

**Richland County  
Community Health Improvement Plan  
2013**

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## Executive Summary

In 2011, Richland County conducted a community health assessment for the purpose of measuring and addressing health status.

The Mansfield/Ontario/Richland County Health Department invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

This community health improvement plan (CHIP) represents the first time that Richland 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, Richland County will rally around the issues identified and work together to implement best practices that will improve the health of Richland County.

The Richland County CHIP participants were asked to draft a vision and mission statement. Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

### **Vision:**

**To create an engaged community building on systems and programs that improve and promote health, maximizing existing resources to educate the public about health and wellness challenges and opportunities**

### **Mission:**

**To bring together people and organizations to improve community wellness**

### **Strategies:**

<b>Priority Health Issues for Richland County</b>
<b>1. Decrease obesity among adults, youth, and children</b>
<b>2. Increase access and awareness of mental health services and decrease violence and bullying</b>
<b>3. Decrease adult and youth risky behaviors</b>

### **Target Impact Areas:**

To decrease adult, youth and child obesity-related behaviors, Richland County will focus on the following target impact areas: 1) Increase consumption of fruits and vegetables, 2) Increase exercise, 3) Decrease sedentary behavior, and 4) Increase awareness of wellness opportunities

To increase access and awareness of mental health services and decrease violence and bullying, Richland County will focus on the following target impact areas: 1) Increase awareness and access of services 2) Increase early identification and screening, 3) Increase education and 4) Increase evidence based programming with youth

## Executive Summary, continued

To decrease risky behaviors, Richland County will focus on the following target impact areas: 1) Increase early identification and screening, 2) Increase education, 3) Decrease youth access to alcohol and prescription drugs and 4) Increase awareness of programs

### **Action Steps:**

To work toward **decreasing obesity among adults, youth and children**, the following action steps are recommended: 1) Increase nutrition/physical education materials being offered to patients by primary care providers 2) Update and disseminate community wellness guides and calendars that contain information about exercise and nutrition programs available in Richland County, 3) Increase opportunities for businesses/organizations to provide wellness and insurance incentive programs for their employees, 4) Create a community walking program, 5) Increase the number schools with biking and/or walking programs, 6) Implement a healthier choices campaign

To work toward **increasing access and awareness of mental health services and decrease violence and bullying**, the following actions steps are recommended: 1) Increase awareness of available mental health services, 2) Increase education of ER and primary care providers on mental health issues, 3) Increase the number of primary care physicians who screen for depression during office visits, 4) Expand evidence-based programs targeting youth, and 5) Create a network of follow-up support systems

To work toward decreasing **risky behaviors**, the following actions steps are recommended: 1) Increase responsible beverage service trainings and environmental scans in Richland County, 2) Secure a permanent prescription drug collection site, 3) Increase the number of ER and primary care providers screenings for at-risk drinking and drug abuse, 4) Increase community education on risky behaviors and awareness of available programs, 5) Implement the Parent Project Program, and 6) Secure a Drug Free Communities (DFC) grant in Richland County

## **Partners**

### **Acknowledgements**

The Mansfield-Ontario-Richland 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 Richland County a great place to live and work.

### **Richland County Strategic Planning Committee Members:**

Stan Saalman, Health Commissioner, Mansfield/Ontario/Richland County Health Department  
Amy Schmidt, Director of Nursing, Mansfield/Ontario/Richland County Health Department  
Matt Work, Director of Environmental Health, Mansfield/Ontario/Richland County Health Department  
Karyl Price, Health Educator, Mansfield/Ontario/Richland County Health Department  
Tina Picman, WIC Director, Mansfield/Ontario/Richland County Health Department  
Selby Dorgan, Manager of Health Promotion and Education, Mansfield/Ontario/Richland County Health Department  
Loretta Cornell, Clinic Nursing Supervisor, Mansfield/Ontario/Richland County Health Department  
David Randall, Assistant to the Health Commissioner, Mansfield/Ontario/Richland County Health Department  
Tracee Anderson, Director, Community Action for Capable Youth  
Tim Harless, Director, Richland County Children Services  
Marsha Coleman, Clinical Director, Richland County Children Services  
Maura Teynor, Specialist, MedCentral Health System  
Brad Peffley, Vice President, MedCentral Health System  
Carol Mabry, Program Coordinator, MedCentral Health and Fitness Center  
Latacia Moore, Program Manager, Volunteers of America

