Hancock County

Community Health Improvement Plan

2016-2019

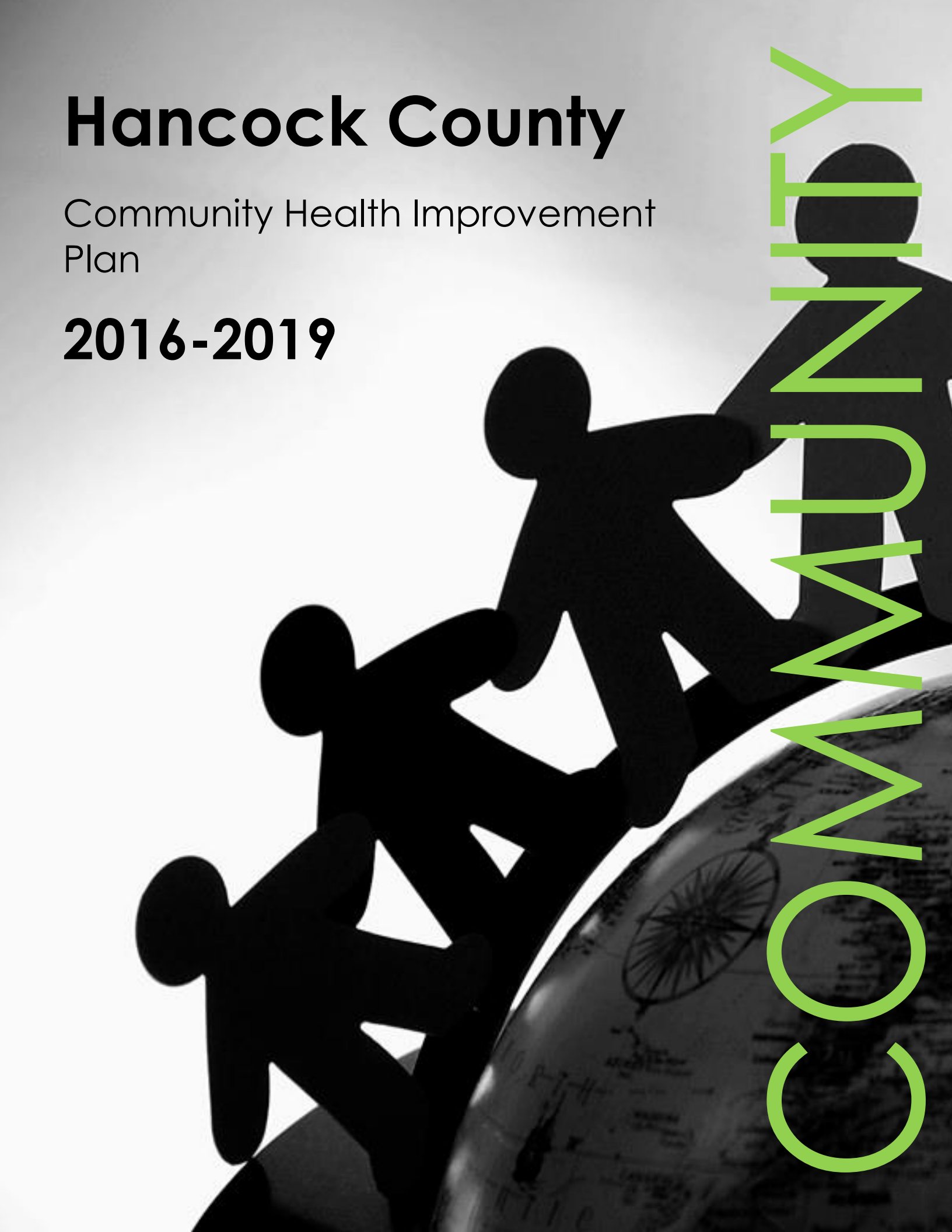

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In 2003, Be Healthy Now Hancock County began conducting community health assessments (CHA) for the purpose of measuring and addressing health status. The most recent Hancock County Community Health Assessment was cross-sectional in nature and included a written survey of adults and adolescents within Hancock 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), the *Youth Risk Behavior Surveillance System* (YRBSS) and the National Survey of Children's Health (NSCH). This has allowed Hancock County to compare the data collected in their CHA to national, state and local health trends.

Hancock County CHA also fulfills national mandated requirements for the hospitals in our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community health needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

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 Hancock County CHA has been utilized as a vital tool for creating the Hancock 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 Hancock County Health Department 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

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 Be Healthy Now Hancock County 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.

Priorities:

Priority Health Issues for Hancock County
1. Adult, Youth and Child Obesity/Diabetes
2. Adult, Youth and Child Substance Use
3. Adult, Youth and Child Mental Health
4. Family Functioning
5. Youth and Child Bullying

Action Steps:

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

1. Implement Safe Routes to School
2. Implement Complete Streets Policies
3. Partner With Local Grocery Stores to Encourage Low-Cost Healthy Food Choices
4. Implement OHA Healthy Hospitals initiative
5. Increase Education of Healthy Eating for Youth
6. Increase Education of Healthy Eating for Adults
7. Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees
8. Initiate Formalized Breastfeeding Policies for Employers
9. Implement Community Diabetes Program
10. Implement In Patient Diabetes Program

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

1. Increase the Number of Primary Care Physician's Offices Screening for Alcohol and Drug Abuse
2. Increase Community Awareness & Education of Substance Use Issues and Trends
3. Increase the Number of Schools Screening for Substance Use
4. Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse
5. Expand Youth-Led Prevention Programming
6. Introduce the Life Skills Training Curriculum
7. Implement Tobacco 21 Policy
8. Increase Coordination of Services for Pregnant Women with Substance Use Disorders
9. Expand Drug Free Workplace Policies
10. Introduce Withdrawal Management Services to Hancock County

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

1. Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits
2. Increase Recruitment for Mental Health Professionals
3. Promote Mental Health First Aid Trainings
4. Expand Awareness of Trauma Informed Care Trainings
5. Re-Introduce Evidence-based Programs and Counseling Services Targeting Youth
6. Expand The Zero Suicide Initiative
7. Use Technology As Treatment Extenders
8. Promote The Hancock County Texting Hotline Program
9. Introduce Facilities for Mental Health

To work toward **decreasing youth and child bullying**, the following actions steps are recommended:

1. Re-Introduce Evidence-based Bullying Prevention Programs Targeting Youth
2. Research The Girls on the Run Program
3. Increase Awareness & Education of Social Media Issues and Trends

To work toward **improving family functioning**, the following actions steps are recommended:

1. Implement the Leader In Me (LIM) program
2. Incorporate Families and Children into Community Physical Activities
3. Increase Efforts to Engage The Community
4. Introduce The Positive Parenting Program (Triple P)

PARTNERS

The 2016-2019 Community Health Improvement Plan was drafted by agencies and service providers within Hancock County. During October-December, 2016, the committee reviewed many sources of information concerning the health and social challenges Hancock 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:

Be Healthy Now Hancock County

Stacy Shaw, Hancock County Family and Children First Council
William Kose, M.D., Blanchard Valley Health System
Marty Rothey, Blanchard Valley Health System – Health Foundation
Barbara Pasztor, Blanchard Valley Health System/Board of Health Chair Hancock Public Health
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Barb Wilhelm. Hancock Public Health
Carolyn Copus, 50 North

The strategic planning process was facilitated by Britney Ward, Director of Community Health Improvement, Tessa Elliott, Community Health Improvement Coordinator, and Emily Stearns, Community Health Improvement Coordinator, 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 Hancock County:

To Be The Healthiest County in Ohio

The Mission of Hancock County:

Creating a culture of wellness in Hancock County

ALIGNMENT WITH NATIONAL AND STATE STANDARDS

The 2016-2019 Hancock County Health Improvement Plan priorities align perfectly with state and national priorities. Hancock County will be addressing the following priorities: obesity, Substance Use, mental health, bullying and family functioning and diabetes.

Ohio State Health Improvement Plan

Hancock County priorities very closely mirror the following 2015-2016 State Health Improvement Plan (SHIP) Addendum priorities:
Priority 2: Prevent and reduce the burden of chronic disease for all Ohioans
Priority 5: Implementing integrated mental and physical health care models to improve public health

To align with and support **Priority 2 (Chronic Disease)**, Hancock County will work to adopt Complete Streets policies to Hancock County residents and increase the number of businesses and organizations providing wellness programs and insurance incentive programs to their employees.

To align with and support **Priority 5 (Integration of Physical and Behavioral Health)**, Hancock County will work to increase recruitment for mental health professionals. The committee will also continue to promote mental health first aid trainings throughout the county and expand awareness of trauma informed care trainings. Additionally, Hancock County will Increase the number primary care physicians screening for depression during office visits.

Healthy People 2020

Hancock 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)-11:*** Increase depression screening by primary care providers
- ***Substance Use (SA)-2:*** Increase the proportion of adolescents never using substances

There are 21 other weight control objectives, 11 other mental health objectives and 20 other Substance Use objectives that support the work of the Hancock County CHIP. These objectives can be found in each individual section.

ALIGNMENT WITH NATIONAL AND STATE STANDARDS, *continued*

U.S. Department of Health and Human Services National Prevention Strategies
The Hancock County Community Health Improvement Plan also aligns with five of the National Prevention Strategies for the U.S. population: healthy eating, active living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

STRATEGIC PLANNING MODEL

Beginning in October 2016, Be Healthy Now Hancock County met four (4) 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

COLLECTIVE IMPACT MODEL

Coinciding with the MAPP process that was occurring with the Be Healthy Now Coalition, our community has been embarking on a path to bring together coalitions of representatives to work through a process that is proven to successfully foster productive partnerships that solve complex social issues. This is Coalition Building. This process is modeled from CivicLab-an Institute for Civic Collaboration, formerly known as the Institute for Coalition Building, in Columbus, Indiana. The community is strategically adding it to the nationally-recognized Collective Impact Model to focus on envisioning and implementing solutions that have true meaning and solve the root causes of our community's problems.

The Collective Impact Model guides organizations from different sectors to agree to solve a specific social problem using a common agenda, aligning their work and using common measures of success. In order to create lasting solutions to complex social problems on a large scale, organizations-including those in the public, private and social sectors- need to coordinate their efforts and work together around a clearly defined goal. There are five conditions to Collective Impact;

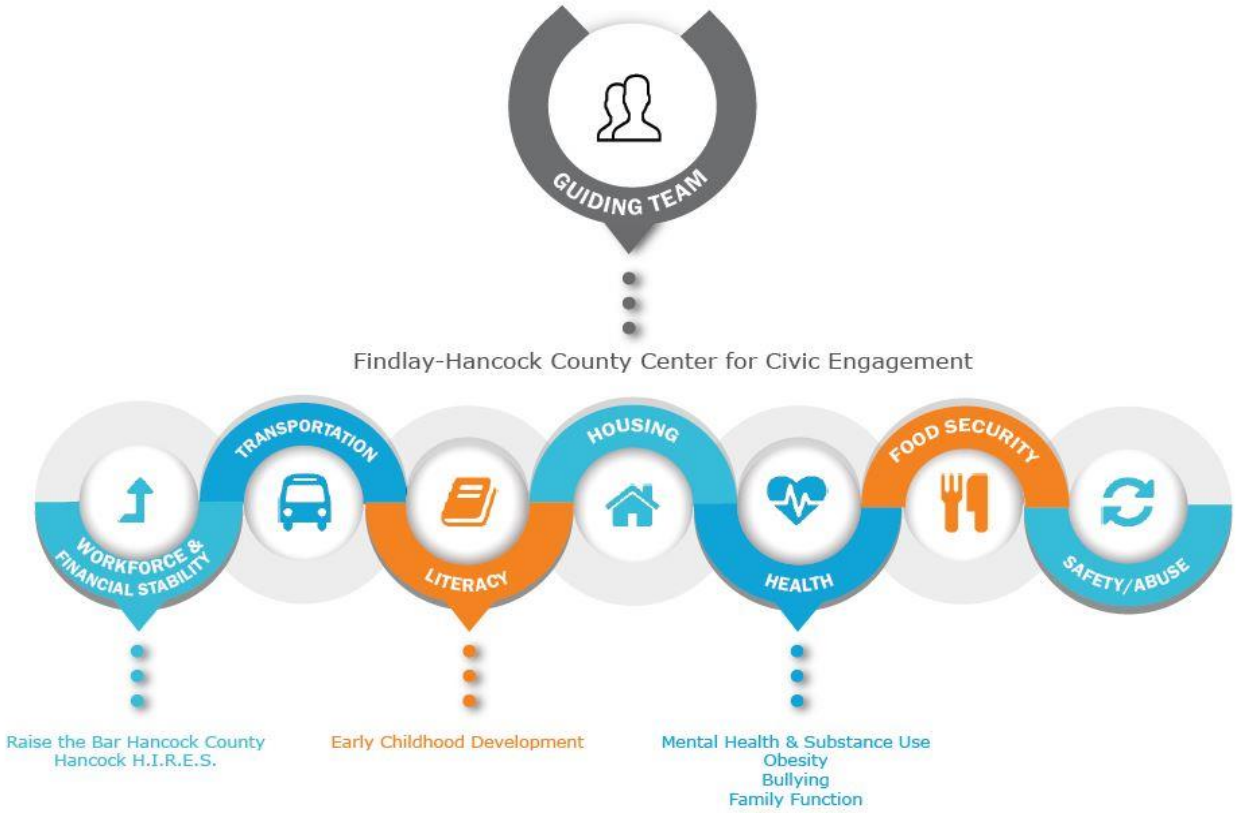
- Backbone Support Organization,
- Common Agenda,
- Continuous Communication,
- Shared System Measurement and
- Mutually Reinforcing activities.

The United Way, along with other partner agencies, completed a Social Needs Assessment in 2013 that was complementary to the comprehensive community health assessments conducted in 2011 and 2015. The United Way then went on to follow the Harwood Institute plan of community conversations where trained facilitators held small group meetings with representation from students to seniors, poverty to wealth, and various social groups. The emphasis of these conversations was on "what we are doing right in Hancock County and what we can make us better."

Between the community assessments and conversations, the United Way heard from over 1,000 constituents of Hancock County and priority issues were identified to include;

- Workforce Development/Financial Stability
- Mental Health/Substance Use
- Housing
- Early Childhood Development/Literacy
- Transportation
- Food Security
- Abuse/Safety

The Be Healthy Now Coalition recognizes that social determinants of health play a significant role in the culture of health and wellbeing in a community. To ensure coordination with the Collective Impact movement in Hancock County and to minimize duplication and overlap, several meetings took place over the first few months of 2017 to ensure compatibility and cohesiveness. This resulted in a renaming of the Be Healthy Now Coalition to the Hancock County Health Coalition and a restructuring of the organization. The following graphic illustrates how this new model will work. The Hancock County Health Coalition will report progress on our goals to the Guiding Team facilitated by the Findlay-Hancock County Center for Civic Engagement and will receive information and direction back from the Center so that each Coalition can work cohesively.



NEEDS ASSESSMENT

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

What are the most significant <u>ADULT</u> health issues or concerns identified in the 2015 assessment report?

Key Issue or Concern	% of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Substance Use (15 votes)			
Current drinker	60%	Age: <30	--
Binge drinker (past month)	34%	Age: 30-64; Income: >25K	Male
Average # of drinks	2.9	--	--
Drank and drove	7%	Age: <30	--
Current smoker	13%	Age: 30-64	Female
Prescription drug abuse	9%	Age: 30-64; <$25K	Male
Obesity (10 votes)			
Obese	27%	Age: 65+; Income: <$25K	Male
Overweight	38%	Income: >$25K	Male
Mental health (7 votes)			
Considered attempting suicide in the past year	4%	--	--
Attempted suicide in the past year	1%	--	--
3+ Adverse Childhood Experiences (ACE's)	17%	--	--
Heart disease (6 votes)			
Diagnosed with high blood pressure	29%	Age: 65+; Income: <$25K	Male
Diagnosed with high blood cholesterol	33%	Age: 65+; Income: >$25K	Male
Diabetes (5 votes)y			
Diabetes	9%	Age: 65+; Income: <$25K	--
Dental access (2 votes)			
Had visited a dentist or dental clinic in the past year	72%	Age: 65+; Income: <25K	Female
Cancer/Health Screenings (2 votes)			
Diagnosed with cancer	9%	--	--
Mammogram past 2 years 40+	61%	--	Female
PSA Test past year 50+	47%	Age: 50+	Male
Digital Rectal Exam (DRE) in the past year	18%	Age: 50+	Male
Quality of Life (1 vote)			
Limited in some way because of a physical, mental or emotional problem	19%	--	--
Cognitive Impairment (1 vote)			
Confusion or memory loss always interfered with ability to work, volunteer, or engage in social activities	8%	--	--
Underinsured (1 vote)			
Did not get medication because of cost	8%	--	--
Distracted driving (1 vote)			
Texted while driving	18%	--	--
Talked on hand-held cell phone while driving	27%	--	--
Used the internet while driving	11%	--	--

NEEDS ASSESSMENT, *continued*

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

Key Issue or Concern	% of Population at Risk	Age Group Most at Risk	Gender Most at Risk
Tobacco use/Substance Use (16 votes)			
Current smoker	7%	Age: 17+	Male
Current drinker	12%	Age: 17+	Female
Binge drinker (of all youth)	7%	--	--
Marijuana use (past 30 days)	7%	Age: 14-16	Female
Prescription drug abuse	5%	Age: 17+	Male
Obesity (13 votes)			
Obese	15%	Age: 17+	Male
Overweight	12%	Age: 17+	Male
No physical activity in past week	14%	--	--
Tried to lose weight	41%	--	--
Mental health (13 votes)			
Felt sad or hopeless two or more weeks in a row	19%	Age: 14-16	Female
Contemplated suicide	13%	--	Female
Attempted suicide	7%	Age: 17+	Female
Purposefully hurt themselves	19%	--	--
3+ Adverse Childhood Experiences	23%	--	--
Bullying (12 votes)			
Bullied in past year	51%	--	--
Indirectly bullied	25%	Age: 14-16	Female
Verbally bullied	39%	Age: <13	Female
Electronically bullied	13%	Age: 14-16	Female
Physically bullied	12%	Age: <13	Male
Risky sexual activity (8 votes)			
Ever had sexual intercourse	15%	Age: 17+	Female
Oral sex	13%	Age: 17+	Female
Anal sex	3%	Age: 17+	Female
Sexting	19%	Age: 17+	Female
Sexual violence (6 votes)			
Sexually Bullied	2%	--	Female
Youth being raised by someone other than their parents (2 votes)			
Youth being raised by someone other than their parents	--	--	--
Distracted driving (1 vote)			
Texted while driving	41%	--	--
Rode with someone who had been drinking	16%	--	--
Dentist in the past year (1 vote)			
Dentist in the past year	72%	Age: 17+	Female

NEEDS ASSESSMENT, *continued*

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

Key Issue or Concern	% of Population at Risk	Age Group Most at Risk	Gender Most at Risk
Babies born to mothers who use drugs (6 votes)			
Neonatal abstinence syndrome	--	--	--
Bullying (6 votes)			
Bullied (past year)	47%	--	--
Verbally bullied	32%	--	--
Indirectly bullied	14%	--	--
Physically bullied	9%	--	--
Family Functioning (6 votes)			
Ate a meal together every day of the week	37%	--	--
Raised by someone other than parent	--	--	--
Read to child everyday	24%	--	--
Mental health (5 votes)			
Received mental health care or counseling in the past year	7%	--	--
Child had difficulty with behavior	8%	--	--
Never breastfed (4 votes)			
Never breastfed their child	24%	--	--
Asthma/smoking around child (4 votes)			
Children diagnosed with asthma	9%	Ages: 6-11	--
Parents reported no one is allowed to smoke in their home when children are present	7%	--	--
Obese/overweight (4 votes)			
Obese	17%	--	--
Overweight	12%	--	--
Safety concerns (4 votes)			
Always wore a seat belt (6-11 years old)	63%	--	--
Head injury	1%	--	--
Prescription medication (2 votes)			
Did not get all of the prescription medications they needed in past year	13%	--	
Using emergency room for health care in past year	19%	--	--
Food insecurity (2 votes)			
Those on free and reduced lunch	12%	--	--
Child went to bed hungry at least one day per week because they did not have enough food	2%	--	--
Lead poisoning (1 vote)			
Had not had their child tested for lead poisoning	60%	--	--
Did not know if their child had been tested for lead poisoning	16%	--	--

PRIORITIES CHOSEN

Based on the 2015 Hancock County Health Assessment, key issues were identified for adults, youth and children at a prior meeting. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence, and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	Average Score
1. Family Functioning	22.3
2. Adult, Youth and Child Obesity	22.3
3. Adult, Youth and Child Substance Use	21.7
4. Adult and Youth Mental Health	20.3
5. Youth and Child Bullying	18.1
6. Adult Heart Disease	17.6
7. Youth Sexual Behavior	15.9
8. Youth Sexual Violence	15.9

Hancock County will focus on the following five priorities over the next 3 years:

1. Adult, Youth and Child Substance Use
2. Adult, Youth and Child Obesity/Diabetes
3. Adult and Youth Mental Health
4. Youth and Child Bullying
5. Family Functioning

FORCES OF CHANGE

Be Healthy Now Hancock County 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 Hancock County in the near future. The table below summarizes the forces of change agent and its potential impacts.

