center
Galion Public Library
Galion Theater
Family & Children First Council
Family Life Counseling & Psychiatric Services
Jobs & Family Services
Marion-Crawford ADAMH Board*
Marion Crawford Prevention Programs
Nationwide Children's Hospital
North Central State College
Ohio District 5 Area Agency on Aging
Ohio Heartland Community Action
Ohio Mutual Insurance Group
Pathways of Central Ohio
Project Noelle
Rally for Hope
Salvation Army
Third Street Family Health Services
Together We Hurt, Together We Heal*
Turning Point
United Way of Crawford County
Voice of Hope
Wesley Chapel
YMCA

**Indicates funding partner.*

INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Implementation Strategy (IS)/Community Health Improvement Plan (CHIP).

A CHNA is an important piece in the development of an Implementation Strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the county, Crawford County Health Partners (CCHP) utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and surveys with community residents and leaders.

OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Needs Assessment (CHNA), Crawford County Health Partners (CCHP) followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

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

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.



Affordable Care Act/IRS Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years.

Accreditation Requirements

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

Ohio Department of Health Requirements

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

**THE 2025 CRAWFORD COUNTY CHNA MEETS ALL OHIO
DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.**

OVERVIEW

OF THE PROCESS (CONTINUED)



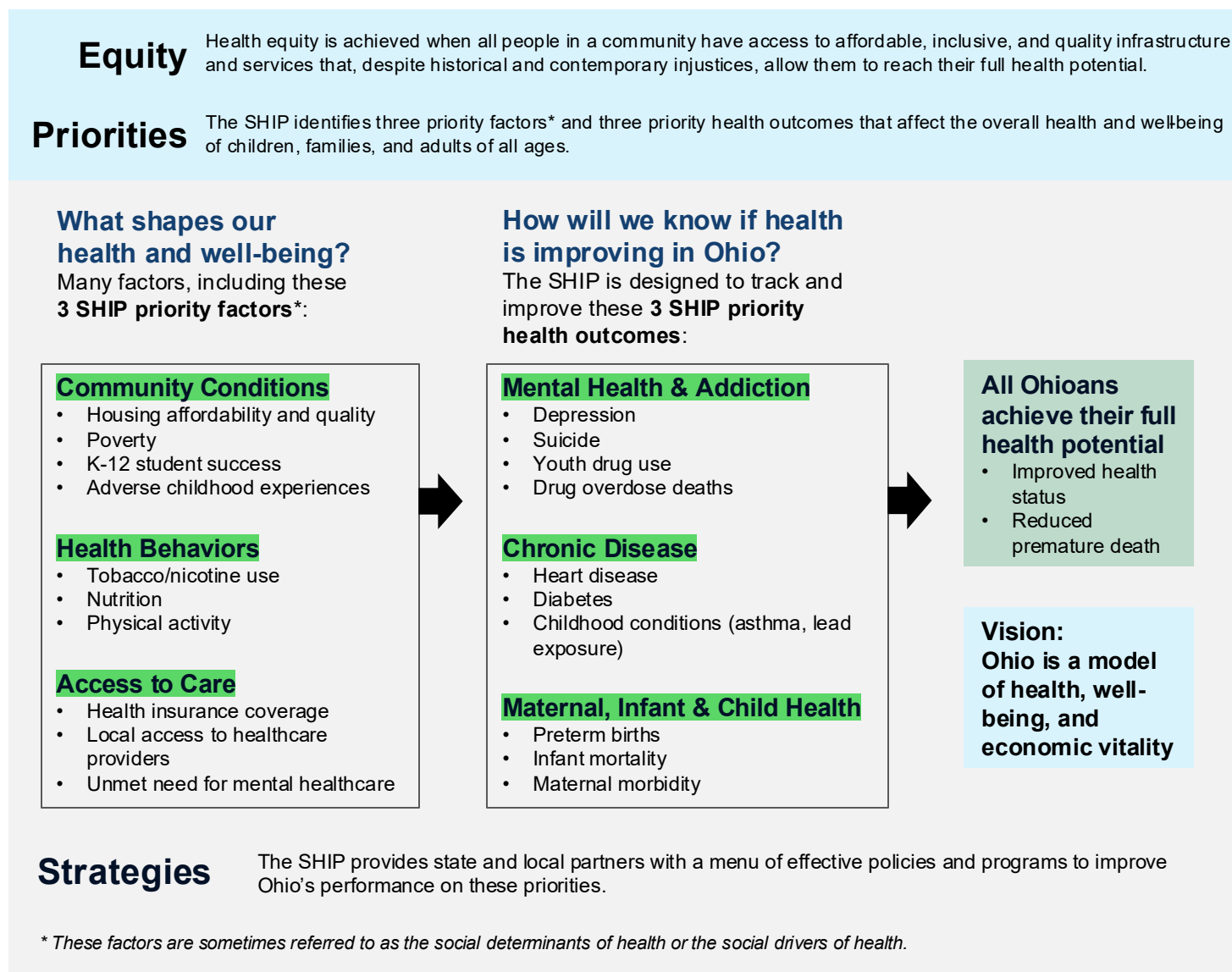
Ohio Department of Health (ODH) Requirements

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

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

First, CCHP used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2025 Crawford County Community Health Needs Assessment (CHNA).

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



STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS (CCHP):

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

PLAN AND PREPARE

Crawford County Health Partners (CCHP) began planning for the 2025 Community Health Needs Assessment (CHNA) in 2024. They involved hospital and health department leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and priority populations, in collaboration with Moxley Public Health.

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

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

- Catholic Health Association

”



*Crawford County Courthouse
Bucyrus, Ohio*

PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) & IMPLEMENTATION STRATEGY (IS)/COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



PREVIOUS CHNA (2022)

In 2022, Crawford County Health Partners (CCHP) and Moxley Public Health conducted the previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The IS/CHIP associated with the 2022 Crawford County CHNA addressed community conditions, health behaviors, access to care, chronic disease, and mental health & addiction.

The previous CHNA and IS/CHIP were made available to the public on the following websites:

Avita Health System: <https://avitahealth.org/wp-content/uploads/PDFs/Crawford-County-2022-Community-Health-Needs-Assessment.pdf>

Crawford County Public Health: https://crawfordhealth.org/wp-content/uploads/2022/06/CrawfordCounty2022CommunityHealthNeedsAssessmentreport_FINAL.pdf

Galion City Health Department: <https://galionhealth.org/wp-content/uploads/Crawford-County-2022-Community-Health-Needs-Assessment-FINAL.pdf>

(Written comments on this report were solicited on the websites where the report was posted.)

CRAWFORD COUNTY 2023-2025 PRIORITY HEALTH NEEDS

CCHP developed the Crawford County 2023-2025 IS/CHIP by reviewing the 2022 CHNA. The partnership reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by CCHP and their partners:

1. Adverse Childhood Experiences
2. Physical Activity
3. Unmet Needs for Mental Healthcare
4. Depression and Suicide
5. Heart Disease, Hypertension & Diabetes

IMPACT/PROCESS EVALUATION OF 2023-2025 STRATEGIES

In collaboration with community partners, CCHP developed and approved an IS/CHIP report for 2023-2025 to address the significant youth health needs that were identified in the 2022 CHNA. CCHP chose to address: adverse childhood experiences, physical activity, unmet needs for mental healthcare, depression & suicide, and heart disease, hypertension & diabetes. **Appendix A** describes the evaluation of the strategies that were planned in the 2023-2025 IS/CHIP.



*The Great American Crossroads Mural
Bucyrus, Ohio*

STEP 2

DEFINE THE CRAWFORD COUNTY SERVICE AREA



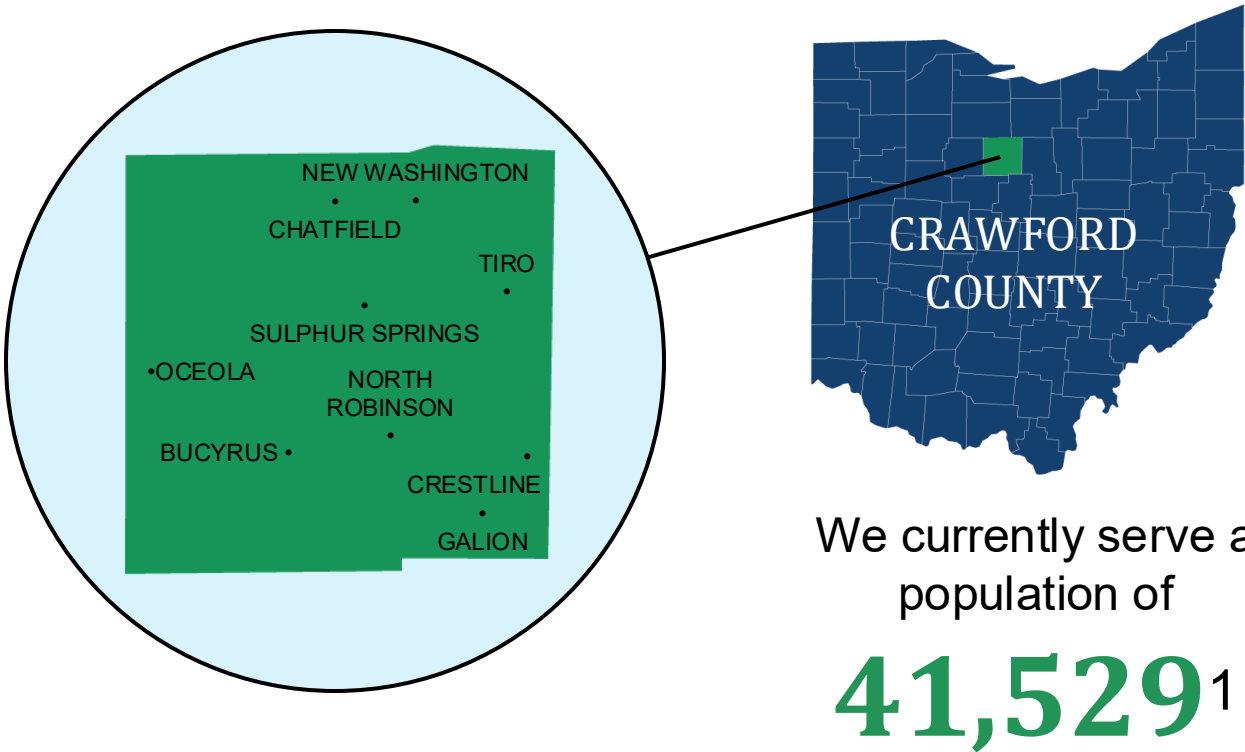
IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS (CCHP):

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

DEFINING THE CRAWFORD COUNTY SERVICE AREA



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

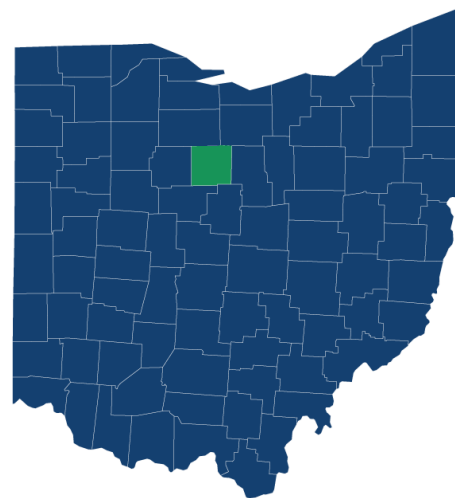


We currently serve a population of

41,529¹

CRAWFORD COUNTY SERVICE AREA			
GEOGRAPHIC AREA	ZIP CODE	GEOGRAPHIC AREA	ZIP CODE
Bucyrus	44820	North Robinson	44856
Chatfield	44825	Oceola	44860
Crestline	44827	Sulphur Springs	44881
Galion	44833	Tiro	44887
New Washington	44854		

CRAWFORD COUNTY AT-A-GLANCE



Crawford County's
population is

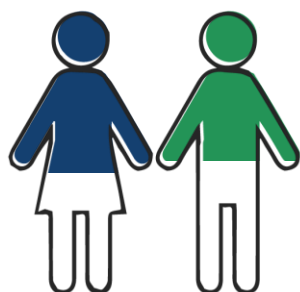
41,529.

The populations of both
Crawford County and Ohio
decreased slightly from
2020 to 2023¹

-1.2%
CRAWFORD
COUNTY



-0.1%
OHIO



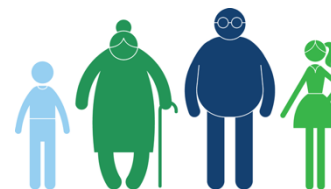
51% **49%**

The % of males and females is
approximately equal (with
females being slightly higher)³



7%

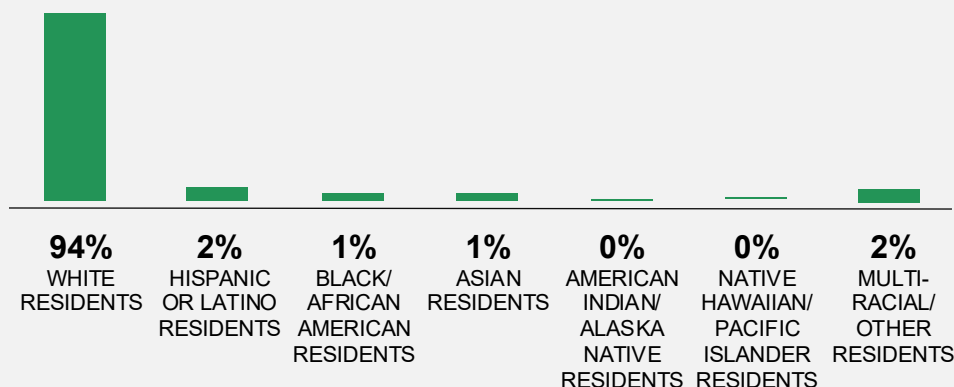
of Crawford County
residents are **veterans**,
about equal to the
state rate⁴



Youth ages 0-18 and seniors 65+ make up
43% of the population.

In the Crawford County service area, about
1 in 5 residents are ages 65+³

The **majority (94%)** of the population in Crawford County identifies
as **White** as their only race³



98% of the population in the Crawford County service
area **speaks only English. 1% are foreign-born**⁴



The life expectancy in
Crawford County of **73.9 years**
is **1.7 years shorter** than it is
for the state of Ohio²

1 in 187

Crawford County
residents will **die**
prematurely, which is
higher than the Ohio
state rate²

STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS (CCHP):

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

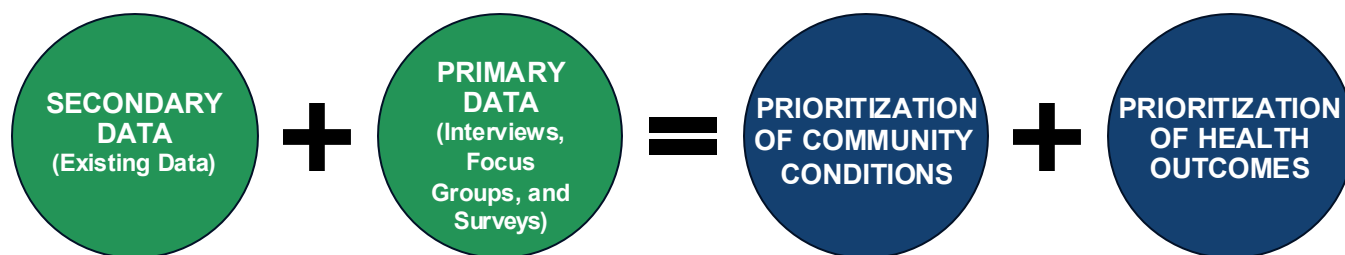


*Avita Health System—Galion Hospital
Galion, Ohio*



*Avita Health System—Bucyrus Hospital
Bucyrus, Ohio*

UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

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

In order to align with the Ohio Department of Health’s initiative to improve health, well-being, and economic vitality, Crawford County Health Partners (CCHP) included the state’s priority conditions (social determinants of health) and health outcomes when assessing the community.

PRIMARY & SECONDARY DATA DATA COLLECTION



ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Initially, health needs were assessed through a review of the secondary (existing) health data collected and analyzed prior to conducting the interviews, focus groups and survey (primary data collection). Priority health needs were identified using the following criteria.

Criteria for Identification of Priority Health Needs:

1. The size of the problem (relative proportion of population afflicted by the problem).
2. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.

To determine the size or seriousness of the problem, the health need indicators of Crawford County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix B**).

The health needs were further assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHNA report and the decisions on health needs that the community will address in its Implementation Strategy/Improvement Plan (CHIP).

The data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs, and uncover gaps in resources.

REVIEW OF CRAWFORD COUNTY CHNA DATA

In order to build upon the work that was initiated previously, the prior 2022 CHNA was reviewed. When making final decisions for the 2026-2028 Implementation Strategy/Improvement Plan (CHIP), previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS) Region 3:

Crawford County is part of BRFSS Region 3, which also includes Erie, Huron, Ottawa, Richland, Sandusky, Seneca, and Wyandot Counties.

HIV Planning Region 2: Crawford County is part of HIV Planning Region 2, which also includes Ashland, Erie, Huron, Knox, Marion, Richland, Seneca, and Wyandot Counties.

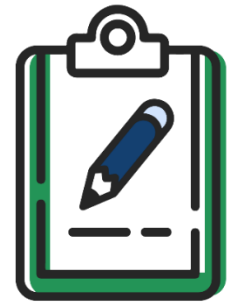
When data is only available at the regional level, this will be indicated in the report.

2025 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, crime and violence, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant mortality, maternal morbidity and mortality, etc.)
- Mental health (depression and suicide, etc.)
- Nutrition and physical health (overweight and obesity population, etc.)
- Preventive care and practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

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

Secondary data was collected for the Community Health Needs Assessment (CHNA) in early 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources in the References section for more information on years and methodology.



PRIMARY DATA COLLECTION

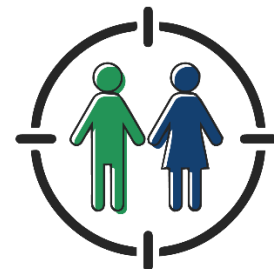
KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **26 experts** from various organizations serving the community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environmental factors that impact health in the area?
Who are some of the populations in the area that are not regularly accessing health care and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

FOCUS GROUPS



Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **9 focus groups** with a total of **66 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS:

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

How do these health concerns/issues impact our community?

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

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

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

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

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

THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS



“I love the people, but also the opportunities and programs we have that allow us to be out and engaged in the community.”

- Community Member Interview

“We have really strong community partners, and I love how well we collaborate. I don’t always see that in other counties, so I’m incredibly grateful that I can call any of our partners—and they’re always willing to help.”

- Community Member Interview

“I love our sense of community. There's never been a time that we've had something come up that everybody has not stepped up to help.”

- Community Member Interview

“People are willing to show up to the table and have a conversation.”

- Community Member Focus Group

“Self-expression is encouraged and celebrated.”

- Community Member Focus Group

“I love the more laid-back, small-town feel we have. Big cities just aren’t my thing.”

- Community Member Interview

“I really enjoy the rural, country feel of our community. It’s spread out and agricultural, which is one of the main reasons I moved here.”

- Community Member Interview

“I really appreciate the caring nature of the people here. When there’s a need in our community, people look out for each other, and the community comes together to help.”

- Community Member Interview

“There’s a nice mix of people here—some rural areas, and then places like Bucyrus and Galion, which are a bit larger. Galion, in particular, has a great small-town feel, and I really enjoy that. It’s a pretty area, fairly welcoming, and I’m happy to be here.”

- Community Member Interview

TOP PRIORITY HEALTH NEEDS FROM INTERVIEWS & FOCUS GROUPS



FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Mental/behavioral health
2. Substance use/drug addiction
3. Obesity/Overweight
4. Heart disease
5. Diabetes

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty/low incomes
2. Lack of transportation
3. Lack of education
4. Rural areas
5. Housing issues
6. Access to care

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Mental/behavioral health
2. Substance use/addiction
3. Transportation
4. Homelessness/housing insecurity
5. Access to childcare
6. Poverty/economic issues

How health concerns are impacting community:

1. Poor youth mental health and academic performance
2. Workforce instability due to substance use
3. Family instability/children being removed from homes
4. Use of emergency services for routine care
5. Missed appointments/chronic absenteeism

“Our mental health crisis [impacts] not only the children, but also those with drug [problems], and even the elderly who might be isolated. I think it's one of the biggest issues that our communities faces.”

- Community Member Interview

“[We have seen an] increase in crisis situations and hospitalizations for mental health.”

- Community Member Focus Group

“[People are] missing appointments due to lack of transportation.”

- Community Member Focus Group

“People don't realize if they would move their bodies more and try to eat more healthily, they wouldn't have cardiovascular disease, high blood pressure, diabetes. They possibly wouldn't have cancer.”

- Community Member Interview

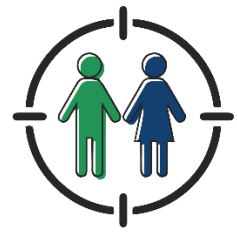
“[We need] housing resources for those struggling with substance use.”

- Community Member Focus Group

“[There are many] markers or signs in the community that show there are struggles with generational poverty.”

- Community Member Interview

TOP PRIORITY GROUPS & RESOURCES FROM INTERVIEWS & FOCUS GROUPS



FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Low-income population
2. Elderly/aging population
3. Children
4. Homeless population
5. Farmers

“We have extensive poverty. There are a lot of not-for-profit organizations around who are helping.”

- Community Member Interview

“[We] need a homeless shelter in Crawford County.”

- Community Member Focus Group

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Those with disabilities
2. Low-income population
3. Youth/teen population
4. Elderly/aging population
5. Rural areas

“Senior citizens, about 50 and up are struggling. [Some are not] eligible for disability and wonder whether they can afford their co-pays.”

- Community Member Interview

Resources people use in the community to address their health needs:

1. Community Counseling & Wellness Centers
2. Food pantries/meal programs
3. Churches/faith-based organizations
4. WIC
5. Public libraries

“[There are] limited options for dentists in the community who take Medicaid.”

- Community Member Focus Group

Top resources that are lacking in the community:

1. Mental health providers
2. Affordable housing
3. Transportation services
4. Childcare
5. Youth activities

“In Crawford County our farming community has been really at risk, because the suicide rates have been significantly higher for that population.”

- Community Member Interview

“Our elderly always need extra support. They have a hard time getting around [the community].”

- Community Member Interview

“[We have] gone from 17 licensed counselors to 4-5. [There is] now a several month waitlist.”

- Community Member Focus Group

TOP FINDINGS FROM CRAWFORD COUNTY FOCUS GROUPS



YOUTH (YOUTH ADVISORY BOARD LEADERS):

- **Health issues** include vaping among school-age populations, educational and developmental challenges post-COVID, and lack of social skills. These issues lead to difficulty in maintaining relationships, difficulty finding employment, lack of education linked to substance use, health concerns due to vaping, and insufficient youth support systems and activities.
- **Access barriers** are faced by middle-aged populations, low-income populations, and adolescent populations. Vulnerable populations, such as those susceptible to peer pressure or those lacking support, were also noted as a population experiencing barriers.
- **Existing resources** that are school-based include counselors and staff, sports programs and coaches, and school clubs. Available community resources include local food banks, youth groups, public library Level-Up program, and park clean-up initiative. One youth group that was mentioned was the Work Hard Play Hard program.
- **Resource gaps** exist, including limited dining options, insufficient access to grocery stores, lack of homeless shelters and resources, limited affordable recreational activities for youth outside of school, and insufficient arts programs.
- **Improvement suggestions** include improving support of local businesses, creating a community hub, expanding tutoring services available, improving awareness of existing resources, increasing the pay of teachers, expanding public library services, and developing more public recreational opportunities.
- **Other feedback** relates to the need for more support for students post-high school, including guidance with college applications and financial aid, expanded knowledge of career pathways available, enhanced access to post-high school resources and opportunities, and development of an alumni association. More support groups and community groups are needed for minority groups and other shared interests.

YOUTH-SERVING ORGANIZATIONS:

- **Health issues** include mental health concerns, substance use (e.g., vaping and THC use in youth), and economic/infrastructure issues. Some of the specific mental health concerns are limited availability of counselors, youth mental health issues, increased crisis situations and hospitalizations, and social media related issues (e.g., cyberbullying, self-esteem). Other issues include lack of daycare, affordable housing, and public transportation, as well as food insecurity and poverty.
- **Access barriers** are faced by youth in getting counseling due to there only being one counselor available for children/adolescents. Some other populations facing barriers include the elderly, those in poverty, racial minorities, LGBTQ+ individuals, grandparents raising grandchildren, and kinship care providers.
- **Existing resources** for mental health services in the community include Community Counseling, mobile response services, and the ADAMH board. Other resources present in the community include faith-based organizations, school breakfast and lunch programs, public libraries, Community Action backpack program, Together We Hurt Together We Heal, Lions and LEO Clubs, Job and Family Services, and Salvation Army.
- **Resource gaps** include affordable daycare and housing, as students are forced to move due to parents' inability to afford living costs. bilingual resources, including written materials and translators, free or low-cost English classes, education, and transportation options. More support is still needed for youth activities, diversity and cultural resources, community cohesion, and basic needs (e.g., hygiene kits).
- **Improvement suggestions** were provided, including increasing access and availability of services, reducing stigma around seeking help, addressing funding needs of the community, improving staffing of community services, and addressing emotional regulation in schools (e.g., how to combat stress, negative attitudes, and uncertainty about the future).
- **Other feedback** relates to transportation being a barrier to accessing services such as free tutoring as well as the impact of the drug epidemic on youth, even those who are not using directly. The positive impact of the library "Culture" program was noted, with a recording studio, guitars, and VR headsets available through the program.