## Partners, continued

Mary Kay Pierce, Executive Director, NAMI  
Darlene Reed, Associate Director, NAMI  
Sharon Baker, Social Work Intern, NAMI  
Jennifer Perkins, Director of Nursing, Shelby City Health Department  
Kim Barnes, Administrative Assistant, Shelby City Health Department  
Deborah Dubois, Outreach Librarian, Mansfield/Richland County Public Library  
Kelly Gray, Director of Nursing, North Central State College  
Dino Sgambellone, Chief, Mansfield City Police Department  
Kristin Burton, Case Aide, Catholic Charities  
Laurie Hamrick, Case Manager, Catholic Charities  
Ed Olson, Richland County Commissioner  
Teresa Alt, Director, Richland County Youth and Family Council  
Allie Watson, Program Officer, Richland County Foundation  
Sherry Branham, Director of Program Management and Public Relations, Richland County Mental Health and Recovery Services Board  
Joe Trolan, Executive Director, Richland County Mental Health and Recovery Services Board  
Liz Prather, Superintendent, Newhope  
Court Sturts, Director of Residential Services, Richland County Newhope  
Julie Litt, Supervisor, Richland County Newhope  
Carla Rumas, Interim Director, Richland County Newhope  
Jean Taddie, Community Organizer, North End Community Improvement Collaborative  
Shanican Pender, Youth and Special Projects, North End Community Improvement Collaborative  
Deanna West-Torrence, Executive Director, North End Community Improvement Collaborative  
Denise Miller, Richland County Central Services  
Jared Pollick, Chief Executive Officer, Third Street Family Health Services  
Teresa Cook, Community Programs Manager, Area Agency of Aging  
Susan Goff, Program Development Coordinator, Area Agency of Aging  
Amy Bargahiser, Director of Probation, Richland County Juvenile Court  
Dave Remy, Human Resources Director, City of Mansfield  
Kim Stover, SNAP Ed Educator, OSU Extension  
Judy Villard Overocker, Director OSU Extension  
Sharon See, Nursing Instructor, Ashland University  
Tammy Baldrige, Catalyst Life Services  
Donna Stout, Catalyst Life Services  
Lisa Cook, SPARC  
Sherri Jones, Director, City of Mansfield  
Kim Phinnessee, Community Health Worker, Community Health Access Project  
Dan Wertenberger, Director, Community Health Access Project  
Matthew C. Huffman, Executive Director, Richland County Regional Planning Commission

This strategic planning process was facilitated by Britney Ward, MPH, Assistant Director of Health Planning, and Michelle Von Lehmden, Health Assessment Coordinator, both from the Hospital Council of Northwest Ohio.

## Strategic Planning Model

Beginning in March 2013, the Richland County Strategic Planning Committee met eight (8) 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. Forces of Change and Community Themes and Strengths- Open-ended questions for committee on community themes and strengths
5. 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
6. Local Public Health Assessment- Review the Local Public Health System Assessment with committee for input
7. Quality of Life Survey- Review Results of the Quality of Life Survey with committee
8. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
9. 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 Community Health Improvement Planning Committee reviewed the 2011 Richland 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 2011 assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
<b>1. Obesity (23 votes)</b>  <b>CVD (11 votes)</b> <b>High Blood Cholesterol</b> <b>High Blood Pressure</b>  <b>Diabetes (8 votes)</b>	35% Overweight 38% Obese  34% of total pop. 35% of total pop.  10% of total pop.	Ages 65+ Ages 30-64  Ages 65+ (58%) Ages 65+ (69%)  Income < \$25,000 (20%)	Male Female  Male/Female Male/Female  Males
<b>2. Substance Abuse</b>  <b>Drug Abuse (16 votes)</b>  <b>Rx Drug Abuse (12 votes)</b>  <b>Binge Drinking (6 votes)</b>	16% had used illegal drugs in past 6 months (9% marijuana)  13% of total pop.  16% Binge drinkers (32% of drinkers)	Income < \$25,000 (20%)  Income < \$25,000 (28%)  Ages <30 (56% of drinkers binged)	Male  Male  Male
<b>3. Mental Health Issues (14 votes)</b>  Only 34% of adults reported always getting the social and emotional support they needed	19% of total pop. depressed  10% of adults had been diagnosed with a mood disorder	N/A	Male/Female
<b>4. Cancer (7 votes)</b>	11% of total pop. diagnosed at some time in their life	N/A	Male/Female
<b>5. Tobacco Use (7 votes)</b>  <b>*Births to mothers who smoked during pregnancy</b> <b>27% in 2009</b>  <i>(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2005-2009)</i>	19% of total pop. current smoker	Income < \$25,000 (36%)	Males

