

Auglaize County

Community Health Improvement
Plan

2014-2017

COMMUNITY



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Executive Summary

Since 2007, Auglaize County has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. Auglaize County Stakeholders have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, Auglaize County will rally around the issues identified and work together to implement best practices that will improve the health of Auglaize County.

Strategies:

Priority Health Issues for Auglaize County
1. Decrease adult and youth obesity
2. Decrease adult and youth risky behaviors (alcohol, tobacco,& drug use, distracted driving, and youth sexual behaviors)
3. Decrease adult and youth mental health issues
4. Increase preventive health (health screenings & vaccinations)

Target Impact Areas:

To decrease adult and youth obesity-related behaviors, Auglaize County will focus on the following target impact areas:

1) Increase awareness of available programs, 2) Increase consumption of fruits and vegetables, 3) Increase exercise, and 4) Decrease sedentary behavior.

To decrease adult and youth risky behaviors, Auglaize County will focus on the following target impact areas: 1) Increase education and awareness, 2) decrease impaired driving and 3) increase screening for alcohol and drug abuse

To decrease adult and youth mental health issues, Auglaize County will focus on the following target impact areas: 1) Increase education and awareness, 2) increase screening for mental health issues

To increase preventive health, Auglaize County will focus on the following target impact areas: 1) Increase vaccinations and 2) Increase women's and men's health screenings

Action Steps:

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

1) Increase opportunities for youth to increase fruit and vegetable consumption, engage in physical activity and decrease sedentary behavior, 2) Increase senior transitional meal programs & increase nutrition education, 3) Wellness community calendar, 4) Increase nutrition/physical education materials being offered to patients by primary care providers, 5) Increase opportunities for business to provide wellness programs and insurance incentive programs for their employees, 6) Implement the OHA Healthy Hospitals Initiative

To work toward **decreasing adult and youth risky behaviors** the following actions steps are recommended:

1) Secure a Safe Communities Grant in Auglaize County, 2) Increase awareness of youth risky behaviors for parents, guardians and community members, 3) Implement a mentoring program, 4) Implement a responsible beverage service training program, 5) Increase the number of ER and primary care physicians screening for at-risk drinking and drug abuse, 6) Implement evidence-based youth prevention programs in elementary, middle and high schools

To work toward **decreasing adult and youth mental health issues** the following action steps are recommended:

1) Increase awareness of available mental health services, 2) Increase evidence-based programming for youth, 3) Increase the number of primary care physicians who screen for depression during office visits

To work toward increasing **preventive health**, the following action steps are recommended:

1) County-wide flu vaccination campaign, 2) County-wide Childhood vaccination campaign and 3) Create consistent men's and women's health screening recommendations and increase education

Partners

The Auglaize County Health Department wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their continued commitment to the mission of the health department helps to make Auglaize County a great place to live and work.

Committee Members:

Philip Atkins- Mental Health and Recovery Services Board
Tammy Brown-Mercy Unlimited
Dan Evans- Auglaize County Board of DD
Kevin Harlan-Grand Lake Health System
Dr. Dan Harpster- Auglaize County Health Board
Barb Hennard-OSU Extension
Randy Fisher- United Way of Auglaize County
Jennifer Free- Auglaize County Family and Children First Council
Gretchen Leppla- Auglaize County Educational Service Center
Josh Little- YMCA
Charlotte Parsons- Auglaize County Health Department
Don Regula-Auglaize County Commissioner
Christina Roby-Auglaize County Council on Aging
Dorothy Silver- Auglaize County Health Board, Joint Township District Memorial Hospital
Robert Warren- Auglaize County Council on Aging
Sheriff Allen F. Solomon- Auglaize County Sheriff

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

Strategic Planning Model

Beginning in January 2014, the Auglaize County Strategic Planning Committee met five (5) times and completed the following planning steps:

1. Choosing Priorities- Use of quantitative and qualitative data to prioritize target impact areas
2. Ranking Priorities- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. 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
4. 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
5. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
6. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

Needs Assessment

The Strategic Planning Committee reviewed the 2012 Auglaize County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following two tables are the group results.

What are the most significant **ADULT** health issues or concerns identified in the 2012 health assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Weight Control (7 votes) Obese/overweight	33% overweight 38% obese	Ages 30-64	Male
2. Alcohol Use (5 votes) Binge drinker	20%	>30	Male
3. Mental Health (4 votes) Contemplated suicide Depressed	3% 7%	<30 Incomes < \$25,000 (13%)	Male Male
4. Blood Cholesterol (4 votes) High Blood Cholesterol	37%	Ages 65+ (54%)	Male
5. Blood Pressure (4 votes) High Blood Pressure	41%	Ages 65+ (69%)	Males
6. Cancer (3 votes) Diagnosed with cancer at some point in their lives Deaths (ODH 2000-2008)	13% 22% total deaths	--- ---	--- ---
7. Drug Abuse (3 votes) Marijuana use in past 6 months Prescription drug misuse in past 6 months	6% 3%	<30 & Incomes < \$25,000 (18%) Incomes < \$25,000 (9%)	Male ---
8. Diabetes (2 votes) Diabetic Pre-Diabetic	11% 12%	65+ (17%) ---	---
9. Firearms (2 votes) Kept firearm in or around home Kept firearms unlocked/loaded	47% 4%	Ages 30-64 ---	Male ---
10. Arthritis (2 votes)	38%	Ages 65+	Female
11. Tobacco Use Current Smoker	19%	Income <\$25,000 (38%)	Male
12. Preventive Medicine No Flu Vaccination (adults and pediatric patients) Had Flu Vaccine in past 12 months	*33% 40%	--- ---	--- ---
13. Access to Care No primary care provider for those who visit ER Used hospital ER as usual place of health care	*24% 7%	--- Income <\$25,000 (17%)	--- ---
14. Grandparents Raising Grandchildren	15%	---	---
15. Motor Vehicle Crashes Fatal Crashes in Auglaize County	40% alcohol related in 2011 (higher than state & HP2020 objective)	---	Male
16. Food Insecurity	10% of Auglaize County adults sought food assistance in 2012	---	---

* Data collected from Joint Township District Memorial Hospital

Needs Assessment, continued

What are the most significant **YOUTH** health issues or concerns identified in the 2012 health assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Alcohol Use (7 votes) Current drinker Binge drinker	28% 65% (of drinkers)	17+ 17+	--- Male
2. Sexual Behaviors (6 votes) Had sexual intercourse 4+ partners	25% 10% (grades 9-12)	17+	Male
3. Weight Control (5 votes) Obese Overweight	13% 11%	Ages 14-16 Ages 14-16	Male Female
4. Drug Use (5 votes) Marijuana use past month Prescription drug misuse	11% 10%	17+ ---	Male Male
5. Bullying (4 votes) Bullied in the past year	45%	---	---
6. Tobacco Use (4 votes) Current Smoker	14%	17+	Male
7. Texting and Driving (3 votes)	60% of youth drivers	---	---
8. Mental Health and Suicide (3 votes) Considered Suicide Attempted Suicide Hurt themselves on purpose	10% 4% 24%	Ages 14-16 Ages 14-16 17+	Female Female Female
9. Lack of Flu Vaccine (1 vote)	*33% Adults & Pediatric Patients	---	---
10. Eating Issues (1 vote)	---	---	---

* Data collected from Joint Township District Memorial Hospital

Priorities Chosen

The Auglaize County Strategic Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off these parameters, the group decided to focus on the following four issues: adult and youth weight control, adult and youth risky behaviors (alcohol, tobacco & drug use, youth sexual behaviors, & distracted driving), adult and youth mental health issues and preventive health (health screenings & vaccinations). The results were sent out to the full committee for approval.

The rankings were as follows:

Issue	Average Score
Adult Weight Control	25.5
Adult Risky Behaviors	25
Youth Risky Behaviors	24
Adult Preventive Medicine	22.8
Adult Mental Health Issues	22.3
Youth Mental Health Issues	21.5
Youth Preventive Medicine	21.5
Youth Obesity	21.3
Cancer	20.5
Youth Basic Needs	20.5
Adult Basic Needs	19.9
Access to Care	19.9

Priority Health Issues for Auglaize County

1. Decrease adult and youth obesity
2. Decrease adult and youth risky behaviors (alcohol, tobacco,& drug use, distracted driving, and youth sexual behaviors)
3. Decrease adult and youth mental health issues
4. Increase preventive health (health screenings & vaccinations)

Strategy #1: Decrease obesity among adults and youth

Obesity Indicators

71% of Auglaize County adults were overweight or obese based on Body Mass Index (BMI). 24% of Auglaize County youth in grades 6-12 are classified as overweight or obese based on BMI.

