DELIVERED BY:

Moxley PUBLIC HEALTH

2026-2028 WOOD COUNTY IMPLEMENTATION STRATEGY/ COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED NOVEMBER 2025

MERCYHEALTH

WOOD COUNTY HOSPITAL
Depend on us.

Wood County Health Department

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A NOTE FROM THE **WOOD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STEERING COMMITTEE**

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

A primary component of creating a healthy community is assessing the community's needs and prioritizing those needs for impact. In 2025, the Wood County CHNA Steering Committee partnered with Moxley Public Health and community-based organizations to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify priority health issues and evaluate the overall current health status of the health department and hospitals' service area. These findings were then used to develop an Implementation Strategy (IS)/Community Health Improvement Plan (CHIP) to describe the response to the needs identified in the CHNA report.

The 2026-2028 Wood County IS/CHIP would not have been possible without the help of numerous Wood County organizations, acknowledged on the following pages. It is vital that assessments such as this continue, so partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. The Wood County CHNA Steering Committee believes that together, Wood County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. The Wood County CHNA Steering Committee is grateful for those individuals who are committed to the health of the community, and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,

Benjamin Robison
Health Commissioner
Wood County Health Department

Stanley Korducki
President
Wood County Hospital

Alison Avendt
President
Mercy Health—Perrysburg Hospital

ACKNOWLEDGMENTS

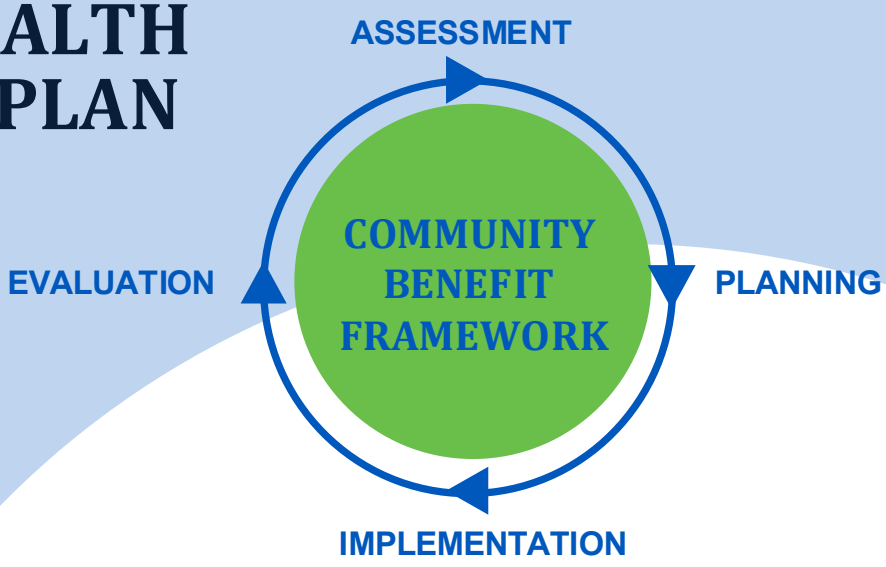
This IS/CHIP was made possible thanks to the collaborative efforts of the Wood County CHNA Steering Committee, community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

The Wood County CHNA Steering Committee would like to recognize the following organizations for their contributions to this report:

Bowling Green Chamber of Commerce
Bowling Green State University
City of Bowling Green
Great Lakes Community Action Partnership
La Conexión
Mercy Health—Perrysburg Hospital
Middleton Township Emergency Medical Services (EMS)
National Alliance on Mental Illness (NAMI) - Wood County
North Baltimore Chamber of Commerce
North Baltimore Local Schools
Ohio State University Extension Office
Perrysburg Chamber of Commerce
Perrysburg Heights Community Center
The Cocoon
Unison Health
Wood County Area Ministries
Wood County Board of County Commissioners
Wood County Board of Developmental Disabilities
Wood County Committee on Aging
Wood County Educational Service Center
Wood County Emergency Management Agency
Wood County Health Department
Wood County Hospital
Wood County Job and Family Services
Wood County Planning Commission
Wood County Safety Council
Wood County Sheriff's Office
Wood County Veterans Service Office

INTRODUCTION

WHAT IS AN IMPLEMENTATION STRATEGY (IS)/ COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?



An **Implementation Strategy (IS)/Community Health Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities, policy, advocacy, and program-planning efforts. For health departments, the Community Health Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB). For hospitals, the Implementation Strategy describes their plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3).