## Needs Assessment, continued

What are the most significant YOUTH health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
<b>1. Youth Risky Behaviors</b>			
<b>Sexual Behavior (26 votes)</b>	22% of youth have had sexual intercourse	Ages 17-18 (46%)	Female
<b>Drug Use (19 votes)</b>	8% used marijuana in past month, 13% of HS youth 9% of youth misused medications	Ages 17-18 (20%) High School (14%)	Male/Female Male/Female
<b>Alcohol Use (17 votes)</b> *16% of HS youth rode with someone who was drinking *8% of HS youth had driven in the past month after drinking alcohol	18% of youth are current drinkers 10% binge drinkers	Ages 14-16 (24%) Ages 17-18 (90% of drinkers binged in past month)	Female Female
<b>Tobacco Use (11 votes)</b>	10% of youth are current smokers	Ages 17-18 (20%)	Male/Female
<b>2. Obesity (21 votes)</b>	14% obese 13% overweight	Ages <13 (20%) Ages <13 (16%)	Male/Female
<b>3. Suicide/ Mental Health (16 votes)</b>	13% Considered 6% Attempted suicide	Ages 14-16 (15%) Ages 14-16 (8%)	Male/Female Male/Female
<b>Felt sad or hopeless every day for 2 or more weeks 26%</b>	N/A	High School	Male/Female
<b>Purposely hurt self (1 vote)</b>	21% of youth	Ages <13 (23%)	Females (26%)
<b>4. Violence/ Bullying (11 votes)</b>	53% of youth bullied in past year 11% of youth carried a weapon 12% of youth were threatened with a weapon		Female Males
<b>Forced sexual intercourse (1 vote)</b>	6% of youth	High School (10%)	Male/Female



## Needs Assessment, continued

What are the most significant CHILD health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
<p><b>1. Child Abuse (30 votes)</b>            *In 2012 there were 2860 investigations in Richland County</p> <p>Broken down by category: Neglect: 39%, Physical abuse: 19%, Sexual abuse 13%, Emotional maltreatment: 13%, Dependency: 7%, Family in need of service: 11%</p> <p><i>*(Source: Richland County Child Services 2012 child abuse statistics)</i></p>	N/A	N/A	Male/Female
<p><b>2. Obesity (9 votes)</b></p> <p><b>Sedentary lifestyle (4 votes)</b></p>	<p>2% of youth ages 0-5, and 3% of youth ages 6-11 had no physical activity in past</p> <p>18% of 6-11 year olds watched 4+ hours of TV on an average day after school</p>	<p>Ages 6-11</p> <p>Ages 6-11</p>	<p>Male/Female</p> <p>Male/Female</p>
<p><b>3. Bullying (9 votes)</b>            55% of parents reported their child was bullied in the past year (ages 6-11)</p>	N/A	Ages 6-11	Male/Female
<p><b>4. Unsafe sleeping habits (9 votes)</b></p> <p>When asked about how they put their infant to sleep parents responded: 59% on back, 16% on side, 12% on stomach, 5% in bed with another person</p> <p>Parents put their infant to sleep in the following places: 33% car seat, 31% in bed with parent, 26% swing, 9% couch or chair, 9% floor</p>	N/A	Infants	Male/Female
<p><b>5. Lack of dental (8 votes)</b>            3% of children ages 6-11 had never been to a dentist</p>	69% of children ages 0-11 visited a dentist in past year, and 86% for 6-11 year olds		Male/Female
<p><b>6. Mental Health (8 votes)</b></p> <p><b>Behavioral Conduct Problems (5 votes)</b></p>	<p>10% of youth ages 6-11 were diagnosed with ADD/ADHD</p> <p>5% of youth ages 6-11 were diagnosed with behavioral/conduct problems (2% ages 0-5)</p>	<p>Ages 6-11</p> <p>Ages 6-11</p>	<p>Male/Female</p> <p>Male/Female</p>
<p><b>7. Asthma (5 votes)</b></p>	16% of youth ages 6-11 were diagnosed with asthma (9% for ages 0-5)	Ages 6-11	Male/Female

## Priorities Chosen

The Richland County Community Health Improvement 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 three issues: obesity/ weight control for adult, youth and children, mental health/violence and bullying for adult, youth and children and adult and youth risky behaviors (adult substance abuse, youth sexual behavior, and youth drug, alcohol and tobacco use). The results were sent out to the full committee for approval.

The rankings were as follows:

1. Child Abuse (25.4)
2. Adult Obesity (25.4)
3. Youth Obesity (24.7)
4. Youth Risky Behaviors (24.5)
5. Child Obesity (24.1)
6. Youth Mental Health (23.9)
7. Youth Violence (23.5)
8. Adult Substance Abuse (23.3)
9. Adult Mental Health (22.9)
10. Child Mental Health (22.6)
11. Child Bullying (22.5.)
12. Child Unsafe Sleeping Habits (21.9)
13. Adult Tobacco Use (21.4)
14. Adult Cancer (20.9)
15. Children's Lack of Dental Visits (20)
16. Children's Asthma (19)