TOP FINDINGS FROM CRAWFORD COUNTY FOCUS GROUPS



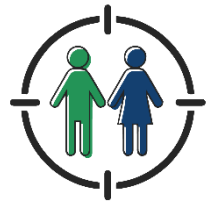
PEOPLE LIVING WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES:

- **Health issues** include mental health service gaps, difficulties during recovery, childhood trauma leading to acting out and drug use, state and federal policy issues, overdoses, and a growing aging population. Some of the mental health service gaps include crisis response delays, the need for more service providers, and improved case management. Finding employment and medical care early on in recovery was also noted as an issue, especially when people do not yet have a driver's license or ID.
- **Access barriers** are faced by the LGBTQ+ community, immigrants, unhoused individuals, and working-class individuals. Impacts of these access barriers include homelessness, drug use as a coping mechanism, generational poverty, and mental health impacts on individuals and the community. Those who are just above poverty level also experience barriers due to high insurance costs/deductibles and risk of job loss for missed work.
- **Existing resources** include urgent care, Council on Aging, food pantries, Community Action, clothes closets, and BORN (Bucyrus Outreach and Restoration Network). Some other community support organizations mentioned were Salvation Army, United Methodist Church, and New Day Ministries.
- **Resource gaps** exist related to housing, treatment services, transportation, and law enforcement. A homeless shelter and affordable housing are needed in the community. A local substance use facility as well as case management for mental health and substance use are needed. More training on crisis situations is needed for local law enforcement.
- **Improvement suggestions** were related to education and community engagement. A desire for life skills to be taught in school was expressed. Work to reduce the stigma around substance use and mental health and encourage family and friends to provide support.
- **Other feedback** relates to communicating resources available and increasing school-based programs. Resources could be posted on signs in parks as well as on large billboards in the community. School programs on mental health and substance use, as well as mentorship programs, would be beneficial.

MENTAL HEALTH AND SUBSTANCE USE (SERVICE PROVIDERS):

- **Health issues** include mental health, substance use, healthcare access, chronic disease, and infrastructure issues. Youth heroin use, limited providers, high ACE scores, suicide, and overdose deaths were noted as specific issues around mental health and substance use. Healthcare access is hindered by the limited providers available in the area and some being uncomfortable with mental healthcare. Housing issues and a decline in Head Start have also been observed.
- **Access barriers** are faced by people who need mental healthcare, children who need behavioral health support, those lacking transportation, and parents. Underserved populations were also noted as experiencing increased disease rates and barriers in receiving related care. Transportation barriers affect both service access and quality of life.
- **Existing resources** include healthcare services (e.g., Avita Health System, OhioHealth), mental health services (e.g., Community Counseling, Infinity, Family Life Counseling, NAMI), Medicaid transportation assistance, WIC, and behavioral health organizations.
- **Resource gaps** exist for mental health integration, shelters, family recovery houses, outpatient rehabilitation facilities, and housing for those struggling with substance use. Support is needed for family doctors to coordinate with mental health providers. More case managers and peer support are also needed.
- **Improvement suggestions** were around involving community leaders in strategic planning, integrating primary care and mental health, and having more psychiatrists available. Better trauma education for educators was also noted.
- **Other feedback** included a suggestion to distribute community surveys to other community organizations and providers.

TOP FINDINGS FROM CRAWFORD COUNTY FOCUS GROUPS



LOW-INCOME POPULATION:

- **Health issues** include substance use, homelessness, poverty, poor quality education, and infrastructure issues (e.g., unsafe drinking water, expensive housing, lack of grocery stores). Drug use and addiction, as well as the occurrence of public drug sales, were also concerns noted.
- **Access barriers** are faced by older adults, racial minorities, and those who have Medicare or Medicaid. There are issues with access to dental care due to many offices not accepting Medicare or Medicaid.
- **Existing resources** include Community Action services, men's shelter (providing drug addiction support and treatment), and organizations assisting with housing stability. While a handful of resources were mentioned, some participants noted that they were not aware of resources or were unable to access them.
- **Resource gaps** include limited mental health services, unsatisfactory social services, and a lack of dental providers who accept Medicare or Medicaid. Participants noted that counseling and intervention services are limited, with one person stating that they only know of one service available.
- No specific **improvement suggestions** were provided, with some participants noting that they don't have enough community interaction to provide any.
- **Other feedback** included appreciation for the assessment effort.

SENIOR CITIZENS:

- **Health issues** include healthcare system concerns, mobility/accessibility issues (e.g., limited disability accommodation in stores, insufficient ramps, limited power carts), community leaders living outside the community (perceived lack of investment), and economic issues (e.g., high cost of living, expensive delivery alternatives). Some specific healthcare concerns mentioned were unaffordable medical bills, difficulty in finding trustworthy providers, and lack of cooperation between systems.
- Participants experience a variety of **barriers to accessing healthcare**, including transportation challenges such as limited Medicaid transportation, long wait times for pickups, and transit being unable to assist with doors/ramps. Participants also noted barriers related to being a senior or having a disability, including limited accessibility at churches and stores, insufficient handicap parking at community events, and experiences of handicap judgement.
- **Existing resources** include senior services such as the Council on Aging, YMCA Silver Sneakers, and transportation services (through Council on Aging and SCAT). Other community resources that participants use are the library, farmer's market, nutrition café, Stout's laundromat, church meal sites, and food pantries.
- **Resource gaps** include limited low-income senior housing, handyman services for seniors, lack of cell service/WiFi, limited technology education, and restricted accessibility in stores (e.g., power carts, automatic doors, wheelchair accessibility).
- **Improvement suggestions** were around improving homeless services (e.g., facilities for showers, sleep accommodations), mobile services for food pantries and other services, and additional support services (e.g., list of local handyman services, personal shoppers for those with disabilities).
- **Other feedback** included the need for better parking or shuttle services at community events to accommodate seniors and those with disabilities.

PARENTS OF CHILDREN WITH DISABILITIES:

- **Health issues** include mental health and addiction (reactive rather than preventive approach), special education concerns, childcare issues, and transition support. There is a lack of proper special needs education and high staff turnover. There are also limited childcare options for children with disabilities as well as age restrictions.
- **Access barriers** exist for low-income populations, middle-class populations, single-income households, and those who have Medicare or Medicaid. Children with disabilities also experience barriers to accessing care, with many resources being 1-2 hours away, there being long wait times for diagnoses, and some dental providers refusing special needs children.

TOP FINDINGS FROM CRAWFORD COUNTY FOCUS GROUPS



PARENTS OF CHILDREN WITH DISABILITIES (CONTINUED):

- **Existing resources** include private therapy, Nationwide, the health department, Help Me Grow, Early Intervention, and public schools (though their resources are noted as being “questionable”).
- **Resource gaps** include parent support groups/services, adult/large child changing tables in public spaces, breastfeeding facilities, limited therapy time, undertrained therapists, and available grants not being used. There is a need for in-home therapy options as well as more awareness around available grants.
- **Improvement suggestions** include better communication of available services (by using road/yard signs, bulletin boards, alternatives to Facebook communities), specialized support groups, discussion forums for issues/needs, and special needs-focused community nights with games/fun activities.
- **Other feedback** was given about improving program transitions once children “age out” and maintaining some level of service or support. Participants also desire better updates on Individualized Education Program (IEP) service delivery and more outreach around proactive service offerings to address the fear of reaching out for help.

PEOPLE WITH DISABILITIES:

- **Health issues** include lack of access to dental care (e.g., limited dentists accept Medicaid, long wait times for appointments, have to travel for care), limited mental health services, limited healthy food access (due to transportation barriers, costs, and limited options), and special needs (e.g., vision/mobility challenges, seizure concerns, medical procedures).
- **Access barriers** are faced by people with disabilities, low-income individuals, those who have Medicaid, homeless individuals, those who are uninsured, those without transportation, and deaf individuals. Limited provider options, poor communication, and limited translation services are also barriers to receiving care.
- **Existing resources** include Medicaid/Medicare, ViaQuest (for mental health and counseling), ER, Station MD pilot program, Council on Aging, and case managers from the Crawford County Board of DD.
- **Resource gaps** include dental and vision providers that accept Medicaid, mental health services for dual diagnosis, hospitals, and better transportation options. Participants noted that they have missed appointments due to lack of transportation.
- **Improvement suggestions** offered were improving provider education on how to work and communicate with developmentally disabled patients and providing better procedure explanation. Participants also suggested service expansion by having more translators, increased transportation options, more Medicaid-accepting providers, and enhanced mental health services.
- **Other feedback** provided included appreciation for community events and the positive impact of church involvement.

MATERNAL AND INFANT HEALTH:

- **Health issues** include substance use (including THC use while pregnant/breastfeeding), teen pregnancy, mental health, poor nutrition/physical health, domestic violence, and breastfeeding challenges (e.g., disinterest, misinformation online).
- **Access barriers** exist for low-income families, non-English speakers, rural families, and those who are uninsured. Transportation is a barrier, especially for those in rural areas as well as families with multiple children. There is also limited healthcare access for contraceptive services and sex education resources.
- **Existing resources** include WIC services, health departments, harm reduction vending machines (Narcan, condoms, etc.), farmer’s markets that accept WIC vouchers, Caring Connection support group through NAMI, local library, and mobile clinic efforts.
- **Resource gaps** include long wait times for mental health services, the need for school-based mental health education, limited transportation, and limited childcare.
- **Improvement suggestions** were provided on evaluating program effectiveness by examining current approaches and assessing the impact of intervention such as the vending machines. Participants also noted that solutions need to be community-specific and involve partnerships since what works in Urban areas may not work here. Better access to education and resources for sex education, contraceptives, and maternal health are needed, as well as prevention strategies for teen pregnancy.

PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY



Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **1,137 responses** to the community member survey (1,136 English responses and 1 Spanish response). The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section, and some health needs have been combined to form larger categories, such as access to healthcare and mental health). More details about the survey, questions, and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY

#1 Access to mental healthcare	35%
#2 Income/poverty and employment	35%
#3 Substance misuse (alcohol and drugs)	30%
#4 Access to childcare	21%
#5 Environmental conditions	21%
#6 Adverse childhood experiences (ACEs)	18%
#7 Food insecurity	18%
#8 Health insurance coverage	15%
#9 Nutrition and physical health/exercise (includes overweight and obesity)	15%
#10 Crime and violence	13%

#11 Transportation	12%
#12 Access to dental/oral healthcare	11%
#13 Education	11%
#14 Housing and homelessness	11%
#15 Tobacco and nicotine use	8%
#16 Access to primary healthcare	6%
#17 Access to specialist healthcare	5%
#18 Health literacy	4%
#19 Preventive care and practices	4%
#20 Internet/WIFI access	3%
#21 Access to vision healthcare	2%

PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY



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HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	72%
#2 Cancer	55%
#3 Diabetes	42%
#4 Heart disease and stroke	38%
#5 Dementia	25%
#6 Maternal, infant, and child health	12%
#7 Chronic Obstructive Pulmonary Disease (COPD)	10%
#8 Injuries	8%
#9 HIV/AIDS and Sexually Transmitted Infections (STIs)	6%
#10 Kidney disease	5%
#11 Chronic Liver Disease/Cirrhosis	4%
#12 Parkinson's disease	2%

HEALTH NEEDS COMMUNITY CONDITIONS



HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall Crawford County ranking from the community member survey as seen on page 26. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Crawford County and the state compared to the benchmark goal.

#1 Health Need: ACCESS TO HEALTHCARE

#1 2022
RANKING



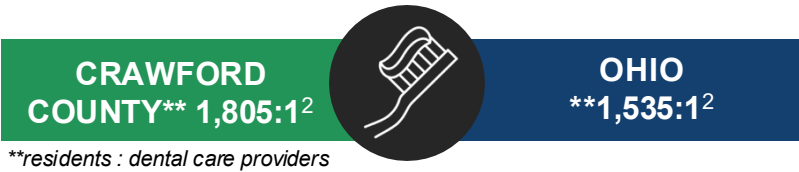
According to the 2024 County Health Rankings report, Crawford County has **less access to primary care and dental care providers** than Ohio overall, based on the ratios of population to providers.² The ratio of residents to providers in both Crawford County and Ohio has **increased** since the 2022 CHNA

IN OUR COMMUNITY

6% of community survey respondents say that **primary healthcare access is lacking** in the community

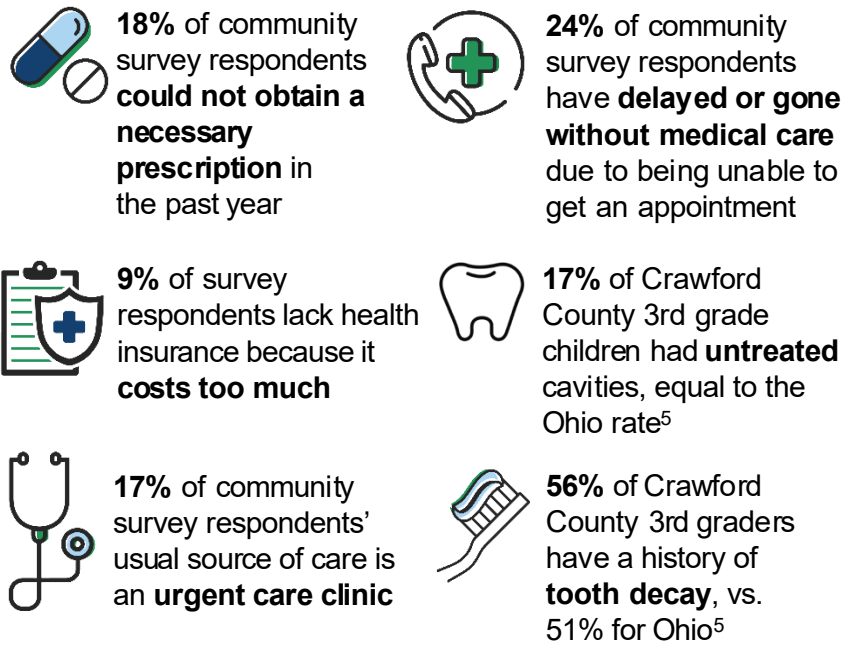


11% of community survey respondents say that **dental healthcare access is lacking** in the community



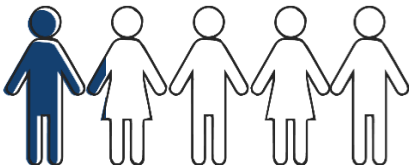
6% of community survey respondents say that **specialist healthcare access is lacking** in the community, while 2% say that **vision healthcare access is lacking**

BARRIERS TO CARE



More than 1 in 10 (12%)

community survey respondents **do not have a usual primary care provider (PCP)**



More than 1 in 5 (22%)

BRFSS Region 3*** residents **did not have a routine checkup** in the prior year, similar to the Ohio rate of 23%⁶

***Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.



Almost 1 in 2 (43%)

survey respondents **have not been to the dentist in over a year. 19%** reported needing dental care in the last year but not receiving it



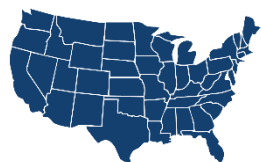
COMMUNITY FEEDBACK

"Medical bills are not affordable, [and there are] limited options for financing."

- Community Member Focus Group

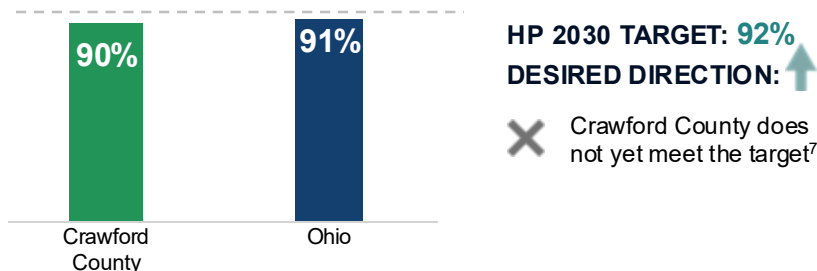
#1 Health Need: ACCESS TO HEALTHCARE

#1 2022
RANKING



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE (ADULTS)



COMMUNITY FEEDBACK

"For the people who don't drive or even the elderly, just finding access to get to those healthcare places [is difficult]."

- Community Member Interview

"You really need to go outside of the county in order to get specialized services."

- Community Member Interview

"I think it's more so just people knowing what resources to get and where to go. And then finding the health providers that are open when they're off work, or when their kids are out of school."

- Community Member Interview

"There are options 30 minutes away at the nearest kind of bigger cities, but that's just another hoop to go through."

- Community Member Interview

"Finding doctors that can be trusted and will listen [is difficult]."

- Community Member Focus Group

PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

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



9% of adults (19-64) in Crawford County and Ohio **do not have health** insurance. Nearly 13% of adults in **Galion** are uninsured, higher than the Crawford County and Ohio rate.⁷ These rates have not improved since the 2022 CHNA

According to the community survey, 43% of **Crestline (44827)** residents report not having a checkup in the past year, significantly more than Galion (29%) and Bucyrus (27%)

According to the community survey, individuals **ages 18-24** were more likely than other age groups to indicate access to primary healthcare services as a top concern (11%)

21% of community survey respondents in **Bucyrus (44820)** visit urgent care clinics for routine care, compared to 16% in Galion (44833) and Crestline (44827)



86% of Crawford County's **low-income population** remains unserved by a health center⁸

Of all age groups surveyed, **adults 18-24** (10%) were most likely to report having no insurance due to being ineligible or not qualifying

Community survey respondents who **worry about losing their housing** were significantly less likely to have a primary care provider and less likely to have gotten a check-up in the past year



Healthcare access barriers were mentioned in 100% of focus groups with **priority populations**

Top issues/barriers for access to healthcare (reported in interviews and focus groups):

1. Transportation
2. Lack of specialists
3. Affordability
3. Finding resources/time to go

Sub-populations most affected by access to healthcare (reported in interviews and focus groups):

1. Elderly population

Top resources, services, programs, and/or community efforts for access to healthcare:

1. Avita Health System
2. Health Department

#2 Health Need:

INCOME/POVERTY & EMPLOYMENT

#3

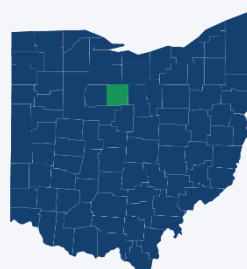
2022
RANKING



Economic stability includes **income, employment, education**, and many of the most important social factors that impact the community's health...



35% of community survey respondents reported **income/poverty and employment** as top health needs in Crawford County



9%

of Crawford County **teens** are **"at risk"** (not in labor force and not in school) vs. 6% of Ohio teens.² Crawford County's rate has **increased** since the 2022 CHNA

IN OUR COMMUNITY

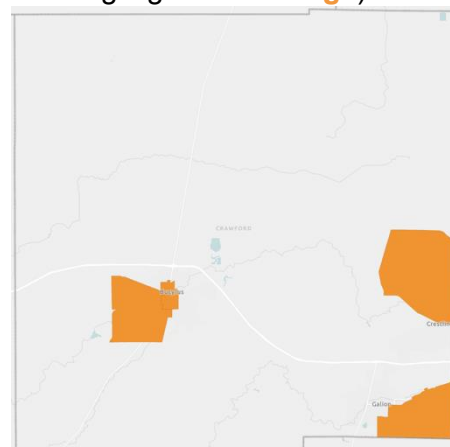


Crawford County's median household income is **lower** than the state average²

CRAWFORD: \$55,900

OHIO: \$65,800

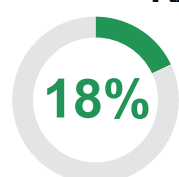
The map below shows areas of Crawford County where more than **20% of the population lives in poverty** (areas of Bucyrus, Galion, and Crestline highlighted in **orange**)⁹



5%

of Crawford County residents age 16+ are **unemployed but seeking work**, vs. 4% for Ohio²

CHILD POVERTY RATE⁷



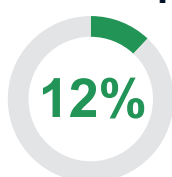
CRAWFORD COUNTY



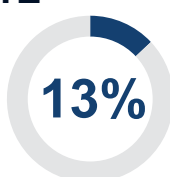
OHIO

Crawford County's child poverty rate is equal to that of Ohio. **Galion (26%)** has a higher rate than both.⁷ This rate has **decreased** in Galion, Crawford County, and Ohio since the 2022 CHNA

ADULT POVERTY RATE⁷



CRAWFORD COUNTY



OHIO

Crawford County's adult (age 18-64) poverty rate is equal to that of Ohio. **Galion (18%)** has a higher rate than both⁷



COMMUNITY FEEDBACK

"I think that poverty level in [not only] our town...but in our county alone is pretty high."

- Community Member Interview

"The working class and those just above poverty level [struggle]...no resources for them, jobs where if they miss work they are fired, increased cost of insurance and higher deductibles."

- Community Member Focus Group

#2 Health Need:

INCOME/POVERTY & EMPLOYMENT #3 2022 RANKING



15% of low-income Crawford County adults utilize food stamps vs. 20% in Galion. Both rates are higher than the Ohio rate of 12%⁷

According to the U.S. Census Bureau

13%

of Crawford County families are low-income vs. 12% for Ohio¹⁰

43%

of Crawford County households with a female head-of-household experience poverty vs. 38% for Ohio⁷



COMMUNITY FEEDBACK

"Is there employment in our community? Yes. However, are these adequate paying jobs? Most likely, no. I think people struggle to afford basic needs of living when they are working in jobs that pay \$12 to \$14 per hour."

- Community Member Interview

"There aren't enough jobs within the county...they're just not here. So even if you live here, you have to work outside of the city to be able to afford anything."

- Community Member Interview

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

1. Higher than average poverty in the area
2. Limited jobs available in the area
3. Low-wage jobs

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

1. Low-income population
2. Rural areas
3. Families with children

Top resources, services, programs, and/or community efforts for income/poverty and employment:

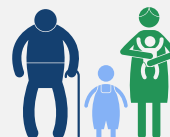
1. Job & Family Services
2. Crawford Works

PRIORITY POPULATIONS INCOME/POVERTY & EMPLOYMENT

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

According to the community survey, there are more unemployed (but looking for work) residents **ages 18-24** (8%) than all other ages

37% of surveyed residents in **Galion (44833)** and **Crestline (44827)** selected income/employment as one of their top concerns on the community survey, more than residents in Bucyrus (44820) (29%)



18% of Crawford County **children**, 13% of **adults**, and 10% of **seniors** live in poverty⁷

Compared to both Crawford County and Ohio, **Galion (44833)** has a higher child poverty rate (26%), adult poverty rate (20%), and senior poverty rate (15%)⁷

27% of Crawford County **65+ year-old** community survey respondents earn a relatively low household income of \$20,000-34,000 per year, a higher percentage than all other age groups



In the community member survey, those with a **graduate degree** (38%), **bachelor's degree** (37%), or **associate's degree** (36%) were more likely to rank employment as a top concern than other education levels

Research suggests that people with **disabilities** may experience additional challenges in obtaining and maintaining employment¹¹



Women (11%) who responded to the community survey were more likely than men (7%) to earn a household income of less than \$20,000 per year

#3 Health Need: SUBSTANCE USE

#2 2022 RANKING



Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support

IN OUR COMMUNITY



In the community member survey, **nearly one-third (30%)** of Crawford County respondents reported **substance use** as a top health concern. **19%** say that substance use disorder services are **lacking** in the community



In the 2024 County Health Rankings, **16% of Crawford County adults report binge or heavy drinking in the past month**, vs. 20% for Ohio adults²



9% of Crawford County youth surveyed have **used marijuana at least once**, compared to 13% for Ohio youth. **5%** of Crawford County youth have used the substance in the **past 30 days**, compared to 6% for Ohio youth¹²



32% of Crawford County youth perceive **using marijuana once or twice per week to have great risk**, compared to 27% for Ohio youth¹²



In the community survey, **10%** of Crawford County residents said they have **used marijuana one or more times** in the past 30 days

ACCORDING TO THE OHIO HEALTHY YOUTH ENVIRONMENTS SURVEY (OHYES!):

- 5%** of Crawford County teens have **used alcohol in the past month**, vs. 9% for Ohio¹²
- 21%** of Crawford County teens have **ever drank more than a few sips of alcohol**, vs. 27% for Ohio¹²
- 33%** of Crawford County teens who have used alcohol in the past month have **binge drank**, vs. 44% for Ohio¹²
- 30%** of Crawford County teens perceive **binge drinking once or twice a week as a great risk**, vs. 28% for Ohio¹²



23% of **motor vehicle crash deaths** in Crawford County involve **alcohol**, compared to 32% for Ohio²



3% of community survey respondents reported that they have an **alcoholic drink 4 or more times a week**



3% of community survey respondents reported that in the past 6 months they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert



COMMUNITY FEEDBACK

“Do people even know what it is they are using? There's so many mixes; we had an incident where it was multi-victim because everybody used the same drug that was contaminated with something and fentanyl.”

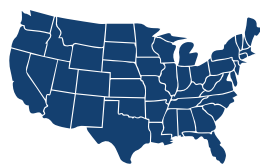
- Community Member Interview

“[We have seen an] increase in cocaine use, marijuana, and meth.”

- Community Member Focus Group

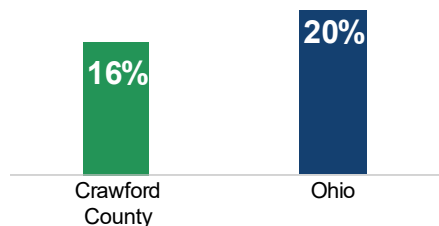
#3 Health Need: SUBSTANCE USE

#2 2022 RANKING



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

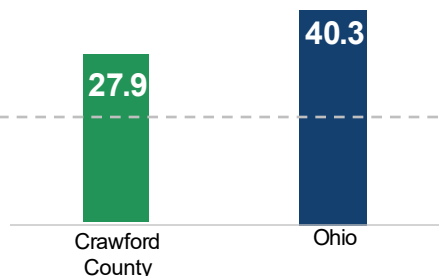


HP 2030 TARGET: 25%

DESIRED DIRECTION: ↓

✓ Crawford County exceeds the target²

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



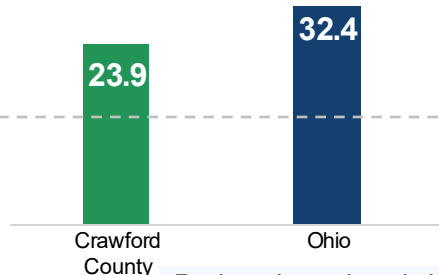
HP 2030 TARGET:

20.7 per 100,000

DESIRED DIRECTION: ↓

✗ Crawford County does not yet meet the target. Note that only crude rates were available¹³

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET:

13.1 per 100,000

DESIRED DIRECTION: ↓

✗ Crawford County does not yet meet the target. Note that only crude rates were available¹⁴

Both unintentional drug overdose deaths and opioid overdose deaths have **decreased** since the 2022 CHNA for Crawford County



COMMUNITY FEEDBACK

"For the youth, the marijuana and alcohol is starting at eight, nine, and ten."

- Community Member Interview

"Students are using substances like marijuana in the vape pens. That's obviously been on a big rise over the last 5 years. The schools have tried really hard to stamp it out."

