

# Wyandot County

## Community Health Improvement Plan



***Examining the Health  
of Wyandot County***

**2016-2018**





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# EXECUTIVE SUMMARY

Since 2003, Wyandot County has conducted community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Wyandot County Health Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Wyandot County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and *Youth Risk Behavior Surveillance System* (YRBSS). This has allowed Wyandot County to compare the data collected in their CHA to national, state and local health trends.

From the beginning phases of the CHA, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The Wyandot County CHA has been utilized as a vital tool for creating the Wyandot County Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way."

To facilitate the Community Health Improvement Process, the Wyandot County General Health District along with the local hospital, invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

The MAPP Framework includes six phases which are listed below

- Organizing for success and partnership development
- Visioning
- Conducting the MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluation

## MAPP Process

The MAPP process includes four assessments: Community Themes & Strengths, Forces of Change, the Local Public Health System Assessment and the Community Health Status Assessment. These four assessments were used by the Wyandot County Health Alliance to prioritize specific health issues and population groups which are the foundation of this plan. The diagram below illustrates how each of the four assessments contributes to the MAPP process.



## Strategies:

Priority Health Issues for Wyandot County	
1.	Decrease Obesity
2.	Increase Mental Health Services
3.	Decrease Substance Abuse
4.	Increase Injury Prevention

## Action Steps:

To work toward **decreasing adult and youth obesity**, the following action steps are recommended:

1. Implement OHA Healthy Hospitals Initiative
2. Increase businesses/organizations providing wellness programs & insurance incentive programs to their employees
3. Create a wellness outreach campaign
4. Build and expand community gardens
5. Implement "Walk With A Doc" Program

To work toward **increasing mental health services among adults and youth**, the following actions steps are recommended:

1. Expand evidence-based programs and counseling services targeting youth and families
2. Increase the number of primary care physicians who screen for depression during office visits
3. Provide Mental Health First Aid Training
4. Decrease barriers to treatment

To work toward **decreasing adult and youth substance abuse**, the following actions steps are recommended:

1. Increase the LifeSkills training curriculum
2. Increase awareness of new drug trends
3. Increase the number of health care providers screening for alcohol and drug abuse
4. Implement a community based comprehensive program to reduce alcohol abuse
5. Train local law enforcement as ARIDE Professionals or Drug Recognition Experts

To work toward **increasing adult and youth injury prevention**, the following actions steps are recommended:

1. Implement an evidence based fall risk reduction program
2. Implement a youth sports safety clinic
3. Increase efforts of the Safe Communities Coalition

## **PARTNERS**

The 2016-2018 Community Health Improvement Plan was drafted by agencies and service providers within Wyandot County. During the past several months, the committee reviewed many sources of information concerning the health and social challenges Wyandot County adults and youth may be facing. They determined priority issues which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. The committee has recommended specific actions steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

### **Wyandot County Health Alliance**

Anne Denman, Family and Children First Council  
Charla Van Osdol, Firelands Counseling and Recovery Services  
Cassandra Diaz, Firelands Counseling and Recovery Services  
Robert McClure, First Citizens National Bank  
Bonnie Shaw, First Citizens National Bank  
Jason Eibling, Freedom Caregivers  
Robin Reaves, Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot  
Kris Joseph, Open Door Resource Center  
Scott Moore, Open Door Resource Center  
Amber Wertman, United Way  
Margie Kimmel, Waistline Risk Solutions  
Brooke Distel, OSU Extension, SNAP Ed. Program  
Darlene Steward, Wyandot County General Health District  
Melissa Bianchi, Wyandot County General Health District  
Barbara Mewhorter, Wyandot County General Health District  
Jason Fagan, Wyandot County Job and Family Service  
Greg Moon, Wyandot County Office of Economic Development  
Jeff Ritchey, Wyandot County Safe Communities Grant  
Vicki Charlton, Wyandot County Skilled Nursing and Rehab  
Joseph D'Ettorre, Wyandot Memorial Hospital  
Fortune Bormuth, Wyandot Memorial Hospital  
Theresa Miller, Wyandot County Veteran Service Office  
Erin Rodabaugh Gallegos, HHWP Community Action Committee  
George Sakash, Community Representative

This strategic planning process was facilitated by Michelle Von Lehmden, Health Assessment Coordinator, and Tessa Elliott, Graduate Assistant, from the Hospital Council of Northwest Ohio.

## **VISION**

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

### **The Vision of Wyandot County Health Alliance:**

A robust and healthy Wyandot County

### **The Mission of Wyandot County Health Alliance:**

Mobilizing partnerships to improve community wellness and quality of life



## **ALIGNMENT WITH NATIONAL AND STATE STANDARDS**

The 2016-2018 Wyandot County Health Improvement Plan priorities align perfectly with state and national priorities. Wyandot County will be addressing the following priorities: obesity, mental health, substance abuse, and injury prevention.

### **Ohio State Health Improvement Plan**

Wyandot County priorities very closely mirror the following 2015-2016 State Health Improvement Plan (SHIP) Addendum priorities:

Priority 2: Chronic Disease

Priority 4: Injury and Violence

Priority 5: Integration of Physical and Behavioral Health

To align with and support Priority 2 (Chronic Disease), Wyandot County will work to Increase businesses/organizations providing wellness programs & insurance incentive programs to their employees. Wyandot County will also work to improve weight management and reduce obesity, a major risk factor for developing chronic disease.

To align with and support Priority 4 (Injury and Violence), Wyandot County will work to reduce the number of falls through STEADI assessment tools and/or Matter of Balance trainings and decrease the percent of deaths due to motor vehicle crashes for children and adults.

To align with and support Priority 5 (Integration of Physical and Behavioral Health), Wyandot County will work towards increasing the number of primary care physicians screening for depression and making referrals during office visits. Wyandot County will also continue efforts to raise awareness of the impact of trauma on emotional and physical well-being.

### **U.S. Department of Health and Human Services National Prevention Strategies**

The Wyandot County Plan also aligns with six of the National Prevention Strategies for the U.S. population: healthy eating, active living, injury and violence free living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

### **Healthy People 2020**

Wyandot County's priorities also fit specific Healthy People 2020 goals. For example:

- Nutrition and Weight Status(NWS)-8: Increase the proportion of adults who are at a healthy weight
- Mental Health and Mental Disorders (MHMD)-9: Increase the proportion of adults with mental health disorders who receive treatment
- Injury Prevention (IVP)-13: Reduce motor vehicle crash-related deaths
- Substance Abuse(SA)-13: Reduce past month use of illicit substances

There are 22 weight control objectives, 12 other mental health objectives, 21 other substance abuse objectives, and 42 other injury and violence prevention that support the work of the Wyandot County CHIP. These objectives can be found in each individual section.

## STRATEGIC PLANNING MODEL

Beginning in October 2015 and ending in January 2016, Wyandot County Health Alliance met six (6) times and completed the following planning steps:

1. **Initial Meeting-** Review of process and timeline, finalize committee members, create or review vision
2. **Choosing Priorities-** Use of quantitative and qualitative data to prioritize target impact areas
3. **Ranking Priorities-** Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. **Resource Assessment-** Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
5. **Forces of Change and Community Themes and Strengths-** Open-ended questions for committee on community themes and strengths
6. **Gap Analysis-** Determine existing discrepancies between community needs and viable community resources to address local priorities; identify strengths, weaknesses, and evaluation strategies; and strategic action identification
7. **Local Public Health Assessment-** Review the Local Public Health System Assessment with committee
8. **Quality of Life Survey-** Review results of the Quality of Life Survey with committee
9. **Best Practices-** Review of best practices and proven strategies, evidence continuum, and feasibility continuum
10. **Draft Plan-** Review of all steps taken; action step recommendations based on one or more the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence based practices, and feasibility of implementation

# NEEDS ASSESSMENT

The Wyandot County Health Alliance reviewed the 2015 Wyandot County Health Assessment. The detailed primary data for each individual priority area can be found in the section in corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

**What are the most significant ADULT health issues or concerns identified in the 2015 assessment report?**

<b>ADULT Key Issues</b>	<b>Data Indicator</b>	<b>2012</b>	<b>2015</b>
<b>1. Obesity</b>	Overweight Obese	37% 40%	29% 48%
<b>2. Cardiovascular diseases</b>	Blood pressure Blood cholesterol Stroke	44% 41% 4%	46% 43% 8%
<b>3. Diabetes</b>	Diabetes	14%	16%
<b>4. Tobacco use</b>	Current smoker	20%	15%
<b>5. Alcohol use</b>	Binge drank (current drinkers)	39%	38%
<b>6. Arthritis</b>	Arthritis	37%	37%
<b>7. Depression/suicide</b>	Contemplated suicide	2%	2%
<b>8. Access to dental</b>	Visited dentist in past year	56%	65%
<b>9. Prescription drug abuse</b>	Misused medication in past 6 months	7%	11%
<b>10. Marijuana use</b>	Used marijuana in past 6 months	3%	3%
<b>11. Cancer</b>	Diagnosed at some time in their life	10%	14%
<b>12. Low birth weight</b>	Wyandot Co. percent of low birth weight births in 2010 (ODH Information Warehouse)	8.8%	7.3%
<b>13. Health care coverage</b>	Uninsured	12%	5%
<b>14. Women's Health Screenings</b>	Pap smear in past 3 years Clinical breast exam in past 2 years (age 40+)	67% 66%	64% 79%
<b>15. Firearms</b>	Kept firearm unlocked and loaded	5%	3%
<b>16. Motor vehicle deaths</b>	Motor vehicle mortality rates (2006-2008) Motor vehicle mortality rates (2007-2013)	24.5	21.9
<b>17. Heroin use</b>	Used recreational drugs in the past 6 months	3%	0%

# NEEDS ASSESSMENT, continued

What are the most significant YOUTH health issues or concerns identified in the 2015 assessment report?

YOUTH Key Issues	Data Indicator	2012	2015
1. Sexual activity	Sexually active youth (7 <sup>th</sup> -12 <sup>th</sup> )	33%	38%
	4+ partners (7 <sup>th</sup> -12 <sup>th</sup> )	8%	7%
	Sexting (6 <sup>th</sup> -12 <sup>th</sup> )	25%	29%
2. Alcohol use	Current drinker	24%	20%
	Binge drinker (of those who drink)	64%	66%
3. Obesity	Obese	21%	21%
	Overweight	14%	16%
	Watch TV 3+ hours on avg. day	49%	36%
4. Suicide	Contemplated suicide	11%	14%
	Attempted suicide	6%	4%
5. Tobacco use	Current smoker	16%	9%
6. Inhalant use	Ever used inhalants	12%	6%
7. Violence/bullying	Bullied in past year	45%	45%
	Bullied on school property	N/A	28%
	Physically hurt by boyfriend/girlfriend	7%	4%
8. Marijuana use	Used marijuana in past month	6%	7%
9. Prescription drug abuse	Misused medication in past month	7%	5%
10. Heroin use	Ever used heroin	1%	1%
11. Distracted driving	Texted while driving	54%	41%

# PRIORITIES CHOSEN

The Wyandot County Health Alliance completed their first strategic plan in 2013. In order to build on the ongoing work of the 2013-2015 strategic plan, the committee assessed trends comparing the past 2012 Wyandot County health assessment data to the new 2015 health assessment data. The committee looked for trends as well as new emerging issues. In 2013, the committee used a prioritization process in which they chose key issues and then ranked issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. After reviewing the new data, the committee wanted to continue its work in obesity, mental health, and substance abuse. In 2015, Wyandot County collected primary data on adults and youth. This data, along with new and emerging issues found in youth and adults led the committee to add Injury Prevention as a fourth priority area for the 2016-2018 CHIP.

Health Issue	Average Score
Adult Obesity	26.1
Youth Distracted Driving	25.6
Adult Cardiovascular Issues	25.5
Youth Obesity	25.3
Youth Mental Health Issues	24.1
Youth Alcohol Use	23.2
Youth Sexual Behavior	23.1
Adult Mental Health	22.6
Adult Diabetes	22.5
Youth Violence/Bullying	22.2
Adult Cancer	22.0
Adult Prescription Drug Use	21.6
Youth Heroin Use	21.5
Adult Heroin Use	21.4
Adult Motor Vehicle Deaths	21.1
Youth Prescription Drug Use	21.1
Adult Alcohol Use	20.8
Youth Tobacco Use	20.8
Youth Marijuana Use	20.7
Adult Tobacco Use	20.6
Women's Health Screenings	19.6
Adult Marijuana Use	19.1
Youth Inhalant Use	18.3
Adult Arthritis	17.9
Low Birth Weight/Infant Mortality	16.3
Access to Dental Health	15.9

Wyandot County will focus on the following four priorities over the next 3 years:

- Obesity
- Mental Health
- Substance Abuse
- Injury Prevention

# FORCES OF CHANGE

The Wyandot County Health Alliance was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three to five years. This group discussion covered many local, state, and national issues and change agents which could be factors in Wyandot County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Change	Impact
<b>1. Aging population</b>	<ul style="list-style-type: none"> <li>Higher medical expenses</li> <li>Skilled workers are retiring</li> <li>The numbers of volunteers are declining</li> </ul>
<b>2. Declining population</b>	<ul style="list-style-type: none"> <li>Loss of taxes and funding</li> <li>Not enough long term jobs in Wyandot County</li> </ul>
<b>3. Obesity rates</b>	<ul style="list-style-type: none"> <li>Higher medical expenses</li> </ul>
<b>4. Need for skilled workers</b>	<ul style="list-style-type: none"> <li>Individuals cannot pass drug tests</li> <li>Lack of good work ethic</li> </ul>
<b>5. Legalization of marijuana</b>	<ul style="list-style-type: none"> <li>Medical marijuana will be on the next ballot</li> <li>Possible mental health problems as a result of possible legalization</li> <li>Impact on the workforce</li> <li>Will normalize substance abuse</li> <li>The aging population using medical marijuana and other prescribed medication</li> <li>Driving accidents</li> </ul>
<b>6. Minority Health</b>	<ul style="list-style-type: none"> <li>Cultural competency</li> </ul>
<b>7. National Immigrant Policy</b>	<ul style="list-style-type: none"> <li>Impact on local resources</li> </ul>
<b>8. Social media</b>	<ul style="list-style-type: none"> <li>Feeling of isolation – only connected through the internet</li> <li>Lack of communication</li> <li>Lack of research (i.e. If it is on Facebook it must be true)</li> <li>Organizations use social media to advertise and promote events</li> </ul>
<b>9. Always on camera</b>	<ul style="list-style-type: none"> <li>Law enforcement policies</li> <li>Distractions in the vehicle (new technology)</li> </ul>
<b>10. Health care reform</b>	<ul style="list-style-type: none"> <li>More out of pocket costs which leads to less services</li> <li>More prevention services are available</li> <li>There have been a slight decline in Emergency Room visits</li> </ul>
<b>11. Heroin use</b>	<ul style="list-style-type: none"> <li>Hitting all economic backgrounds</li> </ul>

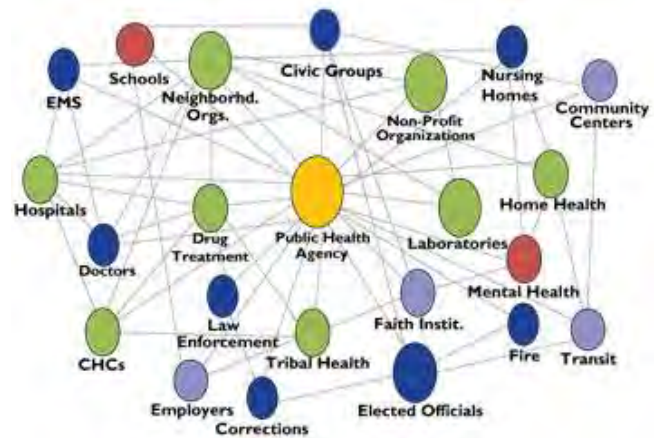
# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

## The Local Public Health System

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

The public health system includes

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



## The 10 Essential Public Health Services

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

Public health systems should:

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



(Source: Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services; <http://www.cdc.gov/nphpsp/essentialservices.html>)



## The Local Public Health System, continued

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

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

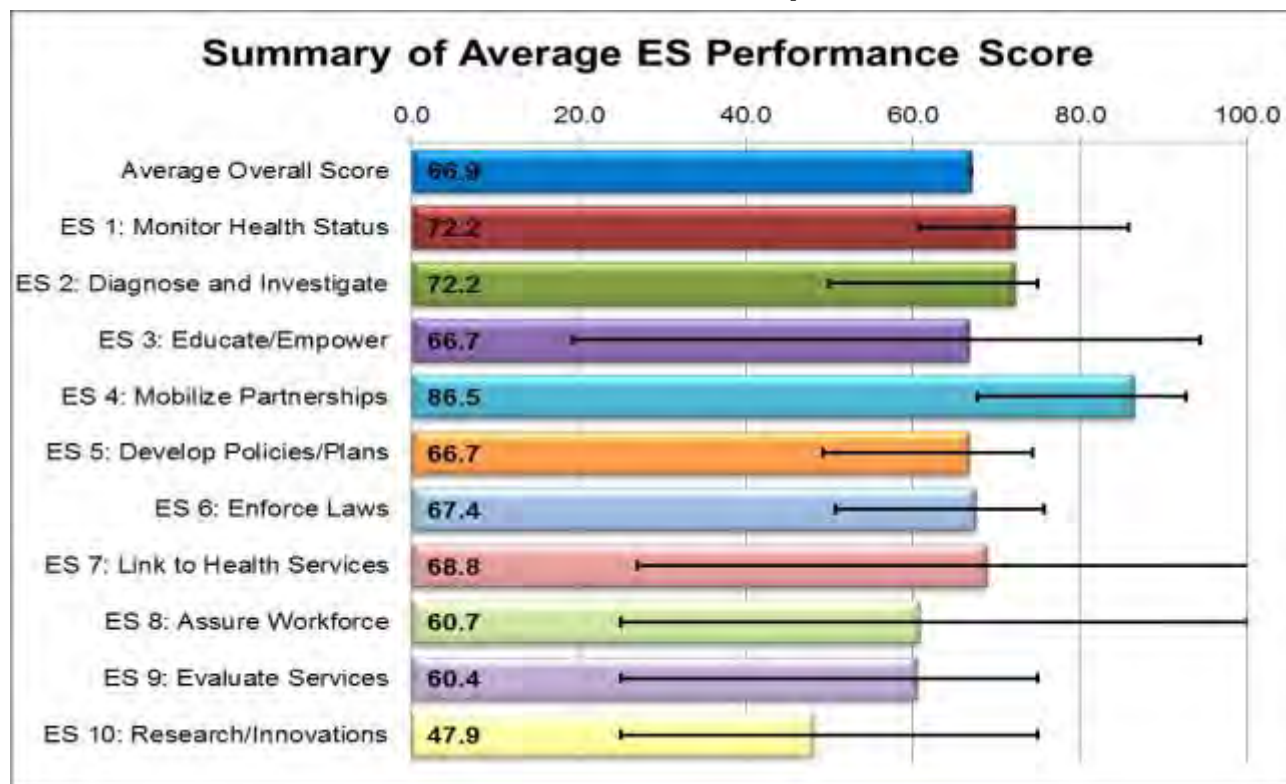
Members of the Wyandot County General Health District completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

The CHIP committee identified 7 indicators that had a status of "minimal" and 0 indicators that had a status of "no activity". The remaining indicators were all moderate, significant or optimal.

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

To view the full results of the LPHSA, please contact Barb Mewhorter from the Wyandot County General Health District at [wchealthdept@co.wyandot.oh.us](mailto:wchealthdept@co.wyandot.oh.us)

### Wyandot County Local Public Health System Assessment 2016 Summary





# COMMUNITY THEMES AND STRENGTHS

The Wyandot County Health Alliance participated in an exercise to discuss community themes and strengths. The results were as follows:

## **Wyandot County community members believed the most important characteristics of a healthy community were:**

- o Employment
- o Strong social service network
- o The ability to live well
- o Robust housing
- o Access to transportation
- o Healthcare
- o Low crime

## **Community members were most proud of the following regarding their community:**

- o Safety
- o Cleanliness
- o Maintaining personal property
- o Park systems
- o Strong sense of community
- o Personal interest of the people
- o Strong faith and family based collaboration

## **The following were specific examples of people or groups who have worked together to improve the health and quality of life in the community:**

- o CHIP Committee
- o Health Alliance
- o Strong community groups
- o Economic Development
- o Bridges out of Poverty
- o Young Professionals Group
- o Walking programs in schools

## **The most important issues that Wyandot County residents believed must be addressed to improve the health and quality of life in the community were:**

- o Sustainable employment
- o Drugs
- o Access to healthy foods
- o Childcare options

## **The following were barriers that have kept our community from doing what needs to be done to improve health and quality of life:**

- o Most central services are in one area of the county. Many areas of the county do not have access to services.
- o National, state and local mandates
- o Complacency (not seeing a need for change)
- o Lack of volunteers

## **Wyandot County residents believed the following actions, policies, or funding priorities would support a healthier community:**

- o Have local organizations promote positive messages about Wyandot county
- o Community gardens

## **Wyandot County residents were most excited to get involved or become more involved in improving the community through:**

- o Collaboration
- o Empowerment
- o Bridges out of Poverty

# QUALITY OF LIFE SURVEY

The Wyandot County General Health District urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 112 Wyandot County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	4.28
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.83
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.29
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	4.28
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3.17
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	4.31
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	4.13
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.96
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.16
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.51
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.79
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.78

# Strategy #1 | Decrease Obesity

## Obesity Indicators

*The 2015 Health Assessment identified that 76% of Wyandot County adults were overweight or obese based on Body Mass Index (BMI). Nearly half (48%) of Wyandot County adults were obese. The 2015 Health Assessment identified that 21% of Wyandot County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 33% of Wyandot County youth reported that they were slightly or very overweight.*

### **Adult Weight Status**

In 2015, the health assessment indicated that about three-quarters (76%) of Wyandot County adults were either overweight (29%) or obese (48%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Wyandot County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (39%), exercised (38%), ate a low-carb diet (8%), took diet pills, powders or liquids without a doctor's advice (5%), used a weight loss program (3%), health coaching (2%), smoked cigarettes (1%), participated in a prescribed dietary or fitness program (1%), went without eating 24 or more hours (1%), took prescribed medications (1%), took laxatives (1%), vomited (1%), and Bariatric surgery (<1%).

In Wyandot County, 45% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 24% of adults were exercising 5 or more days per week. More than one-third (35%) of adults were not participating in any physical activity in the past week, including 10% who were unable to exercise.

Reasons for not exercising included: time (22%), weather (22%), pain or discomfort (16%), too tired (15%), laziness (14%), chose not to exercise (14%), could not afford a gym membership (6%), no gym available (3%), no child care (3%), safety (3%), no walking or biking trails (2%), no sidewalks (2%), did not know what activities to do (1%), doctor advised them not to exercise (1%), and other reasons (8%).

In 2015, 5% of adults were eating 5 or more servings of fruits and vegetables per day. 90% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.

Wyandot County adults had access to a wellness program through their employer or spouse's employer with the following features: free/discounted gym membership (12%), lower insurance premiums for participation in wellness program (9%), health risk assessment (9%), on-site health screenings (7%), gift cards or cash for participation in wellness program (6%), on-site fitness facility (6%), free/discounted weight loss program (5%), free/discounted smoking cessation program (5%), healthier food options in vending machines or cafeteria (5%), lower insurance premiums for positive changes in health status (4%), on-site health education classes (2%), gift cards or cash for positive changes in health status (2%), and other (2%).

84% of Wyandot County adults did not have access to any wellness programs, and 16% had access to more than one wellness program.

# Strategy #1 | Decrease Obesity

## Obesity Indicators, continued

### Youth Weight Status

In 2015, 21% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS Reported 13% for Ohio and 14% for the U.S.). 16% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 60% were normal weight, and 4% were Underweight.

33% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 31% for the U.S.).

Nearly half (47%) of all youth were trying to lose weight, increasing to 60% of Wyandot County Female youth (compared to 37% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).

In the past month, youth reported they went to bed hungry because there was not enough food in their home: sometimes (9%), most of the time (2%), and always (1%). 88% of youth reported They rarely or ever went to bed hungry.

78% of Wyandot County youth participated in at least 60 minutes of physical activity on 3 or more Days in the past week. 60% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 35% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 9% of youth did not participate in at least 60 minutes of physical Activity on any day in the past week (2013 YRBS reports 13% for Ohio and 15% for the U.S.).

Wyandot County youth spent an average of 3.7 hours on electronic devices, 2.4 hours spending time with family, 2.3 hours watching TV, 1.5 hours doing homework, 1.4 hours playing video games, and 1.3 hours reading on an average day of the week.

Over one-third (36%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 33% for the U.S.).

91% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (59%), exercising (outside of school) (42%), school club or social organization (36%), part-time job (24%), church or religious organization (17%), church youth group (16%), caring for siblings after school (14%), babysitting for other kids (13%), volunteering in the community (13%), caring for parents or grandparents (2%) or some other organized activity (Scouts, 4H, etc.) (24%).

