

Annual Report 2025

Galion City Health Department

Updates

The health department must indicate if there are circumstances that could potentially jeopardize continued conformity with the Standards and Measures under which accreditation was initially awarded. Circumstances include leadership changes, budget, personnel, governance, or program changes that would have a significant impact on the health department’s ability to be in conformity with accreditation requirements.

Leadership	Yes
Budget	No
Number of FTE	No
Number of employees	Yes
Governance	No
Structure (e.g., mergers, transition from stand-alone agency to superagency or vice versa)	No
Programs or services that the health department provided at the time accreditation was conferred that it does <u>not</u> provide now	No
Other circumstances	No

Describe the change.	In October of 2024, GCHD parted ways with the Director of Environmental Health who was also the AC. GCHD was able to rehire in that position with an new Director of Environmental Health in January of 2025; however, the new individual does not possess the tenured public health experience that the previous director had and is unable to commit to the accreditation coordinator position.
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Describe how the change might affect the health department's continued conformity with the Standards and Measures.	It has been a delay; however, GCHD has appointed our Director of Nursing as the Accreditation Coordinator. She has only 1.5 years experience in public health. The GCHD team is small but very fresh to implementing new ideas so GCHD does see the re-accreditation as a process that will take time to navigate but is definitely possible. There was definitely a delay on the start of the annual report because of recent change.
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Describe the change.	In early April, the GCHD Board of Health and leadership took a hard look at numbers and our budget. GCHD decided to abolish a part time nurse position, leaving the Director of Nursing and one PRN nurse to fulfill the duties. Based on the decrease within our immunization clinic, this change and reduction was necessary to maintain the boundaries of our budget.
Describe how the change might affect the health department's continued conformity with the Standards and Measures.	GCHD may need to work hard to conform to the Standards and Measures, but GCHD staff and leadership believe that conformity will happen.

Some adverse findings or communications related to oversight or control from federal or state funding agencies could indicate that a health department is at risk for loss or reduction in those funds.

Has the Health Department received such an adverse finding or communication related to oversight or control?

No

The health department is required to indicate which emerging issues the department has engaged in over the last year.

Public health systems transformation (e.g., Public Health Forward, service/resource sharing)	Yes
Public health financing modernization (e.g., Foundational Public Health Services capacity and costing assessment)	Yes
Health equity	No
Inclusivity, diversity, equity, and antiracism (including organizational efforts to support IDEA within the HD)	Yes

Community engagement (e.g., power building, CBO-public health partnerships, community-led decision making, etc.)	Yes
Partnerships	Yes
Health strategist	No
Public health/health care integration	Yes
Workforce (e.g., recruitment, retention, novel staffing models)	Yes
Data for decision making (e.g., dashboards, data visualization, transforming data to action)	Yes
Data modernization (e.g., equitable data sharing, including community voice in data, technology systems changes)	No
Emergency preparedness and response	Yes
Community resilience	Yes
Infectious diseases (including lab testing, surveillance, contact tracing)	Yes
Climate change	No
Mental health	Yes
Opioid/substance use	Yes
Other (please describe below)	No

The health department has the **option** to describe one emerging issue or innovation in the field below.

Emerging Public Health Issues and Innovations Area
Community Engagement (e.g., power building, CBO-public health partnerships, community-led decision making, etc.)

RESPONSE - 1

The health department has the **option** to describe one emerging issue or innovation in the field below.

Community Engagement (e.g., power building, CBO-public health partnerships, community-led decision making, etc.)

The Galion City Health Department had the opportunity to strengthen its community engagement this past year by over extending our outreach and education to the public. As a leading participant of the Crawford County Health Partners, GCHD was on a mission to meet a statistically significant number in terms of Galion community members participating in the Community Health Assessment for all of Crawford County. To ensure that the surveys and analysis specifically met the needs of Galion residents, our team looked for several ways to gain participation from the people. GCHD did this by going to numerous efforts in-person and online to increase individual participation in completing the survey. Our generous staff donated gift cards for a drawing with the public to encourage completion of the survey to make the data representative of Galion. By partnering with other community-based organizations in the Crawford County Health Partners, Galion is showing its worth to the community it serves. I am proud to lead a team that works hard.

Measures

Did the Accreditation Committee request that the Health Department address one or more specific measure(s) in its Annual Report? Please reference the health department's decision letter under the "Documents" tab in ePHAB for a complete list of any measures required for reporting.

Yes

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
2.3.1 A	RD1: GCHD provided Annex B: Communications of the Crawford County Public Health (CCPH) and GCHD Emergency Response Plan. The plan includes the emergency public health response number, used by GCHD staff to report emergencies to the state, which serves as one support service. GCHD also provided an Emergency Response Contacts list, with numbers for contacting GCHD staff for emergencies, though this is for contacting the health department, rather than others. The emergency contacts also included partner agency contact information, including law enforcement, fire, Red Cross, etc. - while these are support services with contact information, there are not specific protocols for accessing these support services. While the cover sheet indicates that these	The GCHD continues to update the GCHD Communication plan that is within the Emergency Operations Plan to reflect updates addressing the department's 24/7 emergency access to resources and contacts. The GCHD after hours phone message directs callers with public health emergencies to call our local police department who have a call down list for contacting our personnel based on epidemiological needs or environmental health needs. It has been determined by

Measure	Report Comment	Health Department Action
	<p>documents show the means GCHD uses to contact partners and for partners to</p> <p>contact GCHD, thus demonstrating access to support services in emergencies, the</p> <p>information in the documents mainly focuses on contacting the health department, rather than the other way around, thus not meeting the requirements.RD2: GCHD provided the GCHD Emergency Response Contacts List,</p> <p>which is used for contacting GCHD sta, including internal epidemiology and environmental sta. GCHD also provided screenshots of the Ohio Department of</p> <p>Health hotlines available to provide resources and emails to access state resources, including epidemiological and environmental resources. GCHD also</p> <p>provided contact information for the Northwest District in Ohio for accessing other</p> <p>local health departments in the region. These show access to resources outside of</p> <p>GCHD, including epidemiological and environmental resources.RD3: GCHD provided the Emergency Response Plan Base Plan, which includes a list of contracts, MOUs, and MAAs for emergencies, thus demonstrated access to resources, though 24/7 access is not explicit in the documentation.</p>	<p>the Ohio Department of Health and the Crawford County Health Department that should an epidemiological public health emergency occur within the jurisdiction of Galion, the CCPH MOU with an epidemiologist will also cover the Galion jurisdiction.</p> <p>The public health emergency preparedness grant that CCPH is a subrecipient of, defines that their emergency epidemiology coverage is for the entire County of Crawford, including Galion.</p>
2.4.2 A	<p>ACAR Comments:</p> <p>RD1: Not required for the ACAR</p> <p>RD2: Example 1 – GCHD provided a December 2022 email with a weather alert sent by the Ohio EMA to GCHD – however, this does not demonstrate testing of the 24/7 contact procedure provided in RD1 – and while the email is clearly received during business hours, this is only one contact point, thus not demonstrating all contact points being tested. Example 2 – GCHD provided a May 2023 screenshot of an after-hours test from the Galion PD, testing cell phone contact, however, this is not testing the HAN/OPHCS system provided in RD1 and demonstrates only one contact point, not all applicable contact points, as required.</p>	<p>GCHD has experienced turnover with the AC (accreditation coordinator) position; however, we are continuing to write the policy for urgent and non urgent communications within our department. The health commissioner recently update the newer Director of Nursing and the Director of EH on how to acknowledge receipt of an OPHSC or CDC HAN alert.</p> <p>Testing of OPHSC System</p>