- Community Member Interview

PRIORITY POPULATIONS SUBSTANCE USE

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

In the community survey, 40% of **Bucyrus (44820)** residents rated substance use in their top community concerns, significantly more than **Galion (44833)** residents (25%)



According to recent research, **girls** are more likely than boys to drink and binge drink. Historically, this relationship was reversed¹⁵

State binge drinking rates are highest among **men, adults ages 18-24, and higher income households**¹⁶

According to the community survey, Crawford County residents **ages 35-65+** were significantly more likely to rate substance use as a top health concern in the community than residents ages 25-34



Youth are more impacted by substance use due to their developing brains¹⁷

According to the Ohio Balance of State Continuum of Care, 13% of the **homeless** population have chronic substance use challenges¹⁸

Top issues/barriers for substance use (reported in interviews and focus groups):

1. High drug use in youth
2. Drug use (in general)
3. Marijuana

Sub-populations most affected by substance use (reported in interviews and focus groups):

1. Youth
2. Adults

Top resources, services, programs, and/or community efforts for substance use:

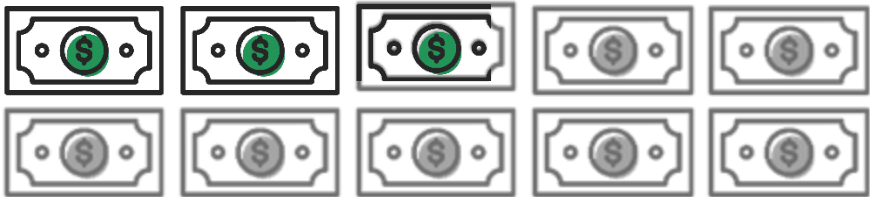
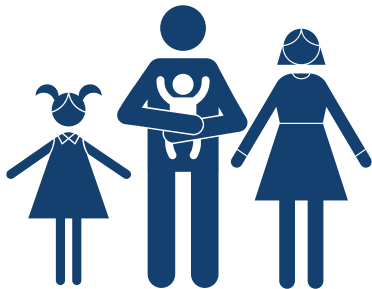
1. Health department/Public health
2. Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
3. Vending machines for Narcan

#4 Health Need: ACCESS TO CHILDCARE

#9 2022 RANKING



IN OUR COMMUNITY



The average two-child Crawford County household spends 28% of its income on childcare, compared to the state average of 29%²

CHILDCARE AVAILABILITY



Crawford County has **10 daycare centers per 1,000 children under 5 years old**, slightly more than the Ohio rate of 8²



COMMUNITY FEEDBACK

“Now, they have to work more hours just to cover the rising childcare costs. It’s a tough decision for families because, often, they’re not earning much more than what they’re spending on childcare.”

- Community Member Interview

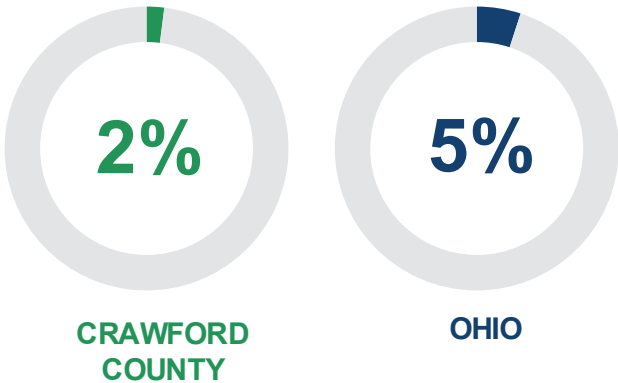
“Childcare is an issue, especially for special needs children. Some centers only go to age 12, and people still need help past that age.”

- Community Member Focus Group

“The problem is that families can receive a reduced childcare rate through Job and Family Services...[but] they first have to find an approved childcare provider...[and then] as their income increases due to work, their childcare costs also rise.”

- Community Member Interview

CHILDREN IN PUBLICLY FUNDED CHILDCARE



2% of Crawford County children are in publicly funded childcare, **below** the state average of 5%¹⁹



34% of Crawford County community members surveyed reported that **access to childcare is lacking** in the community



#4 Health Need: ACCESS TO CHILDCARE

#9 2022
RANKING

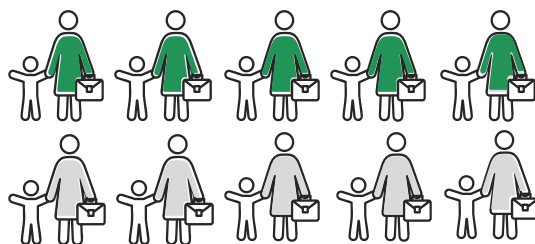
According to the 2023 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **\$8,292** per year (for school-aged children cared for outside of school hours) to **\$12,989** per year (for infants under one year of age).²⁰ These costs have **increased** since the 2022 CHNA

IN OUR COMMUNITY



21% of Crawford County community members surveyed reported that **access to childcare** is an issue of concern in their community

73% of Ohioans surveyed say that quality childcare is expensive locally²¹



According to the 2024 Groundwork Ohio statewide survey, **49% of working parents** stated that they have had to **cut back on working hours to care for their children**.²¹



COMMUNITY FEEDBACK

“Many of our childcare centers have almost a year wait list, the demand in the community is very high.”

- Community Member Interview

“We have many working moms that decide to stay home because they didn't have the necessary childcare when they returned to work or wanted to return to work.”

- Community Member Interview

PRIORITY POPULATIONS

ACCESS TO CHILDCARE

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

33% of **Black/African American** and 21% of **White/Caucasian** residents who responded to the community survey rated access to childcare as a top concern



Lower-income residents may have challenges affording childcare. Childcare was identified as an economic issue in the 2024 Groundwork Ohio statewide survey²¹

According to the community survey, Crawford County residents **ages 25-34** (42%) were significantly more likely to report childcare as a top health concern than residents of other ages



48% of residents surveyed in **Bucyrus (44820)** reported that childcare resources are lacking, significantly more than residents in Crestline (44827) (31%) and Galion (44833) (27%)

Childcare access barriers were mentioned in more than half of all focus groups with **priority populations**

Top issues/barriers for access to childcare (reported in interviews and focus groups):

1. Not enough childcare facilities
2. Lack of spots/availability
3. Affordability

Sub-populations most affected by access to childcare (reported in interviews and focus groups):

1. Low-income population
2. Single parents

Top resources, services, programs and/or community efforts for access to childcare:

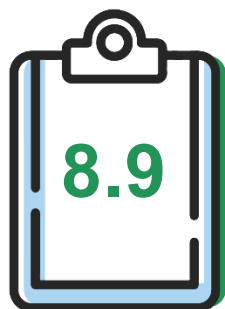
1. YMCA

#5 Health Need: ENVIRONMENTAL CONDITIONS



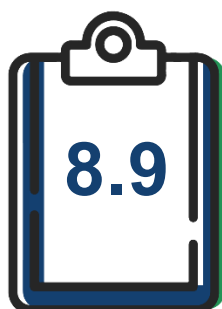
21% of Crawford County community survey respondents reported environmental conditions as a top health need for the community

IN OUR COMMUNITY



**CRAWFORD
COUNTY**

In 2019, **Crawford County** had the same air quality measurement (based on number of micrograms of particulate matter per cubic meter of air) as Ohio overall²



OHIO



In 2024, there were **no human cases of West Nile Virus** in Crawford County, vs. 14 total in Ohio. In 2023, there were **3 cases of Lyme disease** in Crawford County, compared to 1,307 cases total in Ohio^{22, 23}



In 2022, **at least one community water system** in Crawford County, Ohio **reported a health-based drinking water violation**²



COMMUNITY FEEDBACK

“People live in agriculture areas with wells, so their water isn't fluoridated. Several of our cities in the county do not have fluoride in their water system, so that affects dental development and children.”

- Community Member Interview

PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

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



Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects²



30% of Crawford County survey respondents **ages 18-24** and 26% of respondents **ages 25-35** ranked air and water quality as a top concern, significantly more than those ages 65+ (13%)

Top issue/barrier for environmental conditions (reported in interviews and focus groups):

1. Water quality

Sub-population most affected by environmental conditions (reported in interviews and focus groups):

1. Galion

“Our farmers do try very hard to be environmentally conscious in their farming methods.”

- Community Member Interview

#6 Health Need:

ADVERSE CHILDHOOD EXPERIENCES

#4 2022 RANKING



Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative can have lifelong impacts²⁴

5 of the top 10
leading causes of death in the
U.S. are associated with ACEs²⁵

IN OUR COMMUNITY

18% of survey respondents said that **ACEs** are a top concern in the community

Crawford 6.74
Ohio 4.70

Crawford County has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio²⁶

According to the 2023 OHYES! Survey, the most commonly reported types of ACEs in Crawford County are:¹²

- Emotional abuse (63%)
- Household mental illness (33%)
- Household substance abuse (29%)
- Incarcerated household member (21%)
- Physical abuse (21%)
- Witnessed domestic violence (15%)

**Ohio Healthy Youth Environmental Survey (OHYES!)*

Research shows that **youth with the most assets are more likely to:**²⁵

- do well in school
- be civically engaged
- value diversity

Research shows that **youth with the most assets are less likely to engage in:**²⁵

- alcohol use
- violence
- sexual activity

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

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



According to BRFSS** data, ACEs are higher among **girls**²⁷

Children with the following **risk factors:**²⁸

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

Significantly more residents **ages 45-54** (24%) ranked ACEs as a top health concern in the community survey than residents ages 55-64 (13%) and 65+ (7%)

***Behavioral Risk Factor Surveillance System (BRFSS)*

Top issues/barriers for ACEs (reported in interviews and focus groups):

1. Abuse and Neglect
2. Drugs and Domestic Violence
3. Childhood Trauma

Sub-populations most affected by ACEs (reported in interviews and focus groups):

1. Children of parents in poverty
2. Low-income

Top resources, services, programs and/or community efforts for ACEs:

1. Crawford County Community Counseling & Wellness Centers
2. Crawford County Job & Family Services
3. Local court system



More than two-thirds (78%) of Crawford County children have experienced at least one ACE¹²



COMMUNITY FEEDBACK

"There's a lot of resources available. It's the communication and linkage to who needs what."

- Community Member Interview

"People need understanding on how important those ACEs really are."

- Community Member Interview

#7 Health Need: FOOD INSECURITY

#2 2022 RANKING



14% of Crawford County residents have **limited access to healthy foods** (are low-income and do not live close to a grocery store), **double** the Ohio rate of 7%²



When asked what resources were lacking in the community of Crawford County survey, **41%** of respondents answered **affordable food**, while **18%** of survey respondents ranked **food insecurity** as a top health concern

IN OUR COMMUNITY



Crawford County has a **food insecurity rate of 16%**, **higher** than the Ohio rate of 14%. Crawford County also has a **higher child food insecurity rate (22%)** than Ohio overall (20%)²⁹



15% of Crawford County residents and **20%** of Galion residents use **food stamps**, which is **higher** than the state rate of 12%. However, fewer single moms with children utilize food stamps in the county (25%) and Galion (27%) vs. Ohio (**35%**). Furthermore, the rate is only **slightly lower for older adults (60+) who receive food stamps** in the county (**35%**) than the rest of the state (**36%**)^{7, 30}



When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **13% of respondents reported 'yes'**



The percentage of students in Crawford County who are eligible for the **National School Lunch Program (NSLP) Free & Reduced Price Meals** is **highest at Bucyrus Elementary School (71%), Bucyrus High School (65%), and Wynford Elementary School (53%)**³¹ These rates have **increased** since the 2022 CHNA

**Among Traditional Provision schools only*

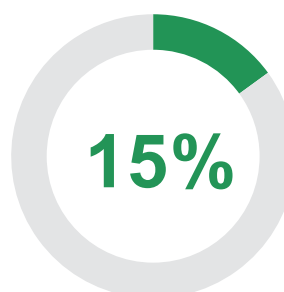


COMMUNITY FEEDBACK

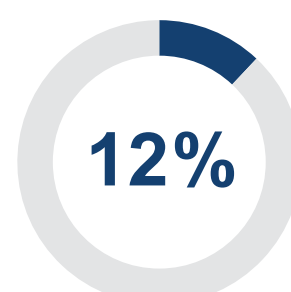
"[There is] limited access to healthy foods [because] they are more expensive, and when on a limited budget or receiving food stamps as the primary source of funds for food, [people] often buy junk foods or more processed foods as they are cheaper than buying fresh fruits and vegetables."

- Community Member Focus Group

A **higher rate** of Crawford County than Ohio households access **SNAP** benefits**⁷



CRAWFORD COUNTY



OHIO

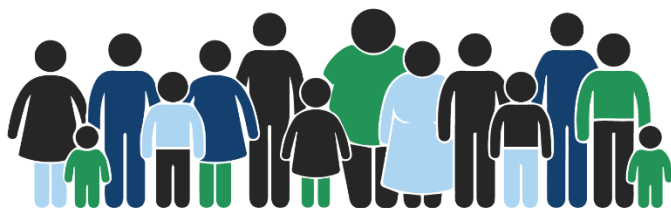
6.5/10

Crawford County's **food environment rating** out of 10 (0 being worst and 10 being best) is **6.5/10**, vs. **7.0/10** for Ohio²

***Supplemental Nutrition Assistance Program*

#7 Health Need: FOOD INSECURITY

#2 2022 RANKING



COMMUNITY FEEDBACK

“Unfortunately, grocery stores are widely spread out here. If you don’t live in one of the towns, it can be much harder to access regular grocery trips—especially for elderly populations.”

- Community Member Interview

“Most of the fresh food options seem to be concentrated on the north and west sides of town, which are the more affluent communities.”

- Community Member Interview

“The conundrum is that many families and kids feel ashamed to take advantage of these resources. As a result, those who need help the most often don’t use the support available to them.”

- Community Member Interview

“Kids love junk food, and unfortunately, it’s the cheaper option. For low-income families, unhealthy food is often far more affordable than healthier alternatives, which is a real problem. It shouldn’t be that way.”

- Community Member Interview



PRIORITY POPULATIONS FOOD INSECURITY

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

Data shows that food insecurity for **Black or Latino** individuals is higher than White individuals in more than 9 out of 10 American counties. 9 out of 10 high food insecurity counties are **rural**. Nearly 50% of people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**²⁹



Research says that 91% of food insecure children in Crawford County (22% of children) **qualify for SNAP benefits but may not be receiving them (likely due to lack of access or caregivers not meeting work requirements)**²⁹

According to the community survey, 27% of **Crestline (44827)** respondents feel that access to healthy foods needs to be addressed in Crawford County, more than other areas, including Galion (44833) (18%) and Bucyrus (44820) (15%)



In the community survey, Crawford County residents **ages 35-44** (24%) were significantly more likely to rank access to healthy foods as a health concern in the community than those ages 45-54

20% of **Crestline (44827)** community survey respondents reported that they worry about running out of food and not being able to get more, higher than 14% in Galion (44833) and 11% in Bucyrus (44820)



Community survey respondents **35-44 years old** felt that affordable food (46%) was lacking more in the community than those who were 65+ years old (28%)

Top issues/barriers for food insecurity (reported in interviews and focus groups):

1. Healthy food is expensive
2. Lack of transportation

Sub-populations most affected by food insecurity (reported in interviews and focus groups):

1. Low-income population
2. Families with young children
3. Those without transportation

Top resources, services, programs and/or community efforts for food insecurity:

1. Farmers' markets
2. Food pantries
3. Health department

#8 Health Need:

NUTRITION & PHYSICAL HEALTH

#6 2022 RANKING



IN OUR COMMUNITY



50% of community survey respondents rated their physical health as **“good”**, while **32%** rated it as **“average”**



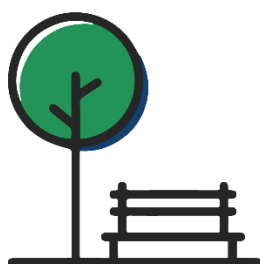
39% of community survey respondents **feel that having a busy schedule limits them** from having time to cook healthy food and exercise



41% of Crawford County residents are **obese**, higher than the state rate of 38%²



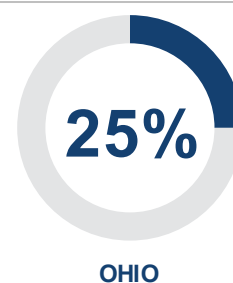
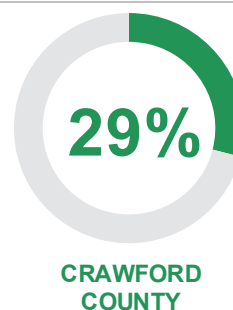
32% of Crawford County youth (grades 7-12) are **physically active for at least 60 minutes per day**, higher than the Ohio rate of 26%¹²



20% of community survey respondents **say that recreational spaces are lacking** in Crawford County



5% of community survey respondents say that **lack of reliable transportation has kept them from buying food/groceries** in the past year, while another **2%** say that it has **kept them from physical activity**



According to the 2024 County Health Rankings program, adults in **Crawford County (29%)** are **more sedentary** than adults in the rest of the state (25%).² Both rates have **slightly decreased** since the 2022 CHNA

(Sedentary = did not participate in leisure time physical activity in the past month)



Of adults in BRFSS Region 3*, **18%** **consume no vegetables per day** (vs. 20% for Ohio), while **41%** **consume no fruit per day** (vs. 43% for Ohio)³²



In both Crawford County and Ohio overall, **10%** of youth in grades 7-12 **consume no fruits or vegetables daily**¹²

*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.

#8 Health Need:

NUTRITION & PHYSICAL HEALTH

#6 2022 RANKING



LACK OF ENERGY

"People lack motivation or an accountability system to keep to [become healthier]."

49%

STRESS

"Access to affordable, nutritious food is very difficult for the folks in poverty that we serve."

38%

MONEY

"Those that are homeless are more worried about their car being repossessed or if they can come up with the money for their next meal. They are not worried about exercising."

41%

BARRIERS TO GETTING HEALTHIER

INTIMIDATION OF GOING TO A GYM

"Well, there's always a cost to it, right? If you're going to join a gym, some need help to afford it."

28%

BUSY SCHEDULE

"Fast food is just easier to grab and go."

39%

EATING OUT IS EASIER

"[Instead of] going to the grocery store to pick up some fruit, I happen to walk by the local fast food restaurant [and] just go in there and get something."

16%

Reported in community member survey, quotes from key informant interviews.



COMMUNITY FEEDBACK

"It could be a lack of education—people not realizing the long-term effects of a sedentary lifestyle. Things like diabetes, high blood pressure, and obesity often stem from not knowing the risks or how to make healthier choices."

- Community Member Interview

"[There is a] trickle-down effect from moms to babies and kids—[they] don't know how to pass on healthy habits to kids, they eat badly, [and it] spirals down from there."

- Community Member Focus Group

"The schools are doing their part by providing healthy lunches for the kids, making sure they have access to nutritious meals during the day."

- Community Member Interview

Top issues/ barriers for nutrition & physical health (reported in interviews and focus groups):

1. Sedentary lifestyles
2. Unhealthy food is cheap/healthy food is expensive

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

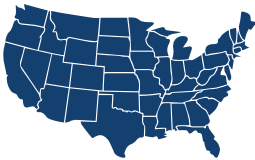
1. Low-income population
2. Families with young children
3. Youth

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

1. YMCA
2. Parks and trails
3. Health department
4. Local schools

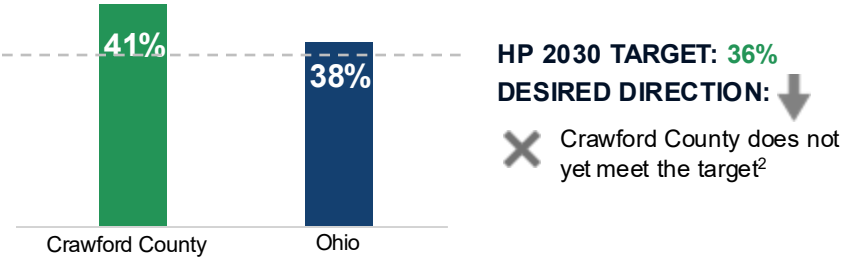
#8 Health Need: NUTRITION & PHYSICAL HEALTH

#6 2022 RANKING

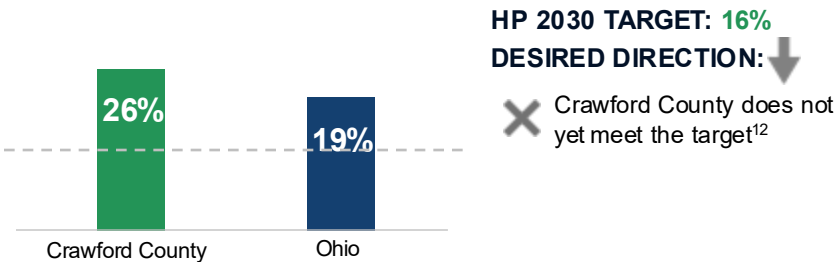


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



CHILDREN & TEEN OBESITY



15% of community survey respondents ranked nutrition and physical health as a priority health need



COMMUNITY FEEDBACK

“This isn’t a county that prioritizes healthy living. In some communities, you see walking paths and people out biking, but that’s not the case here. It doesn’t seem to be a lifestyle that’s widely valued.”

- Community Member Interview

PRIORITY POPULATIONS NUTRITION & PHYSICAL HEALTH

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

Children and teen obesity rates have worsened since the 2022 CHNA for both Crawford County and Ohio.



According to data, **teen girls** are much more likely than boys to report trying to lose weight³³

48% of **Bucyrus (44820)** survey respondents feel that their busy schedule impacts their ability to get healthier and in better shape, significantly more than respondents from Galion (44833) (33%)



According to research, **males** are more likely to be overweight and not eat enough fruits and vegetables compared to females³²

31% of **Crestline (44827)**, 29% of **Galion (44833)**, and 28% of **Bucyrus (44820)** survey respondents feel intimidated going to a gym and see that as a barrier to getting in shape



26% of survey respondents **ages 18-24** feel that the convenience of eating out being easier holds them back from getting healthier and in better shape, significantly more than those ages 55-64 (9%)

50% of **women** surveyed reported that lack of energy keeps them from getting healthier and in better shape, significantly more than men (36%)

65% of community survey respondents with household incomes **under \$20,000** believe that money keeps them from getting healthier and in better shape, followed by 52% for household incomes of **\$20,000-\$34,999**

50% of survey respondents in **Crestline (44827)** reported that stress prevents them from getting healthier and in better shape, along with 40% in **Bucyrus (44820)** and 37% in **Galion (44833)**



#9 Health Need: CRIME & VIOLENCE

#11 2022 RANKING



Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support

13% of community survey respondents feel that crime and violence is a top issue of concern in the community

IN OUR COMMUNITY

Crawford County's 2023 property and violent crime rates are lower than the state of Ohio overall. Property crime rates have declined over the last decade³⁴

PROPERTY CRIME RATES PER 100,000³⁴



VIOLENT CRIME RATES PER 100,000³⁴



COMMUNITY FEEDBACK

"I think drug addiction and mental health issues are what lead to most of the crime around here."

- Community Member Interview

"The issue is that our law enforcement officers don't stay. They might work here for a while, but then they move to another community where the pay and benefits are better. As a result, many of our officers are transient—they gain some experience here and then leave when they get a better offer."

- Community Member Interview

PRIORITY POPULATIONS CRIME & VIOLENCE

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

According to the community survey, 20% of respondents with household incomes of **\$20,000-\$34,999** ranked crime and violence as a top concern, significantly more than those with incomes of \$50,000-\$74,999 (9%) and over \$100,000 (10%)



Both property crime and violent crime rates are higher in **Bucyrus** compared to Crawford County and Galion³⁴

Community survey respondents in **Galion (44833)** were more likely to rate crime and violence as a priority need (15%), followed by 14% in Bucyrus (44820) and Crestline (44827)

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

1. Crime/violence due to drugs
2. Petty theft
3. Domestic violence/sexual abuse

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

1. Low-income population
2. People who use substances
3. Youth

Top resources, services, programs and/or community efforts for crime and violence:

1. Local law enforcement

#10 Health Need: TRANSPORTATION

#10 2022 RANKING



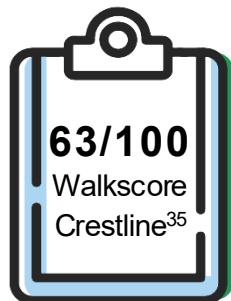
Transportation has a major influence on health and access to services (for example, attending routine and urgent appointments, as well as running essential errands that support daily life). **12% of community survey respondents reported transportation as a top health need in Crawford County**

IN OUR COMMUNITY



28% of community survey respondents **say that transportation is lacking** in Crawford County. **11%** of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year

The Walkscores of the most populous cities in Crawford County have **improved** since the 2022 CHNA



When analyzing Crawford County, according to *Walkscore.com*, many areas were 'Car Dependent' (almost all errands require a car). The more populous cities of Bucyrus, Galion, and Crestline have higher Walkscores than most of the county and were classified as 'Very Walkable' or 'Somewhat Walkable'. The Walkscores for the most populous communities in Crawford County are displayed above.



COMMUNITY FEEDBACK

"A lot of our patients have transportation problems. There is some transportation like bus systems, but it is very limited."

- Community Member Interview

According to the **American Community Survey**:



84% of all workers in Crawford County **drive alone to work**, compared to 77% for Ohio. **80%** of **Galion** residents also drive alone to work⁷



0.1% of Crawford County residents **use public transportation to get to work** (vs. 1% for Ohio) and **2%** of both Crawford County and Ohio residents **walk to work**⁷



Both Crawford County and Ohio workers spend an average of **24 minutes per day commuting** to work, vs. **28 minutes** for **Galion** workers⁷

Top issues/barriers for transportation (reported in interviews and focus groups):

1. Lack of public transportation
2. Transportation is expensive
3. No rideshares (Uber/Lyft) available
3. Long wait times/not dependable public transportation

Sub-populations most affected by transportation (reported in interviews and focus groups):

1. Low-income population
2. Those without a vehicle
3. Rural areas

Top resources, services, programs and/or community efforts for transportation:

1. Seneca Crawford Area Transportation (SCAT)
2. Area Agency on Aging

#10 Health Need: TRANSPORTATION

#10 2022 RANKING



COMMUNITY FEEDBACK

"I do know that there is a need [for transportation]. A lot of the higher paying employers in the area are in the industrial parks that are outside of the city limits, so they're not walkable locations."