OVERVIEW
OF THE PROCESS

In order to develop an IS/CHIP, the Wood County CHNA Steering Committee followed a process that included the following steps:

STEP 1: Plan and prepare for the IS/CHIP.

STEP 2: Develop goals/objectives and identify indicators to address health needs.

STEP 3: Consider approaches/strategies to address prioritized needs, health disparities, and social drivers of health.

STEP 4: Select approaches with community partners.

STEP 5: Integrate IS/CHIP with community partner, health department, and hospital plans.

STEP 6: Develop a written IS/CHIP.

STEP 7: Adopt the IS/CHIP.

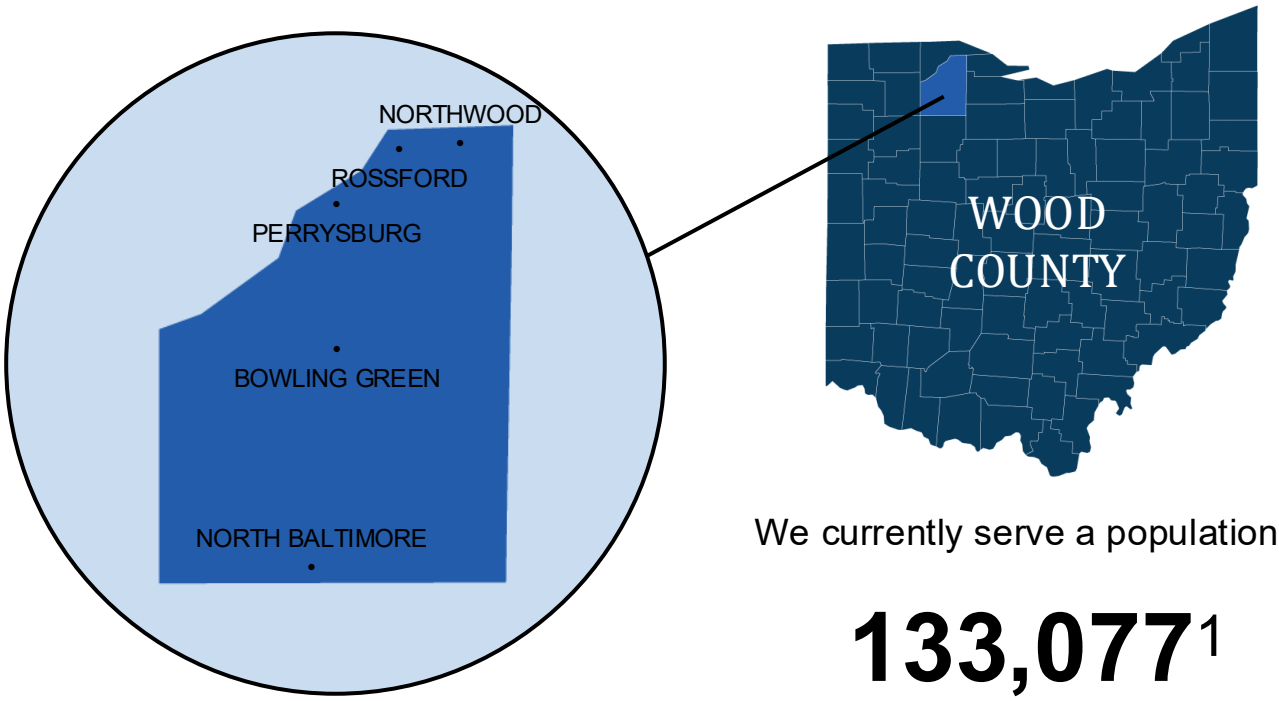
STEP 8: Update and sustain the IS/CHIP.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

The 2026-2028 Wood County IS/CHIP meets all IRS and Public Health Accreditation Board (PHAB) regulations and requirements.

DEFINING THE WOOD COUNTY **SERVICE AREA**

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

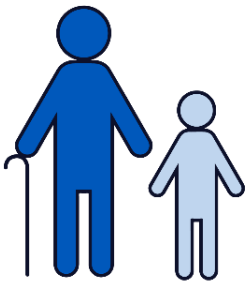


We currently serve a population of

133,077[1]

WOOD COUNTY

WOOD COUNTY
AT-A-GLANCE



The life expectancy at birth in Wood County is **77.8 years**, which is **longer** than both Ohio (75.7 years) and the nation (77.6 years).[2]

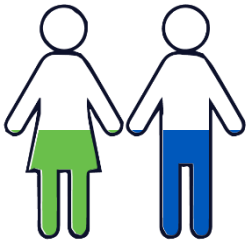
Youth ages 0-18 and seniors 65+ make up

37% of the population

(vs. **40%** for Ohio).