Adult Weight Status

In 2012, the health assessment indicated that almost three-fourths (71%) of Auglaize County adults were either overweight (33%) or obese (38%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

Over half (54%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight and 2% were trying to gain weight.

Auglaize County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (52%), exercised (42%), ate a low-carb diet (12%), smoked cigarettes (2%), used a weight loss program (2%), went without eating 24 or more hours (1%), took diet pills, powders, or liquids without a doctor's advice (1%), participated in a dietary or fitness program (<1%), took prescribed medications (<1%), and vomited or took laxatives (<1%).

Adult Cardiovascular Health

About two-fifths (41%) of Auglaize County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.

Auglaize County adults diagnosed with high blood pressure were more likely to:

- Be age 65 years or older (69%)
- Be classified as obese by Body Mass Index-BMI (50%)

Over one-third (37%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.

Over three-quarters (78%) of adults had their blood cholesterol checked within the past 5 years. The 2009 BRFSS reported 78% of Ohio adults and 77% of U.S. adults had theirs checked within the past 5 years.

Auglaize County adults with high blood cholesterol were more likely to:

- Be age 65 years or older (54%)
- Be classified as overweight by Body Mass Index-BMI (44%)

Youth Weight Status

11% of Auglaize County youth in grades 6-12 were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 13% of youth were classified as obese by BMI compared to 15% for Ohio and 13% for the U.S. (2011 YRBS)

Adult Nutrition

In 2012, 6% of adults ate 5 or more servings of fruits and vegetables per day. 89% of adults ate one to four servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

38% of adults drank pop, punch, kool-aid, sports drinks, or other fruit flavored drinks at least once per day.

Youth Nutrition

13% of Auglaize County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.

Almost one-third (32%) of youth drank pop, punch, Kool-aid, sports drinks, energy drinks, etc. at least once per day.

Auglaize County youth ate out in a restaurant or brought home take-out food an average of 2.7 times per week.

Strategy #1: Decrease obesity among adults and youth

Obesity Indicators, continued

Adult Physical Activity

In Auglaize County, 51% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 27% of adults exercised 5 or more days per week and 30% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

On an average day, adults spent time doing the following: 2.6 hours watching television, 1.3 hours on the computer outside of work, 1.0 hour on their cell phone, and 0.3 hours playing video games.

Youth Physical Activity

74% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 51% did so on 5 or more days in the past week and 31% did so every day in the past week. 12% of youth reported that they did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reported 16% for Ohio and 14% for the U.S.).

Auglaize County youth spent an average of 3.9 hours on their cell phone, 2.3 hours watching TV, and 2.1 hours playing video games on an average day of the week.

36% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

2008/2012 Youth Comparisons	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2012 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Obese	14%	13%	14%	15%	13%
Overweight	13%	11%	12%	15%	15%
Described themselves as slightly or very overweight	30%	28%	30%	30%	29%
Trying to lose weight	42%	45%	46%	N/A	N/A
Exercised to lose weight	N/A	28%	29%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	8%	9%	43%*	39%*
Went without eating for 24 hours or more	11%	2%	2%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	5%	1%	1%	6%	5%
Vomited or took laxatives	3%	0%	0%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	81%	80%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	69%	71%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	49%	47%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	13%	16%	14%
Watched TV 3 or more hours per day	43%	36%	35%	31%	32%

N/A – Not available

Strategy #1: Decrease obesity among adults and youth

Obesity Indicators, continued

2008/2012 Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Ohio 2010	U.S. 2010
Obese	33%	38%	30%	28%
Overweight	39%	33%	36%	36%
Ate 5 or more servings of fruit/vegetables per day	N/A	6%	21%*	23%*
Had high blood pressure	35%	41%	32%*	29%*
Had high blood cholesterol	30%	37%	40%*	38%*
Had blood cholesterol checked within the past 5 years	74%	78%	78%*	77%*

*2009 BRFSS Data

Strategy #1: Decrease obesity among adults and youth

Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Weight loss challenge (77 tons lost in 7 years)	Joint Township District Memorial Hospital (2014: 287 participants, 57 teams)	All ages (Auglaize, Mercer, Shelby & Allen Counties)	Prevention, intervention and treatment	Results tracked monthly
YMCA: Multiple programs	Auglaize-Mercer Wapakoneta YMCAs	All ages	Prevention, intervention and treatment	Results tracked
Dietician	Joint Township District Memorial Hospital	Adults	Prevention, intervention and treatment	Results tracked
Dining With Diabetes	Ohio State University Extension	Adults	Prevention and intervention	Evidence-based
Diabetes education	St. Rita's Medical Center	Ages 11+	Prevention, intervention and treatment	Results tracked
Fitness clubs (FIRE, Curves, SNAPS)	Multiple organizations	All ages	Prevention, intervention and treatment	Best practice
Weight Watchers	Multiple agencies	Adults	Prevention and intervention	Evidence-based
PRISM weight loss program	St. Joseph	Youth and Adults	Prevention and intervention	Results tracked
WIC	Health Department	Pregnant women and Children birth- 5	Prevention and intervention	Results tracked
Choose it-Use it	Ohio State University Extension	Grades 3 and 4	Prevention	Evidence-based
School health fairs	Joint Township District Memorial Hospital	Grades 4-6 (Auglaize and Shelby County)	Prevention	
Live Healthy- Live Well online challenge	Ohio State University Extension	Adults	Prevention	Results tracked
Sports programs in schools	Schools	Youth	Prevention, intervention and treatment	Best practice
Youth sports	Multiple	Youth	Prevention, intervention and treatment	Best practice
Transitional Meal Program	Auglaize County Council on Aging	Adults 60+	Treatment	Results tracked

Strategy #1: Decrease obesity among adults and youth

Gaps & Potential Strategies

Gaps	Potential Strategies
Auglaize County adults are at elevated risk for developing diseases due to high BMI that has worsened from 2008 to 2012. As of 2012, 71% of the adult population was either overweight or obese, with the obese population increasing from 33% in 2008 to 38% in 2012.	<ul style="list-style-type: none"> • Encourage more Auglaize County businesses to incentivize employees for moving towards and attaining healthy BMI, such as employee insurance premium reductions (or conversely penalize with higher rates). • Encourage more Auglaize County businesses to promote healthy physical fitness levels by subsidizing or negotiating special membership rates for their employees with area fitness facilities and YMCAs. • Encourage more Auglaize County businesses to offer weight control assistance and tools through partnerships with area programs such as Weight Watchers.
24% of Auglaize County youth are at elevated risk for developing diseases due to high BMI (either overweight or obese), with a small improvement over 2008's study at 27%.	<ul style="list-style-type: none"> • Increase awareness of healthy eating habits and physical activity levels through additional community outreach events to the area youth- in possible partnership with area schools • Explore possibility of summer physical fitness programs directed toward the area youth • Summer feeding programs • Expanding YMCA Fun Bus opportunities.
Sedentary Lifestyle	<ul style="list-style-type: none"> • Increase meaningful activity to consume calories. • Increase education.
High cost of nutritional foods (specialized diets)	<ul style="list-style-type: none"> • Grants to increase transitional meal programs for seniors. (109 seniors were turned away last year) • How to eat healthy for less (classes on couponing etc.) • Volunteer visiting program for seniors or those who are homebound. (nutrition education) • Work with OSU Extension to get educational materials offered to those who are utilizing the transition meal programs.
One on one counseling for weight management	<ul style="list-style-type: none"> • Increase education for primary care providers/physicians • Volunteer nutritionist
Lack of low-cost exercise programs	<ul style="list-style-type: none"> • Churches • 2 Increase awareness of the YMCA scholarship program (1,100 scholarships given last year)