Force of Chance	Impact
1. Accreditation	○ If the health department is not accredited by 2020, the state could cut funding
2. Regionalization	○ Possibility of regionalizing the state and funding public health differently
3. Presidential Election	○ Affordable Care Act (ACA) could be expanded or cut depending on who is elected
4. Educational System	○ Teachers performance are being based off students test scores ○ Unfunded mandates are being put on the schools ○ Teachers are not vying to work for the Findlay school system; struggling to recruit teachers ○ Lack of diversity ○ School nurse being used healthcare/primary care by students and families
5. Hunger	○ Schools in Hancock County are offering free breakfast, lunch and dinner to students
6. Family Structure	○ Families and children are having difficulty dealing with reality ○ Instead of asking kids what they would like to be when they grow up, ask them what problems they want to solve
7. OSU Extension	○ Nutrition education and family functioning ○ Instability state wide, lack of endowment ○ Opportunity for growth and stability
8. State-Level Leadership	○ Putting individuals with a background and knowledge in public health in leadership positions at the state level
9. Aging Population	○ The aging population requires more resources (i.e. time, money)
10. Autism	○ An increasing number of children are being diagnosed with Autism and other behavioral health problems
11. Opiates	○ Over prescription of drugs/patients feel it's okay to take medications even though doctor over-prescribed
12. Media and Advertising	○ Advertisements for prescription drugs causing people to request certain medications from their physician they may not need ○ Fast food marketing towards children
13. Technology	○ Being able to market health-related materials through Facebook and other types of social media ○ Mapping for health
14. Agricultural Community	○ Finances are becoming an issue in that population, not being able to support their farms.

FORCES OF CHANGE, *continued*

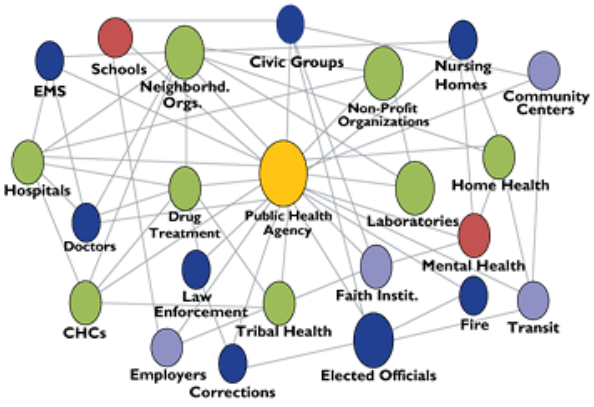
Force of Chance	Impact
15. Federal Law	○ Some workers are no longer allowed to work over 40 hours and businesses are not offering overtime causing some organizations to close
16. Behavioral Health	○ Behavioral health is moving under managed care (re-design) ○ Could possible remove case management
17. Governor's Office	○ Streamline budget: shared services? ○ Could potentially affect the health department
18. Board of Development Disability (DD)	○ No longer providing services
19. Public Health	○ The threat of emerging infectious diseases (i.e. Zika)
20. Increased Need For Foster Parents And Respite Care	○ Increased need due to parents being drug addicts ○ Creating a family court
21. YMCA's	○ YMCA's in the county possibly merging – could mean loss of jobs, services, etc. ○ New federal labor law could affect jobs and services as well.
22. Growing Economy	○ Marathon is bringing thousands of new jobs into Hancock County ○ This will require more schools, housing, health services, roads, etc.
23. Hospital	○ New IT system - could affect how the hospital shares data ○ Moving from a fee-for-service to a fee-for-value system (safety, quality, cost). This could decrease cost and waste ○ Hospitals are becoming responsible for re-admissions ○ Reimbursement for quality metrics
24. Re-organization of the Family and Children First Council (FCFC), Help Me Grow, Early Intervention & Health Department	○ Moving positions to Columbus but still working on local projects
25. Mental Health Levy	○ Educating people on the importance of other ballot measures other than the presidential election

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)

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**.

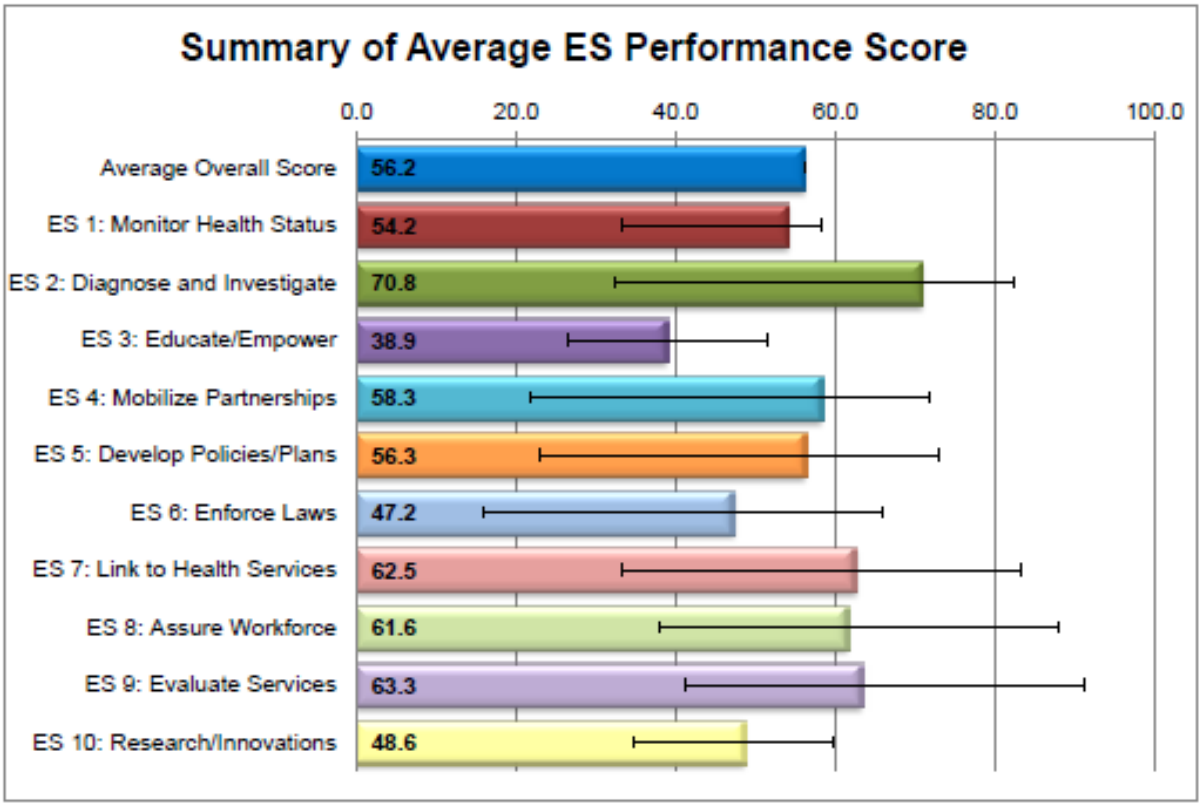
Members of the Hancock County Health Department completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was 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 22 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 Wilhelm from the Hancock County Health Department at bwilhelm@hancockpublichealth.com

Hancock County Local Public Health System Assessment 2016 Summary



COMMUNITY THEMES AND STRENGTHS

Be Healthy Now Hancock County participated in an exercise to discuss community themes and strengths. The results were as follows:

Hancock County community members believed the most important characteristics of a healthy community were:

- Access to behavioral health services
- Access to healthy food
- Health education/communication
- Collaboration
- Strong middle class
- Charitable community
- Strong education system
- Sense of community among residents
- Invested employers
- Resiliency
- Embraces diversity
- Strong leadership across all sectors
- A good place to raise a family
- Safe
- Emphasis on prevention (i.e. youth)

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

- Collaboration
- Access to one another
- Helping one another/charitable (i.e. flood)
- Get results/follow through
- Resiliency
- Limited competitiveness
- Caring
- Strong corporate leadership (small and large social platforms)
- Strong infrastructure

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

- Private and public non-profit sectors joining forces throughout Hancock County
- Opiate task force (5 separate committees) – pharmacy, law enforcement, judges, hospital, mental health, and individuals in recovery
- Hunger initiative – YMCA, United Way, health department, schools
- Be Healthy Now Hancock County
- Community Foundation
- Marathon
- Collaboration between the health department and hospital
- Findlay University – Civic of Community Engagement

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

- Access points (EAP program, schools, community centers)
- Transportation
- Healthy food
- Providing bike and walking paths (pathways)
- Ways to prevent flooding
- Drug use (potential employees unable to pass a screen to work)
- Coordination of health care services

COMMUNITY THEMES AND STRENGTHS, *continued*

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

- Findlay is more diverse that what people may think (residents have pride in their community, do not want there are issues in their community)
- Political will to provide services
- Not a lot of services for middle class families
- Small group of "nay sayers" (if it's not broke don't fix it)
- Lack of awareness
- Lacking Buy-in for health related issues
- Not using evidence-based programs to address health issues
- "Not bad enough" for state funding

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

- Behavioral health services
- Having social workers at the hospital 24/7
- Bridging gaps in the community
- Introducing trauma informed care to schools and the YMCA (i.e. camp)
- Utilizing the Collective Impact Model
- Local, state and federal policies (i.e. benefits cliff, early childhood education)
- Advocacy
- Continue to conduct Community Conversations
- Implement a more coordinated marketing campaign
- Alignment with the state

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

- Self-empowerment or self-sufficient initiative (i.e. reducing the stigma)
- Seeing results – improving the quality of life in Hancock County residents
- Measuring accomplishment
- Construction of the community kitchen in Hancock County

QUALITY OF LIFE SURVEY

Be Healthy Now Hancock County urged community members to fill out a short Quality of Life Survey via Survey Monkey. There were 216 Hancock County community members who completed the survey. The chart below shows the Likert scale average response for Hancock County compared to the Likert scale average response of demographically similar counties who also participated in the Quality of Life survey from 2015-2016. 77% of respondents were female (23% male). 68% were a college graduate, 22% had some college or technical schooling, and 8% reported high school as being the highest year of school they had completed. 95% of respondents lived in Hancock County and 86% worked in Hancock County. 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	Hancock County Likert Scale Average Response	Average Likert Scale Survey Response 2015-16
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]	3.90	3.78
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.28	3.41
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.86	3.87
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.)	3.61	3.66
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.)	3.67	2.97
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?)	3.82	3.82
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?	3.85	3.70
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.34	3.53
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.08	3.19
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.35	3.16
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25	3.26
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?)	3.39	3.25

QUALITY OF LIFE SURVEY, *continued*

Be Healthy Now Hancock County added two open ended questions at the end of the Quality of Life survey. Below are some common themes.

When asked what the <u>best aspect</u> of living in Hancock County was the following was reported:

"The resources in Hancock County are amazing. The jobs are plentiful."

"Hancock County is a great mixture of small town comfort and entertainment that you can get in larger cities."

"Knowing the person standing beside you in line knows someone you do. Very close knit community with a big "family" heart. No strangers here – only friends not yet introduced."

"This community has a vision for the future. It is working towards making Hancock County the place to be."

"The Hancock County has a wealth of resources."

"Strong leadership, vibrant downtown, excellent economic development and non-profit services serving those in need."

"Sense of community and those with influence trying to be more collaborative and less isolated."

When asked what <u>worried</u> people the most about living in Hancock County, the following was reported:

"The drug problem and mental health issues of people in our community."

"The heroin and opiod addiction epidemic; early education and prevention is needed"

"The need for affordable housing; jobs are coming but people can't afford to live here and zoning laws prohibit apartment structures in many locations.

"Drug problems and lack of law enforcement dealing with the drug trafficking."

"Mental health, lack of parenting, lack of resources to assist children immediately; too many alcoholic places put into place for entertainment."

"The widening divide between wealth and poverty in our community with an accelerant of a drug epidemic. I am fearful of rising crime rates."

RESOURCE ASSESSMENT

Based on the chosen priorities, the Be Healthy Now Hancock County committee was asked to complete a resource inventory for each priority. The resource inventory allowed the committee to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. They were then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based** practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based** practice has neither no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment is provided with the corresponding priority section and can be found on the following pages:

- Adult, Youth and Child Obesity, *pages 26-28*
- Adult, Youth and Child Substance Use, *pages 45-47*
- Adult, Youth and Child Mental Health, *pages 61-62*
- Youth and Child Bullying, *pages 73-74*
- Family Functioning, *pages 83*

Priority #1 | Decrease Adult, Youth and Child Obesity

Obesity Indicators

The 2015 Health Assessment identified that 65% of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than one-fourth (27%) of Hancock County adults were obese. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (42%) of adults were trying to lose weight.

Adult Weight Status

In 2015, the health assessment indicated that nearly two-thirds (65%) of Hancock County adults were either overweight (38%) or obese (27%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

More than two-fifths (42%) of adults were trying to lose weight, 39% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.

Hancock County adults did the following to lose weight or keep from gaining weight: exercised (54%), ate less food, fewer calories, or foods low in fat (51%), ate a low-carb diet (8%), used a weight loss program (4%), took diet pills, powders or liquids without a doctor's advice (3%), smoked cigarettes (2%), participated in a prescribed dietary or fitness program (1%), took prescribed medications (1%), went without eating 24 or more hours (1%), bariatric surgery (1%), health coaching (1%), and vomited after eating (1%).

In Hancock County, 64% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 35% of adults were exercising 5 or more days per week. 15% of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.

Reasons for not exercising included: time (29%), laziness (20%), too tired (17%), pain or discomfort (14%), weather (11%), chose not to exercise (10%), could not afford a gym membership (5%), no exercise partner (5%), no child care (5%), did not know what activity to do (2%), no sidewalks (2%), no gym available (1%), safety (1%), doctor advised them not to exercise (1%), no walking, biking trails, or parks (<1%), and other reasons (4%).

On an average day, adults spent time doing the following: 2.5 hours watching television, 1.3 hour on their cell phone, 1.2 hours on the computer outside of work, and 0.2 hours playing video games.

In 2015, 3% of adults were eating 5 or more servings of fruits and vegetables per day. 95% 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.

Hancock County adults reported the following reasons they chose the types of food they ate: taste (68%), enjoyment (54%), cost (52%), ease of preparation (51%), healthiness of food (46%), time (39%), availability (37%), food they were used to (34%), nutritional content (28%), what their spouse prefers (25%), calorie content (23%), if it is organic (9%), what their child prefers (8%), if it is genetically modified (6%), lactose free (5%), gluten free (4%), health care provider's advice (3%), other food sensitivities (2%), and other reasons (4%).

Hancock County adults obtained their fruits and vegetables from the following places: large grocery store (95%), garden/grew their own (29%), farmer's market (24%), local grocery store (20%), restaurants (15%), corner/convenience stores (3%), food pantry (2%), Veggie Mobile (1%), Consumer Supported Agriculture (1%), and other places (1%).

Adults ate out in a restaurant or brought home take-out food an average of 2.5 times per week.

Priority #1 | Decrease Adult, Youth and Child Obesity

Obesity Indicators, *continued*

Youth Weight Status

In 2015, 15% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 12% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 68% were normal weight, and 5% were underweight.

Over two-fifths (41%) of all youth were trying to lose weight, increasing to 48% of Hancock County female youth (compared to 35% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).

Hancock County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:

- 39% of youth exercised.
- 38% of youth drank more water.
- 30% of youth ate more fruits and vegetables.
- 26% of youth ate less food, fewer calories, or foods lower in fat.
- 12% of youth skipped meals.
- 4% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.).
- 3% reported smoking to lose weight.
- 2% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and the U.S.).
- 2% vomited or took laxatives (2013 YRBS reported 5% for Ohio and 4% for the U.S.).

31% of youth ate vegetables 1-3 times per day such as green salad, carrots and potatoes. 5% of youth ate vegetables four or more times per day during the past 7 days. 12% of youth reported they did not eat any vegetables in the past week.

Three-fourths (75%) of Hancock County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 57% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 39% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 14% 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.).

The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.

Hancock County youth spent an average of 3.0 hours on their cell phone/computer/tablet, 1.9 hours watching TV/playing video games, 1.4 hours doing homework and 0.6 hours reading on an average day of the week.

89% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (70%), exercising (outside of school) (42%), school club or social organization (39%), church youth group (30%), church or religious organization (29%), babysitting for other kids (23%), part-time job (22%), caring for siblings after school (21%), volunteering in the community (20%), caring for parents or grandparents (6%) or some other organized activity (Scouts, 4 H, etc.) (14%).

Priority #1 | Decrease Adult, Youth and Child Obesity

Obesity Indicators, *continued*

Child Weight Status

In 2015, 17% of children were classified as obese by Body Mass Index (BMI) calculations. 12% of children were classified as overweight, 61% were normal weight, and 10% were underweight.

95% of parents reported their child ate breakfast 5 days or more per week, and 87% of children ate breakfast every day of the week. 1% of parents reported their child does not eat breakfast.

Hancock County children spent an average of 1.8 hours watching TV, 1.0 hour on the computer/tablet/cellphone, 0.5 hour playing video games, and 0.5 hour playing games on their cell phones an average day of the week.

More than half (58%) of Hancock County children ate vegetables at least once per day during the past week. 20% of children ate vegetables 4 to 6 times during the past week. 2% of children had not eaten any vegetables in the past week.

60% of youth ate fruit or drank 100% fruit juice at least once per day during the past week.

69% of parents reported their child drank at least one glass of milk per day in the past week.

Parents reported that they and their child ate out in a restaurant or brought home take-out food an average of 1.9 times per week.