Measure	Report Comment	Health Department Action
		<p>CDC HAN 00524 - Ebola Outbreak in the Democratic Republic of the Congo</p> <p>Alert<ul style="list-style-type: none">Received 09/19/2025, 8:06 AMBy Ohio Public Health Communication System (OPHCS)</p> <p>Distributed via the CDC Health Alert Network</p> <p>September 18, 2025, 12:00 PM ET</p> <p>CDCHAN-00524</p> <p>Ebola Outbreak in the Democratic Republic of the Congo</p> <p>Summary</p> <p>The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about a new outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC). EVD is a severe illness and is often fatal.</p> <p>Currently, no suspected, probable, or confirmed EVD cases related to this outbreak have been reported in the United States or outside of the DRC. The risk of spread to the United States is considered low at this time. As a precaution, this Health Advisory summarizes CDC recommendations for U.S. public health departments,</p>

Measure	Report Comment	Health Department Action
		<p>clinical laboratories, and healthcare workers about potential EVD case identification, testing, and biosafety considerations in clinical laboratories.</p> <p>On September 8, 2025, CDC issued a Travel Health Notice for people traveling to the DRC. CDC recommends that all travelers to the affected health zones in DRC avoid contact with ill people during travel and monitor themselves for symptoms of EVD while in the outbreak area and for 21 days after leaving. Travelers who develop symptoms during this time should self-isolate and contact local health authorities or a clinician. At this time, CDC is not recommending additional assessments or monitoring of travelers arriving from DRC by the jurisdictional health departments unless mentioned in the existing VHF guidance provided below.</p>
3.2.3 A	<p>ACAR Comments:</p> <p>RD1 and RD2: No documentation was provided for this measure.</p> <p>-----</p> <p>Original Score: SD</p> <p>Original Report Comments:</p> <p>RD1: GCHD submitted the GCHD Crisis Communications Plan which is an annex to the Crawford County Public Health and GCHD emergency response plan. The intent of this measure is for communications procedures for non-emergency situations. The provided documentation does not appear to meet the intent for this measure. The plan addresses</p>	<p>GCHD is in the process of updating the Communication Plan and sharing it with all employees at the November or December 2025 Staff Meeting. Staff will also acknowledge the GCHD Public Records Policy at this meeting. The updates to our current communication plan is to clarify emergency vs. non-emergency</p>

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	<p>the following communication procedures specifically for emergencies:</p> <p>(a) Guidance is provided for how to disseminate information in a timely manner based on urgency of the matter. The plan indicates that GCHD adheres to the CDC Risk Communication principles - be first, be right, be credible - but this applies to emergency communications only, which does not address the requirement for this measure. Procedures for the process for different audiences who may request or receive information from the health department outside of a public health emergency or disaster is not included.</p> <p>(b) The crisis communication plan informs community partners during a public health emergency through press releases, websites, pamphlets, and a hotline. The plan does not provide detail on how the GCHD coordinates with partners to promote the dissemination of consistent and unified public health messages during non-emergency situations, as required.</p> <p>(c) The GCHD provided a contact list of media and key stakeholders for public health emergencies/disasters. The plan describes when the list should be used and the plan in its entirety is updated annually at a minimum. However, this is an emergency communications plan list and it is unclear if this same list and process are used in non-emergencies as required for this measure.</p> <p>(d) The plan includes identification of potential PIOs, and that the PIO will be named by the Incident Commander. This appears to apply only to emergencies and not non-emergency communications, as required. Responsibilities like maintaining media relationships, creating messages, and managing other activities are not defined for the PIO role.</p> <p>(e) The GCHD did not list responsibilities for staff that may interact with the news media and the public, as required.</p> <p>RD2: Example 1 – A press release regarding a Hepatitis A outbreak (July 2019) was submitted to various television and newspaper media contacts. The information from the press release was posted online through the “Galion Inquirer.” This appears to be an example of a risk communication, which does not meet the requirement for this measure. Example 2 – A press release promoting testing and early treatment of HIV (August 2019) was submitted to various television and newspaper media contacts. While this example is from a chronic disease program, it does not document the GCHD’s implementation of the procedures submitted in RD1. Additional</p>	<p>communications.</p> <p>GCHD has grown in it's social media presence and access to posting on social media is limited to the Health Commissioner and senior leadership, being the Director of Nursing and the Director of Environmental Health. GCHD has many examples of sharing communication with the public through news releases and social media.</p>