Strategy #1: Decrease obesity among adults and youth

Best Practices

Best Practices

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

1. **We Can!** (**W**ays to **E**nhance **C**hildren's **A**ctivity & **N**utrition) is a national movement designed to give parents, caregivers, and entire communities a way to help children 8 to 13 years old stay at a healthy weight. Research shows that parents and caregivers are the *primary influence* on this age group. The **We Can!** national education program provides parents and caregivers with tools, fun activities, and more to help them encourage healthy eating, increased physical activity, and reduced time sitting in front of the screen (TV or computer) in their entire family. **We Can!** also offers organizations, community groups, and health professionals a centralized resource to promote a healthy weight in youth through community outreach, partnership development, and media activities that can be adapted to meet the needs of diverse populations. Science-based educational programs, support materials, training opportunities, and other resources are available to support programming for youth, parents, and families in the community. For more information go to: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm>
2. **CATCH** (*Coordinated Approach to Child Health*) - This program is designed for after-school youth groups and community recreation programs and has a large base of scientific evidence to support its effectiveness in teaching healthy activity to adolescents and younger kids. CATCH consists of classroom curricula for third through fifth grades, parental involvement programs, CATCH PE, the Eat Smart foodservice program and CATCH Kids Club (K-8th grade after-school participants). The emphasis in the curricula is on making healthy food choices through skills training. For more information go to <http://catchinfo.org>
3. **Breast feeding Promotion Programs:** Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Evidence of Effectiveness

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>

Strategy #1: Decrease obesity among adults and youth

Best Practices

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

1. **Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.
2. **Diet Therapy-** Current dietary recommendations continue to focus on the low-calorie, low-fat diet, with intake of 800 to 1500 kcal of energy per day. Caloric reduction in the range of 500 to 1000 kcal less than the usual intake is appropriate. This will allow for approximately 1 to 2 pounds of weight loss per week. For more information go to <http://www.mypyramid.gov/>.
3. **Healthy Hospitals Initiatives/Dietary Guidelines for Americans, 2010:** The Dietary Guidelines for Americans are evidence-based recommendations intended to help people choose an overall healthy diet. The 2010 Dietary Guidelines include 23 key recommendations for the general population and 6 additional key recommendations for specific population groups, such as pregnant women.

Developed By: USDA/CNPP, HHS/OASH

For more information go to:

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf>

4. **Exercise program-** The CDC recommends 60 minutes of physical activity for at least 5 days a week. Encourage people to make lifestyle changes such as taking the stairs, parking farther away, playing with their kids, etc. Small bouts of physical activity all day long can account to 60 minutes easily. It does not have to be a full hour of exercising in a gym. For more information go to <http://www.mypyramidtracker.gov/>.
5. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Increase opportunities for youth to increase fruit and vegetable consumption, engage in physical activity and decrease sedentary behavior

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

1. Increase senior transitional meal programs & increase nutrition education
2. Wellness community calendar
3. Increase nutrition/physical education materials being offered to patients by primary care providers
4. Increase opportunities for business to provide wellness programs and insurance incentive programs for their employees
5. Implement the OHA Healthy Hospitals Initiative

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Youth Fruit and Vegetable Consumption, Increase Physical Activity & Decrease Sedentary Behavior		
Year One: Research the awareness campaign We Can! Program to educate parents and caregivers of the benefits of encouraging healthy eating, increasing physical activity and reducing screen time. Disseminate information throughout Auglaize County. Work with the Auglaize County schools and other organizations to expand current physical fitness programming and/or create an organized physical activity program.	Auglaize County Health Department, Wapakoneta YMCA & Auglaize County Educational Service Center	March, 2015
Year Two: Continue educating parents on the importance of reducing screen time. Pilot a peer-based recess program in at least one school district. Pilot one organized physical activity program at each school district		March, 2016
Year Three: Continue education to parents Implement a peer-based recess program in at least one building in each school district Implement organized physical activity programs in both high school and middle school grades.		March, 2017
Increase Senior Transitional Meal Programs & Increase Nutrition Education		
Year One: Explore grants and other funding opportunities to increase the number of Seniors involved in the transitional meal program. Work with Joint Township District Memorial Hospital, OSU Extension and other community organizations to create an educational component for Seniors receiving transitional meals.	Christina Roby -Auglaize County Council on Aging	March, 2015
Year Two: Secure funding and increase the number of Seniors who receive transitional meals by 25%. Continue providing nutrition education to seniors to all seniors receiving transitional meals.		March, 2016
Year Three: Continue efforts of years 1 and 2.		March, 2017

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Wellness Community Guide and Calendar		
<p>Year 1: Create an integrated resource guide among Auglaize County Organizations. Within the resource guide create a community calendar/guide and/or wellness blog with the most up-to-date information regarding nutrition and exercise programs and opportunities in Auglaize County. Include information regarding community gardens and farmer's markets in the area, as well as Transitional Meal Programs for Seniors.</p> <p>Highlight programs that are free or available at a reduced cost.</p> <p>Make sure guides and calendars are available on facebook and other social network site, as well as online. Update key words on search engines. Provide updated information to local radio stations.</p>	Community Outreach- Grand Lake Health System	March, 2015
<p>Year 2: Keep the community calendar updated on a quarterly basis.</p> <p>Tie the programs and activities into employee incentive programs.</p>		March, 2016
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Determine on an annual basis, who will update the guides and calendars for the next 3 years.</p>		March, 2017
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers		
<p>Year One: Work with primary care physician offices to assess what information and/or materials they are lacking to provide better care for overweight and obese patients.</p>	Community Outreach- Grand Lake Health System	March, 2015
<p>Year Two: Offer training for primary care physicians and/or staff such as nutrition counseling and/or other practice-based changes to provide better care for obese/overweight patients. Provide participants with referral and educational materials.</p> <p>Enlist at least 2 primary care physician offices to be trained.</p>		March, 2016
<p>Year Three: Offer additional trainings to reach at least 75% of the primary care physician offices in the county.</p>		March, 2017

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
<p>Year 1: Collect baseline data on businesses and organizations offering comprehensive wellness and insurance incentive programs to employees</p> <p>Host a wellness summit to educate businesses about the benefits of implementing worksite wellness programs. Provide CEUs for human resource personnel.</p> <p>Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers or special membership rates to recreational facilities for their employees and their spouses</p>	West Central Ohio Regional Healthcare Alliance, Ltd. (WCORHA)	March, 2015
<p>Year 2: Get 3 businesses/organizations to initiate wellness and/or insurance incentive programs or upgrade their current programs to best practices.</p>		March, 2016
<p>Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p> <p>Encourage businesses and organizations to incentivize employees who are reaching goals and making positive changes.</p>		March, 2017
Implement OHA Healthy Hospitals Initiative		
<p>Year 1: Grand Lake Health System will explore opportunities to align with the Ohio Hospital Association's Good 4 You initiative.</p> <p>Create a focus group to set the parameters for the Good 4 You Initiative. Consider setting parameters in the following priority areas:</p> <ul style="list-style-type: none"> Balanced menus Healthy beverages Breastfeeding Healthier Vending <p>Create an action plan and begin implementing the Good 4 You Initiative in at least one priority area.</p>	Grand Lake Health System	March, 2015
<p>Year 2: The program will be introduced to area businesses and organizations.</p> <p>The hospital will assist others to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		March, 2016
<p>Year 3: The program will be introduced into other areas of the community (schools, churches, etc.)</p>		March, 2017

Strategy #2: Decrease adult & youth risky behaviors (alcohol, tobacco & drug use, motor vehicle accidents, and youth sexual behaviors) Risky Behavior Indicators

In 2012, the Health Assessment indicated that 9% of Auglaize County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 37% of adults who drank had five or more drinks (for males) and 4 or more drinks (for females) on one occasion (binge drinking) in the past month. 27% of adults drove after drinking alcohol. 58% of all Auglaize County youth grades 6-12 have had at least one drink of alcohol in their life, increasing to 80% of youth seventeen and older. 18% of youth were defined as binge drinkers. 14% of Auglaize County youth grades 6-12 were identified as current smokers, having smoked at some time in the past 30 days. 10% of youth reported they had used medication not prescribed for them or took more than prescribed to feel good or get high at some time in their life. 25% of youth have had sexual intercourse, increasing to 40% of those youth ages 17 and over.

Youth Alcohol Use

More than one-quarter (28%) of youth had at least one drink in the past 30 days, increasing to 50% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).