In the Wood County service area, nearly **1 in 6 residents are ages 65+**.[3]

51% of both Wood County and Ohio residents are **women**.[3]



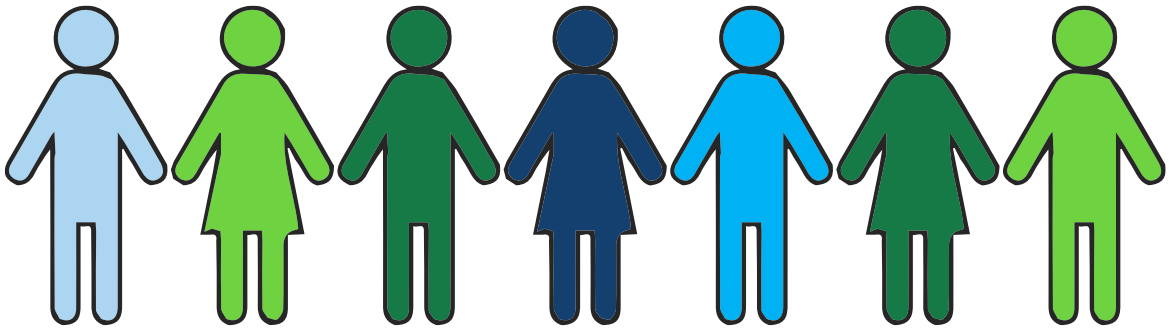
51% 49%

6%

of Wood County residents are **veterans**, vs. 7% for Ohio.[4]

3% of Wood County's population is **foreign-born** (vs. **5%** for Ohio), while **5%** of Wood County residents **do not speak English as their first language** (vs. **8%** for Ohio).[4]

There is a **higher proportion of White residents and Hispanic/Latinx residents** in Wood County than in the state of Ohio.[3]



	WHITE	HISPANIC OR LATINX	MULTI-RACIAL	BLACK/ AFRICAN AMERICAN	ASIAN	AI/AN	NH/PI
WOOD	86%	6%	3%	2%	2%	0.1%	0.1%
OHIO	77%	5%	4%	12%	2%	0.1%	0%

AIAN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

STEP 1

PLAN AND PREPARE FOR THE IMPLEMENTATION STRATEGY/ COMMUNITY HEALTH IMPROVEMENT PLAN

In this step, the Wood County CHNA Steering Committee:

- ✓ Determined who would participate in the development of the IS/CHIP
- ✓ Engaged board and executive leadership
- ✓ Reviewed the Community Health Needs Assessment

PLAN AND PREPARE

Secondary and primary data were collected to complete the 2025 Wood County Community Health Needs Assessment (available at: https://woodcountyhealth.org/home/reports-publications/, https://www.woodcountyhospital.org/about-us/community-programs & https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment). Secondary data were collected from a variety of local, county, and state sources to present community demographics, social drivers of health, healthcare access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were collected through key informant interviews with **22** experts from various organizations serving Wood County, and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A community member survey was distributed via a QR code and link, with **589** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and identify health disparities present in the community. Finally, there was **1** focus group held in Wood County, representing a total of **8** community members from priority populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs, and prioritize health needs. More details on methodology can be found in the 2025 Wood County Community Health Needs Assessment.

> ***A community health assessment and improvement planning process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems.***
>
> - Public Health Accreditation Board (PHAB)

STEP 2

DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS

In this step, the Wood County CHNA Steering Committee:

- ✓ Developed goals for the IS/CHIP based on the findings from the Community Health Needs Assessment
- ✓ Selected indicators to achieve goals

OVERVIEW
OF THE PROCESS

Ohio Department of Health (ODH) Framework

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

The Wood County CHNA Steering Committee desired to align with the priorities and indicators of ODH. To do this, they used the following guidelines when prioritizing the health needs of their community.

The Steering Committee used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2025 Wood County CHNA.

To align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, the Wood County CHNA Steering Committee included the state's priority factors and health outcomes when assessing the community.

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

Equity

Health equity is achieved when all people in a community have the opportunity to reach their full health potential.

Priorities

The SHIP identifies three priority factors (community conditions/social drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?