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	<p>examples were provided, including a press release from May 2018 about mosquito control activities and use of Facebook to inform the public about the end of the COVID-19 state of emergency order from the Governor's office. The mosquito example appears to be communicating during a non-emergency but it does not show implementation of procedures from RD1 for non-risk communications, as required. The COVID-19 example is an emergency-related communication and does not meet the intent of this measure.</p> <p>Since GCHD did not provide a non-risk communication procedure in RD1, as required, the implementation of such a procedure for this RD is not possible.</p>	
7.1.3 A	<p>ACAR Comments:</p> <p>RD1: Not required for the ACAR.</p> <p>RD2: Example 1 – GCHD provided and updated 2020-2022 CHIP developed by the Crawford County Health Partners (thus related to the partnership provided in RD1). a) While the CHIP included a table of identified gaps and strategies for the two priorities, these do not specifically demonstrate an assessment of the capacity and distribution (including geographic gaps) of healthcare providers. b) While the CHIP included a list of Health Care Resources, this does not specifically demonstrate an assessment of the availability of health care services. Furthermore, the list appears to indicate that the list is not a comprehensive/complete list, thus not demonstrating an assessment or consideration of all health care services. c) The CHIP included a table of identified gaps in services and their causes. d) While the CHIP had a health assessment with Galion City specific data that were highlighted, there was not an assessment related to access to health care services specific to Galion City.</p> <p>Example 2 – a) GCHD provided meeting minutes from a January 2022 Crawford County Health Partners meeting with updates on the CHIP, but it is not clear how this demonstrates an assessment of the capacity and distribution (including geographic gaps) of healthcare providers. b) This example again provided a list of Health Care Resources from the CHIP (provided in Example 1), this does not specifically demonstrate an assessment of the availability of health care services. Furthermore, the list appears to indicate that the list is not a comprehensive/complete list, thus not demonstrating an assessment or consideration of all health care</p>	<p>GCHD participated with Crawford County Health Partners and Moxley Public Health to complete our 2025 Community Health Assessment.</p> <p>GCHD employees went above and beyond to obtain a statistically significant sample of residents in the Galion jurisdiction to complete the anonymous surveys for the Community Health Assessment to have a specific Galion City Addendum in the CHA. The Galion Addendum starts on page 76 within the Crawford County CHA.</p> <p>Interviews and focus groups from the area also made up some of the data collection. Access to HealthCare ranked number 3 in the Galion health needs.</p> <p>Transportation and insurance needs/costs were among the top barriers to care.</p> <p>GCHD continued to be a presence at the Crawford County Transportation Coalition meetings,</p>

Measure	Report Comment	Health Department Action
	<p>services. c) The meeting minutes provided do not demonstrate an identification of the causes of gaps in services. d) It is not clear how the meeting minutes provided demonstrate any form of assessment of health care services, thus they also do not demonstrate results of data gathered periodically concerning access.</p> <p>-----</p>	<p>and in May of 2025, the Crawford County Transportation Plan was presented as complete. Page 8 of the plan provides a geographic map with healthcare trip generators for Crawford County, including Galion for healthcare. The Plan also outlines Goals and Strategies that the coalition plan to work on with #1 being Evaluate Extended-Hours Transportation to Meet Community Needs, #2 Explore Transportation Service Models to Provide Flexible Transportation Options, #3 Enhance Active Transportation Infrastructure and Accessibility, #4 Strengthen and Sustain Coordinated Transportation Services, and #5 Advance Sustainable Transportation Through Alternative Fuels and Infrastructure. This Measure is in Progress.</p>
7.2.3 A	<p>ACAR Comments:</p> <p>RD1: Example 1 – GCHD provided an undated customer satisfaction survey in Spanish – however, this does not clearly relate to an initiative to ensure access and address barriers to care, as required. Example 2 – No additional documentation was provided.</p> <p>-----</p> <p>Original Score: SD</p> <p>Original Report Comments:</p> <p>RD1: Example 1 – A GCHD flyer about handwashing was provided in English and Mandarin. The purpose of the example appears to be safe food handling and does not meet the intent of the measure, which is for a culturally competent initiative for ensuring access and addressing barriers to healthcare services. Example 2 – A copy of the MOU between GCHD and</p>	<p>As stated previously, GCHD completed the Community Health Needs Assessment with our Crawford County Health Partners. Over 400 surveys were from residents with the Galion zip code of 44833, making the GCHD CHA on page 76 a statistically significant sample population for the CHA. GCHD specific demographics told us that Galion is made up of 55% females, 45% males, 6% of the residents are Veterans, and</p>

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	<p>Community Counseling Services LLC was provided, showing an initiative to reduce barriers to healthcare access. While the colocation of services is an initiative for improving access and reducing barriers, this example does not appear to demonstrate how this is done in a culturally or linguistically manner, or in a way that considers literacy challenges, as required. A new example was provided, showing a flyer used by GCHD to promote their STI testing clinic services. The flyer indicates the clinic is a safe space for LGBTQ clients to seek services and counseling which appears to be an attempt to account for cultural barriers that may otherwise preclude this marginalized population from seeking services. The flyer is undated and therefore cannot be used in the assessment of the measure.</p>	<p>approximately 1 in 5 are 65 and older. 98% of Galion's population speaks on English and 1% are foreign born.</p> <p>GCHD hosts a sexual health clinic in addition to our immunization clinic.</p> <p>The sexual health clinic brings in a wide variety of population from outside of Galion. The GCHD sexual health clinic is lead by our nurse practitioner who has an excellent following because of her provider to patient care. GCHD advertises as a SAFE ZONE for all human choices and this increases our traffic for a small town. GCHD has a contract with Martti Language Services which provides over 250 real time medical interpretation services plus American sign language, and it is audio visual so the clients prefer this method. This measure continues to be in progress.</p>
10.2.3 A	<p>ACAR Comments:</p> <p>RD1: Example 1 – GCHD provided a July 2021 Facebook post sharing COVID-19 case numbers (including active cases, deaths, and hospitalizations) – while the coversheet indicates this is sharing research and statistics on COVID-19 with the public – it is not clear what peer-reviewed research is being shared, as the post appears to only show data (i.e. the actual research and findings being shared is not clear). Furthermore, there is no evidence of sharing this with the state health department (though this was met in the original documentation). Example 2 – GCHD provided March 2020 emails sent to food operators with guidance for state orders regarding closures leading to limited operations (carry-out and drive-thru) – while this includes information and is delivered in a timely manner, this does not meet the intent of sharing peer-reviewed research findings.</p>	<p>Over the past year, GCHD shared several recent research/data documents from the Ohio Department of Health on cancer and brain tumor statistics with our concerned community members, board of health, and city council.</p> <p>Interview forms were given to the concerned. GCHD shared the documents with epidemiologists at the ODH. The completed forms did not show findings that would lead them to believe that the brain</p>