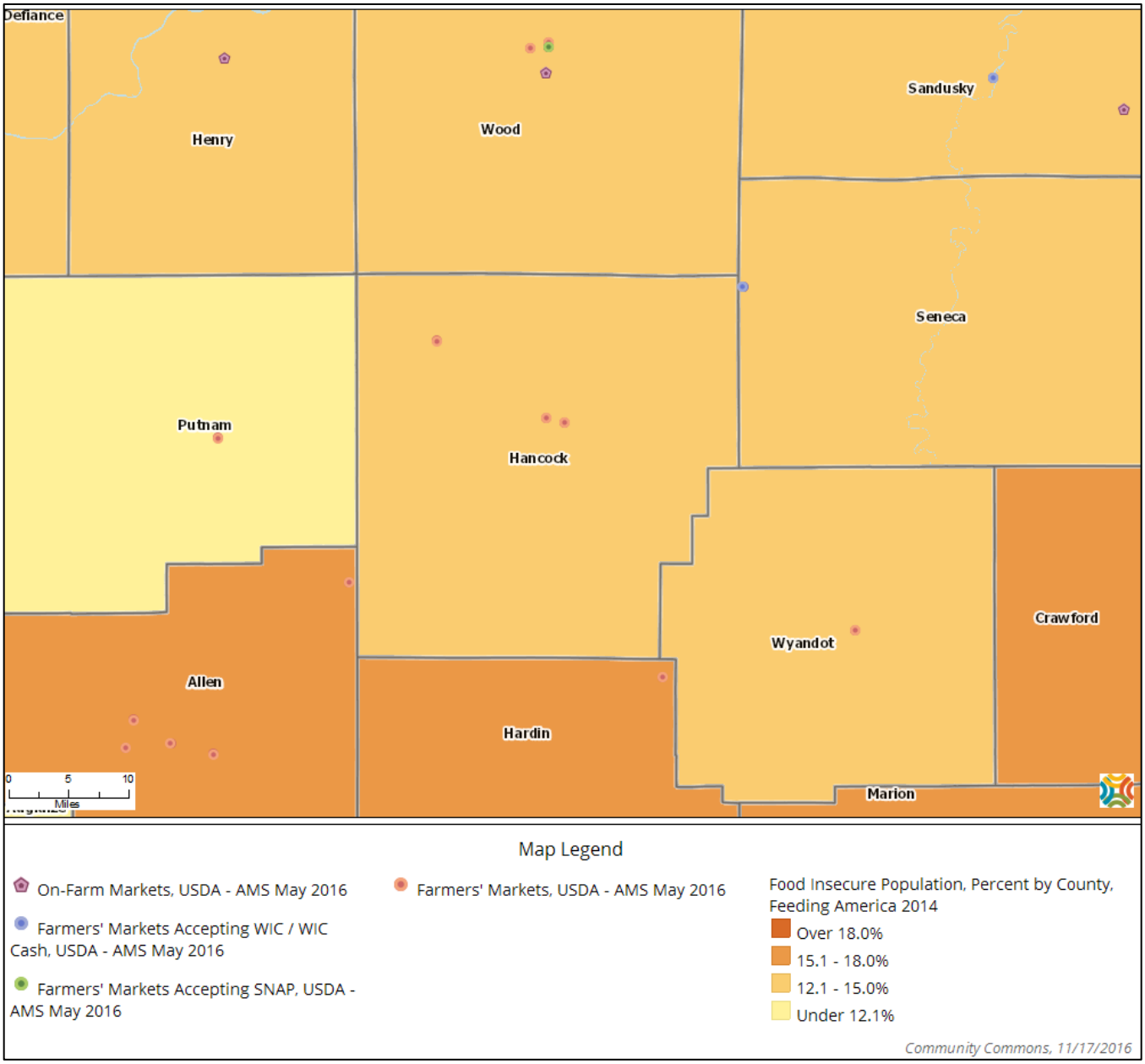
Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Obese	27%	32%	27%	33%	30%
Overweight	35%	34%	38%	34%	35%

Youth Comparisons	Hancock County 2011 (6th-12th)	Hancock County 2015 (6th-12th)	Hancock County 2015 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Obese	15%	15%	17%	13%	14%
Overweight	13%	12%	12%	16%	17%
Trying to lose weight	42%	41%	41%	47%	48%
Exercised to lose weight	29%	39%	44%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	20%	26%	28%	43%‡	39%‡
Went without eating for 24 hours or more	2%	4%	3%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	<1%	2%	2%	5%	5%
Vomited or took laxatives	<1%	2%	2%	5%	4%
Physically active at least 60 minutes per day on every day in past week	31%	39%	39%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	55%	57%	57%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	14%	17%	13%	15%

Priority #1 | Decrease Adult, Youth and Child Obesity

Obesity Indicators, *continued*

Food Insecure Population, Percent by County, Feeding America 2014

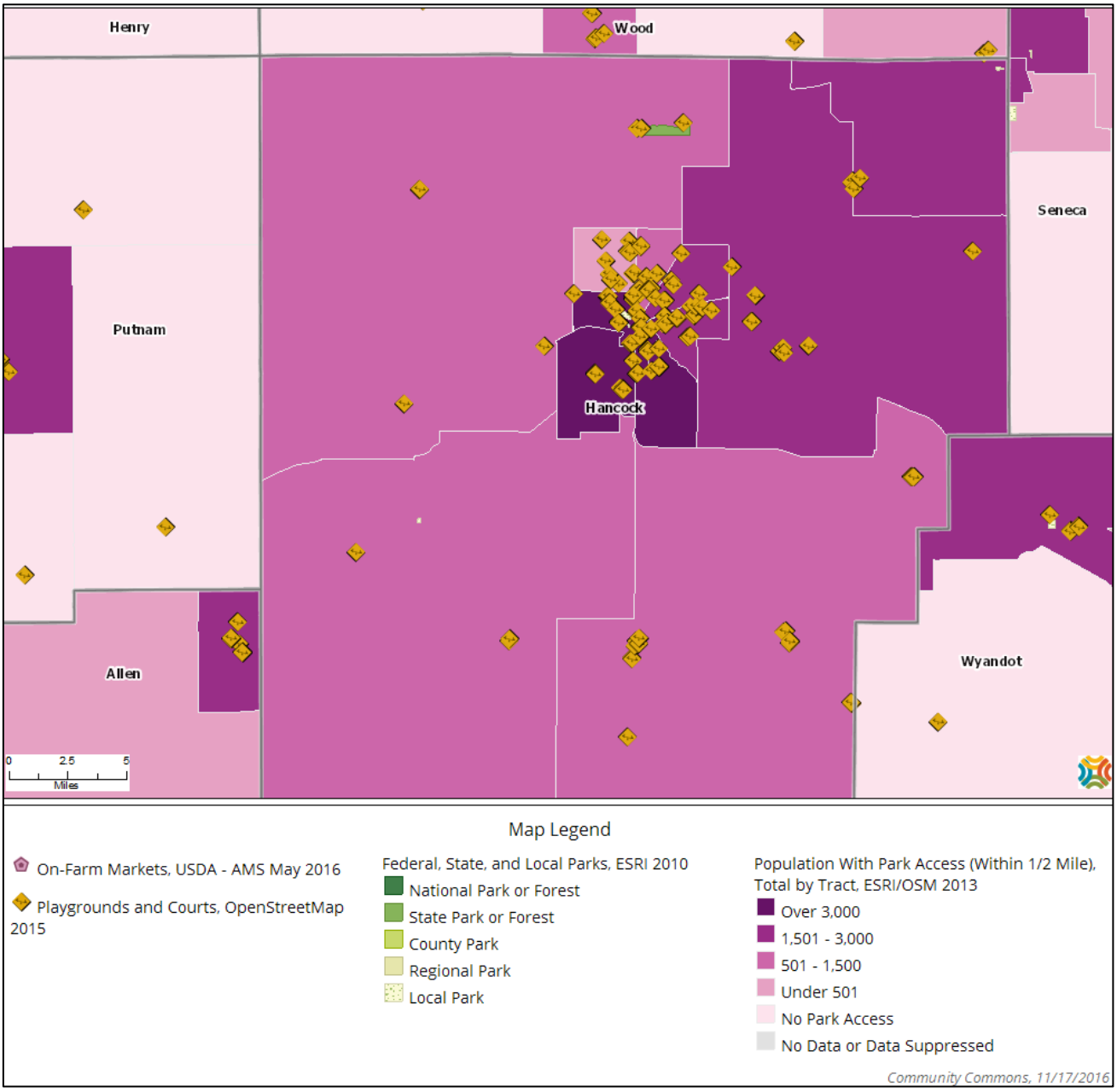


(Source: Feeding America, 2014 as compiled by Community Commons 11/17/16

Priority #1 | Decrease Adult, Youth and Child Obesity

Obesity Indicators, *continued*

Population with Park Access (Within ½ Mile). Total by Tract, ESRI/OSM 2013



(Source: ESRI/OSM, 2013 as compiled by Community Commons 11/17/16

Priority #1 | Decrease Adult, Youth and Child Obesity

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Cooking Matters- Snap-Ed	OSU Extension	Families/ food stamp eligible adults	Prevention	Evidence-based
Dining W/ Diabetes	OSU Extension & hospital	Adults w/diabetes and support people	Intervention	Statewide data/ weight loss/ pre-post tests/drop in blood sugar
YMCA Diabetes Program (Free Y Pass For 10 Weeks)	YMCA (ODH grant)	Adults with diabetes	Treatment	# of participants/ weigh-ins/blood sugar tests
Community Nutrition Program	OSU Extension	Groups within the community	Prevention	# of participants/ some evaluation
Media (Newspaper, Newsletters, Radio)	OSU Extension	General public	Prevention	# of articles
Health Fairs	OSU Extension	General public	Prevention	# of participants
Mall Walkers Program	Mall	General public	All	Walkers keep track of time spent walking
Gyms	Multiple	General public	Prevention/ Intervention	# of participants
Wic Breastfeeding Support	HHWP- CAC	Lactating women	Prevention	# of participants
Pathways Coalition (Bike Trails, Etc.)	University of Findlay	Hancock Co.	Prevention	Environment
Park Programs	Park District	General public	All	# of participants
Church Community Meals	Area churches	General public	Prevention	# of participants
Bike Club	Hancock Handlebars	General public bikers	Prevention/ Intervention	# of participants
Community Gardens	United Way	General public	Prevention	# of participants
Adult Organized Sports Clubs	Various	General public	All	# of participants
Walks/Runs	Various	General public	All	# of participants
Food Preservation Classes	OSU Extension	General public	Prevention	# of participants
Famers Market	OSU Extension	General public	Prevention/Early Intervention/ Treatment	# of participants

Priority #1 | Decrease Adult, Youth and Child Obesity

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Community Garden At Senior Center	50 North	Senior Citizens	Prevention	# of participants
Halt Hunger Initiative	United Way	Countywide	All	None noted
Blood Pressure Program	YMCA	School staff and employers in town	Prevention/Early Intervention	Evidence-based program
WIC Nutrition Program (Education And Vouchers)	HHWP- CAC	WIC-eligible families	None noted	Evidence-based program
Disarming Diabetes	Kauffman Health Center (BVHC)	Clients	Early Intervention/ Treatment	Evidence-based program
Silver Sneakers	50 North and YMCA	Older adults	All	Best Practice
Snap	Jobs and Family Services	None noted	None noted	None noted
Field Of Dreams	City, Hospital	Community	None noted	None noted
List Of Programs And Treatment Options	Blanchard Valley	None noted	None noted	None noted
Employee Wellness Programs	Various employers	Employees	None noted	None noted
Snap-Ed	OSU Extension	Food-Stamp eligible adults	Prevention/ Intervention	Pre/Post tests
Summer Feeding Program	FCFC/OSU Ext./Findlay City Schools	Ages 1-18	Prevention	Attendance of Program
Nutrition Education In Schools	OSU Extension	K-2	Prevention	Evidence-based
Community Nutrition Programs	OSU Extension	Countywide kids & adults	Prevention	# of participants/ some evaluation
Safe Routes To School	Safe Kids	School-aged kids	Prevention	Evidence-based program
YMCA After School Activity Programs	YMCA	Lincoln Elementary	Prevention	Attendance of Program
Health Fairs	OSU Extension	University of Findlay students/adults	Prevention	# of participants
Parents As Teachers	Help Me Grow	Ages 0-3	Prevention/Early Intervention	Evidence-based/lots of data collected
WIC Breastfeeding Support	HHWP-CAC	WIC-eligible	Prevention	Evidence-based program
Healthy Kids Day	YMCA	Elementary-6th grade	Prevention	# of participants
Wee Ones In The Park Outdoor Education	Park District	Ages 0-5	Prevention	# of participants

Priority #1 | Decrease Adult, Youth and Child Obesity

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Church Community Meals	Area churches	Anyone	All	# of participants
Bike Rodeo	Findlay City PD	School-age youth	Prevention	Evidence-based program
Various Organized sport clubs	Various	Various	Prevention	Attendance of Program
Community Gardens	Hunger coalition/United Way	All ages	Prevention	# of students in classrooms
Bike Club	Hancock Handlebars	All ages	Prevention	Pilot program/ un-tested
On the Ball to Better Health	OSU Extension, United Way, Hancock Public Health	4th grade at Lincoln Elementary	None noted	None noted
4H Healthy Living	4H/OSU Extension	4H children	Prevention/Early Intervention	PSE
Get out and Play (summer program)	Hancock Public Health, YMCA	School-aged children	None noted	None noted
Balance my day	Health Department	4 elementary schools K-4	None noted	None noted
Child/Family Obesity Camp	YMCA	Community	Early Intervention	Data collection
Girls on the run	YMCA	Biglow- grades 4-5	Prevention/Early Intervention	Evidence-based
Plus 5 fitness	Schools (ESC)	City and county schools (K-5)	None noted	None noted
Feed a child backpack program	Halt Hunger and YMCA	City and county schools (K-5)	None noted	800+ backpacks weekly

Priority #1 | Decrease Adult, Youth and Child Obesity

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Family Engagement	○ Nutrition Assessment ○ Start a Community Kitchen with associated programs
2. Complete Streets	○ Implement Complete Streets throughout Hancock County
3. Lack of Breastfeeding Policies	○ Work on getting employers throughout Hancock County to implement breastfeeding policies
4. Increase Education on Health Eating and Physical Education	○ Education adults and children together
5. Target The Restaurant Industry	○ Increase healthier choices (Ex. Activate Allen County) ○ Promote Healthy Choices
6. Get Community Members Moving	○ Bike to Work/School Day in Community
7. Technology	○ Technology impeding people from moving and being active
8. School Lunches	○ Have "taste tests" at school to see what the kids will and won't eat ○ Implement "Try It Tuesdays"

Priority #1 | Decrease Adult, Youth and Child Obesity

Best Practices

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

1. **Complete Streets:** Complete streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work.

   Creating Complete Streets means transportation agencies must change their approach to community roads. By adopting a Complete Streets policy, communities direct their transportation planners and engineers to **routinely design and operate the entire right of way to enable safe access for all users,** regardless of age, ability, or mode of transportation. This means that every transportation project will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists – making your town a better place to live.

   Changing policy to routinely include the needs of people on foot, public transportation, and bicycles would make walking, riding bikes, riding buses and trains safer and easier. People of all ages and abilities would have more options when traveling to work, to school, to the grocery store, and to visit family.

   For more information go to: http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq

2. **Safe Routes to School:** Safe Routes to Schools (SRTS) is a federally supported program that promotes walking and biking to school through education and incentives. The program also targets city planning and legislation to make walking and biking safer.

   Expected Beneficial Outcomes:
   - Increased physical activity
   - Healthier transportation behaviors
   - Improved student health
   - Decreased traffic and emissions near schools
   - Reduced exposure to emissions

   Evidence of Effectiveness:
   There is strong evidence that SRTS increases the number of students walking or biking to school. Establishing SRTS is a recommended strategy to increase physical activity among students.

   Active travel to school is associated with healthier body composition and cardio fitness levels. SRTS has a small positive effect on active travel among children. By improving walking and bicycling routes, SRTS projects in urban areas may also increase physical activity levels for adults. SRTS has been shown to reduce the incidence of pedestrian crashes.

   Replacing automotive trips with biking and walking has positive environmental impacts at relatively low cost, although the long-term effect on traffic reduction is likely minor. Surveys of parents driving their children less than two miles to school indicate that convenience and saving time prompt the behavior; SRTS may not be able to address these parental constraints.

   For more information go to: http://www.countyhealthrankings.org/policies/safe-routes-schools-srts

Priority #1 | Decrease Adult, Youth and Child Obesity

Best Practices, *continued*

3. **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

4. **Healthy Kids Challenge: *Balance My Day*:** Healthy Kids Challenge (HKC) is a nationally recognized program created by an exemplary team of registered, licensed dietitians with many years of school, program, and community wellness experience. The Balance My Day program provides thirty 20-minute Grades K-2, 3-5 or 6-8 lessons integrate core subjects like math, language arts and science. Nutrition education lessons meet Centers for Disease Control HECAT identified outcomes. Every classroom lesson includes a Move and Learn activity to enhance learning and add more minutes of movement to the day. Kids learn skills to build healthy habits for better health and academic success! Healthy breakfast, snack, beverage, portion size, fruit and veggie, active play, energy balance, and food skills lessons are hands-on.

   For more information go to: http://www.sparkpe.org/safe-and-healthy-students/nutrition-services/curriculum/

5. **Cooking Matters** (No Kid Hungry Center for Best Practices): Cooking Matters hands-on courses empower families with the skills to be self-sufficient in the kitchen. In communities across America, participants and volunteer instructors come together each week to share lessons and meals with each other.

   Courses meet for two hours, once a week for six weeks and are team-taught by a volunteer chef and nutrition educator. Lessons cover meal preparation, grocery shopping, food budgeting and nutrition. Participants practice fundamental food skills, including proper knife techniques, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a $10 budget. Adults and teens take home a bag of groceries after each class so they can practice the recipes taught that day.

   Community partners that serve low-income families offer six-week Cooking Matters courses to adults, kids and families. Share Our Strength provides seven specialized curricula that cover nutrition and healthy eating, food preparation, budgeting and shopping. Cooking Matters' culinary and nutrition volunteers teach these high-quality, cooking-based courses at a variety of community-based agencies—including Head Start centers, housing centers and after-school programs—with neighborhood locations that make it easy for families to attend.

   For more information go to: http://cookingmatters.org/courses

Priority #1 | Decrease Adult, Youth and Child Obesity

Best Practices, continued

6. **Breast feeding Promotion Programs:** Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

   There is strong evidence that breastfeeding promotion programs increase initiation, duration and exclusivity of breastfeeding. Breastfeeding has also been shown to provide health benefits to mother and child, including reduced rates of breast and ovarian cancer for women; fewer ear infections, lower respiratory tract infections, and gastrointestinal infections for children; and lower likelihood of childhood obesity, type 2 diabetes, and asthma *(USPSTF-Breastfeeding, 2008)*. Education interventions increase breastfeeding initiation rates, particularly in low income women. Face to face support and tailored education increase the effectiveness of support efforts. Combining pre- and post-natal interventions increases initiation and duration more than pre- or post-natal efforts alone. Support from health professionals, lay health workers, and peers have demonstrated positive effects, including increasing initiation, duration, and exclusivity. Implementing components of the Baby Friendly Hospitals Initiative, as a whole or individually, has been shown to increase breastfeeding rates. This includes practices in maternal care such as rooming in, staff training to support breastfeeding, and maternal education. For employed mothers, supportive work environments increase the duration of breastfeeding.

   The Affordable Care Act includes provisions to encourage breastfeeding, including requiring insurance coverage of supplies and support, and requiring employers to provide unpaid time and private space for nursing mothers to pump breast milk at work *(AMCHP-Breastfeeding, 2012)*. Forty-five states and Washington DC have laws that allow women to breastfeed in any public or private location *(NCSL-Breastfeeding*).