Of those who drank, 65% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 74% of males.

Based on all youth surveyed, 18% were defined as binge drinkers, increasing to 34% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.).

14% of Auglaize County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.

Nearly one-third (31%) of Auglaize County youth who reported drinking at sometime in their life had their first drink at 12 years old or younger; 28% took their first drink between the ages of 13 and 14, and 41% drank between the ages of 15 and 18. The average age of onset was 13.2 years old.

Auglaize County youth drinkers reported they got their alcohol from the following: someone gave it to them (58%) (2011 YRBS reports 40% for the U.S.), someone older bought it for them (35%), a parent gave it to them (27%), a friend's parent gave it to them (12%), bought it in a liquor store/ convenience store/gas station (7%), took it from a store of family member (6%), bought it at a restaurant/bar/club (2%), bought it with a fake ID (3%), bought it at a public event (concert/sporting event) (2%), and some other way (23%).

During the past month 18% of all Auglaize County youth had ridden in a car driven by someone who had been drinking alcohol (2011 YRBS reports 21% for Ohio and 2011 YRBS reports 24% for the U.S.).

8% of all youth drivers had driven a car in the past month after they had been drinking alcohol, increasing to 12% of those 17 and older (2011 YRBS reports 7% for Ohio and 8% for the U.S.).

Adult Alcohol Consumption

In 2012, half (51%) of the Auglaize County adults had at least one alcoholic drink in the past month, increasing to 61% of those with incomes more than \$25,000 and 60% of those under the age of 30. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.

One in eleven (9%) adults were considered frequent drinkers (drank on an average of three or more days per week).

About one in five (20%) of all Auglaize County adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.

Strategy #2: Decrease adult & youth risky behaviors (alcohol, tobacco & drug use, motor vehicle accidents, and youth sexual behaviors) Risky Behavior Indicators, continued

37% 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 (See box above).

27% of adults reported driving after having any alcoholic beverages, increasing to 36% of males.

Auglaize County adults experienced the following: drank more than they expected (12%), tried to quit or cut down but could not (3%), spent a lot of time drinking (2%), continued to drink despite problems caused by drinking (2%), drank more to get the same effect (2%), gave up other activities to drink (2%), drank to ease withdrawal symptoms (2%), and repeatedly failed to fulfill obligations at work or placed themselves in dangerous situations or legal problems (1%).

Adults approve of Auglaize County youth doing the following: parents allowing or giving alcohol to minors in their home (6%), drinking alcohol (4%), drinking alcohol and driving (1%), riding in a vehicle with someone who had been drinking (1%), binge drinking (1%), and consuming

Adult Tobacco Use

Nearly one-fifth (19%) of Auglaize County adults reported being current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days).

Just under one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

Youth Tobacco Use

14% of Auglaize County youth were current smokers, having smoked at some time in the past 30 days, increasing to 24% of 17-18 year olds.

The average age of onset for smoking was 13.2 years old.

7% of youth had used chewing tobacco in the past month increasing to 14% of males and those ages 17 and older.

Adult Drug Use

6% of Auglaize County adults had used marijuana in the past six months, increasing to 18% of those with incomes less than \$25,000.

3% of adults had used medication not prescribed to them or they took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 9% of those with incomes less than \$25,000.

Youth Drug Use

In 2012, 11% of all Auglaize County youth had used marijuana at least once in the past 30 days, increasing to 17% of those over the age of 17.

One in ten (10%) Auglaize County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 16% of those over the age of 17.

During the past 12 months, 7% of all Auglaize County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 10% of high school youth (2011 YRBS reports 24% for Ohio and 26% for the U.S.).

Youth Sexual Behaviors

25% of youth in grades 7-12 had sexual intercourse increasing to 40% of those ages 17 and over.

24% of youth had participated in oral sex, and 18% of youth had participated in sexting.

Of those youth who were sexually active, 44% had one sexual partner and 56% had multiple partners.

10% of all Auglaize County high school youth had 4 or more partners.

Strategy #2: Decrease adult & youth risky behaviors (alcohol, tobacco & drug use, motor vehicle accidents, and youth sexual behaviors) Risky Behavior Indicators, continued

16% of youth reported they were engaging in intercourse without a reliable method of protection.

The average age of onset was 14.6 years old.

Youth Safety

In the past month, Auglaize County youth drivers did the following while driving: wore a seatbelt (83%), talked on their cell phone (65%), ate (60%), texted (60%), checked Facebook on their cell phone (13%), used the Internet on their cell phone (13%), used cell phone for other things (10%), applied makeup (6%), and read (3%).

Youth Variables	Auglaize County 2008 (6-12 grade)	Auglaize County 2012 (6-12 grade)	Auglaize County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Alcohol Use					
Ever had at least one drink of alcohol in lifetime	60%	58%	73%	71%	71%
Used alcohol during past month	38%	28%	41%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	26%	18%	27%	24%	22%
Drank for the first time before age 13 (of all youth)	20%	16%	14%	18%	21%
Rode with someone who was drinking in past month	23%	18%	20%	21%	24%
Drank and drove in past month	8%	7%	7%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	58%	55%	N/A	40%
Tobacco Use					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	30%	29%	39%	52%	45%
Used cigarettes on one or more days in the past month	16%	14%	20%	21%	18%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	10%	7%	8%	14%	10%
Used smokeless tobacco in past month	10%	7%	11%	12%	8%
Tried to quit smoking	40%	47%	50%	56%	50%
Sexual Behavior					
Ever had sexual intercourse	25%	25%	35%	45%*	47%
Had four or more sexual partners	5%	7%	10%	18%	15%
Had sexual intercourse before age 13	3%	3%	2%	6%	6%
Used a condom at last sexual intercourse	61%	66%	69%	60%*	60%
Used birth control pills at last sexual intercourse	33%	28%	29%	23%	18%
Did not use any method to prevent pregnancy during the last sexual intercourse	17%	16%	17%	10%	13%
Drug Use					
Used marijuana in the past month	8%	11%	15%	24%	23%
Used prescription medication in order to get high or feel good	9%	10%	14%	N/A	N/A

N/A= not available

*2007 YRBS Data

+2005 YRBS Data

Strategy #2: Decrease adult and youth risky behaviors

Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Alcohol/drug programs	Colman & Family Resource Center	Youth and adult	Prevention, intervention, and treatment	Results tracked
Medication assisted treatment for opiate	Coleman Family Resource Center	Adult	Treatment	Evidence-based
Lifeskills	Family Resource Center	Youth: Elementary	Prevention	Evidence-based
PAX Good Behavior Program	Family Resource Center	Youth (K-3) (Now in 16 classrooms)	Prevention	Evidence-based
Dino school (Incredible Years)	Family Resource Center	Youth & families	Prevention	Evidence-based
Medication disposal	Sheriff's Office	All ages	Prevention	Collection results tracked
Prescription education	Ohio State University Extension Office	All ages	Prevention	Evidence-based
Safe Dates	Partnership for Violence Free Families (PVFF)	Middle/High school youth	Prevention	Pre/Post tests
DARE & School Resource Officer program	Sheriff's Office	Youth: Grade 5	Prevention	Evidence-based
Sex education at community health fairs (abstinence)	Catholic Social Services	Youth and adults	Prevention	None
Car Teens (Traffic safety program)	Ohio State University extensions	Youth drivers	Intervention (court ordered)	Results tracked
Mock accidents	Local law enforcement	Youth: High school	Prevention	None
YMCA after-school & summer programs	YMCA	Youth (all ages)	Prevention	Results tracked
Billboard campaigns	Multiple agencies	All ages	Prevention	None