Measure	Report Comment	Health Department Action
	<p>-----</p> <p>Original Score: ND</p> <p>Original Report Comments:</p> <p>RD1: Example 1 – GCHD provided a report titled “A Response to the Journal of Public Health Management and Practice article, ‘Barriers and Incentives to Rural Health Department Accreditation.’” This report resulted from when GCHD staff, along with other local health departments, participated in an Ohio Accreditation Learning Community which included focus groups and conference calls dedicated to developing a well-researched final write-up and response to the original peer reviewed journal article. GCHD Communicated with PHAB president, Ohio State University, a handful of other LHDs across the state of Ohio and the Ohio Department of Public Health (thus showing communication with the state health department). However, this example does not meet the intent of the measure, as this is not sharing the results of peer-reviewed research findings with partners or others for public health implications. Example 2 – GCHD examined data regarding rates of lead poisoning in Crawford County and zip code(s) within Galion City and applied for a grant, corresponding with the Ohio State Department of Health Regarding concerns for lead risk and exposure in Galion City. With this, GCHD communicated their interpretation of data for Galion City Zip Codes to state department of health partners. The interpretation of information provided from Ohio Health Homes and the state health department to create their grant report and prepare a fact sheet to push out to the general public with messaging about lead risks and how to clean to mitigate them. Documentation also showed how GCHD staff host a health fair, providing cleaning advice and filter exchange to the community. The use Facebook as a social media tool to push out information regarding the risks of lead and how to wet clean, attending summer feeding sites and spoke with parents about the risks of lead and how to wet clean, and publishes an infographic on lead in the town money saver. While an article on lead toxicity and other evidence-based practices led to the activities included in this example, this example does not meet the intent of directly sharing peer-reviewed research with others for public health implications – instead this example shows the use of research rather than the sharing.</p>	<p>tumors were environmentally-related, but also remarking that with so few cases, it is hard to say.</p> <p>GCHD will continue to take any and all concerns from the public and monitor the situation.</p> <p>This measure is in progress.</p>

RESPONSE - 1

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Measure	Report Comment	Health Department Action
2.3.1 A	RD1: GCHD provided Annex B: Communications of the Crawford County Public Health (CCPH) and GCHD Emergency Response Plan. The plan includes the emergency public health response number, used by GCHD staff to report emergencies to the state, which serves as one support service. GCHD also provided an Emergency Response Contacts list, with numbers for contacting GCHD staff for emergencies, though this is for contacting the health department, rather than others. The emergency contacts also included partner agency contact information, including law enforcement, fire, Red Cross, etc. - while these are support services with contact information, there are not specific protocols for accessing these support services. While the cover sheet indicates that these	<p>The GCHD continues to update the GCHD Communication plan that is within the Emergency Operations Plan to reflect updates addressing the department's 24/7 emergency access to resources and contacts.</p> <p>The GCHD after hours phone message directs callers with public health emergencies to call our local police department who have a call down list for contacting our personnel based on epidemiological needs or environmental health needs. It has been determined by the Ohio Department of Health and the Crawford County Health Department that should an epidemiological public health emergency occur within the jurisdiction of Galion, the CCPH MOU with an epidemiologist will also cover the Galion jurisdiction. The public health emergency preparedness grant that CCPH is a subrecipient of, defines that their emergency epidemiology coverage is for the entire County of Crawford, including Galion.</p>

documents show the means GCHD uses to contact partners and for partners to contact GCHD, thus demonstrating access to support services in emergencies, the information in the documents mainly focuses on contacting the health department, rather than the other way around, thus not meeting the requirements.RD2: GCHD provided the GCHD Emergency Response Contacts List, which is used for contacting GCHD staff, including internal epidemiology and environmental staff. GCHD also provided screenshots of the Ohio Department of Health hotlines available to provide resources and emails to access state resources, including epidemiological and environmental resources. GCHD also provided contact information for the Northwest District in Ohio for accessing other local health departments in the region. These show access to resources outside of GCHD, including epidemiological and

environmental resources.RD3: GCHD provided the Emergency Response Plan Base Plan, which includes a list of contracts, MOUs, and MAAs for emergencies, thus demonstrated access to resources, though 24/7 access is not explicit in the documentation.	
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RESPONSE - 2

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
2.4.2 A	ACAR Comments: RD1: Not required for the ACAR RD2: Example 1 – GCHD provided a December 2022 email with a weather alert sent by the Ohio EMA to GCHD – however, this does not demonstrate testing of the 24/7 contact procedure provided in RD1 – and while the email is clearly received during business hours, this is only one contact point, thus not demonstrating all contact points being tested. Example 2 – GCHD provided a May 2023 screenshot of an after-hours test from the Galion PD, testing cell phone contact, however, this is not testing the HAN/OPHCS system provided in RD1 and demonstrates only one contact point, not all applicable contact points, as required.	<p>GCHD has experienced turnover with the AC (accreditation coordinator) position; however, we are continuing to write the policy for urgent and non urgent communications within our department. The health commissioner recently update the newer Director of Nursing and the Director of EH on how to acknowledge receipt of an OPHSC or CDC HAN alert.</p> <p>Testing of OPHSC System</p> <p>CDC HAN 00524 - Ebola Outbreak in the Democratic Republic of the Congo</p> <p>Alert • Received 09/19/2025, 8:06 AM • By Ohio Public Health Communication System (OPHCS)</p> <p>Distributed via the CDC Health Alert Network</p> <p>September 18, 2025, 12:00 PM ET</p> <p>CDCHAN-00524</p>

Ebola Outbreak in the Democratic Republic of the Congo

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about a new outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo (DRC). EVD is a severe illness and is often fatal.

Currently, **no suspected, probable, or confirmed EVD cases related to this outbreak have been reported in the United States or outside of the DRC.** The risk of spread to the United States is considered low at this time. As a precaution, this Health Advisory summarizes CDC recommendations for U.S. public health departments, clinical laboratories, and healthcare workers about potential EVD case identification, testing, and biosafety considerations in clinical laboratories.

On September 8, 2025, CDC issued a Travel Health Notice for people traveling to the DRC. CDC recommends that all travelers to the affected health zones in DRC avoid contact with ill people during travel and monitor themselves for symptoms of EVD while in the outbreak area and for 21 days after leaving. Travelers who develop symptoms during this time should self-isolate and contact local health authorities or a clinician. At this time, CDC is not recommending additional assessments or monitoring of travelers arriving from DRC by the jurisdictional health departments unless mentioned in the existing VHF guidance provided below.