- Community Member Interview

"We need better transportation for those people who don't have access, who can't drive, or who live in assisted living. A lot of times they're told to find a family member, but [what] if they can't find a family member...so transportation is a big problem."

- Community Member Interview

"The problem is if I live in Bucyrus and my doctor is in Galion, well, there's 20 miles between [them]...if I need [to go] 3 times a week, and SCAT is charging me \$5 there and \$5 back, that's \$30 a week. If I don't have the financial resources, I can't do that."

- Community Member Interview

"But because this is a rural county, transportation is definitely a barrier."

- Community Member Interview

"[People are] sitting around waiting on pickups...[there's] limited assistance for individuals with disabilities."

- Community Member Focus Group

"Rural families face transportation barriers, feeling isolated...transportation services are difficult, especially if they have to take kids to appointments, [and they] may only let you take 1 out of 3 kids."

- Community Member Focus Group

PRIORITY POPULATIONS TRANSPORTATION

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



Residents of rural areas have less access to public transit and must travel farther to access essential services³⁶

According to the community survey, 37% of **Crestline (44827)** residents feel that transportation is a lacking community resource, more than Bucyrus (44820) (28%) and Galion (44833) (27%)



22% of community members with a **health-related disability** surveyed ranked transportation as a top concern

In the community survey, 10% of residents reported **relying on family members for transportation** to medical appointments, 10% for food shopping, and 7% for work



Community survey respondents who **worry about losing their housing** were significantly more likely to say that lack of transportation kept them from accessing needed resources in the community

Of all age groups surveyed, **adults age 65+** (24%) were more likely to select transportation as a priority health need than other age groups



Transportation barriers were mentioned in the majority (89%) of focus groups with **priority populations**

#11 Health Need: EDUCATION

#13 2022 RANKING



Educational attainment is a key driver of health. **11%** of community survey respondents reported it as a **priority health need**

IN OUR COMMUNITY

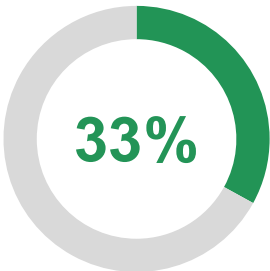


According to County Health Rankings data from 2024, **10% of Crawford County residents did not have a high school degree or equivalent, vs. 9% for Ohio²**

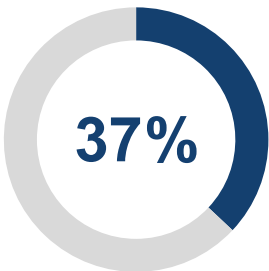
54% of Crawford County and 45% of Galion residents have at least some college education (vs. 67% for the state of Ohio)²



KINDERGARTEN READINESS³⁷



CRAWFORD COUNTY



OHIO

The average **Kindergarten readiness** rate for Crawford County schools (33%) was **slightly lower** than Ohio (37%) for 2023-2024. Readiness rates are lowest in **Bucyrus City Schools** (21%) and **Wynford Local Schools**. (32%)³⁷



39% of 3- and 4-year-olds in Crawford County were **enrolled in preschool** according to a 2023 U.S. Census Bureau report. This is **lower (and worse)** than the overall Ohio rate of 43%³⁸



Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children³⁹



Crestline Exempted Village (83.9%) and Wynford Local Schools (92.4%) have the lowest 4-year high school graduation rates in Crawford County for 2023, although one of these rates is still above the Ohio state average (88%)⁴⁰



COMMUNITY FEEDBACK

“We have a good team from the school district. We have a lot of good relationships in the community.”

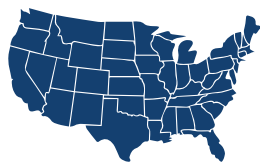
- Community Member Interview

“Life skills need to be taught in schools again.”

- Community Member Focus Group

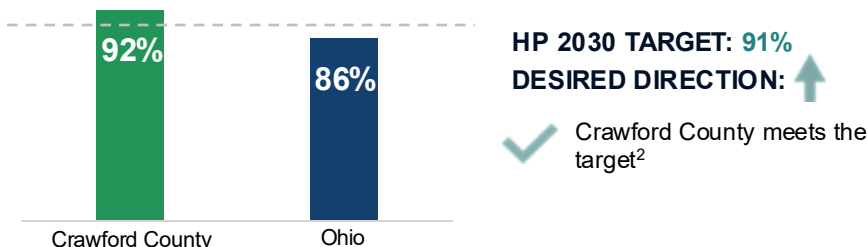
#11 Health Need: EDUCATION

#13 2022 RANKING



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



In 2023-2024 **Crestline Exempted Village (30.2%), Bucyrus City Schools (28.6%), and Galion City Schools (25%)** had the highest high school chronic absenteeism rates in Crawford County⁴¹

All but Galion City Schools are **higher** than the Ohio overall rate for chronic absenteeism for 2023-2024 (26%)⁴¹



COMMUNITY FEEDBACK

"We as a Health Department try to do things with the kids, like the summer lunch programs."

- Community Member Interview

"I also think that if we weren't concentrating just on teaching these kids based on how to pass state tests rather than teaching them things that are going to help them later on in life, that would be a little bit more helpful."

- Community Member Interview

"The Salvation Army has a support group, and beginning in the fall will have an after-school education program for students struggling to meet state requirements."

- Community Member Interview

PRIORITY POPULATIONS EDUCATION

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



19% of community members surveyed reported having a **high school degree or less**

According to research, **children who are lower income and/or attending schools in rural areas** may have less access to quality education⁴²



According to the community survey, **men** were significantly less likely (5%) to have a trade school/vocational certificate than women (11%)

The Crawford County community survey found that those **ages 65+** were significantly less likely to have completed higher education compared to those ages 35-44



Community survey respondents who **worry about losing their housing** were significantly less likely to have completed post-secondary education

Survey respondents with household incomes of **\$20,000-\$34,999** were significantly less likely to select education as a priority than those with household incomes of over \$100,000 (4% vs. 14%)

Top issues/barriers for education (reported in interviews and focus groups):

1. Transportation to school and after
2. Truancy issues

Sub-populations most affected by education (reported in interviews and focus groups):

1. Low income/poverty

Top resources, services, programs, and/or community efforts for education:

1. Crawford County school districts
2. North Central Success Center

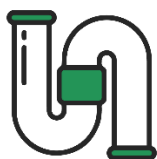
#12 Health Need: HOUSING & HOMELESSNESS

#8 2022 RANKING



Housing and homelessness is a concern in terms of quality and affordability, which has only increased during the COVID-19 pandemic. **11%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **50%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Crawford County.**

IN OUR COMMUNITY



According to the 2024 County Health Rankings report, 10% of all households in Crawford County experienced severe housing problems (which includes incomplete kitchen and plumbing facilities, severe overcrowding and severe rent burden). This is compared to an average of 13% statewide²



Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was a **9% vacancy rate in Crawford County** in 2023, a **decrease** from 11% in the 2022 CHNA. **Galion's vacancy rate of 13%** is on par with Freddie Mac's rate^{43,44}



8% of all Crawford County households are severely "cost burdened" (spend 50% or more of their income on housing), vs. 12% for Ohio²



The number of households **lacking complete plumbing or kitchen facilities** has **decreased** in both Crawford County and Galion since the 2022 CHNA⁴⁴

% CHANGE IN UNITS LACKING:

Complete plumbing facilities
Crawford County -0.3% Galion -0.9%
Complete kitchen facilities
Crawford County -0.8% Galion -0.9%



COMMUNITY FEEDBACK

"[We need] affordable housing...students are moving out of the area because parents can't afford to live there."

- Community Member Focus Group

"Housing affordability and access is a challenge in our community and in the region."

- Community Member Interview

"I know that homelessness is an issue in our area, and we do not have a homeless shelter that I'm aware of for patients to go to."

- Community Member Interview

+3%
OHIO



The U.S. Department of Housing and Urban Development (HUD) reported that from 2023 to 2024, the **population of homeless individuals in Ohio increased** by 3%⁴⁵



The 2024 Annual Homelessness Assessment Report estimates that **11,759 individuals in Ohio experience homelessness**. **20%** of Ohio's homeless population is **unsheltered**⁴⁵



Data shows that **15% of Crawford County households are seniors who live alone**, with a **higher rate (18%) in Galion**. Both rates are **higher** than the Ohio rate of 13%. Seniors living alone may be isolated and lack adequate support systems⁴

#12 Health Need: HOUSING & HOMELESSNESS

#8 2022 RANKING



COMMUNITY FEEDBACK

"There is community action, but it's all income based. So, if you step outside of that income or you're outside of that waiting list area, you can be really affected."

- Community Member Interview

"I would say there's an unacknowledged homeless population. I think you see individuals, but I don't think it's an issue that is addressed."

- Community Member Interview

"We have some really, really cheap housing that isn't in good condition."

- Community Member Interview

"[We need more] senior housing...low income especially has long waitlists."

- Community Member Focus Group



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

1. Homelessness
2. Not enough quality low-income housing
3. Not enough affordable housing

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

1. Low-income population
2. Elderly population
3. Homeless population

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

1. Job & Family Services
2. Crawford Metropolitan Housing Authority
3. Salvation Army
3. Ohio Heartland Community Action Commission

PRIORITY POPULATIONS HOUSING & HOMELESSNESS

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



According to the Ohio Balance of State Continuum of Care, 20% of the homeless population lives with **mental illness**, nearly 10% were **survivors of domestic violence**, 13% had **chronic substance abuse challenges**, less than 3% were **veterans**, and 9% were **young adults** (ages 18-24)⁴⁶

Women who responded to the community survey were more likely than men to report housing and homelessness as a priority need

16% of residents in **Bucyrus (44820)** ranked housing and homelessness as a top concern in the community survey, compared to 9% in **Galion (44833)**



In the community survey, 66% of residents with a household income of **less than \$20,000** felt that affordable housing resources were lacking

In the community survey, residents who are **disabled** or currently **employed part-time** were significantly less likely to say they have a steady place to live than those employed full-time

According to community survey responses, 100% of **Black or African American** and **Native American/Alaska Native** residents felt that affordable housing resources were lacking, as well as 83% of **Hispanic/Latino/a** residents



Housing and homelessness issues were mentioned in 78% of focus groups with priority populations (including **youth, mental health, seniors, and low-income** populations)

#13 Health Need: TOBACCO & NICOTINE USE

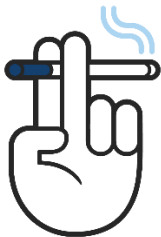
#12 2022 RANKING



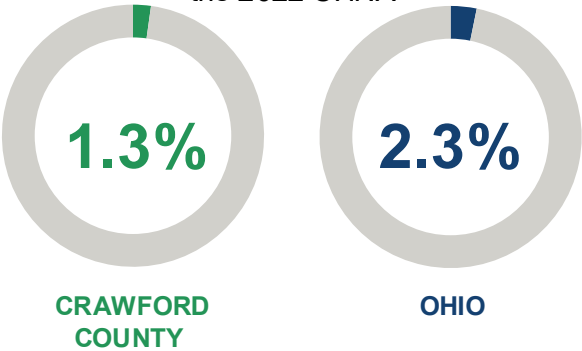
8% of community survey respondents indicated that tobacco and nicotine use were top concerns in Crawford County

IN OUR COMMUNITY

The leading chronic disease causes of death in Crawford County are: ¹³
#1 Heart disease
#2 Cancer
#3 COVID-19
#4 Chronic lower respiratory disease
Smoking is a risk factor for all these chronic diseases



2023 rates of current cigarette smoking are **slightly lower** for Crawford County teens than Ohio teens.¹² Both rates have **declined** since the 2022 CHNA



In the 2023 OHYES! survey, **14% of Crawford County youth said they vaped in the past 30 days**, compared to 18% for Ohio¹²



23% of Crawford County adults are current smokers (vs. 19% for Ohio), while **9.3%** of BRFSS Region 3* and **8.8%** of state adults **use e-cigarettes**.^{2,16}

Adult smoking rates have **slightly decreased** since the 2022 CHNA, from 25% for Crawford County and 21% for Ohio

*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.



In the community survey...

- **15%** of respondents reported **smoking cigarettes, vaping, or using another nicotine or tobacco product** daily or almost every day in the past 30 days
- **3%** reported **smoking cigarettes, vaping, or using another nicotine or tobacco product** some days in the last 30 days

26% of Crawford County and Ohio teens do not view tobacco use as a moderate or great risk, compared to 23% for Ohio. **They are also less likely to view vaping as a risk** (32% of Crawford County and Ohio teens do not view vaping as a moderate or great risk)¹²



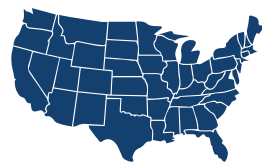
COMMUNITY FEEDBACK

“The kids truly think what they're doing is not wrong, and it's because it's been marketed that way as a healthier alternative to smoking.”

- Community Member Interview

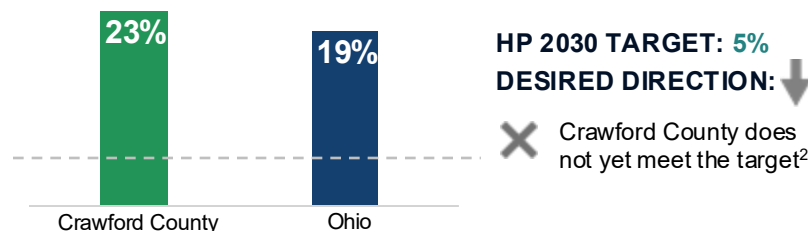
#13 Health Need: TOBACCO & NICOTINE USE

#12 2022 RANKING



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



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

1. Vaping
2. Smoking
3. Marketing to youth

Sub-populations most affected by tobacco & nicotine use (reported in interviews and focus groups):

1. Youth
2. Adults

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:

1. School programs
2. Crawford Public Health



COMMUNITY FEEDBACK

"We have seen a tremendous increase in the use of vapes, and again, I don't think kids know the consequences of those actions."

- Community Member Interview

"Vaping [is an issue], especially in school-age populations."

- Community Member Focus Group

PRIORITY POPULATIONS TOBACCO & NICOTINE USE

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



In the community survey, residents with a **high school degree or equivalent** (11%) and a **bachelor's degree** (10%) were significantly more likely to rank tobacco and nicotine use as a top concern than residents with an associate's degree (4%).

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities, and lower income and less educated people**^{47, 48}

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities, and lower income and less educated people**^{47, 48}



Youth are more likely to vape/use e-cigarettes than smoke tobacco⁴⁹

People with **mental health issues** are more likely to smoke^{47, 48}

According to the community survey, 24% of residents **ages 18-24** smoked cigarettes, vaped or used some other tobacco/nicotine product **daily or almost every day** for the past 30 days, more than other age groups



Men (12%) were more likely than **women** (7%) to rank tobacco and nicotine use as a top health concern in the community survey

Community survey respondents who **worry about losing their housing** were significantly more likely to say that they smoke cigarettes, vape, or use other tobacco/nicotine products daily or almost daily (34%)



#14 Health Need: PREVENTIVE CARE & PRACTICES

Access to preventive care has been found to significantly increase life expectancy, and can help prevent and manage chronic conditions, which are the most common negative health outcomes in the county²

IN OUR COMMUNITY

4% of community survey respondents said that addressing **preventive care and practices** in Crawford County is a top concern



Childhood immunization rates entering kindergarten in Ohio **slightly lag behind** U.S. rates and Healthy People 2030 goals for all required vaccines, ranging from 89% for chickenpox to 93% for Hepatitis B⁵⁰



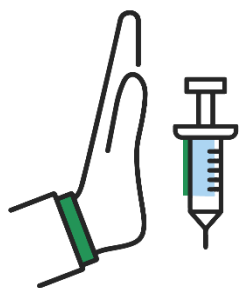
40%
Less than half (40%) of Crawford County Medicare enrollees received a flu vaccine in 2024, vs. 49% for Ohio²



Nearly 1 in 3 (30%) Crawford County women ages 50-74 have not had a mammogram in the past two years⁵¹



1 in 3 (33%) Crawford County adults ages 50-75 do not meet colorectal screening guidelines⁵¹



14% of community survey respondents have **NEVER** had a flu shot, while only **48%** say they have had one in the past year

10% of community survey respondents have **NOT** received a flu shot in **5 or more years**



More than 1 in 3 (36%) Crawford County women ages 21-65 have not had a pap test in the past three years⁵¹



COMMUNITY FEEDBACK

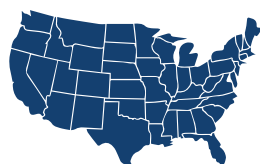
"Nobody stops to think about preventive care. I think that screening is limited by people's willingness to be screened."

- Community Member Interview

"Unfortunately, we're seeing a steep decline in our vaccination rates. Parents don't want their children vaccinated, even with schools requiring vaccines."

- Community Member Interview

#14 Health Need: PREVENTIVE CARE & PRACTICES



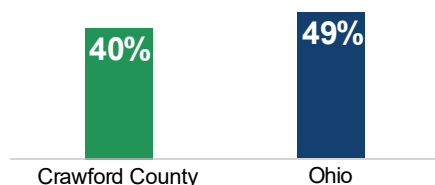
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

MEDICARE ENROLLEE ANNUAL FLU VACCINATION

HP 2030 TARGET: **70%**

DESIRED DIRECTION:

✗ Crawford County does not yet meet the target²

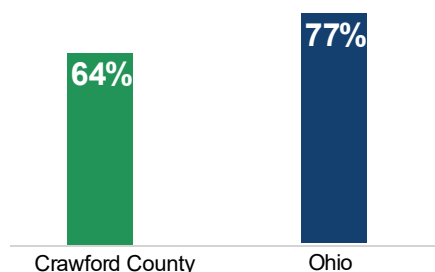


WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

HP 2030 TARGET: **84%**

DESIRED DIRECTION:

✗ Crawford County does not yet meet the target⁵¹

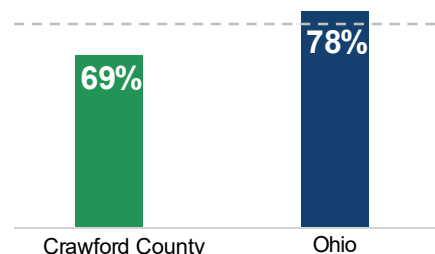


WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

HP 2030 TARGET: **77%**

DESIRED DIRECTION:

✗ Crawford County does not yet meet the target⁵¹

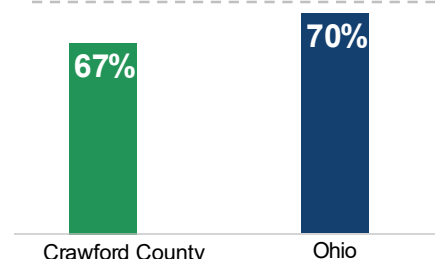


ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

HP 2030 TARGET: **74%**

DESIRED DIRECTION:

✗ Crawford County does not yet meet the target⁵¹



PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

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

Data shows that Ohioans are less likely to engage in preventive care the **less educated they are, the less money they have, the younger they are, and if they are men**⁵²



Residents who **lack health insurance** and/or have **difficulties affording care**⁵²

According to the community survey, residents **ages 18-24** (11%) were more likely to rank preventive practices as a top concern, more than other age groups



Crestline (44827) community survey respondents were significantly less likely (57%) to have received a routine check-up within the last year than Bucyrus (44820) (73%) and Galion (44833) (71%) respondents

Survey respondents from **Galion (44833)** and **Crestline (44827)** were less likely to say they had a flu vaccine in the past year than Bucyrus (44820) residents

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

1. Lack of awareness/education/utilization of services
2. Expensive
3. Lack of health insurance coverage

Sub-populations most affected by preventive care & practices (reported in interviews and focus groups):

1. Low-income population
2. Immigrant population

Top resources, services, programs and/or community efforts for preventive care & practices:

1. Crawford County Public Health
2. OhioHealth Mobile Mammography



#15 Health Need: INTERNET ACCESS

Ohio ranks 30th out of 50 U.S. States in BroadbandNow's 2025 rankings of internet coverage, speed, and availability (with 1 being better coverage).⁵³ This ranking has worsened since the 2022 CHNA (24th out of 50). 3% of community survey respondents rated internet access as a **priority health need**.

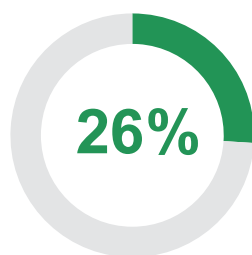
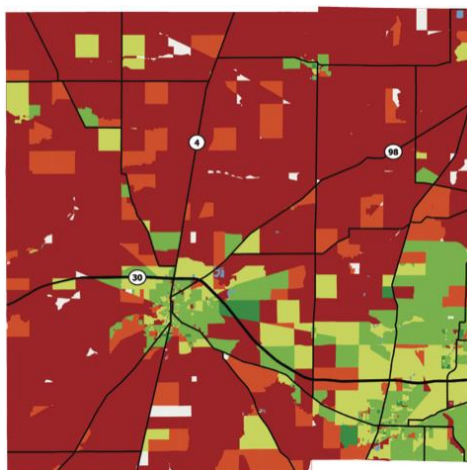
IN OUR COMMUNITY

The map to the right shows **broadband internet access** across Crawford County (red areas have the least access to internet while green areas have the most access)⁵⁴

Key: Internet Speeds*

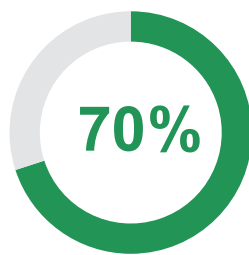


*megabits per second



of households in Crawford County lack access to broadband internet (25/3 mbps*—standard internet speed)⁵⁴

*megabits per second



of households in Crawford County without access to broadband internet have low internet speeds (10/1 mbps* or less)⁵⁴



COMMUNITY FEEDBACK

"Depending on where you live in the county, accessing internet is difficult, at best."

- Community Member Interview

"There's no high-speed internet, and it's out of a lot of people's price range to get it."

- Community Member Interview

"I think that anywhere outside of the city limits, there's no internet, and if there is, it's not affordable for many people."

- Community Member Interview

PRIORITY POPULATIONS INTERNET ACCESS

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



Lower income people have a lower likelihood of having internet access, according to research⁵³

According to the community survey, 8% of residents **ages 65+** ranked internet as a top concern in Crawford County, more than other age groups



Community survey respondents who **worry about losing their housing** were more likely to rate internet access as a top health need than those who do not (5% vs. 3%)

Community survey respondents in **Galion (44833)** were less likely to rate internet access as a top health need (2%) than both Bucyrus (44820) and Crestline (44827) residents (4%)

Top issues/barriers to internet access (reported in interviews and focus groups):

1. Affordability/costs
2. Lack of access
3. Lack of coverage in rural areas

Sub-populations most affected by internet access (reported in interviews and focus groups):

1. Rural areas
2. Low-income population

Top resources, services, programs, and/or community efforts for internet access:

1. Schools

HEALTH NEEDS HEALTH OUTCOMES



HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the overall Crawford County ranking from the community member survey as seen on page 27 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as chronic diseases). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Crawford County and the state compared to the benchmark goal.

#1 Health Need:

MENTAL HEALTH ^{#1} 2022 RANKING

Trigger Warning: The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support



Mental health was the **#1 ranked health outcome** reported in the community member survey (72%).

42% of survey respondents say that **mental healthcare access is lacking** in the community. **12%** said they **could not get needed mental health or substance use counseling** in the past year

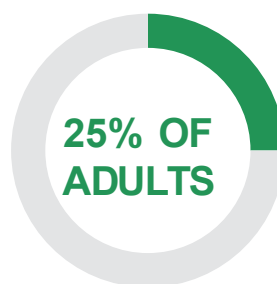
IN OUR COMMUNITY



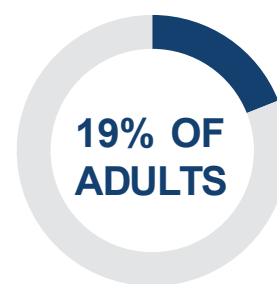
in Crawford County experienced **poor mental health** (felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months), vs. 37% for Ohio¹²



in both Crawford County and Ohio reported they **attempted suicide** in the past year¹²



in BRFSS Region 3* and Ohio have been diagnosed with **depression** by a health professional¹⁶



in Crawford County experienced **frequent mental distress** (14+ days/month), compared to 17% for Ohio²

CRAWFORD COUNTY

****692:1**

OHIO

****307:1**

The 2024 County Health Rankings found that Crawford County has **fewer mental health providers** relative to its population when comparing the ratio to Ohio.² However, both ratios have **improved** since the 2022 CHNA

Crawford County's overall suicide mortality rate is **21 per 100,000** residents, compared to 15 per 100,000 for Ohio.¹³ Crawford County's rate has **increased** from 16.6 in the 2022 CHNA

*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.

**residents : mental health providers.

OVER 27%

of Crawford County survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 39% rating it as **NEUTRAL**. The most common barriers are not being able to get an appointment and not knowing where to get services



Crawford County adults report **5.3 mentally unhealthy days per month**, compared to 5.5 for Ohio²



41% of respondents to the 2024 community member survey rated their **mental health** as **average or poor**



23% of community member survey respondents reported that they have had **thoughts of suicide** at times in their life



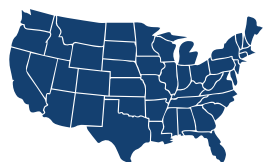
COMMUNITY FEEDBACK

"Now we do see a lot of depression and anxiety. As a matter of fact, we've seen a spike tremendously in the last 2 years."

- Community Member Interview

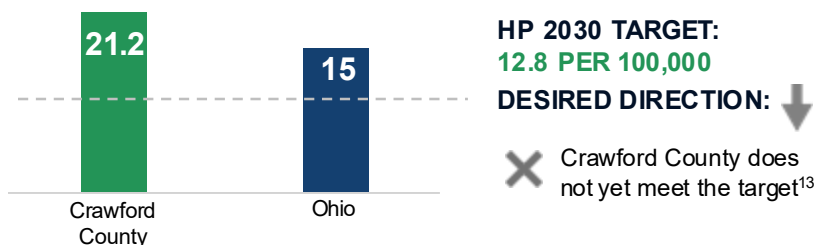
#1 Health Need: MENTAL HEALTH

#1 2022 RANKING



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



COMMUNITY FEEDBACK

"Since Covid, [mental health] kind of skyrocketed. I would say especially in isolation and getting back out there."

- Community Member Interview

"One of the highest populations of suicide attempts or suicides that people don't look at [is] our farmers, because everything is so dependent on the weather."