# Strategy #1 | Decrease obesity

## Obesity Indicators, continued

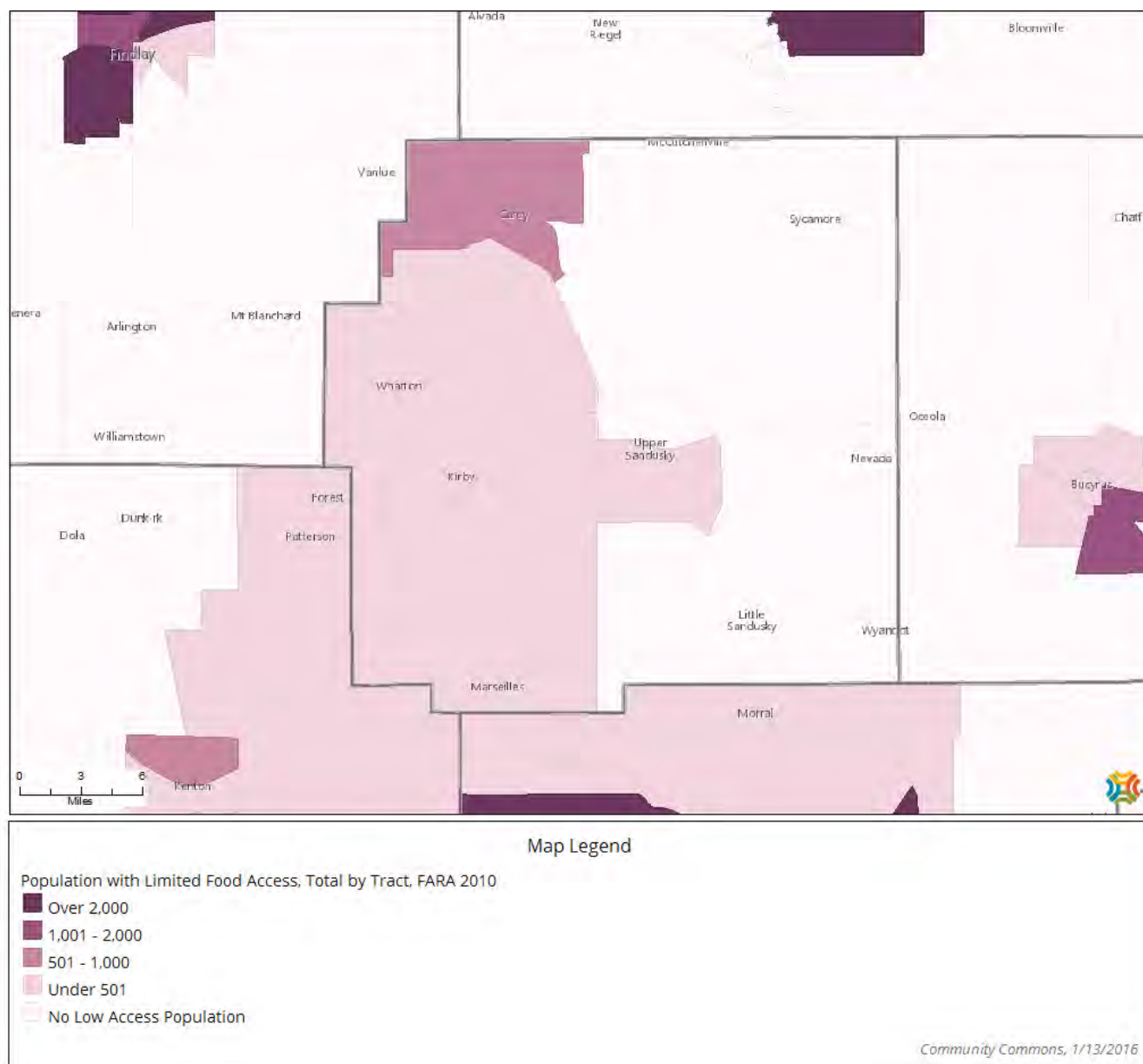
Adult Comparisons	Wyandot County 2009	Wyandot County 2012	Wyandot County 2015	Ohio 2013	U.S. 2013
Obese	33%	40%	48%	30%	29%
Overweight	39%	37%	29%	35%	35%
Ate 5 or more servings of fruits / vegetables per day	N/A	4%	5%	21%*	23%*

Youth Comparisons	Wyandot County 2006 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> )
Obese	16%	14%	21%	21%	22%	13%	14%
Overweight	16%	13%	14%	16%	16%	16%	17%
Described themselves as slightly or very overweight	31%	27%	32%	33%	35%	28%	31%
Trying to lose weight	49%	47%	46%	47%	44%	47%	48%
Exercised to lose weight	40%	50%	53%	52%	51%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	11%	25%	28%	31%	30%	43%‡	39%‡
Went without eating for 24 hours or more	1%	3%	5%	5%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	2%	2%	2%	5%	5%
Vomited or took laxatives	0%	1%	2%	1%	1%	5%	4%
Physically active at least 60 minutes per day on every day in past week	N/A	28%	26%	35%	32%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	51%	51%	60%	58%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	13%	11%	9%	8%	13%	15%
Watched TV 3 or more hours per day	N/A	41%	49%	36%	36%	28%	33%

# Strategy #1 | Decrease obesity

## Obesity Indicators, continued

Population with Limited Food Access, Total by Tract, FARA 2010



(Source: Community Commons updated 1/13/15)





# Strategy #1 | Decrease obesity

## Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Choose MyPlate (In schools to increase education, access to healthy food and physical activity)	Wyandot County General Health District	2nd grade St. Pete's, Union, South, East in Upper Sandusky, Carey, Mohawk	Prevention and Early Intervention	Ohio Department of Health Approved Program
Blessings in a Backpack	Wyandot County General Health District	Grades K-5 at Union Elementary School and Upper Sandusky	Prevention and Early Intervention	Ohio Department of Health Approved Program
Ohio Health Program (nutrition education)	Wyandot County General Health District	Pre-school child care programs (Angeline)	Prevention	Ohio Department of Health Approved Program
WIC (nutrition education)	Wyandot County General Health District	Children 0-5, low-income families	Prevention and Early Intervention	Ohio Department of Health and Federally Approved Program
Community Garden (educates, provides activity and food)	Wyandot County General Health District	All ages	Prevention, Early Intervention, Treatment	Amount of produce eaten and donated to Open Door Food Pantry
Nutrition Therapy	Wyandot County Home Health Agency	Doctors' orders (mostly Seniors)	Early Intervention and Treatment	Outcomes monitored
Diabetic Care	Wyandot County Home Health Agency	Doctors' orders (mostly Seniors)	Early Intervention and Treatment	Outcomes monitored
Occupational and Physical Therapy	Wyandot County Home Health Agency	Doctors' orders (mostly Seniors)	Early Intervention and Treatment	Outcomes monitored
Free/low cost health screening (blood pressure and blood cholesterol)	Wyandot Memorial Hospital	Adults	Prevention	Evidence based
Outpatient Nutrition/Diet counseling	Wyandot Memorial Hospital	All ages	Early Intervention, Treatment	
Living with Diabetes-a multidisciplinary program	Wyandot Memorial Hospital	Adults	Early Intervention, Treatment	Evidence based
Enhance health and wellness programs	Wyandot County Business Wellness Network	Adults		



## Strategy #1 | Decrease obesity

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
12 weeks of fitness	Wyandot Memorial Hospital	All ages	Early Intervention, Treatment	# of pounds lost
Dietician (doctor ordered)	Wyandot Memorial Hospital	All ages	Early Intervention, Treatment	Best practice
County/City Fitness Challenge	Employee Health Fair	All ages	Early Intervention, Treatment	
Wellness program classes, etc.	Wyandot Memorial Hospital	All ages	Prevention, Early Intervention, Treatment	
Wellness Education Series	Wyandot Memorial Hospital	Adults	Prevention/ Early Intervention	
Color Run	Open Door Westbrook	All ages	Prevention	Best practice
Silver Sneakers	U.S. Fitness	Seniors	Prevention, Early Intervention, Treatment	Evidence based
Shopping for Food (Food Resource Management)	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Physical activity program	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Nutrition program	OSU Extension	Low income adults Ages 18+ (food stamp eligible)	Early intervention	Post-test
Nutrition Therapy	Home Health Agency	Doctor's orders (Mostly senior citizens)	Intervention/ Treatment	Outcomes monitored
Diabetic Care	Home Health Agency	Doctor's orders	Intervention/ Treatment	Outcomes monitored
Occupational Therapy/Physical Therapy	Home Health Agency	Doctor's orders	Early intervention/ Treatment	Outcomes monitored
Curves	Curves	Women Ages 14+	Prevention/ Early intervention/ Treatment	Outcomes monitored (weigh-ins and measurements)
Local Fitness	Fitness in Motion U.S. Fitness	Adults and Teens	Prevention/ Early intervention/ Treatment	None

## Strategy #1 | Decrease obesity

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
TOPS (Taking Off Pounds Sensibly)	TOPS	Adults (Meetings are at Grace United Methodist Church in Carey)	Prevention	Outcomes monitored (weekly weigh-ins)
Weight Watchers	Weight Watchers	Adults and Teens	Early intervention/Treatment	Evidence-based
Weight Management Program	Wyandot Memorial Hospital	Doctor's orders (All ages)	Intervention/Treatment	Outcomes monitored
Exercise Classes	Council on Aging	Senior Citizens	Prevention	
Fitness Center (Carey High School)	Carey High School (Volunteers from school run the fitness center)	All community members	Prevention/Early intervention/Treatment	None
Basketball/Volleyball Games (Carey High School)	Carey High School/ Community members	All ages (Mostly adults)	Prevention	None
Walking Program & Basketball/Volleyball Games (Upper Sandusky High School)	Upper Sandusky High School/ Community Members	All community members	Prevention	None
Church Organized Physical Activity Programs (Aerobics, basketball, softball, walking etc.)	Local churches	All ages	Prevention	None
City Recreational Services (Walking paths, bike paths etc.)	City Recreation Department (Upper Sandusky)	All ages	Prevention/Early intervention/Treatment	None
County Health Fair	Wyandot County	County employees	Prevention	None
WIC (Nutrition)	Wyandot County General Health District	Children 0-5 years old Low-income families	Prevention	Evidence – based Federal Program
Nutrition Program	OSU Extension/Health District	WIC Clients Children 0-5 years old Low-income families	Prevention	None
Youth Cooking/Nutrition/Exercise/Gardening Program	Wyandot County Juvenile Probation Department	Juveniles on probation	Prevention	None
High School Advanced Physical Education classes	Upper Sandusky, Carey and Mohawk High Schools	High School aged youth	Prevention	None

## Strategy #1 | Decrease obesity

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Upward Sports Programs	Local churches	Youth County-wide (youth must travel to Upper Sandusky to Participate)	Prevention	None
Youth Sports Programs	City Recreation Departments	Youth in Wyandot County	Prevention	None
Fitness in Motion	Fitness in Motion	Adults and Teens	Prevention/Early intervention/Treatment	None
Church Organized Physical Activity Programs (Aerobics, basketball, softball, walking etc.)	Local churches	All ages	Prevention	None
Weight Watchers	Weight Watchers	Adults and Teens	Early intervention/Treatment	Evidence-based
Zumba	Patti Roszman	Adults	Prevention, Early Intervention, Treatment	None
Wyandot County Parks and Nature Preserves	Wyandot County	All ages	Prevention, Early Intervention, Treatment	None
Waistline Risk Solutions	Health & Wellness Coaching/ Worksite Wellness	All ages	Prevention/Early Intervention/Treatment	Outcomes monitored

## Strategy #1 | Decrease obesity

### Gaps and Potential Strategies

Obesity Gaps	Potential Strategies
<b>1. Communication</b>	<ul style="list-style-type: none"><li>Wellness guide (Joy Wilson runs community calendar)</li><li>Use social media to promote events in the community</li><li>Nutrition/education resource guide</li></ul>
<b>2. Walkability</b>	<ul style="list-style-type: none"><li>Implement complete streets</li></ul>
<b>3. Community garden/food deserts</b>	<ul style="list-style-type: none"><li>Expand the number of community gardens in Wyandot County</li><li>Include people who are at most risk in the decision making group (increase ownership)</li></ul>
<b>4. Lack of motivation in the community</b>	<ul style="list-style-type: none"><li>Introduce health and wellness coaching</li><li>Motivational Interviewing</li></ul>

# Strategy #1 | Decrease obesity

## Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce obesity**:

1. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.
2. **OHA Good4You Healthy Hospital Initiative:** Good4You is a statewide initiative of Ohio hospitals, sponsored by the Ohio Hospital Association. Good4You seeks to help hospitals lead Ohioans to better health through health eating, physical activity and other statewide population health initiatives.

As leaders in their communities and advocates of health and well-being, hospitals can model healthy eating to support the health of employees, visitors and the communities they serve.

Hospitals can participate in this voluntary initiative by adopting the Good4You Eat Healthy nutrition criteria in four specific areas within the hospital: vending machines, cafeterias and cafes, meetings and events; and outside vendors and franchises. Participation is easy, and tools and resources are available to help hospitals as they transition to an Eat Healthy environment.

For more information go to [www.ohiohospitals.org/Good4You](http://www.ohiohospitals.org/Good4You)

# Strategy #1 | Decrease obesity

## Best Practices

3. **Social Support in Community Settings:** Community-based social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group to provide friendship and support).

### Expected Beneficial Outcomes

- Increased physical activity
- Increased physical fitness

### Evidence of Effectiveness

There is strong evidence that community-based social support interventions increase physical activity and physical fitness among adults. Middle-aged women enrolled in a weight loss program, for example, have been shown to be more likely to lose weight if they experience social support from friends and family. Community-based social support interventions are considered cost effective.

### Impact on Disparities

No impact on disparities likely

**For more information go to:** <http://www.countyhealthrankings.org/policies/social-support-community-settings>

4. **Community Gardens:** A community garden is any piece of land that is gardened or cultivated by a group of people. Community gardens are generally owned by local governments or not-for-profit groups. Supporting community gardens may include the means to establish gardens (e.g., tax incentives, land banking, zoning regulation changes) or ongoing assistance through free services such as water or waste disposal.

### Expected Beneficial Outcomes

- Increased accessibility of fruit & vegetables
- Increased consumption of fruit & vegetables
- Increased physical activity for gardeners
- Increased availability of healthy foods in food deserts

For more information go to <http://www.countyhealthrankings.org/policies/community-gardens>.