RESPONSE - 3

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
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3.2.3 A	<p>ACAR Comments:</p> <p>RD1 and RD2: No documentation was provided for this measure.</p> <p>-----</p> <p>Original Score: SD</p> <p>Original Report Comments:</p> <p>RD1: GCHD submitted the GCHD Crisis Communications Plan which is an annex to the Crawford County Public Health and GCHD emergency response plan. The intent of this measure is for communications procedures for non-emergency situations. The provided documentation does not appear to meet the intent for this measure. The plan addresses the following communication procedures specifically for emergencies:</p> <p>(a) Guidance is provided for how to disseminate information in a timely manner based on urgency of the matter. The plan indicates that GCHD adheres to the CDC Risk Communication principles - be first, be right, be credible - but this applies to emergency communications only, which does not address the requirement for this measure. Procedures for the process for different audiences who may request or receive information from the health department outside of a public health emergency or disaster is not included.</p> <p>(b) The crisis communication plan informs community partners during a public health emergency through press releases, websites, pamphlets, and a hotline. The plan does not provide detail on how the GCHD coordinates with partners to promote the dissemination of consistent and unified public health messages during non-emergency situations, as required.</p> <p>(c) The GCHD provided a contact list of media and key stakeholders for public health emergencies/disasters. The plan describes when the list should be used and the plan in its entirety is updated annually at a minimum. However, this is an emergency communications plan list and it is unclear if this same list and process are used in non-emergencies as required for this measure.</p> <p>(d) The plan includes identification of potential PIOs, and that the PIO will be named by the Incident Commander. This appears to apply only to emergencies and not non-emergency communications, as required.</p> <p>Responsibilities like maintaining media relationships, creating messages, and managing other activities are not defined for the PIO role.</p> <p>(e) The GCHD did not list responsibilities for staff that may interact with the news media and the public, as required.</p> <p>RD2: Example 1 – A press release regarding a Hepatitis A outbreak (July 2019)</p>	<p>GCHD is in the process of updating the Communication Plan and sharing it with all employees at the November or December 2025 Staff Meeting. Staff will also acknowledge the GCHD Public Records Policy at this meeting. The updates to our current communication plan is to clarify emergency vs. non-emergency communications.</p> <p>GCHD has grown in its social media presence and access to posting on social media is limited to the Health Commissioner and senior leadership, being the Director of Nursing and the Director of Environmental Health. GCHD has many examples of sharing communication with the public through news releases and social media.</p>
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was submitted to various television and newspaper media contacts. The information from the press release was posted online through the "Galion Inquirer." This appears to be an example of a risk communication, which does not meet the requirement for this measure. Example 2 – A press release promoting testing and early treatment of HIV (August 2019) was submitted to various television and newspaper media contacts. While this example is from a chronic disease program, it does not document the GCHD's implementation of the procedures submitted in RD1. Additional examples were provided, including a press release from May 2018 about mosquito control activities and use of Facebook to inform the public about the end of the COVID-19 state of emergency order from the Governor's office. The mosquito example appears to be communicating during a non-emergency but it does not show implementation of procedures from RD1 for non-risk communications, as required. The COVID-19 example is an emergency-related communication and does not meet the intent of this measure.

Since GCHD did not provide a non-risk communication procedure in RD1, as required, the implementation of such a procedure for this RD is not possible.

RESPONSE - 4

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
7.1.3 A	<p>ACAR Comments:</p> <p>RD1: Not required for the ACAR.</p> <p>RD2: Example 1 – GCHD provided and updated 2020-2022 CHIP developed by the Crawford County Health Partners (thus related to the partnership provided in RD1). a) While the CHIP included a table of identified gaps and strategies for the two priorities, these do not specifically demonstrate an assessment of the capacity and distribution (including geographic gaps) of healthcare providers. b) While the CHIP included a list of Health Care Resources, this does not specifically demonstrate an assessment of the availability of health care services. Furthermore, the list appears to indicate that the list is not a comprehensive/complete list, thus not</p>	<p>GCHD participated with Crawford County Health Partners and Moxley Public Health to complete our 2025 Community Health Assessment. GCHD employees went above and beyond to obtain a statistically significant sample of residents in the Galion jurisdiction to complete the anonymous surveys for the Community Health Assessment to have a specific Galion City Addendum in the CHA. The Galion Addendum starts on page 76 within the Crawford County CHA. Interviews and focus groups from the area also made up some of the data collection. Access to</p>

	<p>demonstrating an assessment or consideration of all health care services. c) The CHIP included a table of identified gaps in services and their causes. d) While the CHIP had a health assessment with Galion City specific data that were highlighted, there was not an assessment related to access to health care services specific to Galion City.</p> <p>Example 2 – a) GCHD provided meeting minutes from a January 2022 Crawford County Health Partners meeting with updates on the CHIP, but it is not clear how this demonstrates an assessment of the capacity and distribution (including geographic gaps) of healthcare providers. b) This example again provided a list of Health Care Resources from the CHIP (provided in Example 1), this does not specifically demonstrate an assessment of the availability of health care services. Furthermore, the list appears to indicate that the list is not a comprehensive/complete list, thus not demonstrating an assessment or consideration of all health care services. c) The meeting minutes provided do not demonstrate an identification of the causes of gaps in services. d) It is not clear how the meeting minutes provided demonstrate any form of assessment of health care services, thus they also do not demonstrate results of data gathered periodically concerning access.</p> <p>-----</p> <p>-----</p>	<p>HealthCare ranked number 3 in the Galion health needs. Transportation and insurance needs/costs were among the top barriers to care.</p> <p>GCHD continued to be a presence at the Crawford County Transportation Coalition meetings, and in May of 2025, the Crawford County Transportation Plan was presented as complete. Page 8 of the plan provides a geographic map with healthcare trip generators for Crawford County, including Galion for healthcare. The Plan also outlines Goals and Strategies that the coalition plan to work on with #1 being Evaluate Extended-Hours Transportation to Meet Community Needs, #2 Explore Transportation Service Models to Provide Flexible Transportation Options, #3 Enhance Active Transportation Infrastructure and Accessibility, #4 Strengthen and Sustain Coordinated Transportation Services, and #5 Advance Sustainable Transportation Through Alternative Fuels and Infrastructure. This Measure is in Progress.</p>
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RESPONSE - 5

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
7.2.3 A	<p>ACAR Comments:</p> <p>RD1: Example 1 – GCHD provided an undated customer satisfaction survey in Spanish – however, this does not clearly relate to an initiative to ensure access and address barriers to care, as required. Example 2 – No additional documentation was</p>	<p>As stated previously, GCHD completed the Community Health Needs Assessment with our Crawford County Health Partners. Over 400 surveys were from residents with the Galion zip code of 44833, making</p>

provided.