- Community Member Interview

"There is stigma. I don't want anybody to see me walking in [a mental health clinic] and think that there's something wrong with me."

- Community Member Interview

"[There are] not enough psychiatrists and providers."

- Community Member Focus Group

"[There is a] 6 month to 1 year wait for mental health resources."

- Community Member Focus Group

PRIORITY POPULATIONS MENTAL HEALTH

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



Residents of **Crestline (44827)** (13%) and **Galion (44833)** (8%) were significantly more likely to say that lack of insurance and cost were barriers to accessing mental/behavioral health services than Bucyrus (44820) (4%)

14% of **Crestline (44827)** residents rated their overall mental health as poor on the community survey, more than **Bucyrus (44820)** (9%) and **Galion (44833)** (8%) residents

Mental health was a top health concern in **Bucyrus (44820)**, **Galion (44833)**, and **Crestline (44827)** in the community survey



Lower income residents are more likely to have mental health challenges¹⁶

18-54 year-olds were significantly more likely to rank mental health as a top concern in the community survey than those ages 65+



Mental health was a top concern in 78% of focus groups with **priority populations**

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

1. Mental health (in general)
2. Stigmas
3. Depression

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

1. Youth
2. Low-income
3. Farmers

Top resources, services, programs and/or community efforts for mental health:

1. Community Counseling
2. School counselors
3. 988 Helpline

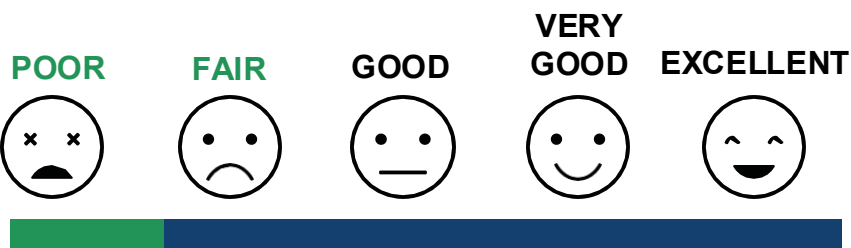
#2 Health Need: CHRONIC DISEASES

#5 2022
RANKING



The most prevalent chronic conditions in Crawford County are **hypertension, high cholesterol, diabetes, asthma, heart disease, COPD, and cancer**^{16, 32}

IN OUR COMMUNITY



18% of Crawford County adults rate their health as **fair or poor** (vs. 16% of Ohio), while the other 82% rank it as excellent, very good, or good²



COMMUNITY FEEDBACK

"It's hard to get information to the right people, and I think that's part of the problem these days."

- Community Member Interview

"I think heart disease is linked to the obesity rates. If people can't afford healthy food, they're going to buy unhealthy options, and as a result, heart disease and cardiovascular disease rates go up."

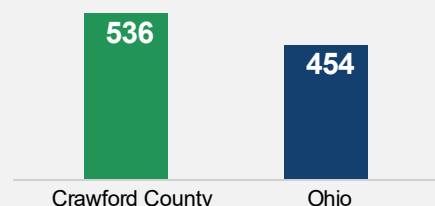
- Community Member Interview



16% of Crawford County residents and 20% of Galion residents identify as having a disability, vs. 14% for Ohio⁴



5% of those surveyed felt that a lack of provider awareness and/or education about their health condition was a barrier to accessing healthcare



There were **536 (age-adjusted) premature deaths** per 100,000 Crawford County residents under age 75, vs. 454 for Ohio²

Top issues/barriers for chronic diseases (reported in interviews and focus groups):

1. Poor diet
2. Obesity
3. Lifestyle

Sub-populations most affected by chronic diseases (reported in interviews and focus groups):

1. Elderly population
2. Low-income population

Top resources, services, programs and/or community efforts for chronic diseases:

1. Avita Health System
2. Public Health Programs
3. Health Department

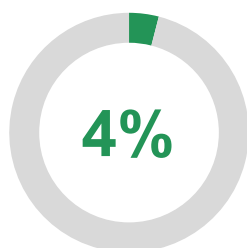
#2 Health Need: CHRONIC DISEASES

#5 2022 RANKING

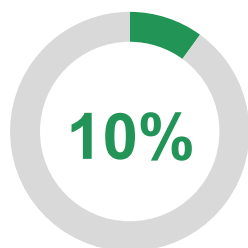


Heart disease is the **leading cause of death** in Crawford County.¹³
38% of community survey respondents rated it as a **top need**

HEART DISEASE & STROKE

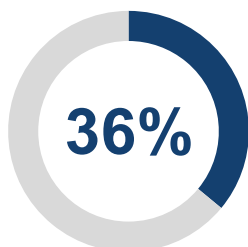


of both BRFSS Region 3* and Ohio adults reported that they have had a **stroke**¹⁶

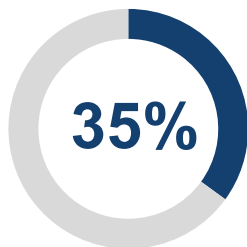


of BRFSS Region 3* adults reported having had a **heart attack, angina, or coronary heart disease**, vs. 8% of Ohio adults¹⁶

HYPERTENSION & HIGH CHOLESTEROL



of BRFSS Region 3* and Ohio adults have **hypertension**³²



of BRFSS Region 3* adults have **high cholesterol**, compared to 36% for Ohio³²



25% of community survey respondents rated **dementia** as a top health need

DIABETES

42% of community survey respondents rated diabetes as a **top need**



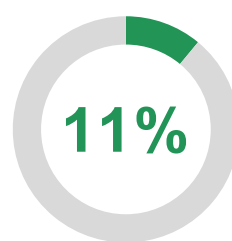
17% of BRFSS Region 3* adults have **diabetes**, vs. 13% of Ohio adults.¹⁶ This rate has **increased** since the 2022 CHNA

9% of BRFSS Region 3* adults have **prediabetes**, compared to 12% of Ohio adults¹⁶

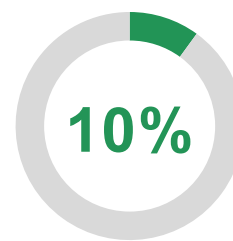
Without lifestyle modification, many of those with prediabetes will go on to develop diabetes within 5 years⁵⁵

Diabetes prevalence rises with **age** and is also highly impacted by **income** and **level of education**¹⁶

ASTHMA & COPD



of BRFSS Region 3* and Ohio adults have **asthma**¹⁶



of BRFSS Region 3* and Ohio adults have **COPD**¹⁶

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma **may be preventable** each year through access to primary care⁵⁶

*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.

#2 Health Need: CHRONIC DISEASES

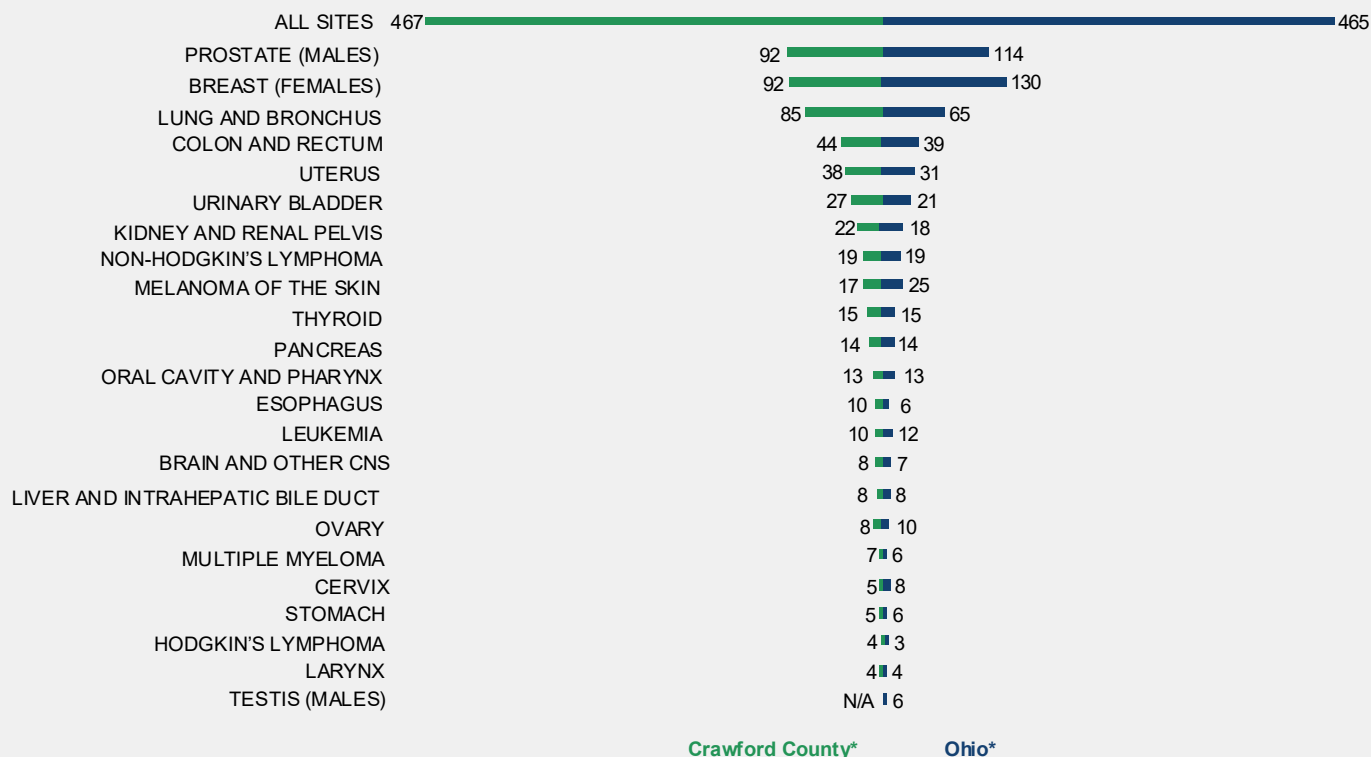
#5 2022
RANKING


According to the Ohio Health Data Warehouse, **cancer is the second leading cause of death** in Crawford County. Crawford County has a **slightly higher overall incidence of cancer** per 100,000 than Ohio.⁵⁷ Crawford County's overall cancer incidence has **increased** since the 2022 CHNA. **55%** of community survey respondents chose cancer as a **top community health need**

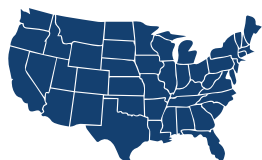
467
CRAWFORD COUNTY⁵⁷

465
OHIO⁵⁷

Lung, colon, uterus, bladder, kidney, esophagus, brain, multiple myeloma, and Hodgkin's lymphoma cancers had higher incidence rates in Crawford County than Ohio⁵⁷



*Age-adjusted rates per 100,000, 2016-2020 average.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



Crawford County does not yet meet the Healthy People 2030 target for breast, lung, colorectal, and overall cancer mortality rates, while it does meet the target for prostate cancer mortality¹³



#2 Health Need: CHRONIC DISEASES

#5 2022
RANKING

PRIORITY POPULATIONS CHRONIC DISEASES

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

- Survey respondents **ages 65+** were more likely to rank chronic diseases (such as cancer, dementia, heart disease, kidney disease, and Parkinson's disease) among their top health concerns than other age groups. 59% of those surveyed ages 65+ chose cancer as a top community health need
- **Crestline (44827)** survey respondents (49%) were more likely to rate heart disease and stroke as top concerns to address in the community than Galion (44833) respondents (37%) and Bucyrus (44820) respondents (32%)
- **Male** residents were more likely to rank chronic diseases (including cancer, liver disease, COPD, diabetes, heart disease, and kidney disease) as top concerns to address than female residents in the community survey. However, **female** respondents were more likely to rank dementia and Parkinson's as top concerns than male respondents.
- **White/Caucasian** (56%) community survey respondents were more likely to rank cancer as a top concern than other chronic conditions. **Black or African American** and **Hispanic/Latino/a** (67% respectively) survey respondents were more likely to rank diabetes as a top concern than other chronic conditions
- **46%** of survey respondents **ages 45-54** chose diabetes as a top community health need, more than other age groups 18+
- **Lower-income** people are at a higher risk of developing many chronic conditions¹⁶
- Chronic conditions are more common in **older adults**¹⁶
- People with **high exposure to air pollution**⁵⁸
- People who **smoke**⁵⁹
- People with **challenges with physical activity and nutrition**⁶⁰



#3 Health Need:

MATERNAL, INFANT & CHILD HEALTH

#8 2022 RANKING



12% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. 8% say that these **services are lacking** in the community

IN OUR COMMUNITY



9%

Crawford County and Ohio have a **low birth weight rate** of 9%²



Crawford County's **teenage birth rate** for ages 15-19 (29 per 1,000 females) is **higher** than Ohio's rate (18 per 1,000 females)²



According to health department data, **10%** of Crawford County and 5% of Ohio children under 6 tested had **elevated blood lead levels** in 2024. Both rates have **increased** since the 2022 CHNA. Within the county, **15 ZIP Codes** were identified as high risk for elevated blood lead levels, including **Galion** (44833)^{61, 62}



Severe maternal morbidities (SMM) are unexpected outcomes of childbirth that result in significant health consequences. In Ohio, **41% of all SMM events from 2016 to 2019 were blood transfusions**. The rate of SMM in Ohio is 71 per 10,000 deliveries⁶³

The pregnancy-related maternal mortality rate in Ohio is 27 per 100,000 live births. The leading causes are:⁶⁴

#1 Mental health conditions (47%)

#2 Infections (11%)

#3 Cardiovascular conditions (8%)

#4 Embolisms (8%)

#5 Hemorrhage (6%)

More than half (72%) of these deaths may be preventable



COMMUNITY FEEDBACK

"I think with younger people, especially if they're unmarried, they don't want anyone to know, so they avoid getting the prenatal care they need."

- Community Member Interview

"Young moms [seem to be] not interested in breastfeeding."

- Community Member Focus Group

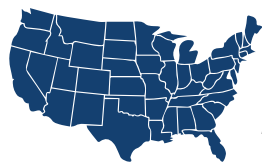
"I know there aren't many options available, like limited OB-GYNs and things like that."

- Community Member Interview

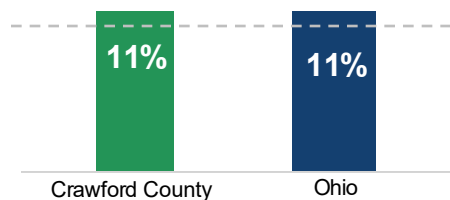
#3 Health Need:

MATERNAL, INFANT & CHILD HEALTH

#8 2022 RANKING

HEALTHY PEOPLE (HP)
2030 NATIONAL TARGETS

PRETERM BIRTH RATE

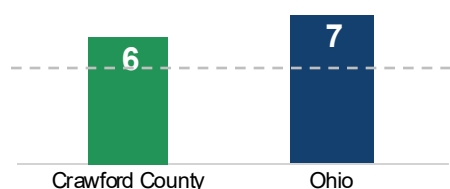


HP 2030 TARGET: 9%

DESIRED DIRECTION: ↓

Crawford County does not yet meet the target⁶⁵

INFANT MORTALITY RATE PER 1,000

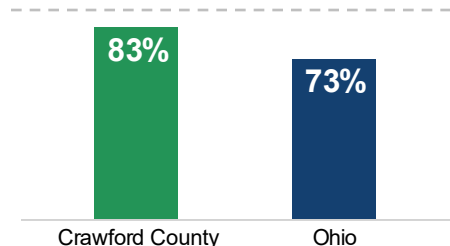


HP 2030 TARGET: 5 PER 1,000

DESIRED DIRECTION: ↓

Crawford County does not yet meet the target⁶⁶

ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%

DESIRED DIRECTION: ↑

Crawford County does not yet meet the target⁶⁵

COMMUNITY FEEDBACK

"Stress, smoking, and low socio-economic status are all stressors. It's crazy how much it affects women, who carry so much of the weight. Trying to do it all creates huge stress."

- Community Member Interview

"Public health offers great programs, like WIC and their 'baby shower,' where you can earn things like a car seat by attending educational sessions. The key is listening and knowing where to get help if needed."

- Community Member Interview

PRIORITY POPULATIONS
MATERNAL,
INFANT & CHILD
HEALTH

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

13% of both **Bucyrus (44820)** and **Crestline (44827)** community survey respondents ranked maternal and child health as a top concern in Crawford County, followed by 12% of **Galion (44833)** residents

In Ohio, as in the nation, rates of severe maternal morbidity (SMM) are much higher among **non-Hispanic Black women** compared to white women⁶³



Research data shows that the SMM rate for **Asian women in rural Ohio counties** was 2.6 times greater than Asian women in suburban Ohio counties⁶³

Top issues/barriers for maternal, infant, and child health (reported in interviews and focus groups):

1. Hypertension
2. Gestational Diabetes
3. Access to care

Sub-populations most affected by maternal, infant, and child health (reported in interviews and focus groups):

1. Teens
2. Low Income

Top resources, services, programs and/or community efforts for maternal, infant, and child health:

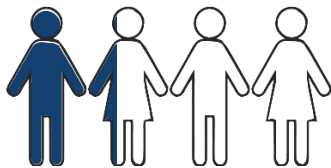
1. Health Department

#4 Health Need: INJURIES



Crawford County's **unintentional injury death rate*** (78 per 100,000 population) is **lower** than that of Ohio (80 per 100,000).¹³ **8%** of community survey respondents chose injuries as a **top community health need**

IN OUR COMMUNITY



29% of Ohio adults ages 65+ **fell one or more times** in the past year⁶⁷

The **unintentional fall death rate** for those age 65+ in Crawford County (62 per 100,000) is **lower** than it is for Ohio (84 per 100,000)⁶⁸



90%

According to the Ohio Traffic Safety Office, in 2023, Crawford County had a **90% seatbelt compliance** rate, compared to 85% for Ohio⁶⁹



3.7%

of Crawford County car crashes were **alcohol-related**, vs. 3.9% for Ohio⁷⁰

PRIORITY POPULATIONS INJURIES

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



Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades, and frontline workers**⁷¹



Older residents are at a higher risk of falling and sustaining injuries from falling⁶⁷

Top issues/barriers for injuries (reported in interviews and focus groups):

1. Falls
2. Car Accidents
3. Workplace Injuries

Sub-populations most affected by injuries (reported in interviews and focus groups):

1. Elderly population



COMMUNITY FEEDBACK

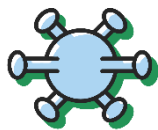
"We've had quite a few motorcycle incidents lately. When spring and summer hit, people tend to get on the roads fast."

- Community Member Interview

"Employers often don't respect recommendations for how long it takes someone to return to work. I've heard many times that people are losing their jobs because of an illness."

- Community Member Interview

#5 Health Need: HIV & STIs

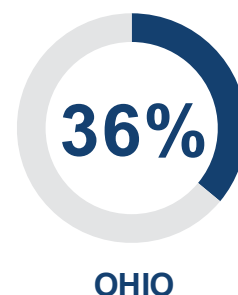
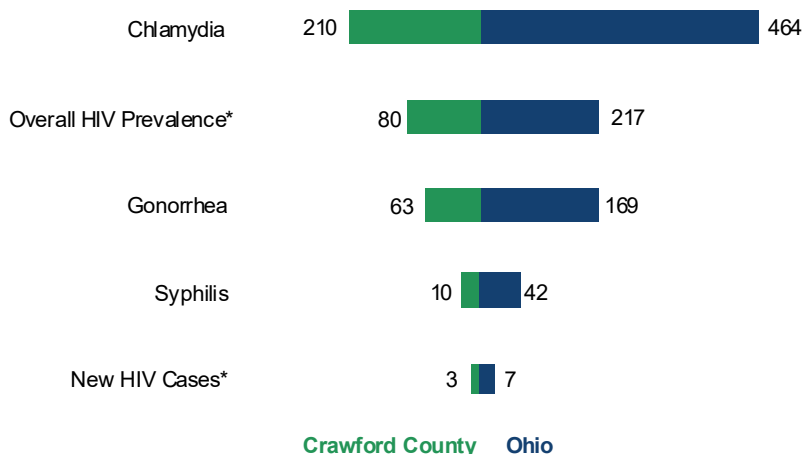


The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs)⁷²

IN OUR COMMUNITY



Crawford County has **much lower** rates of STI cases and HIV per 100,000 people than Ohio as a whole^{72, 73}



A **lower proportion** of adults in Crawford County's BRFSS** region have ever been **tested for HIV**, compared to the state¹⁶

*HIV rates are for HIV Planning Region 2, which contains Crawford County.

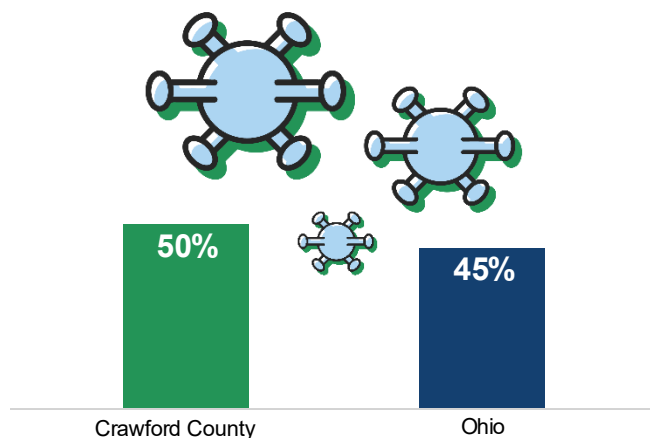
**Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Crawford County.



#5 Health Need: HIV & STIs



6% of community survey respondents say that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a top concern



According to state data, **half (50%)** of individuals living with HIV in Ohio's HIV Planning Region 2 (that includes Crawford County) have progressed to an **AIDS diagnosis**, compared to 45% for Ohio overall⁷²



COMMUNITY FEEDBACK

"I think a lot of it comes down to people not getting the resources they need, and many are just worried about what others will think of them."

- Community Member Interview

"I have patients with HIV ranging from 20 to 80 in my clinic. While it generally affects younger people in their twenties to forties, it can impact anyone."

- Community Member Interview

"[There is a] new program in Ohio called Aware—anyone can order a free STI test [and it's] sent to them in a few days."

- Community Member Focus Group

PRIORITY POPULATIONS

HIV & STIs

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



Women have higher rates of chlamydia, particularly those ages 20-24⁷³



Men have higher rates of syphilis and gonorrhea⁷³

Top issues/barriers for HIV & STIs (reported in interviews and focus groups):

1. Stigma
2. Lack of education/awareness
3. Not taking advantage of resources

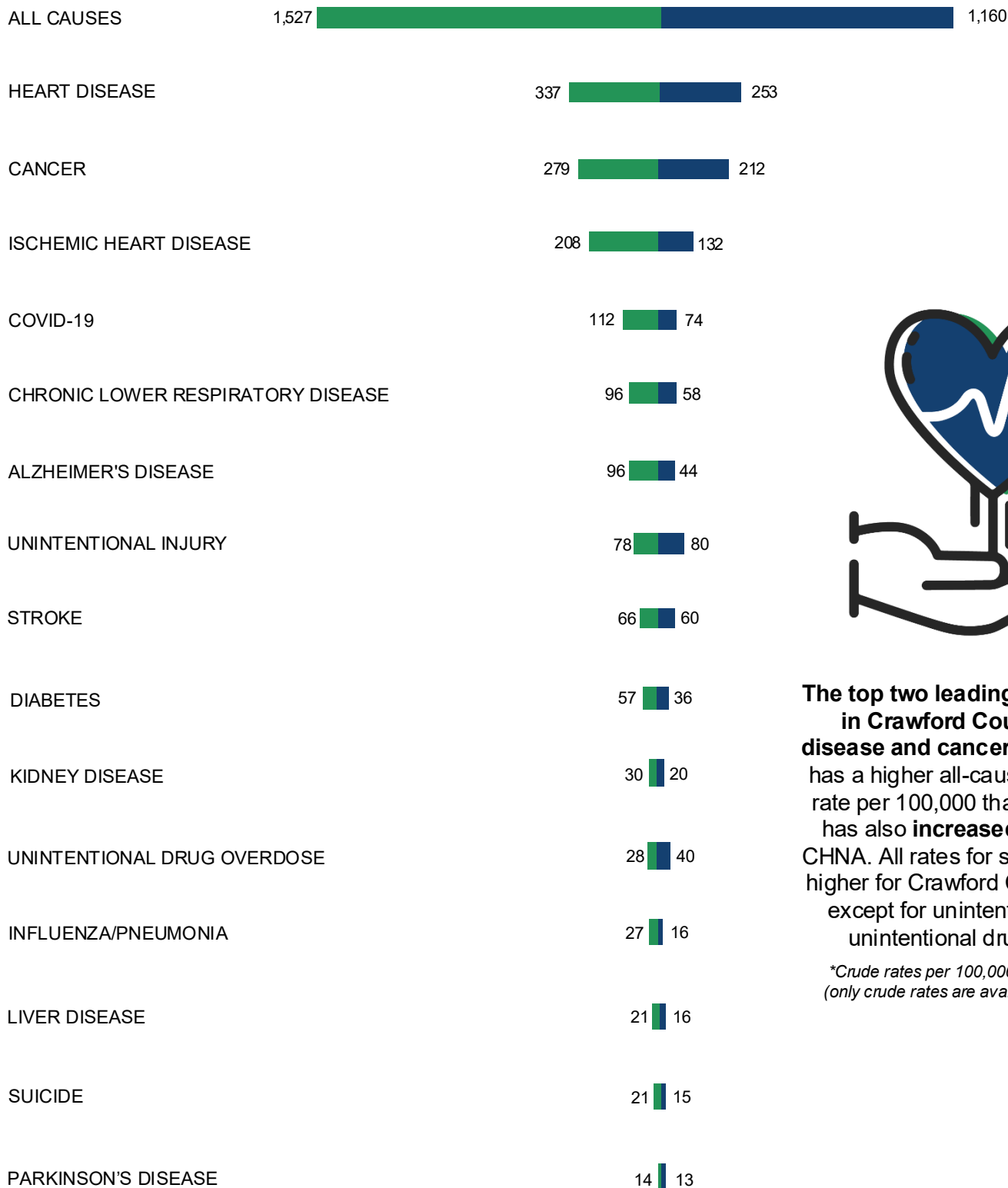
Sub-populations most affected by HIV & STIs (reported in interviews and focus groups):

1. Youth
2. Homeless Population
3. Drug Users

Top resources, services, programs and/or community efforts for HIV & STIs:

1. Health Department
2. School Programs
3. Resource Vending Machines

LEADING CAUSES OF DEATH



The top two leading causes of death in Crawford County are heart disease and cancer. Crawford County has a higher all-cause crude mortality rate per 100,000 than Ohio. This rate has also **increased** since the 2022 CHNA. All rates for specific causes are higher for Crawford County than Ohio, except for unintentional injury and unintentional drug overdose¹³

**Crude rates per 100,000, 2019-2023 average (only crude rates are available starting in 2021).*

CRAWFORD COUNTY*

OHIO*

IDEAS FOR CHANGE FROM OUR COMMUNITY



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

ACCESS TO HEALTHCARE

- Increase the number of local healthcare providers accepting Medicaid and marketplace insurance.
- Address transportation issues to healthcare facilities, especially in rural areas.
- Provide solutions for people without reliable transportation, such as elderly individuals or those without cars.
- Increase the number of specialized providers in the area to reduce the need for long-distance travel.
- Address the lack of mental health providers, particularly urgent care availability.
- Offer more specialized services locally, such as cancer care and mental health services.
- Reduce the need to travel long distances (e.g., to Columbus or Cleveland) for assessments and treatments.
- Educate the community about available healthcare services and providers.
- Help people understand where to go and how to access the care they need.
- Address the affordability of healthcare, including insurance access and the cost of services.
- Work to reduce financial barriers for individuals seeking treatment.
- Encourage people to seek healthcare earlier, before issues become more urgent.
- Raise awareness of the importance of regular health check-ups and early intervention.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Educate the community about ACEs and their impact on mental health.
- More training for service providers to understand and address ACEs.
- Provide more resources for families dealing with substance abuse and trauma.
- Offer more counseling and intervention programs for youth facing trauma.
- Expand services to support teens dealing with substance use or mental health issues.