# Strategy #1 | Decrease obesity

## Alignment with National Standards

The Wyandot County CHIP helps support the following **Healthy People 2020 Goals**:

- **Nutrition and Weight Status (NWS)-1** Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care
- **Nutrition and Weight Status (NWS)-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- **Nutrition and Weight Status (NWS)-3** Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-4** (Developmental) Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans
- **Nutrition and Weight Status (NWS)-5** Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
- **Nutrition and Weight Status (NWS)-6** Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
- **Nutrition and Weight Status (NWS)-7** (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling
- **Nutrition and Weight Status (NWS)-8** Increase the proportion of adults who are at a healthy weight
- **Nutrition and Weight Status (NWS)-9** Reduce the proportion of adults who are obese
- **Nutrition and Weight Status (NWS)-10** Reduce the proportion of children and adolescents who are considered obese
- **Nutrition and Weight Status (NWS)-11** (Developmental) Prevent inappropriate weight gain in youth and adults
- **Nutrition and Weight Status (NWS)-12** Eliminate very low food security among children
- **Nutrition and Weight Status (NWS)-13** Reduce household food insecurity and in doing so reduce hunger
- **Nutrition and Weight Status (NWS)-14** Increase the contribution of fruits to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-15** Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-16** Increase the contribution of whole grains to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-17** Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-18** Reduce consumption of saturated fat in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-19** Reduce consumption of sodium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-20** Increase consumption of calcium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-21** Reduce iron deficiency among young children and females of childbearing age
- **Nutrition and Weight Status (NWS)-22** Reduce iron deficiency among pregnant females

## Strategy #1 | Decrease Obesity

### Action Step Recommendations & Plan

To work toward decreasing **adult and youth obesity**, the following action steps are recommended:

1. Implement OHA Healthy Hospitals Initiative
2. Increase businesses/organizations providing wellness programs & insurance incentive programs to their employees
3. Create a wellness outreach campaign
4. Build and expand community gardens
5. Implement "Walk With A Doc" Program

### Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Implement OHA Healthy Hospitals Initiative</b>		
<b>Year 1:</b> Hospitals should join Good4You educational webinars hosted by OHA and HCNO – or participate in a similar program.  Complete all Assessment Tools provided by OHA to gather baseline information on current food and beverages in the hospital cafeterias, vending, meetings, and gift shops.  Implement this Initiative in at least one of the following priority areas: <ul style="list-style-type: none"> <li>• Healthy Cafeterias/Cafes</li> <li>• Healthy Vending Machines</li> <li>• Healthy Meetings and Events</li> <li>• Healthy Outside Vendors and Franchises</li> </ul> Use marketing materials (posters, table tents, stickers, etc.) to better brand the program	Fortune Bormuth, Wyandot Memorial Hospital	December 31, 2016
<b>Year 2:</b> Implement the Good4You Initiative in all four priority areas within each hospital.		December 31, 2017
<b>Year 3:</b> Introduce the program into other areas of the community (businesses, schools, churches, etc.)		December 31, 2018
<b>Increase Businesses/Organizations Providing Wellness Programs &amp; Insurance Incentive Programs to Their Employees</b>		
<b>Year 1:</b> Utilize the Wyandot County Business Wellness Network to increase education and outreach efforts on the benefits of wellness programs among local businesses through quarterly Wyandot County Safety Council programs and other means.	Greg Moon, Wyandot County Office of Economic Development  Margie Kimmel, Waistline Risk Solutions  Kathy Grasz, Upper Sandusky Chamber of Commerce and Wyandot County Safety Council	December 31, 2016
<b>Year 2:</b> Continue efforts from year 1. Get 1 local business or organization to initiate or enhance its wellness or incentive program.		December 31, 2017
<b>Year 3:</b> Continue efforts. Get 2 additional local businesses or organizations to initiate or enhance their wellness or incentive programs.		December 31, 2018



## Strategy #1 | Decrease obesity

### Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Create a Wellness Outreach Campaign</b>		
<p><b>Year One:</b> Engage Wyandot County Health Alliance organizations to design a unified health and wellness outreach campaign.</p> <p>Work to promote healthy living by creating shared messages among Health Alliance Organizations to distribute in Wyandot County. Include print and social media.</p> <p>Create a community calendar with the most up-to-date information regarding nutrition and exercise programs and opportunities in Wyandot County. Put the calendar on-line and raise awareness about the calendar. Keep the community calendar updated on a quarterly basis. Check on funding to sustain calendar.</p> <p>Work with city and county parks and recreation departments to create a list of free physical activity opportunities, such as walking paths, bike paths, parks etc., in Wyandot County.</p> <p>Partner with Wyandot County Visitor's Bureau and Wyandot County Schools to provide wellness materials and services as needed.</p> <p>Create a branded logo with a consistent message.</p> <p>Begin disseminating information in Wyandot County.</p>	<p>Margie Kimmel, Waistline Risk Solutions</p> <p>Robin Reaves, Mental Health and Recovery Services Board</p> <p>Fortune Bormuth, Wyandot Memorial Hospital</p> <p>Kathy Grasz, Upper Sandusky Chamber of Commerce and Wyandot County Safety Council</p> <p>Kris Joseph, Open Door Resource Center</p>	December 31, 2016
<p><b>Year Two:</b> Increase awareness and dissemination of the wellness outreach campaign.</p> <p>Provide community organizations with ways to support the outreach campaign such as using social media, websites, flyers, etc.</p> <p>Continue to promote and update the community calendar</p>		December 31, 2017
<p><b>Year Three:</b> Increase the number of organizations participating in the wellness campaign by 5% from baseline.</p> <p>Continue efforts from year 2.</p>		December 31, 2018
<b>Build and Expand Community Gardens</b>		
<p><b>Year 1:</b> Increase awareness of the existing community gardens (Upper Sandusky and Carey) among Wyandot County community members.</p> <p>Enlist community members to volunteer and help maintain the community garden.</p> <p>Explore funding for future community gardens.</p>	<p>Claire Russell and Danielle Schalk Wyandot County General Health District</p> <p>Ted Reinhart (567) 343-1632 and Dean Kessler (419) 396-6077 with "The Link"</p>	<p>December 31, 2016 – Upper Sandusky Garden</p> <p>December 31, 2016 – Carey Garden</p>
<b>Year 2:</b> Expand community gardens in areas classified as a "food desert" in Wyandot County.		December 31, 2017
<b>Year 3:</b> Continue efforts from year 1 and 2.		December 31, 2018

## Strategy #1 | Decrease obesity

### Action Step Recommendations & Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<b>Implement "Walk With A Doc" Program</b>		
<b>Year 1:</b> Collaborate with community partners to assist in promotion and sponsorship with the Walk With A Doc (WWAD) program.  Look for funding sources to incentivize participation in WWAD.  Leverage all hospital and local communication channels to promote WWAD (social media, newsletters, PSA's etc.)	Fortune Bormuth, Wyandot Memorial Hospital	December 31, 2016
<b>Year 2:</b> Integrate WWAD into employee wellness programs both with the hospital and local businesses.  Increase the number of walkers throughout Wyandot County by 25%.		December 31, 2017
<b>Year 3:</b> Raise awareness, promote the walking programs, and continue efforts.  Evaluate program goals.  Increase the number of walkers by 10%.		December 31, 2018

## Strategy #2 | Increase Mental Health Services

### Mental Health Indicators

*In 2015, 2% of Wyandot County adults considered attempting suicide. 8% of adults used a program or service to help with depression, anxiety, or emotional problems. In 2015, the Health Assessment results indicated that 14% of Wyandot County 6th-12th grade youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year, increasing to 7% of females.*

#### **Adult Mental Health**

2% of Wyandot County adults considered attempting suicide in the past year.

One percent (1%) of adults reported attempting suicide in the past year.

Wyandot County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (20%), anxiety or emotional problems (15%), an anxiety disorder (12%), bipolar (7%), attention deficit disorder (ADD/ADHD) (6%), illicit drug abuse (3%), developmental disability (3%), life-adjustment disorder/issue (3%), post-traumatic stress disorder (PTSD) (2%), psychotic disorder (1%), and some other mental health disorder (3%). 16% indicated they or a family member had taken medication for one or more mental health issues.

8% of Wyandot County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: had not thought of it (20%), could not afford to go (5%), co-pay/deductible too high (3%), stigma of seeking mental health services (3%), did not know how to find a program (2%), other priorities (2%), transportation (1%), fear (1%), could not get to the office (1%), and other reasons (3%). 63% of adults indicated they did not need such a program.

33% of Wyandot County adults reported always getting the social and emotional support they needed, and 9% never received the social and emotional support they needed.

Wyandot County adults would do the following if they knew someone who was suicidal: talk to them (76%), try to calm them down (53%), call 9-1-1 (41%), call a crisis line (33%), take them to the emergency room (22%), call a friend (19%) and do nothing (2%).

Wyandot County adults indicated the following caused them anxiety, stress or depression: job stress (51%), financial stress (39%), death of close family member or friend (22%), poverty/no money (16%), marital/dating relationship (16%), sick family member (15%), fighting at home (14%), other stress at home (14%), caring for parent (9%), and family member with mental illness (5%), family member with substance abuse problem (5%), fighting with friends (5%), divorce/separation (4%), raising/caring for grandchildren (4%), unemployment (4%), caring for someone with special needs (3%), alcohol or drug use at home (2%), not having enough to eat (2%), family member in the Military (1%), not feeling safe at home (1%), sexual orientation (1%), not feeling safe in the community (<1%), and not having a place to live (<1%).

#### **Youth Mental Health**

In 2015, one-fifth (20%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 29% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

14% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 18% of females, (2013 YRBS rate of 14% for Ohio youth and 17% for U.S. youth).

## Strategy #2 | Increase Mental Health Services

### Mental Health Indicators, continued

#### Youth Mental Health, continued

In the past year, 4% of Wyandot County youth had attempted suicide, increasing to 7% of females. 2% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% for Ohio youth and an 8% rate for U.S. youth.

26% of youth purposefully hurt themselves by cutting, burning, scratching, hitting, biting, etc. at some time in their life, increasing to 35% of females.

Wyandot County youth reported the following causes of anxiety, stress and depression: academic success (37%), sports (36%), fighting with friends (30%), fighting at home (29%), self-image (26%), peer pressure (26%), breakup (26%), death of close family member or friend (25%), dating relationship (23%), being bullied (21%), parent divorce/separation (14%), poverty/no money (10%), caring for younger siblings (9%), ill parent (6%), sexual orientation (4%), not feeling safe at home (4%), parent lost their job (3%), parent/caregiver with a substance abuse problem (3%), family member in the military (3%), not having enough to eat (2%), alcohol or drug use at home (2%), not feeling safe in the community (2%), not having a place to live (2%), parent with a mental illness (2%), and other stress at home (22%).

Wyandot County youth reported the following ways they dealt with anxiety, stress, or depression: sleeping (53%), texting someone (36%), hobbies (36%), talking to a peer (31%), exercising (31%), eating (27%), talking to someone in their family (21%), praying (17%), using social media (13%), shopping (10%), breaking something (9%), writing in a journal (8%), self-harm (7%), reading the Bible (6%), drinking alcohol (5%), talk to a counselor/teacher (5%), smoking/using tobacco (4%), using illegal drugs (3%), using prescribed medication (3%), talking to a medical professional (2%), vandalism/violent behavior (1%), using un-prescribed medication (1%) and harming someone else (1%). No one reported gambling. 14% of youth reported they did not have anxiety, stress, or depression.

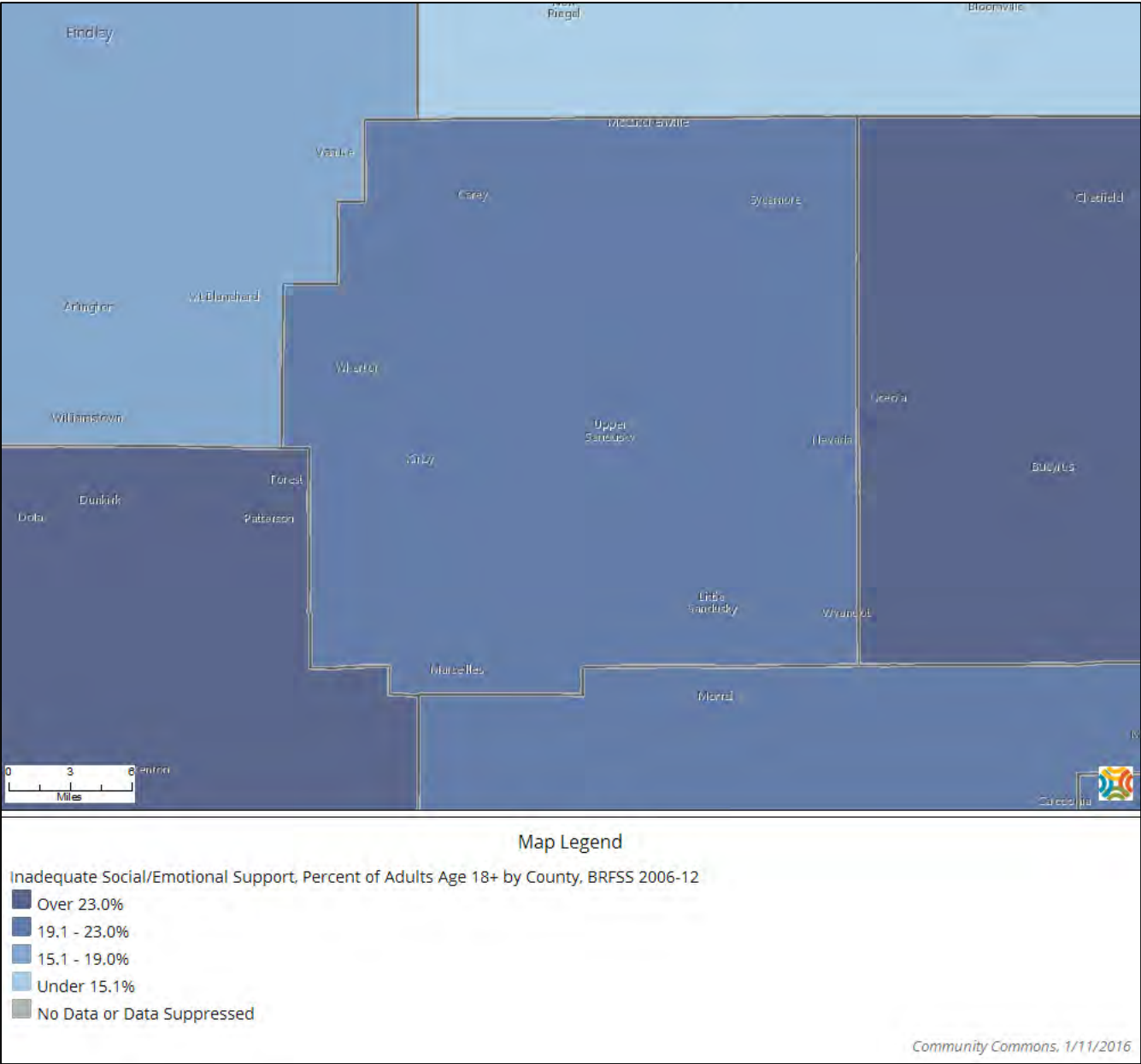
Adult Comparisons	Wyandot County 2009	Wyandot County 2012	Wyandot County 2015	Ohio 2013	U.S. 2013
Considered attempting suicide in the past year	1%	2%	2%	N/A	N/A