Strategy #2: Decrease adult and youth risky behaviors

Gaps & Potential Strategies

Gaps	Potential Strategies
Auglaize County's percentage of fatal accidents that are alcohol-related have been higher than the state average (2011- 40% of Auglaize vs. 38% Ohio); In 2012, 18% of Auglaize County youth reported being a passenger in a car in which the driver was drinking- education needed.	<ul style="list-style-type: none"> • Auglaize County Sheriff Department partnership with area schools to provide increased education on the dangers of impaired driving to high school students- Mock Crash demonstrations, guest speakers on drunk driving prevention through nationally-recognized organizations such as SADD and MADD. • Auglaize County Sheriff Department partnership with area driving education schools to incorporate increased education on the dangers of impaired driving to new permit-holders.
Auglaize County youth's use of illicit drugs has increased from 2008 to 2012- education needed.	<ul style="list-style-type: none"> • Auglaize County Sheriff Department partnership with area schools to provide increased education on the dangers of drug use to high school students- guest speakers on drug addiction through national-recognized organizations such as SADD and MADD.
In 2012, 60% of Auglaize County's youth reported texting while driving and 65% reported talking on their cell phone while driving- education on impairment needed.	<ul style="list-style-type: none"> • Auglaize County Sheriff Department partnership with area schools to provide increased education on the dangers of texting while driving to high school students- such as Texting and Driving simulators and guest speakers on the subject through nationally-recognized organizations. • Education built into area high school health classes regarding the Ohio Ban on Texting and its dangers, along with continual education materials at the schools such as literature/posters. • Participation in the Red Thumb Reminder campaign
Recognition of consequences for risky behaviors	<ul style="list-style-type: none"> • Provide education. • Target the 18-25 year old population. • Mentoring programs through service organizations.
Lack of Senior Driving Education	<ul style="list-style-type: none"> • Raise awareness. • Increase education on mixing medications/alcohol/over-the-counter medication and driving. • Partner with County law enforcement to provide education.
Responsible Beverage Training	<ul style="list-style-type: none"> • Host a seller-server training in Auglaize County.
Lack of youth drug testing programs	<ul style="list-style-type: none"> • Research grants and funding opportunities.

Strategy #2: Decrease adult and youth risky behaviors

Best Practices

Best Practices

The following programs have been reviewed and have proven strategies to **address risky behaviors in adults**:

1. **Motivational Interviewing (MI)**- MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Although many variations in technique exist, the MI counseling style generally includes the following elements:
 - Establishing rapport with the client and listening reflectively.
 - Asking open-ended questions to explore the client's own motivations for change.
 - Affirming the client's change-related statements and efforts.
 - Eliciting recognition of the gap between current behavior and desired life goals.
 - Asking permission before providing information or advice.
 - Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
 - Encouraging the client's self-efficacy for change.
 - Developing an action plan to which the client is willing to commit.For more information go to <http://www.motivationalinterview.org>.
2. **Alcoholics Anonymous** - Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety. For more information go to <http://www.aa.org>
3. **ModerateDrinking.com and Moderation Management** - ModerateDrinking.com and Moderation Management are complementary online interventions designed for nondependent, heavy-drinking adults who want to reduce the number of days on which they drink, their peak alcohol use on days they drink, and their alcohol-related problems. For more information go to http://www.moderatedrinking.com/home/default_home.aspx?p=register_login
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.htm>
5. **Project ASSERT**- Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
 1. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).

Strategy #2: Decrease adult and youth risky behaviors

Best Practices, continued

2. 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).
3. 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://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=222>

The following programs and policies have been reviewed and have proven strategies to **address risky behaviors in youth**:

1. **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>.
2. **Guiding Good Choices (GGC)**- GGC is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. GGC is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. The current intervention is a five-session curriculum and families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting. For more information go to <http://www.channing-bete.com/ggc>.

Strategy #2: Decrease adult and youth risky behaviors

Action Step Recommendations & Action Plan

Action Step Recommendations

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

1. Secure a Safe Communities Grant in Auglaize County
2. Increase awareness of youth risky behaviors for parents, guardians and community members
3. Implement a mentoring program
4. Implement responsible beverage service training program
5. Increase the number of ER and primary care physicians screening for at-risk drinking and drug abuse
6. Implement evidence-based youth prevention programs in elementary, middle and high schools

Action Plan

Decrease Adult & Youth Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Secure a Safe Communities Grant in Auglaize County		
Year 1: Explore opportunities to apply for a Safe Communities Grant from the Ohio Traffic Safety Office.	Auglaize County Sheriff's Office & other local organizations	March, 2015
Year 2: Secure a Safe Communities Grant. Establish a Safe Communities Coalition with diverse partners including law enforcement. Establish quarterly meetings. Work to address the required traffic safety goals and activities addressed in the Safe Communities grant. Increase awareness in the community by planning a countywide summer event. Reapply and secure a second year of the Safe Communities Grant.		March, 2016
Year 3: Continue working on required traffic safety goals. Increase the number of countywide events by 25%. Increase participation in countywide events by 25%.		March, 2017
Increase Awareness of Risky Behaviors for Parents, Guardians and Community Members		
Year 1: Plan a community awareness campaign to increase education and awareness of risky behaviors. Determine best ways to educate community and parents (social media, newspaper, school websites or newsletters, television, church bulletins, etc.)	Jennifer Free- Auglaize County Family and Children First Council & Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Plan awareness programs/workshops focusing on different "hot topics" and risky behavior trends. Attain media coverage for all programs/workshops		March, 2016
Year 3: Continue efforts of years 1 and 2.		March, 2017

Strategy #2: Decrease adult and youth risky behaviors

Action Step Recommendations & Action Plan, continued

Decrease Adult & Youth Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Implement a Mentoring Program for Youth		
Year 1: Research successful youth mentoring programs throughout Northwest Ohio. Meet with key leaders involved with those programs to discuss how to replicate their successful mentoring program in Auglaize County.	Jennifer Free- Auglaize County Family and Children First Council	March, 2015
Year 2: Secure space and materials needed to begin a mentoring program. Collaborate with local organizations such as schools, libraries and churches to pilot a youth mentoring program in one local community.		March, 2016
Year 3: Expand the mentoring program geographically throughout Auglaize County to encompass all local communities.		March, 2017
Implement Responsible Beverage Service Trainings		
Year 1: Work with the Ohio Investigative Unit to collect baseline data to find out which establishments are currently doing trainings and how often.	Auglaize County Health Department	March, 2015
Year 2: Host a responsible beverage service training in Auglaize County for all establishments that sell and or serve alcohol.		March, 2016
Year 3: Continue to offer trainings. Provide incentives to establishments who have successfully completed the training. Increase the number of businesses that have had their employees trained.		March, 2017
Increase the Number of ER and Primary Care Physicians Screenings for At-Risk Drinking and Drug Abuse		
Year 1: Collect baseline data on the number of ER and primary care physicians that currently screen for at-risk drinking and alcohol /drug abuse, and at what ages.	Michelle Wasmund- Grand Lake Health System & Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Introduce a Screening, Brief Intervention and Referral to Treatment (SBIRT) alcohol screening tool to physicians' offices and hospital emergency room. Pilot the protocol with one primary care physician's office and the hospital emergency room.		March, 2016
Year 3: Increase the number of ER and primary care physicians screening for alcohol/drug abuse by 50% from baseline.		March, 2017
Implement Evidence-Based Prevention Programs in Elementary, Middle and High Schools		
Year 1: Research which programs are currently being implemented and where.	Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Introduce PAX or other evidence based program to one district.		March, 2016
Year 3: Expand programming to all districts		March, 2017

Strategy #3: Decrease adult and youth mental health issues

Mental Health Indicators

In 2012 the health assessment results indicated that 3% of Auglaize County youth had considered attempting suicide. 7% of adults felt sad or hopeless almost every day for two or more weeks that they stopped doing usual activities.

Adult Mental Health Issues

In the past year, 7% of Auglaize County adults felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing usual activities.

3% of Auglaize County adults considered attempting suicide in the past year. Less than 1% of adults attempted suicide.

In the past year, Auglaize County adults were diagnosed with or treated for the following mental health issues: a mood disorder (7%), an anxiety disorder (5%), a psychotic disorder (1%), and some other mental disorder (<1%). 6% indicated they had taken medication for one or more mental health issues.

Adults dealt with anxiety, stress and depression in the following ways: talked to a family member (36%), exercised (25%), ate (25%), slept (24%), hobbies (23%), talked to a peer (22%), used prescribed medication (12%), smoked (10%), shopped (10%), drank alcohol (10%), wrote in a journal (2%), used illegal drugs (2%), used un-prescribed medication (1%), self-harm (1%), and broke something (<1%).

Youth Mental Health Issues

In 2012, 10% of Auglaize County youth reported they had seriously considered attempting suicide in the past 12 months. 13% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.