CHRONIC DISEASES

- Use social media and outreach programs to raise awareness about health risks and available resources.
- Offer community education on healthy habits, such as nutrition, exercise, and preventive care.
- Encourage regular health checkups and screenings, like blood pressure checks and weight management.
- Provide access to free or low-cost healthcare services, including screenings and educational materials.
- Promote environmental health awareness, such as lead paint risks and water contamination.
- Raise awareness about mental health and reduce barriers to accessing mental health services.

CRIME AND/OR VIOLENCE

- Increase law enforcement retention by offering competitive pay and benefits to reduce officer turnover.
- Expand resources for mental health and substance abuse treatment to address the root causes of crime.
- Collaborate with local organizations to provide more youth-focused programs and mentorship opportunities.
- Work on increasing the presence of law enforcement in high-risk areas to deter crime.

EDUCATION

- More after school programs

ENVIRONMENTAL CONDITIONS

- Increase awareness for Lyme's disease through the use of social media and newspaper postings

IDEAS FOR CHANGE FROM OUR COMMUNITY



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

FOOD INSECURITY

- Improve transportation options for better access to grocery stores.
- Expand meal delivery services, particularly for the elderly.
- Establish a community-wide food pantry instead of multiple individual organizations.

HIV/STIs & INFECTIOUS DISEASES

- Improve infectious disease education and prevention measures.
- Increase mobile services.
- Increase services in other settings, such as on the street, at health fairs, etc.

HOUSING & HOMELESSNESS

- Increase housing availability by converting unused buildings into housing.
- Foster more collaboration between organizations to better support the community.

INCOME/POVERTY & EMPLOYMENT

- Hold County Workforce Meetings to inform the community about available resources and opportunities.

INTERNET/WI-FI ACCESS

- Explore potential collaboration with the firm Wavelength to improve rural coverage.

MATERNAL/INFANT/CHILD HEALTH

- Increase education and access to contraception to reduce teen pregnancy rates.
- Provide more prenatal care options, including services for mothers with high-risk pregnancies or addiction.
- Offer better parenting education to address issues like youth raising youth and lack of parenting skills.
- Expand support for breastfeeding mothers, including better facilities and time for pumping at work.
- Implement more accessible programs like WIC, baby showers, and educational resources for young mothers.
- Increase collaboration between healthcare providers to improve prenatal care and resources for at-risk populations.

MENTAL HEALTH

- Encourage people to reach out for help and reduce stigma around mental health.
- Increase availability of inpatient mental health services locally.
- Raise awareness about mental health resources and make them more widely known.

NUTRITION/PHYSICAL HEALTH

- Develop more walking paths and trails around the community.
- Increase the number of gyms available locally.
- Organize community events at parks/trails to encourage people to get outside and be active.

PEOPLE WITH DISABILITIES

- Increase the availability of local resources for community members.
- Provide more transportation options, especially for individuals with disabilities, to help them get to appointments and other essential locations.

SUBSTANCE USE

- Improve community education about substance use.
- Healthcare providers should discuss substance use more frequently with their patients to address potential health risks.

TOBACCO/NICOTINE USE

- Provide resources to educate youth on the dangers of vaping.
- Host more community education events focused on tobacco use.

TRANSPORTATION

- Hire more bus drivers and allocate resources for school busing.
- Develop a more routine public transportation system.
- Add more benches along paths and sidewalks for comfort.
- Implement after-hours transportation services.

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



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

Access to Childcare

Fairway School
Galion Community Center YMCA Inc.
Early Childhood Center
Galion Community Center YMCA Inc.
Early Learning Center
Sara Beegle Day Care Center
Sonshine Childcare & Preschool
Tiny Tots Childcare

Access to Healthcare/Public Health

Avita Health System
Crawford County Public Health
Dental offices
Galion City Health Department
Medical offices
OhioHealth
Third Street Clinic (FQHC in Bucyrus)

Community & Social Services

Bucyrus Chamber of Commerce
Community Foundation for Crawford County
Crawford Partnership for Education & Economic Development
Galion-Crestline Area Chamber of Commerce
Galion Port Authority
Ohio Heartland Community Action Commission
United Way of Crawford County

Disabilities & Support Services

Crawford County Board of Developmental Disabilities
Crawford County Council on Aging
Ohio District 5 Area Agency on Aging

Education & Literacy

All Crawford County school districts
Backpack program
Crawford Partnership for Education & Economic Development
Summer Feeding program
YMCA after-school programs

Environmental Conditions

Crawford County Conservation District

Food Insecurity & Nutrition

Aldi
Bucyrus Backpack Program
Bucyrus, Crestline, and New Washington Farmers Markets (spring through fall)
Buehler's Fresh Food
Crawford County SPROUTS Program (breastfeeding support)
DG (Dollar General) Market
Food banks and food pantries in county
Kroger
Save A Lot
Walmart Supercenter
Women, Infants, and Children (WIC)

Housing & Homelessness

Crawford-Marion ADAMH Board
Crawford Metropolitan Housing Authority
Habitat for Humanity of Crawford County
Job and Family Services
Salvation Army
The Department of Veterans Affairs
WIC Program
United Way/211

Income & Employment

Avita Health System
Bureau of Vocational Rehab
Crawford County Job & Family Services
Crawford Success Center
Crawford Works
North Central State College
OhioHealth

Legal & Law Enforcement

Crawford County Common Pleas
Crawford County Domestic Relations Court
Crawford County Probate/Juvenile Court
Crawford County Prosecutor's Office
Crawford County Sheriff's Office

Mental Health & Addiction

Community Counseling & Wellness Centers
Crawford County Drug Overdose Prevention Coalition
Crawford County Suicide Prevention Coalition
Crawford-Marion ADAMH Board
Digital Footprint Program
Family & Children First Council
Family Life Counseling
Junior Teen Institute (JTI) & Teen Institute (TI)
Marion Crawford Prevention Programs
National Alliance on Mental Illness (NAMI)
Project Noelle
Question, Persuade, Refer (QPR) Program
Signs of Suicide (SOS) Program
Together We Hurt, Together We Heal
Turning Point Domestic Violence
United Way of Crawford County
Wesley Chapel/Restore Ministries

Physical Health & Fitness

Anytime Fitness
Bike Trails
City Parks
Crawford County Park District
Galion Community Center YMCA Inc.
Silver Sneakers (Bucyrus Area YMCA)
Soccer Fields & Little League Fields
The Fitness Warehouse
YMCA of Bucyrus

Transportation

Crawford County Council on Aging
Johnson's Taxi Service
Seneca-Crawford Area Transportation (SCAT)

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, CRAWFORD COUNTY HEALTH PARTNERS (CCHP):

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT
- ADOPTED AND APPROVED CHNA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Crawford County Health Partners (CCHP) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by Crawford County residents.

The 2025 Crawford County CHNA, which builds upon the prior assessment completed in 2022, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB) and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by CCHP leadership in April 2025.

This report is widely available to the public on the following websites:

Avita Health System: <https://avitahealth.org/about-us/-community-wellness>

Crawford County Public Health: www.crawfordhealth.org

Galion City Health Department: <https://galionhealth.org/community-health-assessment/>

Written comments on this report are welcomed and can be made by emailing: ckropka@avitahs.org, kate.siefert@crawfordhealth.org, or andrea.barnes@galionhealth.org.



*Crawford County Public Health
Bucyrus, Ohio*

*Galion City Health Department
Galion, Ohio*

CONCLUSION & NEXT STEPS



THE NEXT STEPS WILL BE:

- DEVELOP IMPLEMENTATION STRATEGY (IS)/IMPROVEMENT PLAN (CHIP) FOR 2026-2028
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2026-2028 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR IS/CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR CRAWFORD COUNTY



- Monitor community comments on the CHNA report (ongoing) to the provided contacts at Crawford County Health Partners (CCHP).
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by CCHP. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).
- Community partners (including CCHP and many other organizations throughout the county) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).
- The 2026-2028 IS/CHIP (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by CCHP, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



*Ohio Historical Marker—Town Square and Gazebo
New Washington, Ohio*

APPENDIX A **GALION CITY ADDENDUM**



DELIVERED BY:



GALION CITY ADDENDUM 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED APRIL 2025



GALION AT-A-GLANCE

Galion's population is

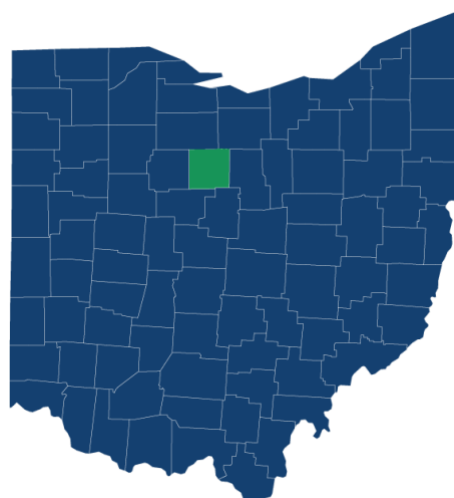
10,293.

The populations of both Galion and Crawford County **decreased slightly** from 2020 to 2023¹

-1.5%
GALION



-1.2%
CRAWFORD
COUNTY



55% **45%**

There are **slightly more** females than males in Galion³



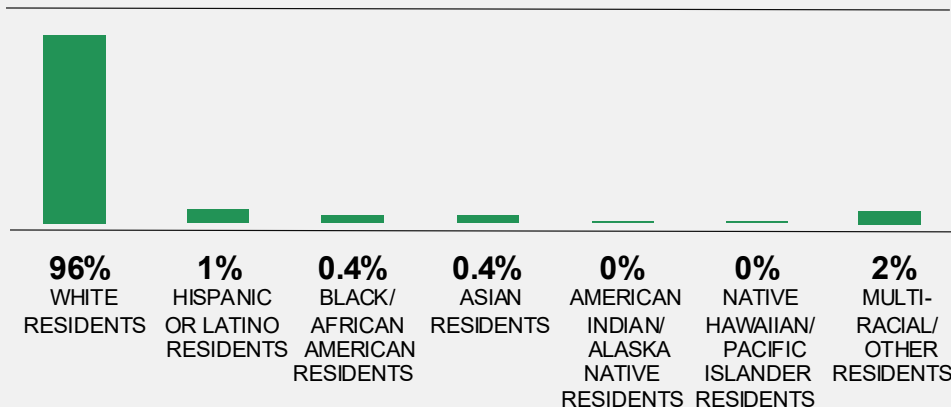
6%

of Galion residents are **veterans**, slightly lower than the Crawford County rate (7%)⁴



Youth ages 0-18 and seniors 65+ make up **42% of the population.** In the Galion service area, about **1 in 5 residents are ages 65+**³

The **majority (96%)** of the population in Galion identifies as **White** as their only race³



98% of the population in the Galion service area **speaks only English. 1% are foreign-born**⁴

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **9 experts** from various organizations serving Galion, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub- populations in the community who are most affected by health needs. We conducted **9 focus groups** with a total of **66 people** in the community. There was representation from Galion in all focus groups. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

TOP PRIORITY HEALTH NEEDS FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

- 1. Substance use/drug addiction
- 2. Low-income health disparities
- 2. Obesity/Overweight
- 2. Poverty
- 2. Aging/elderly population health disparities

Top socioeconomic, behavioral, and/or environmental factors impacting community:

- 1. Poverty/low incomes
- 2. Unmet mental healthcare services
- 2. Lack of education

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

- 1. Mental/behavioral health
- 2. Substance use/addiction
- 3. Transportation
- 4. Homelessness/housing insecurity
- 5. Access to childcare
- 6. Poverty/economic issues

How health concerns are impacting community:

- 1. Poor youth mental health and academic performance
- 2. Workforce instability due to substance use
- 3. Family instability/children being removed from homes
- 4. Use of emergency services for routine care
- 5. Missed appointments/chronic absenteeism

TOP PRIORITY GROUPS & RESOURCES

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Low-income population
2. Elderly/aging population
2. Uninsured/underinsured population
2. Young parents/families
2. New community residents

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Those with disabilities
2. Low-income population
3. Youth/teen population
4. Elderly/aging population
5. Rural areas

Resources people use in the community to address their health needs:

1. Community Counseling & Wellness Centers
2. Food pantries/meal programs
3. Churches/faith-based organizations
4. WIC
5. Public libraries

Top resources that are lacking in the community:

1. Mental health providers
2. Affordable housing
3. Transportation services
4. Childcare
5. Youth activities



PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **410 responses** to the community member survey from Galion residents. The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section, and some health needs have been combined to form larger categories, such as access to healthcare and mental health).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Income/poverty & employment	37%
#2 Environmental conditions	34%
#3 Access to mental healthcare	34%
#4 Substance misuse (alcohol and drugs)	25%
#5 Access to childcare	18%
#6 Food insecurity	18%
#7 Crime & violence	15%
#8 Health insurance coverage	15%
#9 Adverse childhood experiences (ACEs)	14%
#10 Nutrition & physical health/exercise (includes overweight and obesity)	14%
#11 Access to dental/oral healthcare	11%
#12 Transportation	10%
#13 Education	10%
#14 Housing & homelessness	9%
#15 Tobacco & nicotine use	8%
#16 Access to primary healthcare	7%
#17 Access to specialist healthcare	6%
#18 Health literacy	4%
#19 Preventive care & practices	3%
#20 Access to vision healthcare	3%
#21 Internet/WIFI access	2%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	67%
#2 Cancer	58%
#3 Diabetes	39%
#4 Heart disease and stroke	37%
#5 Dementia	28%
#6 Maternal, infant & child health	12%
#7 Chronic Obstructive Pulmonary Disease (COPD)	10%
#8 Injuries	7%
#9 Kidney disease	6%
#10 HIV/AIDS & STIs	5%
#11 Chronic Liver Disease/Cirrhosis	3%
#12 Parkinson's disease	2%

HEALTH NEEDS

COMMUNITY CONDITIONS

#1 Health Need:



INCOME/POVERTY & EMPLOYMENT

37% of survey respondents rated income, poverty, and employment as a top concern in the community.

Galion residents are more likely to **experience poverty** than Crawford County residents.

- **20%** of the population lives in **poverty**, compared to 13% in Crawford County⁷
- The poverty rates for adults, children, seniors, and families are all **higher** in Galion than in Crawford County and Ohio overall⁷

Poverty Rates of Adults, Children, Seniors, and Families by Geography, 2023 5-year estimate			
Population	Galion	Crawford County	Ohio
Adults	18%	12%	13%
Children	26%	18%	18%
Seniors	15%	10%	10%
Families	15%	10%	9%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

Galion has a higher unemployment rate and a lower median household income compared to Crawford County.

- **8%** of Galion residents are **unemployed**, vs. 6% in Crawford County⁷
- Galion's **median household income** of \$45,377 is **lower** than that of both Crawford County (\$55,477) and Ohio (\$69,680)⁷
- In the community member survey, **8%** of respondents reported that they are unemployed, with **5%** not actively looking for work and **3%** looking for work

"Is there employment in our community? Yes. However, are these adequate paying jobs? Most likely, no. I think people struggle to afford basic needs of living when they are working in jobs that pay \$12 to \$14 per hour."

- Community Member Interview from Galion

#2 Health Need:

ENVIRONMENTAL CONDITIONS



35% of respondents from the community member survey ranked environmental conditions as a priority health need.

A higher percentage of Galion residents ranked environmental conditions as a **top concern** than Crawford County.

- **21%** of Crawford County community survey respondents reported environmental conditions as a top health need for the community

"Our municipal water system is aging...the city has to put a lot of money into that infrastructure to improve it"

- Community Member Interview from Galion

"We have a lot of problems with mosquito-borne and tick-borne illnesses here."

- Community Member Interview from Galion

#3 Health Need:

ACCESS TO HEALTHCARE



The top barriers to care reported in the community member survey were:

- **Not being able to get an appointment** quickly enough/too long of a wait for an appointment (25%)
- **Insurance deductibles** are too high (22%)
- Insurance **does not cover the cost** of the procedure or care (20%)
- **Not having insurance** and cannot afford care (18%)

A higher rate of adults are **uninsured** in Galion than in both Crawford County and Ohio.^{7, 74}

- **9%** of survey respondents said that they lack insurance because it **costs too much**
- **17%** of respondents reported that there was a time in the last year when they **needed** prescription medicine and **could not get it**

Rates of Uninsured Adults, Children, and Seniors by Geography, 2023 5 year estimate			
Population	Galion	Crawford County	Ohio
Adults	13%	10%	9%
Children	3%	4%	5%
Seniors	1%	0.5%	0.5%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate.

29% of community survey respondents have not had a **routine checkup in the last year**, and **8%** have not had a checkup in **more than 5 years**.

- **85%** of respondents said that they have a **primary care provider (PCP)**
- **16%** of Galion residents' usual source of care is an **urgent care clinic**

18% of Galion survey respondents said that **dental/oral healthcare is lacking** in the community, with **19%** reporting that they needed dental care in the last year but **could not get it**.

- **Nearly half (47%)** of respondents have not visited the dentist **in over a year**, slightly more than in Crawford County (43%)

"There is care available, it's just getting the proper people to those locations."

- Community Member Interview from Galion

#4 Health Need:

SUBSTANCE USE



25% of respondents from the community member survey ranked substance misuse as a top concern.

- Galion respondents were less likely to report substance use as a top concern than Crawford County respondents.
 - **30%** of Crawford County reported substance use as a concern

In Our Community...	
16%	Say substance use treatment/harm reduction services are lacking
12%	Have used marijuana in the last 30 days
3%	Have an alcoholic drink 4 or more days a week
2%	Have used a prescription medication that was not prescribed for them or took more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 6 months

"It's just astronomical. It's everywhere. And when these kids see their parents use it, then they use it."

- Community Member Interview from Galion

#5 Health Need:

ACCESS TO CHILDCARE



In the community member survey, **18%** of respondents ranked access to childcare as a priority health need.

- Fewer Galion residents reported access to childcare as a top concern compared to Crawford County (21%)
- **27%** of respondents reported that childcare resources are **lacking** in the community, vs. 34% of Crawford County respondents

"Many of our childcare centers have almost a year wait list, the demand in the community is very high."

- Community Member Interview from Galion

"So typically if they're gonna pay for daycare by time they work, there's not enough money to cover the rest. I think at some point wages are gonna have to go higher."

- Community Member Interview from Galion

#6 Health Need:

FOOD INSECURITY



18% of survey respondents rated food insecurity as a top concern in the community.

- **44%** of Galion residents said that **affordable food** is lacking in the community, vs. 41% of Crawford County residents
- **14%** of respondents **worry that their food will run out** and that they won't be able to get more, similar to Crawford County (13%)

Galion has a higher rate of **SNAP*/Food Stamp utilization** than both Crawford County and Ohio.⁷

SNAP*/Food Stamp Utilization in Past 12 Months, 2023 5-year estimate		
Galion	Crawford County	Ohio
20%	15%	12%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

*Supplemental Nutrition Assistance Program

"Most of the fresh food options seem to be concentrated on the north and west sides of town, which are the more affluent communities."

- Community Member Interview from Galion

"Kids love junk food, and unfortunately, it's the cheaper option. For low-income families, unhealthy food is often far more affordable than healthier alternatives, which is a real problem. It shouldn't be that way."

- Community Member Interview from Galion

#7 Health Need:



CRIME & VIOLENCE

15% of community survey respondents ranked crime and violence as a priority health need.

- Both **property and violent crime** rates are **higher** in Galion than in Crawford County³⁴
- Galion's property and violent crime rates are **lower** than the state of Ohio overall⁶

Crime Rates per 100,000 residents, 2023			
Type of Crime	Galion	Crawford County	Ohio
Property Crime	58	39	1,783
Violent Crime	14	13	294

Source: Federal Bureau of Investigation, Crime Data Explorer.

"I think drug addiction and mental health issues are what lead to most of the crime around here."

- Community Member Interview from Galion

#8 Health Need:



ADVERSE CHILDHOOD EXPERIENCES (ACEs)

14% of survey respondents reported adverse childhood experiences (ACEs) as a top concern in the community.

- Galion survey respondents were slightly less likely to rate ACEs as a top concern than Crawford County respondents

In Our Community...	
32%	Have lost a biological parent through divorce, abandonment, or another reason
29%	Had a parent or other adult swear at them, insult them, put them down, or humiliate them often or very often
27%	Lived with someone who was a problem drinker or alcoholic, or who used street drugs
27%	Had a household member who was depressed or mentally ill, or who attempted suicide

“People need understanding on how important those ACEs really are.”

- Community Member Interview from Galion

“Most people I talk to still don't know what it means when we talk about ACE or adverse childhood experiences. And so I think, as people learn more about that, they'll be able to seek out better treatment.”

- Community Member Interview from Galion

#9 Health Need:



NUTRITION & PHYSICAL HEALTH

In the community member survey, **14%** of respondents ranked nutrition and physical health as a priority health need.

- **40%** of respondents rate their physical health as “**poor**” or “**average**”, while **almost half** (49%) rate it as “**good**”

18% of survey respondents said that **recreational spaces are lacking** in the community, and **7%** said that **lack of reliable transportation** has kept them from buying food or physical activity opportunities.

- Slightly more Crawford County respondents reported recreational spaces as lacking in the community (20%)

Barriers to Getting Healthier	
49%	Lack of energy
45%	Money (gyms and healthy foods are too expensive)
37%	Stress
33%	Busy schedule (I don't have time to cook or exercise)
29%	Feel intimidated or awkward going to a gym or fitness center
15%	Convenience (eating out is easier)
14%	I don't like to exercise

“The barrier with physical activity, in my opinion, is the internet, video games, and TV...you don't see as many kids outside playing as you used to.”

- Community Member Interview from Galion

#10 Health Need:

TRANSPORTATION



In the community member survey, **10%** of respondents ranked transportation as a top concern.

- **27%** of respondents reported that **transportation is lacking** in the community, similar to Crawford County (28%)
- **11%** of survey respondents said that lack of reliable transportation **prevented access** to one or more services, the same as Crawford County

The Walkscore of Galion has improved from previous years, and is 2nd highest of the most populous cities in Crawford County.³⁵

- Galion has a Walkscore of **70/100**. This score is considered “**very walkable**”, meaning that most errands can be accomplished on foot³⁵

Work Commute, Method and Average Time, 2023 5-year estimate			
Indicator	Galion	Crawford	Ohio
Drive alone to work	80%	84%	77%
Use public transit to work	0%	0.1%	1%
Walk to work	1%	2%	2%
Average daily commute to work	28 Minutes	24 Minutes	24 Minutes

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

“A lot of our patients have transportation problems. There is some transportation like bus systems, but it is very limited.”

- Community Member Interview from Galion

“We need better transportation for those people who don’t have access, who can’t drive, or who live in assisted living. A lot of times they’re told to find a family member, but [what] if they can’t find a family member...so transportation is a big problem.”

- Community Member Interview from Galion

“But because this is a rural county, transportation is definitely a barrier.”

- Community Member Interview from Galion

#11 Health Need:

EDUCATION



In the community member survey, **10%** of respondents ranked education as a top concern.

- **24%** of survey respondents reported having a high school degree or less
- Galion residents are less likely to have **at least a high school education** than both Crawford County and Ohio^{1, 2}
- Galion has a lower Kindergarten readiness rate as well as a lower percentage of 3- and 4-year-olds **enrolled in preschool** compared to Crawford County and Ohio^{37, 38}
- The **chronic absenteeism rate** is lower in Galion than both Crawford County and Ohio⁴¹

Education in our community:			
Indicator	Galion	Crawford	Ohio
At least high school education	88%	90%	91%
Kindergarten readiness rate	32%	33%	37%
Percent of 3- and 4-year-olds enrolled in preschool	9%	39%	43%
Chronic absenteeism rate	25%	29%	26%

Sources: U.S. Census Bureau, Population Estimates Program (PEP), V2023.

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024.

Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024.

U.S. Census Bureau, American Community Survey, S1401, 2023 5-year estimate.

Ohio Department of Education, District Details Data, 2023-2024.

“I also think that if we weren’t concentrating just on teaching these kids based on how to pass state tests rather than teaching them things that are going to help them later on in life, that would be a little bit more helpful.”

- Community Member Interview from Galion

“We have a good team from the school district. We have a lot of good relationships in the community.”

- Community Member Interview from Galion

#12 Health Need:

HOUSING & HOMELESSNESS



In the community member survey, **9%** of respondents ranked housing and homelessness as a top concern.