Youth Comparisons	Wyandot County 2006 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who had seriously considered attempting suicide in the past year	10%	14%	11%	14%	14%	14%	17%
Youth who had attempted suicide in the past year	4%	6%	6%	4%	5%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	18%	28%	18%	20%	24%	26%	30%

# Strategy #2 | Increase Mental Health Services

## Mental Health Indicators, continued

Inadequate Social/Emotional Support, Percent of Adults Age 18 by County, BRFSS 2006-2012



(Source: Community Commons updated 1/11/15)

## Strategy #2 | Increase Mental Health Services

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Family Planning Clinic	Wyandot County General Health District	Age 13+	Prevention, Early Intervention, Treatment by referral	Ohio Department of Health, Federally Approved Program, Physician Directed
Teen and Family Clinic	Wyandot County General Health District	All ages	Prevention, Early Intervention, Treatment by referral	Physician Directed
WIC (postpartum screening)	Wyandot County General Health District	Children 0-5 years old Low-income families	Prevention, Early Intervention, Treatment by referral	Ohio Department of Health and Federally approved
Environmental Health Compliant Investigation Program	Wyandot County General Health District	All ages	Early Intervention and Treatment by court order and/or referral	State Mandate
Depression Screening	Wyandot County Home Health Agency	Doctor ordered	Intervention, Treatment	Outcome monitored
Crisis Intervention Training (CIT)	NAMI/MHR SB	Adult and Youth	Early Intervention. Treatment	
Sexual Abuse Response Network (SARN)	Victim's Assistance Office	Adult and Youth	Early Intervention	
Mental Health First AID	Firelands	Adult and Youth	Prevention	Best Practice
Seneca, Sandusky, and Wyandot Counties Suicide Prevention Coalition	Mental Health and Recovery Services Board (Sandusky, Seneca, Wyandot)	All ages	Prevention	None
Jim Bisenius Anti-Bullying Program	Family and Children's First Council	School staff, students, parents (Upper Sandusky, Mohawk and Carey Schools)	Prevention	Pre/Post tests
LifeSkills Training	Wyandot County Health District & Carey Schools	Upper Sandusky : 3 <sup>rd</sup> -6 <sup>th</sup> , 8 <sup>th</sup> grades Mohawk: 3 <sup>rd</sup> -5 <sup>th</sup> grades Carey: 6 <sup>th</sup> grade OLC: 3-5 <sup>th</sup> grades	Prevention	Evidence-based
Wyandot Cares (Religious education classes)	Private (non-profit)	Upper Sandusky: 4 <sup>th</sup> & 5 <sup>th</sup> grades Upper Sandusky: 4 <sup>th</sup> , 5 <sup>th</sup> & 8 <sup>th</sup> grades (must have parent permission)	Prevention	None

## Strategy #2 | Increase Mental Health Services

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Church Youth Groups	Local Churches	All youth	Prevention	None
Bullying Curriculum	Girl Scouts	Girls ages 6-18	Prevention	None
Pacers National Bullying Prevention Center	Anyone (Facebook pledge)	All youth	Prevention	None
Crisis Hotline	Firelands	All youth	Early intervention	None
Strengthening Families	Firelands	Youth ages 6-10 and 10-14 (along with their parents)	Early intervention	Pre/Post Evidence-based
Assessment, Case management, Crisis intervention, Education	Firelands	All youth	Early Intervention/Treatment	Monitored
In-home based therapy	Firelands	All youth (mostly pre-teen/teen)	Treatment	Monitored
Outpatient services focusing on risk behaviors, decision making skills, and stress/pressure management	Wyandot Counseling Associates, Inc.	Youth 5-18	Early Intervention/Treatment	None

## Strategy #2 | Increase Mental Health Services

### Gaps and Potential Strategies

Mental Health Gaps	Potential Strategies
1. School-based counseling	<ul style="list-style-type: none"><li>Look for possible funding opportunities to increase opportunities for school-based counseling in other Wyandot County schools</li></ul>
2. Parent-education	<ul style="list-style-type: none"><li>Early identification</li><li>Maternal and Infant mental health</li></ul>
3. Child Psychologist	<ul style="list-style-type: none"><li>Introduce Telemedicine to the community</li><li>Look for funding</li><li>Meet with the Visiting Nursing Association</li></ul>

### Best Practices

The following programs and policies have been reviewed and have proven strategies to increase **mental health** services:

1. **SOS Signs of Suicide®:** The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

For more information go to:

<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>

2. **The Incredible Years®:** The Incredible Years programs for parents and teachers reduce challenging behaviors in children and increase their social and self-control skills. The Incredible Years programs have been evaluated by the developer and independent investigators. Evaluations have included randomized control group research studies with diverse groups of parents and teachers. The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence and reducing behavior problems. Evidence shows that the program have turned around the behaviors of up to 80 percent of the children of participating parents and teachers. If left unchecked these behaviors would mean those children are at greater risk in adulthood of unemployment, mental health problems, substance abuse, early pregnancy/early fatherhood, criminal offending, multiple arrests and imprisonment, higher rates of domestic violence and shortened life expectancy. Incredible Years training programs give parents and teachers strategies to manage behaviors such as aggressiveness, ongoing tantrums, and acting out behavior such as swearing, whining, yelling, hitting and kicking, answering back, and refusing to follow rules. Through using a range of strategies, parents and teachers help children regulate their emotions and improve their social skills so that they can get along better with peers and adults, and do better academically. It can also mean a more enjoyable family life.

For more information go to: <http://www.incredibleyears.com>



## Strategy #2 | Increase Mental Health Services

3. **Strengthening Families™:** Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:
- Parental resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Social and emotional competence of children

Strengthening Families implementation takes place at multiple levels – in programs, in larger agencies, in systems, in states and communities and at the national level. Learn more about what that implementation looks like and about the core functions of implementation that run across all of those levels.

At any level of implementation, attention must be paid to five core functions: building an infrastructure to advance and sustain the work; building parent partnerships; deepening knowledge and understanding of a protective factors approach; shifting practice, policy and systems to a protective factors approach; and ensuring accountability

For more Information go to: <http://www.cssp.org/reform/strengtheningfamilies/about>

4. **QPR:** QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in the Gatekeeper course in as little as one hour. According to the Surgeon General's National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

For more information go to: <https://www.qprinstitute.com/about-qpr>

5. **PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff. There are two components of the PHQ-9:
- Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
  - Deriving a severity score to help select and monitor treatment
- The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

For more information go to:

<http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

## Strategy #2 | Increase Mental Health Services

6. **Mental Health First Aid:** Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

The intervention is delivered by a trained, certified instructor through an interactive 12-hour course, which can be completed in two 6-hour sessions or four 3-hour sessions. The course introduces participants to risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders; builds participants' understanding of the impact and prevalence of mental health problems; and provides an overview of common support and treatment resources for those with a mental health problem. Participants also are taught a five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis:

- A--Assess for risk of suicide or harm
- L--Listen nonjudgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

In addition, the course helps participants to not only gain confidence in their capacity to approach and offer assistance to others, but also to improve their personal mental health. After completing the course and passing an examination, participants are certified for 3 years as a Mental Health First Aider.

In the studies reviewed for this summary, Mental Health First Aid was delivered as a 9-hour course, through three weekly sessions of 3 hours each. Participants were recruited from community and workplace settings in Ashtabula or were members of the general public who responded to recruitment efforts. Some of the participants (7%-60% across the three studies reviewed) had experienced mental health problems

For more information go to: <http://www.mentalhealthfirstaid.org/cs/>

## Strategy #2 | Increase Mental Health Services

### Alignment with National Standards

Through proven and promising best practices, effective programs will be better able to help achieve the Healthy People 2020 Mental Health and Mental Disorders Objectives to improve mental health through prevention and ensure access to appropriate, quality mental health services.

**Healthy People 2020** Goals include:

- **Mental Health and Mental Disorders (MHMD)-1** Reduce the suicide rate
- **Mental Health and Mental Disorders (MHMD)-2** Reduce suicide attempts by adolescents
- **Mental Health and Mental Disorders (MHMD)-3** Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight
- **Mental Health and Mental Disorders (MHMD)-4** Reduce the proportion of persons who experience major depressive episodes (MDEs)
- **Mental Health and Mental Disorders (MHMD)-5** Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- **Mental Health and Mental Disorders (MHMD)-6** Increase the proportion of children with mental health problems who receive treatment
- **Mental Health and Mental Disorders (MHMD)-7** Increase the proportion of juvenile residential facilities that screen admissions for mental health problems
- **Mental Health and Mental Disorders (MHMD)-8** Increase the proportion of persons with serious mental illness (SMI) who are employed
- **Mental Health and Mental Disorders (MHMD)-9** Increase the proportion of adults with mental health disorders who receive treatment
- **Mental Health and Mental Disorders (MHMD)-10** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Mental Health and Mental Disorders (MHMD)-11** Increase depression screening by primary care providers
- **Mental Health and Mental Disorders (MHMD)-12** Increase the proportion of homeless adults with mental health problems who receive mental health services

The following evidence-based community intervention come from the **Guide to Community Preventive Services**, Centers for Disease Control and Prevention (CDC) and helps to meet the Healthy People 2020 Objectives:

Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to:

1. Improve the routine screening and diagnosis of depressive disorders
2. Increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders
3. Improve clinical and community support for active patient engagement in treatment goal setting and self-management

## Strategy #2 | Increase Mental Health Services

### Action Step Recommendations & Plan

To work toward **increasing mental health services among adult and youth**, the following actions steps are recommended:

1. Expand evidence-based programs targeting youth and families
2. Increase the number of primary care physicians who screen for depression during office visits
3. Provide Mental Health First Aid Training
4. Decrease barriers to treatment

### Action Plan

Increase Mental Health Services among Adults and Youth		
Action Step	Responsible Person/Agency	Timeline
<b>Expand Evidence-based Programs and Counseling Services Targeting Youth and Families</b>		
<p><b>Year 1:</b> Re-introduce the Life Skills, SOS (Signs of Suicide), QPR (Question, Persuade, Refer) Strengthening Families, and the Incredible Years programs to schools, churches, parents and community members.</p> <p>Discuss program and service needs and gaps with school personnel at all schools within the county including the above programs and in-school counseling.</p> <p>Work with school administrators, guidance counselors, churches, and other community organizations to raise awareness of the available programs.</p> <p>Implement at least 2 of the programs mentioned above in 1 new location or school.</p>	<p>Robin Reaves, Mental Health and Recovery Services Board</p> <p>Anne Denman, Family and Children First Council</p> <p>Cassondra Diaz, Firelands Counseling and Recovery Services</p>	December 31, 2016
<p><b>Year 2:</b> Increase awareness and participation of available programs.</p> <p>Double the number of locations and or schools providing evidence based programming for youth and/or in school counseling for youth and families.</p>		December 31, 2017
<b>Year 3:</b> Continue efforts of years 1 and 2.		December 31, 2018
<b>Increase the Number Primary Care Physicians Screening for Depression During Office Visits</b>		
<b>Year 1:</b> Collect baseline data on the number of primary care physicians that currently screen for depression during office visits	Robin Reaves, Mental Health & Recovery Services Board for the Suicide Prevention Coalition	December 31, 2016
<p><b>Year 2:</b> Introduce PHQ2 and PHQ9 to physicians' offices and hospital administration</p> <p>Pilot the protocol with one primary care physicians' office</p>		December 31, 2017
<b>Year 3:</b> Increase the number of primary care physicians using the PQH2 screening tool by 25% from baseline.		December 31, 2018

## Strategy #2 | Increase Mental Health Services

### Action Step Recommendations & Plan, continued

Increase Mental Health Services among Adults and Youth		
Action Step	Responsible Person/Agency	Timeline
<b>Provide Mental Health First Aid Training</b>		
<b>Year 1:</b> Research Mental Health First Aid Training opportunities near Wyandot County.  Market the training to Wyandot County area churches, schools, Rotary Clubs, Law Enforcement, Chamber of Commerce, City Councils, college students majoring in social work/mental health.  Provide at least 1 training	Robin Reaves, Mental Health and Recovery Services Board  Cassondra Diaz, Firelands Counseling and Recovery Services	December 31, 2016
<b>Year 2:</b> Provide 2 additional trainings and continue marketing efforts.		December 31, 2017
<b>Year 3:</b> Continue efforts.		December 31, 2018
<b>Decrease Barriers to Treatment</b>		
<b>Year 1:</b> Create an informational brochure/guide that highlights all organizations in Wyandot County that provide mental health services. Include information on transportation options and which organizations offer free services; offer a sliding fee scale, and list which insurance plans are accepted.  Create a presentation on available mental health services and present to Wyandot County area churches, Law Enforcement, Chamber of Commerce, City Council, Service Clubs, and business. Include information on stigma and work to increase community awareness and education of stigma and how it is a barrier to treatment.	Robin Reaves, Mental Health and Recovery Services Board  Anne Denman, Family and Children First Council  George Sakash, Community Representative  Amber Wertman, United Way	December 31, 2016
<b>Year 2:</b> Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information  Continue and expand presentations on available mental health services and stigma to Wyandot County groups.		December 31, 2017
<b>Year 3:</b> Continue efforts of years 1 and 2 and expand outreach  Determine on an annual basis, who will update and print the guides for the next 3 years		December 31, 2018

## Strategy #3 | Decrease Substance Abuse

### Substance Abuse indicators

*In 2015, the Health Assessment indicated that 15% of Wyandot County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 38% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Nine percent of adults drove after having any alcoholic beverages. The 2015 Health Assessment identified that 9% of Wyandot County youth in grades 6-12 were smokers, increasing to 16% of those ages 17 and older. The average age of onset for smoking was 13.6 years old. Over half (55%) of youth were exposed to second hand smoke.*

#### **Adult Alcohol Consumption**

In 2015, 49% of the Wyandot County adults had at least one alcoholic drink in the past month, increasing to 55% of those with incomes more than \$25,000. The 2013 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.