Many factors, including these **3 SHIP priority factors***:

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

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

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

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

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

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

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

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

Strategies

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

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

ADDRESSING THE **HEALTH NEEDS**

The 2025 Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary data (information we gathered for the CHNA through the community survey, interviews, and the focus group) and secondary data (information that was already available before the CHNA began, like other community reports and state databases). The significant health needs were ranked as follows through the community member survey (589 responses from community members).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to health care	41%
#2 Nutrition & physical health/exercise	37%
#3 Transportation	36%
#4 Income/poverty	35%
#5 Adverse childhood experiences (ACEs)	34%
#6 Food insecurity	34%
#7 Access to childcare	31%
#8 Substance use	30%
#9 Education	25%
#10 Community engagement	25%
#11 Housing & homelessness	21%
#12 Employment/work	21%
#13 Preventive care & practices	20%
#14 Tobacco and nicotine use/smoking/vaping	18%
#15 Environmental conditions	14%
#16 Crime & violence	12%
#17 Internet/Wi-Fi access	10%
#18 Addiction to gambling, gaming, or sports betting	6%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	89%
#2 Chronic diseases	75%
#3 Disabilities	40%
#4 Infectious diseases	33%
#5 Maternal, infant, and child health	22%
#6 Injuries	17%
#7 HIV/AIDS and Sexually Transmitted Infections (STIs)	6%

PRIORITY HEALTH NEEDS
FOR WOOD COUNTY

From the significant health needs, the Wood County CHNA Steering Committee chose health needs that considered the health department, hospitals, and community partners' capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department, hospitals, and community partners' priorities. **The four priority health needs that will be addressed in the 2026-2028 Implementation Strategy (IS)/ Community Health Improvement Plan (CHIP) are:**

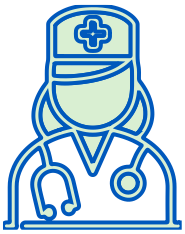
1 COMMUNITY CONDITIONS

- **40%** of community survey respondents said that **transportation is lacking** in Wood County.
- **14%** of Wood County residents experience **food insecurity**.[5]
- **Affordable housing** was the **#1 reported resource needed** in Wood County in the community survey.

2 CHRONIC DISEASE

- Heart disease is the **leading cause of death** in Wood County.[6]
- **64%** of community survey respondents reported having **at least one chronic health condition or disability**.

3 ACCESS TO HEALTH CARE



- **18%** of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.
- **22%** of Wood County adults **did not have a routine checkup in the prior year**, compared to 23% of Ohio adults.[7, 8]

4 BEHAVIORAL HEALTH

- **45%** of survey respondents reported **experiencing barriers to accessing needed mental, behavioral health, or substance use counseling**.
- **21%** of both Wood County and Ohio adults report engaging in **binge or heavy drinking**.[2]
- **34%** of survey respondents said that **Adverse Childhood Experiences (ACEs)** are a **top community concern**.

STEPS 3 & 4

CONSIDER AND SELECT APPROACHES/ STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DRIVERS OF HEALTH WITH COMMUNITY PARTNERS

In this step, the Wood County CHNA Steering Committee:

- ✓ Selected approaches/ strategies to address the Wood County prioritized health needs, health disparities, and social drivers of health
- ✓ Developed a written IS/CHIP report

#1 Priority Area:
COMMUNITY CONDITIONS

Includes transportation, housing, food insecurity, and income/poverty & employment.

STRATEGIES

By 2028, increase accessible transportation service providers, improve walkability, and support Mobile Health Center access throughout Wood County to reduce transportation barriers.	By 2028, support No Wrong Door growth & expansion to all areas and sectors of the county.	By 2028, increase accessible and affordable housing as well as access to existing services throughout Wood County.	By 2028, reduce the number of Wood County households reporting food insecurity by increasing equitable access to affordable, nutritious foods and nutrition-supportive programs.

PARTNERS

Bowling Green Ministerial Association, Cocoon, Community Partners Group, Mercy Health—Perrysburg Hospital, North Baltimore Area Chamber of Commerce, Wood County Health Department, Wood County Hospital, Wood County Housing & Homelessness Coalition, Wood County Planning, Wood County Transportation Advisory Committee

PRIORITY POPULATIONS

While this priority affects the entire community, targeted strategies will focus on populations that experience greater risk or barriers to health, including:

- Rural communities
- Communities and individuals with lower income
- Hispanic/Latinx residents
- Older adults
- Individuals with disabilities
- Students
- Young adults and early professionals
- Women

DESIRED OUTCOMES OF STRATEGIES

- ↑ Transportation
- ↑ Access to and knowledge of community resources
- ↑ Access to affordable and available housing
- ↑ Access to affordable, healthy food

OVERALL IMPACT OF STRATEGIES

- ↑ Health status
- ↑ Quality of life
- ↓ Homelessness and precarious housing
- ↓ Food insecurity

ALL WOOD COUNTY SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#2 Priority Area:
CHRONIC DISEASE

Includes health behaviors, preventive care, and nutrition & physical health.