- **51%** of survey respondents say **affordable housing** is **lacking** in the community
- There is a higher **vacancy rate** in Galion than in both Crawford County and Ohio⁴⁴
- Slightly fewer households are **lacking complete plumbing** in Galion, while slightly more are **lacking complete kitchens** when compared to Crawford County⁴⁴
- A higher percentage of households in Galion are **seniors living alone** than in Crawford County and Ohio⁴

Housing in our community...			
Indicator	Galion	Crawford County	Ohio
Vacancy rate	13%	9%	8%
Households lacking complete plumbing facilities	0.1%	0.3%	0.3%
Households lacking complete kitchen facilities	0.9%	0.7%	0.9%
Households that are seniors living alone	18%	15%	13%

Sources: U.S. Census Bureau, American Community Survey, DP04, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

"Housing affordability and access is a challenge in our community and in the region."

- Community Member Interview from Galion

"There is community action, but it's all income based. So if you step outside of that income or you're outside of that waiting list area, you can be really affected."

- Community Member Interview from Galion

"We have some really, really cheap housing that isn't in good condition."

- Community Member Interview from Galion

#13 Health Need:



TOBACCO & NICOTINE USE

In the community member survey, **8%** of respondents ranked tobacco & nicotine use as a priority health need.

- **15%** of survey respondents reported **daily or almost daily** tobacco or nicotine use in the past 30 days, the same as in Crawford County
- **4%** of survey respondents reported tobacco or nicotine use on **some days** in the last 30 days, slightly higher than in Crawford County (3%)

“The kids truly think what they’re doing is not wrong, and it’s because it’s been marketed that way as a healthier alternative to smoking.”

- Community Member Interview from Galion

#14 Health Need:



PREVENTIVE CARE & PRACTICES

In the community member survey, **3%** of respondents ranked preventive care & practices as a priority health need.

- Less than half of both Galion and Crawford County respondents reported getting a flu shot **in the past year**

Survey respondents who reported getting a flu shot in the...		
Time frame	Galion	Crawford County
In the past year	46%	48%
In 5 or more years	10%	10%
Never	15%	14%

“Funding is always [an issue]. It’s hard to quantify prevention. So you know, public health usually is at the bottom of the list.”

- Community Member Interview from Galion

#15 Health Need:



INTERNET ACCESS

In the community member survey, **2%** of respondents ranked internet and Wi-Fi access as a top concern.

- The percentage of survey respondents who rated **internet and Wi-Fi access** as a top concern was slightly less in Galion than in Crawford County (3%)

"I don't think we have so much of an internet issue unless you live out in the country here, and then you have to get hotspots."

- Community Member Interview from Galion

"One of the biggest things that I see is that we have too few choices of carriers, because we're a small county. I don't know if it's because of the limited number of carriers, but it's probably more expensive than some lower-income families can afford. And so I think that that's been a bit of a challenge for some families to be able to even access Wi-Fi."

- Community Member Interview from Galion

HEALTH OUTCOMES

#1 Health Outcome:



MENTAL HEALTH

67% of respondents to the community member survey ranked mental health as a top health outcome.

36% of respondents say **mental healthcare access is lacking**, less than Crawford County respondents reported (42%). Survey respondents also reported the following:

- **42%** rated their mental health as **"average"** or **"poor"**, vs. 41% for Crawford County
- **26%** rate access to mental health, behavioral health, and substance use disorder services as **low or very low**, vs. 27% for Crawford County
- **21%** report they have had **thoughts of suicide** at times in their life, vs. 23% for Crawford County

- **12%** reported that there was a time they **could not get mental health and/or substance use disorder counseling** in the past year, the same as for Crawford County

The top barriers to **mental/behavioral health services** reported in the community member survey are listed in the table below.

Barriers to Mental/Behavioral Health Services	
17%	Could not get an appointment quickly enough/too long of a wait for an appointment
17%	I have insurance, but it did not cover the cost of services
17%	Not knowing where to go or how to find behavioral or mental health providers
10%	Office hours of my provider don't work with my schedule

"Sometimes I think that [people] are just afraid to speak up, you know, because they're afraid of what people will think of them. I think that the biggest part is people just not wanting anyone to know that they're struggling and then trying to deal with it on their own. And then they just can't."

- Community Member Interview from Galion

"The suicide numbers, I think, are rising. I'm seeing a lot more kids committing suicide in the last couple of years, within our schools. And that's really sad."

- Community Member Interview from Galion

#2 Health Outcome:

CHRONIC DISEASE



Galion residents are more likely to identify as having a **disability** than both Crawford County and Ohio residents.⁴

Identify as Having a Disability		
Galion	Crawford County	Ohio
20%	16%	14%

Sources: U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

The top chronic diseases of concern reported in the community survey in both Galion and Crawford County are **cancer, diabetes, heart disease/stroke, dementia, and COPD.**

- **6%** of Galion respondents and 5% of Crawford County respondents feel that lack of provider awareness or education about their condition is a **barrier to accessing care**

In Our Community...		
	Galion	Crawford County
Say cancer is a top concern	58%	55%
Say diabetes is a top concern	39%	42%
Say heart disease/stroke is a top concern	37%	38%
Say dementia is a top concern	28%	25%
Say COPD is a top concern	10%	10%
Felt lack of provider awareness/education about condition was a barrier to accessing healthcare	6%	5%

"It's hard to get information to the right people, and I think that's part of the problem these days."

- Community Member Interview from Galion

"I think heart disease is linked to the obesity rates. If people can't afford healthy food, they're going to buy unhealthy options, and as a result, heart disease and cardiovascular disease rates go up."

- Community Member Interview from Galion

#3 Health Outcome:

MATERNAL, INFANT, & CHILD HEALTH



12% of respondents to the community member survey ranked maternal, infant, and child health as a top health concern.

- **5%** say maternal, infant, and child healthcare services are **lacking**, vs. 8% for Crawford County
- **15 zip codes** in Crawford County, including Galion's zip code (44833), were identified as at high risk for **elevated blood lead levels**

"I think that teen pregnancy is always an area that we can improve upon, with education and access to contraception. I think that is something that is definitely lacking here in Crawford County. It's generational."

- Community Member Interview from Galion

#4 Health Outcome:



INJURIES

In the community member survey, **7%** of respondents ranked injuries as a top health outcome.

- The rate of Galion residents who rated injuries as a top community concern is slightly less than for Crawford County (8%)

“There are a lot of people being distracted on cell phones, radios [in the car]...you know, there’s always some new technology in the car.”

- Community Member Interview from Galion

“For teenagers, having less people in the car with them is helpful...you know, a lot of teenagers these days are getting in accidents because they have too many kids in the car, and they’re all getting distracted.”

- Community Member Interview from Galion

#5 Health Outcome:



HIV & STIs

5% of community survey respondents ranked HIV & STIs as a top health concern in the community.

- Slightly more Crawford County respondents ranked HIV & STIs as a top concern (6%)

“I think a lot of it comes down to people not getting the resources they need, and many are just worried about what others will think of them.”

- Community Member Interview from Galion

“I have patients with HIV ranging from 20 to 80 in my clinic. While it generally affects younger people in their twenties to forties, it can impact anyone.”

- Community Member Interview from Galion

APPENDIX B

IMPACT AND PROCESS EVALUATION



IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2022 Community Health Needs Assessment (CHNA) and the impact of Crawford County's 2023-2025 Implementation Strategy (IS)/Community Health Improvement Plan (CHIP) on the previous priority health needs. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the county since the previous CHNA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #1: ADVERSE CHILDHOOD EXPERIENCES (ACEs)					
GOAL: Reduce the prevalence of adverse childhood experiences (ACEs) through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
SCREENINGS					
Implement or enhance healthcare screening and follow-up for intimate partner violence	Avita Health System	Baseline assessment, provider survey, training for 2 providers.	15 providers surveyed: 7 already screened for IPV, 2 not interested. Avita EPIC system added IPV screening flowsheet. All providers received IPV screening education.	Evaluate provider feedback, expand training to 4 more providers.	Screenings increased from 207 (2023) to 2,088 (Oct 2024).
RESOURCE AWARENESS					
Promote 211 county-wide resource list	All partners	Social media promotion, website updates, email distribution.	Monthly emails to 2,000+ Avita employees with 211 resource info. Crawford County Public Health promoted 211 via social media and vending machines.	Continue awareness campaigns via social media and businesses.	"Help is 3 Numbers Away" campaign reached 16,541 views on social media.
EDUCATION / TRAININGS					
Post educational material in school restrooms with contact information/resources youth intimate partner violence	Crawford County School Districts	Distribute resources in school restrooms, promote via social media.	No school representative in CCHP; limited implementation.	Assess impact, engage more school districts.	Posters placed in Buckeye Central Middle School and Galion High School. Discussions with school superintendents on next steps.
Train on ACE Scores and meanings	CCPH, ADAMH, Marion/Crawford Prevention Programs	Train educators and community members, conduct follow-up survey.	Healthy Relationships class held in Galion High School. Youth Mental Health First Aid training conducted in two schools. Trauma conference held in Marion and opened to Crawford County educators.	Genesis Spiritual Care (GSC)	Continued youth tobacco prevention task force meetings, expanded EMDR therapy training.
Implement PAX Good Behavior Game	Crawford County School Districts, ADAMH	Survey schools on interest, train/implement in 1 district during 23-24 school year.	No updates, lacking school representative.	Train/implement in an additional school district in 24-25 school year.	No updates, lacking school representative.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #1: ADVERSE CHILDHOOD EXPERIENCES (ACEs)					
GOAL: Reduce the prevalence of adverse childhood experiences (ACEs) through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
COLLABORATIONS & GROUPS					
Implement Handle with Care Program	Marion/Crawford Prevention Programs, CCPH, Schools, Law Enforcement	Train schools and law enforcement, establish implementation teams.	All school districts trained, but law enforcement training incomplete. Galion Police Department and Crestline Police Department fully trained by end of 2023.	Expand training to daycare centers, review implementation barriers.	HWC-Galion is up and running. CID provided to Crawford County law enforcement. All are HWC trained but not seeing reports of incidents.

PRIORITY #2: PHYSICAL ACTIVITY					
GOAL: Increase physical activity through intervention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
HEALTH PROMOTION					
Create and share master document of opportunities for people to participate in physical activities	Crawford County Healthy Living Coalition	Assess public parks, fitness options, reduced-cost programs.	HEAL Grant proposals developed for pedestrian infrastructure.	Implement Fit & Fun Playscapes, expand accessibility.	Playscapes launched at Bucyrus YMCA, public parks.
Healthcare providers give exercise prescriptions to patients.	Avita Health System	Train 2 providers, track prescription numbers.	Only 2 prescriptions issued in 2023—program deemed unsuccessful.	Evaluate alternative health programs.	Initiative discontinued due to lack of provider engagement.
Create Walking Routes for downtown Bucyrus	CCPH & Bucyrus City	Conduct walk audits, identify areas for improvement.	Walk audit completed, infrastructure needs identified.	Expand via Tier 3 HEAL Grant.	Application submitted, planning for new bike racks.
COLLABORATIONS & GROUPS					
Create a Crawford County Healthy Living Coalition in our community	Community Members, Chamber of Commerce, Elected Officials	Recruit members, meet monthly, utilize HEAL grant	Monthly meetings established; multiple stakeholders engaged. Pedestrian Infrastructures are the primary focus as public benches are being dispersed and playscapes created to encourage active living.	Develop strategies for employers to adopt healthy eating policies when providing food, develop plan for bike racks, implement Fit & Fun Playscapes.	Continued monthly meetings. Steering committee to drive active living goal.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #3: UNMET NEEDS FOR MENTAL HEALTHCARE					
GOAL: Decrease unmet needs for mental healthcare through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
HEALTHCARE SUPPORT SERVICES					
Expand tele-mental health services and chronic disease management	Avita Health System	Survey providers, research services/vendors.	Avita providers surveyed on interest in telehealth services. Collaboration with OSU began. Attended sessions/conferences on telehealth.	Evaluate effectiveness of resources researched.	Not proceeding with mental health apps strategy but continuing to look into chronic disease management apps. Providers prefer case-by-case recommendations.
RESOURCE AWARENESS					
Promote Crisis Lines—community awareness campaigns	Avita Health System, Health Departments, ADAMH	Market crisis lines via public events and social media.	988 promoted in multiple community campaigns.	Continue efforts from 2023.	Marketing campaign implemented by Pathways for 988 and 211. CCPH's "Help is 3 Numbers Away" campaign reached 16,541 people on Facebook.
EDUCATION / TRAININGS					
Expand training opportunities for individuals to become certified peer support specialists	ADAMH, NAMI	Promote peer training, recruit participants, schedule at least 1 training per year.	Peer support classes held at NC State Success Center. 2 staff from Community Counseling went through peer support certification.	Recruit additional participants, schedule at least 1 additional training, monitor # of people successfully passing exam.	13 individuals completed peer support training in April.
Work with employers to train supervisors on how to identify mental health needs	CCPH, Marion/ Crawford Prevention Programs, ADAMH, Community Counseling & Wellness Centers	Secure funding for Mental Health First Aid at Work training, conduct employer trainings on mental health awareness, create awareness campaign on mental health in working population, survey employees on absenteeism due to mental health.	QPR training completed by staff from multiple organizations.	Train more employers on mental health awareness, continue awareness campaign, provide QPR training at more organizations.	"Hidden in Plain Sight" training for Galion Safety Council. QPR trainings continued with support of United Way, with 988 materials and gunlocks distributed at trainings.
COLLABORATIONS & GROUPS					
Implement Sequential Intercept Mapping (SIM) through Stepping Up initiative to develop jail diversion process for MH patients in Criminal Justice system	ADAMH, Sheriff, Judges, Probation, MH providers, NAMI	Develop Stepping Up steering committee, SIM planning session.	Priorities identified SIM exercise included housing, crisis response continuum, and mental health screening & services.	Establish working committees based on SIM report, hold semiannual steering committee meetings.	Final SIM report reviewed with interventions ongoing. 3 committees established during SIM exercise continue to meet to address goals.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #4: DEPRESSION & SUICIDE					
GOAL: Reduce prevalence of depression and suicide deaths through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
SUPPORT GROUPS					
Grief Counseling	LOSS Team, LEAP program, ADAMH, Mental Health Providers	Identify trainers, offer more support groups and training.	<p>Cornerstone of Hope support group.</p> <p>Suicide Prevention Walk in September.</p> <p>NAMI-MCC monthly connection groups, Family-to-Family classes offered.</p> <p>Grief camps launched.</p>	Expand community reach.	<p>GriefShare groups formed.</p> <p>Healing Hearts Camp held in August.</p> <p>Various Avita Health bereavement programs available.</p>
RESOURCE AWARENESS					
Promote and share master list of mental health providers in the area for ease of referral	Pathways of Central Ohio, ADAMH	Reach out to community agencies for updates, update database, develop promotional activities.	Resource flyers distributed.	Continue to reach out to community agencies for updates and update database.	Resource flyers distributed.
Implement referral process from Primary Care Providers (PCPs) to Mental Health providers (MHP) for clients who trip PHQ (Patient Health Questionnaire-9)	ADAMH, Avita Health System, Community Counseling & Wellness Centers, Mental Health Providers	Assess current referral process, revise process if needed, develop list of mental health providers to refer to, share process and list with all Avita PCPs, request PCPs to provide feedback on issues.	<p>Survey shared with all Avita PCPs.</p> <p>List of mental health providers drafted and shared with others for review/revision.</p>	Email all Avita PCPs for feedback on process, evaluate feedback and improve process as needed.	Avita PCPs provided with Tele-mental Health Resources list in February.
Promote Crisis Lines—community awareness campaigns	Avita Health System, Health Departments, ADAMH	Market crisis lines via public events and social media.	988 promoted in multiple community campaigns.	Continue efforts from 2023.	<p>Marketing campaign implemented by Pathways for 988 and 211.</p> <p>CCPH's "Help is 3 Numbers Away" campaign reached 16,541 people on Facebook.</p>
COLLABORATIONS & GROUPS					
Suicide & Overdose Fatality Review Team	CCPH, ADAMH	Create team and guidance documents.	<p>Team established and charter documents adopted.</p> <p>Overdoses and suicide deaths reviewed, and annual report updated in August.</p>	Begin to create annual reports.	<p>2023 annual report distributed publicly in March.</p> <p>Full report available on CCPH's website.</p> <p>Participated in NACCHO Exchange Article Interview in June.</p>

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #4: DEPRESSION & SUICIDE					
GOAL: Reduce prevalence of depression and suicide deaths through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
EDUCATION / TRAININGS					
Educate the community on and encourage the utilization of 988	Suicide Prevention Coalition, ADAMH, CCPH, Pathways of Central Ohio	Partners provide brochures and other materials on 988 to community, monitor # of suicide calls.	988 information posted on Crawford County Suicide Prevention Coalition. CCPH provide 988 buttons at Memorial Event in May. 988 promotional materials distributed at QPR trainings and throughout county.	Continue first-year activities, conduct presentations at community agencies, monitor # of suicide calls.	Crawford County Suicide Prevention Coalition promoted the 988/You Matter program with yard signs. Annual Suicide Prevention walk in September promoted 988/You Matter. GCHD promoted 988 on Facebook.
Offer training in QPR (Question, Persuade, Refer) to the entire community	CCPH, Marion/Crawford County Prevention Programs	Provide QPR training to local agencies (bartenders, barbers, beauticians, public agencies, general public), utilize sign-in sheets to measure participation.	QPR training provided to various agencies across county. Secured United Way grant to provide QPR training to general public and workplaces.	Continue to provide QPR training and measure participation.	Both QPR and SOS being provided in community. Offered QPR classes to community and businesses with United Way funding. 2 QPR training sessions held at Avita.
Offer SOS (signs of suicide) program or other approved suicide prevention training curriculum to schools	ADAMH, Community Counseling & Wellness Centers, Schools	Provide SOS training in 2 schools.	SOS training in 9 school buildings. Film about suicide shown in Schines Art Park in June.	Continue to provide SOS training in schools.	SOS program actively offered.
Offer Working Minds Training for Businesses	ADAMH, MCPP	Train 3 businesses per year.	Working Minds changed their name to Vitalcog and new materials have been provided. No businesses scheduled yet.	Train 3 businesses per year.	No businesses scheduled yet.
Continue CIT (Crisis Intervention Team) training with law enforcement	NAMI, ADAMH	Provide training annually, specifically for new law enforcement officers.	CIT training provided to first responders in November.	Provide training annually, specifically for new law enforcement officers.	CIT training provided to first responders in Fall 2024.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #5: HEART DISEASE, HYPERTENSION & DIABETES					
GOAL: Reduce prevalence of heart disease, hypertension, and diabetes through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
HEALTH PROMOTION					
Promote available Walk-in Free Blood Pressure Screenings	Public Health Departments	Promote free blood pressure screenings on websites and post on social media quarterly, promote quarterly using Chambers' weekly emails.	Health fair at Galion Nazarene Church in March. CCPH and GCHD offered free blood pressure checks for the public.	Promote free blood pressure screenings on websites and post on social media semi-annually, promote semi-annually using Chambers' weekly emails.	Free blood pressure flyers provided to Chamber to Commerce. GCHD offered free blood pressure checks at Galion Farmer's Market in August. GCHD continued to offer free blood pressure checks.
Create Walking Routes for downtown Bucyrus	CCPH & Bucyrus City	Conduct walk audits, identify areas for improvement.	Walk audit completed, infrastructure needs identified.	Expand via Tier 3 HEAL Grant.	Application submitted, planning for new bike racks.
Create and implement text message-based health intervention programs	Avita Health System	Meet with CMOs from 3 campuses to determine feasibility, choose HIPAA compliant program, survey providers on willingness to train/implement program, train 2 providers and collect their feedback.	Providers surveyed to gauge interest. Researched services/vendors for chronic disease management.	Survey providers who used program in previous year for evaluation, train additional providers if results are positive.	Researched text message-based apps for heart disease and/or diabetes. Developing text message-based app with real-time updates to EHR is not feasible at this time. Based on the research, some apps cost money, but many are free and can be downloaded by the patient
Provide free A1C screenings	Avita Health System & Health Departments	Evaluate cost of A1C screenings and determine if CCHP will pay, offer free A1C screenings 3 times/year, Avita and the 2 Health Departments will take turns hosting the event.	Low-cost screenings available at Health Fair at Nazarene Church in Galion. Avita offered reduced-cost blood screenings in April. Third Street/Community Counseling developing mobile unit that may be able to check/refer patients.	Continue to offer free A1C screenings three times/year if successful in previous year, Avita and the two Health Departments will take turns hosting the event.	Avita offered reduced-cost blood screenings in April. Mobile unit won't have free A1C screenings but will offer primary care, women's health, MAT for adults/children, eyeglasses, and dental services. CCPH hosted GuardCare in August and provided no-cost health care and labs. Discussed CCHP providing free A1C screenings.

APPENDIX B:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2023-2025)

PRIORITY #5: HEART DISEASE, HYPERTENSION & DIABETES					
GOAL: Reduce prevalence of heart disease, hypertension, and diabetes through intervention and prevention initiatives in Crawford County.					
STRATEGIES	RESPONSIBLE PARTY	TASKS FOR 2023	2023 PROGRESS	TASKS FOR 2024	2024 PROGRESS
HEALTH PROMOTION					
Core 4 Screener A1C, Cholesterol, BMI, Free Blood Pressure Checks	Matrix Mobile Units	Secure the free Core 4 screening mobile unit from ODH for at least 2 events, release a press release announcing the free services/location/ times.	CCPH hosted a free Core 4 event in November/December 2022 for recognition for Diabetes Awareness Day and Month. ODH no longer offers/supports Core 4 mobile unit.	Secure the free Core 4 screening mobile unit from ODH for at least 2 events, release a press release announcing the free services/location/ times.	ODH no longer offers/supports Core 4 mobile unit.
COLLABORATIONS & GROUPS					
Create a Crawford County Healthy Living Coalition in our community	Community Members, Chamber of Commerce, Elected Officials	Recruit members, meet monthly, utilize HEAL grant, promote activities in downtown Bucyrus, educate residents on healthier eating choices.	Monthly meetings established; multiple stakeholders engaged. Pedestrian Infrastructures are the primary focus as public benches are being dispersed and playscapes created to encourage active living.	Develop strategies for employers to adopt healthy eating policies when providing food, develop plan for bike racks, implement Fit & Fun Playscapes.	Continued monthly meetings. Steering committee to drive active living goal.

APPENDIX C

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

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

APPENDIX C:

HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

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

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	CRAWFORD COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate ²	▲	92.2%	90.7%
Child health insurance rate ⁷	▲	96.5%	92.1%
Adult health insurance rate ⁷	▲	90.5%	92.1%
Ischemic heart disease deaths ¹³	▼	208.1*	71.1 per 100,000 persons
Cancer deaths ¹³	▼	279.3*	122.7 per 100,000 persons
Colon/rectum cancer deaths ¹³	▼	24.1*	8.9 per 100,000 persons
Lung cancer deaths ¹³	▼	67.9*	25.1 per 100,000 persons
Female breast cancer deaths ¹³	▼	15.4*	15.3 per 100,000 persons
Prostate cancer deaths ¹³	▼	13.5*	16.9 per 100,000 persons
Stroke deaths ¹³	▼	65.5*	33.4 per 100,000 persons
Unintentional injury deaths ¹³	▼	77.5*	43.2 per 100,000 persons
Suicides ¹³	▼	21.2*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths ¹³	▼	21.2*	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+ ⁶⁸	▼	62.4	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths ¹³	▼	27.9*	20.7 per 100,000 persons
Overdose deaths involving opioids ¹⁴	▼	23.9*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (%) (HP2020 Goal) ⁶⁵	▲	82.8%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%) ⁶⁵	▼	10.8%	9.0%
Infant death rate ⁶⁶	▼	6.1	5.0 per 1,000 live births
Adults, ages 18+, obese ²	▼	41.1%	36.0%, adults ages 20+
Students, grades 7th to 12 th , obese ¹²	▼	26.0%	15.5%, children & youth, 2-19
Adults engaging in binge drinking ²	▼	16.3%	25.4%
Cigarette smoking by adults ²	▼	23.1%	5.0%
Pap smears, ages 21-65, screened in the past 3 years ⁵¹	▲	63.9%	84.3%
Mammograms, ages 50-74, screened in the past 2 years ⁵¹	▲	69.1%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines ⁵¹	▲	67.2%	74.4%
Medicare enrollee annual influenza vaccinations ²	▲	40.0%	70.0%, all adults
Food insecure households ²⁹	▼	16.1%	6.0%
Suicide attempts by adolescents in past year ¹²	▼	6.7%	1.8%

APPENDIX D

KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **26** leaders, representatives, and members of the Crawford County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Needs Assessment (CHNA) team as leaders based on their professional expertise and knowledge of various target groups throughout the Crawford County community.

APPENDIX D:

KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Chief Phil Jackson	Chief	Galion City Fire/EMS
2. Mike Saurers	Firefighter / Paramedic	
3. Carrie Zeger	4th Ward Council Member	Galion City Council
4. Jeff Hartmann	Superintendent	Galion City Schools
5. Dr. Nancy Crum	Infectious Disease Specialist	Avita Health System
	Medical Director	Galion City Health Department
6. Lisa Workman	President	Community Foundation for Crawford County
7. Nicole Rich	Community Outreach Coordinator	Galion Family Health Center
8. Andrea Barnes	Health Commissioner	Galion City Health Department
9. Pastor Joe Stafford	Pastor	Wesley Chapel
10. Cindy Wallis	Executive Director	Community Counseling Services
	Chief of Behavioral Health	Third Street Family Health Services
11. Dr. Sarah Metzger	Family Physician	Avita Health System
12. Dr. Amanda Kovolyan	Family Physician	Avita Family Practice
13. Paula Brown	LPCC-S Associate Director	Alcohol, Drug Addiction, and Mental Health (ADAMH) Board of Crawford and Marion Counties
14. Kate Siefert	Health Commissioner	Crawford County Public Health

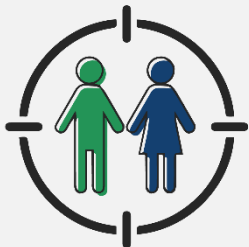
APPENDIX D:

KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
15. Robert Britton	Superintendent	Bucyrus City Schools
16. Todd Boyer	Vice President, Corporate Communications	Ohio Mutual Insurance Group
17. Stephanie Buchanan	Director	Bucyrus Public Library
18. Sarah Miley	PrEP Provider/Sexual Health Clinician/Women's Health Nurse Practitioner DIS Supervisor, Ohio Region 2 STI/HIV Prevention Program	Galion City Health Department
19. Casie Grau	Director	Bucyrus Area Chamber of Commerce
20. Nate Harvey	Manager	North Central State College
21. Matt Crall	Crawford County Prosecutor	Crawford County Prosecutor's Office
22. Cassie Herschler	Executive Director	Crawford County Council on Aging
23. Kelly Ely	Community Connector	Salvation Army
24. Mike Amsbaugh	Executive Director	Crawford County Veterans Service Commission
25. Amber Sheets	Site Director	Family Life Counseling and Psychiatric Services
26. Jette Cander	Director	Crawford County Emergency Management Agency

APPENDIX E

FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **9 focus groups** conducted with **66 community members**, including the number of participants, format, and groups represented.