## Richland County Forces of Change

Force of Change	Impact
<b>Aging population and higher life expectancy</b>	<ul style="list-style-type: none"> <li>• 12,000 people will be turning 60 every month for 20 years</li> <li>• More people will be using Social Security and Medicaid benefits</li> <li>• Large amount of the workforce is retiring at the same time</li> <li>• More social services will be needed</li> </ul>
<b>Affordable Care Act (Medicaid Expansion)</b>	<ul style="list-style-type: none"> <li>• Budget uncertainty for many</li> </ul>
<b>Media attention on human trafficking and the Cleveland kidnapping case</b>	<ul style="list-style-type: none"> <li>• Looking at neighbors differently and being more cautious</li> </ul>
<b>Economic uncertainty</b>	<ul style="list-style-type: none"> <li>• Less federal money available</li> <li>• Employers are not hiring as many employees</li> </ul>
<b>Demolition of unsafe homes</b>	<ul style="list-style-type: none"> <li>• Property values increase</li> <li>• Neighborhoods become safer</li> </ul>
<b>Legislation changes with the Morning -After - Pill</b>	<ul style="list-style-type: none"> <li>• No age requirement</li> </ul>
<b>Legalization of marijuana in multiple states</b>	<ul style="list-style-type: none"> <li>• Attitudes become more accepting of marijuana use, especially in youth</li> </ul>
<b>County has a shrinking population</b>	<ul style="list-style-type: none"> <li>• Young people moving out of the area</li> </ul>
<b>Unhappy with government</b>	<ul style="list-style-type: none"> <li>• Less trusting of government programs</li> </ul>
<b>Technology in schools</b>	<ul style="list-style-type: none"> <li>• More classes being taught on line</li> <li>• Youth have greater access to computers, ipads, etc..</li> </ul>
<b>Change is people's moral compass</b>	<ul style="list-style-type: none"> <li>• People are looking out more for themselves</li> <li>• Getting involved with unethical issues</li> </ul>
<b>Not enough job skills training</b>	<ul style="list-style-type: none"> <li>• Companies not getting enough skilled labor to fill positions</li> </ul>

## Richland County Local Public Health Survey Assessment

- ◆ The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
- ◆ This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.
- ◆ Members of the The Mansfield/Ontario/Richland County Health Department administrative team met to discuss the 10 Essential Public Health Services and how they are being provided within the community. The group completed the performance measures instrument. Each model standard was discussed and the group came to a consensus on responses for all questions.
- ◆ The LPHSA results were then presented to the full CHIP committee for discussion. The challenges and opportunities that were discussed were then used in the action planning process.
- ◆ The CHIP committee identified 269 indicators that met or exceeded performance standards and only 30 indicators that had a status of "no" or "minimal".

## Richland County Community Themes and Strengths

- ◆ Richland County community members believed the most important characteristics of a healthy community were: safety; including clean water, clean air, feeling safe in their neighborhood, resources, a positive outlook on life, caring people in the community, and good communication (making sure are residents are informed through TV, radio and/or newspapers.)
- ◆ Richland County residents were most proud of the following regarding their community: Community support, the generosity of people, the abundance of resources, collaboration, volunteerism and the numerous recreational activities that are close by.
- ◆ The following were specific examples of people or groups who have worked together to improve the health and quality of life in the community: The Chamber, The Health Department, numerous worksite wellness programs, Downtown Mansfield, the Homeless Coalition, inner agency collaboration, service groups, CODA, Richland County Foundation, Mansfield Cancer Foundation, RCDG (Richland County Development Group), United Way, CHAP, agencies working together to write grants and numerous other committees and coalitions throughout the Richland County.
- ◆ The most important issues that Richland County residents believed must be addressed to improve the health and quality of life in the community were: substance abuse, obesity, more living wage jobs, better driving habits, risky behaviors and improving neighborhoods.
- ◆ The following were barriers that have kept our community from doing what needs to be done to improve health and quality of life: funding, personal responsibility, laziness, limited mass transit, and lack of education.
- ◆ Richland County residents believed the following actions, policies, or funding priorities would support a healthier community: more job skill training programs, more funding for prevention activities, employers/insurance agencies promoting wellness programs and policies, put more focus on reaching youth, changing SNAP policies to include nutrition standards, mass immunizations and health screenings, more opportunities to improve lives, more funding to increase treatment opportunities.
- ◆ Richland County residents were most excited to get involved or become more involved in improving the community through incentive programs, increasing opportunities for people to get involved, publicly recognizing community efforts and motivating people to make a difference in their community

## Richland County Quality of Life

The Richland County CHIP Committee urged community members to fill out a short Quality of Life Survey via survey monkey. There were 676 Richland County community members who completed the survey.

Quality of Life Questions	Likert Scale Average Response
	(1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	3.12
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.25
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.25
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.13
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.29
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	2.98
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.24
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.14
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.76
10. Are community assets broad-based and multi-sectoral?	2.79
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.81
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	2.78

## **Strategy #1: Decrease obesity among adults, youth and children**

### **Obesity indicators**

*73% of Richland County adults were overweight or obese based on Body Mass Index (BMI). 27% of Richland County youth in grades 6-12 are classified as overweight or obese based on BMI.*

#### **Weight Status**

The 2012 Richland County Health Assessment indicates that 35% of adults were overweight and 38% were obese based on Body Mass Index (BMI). The 2011 BRFSS reported that 30% of Ohio and 28% of U.S. adults were obese and 36% of Ohio and 36% of U.S. adults were overweight.

14% of Richland 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)

#### **Nutrition**

In 2011, 6% of adults ate 5 or more servings of fruits and vegetables per day. 91% 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.