STRATEGIES

By April 1, 2026, build a budget that identifies goals to support chronic disease programs across the county.

By January 1, 2027, enhance community-based health screening programs to improve the identification and management of chronic conditions.

By December 1, 2027, identify educational resources, toolkits, and programs to support the prevention and management of chronic disease, including post-screening, future steps, prevention, and connection to healthcare.

PARTNERS

Bowling Green State University, Mercy Health—Perrysburg Hospital, Wood County Committee on Aging, Wood County Health Department, Wood County Hospital

PRIORITY POPULATIONS

While this priority affects the entire community, targeted strategies will focus on populations that experience greater risk or barriers to health, including:

- Individuals with chronic conditions
- Individuals at high risk for developing chronic conditions
- Communities and individuals with lower income
- Older adults
- School-age youth
- Individuals experiencing transportation challenges

DESIRED OUTCOMES OF STRATEGIES

- ↑ Education on chronic diseases & risk factors
- ↑ Chronic disease prevention, screening & management
- ↑ Nutrition, including fruit & vegetable consumption
- ↓ Sedentary youth and adults

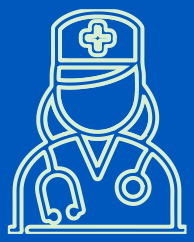
OVERALL IMPACT OF STRATEGIES

- ↑ Access to primary care
- ↑ Quality of life
- ↑ Physical health
- ↓ Overweight and obesity
- ↓ Chronic disease
- ↓ Premature mortality

ALL WOOD COUNTY SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#3 Priority Area:
ACCESS TO HEALTH CARE

Includes primary, hospital, specialist, dental, vision, insurance coverage, maternal & infant/child health, and barriers to care.



STRATEGIES

By 2028, increase the percentage of residents - regardless of age, income, insurance status, or geographic location – with access to preventive and restorative dental care by 20%.

By 2028, increase the percentage of residents who have a usual source of primary medical care by 20% and establish a medical home, by addressing barriers to care and closing identified service gaps.

By 2028, increase the percentage of adults and youth receiving age-appropriate preventive services by 20% to improve health outcomes and reduce disparities across the lifespan.

Improve access to health insurance by 10% by 2028 through empowering people with knowledge to obtain and utilize insurance options.

PARTNERS

BGSU, Community Health Workers, Faith-Based Groups, La Conexión, Local Libraries, Local Schools, Mercy Health—Perrysburg Hospital, Owens Dental Program, Penta Dental Program, United Way, Welcome BG, Wood County Committee on Aging, Wood County Health Department, Wood County Hospital, Wood County Veterans Service Office

PRIORITY POPULATIONS

While this priority affects the entire community, targeted strategies will focus on populations that experience greater risk or barriers to health, including:

- Rural communities
- Residents who are under-/uninsured
- Hispanic/Latinx residents
- Older adults
- Individuals with Medicaid
- Veterans
- Residents who are underserved
- Maternal-child population
- Individuals who are self-employed
- Individuals on a fixed income

DESIRED OUTCOMES OF STRATEGIES

- ↓ Delayed care
- ↑ Access and utilization of non-emergency healthcare services and existing healthcare resources
- ↑ Education and access to healthcare resources

OVERALL IMPACT OF STRATEGIES

- ↑ Access to primary, dental, and preventive care
- ↑ Quality of life
- ↑ Physical health
- ↓ Uninsured residents
- ↓ Unmet care needs
- ↓ Premature mortality

ALL WOOD COUNTY SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#4 Priority Area:
BEHAVIORAL HEALTH

Includes mental health, addiction, substance use disorder, Adverse Childhood Experiences (ACEs), and social wellness.

STRATEGIES

Increase behavioral health service/program knowledge among Wood County residents by 30% by December 2028 through strategic promotion of current behavioral health services throughout the county.

Develop an outreach plan to market current available services to PCPs, Pediatricians, and OB/GYNs in Wood County. Increase referral rates by 10% by the end of 2028.