In the past year, 4% of Auglaize County youth had attempted suicide and 1% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.

One-fifth (20%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

Auglaize County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (47%), hobbies (42%), talking to a peer (33%), exercising (33%), eating (27%), talking to someone in their family (26%), shopping (16%), breaking something (11%), smoking/using tobacco (8%), writing in a journal (8%), drinking alcohol (8%), self-harm (6%), using illegal drugs (5%), using prescribed medication (4%), vandalism/violent behavior (4%), using un-prescribed medication (2%), and gambling (2%).

Auglaize County youth reported the following causes of anxiety: academic success (36%), sports (32%), fighting with friends (31%), fighting at home (23%), peer pressure (22%), dating relationship (20%), breakup (19%), poverty/no money (11%), parent lost their job (6%), family member in the military (2%), and other stress at home (29%).

Strategy #3: Decrease adult and youth mental health issues

Mental Health Indicators, continued

2008/2012 Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Ohio 2011	U.S. 2011
Two or more weeks in a row when felt sad or hopeless	14%	7%	N/A	N/A
Considered attempting suicide	5%	3%	N/A	N/A

2008/2012 Youth Comparisons	Auglaize County 2008 (6 th -12 th)	Auglaize County 2012 (6 th -12 th)	Auglaize County 2012 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered attempting suicide	13%	10%	13%	14%	16%
Youth who had attempted suicide	6%	4%	4%	9%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	21%	20%	23%	27%	29%

Strategy #3: Decrease adult and youth mental health issues

Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Auglaize County Crisis Center	Private non-profit	All ages	Prevention, intervention and treatment	
Grief support groups Healing Angels, Healing Memories, Hospice	Joint Township District Memorial Hospital (Home health agencies)	All Ages	Prevention, intervention and treatment	
Stroke support group	Joint Township District Memorial Hospital	Adult	Intervention and treatment	
Parkinson's support group	Joint Township District Memorial Hospital	Adult	Prevention, intervention and treatment	
Children's mental health services: counseling, case management, psychiatry, tele- psychiatry, alcohol and drug services, crisis intervention	Family Resource Center	Children ages 3- 18	Treatment	Individual treatment outcomes; use of evidence-based interventions
School based prevention services: PAX Good Behavior Game, Teen Screen, school navigator program, Incredible Years	Family Resource Center	School-aged children and youth	Prevention	Evidence-based programs; PAX classroom data reports quarterly quality improvement/outcome reports
ACT/Raising Safe Kids	Partnership for Violence Free Families (PVFF)	Parents	Prevention	Pre/Post tests
Safe Dates	Partnership for Violence Free Families (PVFF)	Middle/High school youth	Prevention	Pre/Post tests
Suicide Prevention Coalition	Partnership for Violence Free Families (PVFF)	Community	Prevention	
Lifelines	Partnership for Violence Free Families (PVFF)	Youth grades 7- 12	Prevention	Evidence-based program

Strategy #3: Decrease adult and youth mental health issues Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Support groups GRASSP-suicide survivors	Partnership for Violence Free Families (PVFF) Meets at St. Paul's United Church of Christ	Adults	Prevention, intervention and treatment	
Camp Bearable	Hospice (loss of a loved one)	Youth	Intervention and treatment	
Education on signs of stress/monitoring blood pressure & signs of stroke	Joint Township District Memorial Hospital	All ages	Prevention	
Adult mental health services: counseling, case management, psychiatry/tele-psychiatry, alcohol and drug services, medication assisted treatment, crisis intervention, crisis stabilization, jail reentry services, housing	Coleman Behavioral Health	Adults	Treatment	Quarterly quality improvement/outco me reports

Strategy #3: Decrease adult and youth mental health issues Gaps & Potential Strategies

Gaps	Potential Strategies
Although the number of Auglaize County youth reported being bullied decreased from 2008-2012, it still remains at a very high rate of 45%-education needed.	<ul style="list-style-type: none"> Additional education/in-services needed for area school faculty to better identify instances of bullying (physical/verbal/cyber) and to more readily ascertain those students who are victims- possible collaboration with the Auglaize County Sheriff's Department Increased anti-bullying education to area youth geared towards both the victims and the instigators/attackers- possible collaboration between the schools and the Auglaize County Sheriff's Department Increase youth resiliency and assets
Auglaize County youth who have seriously contemplated suicide (13% of 9 th -12 th graders) is high- Education/Intervention needed.	<ul style="list-style-type: none"> Additional education/in-services needed for area school faculty to better identify students with symptoms of depression and most at risk for suicidal thoughts so that intervention can be implemented Incorporation and/or increased focus of stress management strategies into area school curriculum to help alleviate/control depressive thoughts and actions
Free and reduced cost counseling services for seniors	<ul style="list-style-type: none"> Explore opportunities for Faith-based counseling programs Friendly visitors program Education
Mental health support for families of special needs children	<ul style="list-style-type: none"> Increase awareness of services Support group opportunities
Lack of resources	<ul style="list-style-type: none"> Look for funding opportunities Educate public of available mental health services and the need for additional services Support the Mental Health and Recovery Services Board to pass upcoming levy

Strategy #3: Decrease adult and youth mental health issues

Best Practices

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 Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007). For more information go to: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>
2. **The Olweus Bullying Prevention Program-** The Olweus Bullying Prevention Program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. For more information go to: <http://www.violencepreventionworks.org/public/index.page>
3. **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/>

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

Healthy People 2020 goals include:

- Reduce the suicide rate
- Reduce suicide attempts by adolescents
- Reduce the proportion of adults aged 18 and older who experience major depressive episodes (MDEs)
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- Increase the proportion of persons with serious mental illness (SMI) that are employed
- Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment
- Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment
- Increase the proportion of primary care physicians who screen adults aged 19 years and older for depression during office visits
- Increase the proportion of homeless adults with mental health problems who receive mental health services

Strategy #3: Decrease adult and youth mental health issues

Best Practices, continued

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

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

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

Strategy #3: Decrease adult and youth mental health issues

Action Step Recommendations & Action Plan

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

1. Increase awareness of available mental health services
2. Increase evidence-based programming for youth
3. Increase the number of primary care physicians who screen for depression during office visits

Action Plan

Decrease Adult and Youth Mental Health Issues		
Action Step	Responsible Person/Agency	Timeline
Increase Awareness of Available Mental Health Services		
Year 1: Educate school personnel, guidance counselors and social workers in at least three local school districts on the availability of mental health services. Create a presentation on available mental health services and present to Auglaize County area churches, Law Enforcement, Chamber of Commerce, Council on Aging, City Councils, college students majoring in social work, etc. Support and disseminate an informational brochure that highlights all organizations in Auglaize County that provide mental health services. Include information regarding services that are free or offered at a reduced cost to clients	Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Educate school personnel and social workers in all local school districts on the availability of mental health services. Continue presentations on available mental health services to Auglaize County groups. Enlist organizations to update the brochure on an annual basis and support updates of information.		March, 2016

Strategy #3: Decrease adult and youth mental health issues

Action Step Recommendations & Action Plan, continued

Decrease Adult and Youth Mental Health Issues		
Action Step	Responsible Person/Agency	Timeline
Increase Awareness of Available Mental Health Services, continued		
Year 3: Continue efforts of years 1 and 2 and expand outreach Determine on an annual basis, who will update the brochures for the next 3 years		March, 2017
Increase Evidence-Based Programming For Youth		
Year 1: Gather baseline data on any mental health screening tools and/or bullying prevention programs that are currently being used by Auglaize County Schools. Introduce PAX, the Signs of Suicide (SOS) prevention program and the Olweus Bullying Prevention Program to school district administrators and wellness committees. Secure funding for the program. Research tools for early elementary mental health screenings	Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Implement the SOS prevention program in at least one school district. Implement the Olweus Program in at least one school district Begin implementing an early elementary mental health screening tool in at least one Auglaize County school district		March, 2016
Year 3: Implement the SOS prevention program and the Olweus Program in all school districts. Double the number of school districts that are using an elementary mental health screening tool		March, 2017
Increase the Number Primary Care Providers Screening for Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians and OBGYNs that currently screen for depression and/or mental health issues during office visits.	Michelle Wasmund- Grand Lake Health System & Philip Atkins- Mental Health and Recovery Services Board	March, 2015
Year 2: Introduce PQH2 and PQH9 to physicians' offices and hospital administration. Pilot the protocol with one primary care and one OBGYN physicians' offices.		March, 2016
Year 3: Increase the number of primary care physicians and OBGYNs using the PQH2 screening tool by 25% from baseline.		March, 2017

Strategy #4: Increase Preventive Health Preventive Health Indicators

In 2012, the health assessment results indicated that 58% of Auglaize County adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly 40% of adults had a flu vaccine during the past 12 months. 53% of women over the age of 40 reported having a mammogram in the past year. 44% of males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year.