Original Score: SD

Original Report Comments:

RD1: Example 1 – A GCHD flyer about handwashing was provided in English and Mandarin. The purpose of the example appears to be safe food handling and does not meet the intent of the measure, which is for a culturally competent initiative for ensuring access and addressing barriers to healthcare services. Example 2 – A copy of the MOU between GCHD and Community Counseling Services LLC was provided, showing an initiative to reduce barriers to healthcare access. While the colocation of services is an initiative for improving access and reducing barriers, this example does not appear to demonstrate how this is done in a culturally or linguistically manner, or in a way that considers literacy challenges, as required. A new example was provided, showing a flyer used by GCHD to promote their STI testing clinic services. The flyer indicates the clinic is a safe space for LGBTQ clients to seek services and counseling which appears to be an attempt to account for cultural barriers that may otherwise preclude this marginalized population from seeking services. The flyer is undated and therefore cannot be used in the assessment of the measure.

the GCHD CHA on page 76 a statistically significant sample population for the CHA. GCHD specific demographics told us that Galion is made up of 55% females, 45% males, 6% of the residents are Veterans, and approximately 1 in 5 are 65 and older. 98% of Galion's population speaks on English and 1% are foreign born. GCHD hosts a sexual health clinic in addition to our immunization clinic. The sexual health clinic brings in a wide variety of population from outside of Galion. The GCHD sexual health clinic is lead by our nurse practitioner who has an excellent following because of her provider to patient care. GCHD advertises as a SAFE ZONE for all human choices and this increases our traffic for a small town. GCHD has a contract with Martti Language Services which provides over 250 real time medical interpretation services plus American sign language, and it is audio visual so the clients prefer this method. This measure continues to be in progress.

RESPONSE - 6

For each measure for which the Accreditation Committee requested your health department to address, please complete a row in the table below. For each measure, report progress towards addressing any gaps/deficiencies identified within the site visit report. A narrative of progress is required for non-core/priority measures. Core/priority measures require documentation which should be uploaded to the "Documents" tab under the appropriate annual report folder in ePHAB.

Measure	Report Comment	Health Department Action
10.2.3 A	<p>ACAR Comments:</p> <p>RD1: Example 1 – GCHD provided a July 2021 Facebook post sharing COVID-19 case numbers (including active cases, deaths, and hospitalizations) – while the coversheet indicates this is sharing research and statistics on COVID-19 with the public – it is not clear what peer-reviewed research is</p>	<p>Over the past year, GCHD shared several recent research/data documents from the Ohio Department of Health on cancer and brain tumor</p>

being shared, as the post appears to only show data (i.e. the actual research and findings being shared is not clear). Furthermore, there is no evidence of sharing this with the state health department (though this was met in the original documentation). Example 2 – GCHD provided March 2020 emails sent to food operators with guidance for state orders regarding closures leading to limited operations (carry-out and drive-thru) – while this includes information and is delivered in a timely manner, this does not meet the intent of sharing peer-reviewed research findings.

Original Score: ND

Original Report Comments:

RD1: Example 1 – GCHD provided a report titled “A Response to the Journal of Public Health Management and Practice article, ‘Barriers and Incentives to Rural Health Department Accreditation.’” This report resulted from when GCHD staff, along with other local health departments, participated in an Ohio Accreditation Learning Community which included focus groups and conference calls dedicated to developing a well-researched final write-up and response to the original peer reviewed journal article. GCHD Communicated with PHAB president, Ohio State University, a handful of other LHDs across the state of Ohio and the Ohio Department of Public Health (thus showing communication with the state health department). However, this example does not meet the intent of the measure, as this is not sharing the results of peer-reviewed research findings with partners or others for public health implications. Example 2 – GCHD examined data regarding rates of lead poisoning in Crawford County and zip code(s) within Galion City and applied for a grant, corresponding with the Ohio State Department of Health Regarding concerns for lead risk and exposure in Galion City. With this, GCHD communicated their interpretation of data for Galion City Zip Codes to state department of health partners. The interpretation of information provided from Ohio Health Homes and the state health department to create their grant report and prepare a fact sheet to push out to the general public with messaging about lead risks and how to clean to mitigate them. Documentation also showed how GCHD staff host a health fair, providing cleaning advice and filter exchange to the community. The use Facebook as a social media tool to push out information regarding the risks of lead and how to wet clean, attending summer feeding sites and spoke with parents about the risks of lead and

statistics with our concerned community members, board of health, and city council.

Interview forms were given to the concerned. GCHD shared the documents with epidemiologists at the ODH.

The completed forms did not show findings that would lead them to believe that the brain tumors were environmentally-related, but also remarking that with so few cases, it is hard to say. GCHD will continue to take any and all concerns from the public and monitor the situation. This measure is in progress.

	how to wet clean, and publishes an infographic on lead in the town money saver. While an article on lead toxicity and other evidence-based practices led to the activities included in this example, this example does not meet the intent of directly sharing peer-reviewed research with others for public health implications – instead this example shows the use of research rather than the sharing.	
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Reflection and Learning

For each Annual Report submission, the health department will select **one** Reflection and Learning option from the offerings below. It is at the discretion of the health department to choose an option that can help the department remain in conformity with the Standards and engage with PHAB to support advancing quality, performance, and transformation. Health departments are encouraged to involve a breadth of staff in the preparation and completion of these activities. The department’s descriptions of work may encompass work that has been accomplished or planned for that spans several years.

Please refer to the Reflection and Learning option descriptions below before you choose one of the options:

Option	Description	Objective	Feedback from PHAB	Resources
Document Review	By selecting this option, the health department will submit documentation that aligns with a reaccreditation measure. The department will complete the measure documentation form and submit the documentation (narrative or actual evidence). <i>This option is available each year.</i>	To support the health department’s reaccreditation effort, this option provides the department the opportunity to submit potential documentation and receive direct feedback from PHAB staff.	PHAB staff will review the documentation and provide a summary comment (not an assessment score). Specific feedback will include guidance on the use of the documentation form, summary comment that may identify opportunities for improvement and/or areas of excellence, a recommendation on using this example for reaccreditation, and any considerations that may be helpful.	The health department will complete and upload the reaccreditation documentation form to e-PHAB, found in the Learning Center.
Domain Reflection	By selecting this option, the health department will	To support the health	PHAB will review and provide summary	The health department will