More than one-in-seven (15%) adults were considered frequent drinkers (drank on an average of three or more days per week).

Of those who drank, Wyandot County adults drank 3.2 drinks on average, increasing to 4.0 drinks for males, those under the age of 30, and those ages 30-64.

Almost one-fifth (18%) of Wyandot County adults were considered binge drinkers. The 2013 BRFSS reported binge drinking rates of 17% for both Ohio and the U.S.

38% of current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

#### **Adult Tobacco Use**

The 2015 health assessment identified that more than one-in-seven (15%) Wyandot County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2013 BRFSS reported current smoker prevalence rates of 23% for Ohio and 19% for the U.S.

More than one-quarter (26%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2013 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.

Wyandot County adults used the following tobacco products in the past year: cigarettes (28%), e-cigarettes (7%), cigars (5%), chewing tobacco (5%), roll-your-own (4%), flavored cigarettes (3%), snuff (3%), Black and Milds (2%), hookah (2%), little cigars (1%), swishers (1%), cigarillos (1%), pipes (1%), and snus (<1%).

#### **Adult Drug Use**

3% of Wyandot County adults had used marijuana in the past 6 months, increasing to 4% of those under the age of 30.

No one reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

11% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 17% of females and 29% of those with incomes less than \$25,000.

# Strategy #3 | Decrease Substance Abuse

## Substance Abuse indicators, continued

### Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that nearly half (48%) of all Wyandot County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 68% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).

One-fifth (20%) of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).

Of those who drank, 66% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 80% of those ages 17 and older.

Based on all youth surveyed, 13% were defined as binge drinkers, increasing to 31% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).

Wyandot County youth drinkers reported they got their alcohol from the following: someone gave it to them (40%) (2013 YRBS reports 38% for Ohio and 42% for the U.S.), an older friend or sibling bought it (24%), someone older bought it (22%), a parent gave it to them (20%), gave someone else money to buy it (17%), a friend's parent gave it to them (7%), took it from a store or family member (7%), bought it at a restaurant/bar/club (2%), bought it in a liquor store/ convenience store/gas station (1%), and some other way (20%). No one reported using a fake ID to buy alcohol or buying it at a public event.

### Youth Tobacco Use

The 2015 health assessment indicated that 26% of Wyandot County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).

17% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 14% had done so by 12 years old. The average age of onset for smoking was 13.6 years old.

6% of all Wyandot County youth had smoked a whole cigarette for the first time before the age of 13 (2013 YRBS reported 9% for the U.S.).

In 2015, 9% of Wyandot County youth were current smokers, having smoked at some time in the past 30 days, increasing to 16% of youth ages 17 and older (2013 YRBS reported 15% for Ohio and 16% for the U.S.).

Wyandot County youth used the following forms of tobacco the most in the past year: cigarettes (16%), e-cigarettes (13%), hookah (10%), chewing tobacco or snuff (9%), cigars (8%), swishers (6%), Black and Milds (4%), flavored cigarettes (4%), cigarillos (3%), snus (2%), little cigars (2%), dissolvable tobacco products (1%), other forms of tobacco (1%) and bidis (<1%).

### Youth Drug Use

In 2015, 7% of all Wyandot County youth had used marijuana at least once in the past 30 days. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.

5% of Wyandot County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in the past 30 days.

During the past 12 months, 6% of all Wyandot County youth reported that someone had offered, sold, or given them an illegal drug on school property, (2013 YRBS reports 20% for Ohio and 22% for the U.S.).

Wyandot County youth used the following substances during the school day while on school property: chewing tobacco (2%), cigarettes (2%), alcohol (1%), e-cigarettes (1%), illegal drugs (1%), and prescription drugs not prescribed for them (1%).

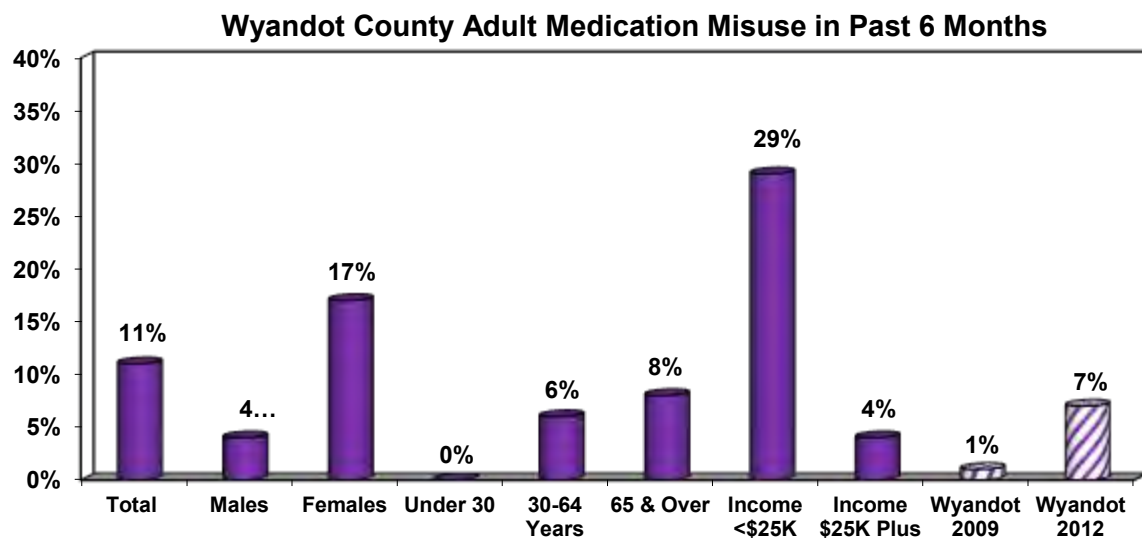


## Strategy #3 | Decrease Substance Abuse

### Substance Abuse indicators, continued

Adult Comparisons	Wyandot County 2009	Wyandot County 2012	Wyandot County 2015	Ohio 2013	U.S. 2013
Drank alcohol at least once in past month	45%	47%	49%	53%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	22%	19%	18%	17%	17%

Youth Comparisons	Wyandot County 2006 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2009 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (6 <sup>th</sup> -12 <sup>th</sup> )	Wyandot County 2015 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2013 (9 <sup>th</sup> -12 <sup>th</sup> )
Current drinker	27%	30%	24%	20%	27%	30%	35%
Binge drinker (of all youth)	16%	17%	16%	13%	19%	16%	21%
Youth who used marijuana in the past month	5%	9%	6%	7%	9%	21%	23%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	10%	5%	8%	6%	5%	20%	22%

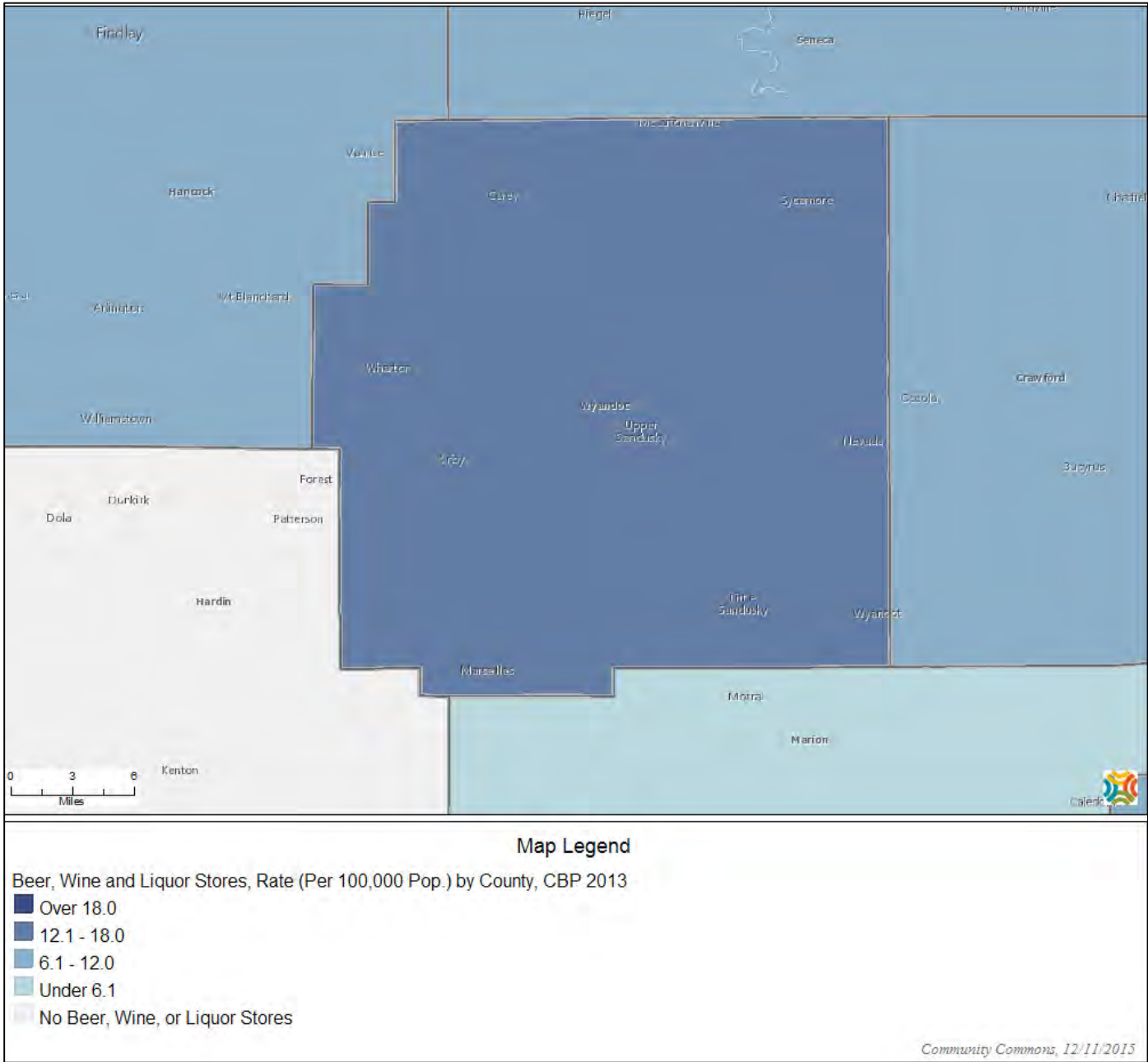




# Strategy #3 | Decrease Substance Abuse

## Substance Abuse indicators

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, CBP



(Source: Community Commons updated 12/11/15)

## Strategy #3 | Decrease Substance Abuse

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Life Skills Program (student education)	Wyandot County General Health District	Upper Sandusky (3rd,4th,5th,6th, 8th) Mohawk (3rd,4th,5th) OLC (3rd,4th,5th) Carey (6 <sup>th</sup> )	Prevention	Evidence based
Family Planning Clinic	Wyandot County General Health District	Ages 13+	Prevention, Early Intervention, Treatment	Title X Guidelines, Physician directed
Teen and Family Clinic	Wyandot County General Health District	All ages	Prevention, Early Intervention, Treatment	Physician directed
CARSA Coalition	Too Firelands MHR SB	Youth and Adults	Prevention	Monitored
School based therapist	MHR SB	Upper Sandusky MS/HS Union	Early Intervention, Treatment	
The Way Afterschool Program	CARSA Coalition Firelands FCFC (Family and Children's First Council)	Upper Sandusky grades 6-8	Prevention	Monitored
Alcoholics Anonymous (AA)			Treatment	Evidence based
Narcotics Anonymous (NA)			Treatment	Evidence based
Gambling Awareness/Education	Firelands	Adults	Prevention	
Intervention Groups referred by the court system	Wyandot Counseling Associates	Adults	Early Intervention	Best Practice
Opiate Task Force Education	Judge Aubry	Youth	Prevention	Best Practice
Service Coordination	FCFC	Birth-age 21 (at risk)	Early intervention	None
Weekend substance abuse program	Probation Office	Juveniles on probation	Early intervention, Treatment	None
SADD	Firelands	Carey Junior High Students Upper Sandusky Mohawk	Prevention	None
Fellowship of Christian Athletes Group	Parents/local churches	High School age youth	Prevention	None