Promote No Wrong Door Trainings to Case Management, Community Health Workers, and others starting work in the mental health community in Wood County. Increase attendance by 30% by the end of 2028.

PARTNERS

BGSU, CCHIO, NAMI Wood County, Mercy Health—Perrysburg Hospital, No Wrong Door Committee, Wood County ADAMHS Board and provider agencies, Wood County Health Department, Wood County Hospital, Wood County Job & Family Services

PRIORITY POPULATIONS

While this priority affects the entire community, targeted strategies will focus on populations that experience greater risk or barriers to health, including:

- Individuals affected by behavioral health conditions
- Health providers in Wood County
- Higher education entities in Wood County

DESIRED OUTCOMES OF STRATEGIES

- ↑ Education and awareness on mental health
- ↑ Access to mental health and substance abuse care
- ↓ Mental health stigma

OVERALL IMPACT OF STRATEGIES

- ↑ Mental health
- ↑ Quality of life
- ↓ Substance misuse
- ↓ Mental health and substance abuse ER visits
- ↓ Overdose deaths
- ↓ Death by suicide

ALL WOOD COUNTY SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
WOOD COUNTY

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 Health Care
Blanchard Valley Health System
CVS Pharmacy
Dental Center of Northwest Ohio
Falcon Health Center
Hospice of Northwest Ohio
Medicare and Medicaid
Mercy Health—Mobile Mammography Van
Mercy Health—Perrysburg Hospital
Mobile Health Center
Planned Parenthood
ProMedica Clinics
ProMedica Hospice
Telehealth Services
The Sight Center
Unison Health
Urgent Care Centers
Women's Care of Wood County
Wood County Board of Developmental Disabilities
Wood County Community Health Center
Wood County Early Intervention
Wood County Health Department
Wood County Hospital

Community & Social Services
Ability Center
Advocates for Basic Legal Equality, Inc. (ABLE)
American Red Cross
Autism Society of Northwest Ohio
Bittersweet Farms
Big Brothers Big Sisters
Bowling Green Chamber of Commerce
Bowling Green, Ohio (BGO) Pride Association
Child Protective Services
Clothesline
Community Christian Legal Service
Deacon's Shop
Emergency Management Agency
Faith-based Organizations/Local Churches

Community & Social Services (cont.)
Family & Youth Advocacy Center
Great Lakes Community Action Partnership (GLCAP)
Help Me Grow
Her Choice
Juvenile Residential Center of Northwest Ohio
La Conexión
Legal Aid Line
Local Police Departments
Not In Our Town Bowling Green
Perrysburg Heights Community Association (PHCA)
Safe Communities
Salvation Army
Shared Bounty
United Way
Welcome Bowling Green (BG)
Wood County Area Ministries
Wood County Child Support Enforcement Agency
Wood County Clerk of Courts
Wood County Committee on Aging
Wood County Family and Children First Council (FCFC)
Wood County Job and Family Services
Wood County Public Library
Wood County Safety Council
Wood County Sheriff's Office
Wood County Veterans Service Office

Education
Bowling Green City Schools
Bowling Green State University (BGSU)
Eastwood Local Schools
Elmwood Local Schools
Head Start
Lake Local Schools
North Baltimore Local Schools
Northwood Local Schools
Otsego Local Schools
Owens Community College
Penta Career Center
Perrysburg Exempted Village Schools

Education (cont.)
Public Libraries
Rossford Exempted Village Schools
Summer STARS Program
The Nest
Wood County Educational Service Center
Wood County Technical Center
Wood Lane School

Employment
Bureau of Workers' Compensation
Ohio Means Jobs—Wood County
Opportunities for Ohioans with Disabilities
Wood County Employment Resource Center
Work Leads to Independence

Food Insecurity
Bowling Green (BG) Christian Food Pantry
Bowling Green State University (BGSU) Student Food Pantry
Brown Bag Food Project
Community Garden
Farmers' Markets
First Christian Church—Bowling Green (BG)
Food Pantries
Islamic Food Bank
Meals on Wheels
Mom's Mobile Mission
Perrysburg Christians United (PCU) Food Pantry
Sharing Kitchen—Fostoria
St. Mark's Lutheran—Bowling Green (BG)
Supplemental Nutrition Assistance Program (SNAP)
Women, Infants, and Children (WIC) Program
Zoar Lutheran Church--Perrysburg

CURRENT RESOURCES (CONTINUED)
ADDRESSING PRIORITY HEALTH NEEDS
WOOD COUNTY

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.