Report	submit a reflection report that encourages a critical review of one Domain. Health departments can utilize this report to gain a better understanding of work completed, such as key activities and milestones, and help identify any steps that the department may need to consider for the future. The department will complete the PHAB template for this report; additional documentation is not accepted. It is strongly recommended that this be a cross-collaborative effort within the department. <i>This option is available each year.</i>	department's reaccreditation effort, this option provides the department the opportunity to more formally reflect on the breadth of work that has been accomplished specific to one Domain. This activity also encourages the health department to gain a deeper understanding of how the work that is described aligns with reaccreditation requirements.	feedback. PHAB may follow up with opportunities to highlight the health department's work (e.g., PHAB communications, conference sessions). All health departments will receive general tips about reaccreditation.	complete and upload the Domain Reflection Report template, found in the Learning Center.
Foundational Capability Reflection Report	By selecting this option, the department will submit a reflection report that encourages a critical review of one Foundational Capability (FC). Health departments can utilize this report to gain a better understanding of work completed, such as key activities and milestones, and help identify any steps that the department may need to consider for the future. The health department will	To support the health department's reaccreditation effort, this option provides the department the opportunity to more formally reflect on the breadth of work that has been accomplished specific to one Foundational	PHAB will review and provide summary feedback. PHAB may follow up with opportunities to highlight the health department's work (e.g., PHAB communications, conference sessions). All health departments will receive general tips about reaccreditation.	The health department will complete and upload the Foundational Capability Reflection Report template, found in the Learning Center. Link to FC Framework: FPHS Factsheet FINAL (phnci.org)

	complete the PHAB template for this report; additional documentation is not accepted. It is strongly recommended that this be a cross-collaborative effort within the department. This tool may be helpful as the department's work becomes more closely aligned with FCs. <i>This option is available each year.</i>	Capability. This activity also encourages the department to gain a deeper understanding of how the work that is described aligns with reaccreditation requirements.		
Innovation	By selecting this option, the health department will submit a narrative or example, such as a project, that demonstrates efforts to foster innovative skills. <u><i>This option is available each year and recommended in the second and third Annual Report cycles.</i></u>	To support the health department's reaccreditation work specifically aligned with Measure 9.2.2.A, which requires one example of an effort to foster innovation skills, practices, or processes.	Written feedback will be provided as well as general guidance on innovation. PHAB staff will review the documentation and provide written feedback. Feedback will include guidance on innovation and/or fostering a culture of innovation. An assessment (score) will not be provided.	The health department will complete and upload the reaccreditation documentation form for 9.2.2.A, found in the Learning Center. The Public Health National Innovation Center website has additional information including the definition of public health innovation and stories that describe innovation (www.phnci.org).
Participation	By selecting this option, the health department will provide information that indicates specific engagement with PHAB over the past 12 months. Acceptable engagement includes: a staff member that	This option encourages health departments to engage with the broader public health system.	The department will receive a certificate recognizing the health department's contributions.	

	<p>is an active Site Visitor, Board of Director, Committee member, speaker for a PHAB webinar or presentation, author for publication/blog post, or contributor for a published story. The health department will provide the staff member's name and position, select a listed activity, and provide the dates of completion in e-PHAB so that it can be verified. <i>This option is available each year but <u>can only be selected once during the four Annual Report cycles.</u></i></p>			
QI Project Review	<p>By selecting this option, the health department will submit a completed quality improvement project. This would help inform the health department how projects could be improved, as well as provide the opportunity for the department to receive feedback on a potential project for reaccreditation submission. Quality improvement storyboards would be acceptable. <i>This option is available each year.</i></p>	<p>To support the health department's reaccreditation work specifically aligned with Measure 9.1.3 (Reaccreditation v2022), which requires implementation of QI projects that demonstrate required elements a – e.</p>	<p>Written feedback will be provided. Specific feedback will include guidance on the use of the documentation form, summary comment that may identify opportunities for improvement and/or areas of excellence, a recommendation on using this example for reaccreditation, and any considerations that may be helpful for other quality improvement projects. An assessment (score) will not be provided.</p>	<p>The health department will complete and upload the reaccreditation documentation form for 9.1.3, found in the Learning Center.</p>

Reaccreditation Readiness	<p>The health department will submit a completed reaccreditation readiness self-assessment. The readiness assessment is intended to support preparations for reaccreditation. It is a comprehensive assessment that addresses each reaccreditation measure. Health departments should plan to engage staff from across the health department in completing the assessment. <i>This option is available each year and strongly recommended in the third and fourth Annual Report cycles prior to applying for reaccreditation.</i></p>	<p>Results from the self-assessment can be used to identify the documentation the health department has in place that can be used to meet the reaccreditation requirements and to identify gaps where additional documentation may need to be developed.</p>	<p>The department will receive a Reaccreditation Readiness Assessment Report summarizing strengths and areas of focus, as well as domain and foundational capability readiness scores. The report will also include readiness assessment score results for each measure, as well as tips/recommendations to prepare for reaccreditation.</p>	
FPHS Capacity and Cost Assessment	<p>By selecting this option, the health department will use the national Foundational Public Health Services (FPHS) Capacity and Cost Assessment to assess their role in the governmental public health system and identify resources needed to transform it. Departments that complete this Assessment will enter data on their current implementation of and resources directed toward the FPHS and the staffing and</p>	<p>Results from the Assessment will provide an understanding of costs, expertise, and capacity toward the national FPHS framework. Information from the Assessment can be used to determine how best to allocate resources to meet the needs of their jurisdictions and</p>	<p>Following submission, PHAB will not provide formal feedback on assessment data but will provide reaccreditation reminders and may reach out to learn more about your experience with the Assessment. The Assessment will provide your health department with an understanding of your current spending and capacity towards the FPHS and the needed resources to fully</p>	<p>After the health department informs PHAB of their plans to use the Assessment, the health department will receive access to resources and will be eligible for technical assistance from PHAB. A demo of how to use the Assessment is available. PHAB's website has links to an Instructional Guide; Operational Definitions; a Decision</p>