   For more information go to: http://www.countyhealthrankings.org/policies/breastfeeding-promotion-programs

Priority #1 | Decrease Adult, Youth and Child Obesity

Alignment with National Standards

The Hancock 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

Priority #1 | Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan

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

1. Implement Safe Routes to School
2. Implement Complete Streets Policies
3. Partner With Local Grocery Stores to Encourage Low-Cost Healthy Food Choices
4. Implement OHA Healthy Hospitals initiative
5. Increase Education of Healthy Eating for Youth
6. Increase Education of Healthy Eating for Adults
7. Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees
8. Initiate Formalized Breastfeeding Policies for Employers
9. Conduct Comprehensive Nutrition and Physical Activity Assessment in Hancock Co.
10. Implement Community Diabetes Program
11. Implement In patient Diabetes Program

Action Plan

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement Safe Routes to School		
Year 1: Collect baseline data on current Safe Routes programs in Hancock County. Gather information on what types of activities are offered, how many people attend the activities and how often activities take place. Identify key stakeholders to collaborate and develop a plan to start or expand Safe Routes Programs. Develop program goals and an evaluation process for tracking outcomes. Look for funding sources to incentivize participation in the Safe Routes program.	**Obesity Subcommittee** **Hancock Public Health**	January 1, 2017
Year 2: Recruit individuals to serve as walking/biking leaders. Decide on the locations, walking routes and number of walking/biking groups. Link the walking/biking groups with existing organizations to increase participation. Consider faith-based organizations, schools, community-based organizations, and health care providers. Begin implementing the program with 1 new school district		January 1, 2018
Year 3: Raise awareness and promote the Safe Routes programs. Evaluate program goals. Increase the number of Safe Routes activities by 25%		January 1, 2019

Priority #1 | Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement Complete Streets Policies		
Year 1: Raise awareness of Complete Streets Policy and recommend that all local jurisdictions adopt comprehensive complete streets policies. Gather baseline data on all of the Complete Streets Policy objectives.	**Obesity Subcommittee** **Hancock Public Health**	January 1, 2017
Year 2: Begin to implement the following Complete Streets Objectives: • Increase in total number of miles of on-street bicycle facilities, defined by streets and roads with clearly marked or signed bicycle accommodations. • Increase in member jurisdictions which adopt complete streets policies. Increase in number of jurisdictions achieving or pursuing Bike-Friendly Community status from the League of American Bicyclists, or Walk-Friendly Community status from walkfriendly.org.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019
Partner With Local Grocery Stores to Encourage Low-Cost Healthy Food Choices		
Year 1: Recruit at least one local grocery store to commit to encouraging healthy food choices by doing any of the following: • Offer coupons for "healthy" food items such as fruits and vegetables • Work with local grocery stores to offer discount produce days • Offer a convenience kiosk that includes ingredients for healthy meals, including recipe cards • Offer free fruit/vegetables for children to eat while their parent/guardian shops • Offer "Try it Tuesdays" for children (i.e. child tries a mango at the store and parent/guardian is given a mango coupon with recipe card that include mangos) • Properly label/identify healthy food options that are on sale in weekly ads • Hold in-store healthy meal demonstrations, offering a recipe card and shopping list for each healthy meal Include recipes for quick and healthy meals in weekly ads.	**Obesity Subcommittee** **Hancock Public Health**	January 1, 2017
Year 2: Enlist at least 2 local grocery stores who commit to encouraging healthy food choices by implementing at least one of the items above.		January 1, 2018
Year 3: Continue to enlist new grocery stores and ask current participators to implement 2-3 items above.		January 1, 2019

Priority #1 | Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement OHA Healthy Hospitals Initiative		
Year 1: Hospitals should participate in Good4You educational webinars hosted by OHA. 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 the Good 4 You Initiative in at least one of the following priority areas: • Healthy Cafeterias/Cafes • Healthy Vending Machines • Healthy Meetings and Events • Healthy Outside Vendors and Franchises Use marketing materials (posters, table tents, stickers, etc.) to better brand the program.	**Blanchard Valley Hospital**	January 1. 2017
Year 2: Implement the Good4You Initiative in all four priority areas within each hospital.		January 1, 2018
Year 3: Introduce the program into other areas of the community (businesses, schools, churches, etc.)		January 1, 2019
Increase Education of Healthy Eating for Youth		
Year 1: Conduct an assessment of Hancock County schools to determine which schools are currently utilizing the *Balance My Day* framework and participating in Healthy Kids Day. Work with at least one school to conduct a "healthy habit" survey (pre-test for the parents to fill out) in order to collect baseline data of nutrition and physical activity habits. By utilizing the *Balance My Day* framework, implement various nutrition education activities and programming. "Healthy habit" post-tests will be given at the end of each year to measure knowledge gained. 50% of students will show increased knowledge of healthy habits.	**Obesity Subcommittee** **Hancock Public Health**	January 1. 2017
Year 2: Continue efforts from Year 1 in at least 2-3 school districts. Work with schools to offer "Try it Tuesday" fruit and vegetable taste testing for children *and/or* work with at least 1-2 schools to host a taste-testing event or family education night. 75% of students will show increased knowledge of healthy habits.		January 1, 2018
Year 3: Continue efforts from Years 1and 2 in at least 4-5 school districts. 90% of students will show increased knowledge of healthy habits.		January 1, 2019

Priority #1 | Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Education of Healthy Eating for Adults		
Year 1: Utilizing the *Cooking Matters* framework, conduct monthly grocery store tours by a Registered Dietitian or Health Educator in grocery stores throughout Hancock County. Invite seniors and disabled populations to attend along with the general public. Provide educational assistance at Hancock County Farmers Markets to distribute healthy recipes and nutritional information and increase knowledge on healthy eating and cooking habits with fresh produce. Evaluations will be given at each lunch and learn, and grocery store tour to measure knowledge gained.	**Obesity Subcommittee** **Hancock Public Health**	January 1, 2017
Year 2: Increase awareness and participation in grocery store tours and increase the number of individuals assisted at Hancock County Farmers Markets. 75% of clients will show increased knowledge of healthy eating habits and increased consumption of fresh produce consumed.		January 1, 2018
Year 3: Continue efforts from Years 1 and 2.		January 1, 2019
Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
Year 1: Increase education and outreach efforts to Hancock County business's about the benefits of implementing wellness programs and/or insurance incentive programs to their employees.	**Obesity Subcommittee** **Hancock Public Health**	January 1. 2017
Year 2: Get 2 small and 1 large business/organization to initiate wellness and/or insurance incentive programs.		January 1, 2018
Year 3: Continue efforts from year 1 and 2.		January 1, 2019
Initiate Formalized Breastfeeding Policies for Employers		
Year 1: Survey employers about current breastfeeding policies.	**Obesity Subcommittee** **Hancock Public Health**	January 1. 2017
Year 2: Analyze data from employer surveys. Provide education and sample policies. Assist in implementing breastfeeding policies in at least 2 businesses/organizations in Hancock County.		January 1, 2018
Year 3: Assist in implementing breastfeeding policies in at least 25% of the businesses/organizations in Hancock County from the baseline.		January 1, 2019

Priority #1 | Decrease Adult, Youth and Child Obesity

Action Step Recommendations & Plan, *continued*

Decrease Adult, Youth and Child Obesity		
Action Step	Responsible Person/Agency	Timeline
Conduct Comprehensive Nutrition and Physical Activity Assessment		
Year 1: Obesity subcommittee members trained in Moving to the Future guidelines Develop tool for conducting assessment and begin data collection	**Obesity Subcommittee** **Hancock Public Health**	January 1, 2017
Year 2: Gather and analyze data Determine priority goals and objectives to develop workplan strategies		January 1, 2018
Year 3: Implement a minimum of 2 strategies identified from assessment		January 1, 2019

Priority #1B | Address Adult Diabetes

Action Step Recommendations & Plan

Decrease Adult, Youth and Child Obesity		
Action Step	**Responsible Person/Agency**	**Timeline**
Implement Community Diabetes Prevention Program		
Year 1: Convene Diabetes Coalition Identify current community resources Explore implementing the Diabetes Prevention Program through the YMCA. Recruit at-risk participants to join the program. Coordinate between Blanchard Valley Hospital and YMCA for referrals and to assist in managed care reimbursement training.	**Diabetes Subcommittee** **Blanchard Valley Hospital**	January 1. 2017
Year 2: Implement the Diabetes Prevention Program Analyze participant data after the 25-sessions have been delivered. Track number of participants		January 1, 2018
Year 3: Increase program participants by 25%		January 1, 2019
Implement Inpatient Diabetes Program		
Year 1: Identify Individuals within system with A1C above 9.0 Identify needed resources and address gaps Monitor A1C to reach goal	**Diabetes Subcommittee** **Blanchard Valley Hospital**	January 1, 2017
Year 2: Implement inpatient program to connect participants with services Monitor A1C levels to reach goal		January 1, 2018
Year 3: Increase average A1C of participants by %		January 1, 2019

Priority #2 | Adult, Youth and Child Substance Use

Substance Use Indictors

In 2015, 13% of Hancock County adults were current smokers and 23% were considered former smokers.

Adult Substance Use Indicators

Adult Tobacco Use

The 2015 health assessment identified that one-in-eight (13%) Hancock County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2014 BRFSS reported current smoker prevalence rates of 21% for Ohio and 18% for the U.S.

Nearly one-fourth (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2014 BRFSS reported former smoker prevalence rates of 25% for both Ohio and the U.S.

Hancock County adult smokers were more likely to:

- Have been separated (60%)
- Have rated their overall health as poor (33%)
- Have incomes less than $25,000 (17%)

Hancock County adults used the following tobacco products in the past year: cigarettes (19%), cigars (6%), e-cigarettes (5%), chewing tobacco (4%), snuff (4%), roll-your-own (2%), Black and Milds (2%), swishers (2%), cigarillos (1%), little cigars (1%), snus (1%), pipes (1%), and hookah (<1%).

37% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

Hancock County adult smokers gave the following reasons for trying to quit or quitting smoking: cost of tobacco products (20%), choosing a healthier lifestyle (18%), family pressure (13%), health issue (8%), cost of health insurance premiums (2%), and other reasons (2%).

Adult Alcohol Consumption

In 2015, 60% of the Hancock County adults had at least one alcoholic drink in the past month, increasing to 87% of those under the age of 30. The 2014 BRFSS reported current drinker prevalence rates of 53% for Ohio and 53% for the U.S.

15% of adults were considered frequent drinkers (drank on an average of three or more days per week).

Of those who drank, Hancock County adults drank 2.9 drinks on average, increasing to 3.6 drinks for males.

34% of those 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.

Nearly one-fifth (19%) of Hancock County adults were considered binge drinkers. The 2014 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.

7% of adults reported driving after having perhaps too much to drink, increasing to 14% of those under the age of 30.

Hancock County adults experienced the following in the past six months: drank more than they expected (8%), spent a lot of time drinking (3%), drank more to get the same effect (2%), gave up other activities to drink (2%), continued to drink despite problems caused by drinking (1%), failed to fulfill duties at home, work or school (1%), and tried to quit or cut down but could not (<1%).

Priority #2 | Adult, Youth and Child Substance Use

Substance Use Indictors, *continued*

Adult Drug Use

4% of Hancock County adults had used marijuana in the past 6 months, increasing to 6% of those with incomes more than $25,000.

2% of Hancock County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

When asked about their frequency of marijuana and other recreational drug use in the past six months, 41% of Hancock County adults who used drugs did so almost every day, and 41% did so less than once a month.

9% of adults had used medications 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 11% of those ages 30-64 and those with incomes less than $25,000.

4% of adults reported they had an immediate family member who misused prescription drugs, and 2% reported that someone in their household misused prescription drugs.

When asked about their frequency of medication misuse in the past six months, 29% of Hancock County adults who used these drugs did so almost every day, and 23% did so less than once a month.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Current smoker	15%	13%	21%	18%
Former smoker	20%	23%	25%	25%

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Adults who used marijuana in the past 6 months	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	4%	9%	N/A	N/A

N/A – Data is not available

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Drank alcohol at least once in past month	51%	N/A	60%	53%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	15%	23%	19%	18%	16%

N/A – Data is not available

Substance Use Indictors, *continued*

Youth Substance Use Indicators

Youth Tobacco Use

The 2015 health assessment indicated that 22% of Hancock County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).

13% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 31% had done so by 12 years old. The average age of onset for smoking was 13.2 years old.

7% of all Hancock 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, 7% of Hancock County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S).

17% of current smokers smoked cigarettes daily.

2% of all Hancock County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 6% for the U.S).

Over half 58% of Hancock County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

39% of youth smokers borrowed cigarettes from someone else, 31% gave someone else money to buy them cigarettes, 25% took them from a family member, 19% indicated they bought cigarettes from a store or gas station (2013 YRBS reported 18% for the U.S.), 19% said a person 18 years or older gave them the cigarettes, 3% got them from a vending machine, 3% got them on the internet, 3% took them from a store and 31% got them some other way.

Hancock County youth used the following forms of tobacco the most in the past year: e-cigarette (11%), cigarettes (11%), hookah (7%), cigars (7%), Black and Milds (5%), swishers (5%), chewing tobacco or snuff (4%), cigarillos (3%), little cigars (2%), pouch (2%), dissolvable tobacco products (2%) and bidis (1%).

Youth Alcohol Consumption

In 2015, the Health Assessment results indicated that over one-third (37%) of all Hancock County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 58% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).

12% of youth had at least one drink in the past 30 days, increasing to 27% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).

Of those who drank, 53% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 62% of youth ages 14-16 years old.

Based on all youth surveyed, 7% were defined as binge drinkers, increasing to 14% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).

Hancock County youth drinkers reported they got their alcohol from the following: someone gave it to them (27%)(2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (23%), an older friend or sibling bought it (23%), someone older bought it (20%), gave someone else money to buy it (13%), a friend's parent gave it to them (7%), took it from a store or family member (5%), bought it in a liquor store/ convenience store/gas station (5%), bought it with a fake ID (2%) and some other way (15%). No one reported buying it in a restaurant/bar/club, or at a public event.

Priority #2 | Adult, Youth and Child Substance Use

Substance Use Indictors, *continued*

Youth Drug Use

In 2015, 7% of all Hancock 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.

Hancock County youth have tried the following in their life:

- 6% of youth used inhalants, (2013 YRBS reports 9% for Ohio and U.S.).
- 3% used cocaine (2013 YRBS reports 4% for Ohio and 6% for U.S.).
- 2% used steroids, (2013 YRBS reports 3% for Ohio and U.S.).
- 1% used methamphetamines, (2013 YRBS reports 3% for the U.S.).
- 1% used heroin, (2013 YRBS reports 2% for Ohio and U.S.).

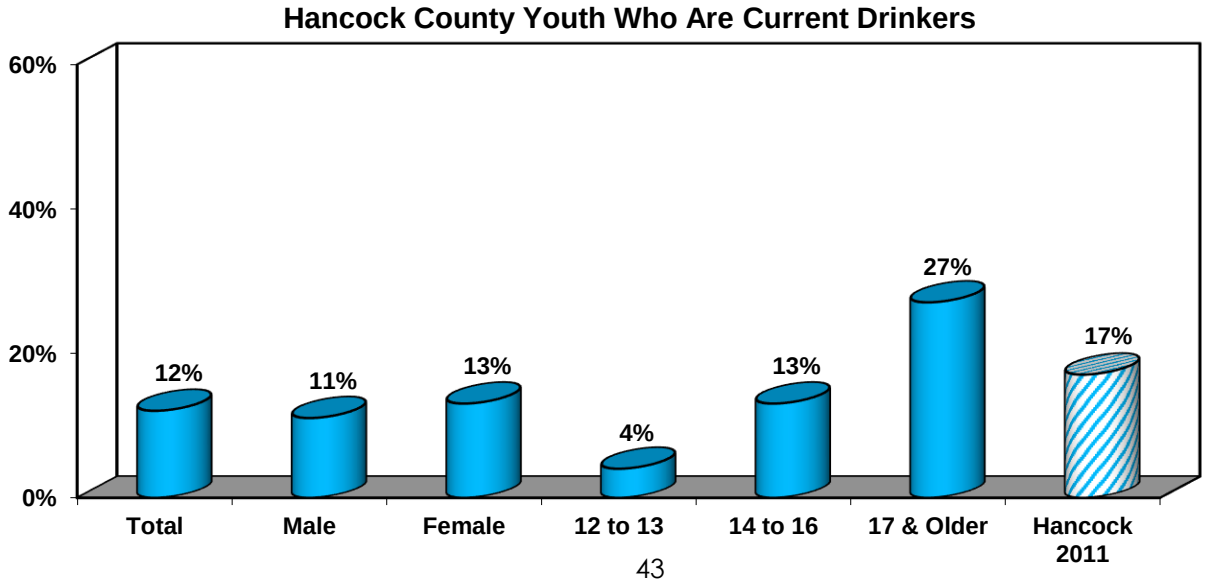
5% of Hancock County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 12% of those over the age of 17.

Youth who misused prescription medications got them in the following ways: a friend gave it to them (53%), bought it from someone else (14%), a parent gave it to them (11%), they took it from a friend or family member (11%), bought it from a friend (8%), another family member gave it to them (6%), and the internet (3%).

Youth reported that the following would keep them from seeking help to quit using alcohol, tobacco, or other drugs: they might get in trouble (25%), do not know where to go to get help (14%), paying for it (7%), transportation (1%) and time (1%). 58% reported they don't think they need help.