Housing & Homelessness
Community Housing Impact (CHIP)
Department of Housing and Urban Development (HUD)/Section 8 Housing
First Step
Habitat for Humanity of Wood County
The Cocoon
The Fair Housing Center
Wood County Housing and Homelessness Coalition

Mental Health & Addiction
Access to Wellness Program
Alcoholics Anonymous (AA)
Arrowhead
Behavioral Connections of Wood County
Brightview
Children's Resource Center (CRC)
Community Mental Health Providers
Crisis Helplines/Hotlines
Crisis Stabilization Unit (CSU)
Harbor Behavioral Health
Heroin Anonymous
HOPE National Suicide Prevention
Lutheran Social Services
Midwest Recovery Center
Narcotics Anonymous
National Alliance on Mental Illness (NAMI) Wood County
Narcan distribution

Mental Health & Addiction (cont.)
Ohio Guidestone
The Willow Center
Wood County Addiction Response Collaborative (ARC)
Wood County Addiction Task Force
Wood County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
Wood County Crisis Line
Wood County Prevention Coalition
Wood County Suicide Prevention Coalition
Zepf Center

Nutrition & Physical Health
American Cancer Society
American Heart Association
Bike/Walking Trails
Bowling Green Community Center
Bowling Green State University (BGSU) Recreation Center
City of Bowling Green Parks and Recreation
City of Perrysburg Parks and Recreation
Fitness Made Simple Program
Ohio State University (OSU) Extension Wood County
Private Gyms
Rossford Recreation Department
Silver Sneakers
Wood County Hospital—Diabetes Education Program
Wood County Hospital—Medical Nutrition Therapy (MNT)
Wood County Park District
YMCA

Transportation
Bowling Green State University (BGSU) Shuttle Service
Bowling Green (BG) Transit
Perrysburg Transit
Ride Right
Taxi Services
Toledo Area Regional Transit Authority (TARTA)
Uber/Lyft
Wood County Committee on Aging—Medical Transportation
Wood County Job and Family Services—Non-Emergency Transportation (NET) Plus
Ziggy Zooms

STEPS 5-8

INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPROVEMENT PLAN

In this step, the Wood County CHNA Steering Committee will:

- Integrate IS/CHIP with community partner, hospital, and health department plans
- Adopt the IS/CHIP
- Update and sustain the IS/CHIP

WOOD COUNTY
NEXT STEPS

The Community Health Needs Assessment (CHNA) and this resulting Implementation Strategy (IS)/ Community Health Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This IS/CHIP explains how the Wood County CHNA Steering Committee plans to address the selected priority health needs identified by the CHNA. The IS/CHIP is an evolving and ongoing process. Organizations and individuals interested in contributing to one or more of the strategies are invited to reach out to any of the contacts listed below to learn how to get involved.

This IS/CHIP report was adopted by Wood County Health Department, Wood County Hospital, and Mercy Health—Perrysburg Hospital leadership in November 2025.

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

Wood County Health Department: https://woodcountyhealth.org/home/reports-publications/
Wood County Hospital: https://www.woodcountyhospital.org/about-us/community-programs
Mercy Health—Perrysburg Hospital: https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment

Written comments on this report are welcomed and can be made by emailing: psnyder@woodcountyohio.gov, laurert@woodcountyhospital.org, or lindsay_chandler@mercy.com.

EVALUATION OF IMPACT

The Wood County CHNA Steering Committee will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. The Steering Committee is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of the Steering Committee's actions to address these significant health needs will be reported in the next scheduled CHNA.

ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since the Wood County CHNA Steering Committee cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, the Steering Committee will not directly address the remaining health needs identified in the CHNA, including but not limited to access to childcare, education, tobacco and nicotine use, internet/Wi-Fi access, crime and violence, environmental conditions, injuries, and HIV/AIDS and STIs. We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that the Steering Committee cannot independently lead in order to address the other health needs identified in the 2025 CHNA.

APPENDIX A

INTERNAL REVENUE SERVICE (IRS) REQUIREMENTS CHECKLIST: IMPLEMENTATION STRATEGY

Meeting the IRS Requirements for the Implementation Strategy

The Internal Revenue Service (IRS) requirements for an Implementation Strategy serve as the official guidance for IRS compliance. The following pages demonstrate how this IS/CHIP meets those IRS requirements.