Adult Preventive Medicine

Two-fifths (40%) of Auglaize County adults had a flu vaccine during the past 12 months, increasing to 65% of those ages 50 and over.

Of those who had a flu vaccine, 99% had the shot and 1% had the nasal spray.

The 2010 BRFSS reported that 55% of U.S. and 52% of Ohio adults ages 50 and over had a flu vaccine in the past year.

More than one-quarter (26%) of adults have had a pneumonia shot in their life, increasing to 58% of those ages 65 and over.

The 2010 BRFSS reported that 69% of U.S. and Ohio adults ages 65 and over had a pneumonia shot in their life.

3% of adults had a shingles vaccine in their life, increasing to 11% of those ages 65 and over.

Health Screenings and Exams

In 2012, 68% of women had a mammogram at some time and more than one-third (38%) had this screening in the past year.

More than half (53%) of women ages 40 and over had a mammogram in the past year and 71% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.

Most (92%) Auglaize County women have had a clinical breast exam at some time in their life and 58% had one within the past year.

More than three-quarters (77%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.

This assessment has identified that 93% of Auglaize County women have had a Pap smear and 41% reported having had the exam in the past year. 65% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

About one-third (34%) of adults had a colorectal cancer screening at some time in their life, increasing to 58% of those ages 50 and over.

Half (50%) of adults ages 50 and over have had a colonoscopy or sigmoidoscopy in the past 5 years. The 2010 BRFSS reported that 53% of U.S. and Ohio adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

23% of adults received preventive testing for skin cancer at some time in their life, increasing to 34% of those ages 65 and over.

Two-fifths (40%) of Auglaize County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 27% had one in the past year.

Almost three-fifths (57%) of men had a digital rectal exam in their lifetime and 24% had one in the past year.

69% of males age 50 and over had a PSA test at some time in their life, and 44% had one in the past year.

87% of males age 50 and over had a digital rectal exam at some time in their life, and 38% have had one in the past year.

Strategy #4: Increase Preventive Health Preventive Health Indicators, continued

2008/2012 Adult Comparisons	Auglaize County 2008	Auglaize County 2012	Ohio 2010	U.S. 2010
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	50%	53%	53%
Had a flu shot in the past year (ages 50 and over)	N/A	65%	52%	55%
Had a pneumonia vaccination (age 65 and over)	65%	58%	69%	69%

Auglaize County Adults Having Discussed Healthcare Topics With Their Healthcare Professional in the Past 12 Months

HEALTHCARE TOPICS	Total 2008	Total 2012
Diet or Eating Habits	32%	30%
Physical Activity or Exercise	34%	35%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%	8%
Illicit Drug Abuse	N/A	2%
Alcohol Use	N/A	8%
Alcohol Use When Taking Prescription Drugs	N/A	10%
Quitting Smoking	12%	11%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	N/A	6%
Depression, Anxiety, or Emotional Problems	N/A	14%
Domestic Violence	N/A	1%
Immunizations	8%	17%
Significance of Family History	N/A	17%

Strategy #4: Increase Preventive Health Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (Prevention, early intervention, or treatment)	Evidence of Effectiveness
Blood screening	Rotary Club/ Joint Township District Memorial Hospital	All ages	Prevention	Results tracked
Blood screening (health fair)	Joint Township District Memorial Hospital	All ages	Prevention	Results tracked
Direct access screenings (Laboratory)	Joint Township District Memorial Hospital	All ages	Prevention	Results tracked
Mammography	Joint Township District Memorial Hospital	Adults	Prevention	Results tracked
Breast and cervical cancer program	Health Department	Low-income women	Prevention	Results tracked
YMCA membership reimbursement	Multiple companies (Crown, Amtek, Joint Township District Memorial Hospital ...)	Adults	Prevention	Results tracked
Prostate screenings	Joint Township District Memorial Hospital	Adult males	Prevention	Results tracked
School screenings (vision, scoliosis)	Health Department	Youth	Prevention	Results tracked
Child development screenings	Health Department Help Me Grow	Children ages 0-3	Prevention	Results tracked
Wellness screenings/clinics	Auglaize County Council on Aging	Adults 60+	Prevention	Results tracked

Strategy #4: Increase Preventive Health Gaps & Potential Strategies

Gaps	Potential Strategies
Reduce Trachea, Lung & Bronchus cancer death rates through aggressive screenings and lifestyle changes (highest percentage of Auglaize County's total cancer deaths from 2000-2008 at 28%).	<ul style="list-style-type: none"> • Partner with area family practitioners to increase trachea, lung & bronchus cancer awareness and the importance of early detection through marketing (pamphlets/posters/patient conversation) directly to heavy smokers in the highest risk of developing the disease. • Expand community outreach to include education of smoking-associated cancer risks to teens- current target is focused on children and pre-teens. • Health Department partnership with area businesses to encourage smoking cessation classes and tools and incentivize employees who successfully complete the program.
Reduce Colon, Rectum and Anus cancer death rates through aggressive screenings (2 nd highest percentage of Auglaize County's total cancer deaths from 2000-2008 at 10%).	<ul style="list-style-type: none"> • Partner with the area family practitioners to increase colorectal cancer awareness and the importance of early detection through marketing (pamphlets/posters/patient conversation) directly to patients aged 50+ seen in these practices. • Partner with area family practitioners to increase screening via distribution of Colorectal Kits to at-risk population at well exams.
Reduce Breast cancer death rates through aggressive screenings (3 rd highest percentage of Auglaize County's total cancer deaths from 2000-2008 at 9%).	<ul style="list-style-type: none"> • Partner with the area OB/GYN providers and family practitioners to increase breast cancer awareness and the importance of early detection through marketing (pamphlets/posters/patient conversation) directly to the women aged 40+ seen in these practices. • Partner with OB/GYN providers and family practitioners to encourage American Cancer Society's screening guidelines for early detection of breast cancer- yearly mammograms beginning at age 40; clinical breast exams every 3 years in 20s and 30s and every year beginning in 40s. • GLHS/Health Department partnership to provide Women's Wellness Days to include mammography screenings.
Reduce occurrence of seasonal flu through increased flu vaccination rates (adult flu vaccination rate= 40%).	<ul style="list-style-type: none"> • Health Department partnerships with area businesses to provide onsite flu vaccination clinics. • Health Department partnership with county schools to provide onsite flu vaccination. • Increased public education on the importance of annual flu vaccines and its efficacy
Low cost screening for seniors	<ul style="list-style-type: none"> • Increase awareness of current opportunities.
Lack of public awareness of the cost/benefit piece of preventive medicine	<ul style="list-style-type: none"> • Educate public on cost/benefit.

Strategy #4: Increase Preventive Health Best Practices

Best Practices

1. **Center for Disease Control and Prevention's Best Practices for Mass Influenza Vaccination Campaigns:**

Ensuring that Persons at High Risk and their Household Contacts are Vaccinated General Strategies:

- Develop liaisons with community groups representing the elderly and those with chronic diseases (e.g., offer incentives for groups to attend clinics, ask for volunteers to help promote and run clinics).
- Share information about vaccine availability with other clinics/facilities providing flu vaccine in your community. Inform clients about other locations where vaccine is available.
- Schedule and publicize special "senior clinics" when only elderly or other high-risk patients will be accepted.
- Schedule flu vaccine delivery during daytime hours when the elderly, and other high-risk patients, have less need to compete with younger, healthy clients for a place in line at the vaccination location.
- Workplace sites can offer vaccination to elderly and chronically ill employees and relatives of persons in the workplace.
- Promote the campaign by publishing "public service" announcements in local media stressing a commitment to first serve the high-risk population and asking healthy people to cooperate by waiting for availability of vaccine. Include up-to-date information about expected availability of more vaccine and about flu activity (or lack thereof) in the community.
- Share vaccine with other providers (e.g., hospitals, nursing homes, physicians) who see high-risk patients.