Youth Comparisons	Hancock County 2011 (6th-12th)	Hancock County 2015 (6th-12th)	Hancock County 2015 (9th–12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried cigarettes	22%	22%	33%	52%*	41%
Current smokers	8%	7%	9%	15%	16%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	2%	4%	7%	6%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	N/A	7%	7%	14%*	9%

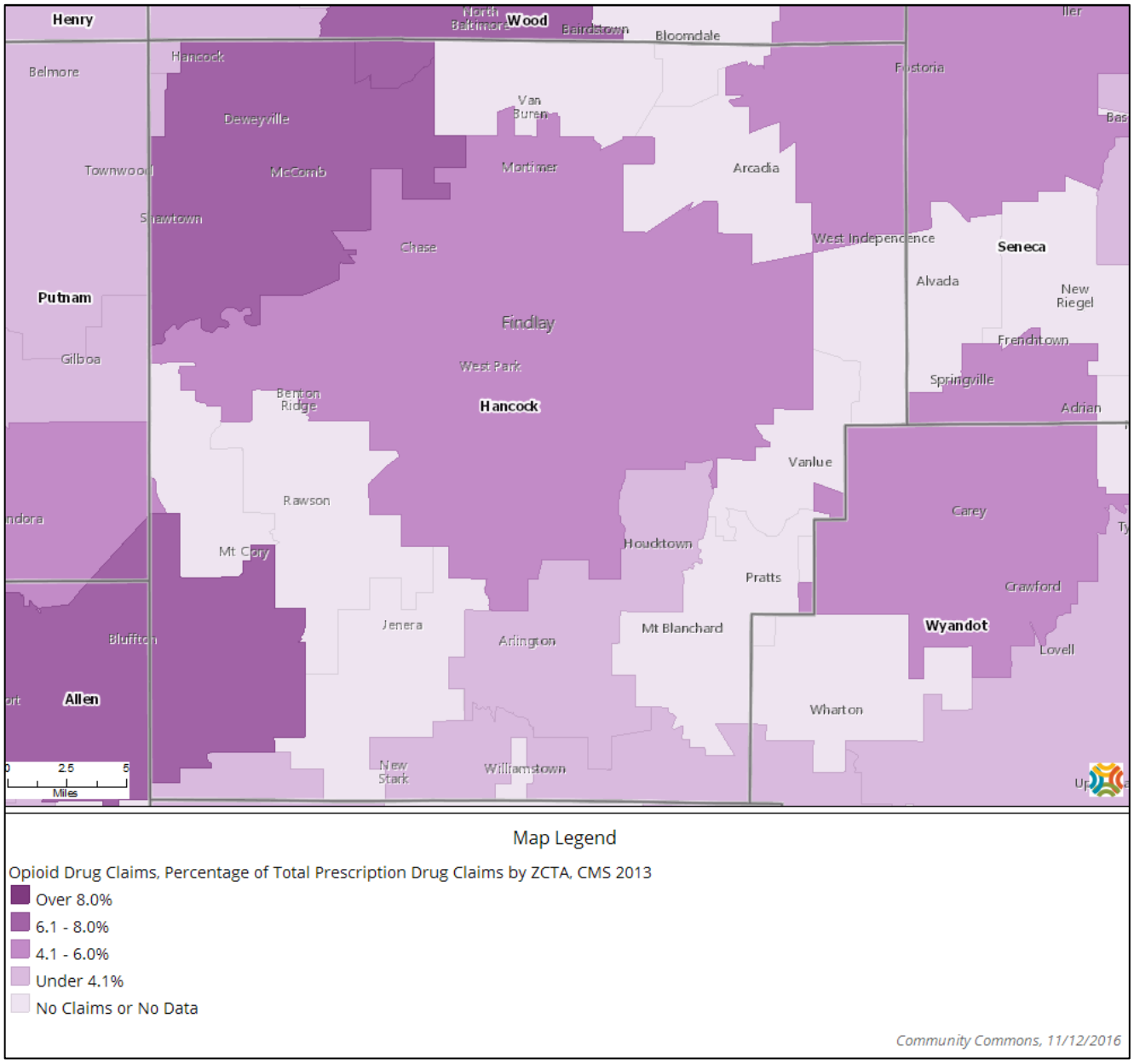
** Comparative YRBS data for Ohio is 2011*



Priority #2 | Adult, Youth and Child Substance Use

Substance Use Indictors, *continued*

Opioid Drug Claims, Percentage of Total Prescription Drug Claims by ZCTA, CMS 2013

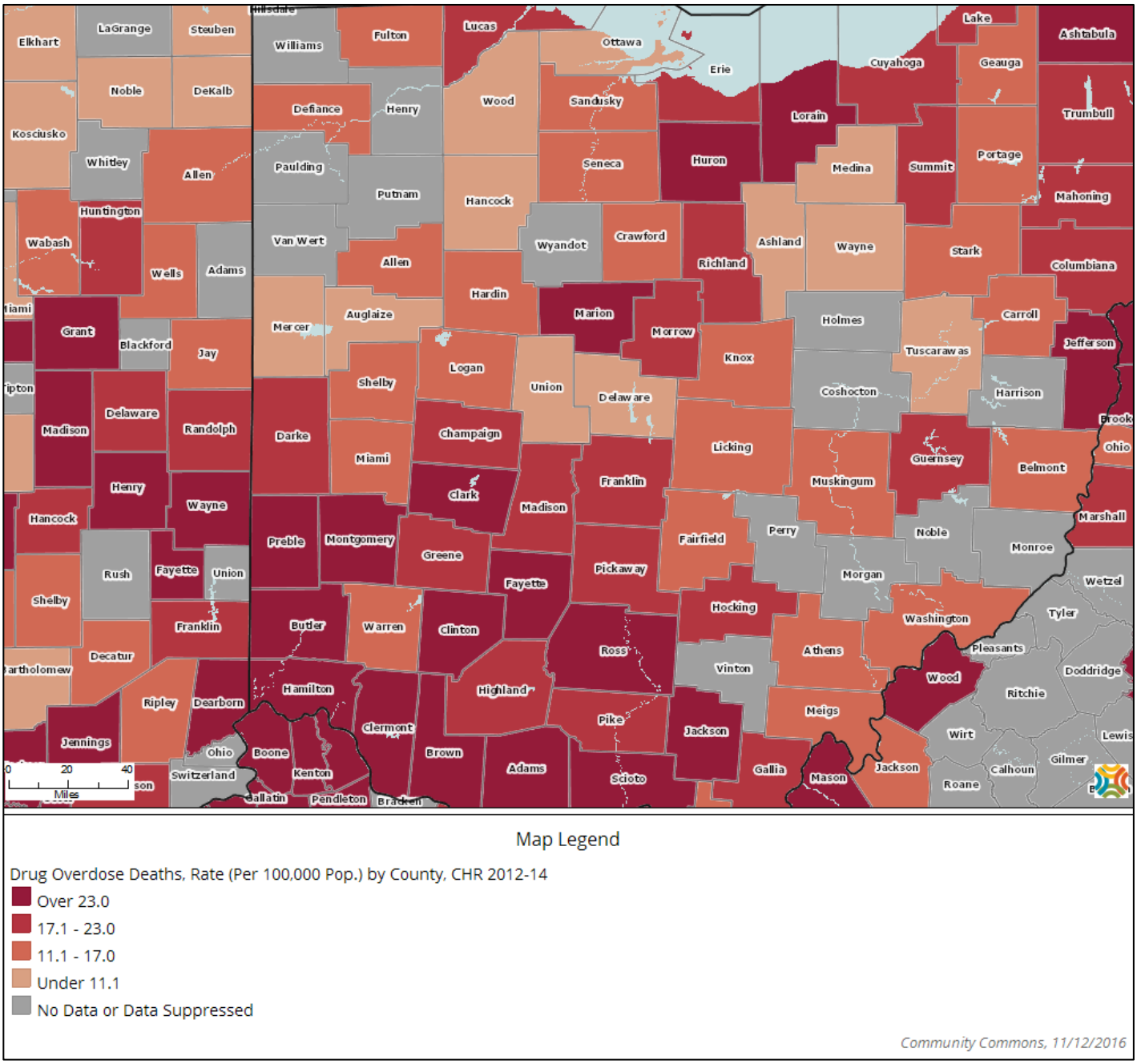


(Source: Centers for Medicare and Medicaid Services: 2013 as compiled by Community Commons 11/12/16)

Priority #2 | Adult, Youth and Child Substance Use

Substance Use Indictors, *continued*

Drug Overdose Deaths, Rate (Per 100,000) by County, CHR 2012-14



(Source: County Health Rankings, 2012-14 as compiled by Community Commons 11/12/16)

Priority #2 | Adult, Youth and Child Substance Use

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Residential Treatment Program	Century Health Treeline	Adult with SUD	Treatment	Evidence-based program
Integrated Dual Disorder Treatment	Century Health	Individuals with addictions who also have a mental illness	Treatment	Evidence-based program
Housing (Permanent Supportive Housing)	ADAMHS	Adults with SUD	Prevention	Evidence-based program
Parents Who Host Lose the Most	ADAMHS	Parents	Prevention	Evidence-based program
Ambulatory Withdrawal Management	A Renewed Mind	Adults with SUD	Treatment	None noted
Recovery Housing	ADAMHS Board/Focus on Friends	Adults with SUD	Treatment Support/Recovery	None noted
Intensive Outpatient Treatment	Century Health A Renewed Mind	Adults with SUD	Treatment	None noted
You Are Not Alone Support Group	You Are Not Alone	Family and Friends of Individuals with SUD	Recovery Support	None noted
Community Reinforcement and Family Training (CRAFT)	ADAMHS Board/Century Health	Family and Friends of Individuals with SUD	Recovery Support	None noted
Screening Brief Intervention and Referral to Treatment (SBIRT)	Century Health	Adults with SUD	Early Intervention	None noted
Common Pleas Drug Court	Common Pleas Court Century Health	Adults with SUD and criminal justice involvement	Treatment	None noted
Drug Free Workplace Imitative	ADAMHS Board	Hancock County employers and employees	Prevention/Early Intervention	None noted
Recovery Resource Project	ADAMHS Board	Community	Information and Referral	None noted
Overdose Death Care Reviews	Hancock Public Health	None noted	None noted	None noted
Continuum of Care Treatment Services (diagnostic, assessment, outpatient, counseling, case management)	Century Health	Adults with SUD	Treatment	None noted
Recovery Support Groups	Focus on Friends Pioneer Club	Recovery Community	Recovery	Suggested program
Ohio Tobacco Quit Line	ODH	All ages	Treatment	# of participants
Driver Intervention	Clearview	Adult	Early Intervention	None noted

Priority #2 | Adult, Youth and Child Substance Use

Resource Assessment, *continued*

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Community Partnership Coalition	ADAMHS Board	All ages	Prevention	Evidence-based program
Medication Assisted Treatment (suboxone/Vivitrol/ Narcan)	Century Health A Renewed Mind Anhedonia	Adults with SUD	Treatment	# of participants
Individual and group counseling (Cognitive Behavioral Therapy/Motivational Interviewing)	Century Health A Renewed Mind	Adults with SUD	Treatment	Evidence-based program
Prescription Drug abuse/drug collection efforts and community education	Prescription Drug Task Force/ADAMHS	General Community	Prevention	# of participants
Forensic Unit Monitoring of treatment and case management services	Century Health	Adults involved in treatment with the criminal justice system	Treatment	Promising/Un-tested
Expansion of Recovery Services	Re-entry coalition Community Connections Board/Focus on Friends	Those returning to community from prison/jail	Early Intervention	Un-tested
Focus on Friends Recovery Center Recovery Guides	Focus on Friends	Adults with SUD/MH or Dual Diagnosis	Treatment Support/Recovery	None-noted
Hancock 2-1-1	United Way	Community	Early Intervention/Referral	None-noted
Residential Withdrawal Management	Contract through ADAMHS Board for purchased service out of county (Arrowhead)	Adults with SUD	Treatment	None-noted
Peer Support (paid)	Century Health	Adults with SUD	Treatment	None-noted
AA & NA classes	Pioneer Club	Addicts	Treatment	Suggested Program
Residential and Detox services	Purchased services out of county	Individuals with addictions /addicts	Treatment	Evidence-based program
Basu Pointe (Housing)	ADAMHS	Individuals with addictions /addicts	Prevention	Evidence-based program

Priority #2 | Adult, Youth and Child Substance Use

Resource Assessment, ***continued***

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Ambulatory Withdraw	ADAMHS	None noted	None noted	None noted
Outpatient Services	ADAMHS	None noted	None noted	None noted
Project DAWN	Health Department	None noted	None noted	None noted
Two Drug Courts	None noted	None noted	None noted	None noted
Baby and Me Tobacco Free Program	Health Department	Pregnant women and partners	None noted	None noted
Toxicology Screening	None noted	None noted	None noted	None noted
Celebrate Recovery	Various churches	None noted	None noted	None noted

Priority #2 | Adult, Youth and Child Substance Use

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Expand SBIRT	○ Expand SBIRT in physicians' offices
2. Expecting Moms Who Test Positive for Drug Use	○ Utilize Medication Assisted Treatment (MAT) ○ Recovery Housing ○ Coordination of Judicial System and Jobs and Family Services (JFS) ○ Help Me Grow
3. Detox Facilities/Urgent Care	○ None noted
4. Addressing The Normalization Of Alcohol Use	○ Educating the community ○ Compliance checks ○ Seller-Server training ○ Delay the onset of use
5. Pregnancy Addiction Support	○ Medicaid, Housing etc. ○ Getting involved with OBGYN's for intervention ○ Involve the Hospital ○ Family Support (early) ○ Mothers with substance use disorders (Help Me Grow) including Addicted Moms
6. Marketing Initiatives	○ Increase public promotion ○ Decrease stigma associated with Substance Use ○ Increase community awareness
7. The Engagement and Involvement of Law Enforcement	○ Have Law Enforcement attend meetings (i.e. CHIP) ○ Keep them informed ○ D.A.R.E Program ○ M.A.D.D (Mothers Against Drunk Driving)
8. Withdrawal (Detox) management site	○ Treatment – primary health needed ○ FQHC (Federally Qualified Health Center)

Priority #2 | Adult, Youth and Child Substance Use

Best Practices

The following programs and policies have been reviewed and have proven strategies to Adult, Youth and Child Substance Use:

1. **Project ASSERT**: Project ASSERT (Alcohol and Substance Use 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 Use 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

2. **Community Withdrawal Management Services (CWMS)** offers an alternative to residential withdrawal management for individuals who can safely withdrawal from alcohol and/or other drugs in a safe and supportive community environment. Services include: screening/intake and assessment, individual counseling, group counseling, pre-withdrawal planning, acute and post-acute withdrawal monitoring and support and transitional case management.

    For more information go to: http://haltonadapt.org/programs-and-services-overview/withdrawal-management

3. **Operation Storefront:** The goal of Operation Storefront is to raise community awareness of the tobacco and alcohol industries' successful marketing strategies using retail advertising and promotions. Often referred to as point-of-purchase advertising (POP) this type of advertising includes outdoor banners, window signs, counter, floor, and ceiling displays, posters, decals, clocks, calendars, and much more. Operation Storefront is an activity designed for youth and adult volunteers to actually document the amount of tobacco and alcohol advertising at local retailers. It is not in any way designed to single out local merchants. For more information, you can find Operation Storefront details at numerous state websites. Operation Storefront does not have its own website.

Priority #2 | Adult, Youth and Child Substance Use

Best Practices, *continued*

4. **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.hty

5. **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

6. **Tobacco 21:** Tobacco 21 is a national campaign aimed at raising the tobacco and nicotine sales age in the United States to 21. The Tobacco 21 campaign is produced and funded by the Prevention Tobacco Addiction Foundation, a public health nonprofit organization established in 1996. Tobacco 21 produces online content to promote anti-tobacco messages and helps communities around the United States raise the tobacco and nicotine sales to age 21.

   In March 2015, the Institute of Medicine, on behalf of the Food and Drug Administration (FDA), released a seminal report detailing the potential public health benefits of enacting a nationwide Tobacco 21 policy. Among the results was a 25% drop in youth smoking initiation, a 12% drop in overall smoking rates and 16,000 cases of preterm birth and low birth weight averted in the first 5 years of the policy. ***The conservation estimate is that if age 21 were adopted throughout the U.S. it would prevent 4.2 million years of life lost to smoking in kids alive today.*** Age 21 reduces initiation in younger kids and inhibits consolidation of addiction in older teens.

   For more information go to: http://tobacco21.org/

Priority #2 | Adult, Youth and Child Substance Use

Alignment with National Standards

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

- **Substance Use (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 Use (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Use (SA)-3** Increase the proportion of adolescents who disapprove of Substance Use
- **Substance Use (SA)-4** Increase the proportion of adolescents who perceive great risk associated with Substance Use
- **Substance Use (SA)-5** (Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States
- **Substance Use (SA)-6** Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States
- **Substance Use (SA)-7** Increase the number of admissions to Substance Use treatment for injection drug use
- **Substance Use (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 Use (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 Use (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 Use (SA)-11** Reduce cirrhosis deaths
- **Substance Use (SA)-12** Reduce drug-induced deaths
- **Substance Use (SA)-13** Reduce past-month use of illicit substances
- **Substance Use (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Use (SA)-15** Reduce the proportion of adults who drank excessively in the previous 30 days
- **Substance Use (SA)-16** Reduce average annual alcohol consumption
- **Substance Use (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Use (SA)-18** Reduce steroid use among adolescents
- **Substance Use (SA)-19** Reduce the past-year nonmedical use of prescription drugs
- **Substance Use (SA)-20** Reduce the number of deaths attributable to alcohol
- **Substance Use (SA)-21** Reduce the proportion of adolescents who use inhalants

Priority #2 | Adult, Youth and Child Substance Use

Action Step Recommendations & Plan

To work toward decreasing adult, youth and child Substance Use, the following actions steps are recommended:

1. Increase the Number of Primary Care Physician's Offices Screening for Alcohol and Drug Abuse
2. Increase Community Awareness & Education of Substance Use Issues and Trends
3. Increase the Number of Schools Screening for Substance Use
4. Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse
5. Expand Youth-Led Prevention Programming
6. Introduce the Life Skills Training Curriculum
7. Implement Tobacco 21 Policy
8. Increase Coordination of Services for Pregnant Women with Substance Use Disorders
9. Expand Drug Free Workplace Policies
10. Introduce Withdrawal Management Services to Hancock County

Action Plan

Adult, Youth and Child Substance Use		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase the Number of Primary Care Physician's Offices Screening for Alcohol and Drug Abuse		
Year 1: Introduce Project ASSERT. Collect baseline data on the number of primary care physician's offices that currently screen for drug and alcohol abuse (and at what age they start screening).	**Substance Use/Mental Health Coalition**	January 1, 2017
Year 2: Introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices. Pilot the model with two primary care physician's office.		January 1, 2018
Year 3: Increase the number of primary care physicians using the SBIRT model by 25% from baseline.		January 1, 2019
Increase Community Awareness & Education of Substance Use Issues and Trends		
Year 1: Plan a community awareness campaign to increase education and awareness of risky behaviors and Substance Use trends. Include information on e-cigarettes, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	**Substance Use/Mental Health Coalition**	January 1, 2017
Year 2: Plan awareness programs/workshops, such as Operation Street Smart, focusing on different "hot topics" and risky behavior trends. Attain media coverage for all programs/workshops.		January 1, 2018
Year 3: Continue efforts of Years 1 and 2.		January 1, 2019

Priority #2 | Adult, Youth and Child Substance Use

Action Step Recommendations & Plan, *continued*

Adult, Youth and Child Substance Use		
Action Step	**Responsible Person/Agency**	**Timeline**
Increase the Number of Schools Screening for Substance Use		
Year 1: Introduce Project ASSERT. Collect baseline data on the number of schools that currently screen for drug and alcohol abuse (and at what age they start screening).	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Introduce a screening, brief intervention and referral to treatment model (SBIRT) to schools. Work with schools to pilot the model during regular screenings with at least 1-2 schools.		January 1, 2018
Year 3: Increase the number of schools using the SBIRT model by 25% from baseline.		January 1, 2019
Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse		
Year 1: 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.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Implement at least 1 of the following strategies: • Sobriety checkpoints (working with law enforcement) • Seller/server trainings (working with the Ohio Investigative Unit) • Implement program that supports an underage party texting system. Use zoning and municipal regulations to control alcohol outlet density		January 1, 2018
Year 3: Expand strategies to all areas of the county and implement remaining strategies. Publicize results of efforts.		January 1, 2019
Expand Youth-Led Prevention Programming		
Year 1: Expand youth-led prevention programming to schools, churches, parents and community members. Discuss program/service needs and gaps with school personnel at all schools within the county. Work with school administrators, guidance counselors, and other community organizations to raise awareness of the programs and/or services. Implement the program or service in at least 1-2 schools	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Increase awareness and participation of youth led prevention programming. Increase the number of programs/services offered to schools, churches, parents and community members. Double the number schools providing evidence based programming for youth and/or in school counseling services for youth.		January 1, 2018
Year 3: Continue efforts of years 1 and 2.		January 1, 2019

Priority #2 | Adult, Youth and Child Substance Use

Action Step Recommendations & Plan, *continued*

Adult, Youth and Child Substance Use		
Action Step	**Responsible Person/Agency**	**Timeline**
Introduce the Life Skills Training Curriculum		
Year 1: Introduce the Life Skills Training Curriculum to Hancock County schools. Secure funding for the program. Implement the program or service grades 3-5 in at least one school district. Work with school administrators, guidance counselors, and other community organizations to raise awareness of the programs and/or services.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Implement the Life Skills curriculum in 2 additional school districts.		January 1, 2018
Year 3: Continue efforts from year 2. Expand Life Skills classes by adding middle school and high school curriculums.		January 1, 2019
Implement Tobacco 21 Policy		
Year 1: Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 and research the feasibility of local jurisdictions adopting this policy. Begin efforts to adopt smoke-free policies in Hancock County parks, fairgrounds, schools and other public locations. Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Present information to City Councils on both the Tobacco 21 initiative and smoke free outdoor public locations.		January 1, 2018
Year 3: Continue efforts from Years 1 and 2.		January 1, 2019
Increase Coordination of Services for Pregnant Women with Substance Use Disorders		
Year 1: Create a specialty team including but not limited to OBGYN's, pediatricians, Hospital personnel, Health Department employees, and treatment agencies to coordinate care and services for pregnant women with Substance Use disorders. Secure funding to create a Specialized Housing Complex for pregnant women with severe Substance Use disorders.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Secure a location, provider organization, staff and materials (i.e. bedding, medications, etc.) to operate the housing complex. Continue efforts from Years 1.		January 1, 2018
Year 3: Implement the housing complex. Create a sustainability plan. Secure future funding. Continue efforts from Years 1 and 2.		January 1, 2019
Expand Drug Free Workplace Policies		
Year 1: Increase education and outreach efforts to Hancock County Business's about the benefits of implementing Drug Free Workplace Policies.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Get 2 small and 1 large business/organization to initiate Drug Free Workplace Policies		January 1, 2018
Year 3: Continue efforts from year 1 and 2.		January 1, 2019

Priority #2 | Adult, Youth and Child Substance Use

Action Step Recommendations & Plan, *continued*

Adult, Youth and Child Substance Use		
Action Step	**Responsible Person/Agency**	**Timeline**
Introduce Withdrawal Management Services to Hancock County		
Year 1: Continue to work to identify a local provider of Withdrawal Management Services. Work collaboratively with primary health and substance use treatment to establish withdrawal management services utilizing recommendations from the consultant report generated for Blanchard Valley Health Systems and the Ohio Hospital Association Task Force Report.	**Substance Use/Mental Health Subcommittee**	January 1, 2017
Year 2: Implement Withdrawal Management Services for Hancock County residents. Increase the number of primary healthcare providers delivering Withdrawal Management Services by 25%.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019

Priority #3 | Adult, Youth and Child Mental Health

Mental Health Indicators

In 2015, 4% of Hancock County adults considered attempting suicide. 35% of adults felt worried, tense, or anxious in the past year.