## Strategy #3 | Decrease Substance Abuse

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Church Youth Groups	Local churches	All youth	Prevention	None
4H Programs	4H	Youth ages 5+	Prevention	None
Car-Teens Program	4H	Youth drivers	Prevention	None
Docu-Drama (Mock Accident)	4H and other organizations	Youth in grades 11 & 12	Prevention	None
School-related athletics	Wyandot County School Systems	All youth who participate	Prevention	None
Tutoring/mentoring program	Open Door	Youth in grades k-12 Currently only in Upper Sandusky	Prevention/Early intervention	None
Leadership Development/Civic Awareness/Personal Development	Boy Scouts	Boys	Prevention	None
Leadership Development/Civic Awareness/Personal Development	DeMolay	Boys	Prevention	None
Police Athletic League	Police	Youth	Prevention	None
Summer Youth Employment Program	Department of Jobs and Family Services	Youth ages 14-24 (low-income, and other criteria)	Prevention	None
Counseling, Diagnostic Assessment, Education, Crisis hotline, Case management	Firelands	All youth	Prevention, Early Intervention, Treatment	Monitored
Strengthening Families	Firelands	Youth and Families	Prevention	Evidence based
Incredible Years	FCFC	Youth	Prevention	Evidence based
In school counseling	MHR SB	Students at Upper Sandusky Schools	Prevention, Early Intervention, Treatment	Evidence based
Vivitrol	Firelands	Adults	Treatment	Monitored
Recovery Housing	New Housing Ohio, Inc.	Adult Males	Treatment (support)	Monitored
Cross Roads	Wyandot Counseling Associates	Youth 14-18	Treatment	None
Weekend Substance Abuse Intervention Program	Wyandot Counseling Associates	Adults (ages 18-22)	Early intervention, Treatment	None
Young Adult Substance Abuse Seminar	Wyandot Counseling Associates	Youth (ages 14-18)	Early intervention, Treatment	None

## Strategy #3 | Decrease Substance Abuse

### Gaps and Potential Strategies

Substance Abuse Gaps	Potential Strategies
1. Ongoing education for adults	<ul style="list-style-type: none"><li>○ Educating the public on the signs and symptoms of substance abuse</li><li>○ Opiate task force</li></ul>
2. Medication-assisted treatment	<ul style="list-style-type: none"><li>○ Find treatment providers</li><li>○ Increase the number of treatment providers</li></ul>
3. Drug Recognition Expert Program (No DRE in Wyandot County)	<ul style="list-style-type: none"><li>○ Increase awareness for law enforcement</li><li>○ Look for funding</li></ul>
4. Intensive out-patient treatment	<ul style="list-style-type: none"><li>○ Look for opportunities closer to Wyandot County</li><li>○ Increase transportation for services</li></ul>
5. Transportation	<ul style="list-style-type: none"><li>○ Meet with the Transportation Advisory Committee</li><li>○ Identify different agencies in the community that provide transportation</li></ul>

### Best Practices

1. **Project ASSERT-** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
  - a. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
  - b. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
  - c. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

For more information go to: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=222>

## Strategy #3 | Decrease Substance Abuse

### Gaps and Potential Strategies

2. **LifeSkills Training (LST)** – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12).

For more information, go to <http://www.lifeskillstraining.com>.

3. **Community Trials Intervention to Reduce High-Risk Drinking** - Community Trials Intervention to Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components.

For more information go to <http://www.pire.org/communitytrials/index.htm>

4. **ARIDE:** The Advanced Roadside Impaired Driving Enforcement (ARIDE) program was developed by the National Highway Traffic Safety Administration (NHTSA) with input from the International Association of Chiefs of Police (IACP) and the Technical Advisory Panel (TAP). The 16-hour course intended to bridge the gap between the SFST and DRE courses. Participants will learn how to observe, identify and articulate the signs of impairment related to drugs, alcohol or a combination of both. Additionally, participants will be given an overview of the seven types of drug categories and the physiological effects these drugs have on the human, among other things.

For more information go to: <http://arideonline.org/>

## Strategy #3 | Decrease Substance Abuse

5. **Drug Recognition Expert (DRE):** A drug recognition expert (DRE), sometimes referred to as a drug recognition evaluator, is an individual who has successfully completed all phases of the Drug Evaluation and Classification Program's (DECP) training requirements for certification as established by the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Administration (NHTSA). A DRE is skilled in detecting and identifying persons under the influence of drugs and in identifying the category or categories of drugs causing the impairment. A DRE conducts a detailed, diagnostic examination of persons arrested or suspected of drug-impaired driving or similar offenses. Based on the results of the drug evaluation, the DRE forms an expert opinion on the following:
1. Is the person impaired? If so, is the person able to operate a vehicle safely? If the DRE concludes that the person is impaired?
  2. Is the impairment due to an injury, illness or other medical complication, or is it drug-related? If the impairment is due to *drugs*?
  3. Which category or combination of categories of drugs is the most likely source of the impairment?

DREs conduct their evaluations in a controlled environment, typically at police precincts, intake centers, troop headquarters or other locations where impaired drivers are transported after arrest. The drug evaluation is not normally done at roadside and is typically a post-arrest procedure. In some cases, the person evaluated will be a driver the DRE personally arrested. In many cases, however, the DRE will be called upon to conduct the evaluation after the driver was arrested by another officer. The DRE is requested to assist in the investigation because of his special expertise and skills in identifying drug impairment.

For more information go to: <http://www.decp.org/experts/whattheydo.htm>

## Strategy #3 | Decrease Substance Abuse

### Alignment with National Standards

The Wyandot County CHIP will help support the following **Healthy People 2020** Goals:

- **Substance Abuse (SA)-1** Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- **Substance Abuse (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Abuse (SA)-3** Increase the proportion of adolescents who disapprove of substance abuse
- **Substance Abuse (SA)-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse
- **Substance Abuse (SA)-5** (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States
- **Substance Abuse (SA)-6** Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States
- **Substance Abuse (SA)-7** Increase the number of admissions to substance abuse treatment for injection drug use
- **Substance Abuse (SA)-8** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- **Substance Abuse (SA)-9** (Developmental) Increase the proportion of persons who are referred for follow up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- **Substance Abuse (SA)-10** Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)
- **Substance Abuse (SA)-11** Reduce cirrhosis deaths
- **Substance Abuse (SA)-12** Reduce drug-induced deaths
- **Substance Abuse (SA)-13** Reduce past-month use of illicit substances
- **Substance Abuse (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Abuse (SA)-15** Reduce the proportion of adults who drank excessively in the previous 30 days
- **Substance Abuse (SA)-16** Reduce average annual alcohol consumption
- **Substance Abuse (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Abuse (SA)-18** Reduce steroid use among adolescents
- **Substance Abuse (SA)-19** Reduce the past-year nonmedical use of prescription drugs
- **Substance Abuse (SA)-20** Reduce the number of deaths attributable to alcohol
- **Substance Abuse (SA)-21** Reduce the proportion of adolescents who use inhalants

## Strategy #3 | Decrease Substance Abuse

### Action Step Recommendations & Action Plan

To work toward decreasing **adult and youth substance abuse**, the following actions steps are recommended:

1. Increase the LifeSkills training curriculum
2. Increase awareness of new drug trends
3. Increase the number of health care providers screening for alcohol and drug abuse
4. Implement a community based comprehensive program to reduce alcohol abuse
5. Train local law enforcement as ARIDE Professionals or Drug Recognition Experts

### Action Plan

Substance abuse		
Action Step	Responsible Person/ Agency	Timeline
<b>Increase the LifeSkills Training Curriculum</b>		
<b>Year 1:</b> Work with Wyandot County schools to offer the LifeSkills Training program in grades 3-8 in every district.	Darlene Steward, Wyandot County General Health District	December 31, 2016
<b>Year 2:</b> Expand LifeSkills classes by offering high school curriculums.		December 31, 2017
<b>Year 3:</b> All school districts participate in elementary, middle, and high school LifeSkills programming.		December 31, 2018
<b>Increase Awareness of Current and New Drug Trends</b>		
<b>Year 1:</b> Plan a community awareness campaign to increase education and awareness of substance abuse issues and trends.  Determine best ways to educate businesses, community, and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	C.A.R.S.A. Coalition  Jeff Ritchey, Safe Communities Grant, Wyandot County General Health District  Kathy Grasz, Wyandot County Safety Council	December 31, 2016
<b>Year 2:</b> Plan awareness programs/workshops focusing on different "hot topics" and substance abuse trends.  Attain media coverage for all programs/workshops		December 31, 2017
<b>Year 3:</b> Continue efforts of years 1 and 2.		December 31, 2018
<b>Increase the Number of Health Care Providers Screening for Alcohol and Drug Abuse</b>		
<b>Year 1:</b> Explore programs such as ASSERT or SBIRT.  Collect baseline data on the number of emergency department, primary care and specialty care providers that currently screen for drug and alcohol abuse (and at what age they start screening).	Charla Van Osdol, Firelands Joe D'Ettorre Wyandot Memorial Hospital	December 31, 2016
<b>Year 2:</b> Introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices and hospital emergency departments.  Pilot the model with one primary care physician's office and hospital ER.		December 31, 2017
<b>Year 3:</b> Increase the number of ER and primary care physicians using the SBIRT model by 25% from baseline.		December 31, 2018



## Strategy #3 | Decrease Substance Abuse

### Action Step Recommendations & Action Plan, continued

Substance abuse		
Action Step	Responsible Person/ Agency	Timeline
<b>Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse</b>		
<b>Year 1:</b> Research Community Trials Intervention to Reduce High-Risk Drinking program.  Work with all area law enforcement agencies to determine which components would be feasible to implement.	C.A.R.S.A. Coalition  Jeff Ritchey, Safe Communities Grant, Wyandot County General Health District  Kathy Grasz, Wyandot County Safety Council	December 31, 2016
<b>Year 2:</b> Collaborate with Wyandot County Sheriff and Implement at least 2 of the following strategies: <ul style="list-style-type: none"> <li>• Sobriety checkpoints (working with law enforcement)</li> <li>• Compliance checks (working with the Ohio Investigative Unit)</li> <li>• Seller/server trainings (working with the Ohio Investigative Unit)</li> <li>• Parents Who Host Lose the Most campaign (educating parents on the laws for distributing alcohol to minors)</li> <li>• Use zoning and municipal regulations to control alcohol outlet density</li> </ul>		December 31, 2017
<b>Year 3:</b> Expand strategies to all areas of the county and implement remaining strategies  Publicize results of efforts.		December 31, 2018
<b>Train Local Law Enforcement as ARIDE Trained Professionals or Drug Recognition Experts</b>		
<b>Year 1:</b> Research the Drug Evaluation and Classification Program Training Requirements in the state of Ohio and/or the Advanced Roadside Impaired Driving Enforcement (ARIDE) program.  Introduce at least one of the programs to local law enforcement.	Robin Reaves, Mental Health & Recovery Services Board	December 31, 2016
<b>Year 2:</b> Train at least two law enforcement officers in the ARIDE program or as Drug Recognition Experts in Wyandot County		December 31, 2017
<b>Year 3:</b> Continue efforts from year 2		December 31, 2018

## Strategy #4 | Increase Injury Prevention

### Injury Prevention Indicators

*In 2015, 84% of Wyandot County youth self-reported that they wore a seatbelt when driving a car in the past month. 41% of youth drivers texted while driving. 13% of youth reported gambling in the past year.*

#### **Adult Safety**

More than half (54%) of Wyandot County adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded.

Wyandot County adults reported doing the following while driving: wearing a seatbelt (85%), eating (49%), talking on hand-held cell phone (48%), talking on hands-free cell phone (19%), texting (14%), using internet on their cell phone (4%), being under the influence of alcohol (4%), being under the influence of prescription drugs (3%), checking facebook on their cell phone (2%), reading (1%), being under the influence of drugs (<1%), and other activities (such as applying makeup, shaving, etc.) (2%).

48% of adults reported gambling in the past year. They reported the following types of gambling: lottery (36%), casinos (15%), at home with friends (7%), at work with co-workers (6%), bingo (6%), online (1%), horse track (1%), dog track (<1%), and other types of gambling (3%).

#### **Youth Safety**

9% of Wyandot County youth rarely or never wore a seatbelt when riding in a car driven by someone else (2013 YRBS reported 8% for Ohio and the U.S.).

In the past 30 days, 13% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 4% of youth drivers had driven a car themselves after drinking alcohol, (2013 YRBS reported 4% for Ohio and 10% for the U.S.).

Wyandot County youth drivers did the following while driving in the past month: wore a seatbelt (84%), talked on their cell phone (60%), ate (53%), texted (41%), used the internet on their cell phone (19%), checked Facebook on their cell phone (7%), used cell phone for other things (7%), played electronic games on cell phone (4%), used illegal drugs (3%), applied makeup (2%), drank alcohol (1%) and read (1%). No one misused prescription drugs while driving.