13% of Richland 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.

Richland County youth ate out in a restaurant or brought take-out food home an average of 2.2 times per week.

85% of youth drank pop, punch, Kool-Aid, sports drinks, energy drinks, etc. at least once per day.

On average, 84% of Richland County children ages 0-11 had between 1 and 4 servings of fruits and vegetables per day. 12% had 5 or more servings per day.

#### **Physical Activity**

In Richland County, 61% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 31% of adults exercised 5 or more days per week and 20% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

72% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 50% did so on 5 or more days in the past week and 26% did so every day in the past week. 9% 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.).

Richland County youth spent an average of 3.7 hours on the computer, cell phone, or iPad, 2.4 hours watching TV, 1.4 hours playing video games, and 1.3 hours reading for pleasure on an average day of the week.

On an average day of the week, 85% of children ages 0-11 spent 1 or more hours watching TV. 38% of children spent 3 or more hours watching TV.

On an average day of the week, 30% of Richland County children ages 0-11 spent 1 or more hours playing non-active video games and 28% spent 1 or more hours on the computer.

88% of Richland County parents reported their 6-11 year old child was physically active for at least 60 minutes that caused them to sweat or breathe hard on 3 or more days in the past week.

## Strategy #1: Decrease obesity among adults, youth and children

### Obesity indicators

2011 Youth Comparisons	Richland County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Richland County 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Obese	14%	16%	15%	13%
Went without eating for 24 hours or more	4%	4%	13%	12%
Trying to lose weight	45%	44%	N/A	N/A

*N/A – Not available*

2011 Adult Comparisons	Richland County 2011	Ohio 2011	U.S. 2011
Obese	38%	30%	28%
Overweight	35%	36%	36%

## Strategy #1: Decrease obesity among adults, youth and children

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Eat Better, Move More	Mansfield/Ontario/Richland County Health Department	Seniors	Prevention	Results are tracked
WIC/Breastfeeding Program	Mansfield/Ontario/Richland County Health Department	Pregnant women Children 0-5 years Low-income families	Prevention	Evidence based Federal Program
Improved School Nutrition (increasing fruits and vegetables)	Local Schools Mansfield City & Madison Elementary (FFVP grant) Ontario-salad bar	School-aged youth	Prevention	Best practice
School Gardens	Local schools with help from outside agencies	Elementary school-aged youth	Prevention	Best practice
Community Gardens	North End Community Improvement Collaborative & Local Agencies (30 gardens throughout Richland County)	All ages	Prevention/Early Intervention/Treatment	Best practice
County Wellness Program	Richland County insurance provider	County employees	Prevention/Early Intervention/Treatment	Outcomes monitored
Worksite Wellness Programs/School Health Teams	Employers/Schools	Adults	Prevention/Early Intervention/Treatment	Outcomes monitored
Produce Giveaways (3 times during the summer months)	Cleveland Food Bank	All ages (Over 400 people served each time)	Prevention	Results are tracked
Weight Watchers	Weight Watchers (Multiple sites)	Ages 10+	Prevention/Treatment	Evidence based
Silver Sneakers Program	Medicare/Local gyms	Medicare eligible seniors	Prevention/Early Intervention	Evidence based
Local Fitness Centers, Gyms & Classes	Multiple locations throughout Richland County	All ages	Prevention/Early Intervention/Treatment	Best practice
Educational materials (diet books, exercise dvd's etc.)	Richland County Library	All ages	Prevention/Early Intervention	None
Health Matters Educational Classes	MedCentral/Third Street Family Health Services	Adults	Prevention/Early Intervention	Results tracked
Health Grocery Shopping Tours (Healthy food choices)	MedCentral/Kroger	Adults (Mansfield & Shelby)	Prevention	Participants tracked
Healthy Chef Series	MedCentral	All Ages (1 <sup>st</sup> Thursday each month)	Prevention	Participants tracked
Get Fit Mansfield	MedCentral Health and Fitness Center	Ages 13+	Prevention	Participants tracked
Weight Loss Challenges	MedCentral Health and Fitness Center	Ages 13+	Early Intervention	Participants tracked
Healthy Communities Grant	Mansfield/Ontario/Richland County Health Department/YMCA	All	Prevention	None