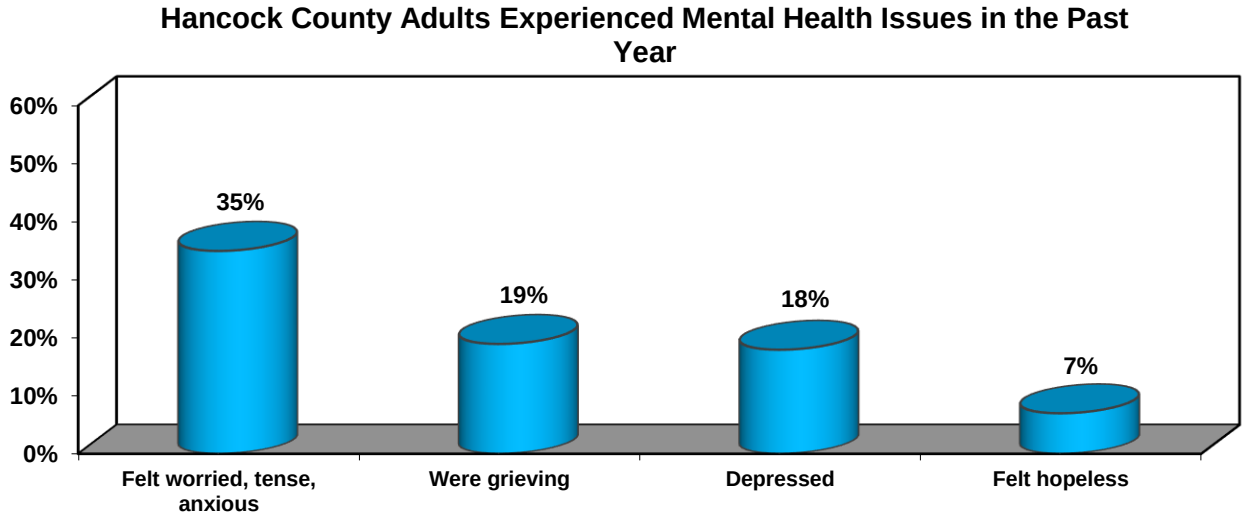
Adult Mental Health

4% of Hancock County adults considered attempting suicide in the past year.

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

In the past year, Hancock County adults experienced the following: felt worried, tense, or anxious (35%), were grieving (19%), were depressed (18%), felt hopeless (7%), treated for mental health issue (4%), and diagnosed with mental health issue (2%).

11% of Hancock County adults used a program or service to help with depression, anxiety or emotional problems. Reasons for not using such a program included: had not thought of it (6%), cost (5%), stigma of seeking mental health services (5%), other priorities (2%), fear (2%), co-pay/deductible too high (2%), did not know how to find a program (2%), transportation (1%), could not get to the office or clinic (1%), and other reasons (3%). 72% of adults did not need such a program.



Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Contemplated suicide in the past year	3%	5%	4%	N/A	N/A
Attempted suicide in the past year	<1%	1%	1%	N/A	N/A

N/A – Not available

Priority #3 | Adult, Youth and Child Mental Health

Mental Health Indicators, *continued*

Youth Mental Health

In 2015, nearly one-fifth (19%) 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 24% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

13% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 19% of females (2013 YRBS rate of 14% for Ohio youth and 17% for U.S. youth).

In the past year, 7% of Hancock County youth had attempted suicide. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% rate for Ohio youth and 8% for U.S. youth.

Of youth that attempted suicide in the past year: 11% went to an emergency room, 7% were already in treatment, 5% were referred to inpatient care, 2% received follow-up care within 30 days and 1% contacted crisis services.

When Hancock County youth are dealing with personal problems or feelings of depression or suicide, they usually talked to the following: best friend (22%), parents (11%), girlfriend/boyfriend (11%), brother/sister (5%), professional counselor (4%), school counselor (3%), teacher (3%), pastor/priest (2%), youth minister (1%), coach (1%), scout master/club advisor (1%), and someone else (6%). 15% of youth reported they talk to no one. 52% reported they do not have personal problems or feelings of depression or suicide.

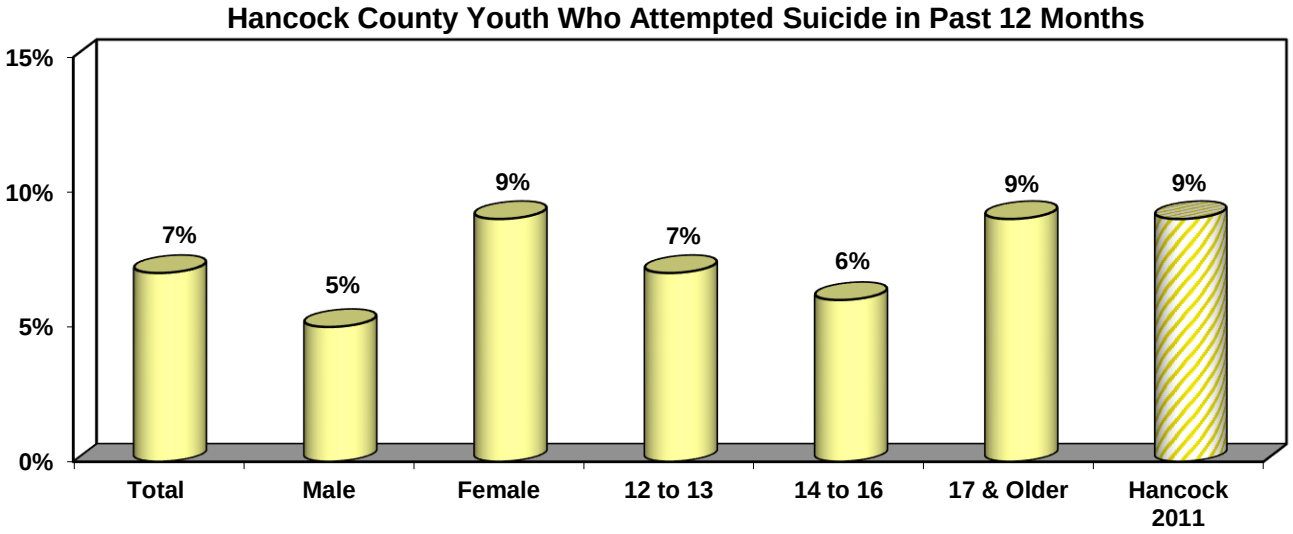
51% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (59%), worried what others might think (30%), did not know where to go (20%), no time (18%), their family would not support them (9%), cost (7%), they were currently in treatment (7%), and transportation (2%).

Hancock County youth reported the following causes of anxiety, stress and depression: academic success (28%), sports (26%), fighting with friends (21%), fighting at home (21%), self-image (18%), dating relationship (18%), being bullied (18%), peer pressure (17%), death of close family member or friend (17%), breakup (16%), parent divorce/separation (11%), poverty/no money (8%), caring for younger siblings (8%), ill parent (5%), not feeling safe at home (5%), alcohol or drug use at home (5%), not having enough to eat (3%), parent lost their job (3%), parent/caregiver with a Substance Use problem (3%), sexual orientation (3%), family member in the military (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 (17%).

Hancock County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (43%), texting someone (31%), hobbies (29%), eating (22%), exercising (21%), talking to someone in their family (21%), talking to a peer (20%), praying (17%), using social media (13%), breaking something (10%), shopping (10%), reading the Bible (7%), talk to a counselor /teacher (6%), self-harm (5%), writing in a journal (5%), smoking/using tobacco (5%), using prescribed medication (5%), vandalism/violent behavior (4%), drinking alcohol (4%), using illegal drugs (4%), using un-prescribed medication (3%), talking to a medical professional (2%), gambling (1%), and harming someone else (1%). 30% of youth reported they did not have anxiety, stress, or depression.

Priority #3 | Adult, Youth and Child Mental Health

Mental Health Indicators, continued

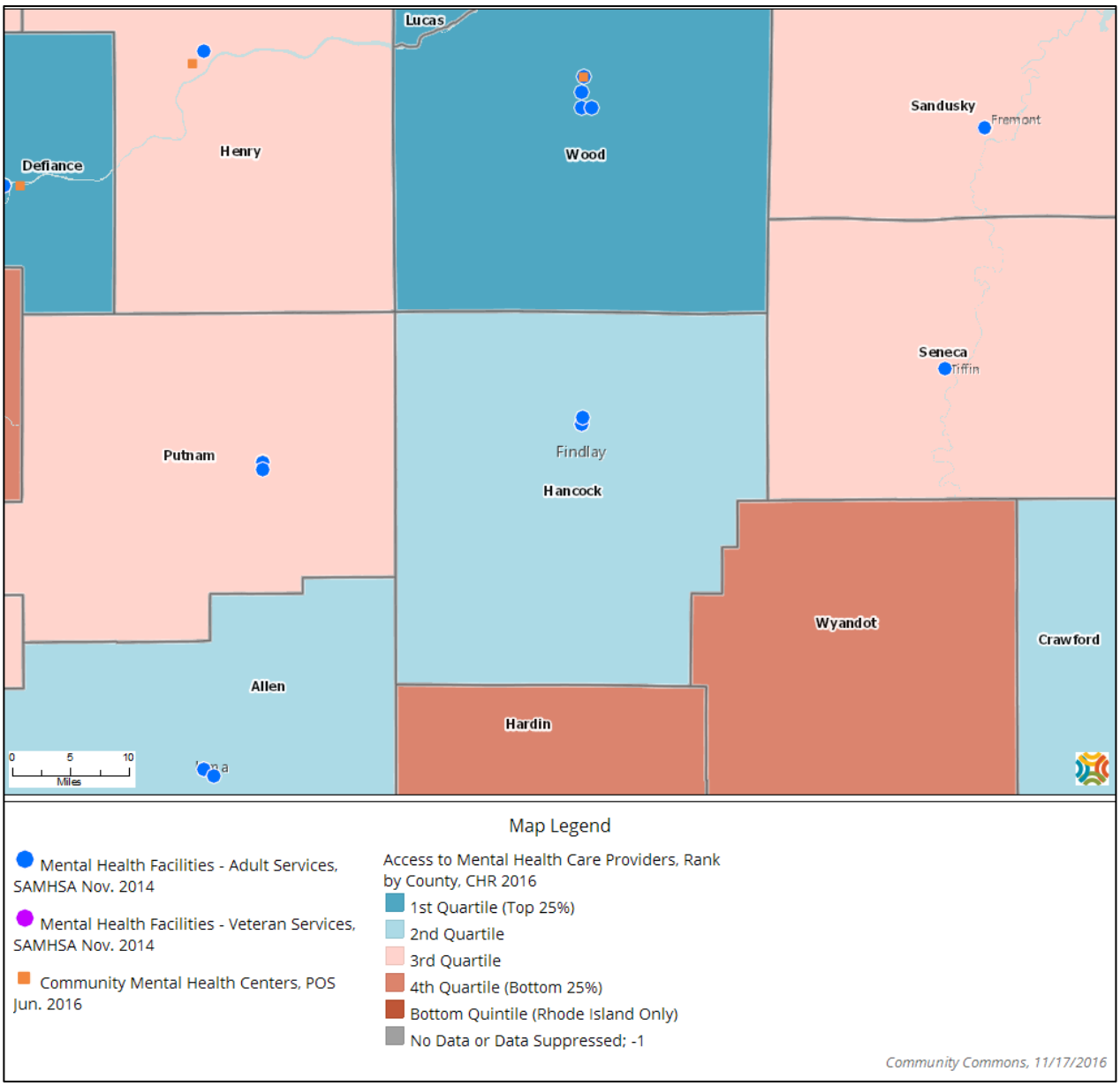


Youth Comparisons	Hancock County 2011 (6th-12th)	Hancock County 2015 (6th-12th)	Hancock County 2015 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Youth who had seriously considered attempting suicide in the past year	12%	13%	12%	14%	17%
Youth who had attempted suicide in the past year	9%	7%	7%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	19%	19%	26%	30%

Priority #3 | Adult, Youth and Child Mental Health

Mental Health Indicators, *continued*

Access to Mental Health Care Providers, Rank by County, CHR 2016

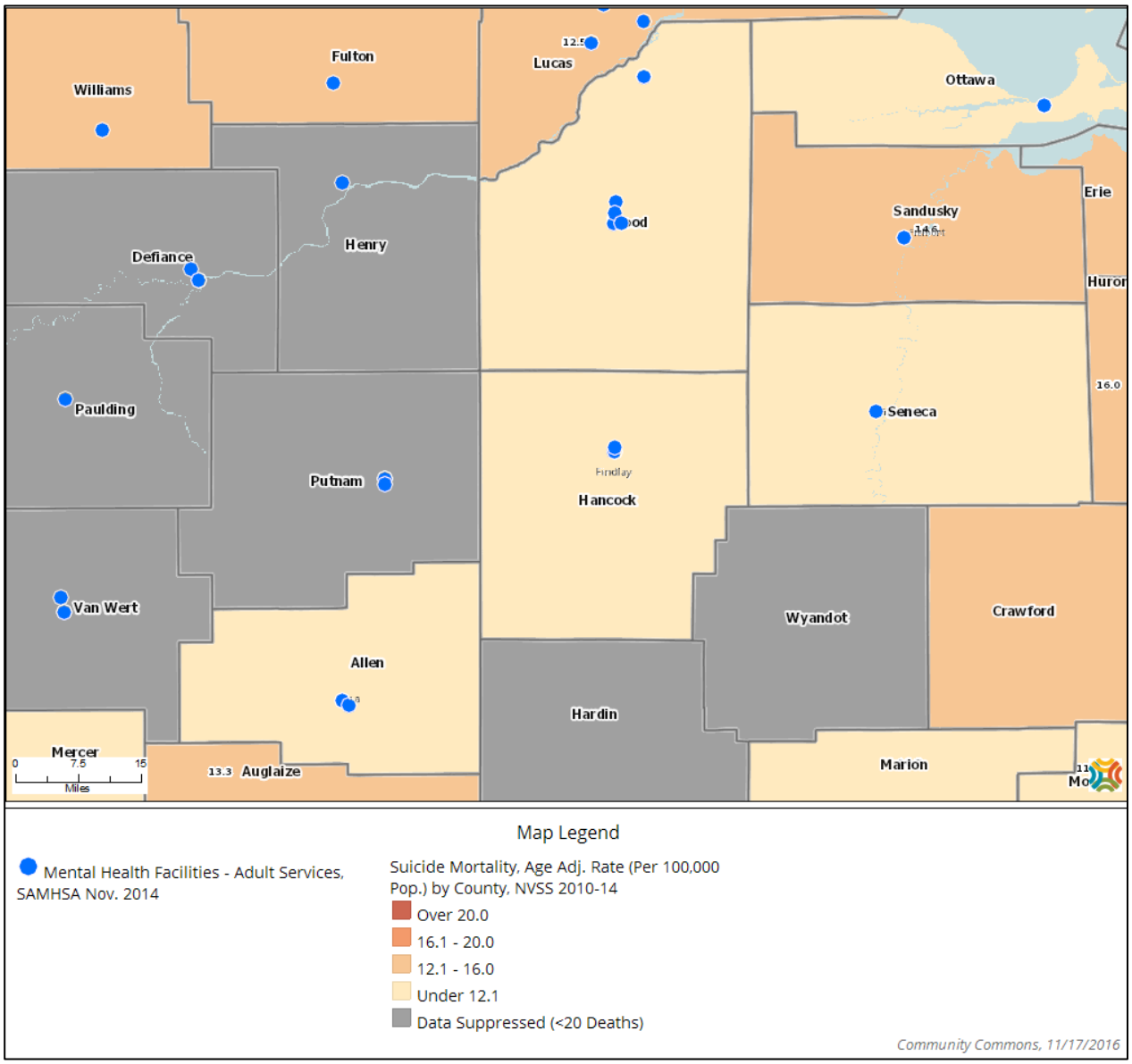


(Source: County Health Ranking, 2016 as compiled by Community Commons 11/17/16)

Priority #3 | Adult, Youth and Child Mental Health

Mental Health Indicators, ***continued***

Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2010-14



(Source: NVSS 2010-14 as compiled by Community Commons 11/17/16)

Priority #3 | Adult, Youth and Child Mental Health

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
NAMI	NAMI	Adults with Mental Illness and their family and friends	Prevention/Treatment Support/Recovery	None noted
Mental Health First Aid	ADAMHS Board Community Partnership	Community	Prevention/Referral	None noted
Focus on Friends Recovery Center	Focus on Friends	Adults with Mental Illness or Dual-Diagnosis	Treatment Support/Recovery	None noted
Recovery Guides	Focus on Friends	Adults with Mental Health or Dual-Diagnosis	Treatment Support/Recovery	None noted
Paid Peer Supports	Century Health	Adults with Mental Illness or Dual-Diagnosis	Treatment	None noted
2-1-1 Helpline	United Way	Community	Referral	None noted
Zero Suicide Initative	Century Health/Family Resource Center	Community	Prevention/Intervention	Provide funding to evidence based programs
Crisis Intervention Team (CIT)	CIT Planning Committee ADAMHS/Findlay Police Department	Community	Prevention/Referral	None noted
Housing (permanent supportive housing)	ADAMHS	Adults with Mental Health or Dual-Diagnosis	Recovery	None noted
Criminal Justice Unit Monitoring of treatment and case manage services	Century Health	Adults with Mental Health or Dual-Diagnosis	Treatment	None noted
Continuum of Care Behavioral Health Services for Adults	Century Health	Adult and Families	Prevention/Early Intervention/Treatment/ Crisis Intervention	Evidence-based programming
Inpatient Hospitalization (Out of County)	Ohio Department of Mental Health and Addiction Services	Adults with Mental Illness	Treatment	None noted
WRAP Program	FCFC	At-Risk Families	Treatment	Evidence-based program
Criminal Justice Unit	None noted	None noted	Prevention	None noted
Inpatient Unit	Blanchard Valley Medical Center	None noted	None noted	None noted
Prosocial Clubs	Various	Community	None noted	None noted
Employee Assistance Programs	Various employers	None noted	None noted	None noted
Toxicology Screening	Carious businesses	Adults	Early Intervention	None noted