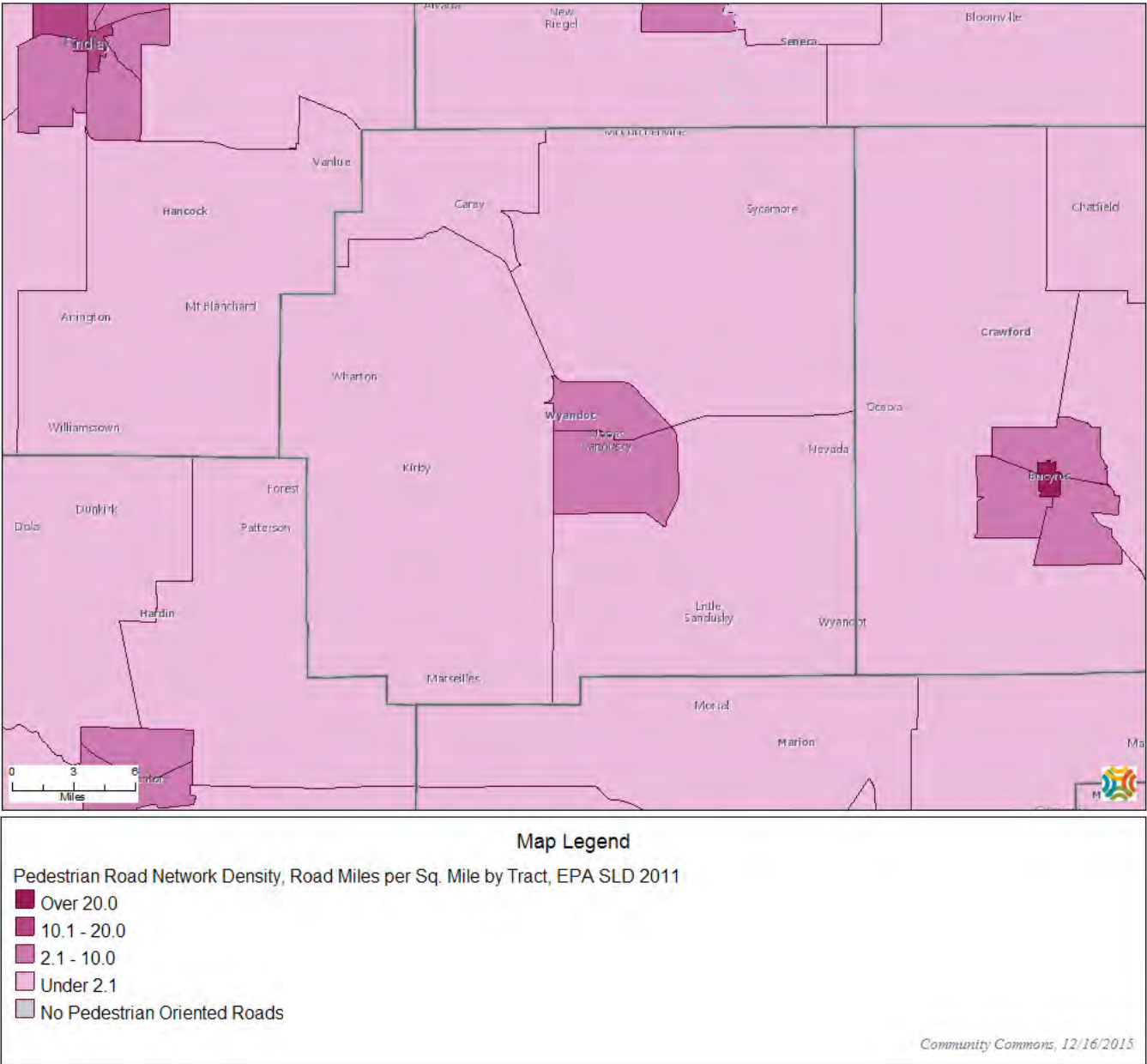
Over half (53%) of the youth who had a Twitter, Instagram, facebook, online gaming, or other social network account believed that sharing information online is dangerous.

In the past year 13% of youth reported that they gambled money or personal items while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs or using the internet.

# Strategy #4 | Increase Injury Prevention

## Injury Prevention Indicators, continued

Pedestrian Road Network Density, Road Miles per Sq. Mile by Tract, EPA SLD 2011



(Source: Community Commons, updated 12/16/15)

## Strategy #4 | Increase Injury Prevention

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care	Evidence of Effectiveness
Fall Prevention (physical therapy, doctor ordered)	Wyandot Memorial Hospital	Seniors	Treatment	
Wyandot County Safety Council	Multiple Organizations	All ages	Prevention	
Job Care (Employment testing)	Wyandot Memorial Hospital	Adults	Prevention	
Bike Helmets	Wyandot County General Health District	Youth		Best Practice
Family Fun Fair (car seat checks, fire safety)	Multiple Organizations	All ages	Prevention	Best Practice
Smoke Detector Give Away	Fire Department Red Cross	All ages		
Car-Teens Program	4H	Youth drivers	Prevention	None
Docu-Drama (Mock Accident)	4H and other organizations	Youth in grades 11 & 12	Prevention	None
Steady U (fall prevention)	Area Office on Aging	Seniors	Prevention	Evidence based
Safe Communities Program	Wyandot County General Health District	All ages	Prevention	State approved
Fall Prevention Education	Wyandot County Home Health Agency	Seniors/Doctor ordered	Prevention, Early Intervention, Treatment	Outcome monitored
Car Seat program	Wyandot County General Health District	Wyandot County residents, WIC income eligible, newborn and older	Prevention	Evidence based

## Strategy #4 | Increase Injury Prevention

### Gaps and Potential Strategies

Injury Prevention Gaps	Potential Strategies
1. No Fall Prevention Programs	<ul style="list-style-type: none"><li>Implement the STEADI fall prevention program in Wyandot County</li></ul>
2. Sports Instruction	<ul style="list-style-type: none"><li>Educate coaches about equipment and concussions</li><li>ACL prevention, concussion education</li><li>Offer free training in school, in service</li></ul>
3. Lack of Vestibular Clinics (Fall Prevention Clinic)	<ul style="list-style-type: none"><li>Introduce a program</li></ul>

### Best Practices

1. **A Matter of Balance:** is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

A Matter of Balance (MOB) acknowledges the risk of falling but emphasizes practical coping strategies to reduce this fear. These include:

- Promoting a view of falls and fear of falling as controllable
- Setting realistic goals for increasing activity
- Changing the environment to reduce fall risk factors
- Promoting exercise to increase strength and balance.

The workshop is conducted over eight sessions, meeting weekly or twice weekly for two hours per session. Meetings are led by volunteer lay leaders called coaches. A Master Trainer is responsible for teaching the Matter of Balance curriculum to the coaches, providing them with guidance, a coach observation visit, and support as they lead the Matter of Balance classes. A Guest Healthcare Professional visit to the community class may be arranged by the Master Trainer.

For more information go to: <https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/>

2. **STEADI:** The **Stopping Elderly Accidents, Deaths & Injuries (STEADI)** Tool Kit is a suite of materials created by CDC's Injury Center for health care providers. It is a provider resource adapted from the American and British Geriatric Societies' Clinical Practice Guideline. It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests. In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

Health care providers play a critical role in the prevention of falls. Integration of simple screenings into your practice can help identify patients at-risk for a fall such as those with lower body weakness, difficulties with gait and balance, postural hypotension, medication use, vision problems and home hazards. By addressing these risk factors or referring patients to community programs or specialists who can, health care providers can significantly reduce their patients' chances of falling and suffering serious, life-changing injuries such as hip fractures.

For more information, go to: <http://www.healthy.ohio.gov/vipp/falls/STEADI.aspx>

## Strategy #4 | Increase Injury Prevention

**Safe Kids Worldwide:** Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, the number one killer of kids in the United States. Safe Kids works with more than 200 Safe Kids coalitions across the country to hold free youth sports safety clinics for coaches, parents, young athletes and league organizers. The clinics provide the knowledge and skills essential to preventing sports injuries and emergencies in young athletes. The content for the clinics is based on relevant information and tools to combat the most common and severe injuries in sports today, including acute and overuse injuries, dehydration and concussion. We also work with parents and community leaders to urge school boards to adopt best practices and guidelines to address all sporting injuries among their student-athletes. The state and local coalitions work to create and implement evidence-based programs that help families, caregivers and educators prevent childhood injuries.

For more information go to: <http://www.safekids.org/>

# Strategy #4 | Increase Injury Prevention

## Alignment with National Standards

The Wyandot County CHIP will help support the following **Healthy People 2020** Goals:

- **Injury Prevention (IVP)-1** Reduce fatal and nonfatal injuries
- **Injury Prevention (IVP)-2** Reduce fatal and nonfatal traumatic brain injuries
- **Injury Prevention (IVP)-3** Reduce fatal and nonfatal spinal cord injuries
- **Injury Prevention (IVP)-4** (Developmental) Increase the number of States and the District of Columbia where 90 percent of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team
- **Injury Prevention (IVP)-5** (Developmental) Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team
- **Injury Prevention (IVP)-8** Increase access to trauma care in the United States
- **Injury Prevention (IVP)-9** Prevent an increase in poisoning deaths
- **Injury Prevention (IVP)-10** Prevent an increase in nonfatal poisonings
- **Injury Prevention (IVP)-11** Reduce unintentional injury deaths
- **Injury Prevention (IVP)-12** Reduce nonfatal unintentional injuries
- **Injury Prevention (IVP)-13** Reduce motor vehicle crash-related deaths
- **Injury Prevention (IVP)-14** Reduce nonfatal motor vehicle crash-related injuries
- **Injury Prevention (IVP)-15** Increase use of safety belts
- **Injury Prevention (IVP)-16** Increase age-appropriate vehicle restraint system use in children
- **Injury Prevention (IVP)-17** Increase the number of States and the District of Columbia with “good” graduated driver licensing (GDL) laws
- **Injury Prevention (IVP)-18** Reduce pedestrian deaths on public roads
- **Injury Prevention (IVP)-19** Reduce nonfatal pedestrian injuries on public roads
- **Injury Prevention (IVP)-20** Reduce pedal cyclist deaths on public roads
- **Injury Prevention (IVP)-21** Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders
- **Injury Prevention (IVP)-22** Increase the proportion of motorcycle operators and passengers using helmets
- **Injury Prevention (IVP)-23** Prevent an increase in fall-related deaths
- **Injury Prevention (IVP)-24** Reduce unintentional suffocation deaths
- **Injury Prevention (IVP)-25** Reduce drowning deaths
- **Injury Prevention (IVP)-26** Reduce sports and recreation injuries
- **Injury Prevention (IVP)-27** Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities
- **Injury Prevention (IVP)-28** Reduce residential fire deaths
- **Injury Prevention (IVP)-29** Reduce homicides
- **Injury Prevention (IVP)-30** Reduce firearm-related deaths
- **Injury Prevention (IVP)-31** Reduce nonfatal firearm-related injuries
- **Injury Prevention (IVP)-32** Reduce nonfatal physical assault injuries
- **Injury Prevention (IVP)-33** Reduce physical assaults
- **Injury Prevention (IVP)-34** Reduce physical fighting among adolescents
- **Injury Prevention (IVP)-35** Reduce bullying among adolescents
- **Injury Prevention (IVP)-36** Reduce weapon carrying by adolescents on school property
- **Injury Prevention (IVP)-37** Reduce child maltreatment deaths
- **Injury Prevention (IVP)-38** Reduce nonfatal child maltreatment
- **Injury Prevention (IVP)-39** (Developmental) Reduce violence by current or former intimate partners
- **Injury Prevention (IVP)-41** Reduce nonfatal intentional self-harm injuries
- **Injury Prevention (IVP)-42** Reduce children’s exposure to violence

## Strategy #4 | Increase Injury Prevention

### Action Step Recommendations & Action Plan

To work toward increasing **adult and youth injury prevention**, the following actions steps are recommended:

1. Implement an evidence based fall risk reduction program
2. Implement a youth sports safety clinic
3. Increase efforts of the Safe Communities Coalition

Injury Prevention		
Action Step	Responsible Person/Agency	Timeline
<b>Implement an Evidence Based Fall Risk Reduction Program</b>		
<b>Year 1:</b> Research STEADI balance assessment tools and The Matter of Balance Program.  Train at least one PCP office for the STEADI balance assessments.  Determine best locations to hold the Matter of Balance program (ex: Senior Centers, churches, etc.).  Have volunteers trained to lead the groups.  Work with physicians for referrals to program.  Pilot program in at least one location.	Jason Eibling, Freedom Caregivers  Fortune Bormuth, Wyandot Memorial Hospital  Amber Wertman, United Way	December 31, 2016
<b>Year 2:</b> Implement STEADI assessments and education in at least one PCP office.  Expand Matter of Balance Program to other locations and times.		December 31, 2017
<b>Year 3:</b> Implement STEADI in at least 3 PCP offices.  Continue efforts with the Matter of Balance Program from year 2.		December 31, 2018
<b>Implement a Youth Sports Safety Clinic</b>		
<b>Year 1:</b> Assemble a sports safety and performance advisory panel and generate recommendations for formal programming and priorities.	Jason Eibling, Freedom Caregivers	December 31, 2016
<b>Year 2:</b> Begin implementing the programming and collect data on the impact of the programming.		December 31, 2017
<b>Year 3:</b> Review the data collected and begin program enhancement and proliferation to multiple sports and age groups.		December 31, 2018



## Strategy #4 | Increase Injury Prevention

### Action Step Recommendations & Action Plan, continued

Injury Prevention		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Efforts of the Safe Communities Coalition</b>		
<b>Year 1:</b> Enlist any missing sectors to be a part of the Safe Communities Coalition.  Work to address the required traffic safety goals and activities addressed in the Safe Communities grant.  Increase awareness in the community by planning a countywide summer event.	Jeff Ritchey, Wyandot County Safe Communities Grant  Wyandot County General Health District	December 31, 2016
<b>Year 2:</b> Increase awareness and participation in all Safe Communities programs and events  Reapply and secure a second year of the Safe Communities Grant.		December 31, 2017
<b>Year 3:</b> Continue working on required traffic safety goals.  Increase the number of countywide events by 25%. Increase participation in countywide events by 25%.		December 31, 2018

## PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by The Wyandot County Health Alliance. The individuals that are working on action steps will meet on an as needed basis. The full committee will meet quarterly to report out the progress. The committee will form a plan to disseminate the Community Health Improvement Plan to the community. Action steps, responsible person/agency, and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Wyandot County will continue facilitating a Community Health Assessment every 3 years to collect and track data. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Wyandot County, but also be able to compare to the state, the nation, and Healthy People 2020.

This data will serve as measurable outcomes for each of the priority areas. Indicators have already been defined throughout this report:

- To evaluate decreasing obesity, the indicators found on pages 15-17 will be collected every 3 years.
- To evaluate increasing mental health services, the indicators found on pages 31-32 will be collected every 3 years.
- To evaluate decreasing substance abuse, the indicators found on pages 41-43 will be collected every 3 years.
- To evaluate increasing injury prevention, the indicators found on page 52 will be collected every 3 years.

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

Furthermore, all action steps have been incorporated into a Progress Report template that can be completed at all future Wyandot County Health Alliance meetings, keeping the committee on task and accountable. This progress report may also serving as meeting minutes.

### Contact Us

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

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