## Strategy #1: Decrease obesity among adults, youth and children

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Modified Cafeteria Menus & vending machines (no trans-fats, no fried foods..)	MedCentral Cafeterias	MedCentral employees, patients and visitors	Prevention	Best practice
Wellness Program	MedCentral	MedCentral Employees	Prevention	Outcomes monitored
Health Fairs/Screenings/Support Groups	MedCentral	All ages	Prevention	None
Wellness Works	Catholic Charities	Food pantry & medical clients	Prevention	Evidence based
Prescription Assistance	Catholic Charities	All ages	Prevention/ Early Intervention/ Treatment	Participants tracked
Recreational Activities -bike trails, canoeing, pools, country clubs, golf, athletic events, tennis	County Park Systems City Park Systems Private Organizations	All ages	Prevention	Best practice
5K walks, runs, Tough Mudder	Various agencies and organizations	All ages	Prevention	Best practice
Healthy You (Chronic disease/diabetes education)	Area Agency on Ageing	60+ and caregivers	Prevention/ Early Intervention	Evidence based
Strength & Mobility Evaluation	Area Agency on Ageing	Ages 60+	Prevention	Evidence based (CDC)
Passport Nutrition Counseling	Area Agency on Ageing	Medicaid Clients	Prevention	Evidence based
Weight Management Class	Shelby City Health Department	Adults	Prevention	Participants tracked
Look Who's Walking (29 Week Walking Program)	Shelby City Health Department	All Ages	Prevention/ Early Intervention	Participants tracked
BMI Testing and Education	Shelby City Health Department	All ages	Prevention/Early Intervention	Participants tracked
After School and Summer Day Camps & Senior Swimming Exercise Classes	Friendly House	Grades K-6 (Students are picked up from Mansfield Schools) Seniors (Swimming)	Prevention/Early Intervention	None
Senior Health Assessments	Mansfield/Ontario/ Richland County Health Department	Ages 60+	Prevention	None
Partners for Health Babies	CHAP	Pregnant women and babies up to age 2	Prevention/Early Intervention	Evidence based
Girl's Obesity Prevention/The Women's Fund	Richland County Foundation	Girls up to age 18	Prevention	Participants tracked
Food & Nutrition Counseling	OSU Extension	All Ages	Prevention	Participants tracked
Ounce of Prevention	Mansfield/Ontario/ Richland County Health Department	Children ages 0-18	Prevention	Evidence based
Wellness Sector (focusing on obesity)	Richland County Development Group	All ages	Prevention/Early Intervention	None

## Strategy #1: Decrease obesity among adults, youth and children

### Gaps & Potential Strategies

Gaps	Potential Strategies
Awareness of programs	<ul style="list-style-type: none"> <li>Wellness guide in coordination with the library's community calendar</li> <li>Wellness blog</li> </ul>
Exercise programs for beginners (not experienced runners etc..)	<ul style="list-style-type: none"> <li>Community walking programs</li> </ul>
High cost for gym memberships, classes, etc..	<ul style="list-style-type: none"> <li>Increasing opportunities and awareness for free exercise opportunities (schools, malls, fairgrounds, tracks)</li> <li>Raise awareness of the Silver Sneakers program</li> </ul>
Increase worksite wellness programs	<ul style="list-style-type: none"> <li>Offer incentives for positive changes and reaching goals</li> </ul>
Physicians not providing enough nutrition/physical activity information to patients	<ul style="list-style-type: none"> <li>Providing physicians with resources for their patients</li> <li>Increased education for physicians</li> </ul>
Lack of motivation/time and complacency	<ul style="list-style-type: none"> <li>Create a sense of urgency to get healthy</li> <li>Increase education opportunities</li> <li>Create a community commitment to exercise</li> </ul>
Unhealthy snack options in schools	<ul style="list-style-type: none"> <li>Increase the availability of health snacks in schools</li> <li>Use Shelby City Schools as a model to see changes they have made</li> </ul>
Unsafe neighborhoods (citizens not feeling safe enough to take walks or exercise in their neighborhood)	<ul style="list-style-type: none"> <li>Demolishing abandoned houses</li> <li>Sidewalk repairs</li> </ul>
Increase Safe Routes to School Grant opportunities	<ul style="list-style-type: none"> <li>Look into additional funding opportunities to expand the program (Currently in Mansfield, Butler and Bellville)</li> </ul>
Increasing family meal times	<ul style="list-style-type: none"> <li>No strategies identified</li> </ul>
Sugary beverages	<ul style="list-style-type: none"> <li>New beverage policy that bans sugar sweetened beverages at MedCentral Health System</li> </ul>

# Strategy #1: Decrease obesity among adults, youth and children

## Best Practices

### Best Practices

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

#### 1. **FRESH FRUITS AND VEGETABLES PROGRAM**

The Fresh Fruit and Vegetable Program (FFVP) provides all children in participating schools with a variety of free fresh fruits and vegetables throughout the school day. It is an effective and creative way of introducing fresh fruits and vegetables as healthy snack options. The FFVP also encourages schools to develop partnerships at the State and local level for support in implementing and operating the program.

The Goal of the FFVP

Create healthier school environments by providing healthier food choices

- Expand the variety of fruits and vegetables children experience
- Increase children's fruit and vegetable consumption
- Make a difference in children's diets to impact their present and future health

This program is seen as an important catalyst for change in efforts to combat childhood obesity by helping children learn more healthful eating habits. The FFVP introduces school children to a variety of produce that they otherwise might not have had the opportunity to sample. Each school that participates in the FFVP must submit an application that includes, at a minimum:

- The total number of enrolled students and the percentage eligible for free/reduced price meals
- A certification of support for participation in the FFVP signed by the school food service manager, school principal, *and* district superintendent (or equivalent position)
- A program implementation plan that includes efforts to integrate the FFVP with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity
- It is recommended that each school include a description of partnership activities undertaken or planned. Schools are encouraged to develop partnerships with one or more entities that will provide non-Federal resources, including entities representing the fruit and vegetable industry and entities working to promote children's health in the community.