At the Vaccination Location:

- Establish criteria for identifying high-risk individuals and those living with them, and ensure that they receive top priority.
 - Develop a brief questionnaire or checklist to enable prospective vaccines to determine their risk status, and encourage those not at high risk to return in December or later.
 - Post notices (or personnel) asking healthy people to defer their flu shots so high-risk people can be protected with available vaccine. Give people the opportunity to defer before they have started to wait in line.
 - Establish "express lanes" for elderly and high-risk patients to reduce the amount of time they have to stand in line to receive the vaccine.
 - Offer incentives for non-high-risk patients who accept a "rain check" to return at a later date for their shots.
 - Keep customers informed. Post notices informing clients of hours of flu vaccine clinics and of the need to vaccinate high-risk patients first. Assure them (if appropriate) that additional shipments of vaccine are expected. Post information about other locations where vaccine is available.
- For more information go to www.immunize.org/vis/flupract.pdf.

2. **Best Practices for flu/pneumonia community campaign:**

Enlist the following groups to support the campaign:

- Community organizations
- Places of worship
- Beauty shops, barber shops, senior centers, and recreation centers
- Political officials and community leaders
- Pharmacies, grocery stores, clothing stores, shoe stores, video stores, and convenience stores
- Fire, police, and rescue departments
- Local library
- Local businesses
- Movie theaters
- Fitness centers, gyms, dance studios, recreation centers, and social halls

Strategy #4: Increase Preventive Health Best Practices, continued

Each of these groups can support many of the following ideas:

- Distribute campaign flyers and/or posters and flu shot clinic listings for display by community partners in high-visibility areas.
- Include campaign materials in special events such as annual family reunions, ethnic festivals, health fairs, and more.
- Contact other businesses and organizations to ask them to join the effort to raise awareness of the need for flu and pneumonia immunizations, or for permission to post flyers and posters.
- Include campaign message in organizational meetings and/or newsletters.
- Organize group to post campaign flyers and/or posters and flu shot clinic listings in senior centers, polling places, apartment-building laundry facilities, etc.
- Organize car pool for those needing transportation to a local flu shot clinic.
- Offer to assist with coordination of a local flu shot clinic.
- Hold employee education session on importance of yearly flu immunizations.
- Sponsor brown bag lunch seminar on importance of yearly flu immunizations.
- Sponsor flu shot clinic for employees.
- Display campaign flyers and/or posters in high-visibility areas.
- Display list providing dates and locations of local flu shot clinics in high-visibility areas.
- Distribute handout with paychecks.

3. **Men's and Women's Health Screenings Guidelines from American Cancer Society (ACS)**

Breast cancer screenings:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health
- Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over
- Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam (BSE) is an option for women starting in their 20s.
- Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRI in addition to mammograms. (The number of women who fall into this category is small: less than 2% of all the women in the US.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

Prostate cancer screenings:

- The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society believes that men should not be tested without learning about what we know and don't know about the risks and possible benefits of testing and treatment.
- Starting at age 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them. If they are African American or have a father or brother who had prostate cancer before age 65, men should have this talk with a doctor starting at age 45. If men decide to be tested, they should have the PSA blood test with or without a rectal exam. How often they are tested will depend on their PSA level.

4. **Financial Incentives for patients undergoing preventive care:** Financial incentives such as payments, vouchers, and tickets for prize drawings can be used to encourage patients to undergo preventive care such as screenings, vaccinations, and other brief interventions. Personal incentive programs are usually offered through the public sector and typically offer incentives to low income individuals (Sutherland 2008).

Expected Beneficial Outcomes

- Increased vaccination
- Increased cancer screening
- Increased adherence to treatment

Strategy #4: Increase Preventive Health Best Practices, continued

- Reduced health care costs

Evidence of Effectiveness

There is strong evidence that financial incentives increase preventive care among low income and high risk populations (Sutherland 2008). Effects appear strongest for brief, infrequent behaviors such as attending an appointment, and for rewards that are large or delivered soon after the patient completes a target behavior (Marteau 2009).

Financial incentives have been shown to improve patients' participation in vaccination programs, screening for various cancers, and adherence to treatments for tuberculosis and sexually transmitted infections (Sutherland 2008). Incentives can also reduce drug use in the short-term (Marteau 2009) and increase prenatal care for pregnant teenagers (Sutherland 2008).

For more information go to: <http://www.countyhealthrankings.org/policies/financial-incentives-patients-undergoing-preventive-care>

Strategy #4: Increase Preventive Health Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **increasing preventive health**, the following actions steps are recommended:

1. County-wide flu vaccination campaign
2. County-wide childhood vaccination campaign
3. Create consistent men's and women's health screening recommendations and increase education

Action Plan

Increase Preventive Health		
Action Step	Responsible Person/Agency	Timeline
County-Wide Flu Vaccination Campaign		
Year 1: Incorporate various sectors of the community into the community-wide plan (such as community organizations, churches, hospitals, pharmacies, political officials, law enforcement, schools, media, etc.) Provide sectors with ways to support the campaign: posting or handing out flyers, social media campaigns, offering their facility as a vaccination site, offer vaccines free to employees, etc.)	Grand Lake Health System & multiple other organizations	March, 2015
Year 2: Continue raising awareness of the importance of vaccinations. Provide vaccination information/educational materials at all community health promotion/awareness events, include information in local newspapers and magazines. Provide vaccination information/educational materials to all local Senior Center locations. Increase number of vaccination sites by 25% Increase number of vaccination sites geared towards the elderly population by 25%		March, 2016
Year 3: Increase number of vaccination sites from by 50% from baseline and those sites geared towards the elderly population by 50% from baseline.		March, 2017

Increase Preventive Health		
Action Step	Responsible Person/Agency	Timeline
County-Wide Childhood Vaccination Campaign		
Year 1: Incorporate various sectors of the community into the community-wide plan (such as community organizations, churches, hospitals, pharmacies, political officials, law enforcement, schools, media, etc.) Provide sectors with ways to support the campaign: posting or handing out flyers, social media campaigns, offering their facility as a vaccination site, offer vaccines free etc.)	Auglaize County Health Department & multiple other organizations	March, 2015
Year 2: Continue raising awareness of the importance of vaccinations. Provide vaccination information/educational materials at all community health promotion/awareness events, include information in local newspapers and magazines. Provide vaccination information/educational materials to all local schools and day care locations.		March, 2016
Year 3: Increase number of childhood vaccination sites by 50% from baseline.		March, 2017
Create Consistent Men's and Women's Health Screening Recommendations		
Year 1: Complete a baseline survey with physician's offices to determine which screenings they are recommending and at what ages.	Michelle Wasmund- Grand Lake Health System	March, 2015
Year 2: Partner with primary care providers to increase community education on current screening recommendations including but not limited to these areas: <ul style="list-style-type: none"> • Trachea, lung & bronchus cancer awareness • Colorectal cancer awareness • Breast cancer awareness Educate community on new health care laws that pertain to 100% coverage for preventive health care Let community know when free screenings or health fairs will be taking place in the community. Offer incentives to participate		March, 2016
Year 3: Continue efforts from years 1 and 2		March, 2017

Trans-Strategy

Community Health Needs Assessment

<u>Year 1:</u> Organize a meeting with Auglaize County agencies to assess and coordinate data collection needs. Create a collaborative approach to data collection. Determine Health Assessment administrative agent. Determine who will send request for funding letters. Create a funding plan.	Multiple Auglaize County Organizations	March, 2015
<u>Year 2:</u> Collect pledges from individual agencies. Obtain at least one two new funders from the previous health assessment. Implement health assessment		March, 2016
<u>Year 3:</u> Disseminate the data and utilize the report for community health planning and action.		March, 2017

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Auglaize County Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet bi-monthly for the first year to report out the progress. A marketing committee will be formed 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.

Contact Us

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

Charlotte Parsons, Health Commissioner

Auglaize County Health Department

214 S. Wagner Ave.

Wapakoneta, Ohio 45895

Phone: 419-738-7818

E-mail: cparsons@auglaizehealth.org