APPENDIX A:
IRS IMPLEMENTATION STRATEGY REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR IMPLEMENTATION STRATEGIES				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	17-27	(2) Description of how the hospital facility plans to address the health needs selected, including: i. Actions the hospital facility intends to take and the anticipated impact of these actions; ii. Resources the hospital facility plans to commit; and iii. Any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need.	(c)(2) (c)(2)(i) (c)(2)(ii) (c)(2)(iii)	
✓	27	(3) Description of why a hospital facility is not addressing a significant health need identified in the CHNA. *Note: A "brief explanation" is sufficient. Such reasons may include resource constraints, other organizations are addressing the need, or a relative lack of expertise to effectively address the need.*	(c)(3)	
✓	Throughout report	(4) For those hospital facilities that adopted a joint CHNA report, a joint IS may be adopted that meets the requirements above. In addition, the joint IS must: i. Be clearly identified as applying to the hospital facility; ii. Clearly identify the hospital facility's role and responsibilities in taking the actions described in the IS and the resources the hospital facility plans to commit to such actions; and iii. Include a summary or other tool that helps the reader easily locate those portions of the strategy that relate to the hospital facility.	(c)(4) (c)(4)(i) (c)(4)(ii) (c)(4)(iii)	Strategies that hospitals are collaborating on are indicated throughout the report.
✓	3, 27	(5) An authorized body adopts the IS on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA was conducted and completed, regardless of whether the hospital facility began working on the CHNA in a prior taxable year. **Exceptions (if applicable):** **Transition Rule (if applicable):**	(c)(5)	

APPENDIX B

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Meeting the PHAB Requirements for the CHIP

The PHAB Standards & Measures serve as the official guidance for PHAB national public health department accreditation and include requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this IS/CHIP meets the PHAB requirements.

APPENDIX B:
PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPs			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	19-23 19-23 19-23 24-25 27	**MEASURE 5.2.1 A: Adopt a community health improvement plan.** 1. A community health improvement plan (CHIP), which includes all of the following: a. Health priority(ies). b. Measurable objective(s) for each priority. c. Improvement activity(ies) for each objective with designated timeframes **and** organization(s) or individuals(s) accepting responsibility. d. Identification of the assets or resources that will contribute to successful implementation. e. Description of the process used to track the status of the actions taken to implement CHIP strategies or activities.	A detailed work plan (living document) has been developed that includes strategies, SMART objectives, annual activities, indicators, partners, and priority populations.
		MEASURE 5.2.2 A: Collaborative implementation and revision of the community health improvement plan. 1. Community health improvement plan (CHIP) activity or strategy implemented. a. The Documentation Form must indicate the priority and objective the CHIP strategy or activity example addresses. If the health department's role in implementation is not clear in the documentation, describe it on the Documentation Form. b. If the plan was adopted less than a year before it was submitted to PHAB, the health department may document implementation from an earlier CHIP. Documentation must demonstrate the linkage between the activities or strategies and the previous CHIP. While the prior CHIP may be older than 6 years, the implementation must have occurred within the past 6 years. 2. Revisions to the current community health improvement plan (CHIP), in collaboration with partners, or the process used for revisions.	Implementation activities will be monitored and documented over the cycle. Progress will be reported in the next CHA/CHNA report.
		MEASURE 5.2.3 A: Address factors that contribute to the higher health risks and poorer health outcomes experienced by specific population(s). 1. Implementation of a strategy to address factors that contribute to specific populations' higher health risks and poorer health outcomes. a. Each example must specify the data used to inform the strategy, the specific populations(s) the strategy was designed to reach, and factor(s) that were addressed; this information may be included on the Documentation Form. b. One example must address environmental impacts, built environment, **or** other infrastructure changes.	Implementation activities will be monitored and documented over the cycle. Progress will be reported in the next CHA/CHNA report.

APPENDIX C

REFERENCES

APPENDIX C:
REFERENCES

[1]U.S. Census Bureau, Population Estimates Program (PEP), V2024. https://www.census.gov/quickfacts/fact/table

[2]University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

[3]U.S. Census Bureau, American Community Survey, DP05, 2023 5-year estimate. http://data.census.gov

[4]U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate. http://data.census.gov

[5]Feeding America, Map The Meal Gap, 2023. https://map.feedingamerica.org

[6]Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[7]Ohio Behavioral Risk Factor Surveillance System: 2021 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

[8]PLACES. Centers for Disease Control and Prevention. Accessed June 20, 2025. https://www.cdc.gov/places

Wood County Hospital
Depend on us.

Wood County Health Department

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