<p>spending needed to fully implement the FPHS, if suitably resourced. Completion of the Assessment will require the participation of both health agency finance and program staff. Health departments that plan to complete this option must inform PHAB by the date posted in the Learning Center. The Assessment may be completed as an individual health department and/or as part of a public health systems approach. If a local health department participates in the Assessment as part of a statewide systems effort (e.g., all local health departments are contributing data towards developing a system-wide understanding across all health departments within a state versus just one individual health department's data), they may still complete this Reflection Option and will coordinate with PHAB about how and when Assessment data will be shared</p> <p>Health departments that have completed the Assessment since their last</p>	<p>communities; consider options to shift resources within the organization; identify opportunities to share resources and/or services across agencies; and advocate for funding.</p>	<p>implement the FPHS, based on the data your health department provides. As a health department or public health system completes the Assessment, they may reach out to PHAB for feedback on their Assessment plan, for technical assistance, or other needs that may arise.</p> <p>PHAB is available for an initial intake call (up to 1 hour) to discuss overarching questions about the assessment process, and for up to 3 hours subsequently for other technical assistance, at no cost to your health department. Technical assistance can be used to better understand the tool and answer general questions about tool use, how it may assist with internal planning, and how best to use the results.</p> <p>Following submission, PHAB will not provide formal feedback on assessment data but will provide reaccreditation</p>	<p>Guide to help governmental public health agencies engage the appropriate staff, identify the appropriate data, and navigate some of the more complex aspects of the Assessment; and a Frequently Asked Questions document. PHAB's website has additional information, stories and examples from the field related to conducting FPHS Capacity and Cost Assessments.</p>
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	<p>Annual Report was submitted may also select this option. Health departments will submit completed Assessment spreadsheets to e-PHAB. Data from submitted Assessments will be used in PH-LIFT (Leveraging Infrastructure for Transformation) and may be used to update tools like the Public Health Workforce Calculator, to develop new tools for transformation, or for research purposes; all publicly available data will be deidentified. <i>This option is available each year and strongly recommended in the first, second or third Annual Report cycle.</i></p>		<p>reminders and may reach out to learn more about your experience.</p>	
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Please select one Reflection and Learning option from the offerings below.

Domain Reflection Report

Domain (select one):

Domain 1: Assess and monitor population health status, factors that influence health, and community needs and assets.

Related to this work, the health department has: (check all that apply)

- Dedicated staff time or funding
- Developed specific communication tools that will enhance this work
- Sought out existing evidence-based practices
- Informed community partners, governing entity and or stakeholders
- Used data to inform a decision
- Taken steps to formally document the work

Engaged external partners or leaders in this body of work

Describe the work the health department has accomplished related to the Domain selected above. Consider what key activities and milestones the department has completed.

2025 Community Health Assessment

In early 2024, GCHD began meeting with the Crawford County Health Partners to engage discussions on what group to partner with to assist our communities in developing a thorough Community Health Assessment that would meet ALL of our needs by collecting both quantitative and qualitative data. The Galion City Health Department is unique in Ohio, representing one of a few city health departments. While GCHD is very proud to represent Galion and serve its residents in public health since 1869, it also comes with many challenges. GCHD determined that to have a quality assessment specific to Galion, we needed to understand first what would represent a statistically significant sample of surveys completed out of our population of 10,293. We determined that 371 completed community surveys from the Galion zip code would be representative of our community. The GCHD staff and community health partners made this number a goal. It took a lot of work, staff time and personal funding to complete the mission, but GCHD was able to incentivize the community to return 410 surveys. A number of staff and community members also participated in key informant interviews and focus groups that contributed to primary data collection.

A key difference that was identified in the CHA analysis that was highlighted for Galion over both Crawford County and Ohio was that of Galion's community conditions. Galion residents are 6-7% more likely to experience poverty than Crawford County and Ohio residents. This statistic lead GCHD to invite a key council person that sits on the economic development committee for the city, to participate in the development of our Community Health Improvement Plan (CHIP) for Galion. Sharing the addendum community assessment that was specific to Galion was priority for GCHD. It was shared on social media and our website. A copy is also located at our public library. Data from this assessment has also been shared with Galion city council to make them aware of statistics of growing concerns in the Galion community. GCHD is thankful to have an engaged staff that want to provide the most needed services to the Galion Community so gathering data is something that we are working to improve throughout the department.

The Crawford County Health Partners, which GCHD is a member of, is now in the final stages of meeting with community organizations to finalize strategies in our next community health improvement plan. The data that was gathered to create the 2025 Community Health Assessment is what we use to recommend and inform public health actions within the CHIP. The data gathered from key informant interviews, focus groups, and community members in the Galion jurisdiction generally does not differ greatly from that of our entire county so our community health improvement plan is one document without a specific addendum to Galion. GCHD is fortunate to work in a community that has well-established community partners in both the city and county. Implementing strategic solutions to improve health is a difficult challenge, but GCHD is determined to do what it can to facilitate change whether it be in policy and/or practice.

Based on your reflection, what are your next steps related to this Domain and PHAB accreditation (for example, establish or formalize processes, identify additional information sources, brainstorm examples that may be included as documentation, identify the staff or team that will be tasked with collecting and packaging documentation).

GCHD plans to meet and brainstorm examples to use for documentation on this standard. Although it is one of the somewhat easier standards to meet, some of our newer to public health staff were not here when we submitted for original accreditation so this will be a good Domain that all staff can participate in to better understand the accreditation process. Brandi, the GCHD Director of Nursing, is also our accreditation coordinator. She is newer to public health, and she will be attending more PHAB Ohio trainings to acclimate herself with accreditation. She will be key to helping with adherence of documentation to this domain, and GCHD looks forward to working on this together.

In preparation for reaccreditation, identify which Measure(s) to which the highlighted work relates. Note that Measures related to Foundational Capabilities are indicated with an asterisk (*).

Domain	Measure
Domain 1) Assess and monitor population health status, factors that influence health, and community needs and assets.	Measure 1.1.1 A (*) Develop a community health assessment. Measure 1.1.2 A Collaborate on and use the community health assessment process. Measure 1.2.1 A (*) Collect non-surveillance population health data. Measure 1.2.2 T/L (*) Participate in data sharing with other entities. Measure 1.3.1 A (*) Analyze data and draw public health conclusions. Measure 1.3.2 A Use data to recommend and inform public health actions.
Domain 2) Investigate, diagnose, and address health problems and hazards affecting the population.	
Domain 3) Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.	
Domain 4) Strengthen, support, and mobilize communities and partnerships to improve health.	
Domain 5) Create, champion, and implement policies, plans, and laws that impact health.	
Domain 6) Utilize legal and regulatory actions designed to	

improve and protect the public's health.	
Domain 7) Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.	
Domain 8) Build and support a diverse and skilled public health workforce.	
Domain 9) Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.	
Domain 10) Build and maintain a strong organizational infrastructure for public health.	

Attestation

Health Department Director

Date	Name
09/30/2025	Andrea Barnes

RESPONSE - 1

Health Department Director

Confirmation

☒ I confirm, as the Health Department Director, that all documents have been reviewed and are accurate for submission.

Please type your full name

Please enter today's date

Andrea Barnes

09/30/2025