For more information go to: [www.fns.usda.gov/cnd/FFVP/handbook.pdf](http://www.fns.usda.gov/cnd/FFVP/handbook.pdf)

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

##### **Expected Beneficial Outcomes**

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

## Strategy #1: Decrease obesity among adults, youth and children

### Best Practices, continued

#### Evidence of Effectiveness

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

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

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

#### Impact on Disparities

No impact on disparities likely

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

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. 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/>.
- 4. 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

## Strategy #1: Decrease obesity among adults, youth and children Best Practices, continued

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.

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

### **Expected Beneficial Outcomes**

- Increased physical activity
- Increased physical fitness

### **Evidence of Effectiveness**

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

### **Impact on Disparities**

No impact on disparities likely

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

# Strategy #1: Decrease obesity among adults, youth and children

## Action Step Recommendations & Action Plan

### Action Step Recommendations

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

1. Increase nutrition/physical education materials being offered to patients by primary care providers
2. Create a Richland County Wellness Guide.
3. Increase the number of businesses and/or organizations providing wellness programs and insurance incentive programs to their employees.
4. Initiate a community walking program.
5. Increase School-Based Walking/Biking Programs
6. Implement a healthier choices campaign

### Action Plan

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers</b>		
<b>Year One:</b> 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.	MedCentral Health System	July 2014
<b>Year Two:</b> Offer a 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.  Enlist at least 10 primary care physicians and/or staff to be trained.		July 2015
<b>Year Three:</b> Offer additional trainings to reach at least 75% of the primary care physician offices in the county		July 2016
<b>Wellness Community Guide and Calendar</b>		
<b>Year 1:</b> Create a community calendar/guide and wellness blog with the most up-to-date information regarding nutrition and exercise programs and opportunities in Richland County. Include information regarding community gardens and farmer's markets in the area.  Make sure guides and calendars are available online. Update key words on search engines.  Search for funding to sustain guides and calendars.	RCDG Wellness Team	July 2014
<b>Year 2:</b> Partner with local businesses, churches and schools to begin printing the calendar and disseminate current information throughout Richland County.  Enlist local businesses to sponsor the printing and dissemination of the calendar.  Enlist organizations to update the guides and calendars.  Keep the community calendar updated on a quarterly basis.		July 2015
<b>Year 3:</b> Continue efforts of year 1 and 2. Determine on an annual basis, who will sponsor and update the guides and calendars for the next 3 years.		July 2016

## Strategy #1: Decrease obesity among adults, youth and children Action Step Recommendations & Action Plan, continued

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Businesses/Organizations Providing Wellness Programs &amp; Insurance Incentive Programs to Their Employees</b>		
<p><b>Year 1:</b> Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees.</p> <p>Educate Richland County Businesses about the benefits of implementing these programs</p> <p>Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses</p>	MedCentral Health System & Karyl Price, Health Department (Creating Healthy Communities Grant)	July 2014
<p><b>Year 2:</b> Enlist 5 small and 8 large business/organization to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.</p>		July 2015
<p><b>Year 3:</b> 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>		July 2016
<b>Initiate a Community – Based Walking Program</b>		
<p><b>Year 1:</b> Collect baseline data on current walking programs in Richland County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and where the programs are located.</p> <p>Identify key stakeholders throughout Richland County to collaborate and develop a plan to create community walking programs. Develop program goals and an evaluation process for tracking outcomes.</p> <p>Look for funding sources to incentivize participation in the walking program.</p>	Outreach Coordinator, YMCA & Health Department	July 2014
<p><b>Year 2:</b> Recruit individuals to serve as walking leaders.</p> <p>Decide on the locations, walking routes and number of walking groups throughout Richland County.</p> <p>Link the walking groups with existing organizations to increase participation. Consider the following:</p> <ul style="list-style-type: none"> <li>• Faith-based organizations</li> <li>• Schools</li> <li>• Community-based organizations</li> <li>• Health care providers</li> </ul> <p>Begin implementing the program</p>		July 2015
<p><b>Year 3:</b> Raise awareness and promote the walking programs.</p> <p>Begin distributing incentives to participants.</p> <p>Evaluate program goals.</p> <p>Increase the number of walking groups by 25%</p>		July, 2016