Priority #3 | Adult, Youth and Child Mental Health

Resource Assessment, *continued*

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Mental Health First Aid	Community partnership	None noted	None noted	None noted
Trauma-Informed Care	ADAMHS	None noted	None noted	None noted
MRT (Moral Recognition Therapy)	Family Resource Center	Youth at-risk violence	Early Intervention	Evidence-based program
Second Step Anti Bullying Program	Family Resource Center	Middle School Students	Prevention	Evidence-based program
Parent Project	Family Resource Center	Parents and Youth	Prevention/Early Intervention	Evidence-based program
Threat Assessment Management	University of Findlay	Local High Schools	Prevention	Evidence-based program
Project HOPE (Equine Therapy)	Project HOPE	Elementary and Middle School youth	All	Promising program
Incredible Years	Family Resource Center	Ages 0-5	Prevention	Evidence-based program
Dinosaur School	Family Resource Center	Ages 0-5	Prevention	Evidence-based program
Continuum of Care Behavioral Health Services for Youth	Family Resource Center	Youth and Families	Prevention/Early Intervention/Treatment/ Crisis Intervention	Evidence-based program
Challenge Day	Findlay HS	10th grade	Prevention	Evidence-based program
Zero Suicide initiative	Family Resource Center	Community	Prevention/Intervention	Provide funding to evidence based programs
Character Education (Virtues)	Various schools throughout county	K-12	Prevention	Promising
Youth Groups (4-H, Scouts, Church)	Various	Youth	Prevention/Early Intervention/Treatment	Evidence-based program
Youth Asset Building Trainings	Promise Growing Great Kids	Adults	All	Promising
WRAP Program	FCFC	At-Risk Families	Treatment	Evidence-based program

Priority #3 | Adult, Youth and Child Mental Health

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Identifying Depression Early	○ Screening (PHQ2/PHQ9) ○ Address the stigma surrounding mental health ○ Address the isolation surrounding mental health ○ Expand Mental Health First Aid ○ Work with 50 North on addressing depression among the senior population ○ Work on integrating services within the community ○ Increase the number of treatment providers
2. Increase Education among Law Enforcement	○ Increased Education
3. Physical Activity	○ Get youth to use physical activity as a means of coping/dealing with mental health (i.e. parks, bike paths, walking paths, community events)
4. Stress Relief Activities	○ Implement stress relief activities in schools and at work (i.e. therapy animals, massages)
5. Lack of Psychiatric Providers (national problem)	○ Outpatient telemedicine ○ Active recruiting for physicians in the mental health field
6. Applied Technology	○ Smart phone Apps to support mental health ○ Training for counselors and services for providers to support
7. Access to Housing	○ Work with affected individuals on gaining and sustaining employment and housing

Priority #3 | Adult, Youth and Child Mental Health

Best Practices

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 Use 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. **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

3. **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

Priority #3 | Adult, Youth and Child Mental Health

Best Practice, *continued*

4. **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

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/

Priority #3 | Adult, Youth and Child Mental Health

Best Practice, *continued*

6. **Zero Suicide:** Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention (Action Alliance), a project of Education Development Center's Suicide Prevention Resource Center (SPRC), and supported by the Substance Use and Mental Health Services Administration (SAMHSA). The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge.

   For health care systems, this approach represents a commitment:
   - To patient safety, the most fundamental responsibility of health care
   - To the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients

   The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through cracks in a fragmented, and sometimes distracted, health care system. A systematic approach to quality improvement in these settings is both available and necessary.

   The challenge and implementation of a Zero Suicide approach cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.

   For more information go to: http://zerosuicide.sprc.org/

7. **Technology Assisted Care (TAC):** Technology Assisted Care (TAC) refers to the use of technology devices to deliver some aspects of psychotherapy or behavioral treatment directly to patients via interaction with a web-based program. TACs as used on this site may involve the use of computers, tablets, or mobile phones, and may involve web-based support groups, virtual reality sites, interactive voice response, and even video games. All the interventions described on this site are computer-based interventions. Research evidence has accumulated for the beneficial effects of interactive web or mobile technologies which extend clinical interventions for Alcohol Use, Tobacco Cessation, Illicit Drug Use, and Gambling.

   For more information go to: http://sudtech.org/

Priority #3 | Adult, Youth and Child Mental Health

Alignment with National Standards

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

- **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 Use 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

Priority #3 | Adult, Youth and Child Mental Health

Action Step Recommendations & Action Plan

To work toward **improving adult, youth and child mental health,** the following actions steps are recommended:

1. Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits
2. Increase Recruitment for Mental Health Professionals
3. Promote Mental Health First Aid Trainings
4. Expand Awareness of Trauma Informed Care Trainings
5. Re-Introduce Evidence-based Programs and Counseling Services Targeting Youth
6. Expand The Zero Suicide Initative
7. Use Technology As Treatment Extenders
8. Promote The Hancock County Texting Hotline Program
9. Introduce Facilities for Mental Health

Action Plan

Adult, Youth and Child Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Increase The Number Of Primary Care Physicians Screening For Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians that currently screen for depression during office visits.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Introduce PHQ2 and PHQ9 to physicians' offices and hospital administration. Pilot the protocol with one primary care physicians' office.		January 1, 2018
Year 3: Increase the number of primary care physicians using the PQH2 screening tool by 10% from baseline.		January 1, 2019
Increase Recruitment for Mental Health Professionals		
Year 1: Collect baseline data on the number of mental health professionals practicing in Hancock County and the need for more. Develop a marketing strategy focused on recruiting mental health providers. Work with local Universities in and surrounding Hancock County to address the need for larger class sizes and possible school loan reimbursement if the students stay in Hancock County to work after their schooling is finished. Increase the number of preceptors/placement sites for students in Hancock County	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue to work with local Universities in and surrounding Hancock County Begin implementing the mental health provider recruitment strategies. Increase the number of preceptors/placement sites for students by 25%.		January 1, 2018
Year 3: Continue efforts of years 1 and 2.		January 1, 2019

Priority #3 | Adult, Youth and Child Mental Health

Action Step Recommendations & Action Plan, *continued*

Adult, Youth and Child Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Promote Mental Health First Aid Trainings		
Year 1: Expand trainings to Hancock County area churches, organizations, agencies, schools, Law Enforcement, Chamber of Commerce, college students majoring in social work/mental health, etc. Introduce Youth Mental Health First Aid Training. Provide at least 3 Adult and Youth Mental Health First Aid trainings.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue efforts from year 1. Provide 3 trainings and continue marketing efforts. Increase the training capacity.		January 1, 2018
Year 3: Continue efforts from year 2.		January 1, 2019
Expand Awareness of Trauma Informed Care Trainings		
Year 1: Increase awareness of current trauma informed trainings. Facilitate one community wide training to increase education and understanding of trauma informed care. Facilitate at least 3 agency targeted trainings to increase education and understanding of trauma informed care.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue efforts from Year 1 and facilitate at least 1 community wide training and 3 agency targeted trainings.		January 1, 2018
Year 3: Continue efforts of years 1 and 2, and facilitate at least 1 community wide training and 3 agency targeted trainings.		January 1, 2019
Re-Introduce Evidence-based Programs and Counseling Services Targeting Youth		
Year 1: Re-Introduce evidence-based programs and counseling services for youth (i.e. Signs of Suicide (SOS), Question, Persuade and Refer (QPR), Incredible Years, Strengthening Families) to Hancock County schools. Discuss program/service needs and gaps with school personnel at all schools within the county. Work with school administrators, guidance counselors, and other community organizations to raise awareness of the programs and/or services. Implement the program or service in at least 1-2 schools.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Increase awareness and participation of the selected programs. Increase the number of programs/services offered in each school. Double the number schools providing evidence based programming for youth and/or in school counseling services for youth.		January 1, 2018
Year 3: Continue efforts of years 1 and 2.		January 1, 2019

Priority #3 | Adult, Youth and Child Mental Health

Action Step Recommendations & Action Plan, *continued*

Adult, Youth and Child Mental Health		
Action Step	**Responsible Person/ Agency**	**Timeline**
Expand The Zero Suicide Initative		
Year 1: Expand the Zero Suicide Initative to the Hospital. Recruit 2 staff members from the Hospital to participate in the Zero Suicide Initative.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue efforts from year 1.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019
Use Technology As Treatment Extenders		
Year 1: Research Mental Health apps for Smartphones that providers can use to aid in treatment (Ex: MoodKit, PE Coach, WorryWatch, MindShift, T2 Mood Tracker, Breathe2Relax, etc.) Introduce the Smartphone apps to local providers. Recruit at least 2 providers to agree to use technology as treatment extenders.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Increase the number of providers using Mental Health Smartphone apps by 25%. Continue efforts from year 1.		January 1, 2018
Year 3: Increase the number of providers using Mental Health Smartphone apps by 25%. Continue efforts from years 1 and 2.		January 1, 2019
Promote The Hancock County Texting Hotline Program		
Year 1: Introduce the texting hotline to Hancock County schools.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue to introduce and monitor the use of the texting hotline.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019
Introduce Facilities for Mental Health		
Year 1: Explore the feasibility of developing a Wellness Center for mental health and substance use services in Hancock County. Take an inventory of the resources and staff that would be needed to operate the facilities.	**Mental Health/Substance Abuse Committee**	January 1, 2017
Year 2: Continue efforts from year 1.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019

Priority #4 | Youth and Child Bullying

Bullying Indicators

In Hancock County, 51% of youth had been bullied in the past year.

Youth Bullying

51% of youth had been bullied in the past year. The following types of bullying were reported:

- 39% were verbally bullied (teased, taunted or called harmful names)
- 25% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
- 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for Ohio and the U.S.).
- 12% were physically bullied (were hit, kicked, punched or people took their belongings)
- 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)

19% of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (12%), scratching (7%), hitting (5%), biting (3%), burning (3%), and self-embedding (2%).

Hancock County youth reported that they had been the victim of teasing or name calling because of the following: their weight, size, or physical appearance (36%), because someone thought they were gay, lesbian, or bisexual (11%), their race or ethnic background (7%) and their gender (4%).

Behaviors of Hancock Youth

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Contemplated suicide in the past 12 months	20%	6%
Have drank alcohol in the past 30 days	14%	10%
Attempted suicide in the past 12 months	10%	3%
Have smoked cigarettes in the past 30 days	9%	4%
Have used marijuana in the past 30 days	8%	5%
Misused prescription medications in the past 30 days	7%	2%

Types of Bullying Hancock County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	39%	37%	41%	42%	40%	30%
Indirectly Bullied	25%	17%	33%	23%	27%	23%
Cyber Bullied	13%	11%	15%	10%	16%	11%
Physically Bullied	12%	17%	6%	15%	14%	0%
Sexually Bullied	2%	1%	3%	1%	2%	2%

Priority #4 | Youth and Child Bullying

Bullying Indicators, *continued*

Child Bullying

47% of parents reported their child was bullied in the past year. The following types of bullying were reported:

- 32% were verbally bullied (teased, taunted or called harmful names)
- 14% were indirectly bullied (spread mean rumors about or kept out of a "group")
- 9% were physically bullied (they were hit, kicked, punched or people took their belongings)
- <1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)

8% of parents reported they did not know if their child was bullied.

One-quarter (25%) of parents reported their child had an email, Facebook, Twitter, Instagram or other social network account. Of those who had an account, they reported the following: they knew all of the people in their child's "my friends" (88%), their child's account was checked private (88%), they had their child's password (77%), their child had a problem as a result of their account (1%), and their child's friends had their passwords (1%). 2% of parents reported they did not know if their child had a social network account.

63% of parents reported they felt their child was always safe at school. 33% reported usually, 1% reported sometimes, and 2% reported they felt their child was never safe at school.

Parents reported they did not feel their child was safe at school for the following reasons: fear of bullying (23%), bomb threats (14%), afraid of other kids who show unusual behavior (9%), buildings are not secure (4%), drug/alcohol activity (4%), and other reasons (4%).

Youth Comparisons	Hancock County 2011 (6th-12th)	Hancock County 2015 (6th-12th)	Hancock County 2015 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2013 (9th-12th)
Carried a weapon in past month	13%	8%	10%	14%	18%
Threatened or injured with a weapon on school property in past year	5%	5%	5%	8%‡	7%
Did not go to school because felt unsafe	4%	5%	3%	5%	7%
Bullied in past year	41%	51%	47%	N/A	N/A
Electronically/cyber bullied in past year	7%	13%	14%	15%	15%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	4%	6%	7%	9%‡
Physically forced to have sexual intercourse	6%	7%	8%	7%	7%

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009
N/A – Not available

Priority #4 I Youth and Child Bullying

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Second Step Anti-Bullying Program	FRC	Middle School Students	Prevention	Evidence – based program
Parent Project	FRC	Parents and Youth	Prevention/ Early Intervention	Evidence – based program
Threat Assessment Management	Univ. of Findlay	Local High Schools	Prevention	Evidence – based program
Project Hope (Equine Therapy)	Project Hope	Elementary and Middle School youth	All	Promising-program
Incredible Years	FRC	Ages 0-5	Prevention	Evidence-based program
Dinosaur School	FRC	Ages 0-5	Prevention	Evidence-based program
Challenge Day	Findlay MS	8th grade	Prevention	Evidence-based program
Character Education (Virtues)	Various schools throughout the county	K-12	Prevention	Promising
Youth Groups (4-H, Scouts, Church)	Various	Youth	Prevention/Early Intervention/ Treatment	Evidence-based program
Youth Asset Building Trainings	Promise Growing Great Kids	Adults	Prevention	Evidence-based program
Wrap Teams	FCFC	At-Risk Families	Treatment	Evidence-based program
MRT Moral Recognition Therapy	Family Resource Center	None noted	None noted	None noted
Zero Suicide	Suicide Coalition	None noted	None noted	None noted
School counselors	Schools	Youth at all schools	None noted	None noted
Mental Health First Aid	Community partnership	None noted	None noted	None noted
Trauma-Informed Care	ADAMHS	None noted	None noted	None noted
MRT (Moral Recognition Therapy)	Family Resource Center	Youth at-risk violence	Early Intervention	Evidence-based program
Second Step Anti Bullying Program	Family Resource Center	Middle School Students	Prevention	Evidence-based program
Parent Project	Family Resource Center	Parents and Youth	Prevention/Early Intervention	Evidence-based program

Priority #4 | Youth and Child Bullying

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Threat Assessment Management	University of Findlay	Local High Schools	Prevention	Evidence-based program
Project HOPE (Equine Therapy)	Project HOPE	Elementary and Middle School youth	Prevention/Early Intervention/Treatment	Promising program
Incredible Years	Family Resource Center	Ages 0-5	Prevention	Evidence-based program
Dinosaur School	Family Resource Center	Ages 0-5	Prevention	Evidence-based program
Continuum of Care Behavioral Health Services for Youth	Family Resource Center	Youth and Families	Prevention/Early Intervention/Treatment/ Crisis Intervention	Evidence-based program
Challenge Day	Findlay HS	10th grade	Prevention	Evidence-based program
Zero Suicide Initiative	Family Resource Center	Community	Prevention/Intervention	Provide funding to evidence based programs
Character Education (Virtues)	Various schools throughout county	K-12	Prevention	Promising
Youth Groups (4-H, Scouts, Church)	Various	Youth	Prevention/Early Intervention/Treatment	Evidence-based program
Youth Asset Building Trainings	Promise Growing Great Kids	Adults	Prevention/Early Intervention/Treatment	Promising
WRAP Program	FCFC	At-Risk Families	Treatment	Evidence-based program

Priority #4 | Youth and Child Bullying

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Expand Evidence Based Programming Targeting Youth	○ Expand Girls On The Run ○ ROX Program ○ Leader In Me
2. Social Media	○ County-wide media campaign ○ School programs that increase awareness and self-esteem ○ Cyber bullying and defining bullying
3. Grandparents Raising New Generation	○ Grandparents as parents training ○ Look into what Canton area is doing in this area
4. Law Enforcement	○ School Programs ○ Awareness/reporting ○ Have a police presence in schools
5. Reporting Issues	○ "See something, say something"
6. Social and Emotional Learning	○ Teach youth on the appropriate ○ Building protective factors ○ Spirit fingers – sideways
7. Increasing Awareness	○ School Awareness ○ Make it so students are comfortable with reporting bulling

Priority #4 | Youth and Child Bullying

Best Practices

The following programs and policies have been reviewed and have proven strategies to **Youth and Child Bullying:**

1. **STEPS TO RESPECT**: The research-based STEPS TO RESPECT program teaches elementary students to recognize, refuse, and report bullying, be assertive, and build friendships. In fact, a recent study found that the program led to a 31 percent decline in bullying and a 70 percent cut in destructive bystander behavior. STEPS TO RESPECT lessons can help kids feel safe and supported by the adults around them, so they can build stronger bonds to school and focus on academic achievement. And the program supports your staff too, with school wide policies and training. Now everyone can work together to build a safe environment free from bullying. For more information go to: http://www.cfchildren.org/programs/str/overview/

3. **PATHS (Promoting Alternative Thinking Strategies)** PATHS Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behaviour problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counsellors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. For more information go to: http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html

4. **ROX (Ruling Our Experiences):** ROX is a 501(c)(3) nonprofit organization that provides evidence-based empowerment programming for girls, delivers professional development to educators, teachers, and parents, and conducts research and evaluation focused on girls.

   ROX helps girls develop the skills to deal with social, personal, and academic issues including: girl bullying and relational aggression, healthy dating and forming healthy relationships, cyberbullying, body image and the media, navigating social media, dealing with sexual harassment and violence, and leadership development for girls.

   Licensed ROX facilitators work with small groups of 10-15 girls for 20 weeks. The validated curriculum provides the structure and content for girls to explore the tough things going on in their lives and develop new ways to communicate, stand up for themselves, and plan for their futures.

   ROX programs operate in schools and community organizations throughout northern Kentucky, southeastern Michigan, Ohio, and Pennsylvania. In 2013-14 nearly 1,300 girls in grades 4-12 participated in ROX. The elementary curriculum focuses on issues facing late elementary/early middle school girls and the secondary curriculum focuses on the middle and high school years.

   For more information go to: http://www.rulingourexperiences.com/#!about_us/csgz

Priority #4 | Youth and Child Bullying

Best Practices, *continued*

5. **The PAX Good Behavior Game** is a proven, research-based classroom management model designed for use in grades K–6. Based on a strategy developed by a classroom teacher 40 years ago, the PAX Game involves student teams "competing against" each other to earn rewards for refraining from disruptive, inattentive, or aggressive behavior. Approximately 20 published studies have shown that use of this model results in decreased classroom disruptions (by 50–90%), a greater number of students fully engaged in learning (by 20–50%), decreased referrals and suspensions (by 30–60%), and more time for teaching and learning (by 25%). Longitudinal studies have also shown that children who experienced the Good Behavior Game in elementary school were less likely to be involved in violent behaviors later in life and were less likely to use tobacco or other drugs later in life.