APPENDIX E:

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS			
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	# OF PARTICIPANTS
1. Youth (Youth Advisory Board Leaders)	In-Person	Marion Crawford Prevention Programs	8
2. Youth-Serving Organizations	Virtual	Crawford County Child Protective Services, Crawford County WIC, Bucyrus City Schools, Bucyrus Public Library, Nationwide Children's Hospital, Galion City Schools, Family Life Counseling & Psychiatric Services, Galion Public Library, Galion Theater	5
3. Mental Health and Substance Use (People with Lived Experience)	In-Person	Success Center–Bucyrus, Third Street Family, Together We Hurt Together We Heal, ADAMH, BORN (Bucyrus Outreach Restoration Network), Bucyrus YMCA, Bucyrus Library	8
4. Mental Health and Substance Use (Service Providers)	Virtual	Together We Hurt Together We Heal	4
5. Low-Income Population	Virtual	Ohio Heartland Community Action	3
6. Senior Citizens	In-Person	Crawford County Council on Aging, Alzheimer's Association–Northwest Ohio Chapter, Ohio District 5 Area Agency on Aging, Crestline Nursing Home, Galion Golden Age Center	12
7. Parents of Children with Disabilities	Hybrid	Crawford County Help Me Grow	5
8. People with Disabilities	In-Person	Crawford County Board of Developmental Disabilities, Trillium Event Center	14
9. Maternal and Infant Health	Virtual	Avita Health System	7
TOTAL			66

APPENDIX E:

FOCUS GROUP DEMOGRAPHICS

Note: 47% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- Participants were mainly from **Bucyrus (44820) – 65%**, with representation from Galion (44833), Crestline (44827), and other areas.
- **35-44 was the most represented age group (24%)**, followed by 25-34 and 45-54 (both with 21%). With the exception of those under 18, all age groups had some representation.
- **82% of participants were women.**
- **Most participants (93%) were straight.**
- **96% of participants were White**, while there was representation from Hispanic (4%) residents as well.
- **Participants mainly spoke English** as a primary language (100%).
- **50% of participants had no children** in their home, while 27% had 1 or 2 children in their home.
- **24% of participants had a high school degree or equivalent**, while 20% had a Bachelor's degree, 17% had an Associate's degree, 14% had a Graduate degree, and 14% had some college but no degree.
- **68% were employed**, while 32% were unemployed. 14% of those who were unemployed are retired.
- **Education, law and social, community and government services**, followed by health, were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 48% having a household income under \$50,000 per year. With the exception of \$100,000-\$124,999, all income categories had some representation.
- 15% of participants **identified as having a disability.**
- 92% of participants **have a steady place to live.**

APPENDIX F

COMMUNITY MEMBER SURVEY



COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Crawford County community to get their perspectives and experiences on the health assets and needs of the community they call home. **1,137 responses** (1,136 English responses and 1 Spanish response) were received.

APPENDIX F:

COMMUNITY MEMBER SURVEY

Welcome!

Crawford County is conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Crawford County) to complete this short, **15-minute** survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential, and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary, and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Where do you live or reside? (choose one)

- 44820
- 44833
- 44827
- 44865
- 44818
- 43314
- 44882
- 44849
- 44854
- 44887
- 44825
- 44856
- 44860
- 44881
- Prefer not to answer
- None of the above, I live primarily at the following ZIP code:

2. Where do you work? (choose one)

- 44820
- 44833
- 44827
- 44865
- 44818
- 43314
- 44882
- 44849
- 44854
- 44887
- 44825
- 44856
- 44860
- 44881
- I am not currently employed
- Prefer not to answer
- None of the above, I live primarily at the following ZIP code:

3. Which of the following best describes your age?

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

4. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Other/Not Listed (feel free to specify)

5. What is your sexual orientation? (select all that apply)

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Don't know
- Other/Not Listed (feel free to specify)

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

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. Which is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Other/Not Listed (feel free to specify)

8. How many children, ages 0-17, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Other/Not Listed (feel free to specify)

APPENDIX F:

COMMUNITY MEMBER SURVEY

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

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

10. Are you currently employed?

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

11. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000
- Prefer not to answer

12. Do you have/experience any of the following? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Kidney disease
- Learning Disability
- Mental health condition
- Mobility-related disability
- Parkinson's Disease
- Speech-related disability
- Substance use disorder
- Thoughts of suicide
- None
- Prefer not to answer
- Other/Not Listed (feel free to specify or tell us more)

13. What is your current living situation? (select all that apply)

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Prefer not to answer
- Other/Not Listed (feel free to specify)

14. Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Trigger Warning: The following question about your childhood may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

15. During your childhood (before the age of 18)...

	Yes	No	Prefer not to answer
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a parent or other adult in the household act in a way that made you afraid that you might be physically hurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a parent or other adult in the household push, grab, slap, or throw something at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a parent or other adult in the household ever hit you so hard that you had marks or were injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX F:

COMMUNITY MEMBER SURVEY

Did an adult or person at least 5 years older than you ever attempt or actually have oral, anal, or vaginal intercourse with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you often or very often feel that no one in your family loved you or thought you were important or special?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you often or very often feel that your family didn't look out for each other, feel close to each other, or support each other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you often or very often feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was a biological parent ever lost to you through divorce, abandonment, or other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was one of your parents, step-parents, or guardians often or very often pushed, grabbed, slapped, or had something thrown at them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was one of your parents, step-parents, or guardians sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was one of your parents, step-parents, or guardians ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was a household member depressed or mentally ill, or did a household member attempt suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did a household member go to prison?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other/Not listed (feel free to specify)			
<input type="text"/>			

- 16. From the choices below, what are the TOP 3 health concerns in your community? (please check your top 3)**
- Access to childcare
 - Access to dental/oral care
 - Access to mental healthcare
 - Access to primary healthcare
 - Access to specialist healthcare
 - Access to vision healthcare
 - Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
 - Crime and violence
 - Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
 - Environmental conditions (e.g. air pollution, drinking water quality, tick and mosquito-borne diseases, blood lead levels in children, etc.)
 - Food insecurity (e.g. not being able to access and/or afford healthy food)
 - Health insurance coverage
 - Health literacy
 - Housing and homelessness
 - Income/poverty and employment
 - Internet/Wi-Fi access
 - Nutrition and physical health/exercise (includes overweight and obesity)
 - Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
 - Substance misuse (alcohol and drugs)
 - Tobacco and nicotine use/smoking/vaping
 - Transportation (e.g. public transit, cars, cycling, walking)
 - Other/Not Listed (feel free to specify)

APPENDIX F:

COMMUNITY MEMBER SURVEY

17. From the choices below, what are the TOP 3 health outcomes (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)

- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Heart disease and stroke
- Injuries (workplace injuries, car accidents, falls, etc.)
- Kidney disease
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Parkinson's disease
- Other/Not Listed (feel free to specify)

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

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

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

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

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

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

21. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

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

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

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

23. How would you rate your current access to mental health, behavioral health, or substance use disorder services?

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

APPENDIX F:

COMMUNITY MEMBER SURVEY

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

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

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

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

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

- Yes
- No

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

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

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

- Yes
- No

29. During the most recent time you or a member of your household delayed or went without needed dental/oral care, what were the main reasons? (select all that apply)

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

30. In the last year, was there a time when you needed mental health and/or substance use counseling but could not get it?

- Yes
- No

31. Do you have a personal physician/primary care provider?

- Yes
- No

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

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine
- Prefer not to answer

33. Overall, my physical health is:

- Excellent
- Good
- Average
- Poor

34. Overall, my mental health is:

- Excellent
- Good
- Average
- Poor

APPENDIX F:

COMMUNITY MEMBER SURVEY

35. Have you ever had thoughts of suicide?

- Yes
- No
- Prefer not to answer

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

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

37. How do you travel to where you need to go? (select all that apply for each category – work, appointments, food shopping)

	Drive alone	Public transit (e.g. HATS)	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Listed (feel free to specify)

38. What resources are lacking within your community? (select all that apply)

- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare access
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Transportation
- Vision healthcare access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

39. During the past 30 days (1 month) on how many days did you smoke cigarettes, vape, or use other nicotine or tobacco products?

- Every day or almost every day
- Some days
- No days
- Other/Not Listed (feel free to specify)

40. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

41. Do you ever have 5 or more drinks containing alcohol at any one time?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 5 or more times a week

42. How often in the last 30 days (last month) have you used marijuana/cannabis for recreational purposes?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Other/Not Listed (feel free to specify)

43. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day

44. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?

- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

45. Do you or your family worry that your food will run out and that you won't be able to get more?

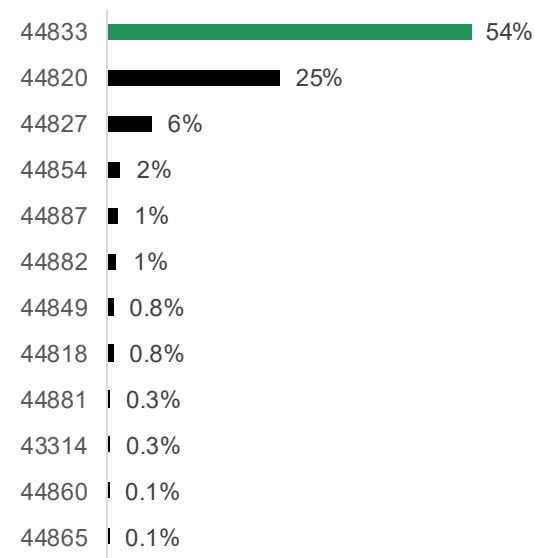
- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

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

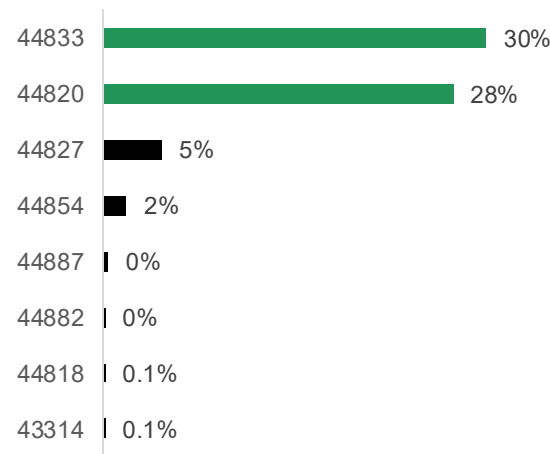
Thank you! Please send this survey to anyone you know who lives and/or works in Crawford County.

APPENDIX F: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

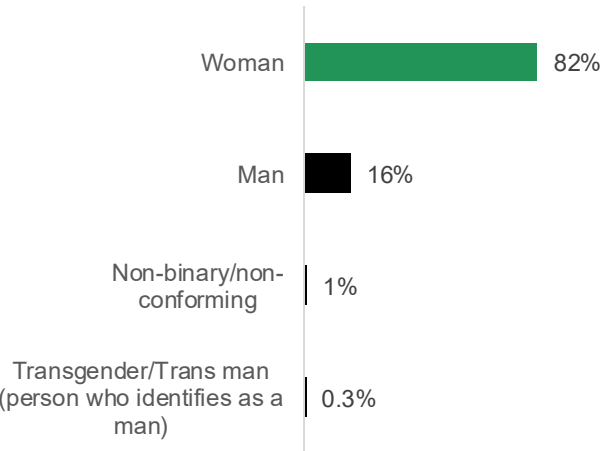
The majority of respondents live in **Galion (44833)**, followed by Bucyrus (44820)



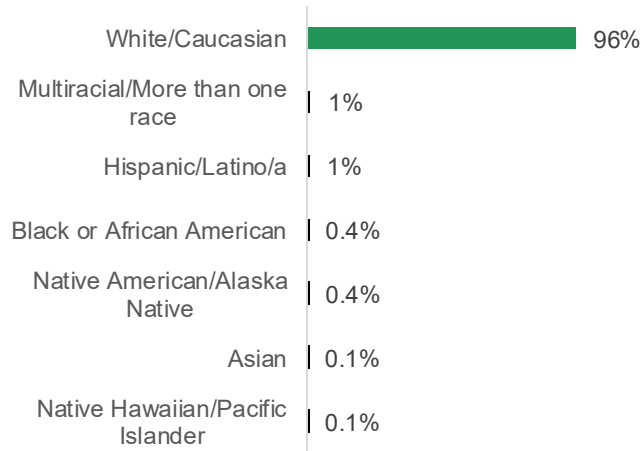
The majority of respondents work in **Galion (44833)**, followed by Bucyrus (44820).



The majority of respondents were **women**

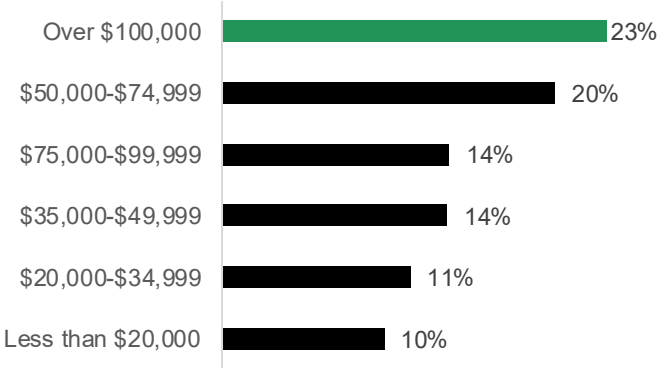


The majority of respondents were **White**, consistent with the composition of the county. Other racial groups were somewhat underrepresented

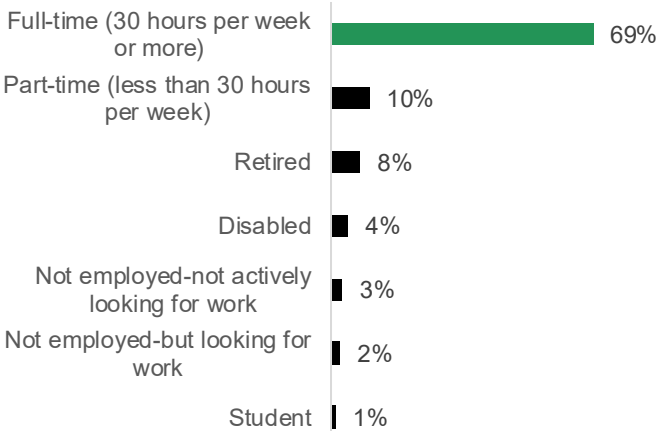


APPENDIX F: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

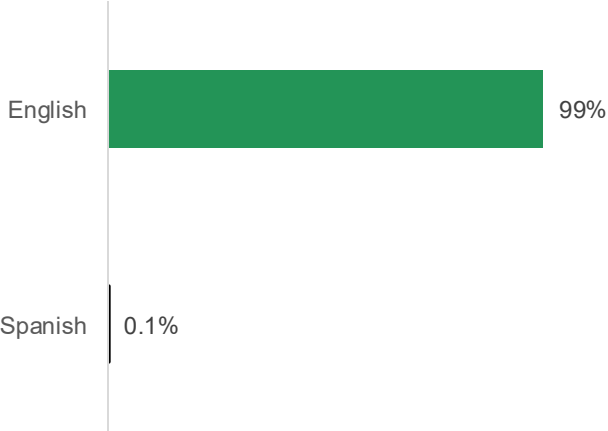
Respondents were generally **higher income**, with nearly one-quarter having an annual household income of \$100,000 or more. This representation is similar to the county as a whole



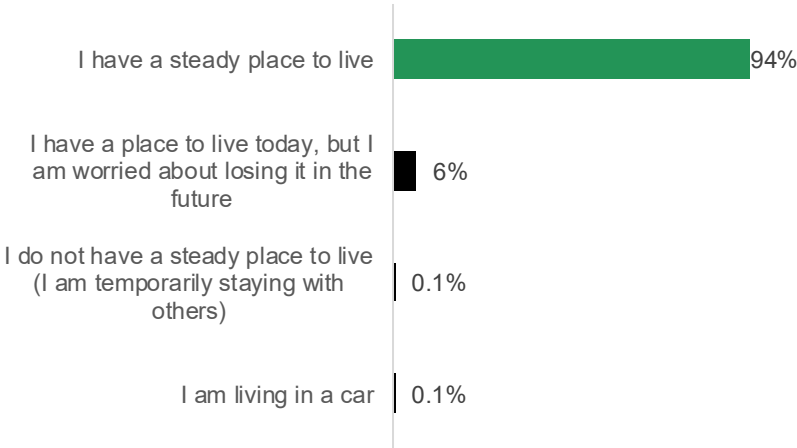
Most respondents are **employed full-time**



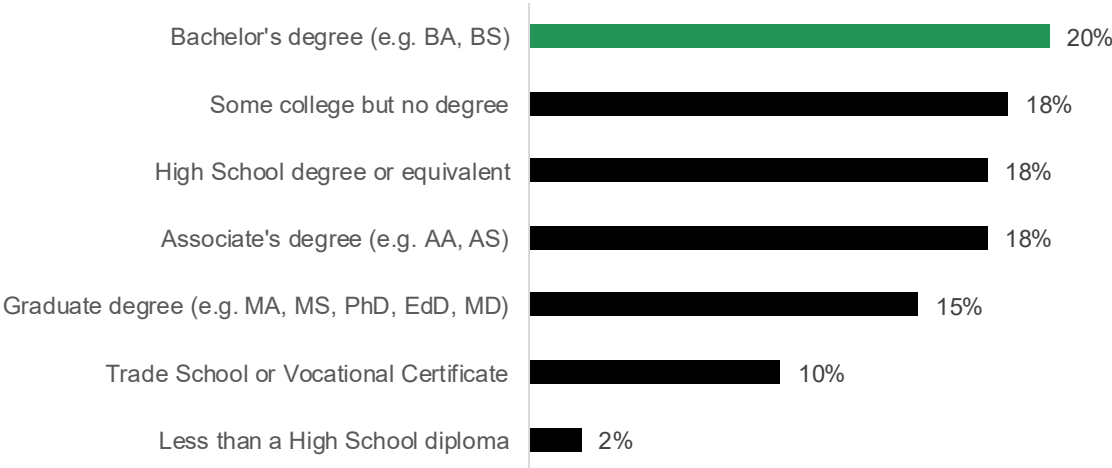
Respondents reported that their primary language spoken at home was **English**



Most respondents have a **steady place to live**

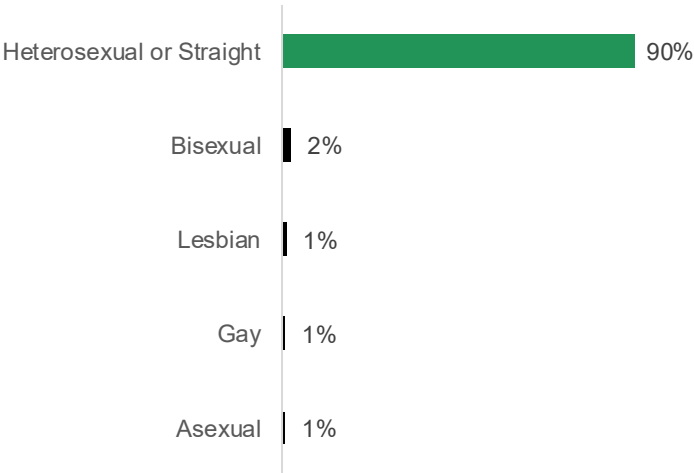


Most respondents have some post-secondary education, the most common being a **Bachelor's degree**

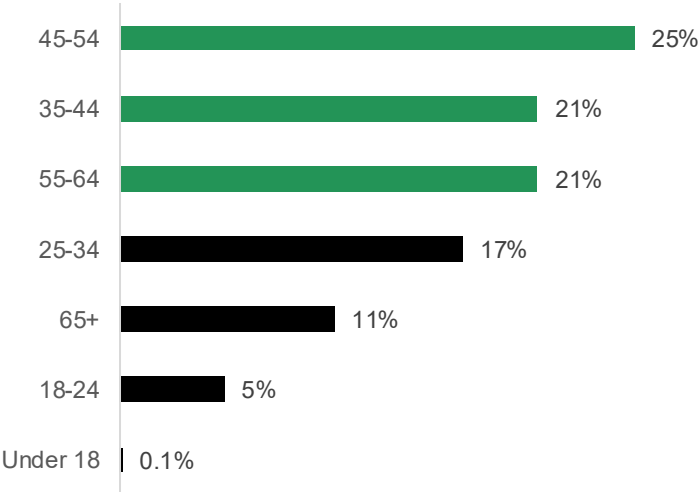


APPENDIX F: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

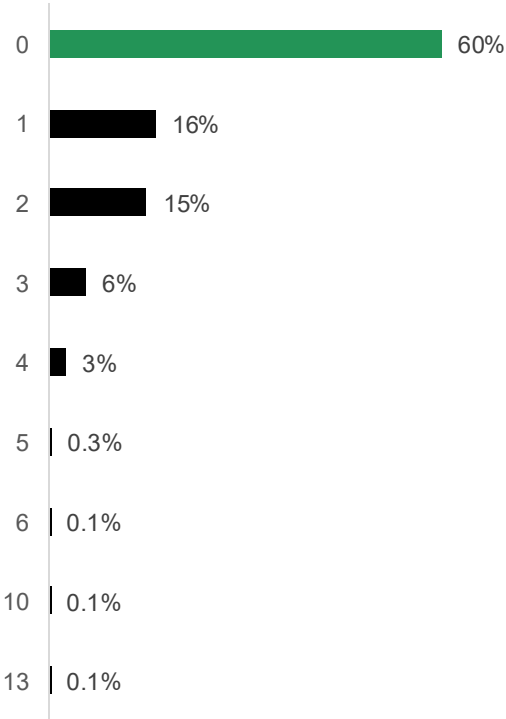
The majority of respondents reported their sexual orientation as **heterosexual or straight**



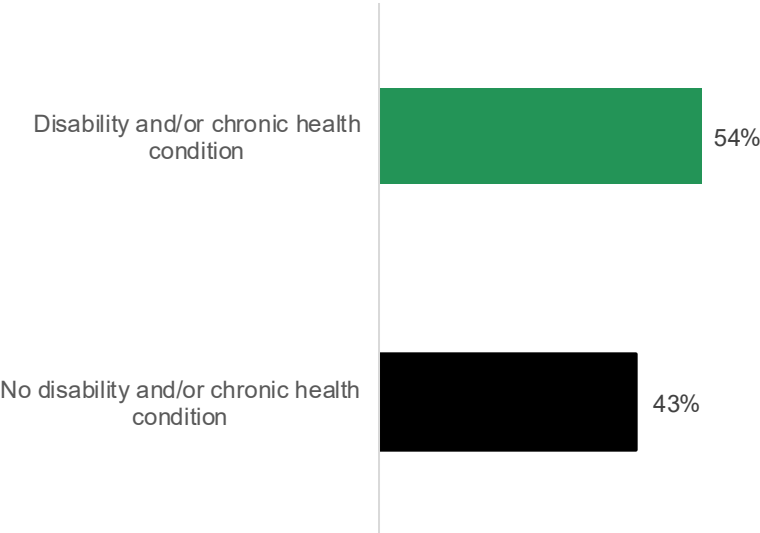
There was **similar representation from ages 35-64**, with less representation from those under 35 and those 65+



Most respondents reported having **no children at home**

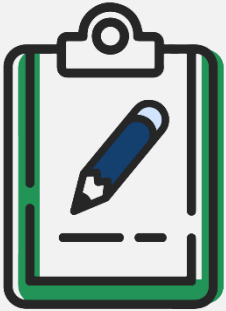


The majority of respondents reported **having a disability or chronic health condition**



APPENDIX G

INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT



MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.


APPENDIX G:

IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Appendix B (97-104)	A. Activities Since Previous CHNA(s) i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	3-27	B. Process and Methods <i>Background Information</i> i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s). ii. Identifies any third parties contracted to assist in conducting a CHNA. iii. Defines the community it serves, which: a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. iv. Describes how the community was determined. v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(F)(ii) (b)(6)(F)(ii) (b)(i) (b)(3) (b)(6)(i)(A) (b)(6)(i)(A) (b)(6)(i)(A)	

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IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
	Methods: 3-27, Appendix B, C, D, E Data: 12-13, 19-71	<i>Health Needs Data Collection</i>		Primary and secondary data is integrated together throughout the report
		i. Describes data and other information used in the assessment:	(b)(6)(ii)	
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		ii. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		iii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iv. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		v. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		vi. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

APPENDIX G:

IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓		C. CHNA Needs Description & Prioritization		Integrated throughout the report
	5-27	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	71	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	
✓		D. Finalizing the CHNA		Integrated throughout the report
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	<p>The CHNA was adopted by Crawford County Health Partners (CCHP) leadership in April 2025 and made widely available by posting on the health department and hospital websites (report will be made available in other formats such as paper upon request):</p> <p>Avita Health System: https://avitahealth.org/about-us/#community-wellness</p> <p>Crawford County Public Health: www.crawfordhealth.org</p> <p>Galion City Health Department: https://galionhealth.org/community-health-assessment/</p>
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

APPENDIX H

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

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

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

APPENDIX H:

PHAB CHNA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	a. A list of participating partners involved in the CHNA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top 3 community health needs and rate the importance of addressing each health need.
✓	5–27	b. The process for how partners collaborated in developing the CHNA.	
✓	12-13, 19-71	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	19-71	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	19-71	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	71	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHNA (or CHNA) must address the jurisdiction as described in the description of Standard 1.1.	

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REFERENCES

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The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in early 2025. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

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- ¹⁷National Institute on Drug Abuse, The Adolescent Brain and Substance Use. <https://nida.nih.gov/research-topics/adolescent-brain-substance-use>
- ¹⁸U.S. Department of Housing and Urban Development (HUD), 2024 CoC Homeless Populations and Subpopulations Report - Ohio Balance of State CoC. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_OH-507-2024_OH_2024.pdf
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www.moxleypublichealth.com
stephanie@moxleypublichealth.com