   For more information go to: http://www.hazelden.org/HAZ_MEDIA/gbg_insert.pdf

6. **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

7. **Expect Respect®**: Engages youth, parents, schools and community organizations in promoting healthy teen relationships and preventing dating abuse.

   Serving Austin schools since 1988, Expect Respect is built on an ecological, trauma-informed model and offers a comprehensive prevention program for youth in middle and high schools. Expect Respect has 3 primary program components that 1) support boys and girls who have been exposed to violence, 2) mobilize youth as leaders and 3) engage schools, parents and community organizations in creating safe and healthy environments.

   Expect Respect provides counseling and weekly, curriculum-based support group sessions at school for youth exposed to violence or abuse. Expect Respect educates and empowers teens with the knowledge and skills they need to design and lead prevention efforts in their schools and communities. Expect Respect works with parents, teachers, coaches, nurses and other important adults in teens' lives to promote safe and healthy relationships.

   Recognized by the U.S. Department of Justice, National Resource Center on Domestic Violence, National Sexual Violence Resource Center, National Center for Victims of Crime, Texas Association Against Sexual Assault and others as a model program.

   For more information go to http://www.expectrespectaustin.org/about/

Priority #4 | Youth and Child Bullying

Best Practices, *continued*

8. **Parent Project** ®: The Parent Project is an evidence/science based parenting skills program specifically designed for parents with strong-willed or out-of-control children. Parents are provided with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. The Parent Project is the largest court mandated juvenile diversion program in the country and for agencies, the least expensive intervention program available today.
   There are two highly effective Parent Project® programs serving families:
   - Loving Solutions is a 6 to 7 week program written for parents raising difficult or strong-willed children, 5 to 10 year of age. Designed for classroom instruction, this program has special application to ADD and ADHD issues, and was written for the parents of more difficult children.
   - Changing Destructive Adolescent Behavior is a 10 to 16 week program designed for parents raising difficult or out-of-control adolescent children, ages 10 and up. Also designed for classroom use, it provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

   For more information go to: http://www.parentproject.com

9. **Girls On The Run**: Over a period of 10 weeks, girls in the 3rd through 5th grade participate in an after-school program like no other. Designed to allow every girl to recognize her inner strength, the Girls on the Run curriculum inspires girls to define their lives on their own terms. Throughout the season, the girls make new friends, build their confidence and celebrate all that makes them unique. The Girls on the Run lessons encourage positive emotional, social, mental and physical development. Participants explore and discuss their own beliefs around experiences and challenges girls face at this age. They also develop important strategies and skills to help them navigate life experiences. We start with helping the girls get a better understanding of who they are and what's important to them. Then, we look at the importance of team work and healthy relationships. And, finally, the girls explore how they can positively connect with and shape the world.

   For more information go to: http://www.girlsontherunnwohio.org/what-we-do/3rd-5th-grade-program

10. **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 Use, 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

Priority #4 | Youth and Child Bullying

Action Step Recommendations & Action Plan

To work toward decreasing **youth and child bullying,** the following actions steps are recommended:

4. Re-Introduce Evidence-based Bullying Prevention Programs Targeting Youth
5. Research The Girls on the Run Program
6. Increase Awareness & Education of Social Media Issues and Trends

Action Steps

Youth and Child Bullying		
Action Step	**Responsible Person/Agency**	**Timeline**
Re-Introduce Evidence-based Bullying Prevention Programs Targeting Youth		
Year 1: Re-Introduce at least one of the following programs or counseling services to schools: • School-based mental health therapy • Second Step • PAX Good Behavior Game • Incredible Years • ROX (Ruling Our Experience) • Steps To Respect • Expect Respect • Life Skills • Youth-led programming Discuss program/service needs and gaps with school personnel at all schools within the county. Work with school administrators, guidance counselors, and other community organizations to raise awareness of the programs and/or services. Implement the program or service in at least 1-2 schools.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1, 2017
Year 2: Increase awareness and participation of the selected programs. Increase the number of programs/services offered in each school. Double the number schools providing evidence based programming for youth and/or in school counseling services for youth.		January 1, 2018
Year 3: Continue efforts of years 1 and 2.		January 1, 2019
Research The Girls on the Run Program		
Year 1: Research *The Girls on the Run* program. Introduce *The Girls on the Run* program to Hancock County schools. Recruit at least 2 school districts agree to participate.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1, 2017
Year 2: Recruit at least 2 additional school districts. Continue efforts from year 1.		January 1, 2018
Year 3: Continue efforts from years 1 and 2.		January 1, 2019

Priority #4 I Youth and Child Bullying

Action Step Recommendations & Action Plan, *continued*

Youth and Child Bullying		
Action Step	**Responsible Person/ Agency**	**Timeline**
Increase Awareness & Education of Social Media Issues and Trends		
Year 1: Research what schools are currently doing to address social media issues and trends. Pilot an awareness campaign in one school-district to increase education and awareness of social media and bullying. Determine the best ways to educate students and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1, 2017
Year 2: Plan awareness programs/workshops focusing on different "hot topics" and risky behavior trends. Attain media coverage for all programs/workshops		January 1, 2018
Year 3: Continue efforts of years 1 and 2. Expand to an additional school district.		January 1, 2019

Priority #5 | Family Functioning

Family Functioning Indicators

37% of parents reported that every family member who lived in their household ate a meal together every day of the week. 93% of parents reported two or more family outings such as to the park, library, zoo, shopping, church, restaurants or family gatherings in the past week.

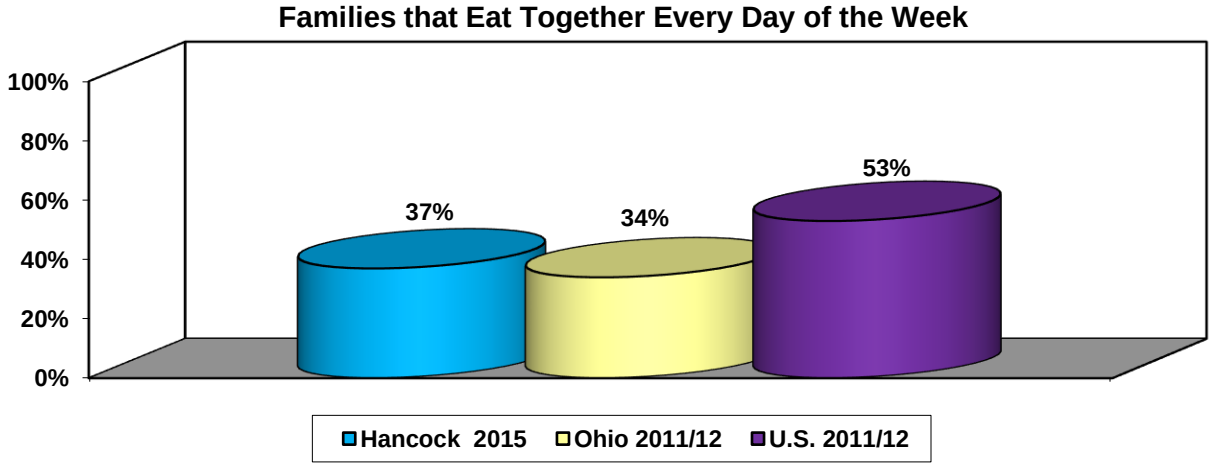
Family Functioning Indictors

Parents reported they or someone in the family reads to their child: every day (24%), almost every day (23%), a few times a week (19%), a few times a month (20%) and a few times a year (3%). 17% reported their child reads to themselves. 2% reported never reading to their child due to lack of interest from the child.

37% of parents reported that every family member who lived in their household ate a meal together every day of the week, increasing to 40% of parents of 0-5 year olds. Families ate a meal together an average of 5.1 times per week.

49% of parents reported their child attended religious service four or more times per month and 24% reported one to three times per month. 27% reported their child has never attended a religious service. Parents reported their child attended religious services an average of 3.1 times per month.

93% of parents reported two or more family outings such as to the park, library, zoo, shopping, church, restaurants or family gatherings in the past week and 5% reported one in the past week. Parents reported their family had an outing an average of 4.1 times per week.



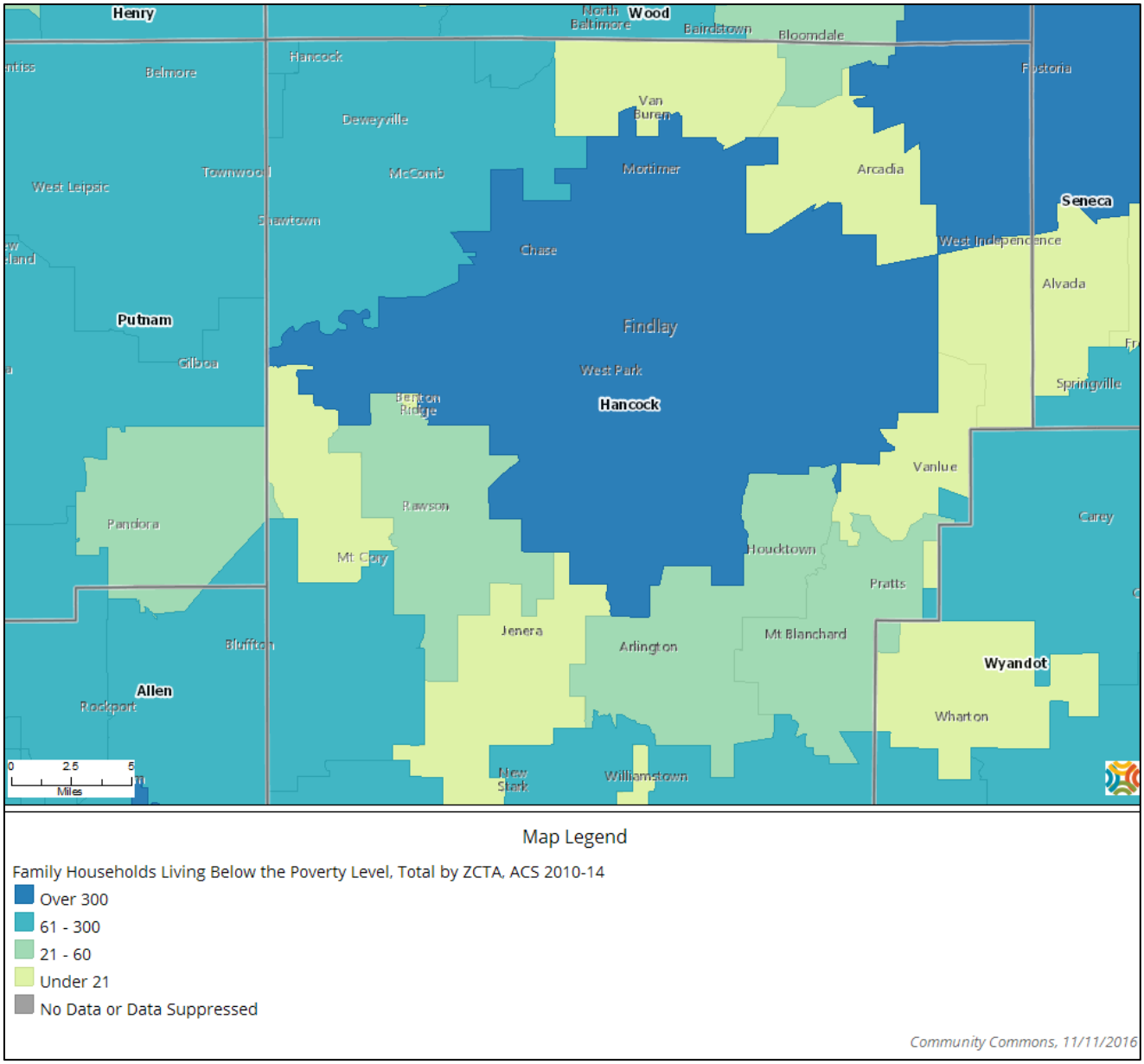
(Source: National Survey of Children's Health & 2015 Hancock County Health Assessment)

Child Comparisons	Hancock County 2011 0-5 Years	Hancock County 2015 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Hancock County 2011 6-11 Years	Hancock County 2015 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	51%	40%	63%	61%	44%	35%	45%	47%
Parent reads to child every day	31%	40%	53%	48%	6%	16%	N/A	N/A
Child never attends religious services	30%	36%	N/A	N/A	25%	22%	22%	18%

Priority #5 | Family Functioning

Family Functioning Indicators

Family Households Living Below the Poverty Level, Total by ZCTA, ACS 2010-14



(Source: U.S. Census Bureau, American Community Survey: 2010-14 as compiled by Community Commons 11/11/16)

Priority #5 | Family Functioning

Resource Assessment

Program/Strategy/ Service	**Responsible Agency**	**Population(s) Served**	**Continuum of Care** (prevention, early intervention, or treatment)	**Evidence of Effectiveness**
Parents as Teachers	Hancock Public Health Help Me Grow	Birth-3 years old	Prevention/Early Intervention	Evidence based program
2-1-1	United Way	Everyone	Prevention/Early Intervention/Treatment	None noted
No Wrong Door	FCFC	Those in need	Treatment	# of referrals
WRAP Around	Family First	None noted	Early Intervention/Treatment	None noted
Mom support groups	Various	Mothers	Prevention	None noted
Action Learning Grant	United Way	None noted	None noted	None noted
Family Nights	All elementary schools	None noted	Prevention/Early Intervention	None noted
Y Guys- Father/child outdoor event	YMCA	Fathers	None noted	None noted
Family Literacy Nights	None noted	None noted	None noted	None noted
Family Support Specialist	CAC	Pre-K- 5 years- Head Start	None noted	None noted
Dolly Parton Imagination	Help Me Grow	Family and children	Prevention/Early Intervention	None noted

Priority #5 | Family Functioning

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Busy Schedules	○ Families eating together only once a week – provide incentive to families to increase the number of times
2. Reading to Children	○ Give every family a library card ○ Increase/raise awareness of book drives and sales
3. Lack of Focus	○ Assess geographical area of need ○ Mobilize Neighborhood Task Force ○ Continue to have "Community Conversations" ○ Work with the faith-based community ○ Bring the service to them
4. Eating at Home	○ Parents and children cook together ○ Provide a community cooking class with easy and quick recipes
5. Connect Help Me Grow (ages 0-3) with Head Start (ages 3-5)	○ None noted
6. Leader In Me	○ Expand Leader In Me throughout Hancock County
7. Parenting Classes	○ Make parenting classes available to all parents

Priority #5 | Family Functioning

Best Practices

The following programs and policies have been reviewed and have proven strategies to improve **Family Functioning**:

1. **Leader In Me (LIM):** Leader in Me is a whole school transformation process. It teaches 21st century leadership and life skills to students and creates a culture of student empowerment based on the idea that every child can be a leader. *The Leader in Me* is aligned with best-in-class content and concepts practiced by global education thought leaders. It provides a logical, sequential and balanced process to help schools proactively design the culture that reflects their vision of the ideal school. Content from *The 7 Habits of Highly Effective People* is a key component of the overall *The Leader in Me* process. *The 7 Habits* is a synthesis of universal, timeless principles of personal and interpersonal effectiveness, such as responsibility, vision, integrity, teamwork, collaboration and renewal, which are secular in nature and common to all people and cultures.

   The Leader in Me is also aligned to many national and state academic standards. The process teaches students the skills needed for academic success in any setting. These skills include critical thinking, goal setting, listening and speaking, self-directed learning, presentation-making and the ability to work in groups.

   For more information, go to: http://www.theleaderinme.org/what-is-the-leader-in-me/

2. **The Triple P – Positive Parenting Program:** The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 30 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships confidently manage their children's behavior and prevent problems developing. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

   For more information, go to: http://www.triplep.net/glo-en/home/

Priority #5 | Family Functioning

Action Step Recommendations & Plan

To work toward improving **family functioning**, the following action steps are recommended:

5. Implement the Leader In Me (LIM) program
6. Incorporate Families and Children into Community Physical Activities
7. Increase Efforts to Engage The Community
8. Introduce The Positive Parenting Program (Triple P)

Action Plan

Family Functioning		
Action Step	Responsible Person/Agency	Timeline
Implement The Leader In Me (LIM) Curriculum		
Year 1: Research the Leader In Me (LIM) Curriculum. Begin to Introduce *The Leader In Me* curriculum to Hancock County schools. Recruit at least 1 school district to implement the Leader in Me curriculum.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1. 2017
Year 2: Explore additional grant and funding opportunities to sustain program. Look into expanding the LIM curriculum to other school districts in Hancock County.		January 1. 2018
Year 3: Continue efforts from years 1 and 2.		January 1. 2019
Incorporate Families and Children into Community Physical Activities		
Year 1: Obtain baseline data on organized physical activities in the county and if they offer a child or family component. Meet with organized physical activity leadership to assess the feasibility of integrating child and family components into current planned events and activities. Create a plan and promote it. Increase child and family participation at organized physical activity events by 10%.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1. 2017
Year 2: Continue efforts from Year 1. Increase child and family participation at organized physical activity events by 25%.		January 1. 2018
Year 3: Continue efforts from Years 1 and 2. Increase child and family participation at organized physical activity events by 50%. Work with local leaders to create new organized physical activities throughout the community, particularly in areas that may be lacking organized physical activity. Work with schools, parks and recreation, and other localities to utilize existing resources and promote physical activity in families.		January 1. 2019

Priority #5 | Family Functioning

Action Step Recommendations & Plan, *continued*

Family Functioning		
Action Step	Responsible Person/Agency	Timeline
Increase Efforts to Engage The Community		
Year 1: Work with community leaders and organizations to provide advice and insight on ways to effectively engage parents and families Continue to conduct community conversations regarding ways to improve family functioning. Work to assess a geographical area of need in the community. Ask HCNO to breakdown data by neighborhood and/or zip codes.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1. 2017
Year 2: Work with community leaders to develop neighborhood- and community-level strategies for addressing issues affecting the family unit (i.e. parents reading to children, eating dinner as a family, etc.) Focus on the chosen geographical area of need. Continue to have community conversations. Build capacity among community, neighborhood leaders and service providers by providing training on "family functioning" designed to give leaders insight into underlying causes and strategies to promote the family unit. Continue efforts from year 1.		January 1. 2018
Year 3: Increase efforts of years 1 & 2.		January 1. 2019
Introduce The Positive Parenting Program (Triple P)		
Year 1: Research the Positive Parenting Program (Triple P). Determine demand and interest from the community.	**Family Function Subcommittee** **Co-chaired by Findlay City Schools and Family Resource Center**	January 1. 2017
Year 2: Introduce the program to different organizations and locations throughout Hancock County including physicians' offices, Hospitals, schools, community centers, and other community organizations. Recruit at least 1 organization/location to participate in the *Triple P Provider Training Course*. Recruit at least 20 parents to participate in the program.		January 1. 2018
Year 3: Continue efforts from year 2.		January 1. 2019

PROGRESS AND MEASURING OUTCOMES

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Hancock County Health Coalition. The individual subcommittees that are working on action steps will meet on an as needed basis. The full Health Coalition 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.

Hancock 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 Hancock 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 **adult, youth and child obesity**, the indicators found on pages 21-25 will be collected every 3 years.
- To evaluate decreasing **adult, youth and child Substance Use**, the indicators found on pages 40-45 will be collected every 3 years.
- To evaluate increasing **adult, youth and child mental health**, the indicators found on pages 56-60 will be collected every 3 years.
- To evaluate decreasing **youth and child bullying**, the indicators found on pages 70-71 will be collected every 3 years.
- To evaluate improving **family functioning**, the indicators found on pages 82-83 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 Be Healthy Now Hancock County 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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