## Strategy #1: Decrease obesity among adults, youth and children Action Step Recommendations & Action Plan, continued

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
<b>Increase School-Based Walking/Biking Programs</b>		
<p><b>Year 1:</b> Collect baseline data on which schools and communities in Richland County are implementing a program to encourage biking or walking to school.</p> <p>Work to increase public awareness and promote efforts of schools who promote a biking or walking programs.</p> <p>Begin looking for additional funding sources at the local, state and national level to expand school biking or walking programs.</p>	Richland Moves Group	July 2014
<p><b>Year 2:</b> Identify 3 additional school districts that would like begin a school biking/walking program.</p> <p>Hold kick-off meetings in each district to create a vision and identify next steps for the programs. Form committees to take on program tasks.</p> <p>Assess walking and biking conditions for students. Provide a means to measure the impact of the program.</p>		July 2015
<p><b>Year 3:</b> Secure funding to support school biking/walking programs.</p> <p>Initiate the programs and implement evaluation measures.</p> <p>Increase the number of students biking and /or walking to school.</p>		July 2016
<b>Implement a Healthier Choices Campaign</b>		
<p><b>Year 1:</b> Work with school and community wellness committees as well as other youth-based organizations to introduce the following:</p> <ul style="list-style-type: none"> <li>• Healthier snack “extra choices” offered during school lunches</li> <li>• Healthier fundraising foods</li> <li>• Healthier choices in vending machines</li> <li>• Healthier choices at sporting events and concession stands,</li> </ul> <p>Reducing unhealthy foods as rewards.</p>	Mid-Ohio Educational Service Center	July 2014
<p><b>Year 2:</b> Each school district and youth organization will choose at least 1 priority area to focus on and implement.</p>		July 2015
<p><b>Year 3:</b> Each school district and youth organization will implement at least 3 of the 5 priority areas.</p>		July 2016



## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Mental Health & Violence Indicators

*In 2011 the health assessment results indicated that 19% of Richland County adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day. 13% of youth had seriously considered attempting suicide in the past year and 6% admitted actually attempting suicide in the past year. 53% of youth were bullied in the past year.*

#### Mental Health Issues

1% of Richland County adults made a plan to attempt suicide in the past year.

Less than 1% of adults attempted suicide.

About one-fifth (19%) of adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day.

Richland County adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (35%), felt worried, tense or anxious (36%), felt sad, blue, or depressed (19%), had high stress (17%), and felt healthy and full of energy (13%).

Just over one-third (34%) of Richland County adults always get the social and emotional support they need. 6% of adults reported they never get the social and emotional support they need.

Richland County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems:

- Not needed (72%)
- A program was actually used (8%)
- Cannot afford to go (3%)
- Have not thought of it (2%)
- Transportation (2%)
- Other priorities (2%)

In the past 12 months, Richland County adults had been diagnosed or treated for the following mental health issue:

- Mood disorder (10%)
- Anxiety disorder (6%)
- Other mental disorder (4%)
- Psychotic disorder (<1%)
- 8% had taken medication for one or more mental health issues.

In 2011, 13% of Richland County youth reported seriously considering attempting suicide in the past twelve months compared to the 2011 YRBS rate of 14% for Ohio youth and 16% for U.S. youth.

In the past year, 6% of Richland County youth had attempted suicide and 3% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 9% for Ohio youth and 8% for U.S. youth.

More than one-fourth (26%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

13% of youth reported that they are very likely to seek help if they were feeling depressed or suicidal. 13% said they would be very unlikely to seek help. 49% reported they never feel depressed or suicidal.

41% of Richland County youth reported that they would seek help if they were dealing with anxiety, stress, depression, or thoughts of suicide. Those who said they would not seek help reported the following reasons:

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

## Mental Health & Violence Indicators, continued

they can handle it themselves (29%), worried about what others may think (20%), don't know where to go (14%), family would not support them (10%), paying for it (10%), no time (9%), and transportation (5%).

When Richland County youth are dealing with depression or suicide they usually do the following: talk to someone (46%), sleep (45%), hobbies (38%), exercise (23%), eat (20%), break something (14%), journal (12%), shop (10%), self-harm such as cutting (8%), smoke/use tobacco (5%), drink alcohol (4%), use medication that is prescribed for them (4%), use illegal drugs (3%), vandalism or violent behavior (3%), gamble (1%), or use medication not prescribed for them (1%).

2011 Youth Comparisons	Richland 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Richland 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who had seriously considered suicide	13%	15%	14%	16%
Youth who had attempted suicide	6%	7%	9%	8%

### Violence & Bullying Issues

In 2011, 11% of Richland County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males (2011 YRBS reported 16% for Ohio and 17% for the U.S.).

In the past year, 12% of youth were threatened or injured with a weapon such as a gun, knife, or club.

In the past month, 4% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2011 YRBS reported 6% for Ohio and 6% for the U.S.).

21% of youth purposefully hurt themselves at some time in their life. They did so by: cutting (12%), scratching (10%), hitting (9%), biting (8%), burning (5%), and self-embedding (1%).

53% of youth had been bullied in the past year. The following types of bullying were reported:

- 42% were verbally bullied (teased, taunted or called you harmful names)
- 25% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
- 16% were physically bullied (you were hit, kicked, punched or people took your belongings)
- 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)

In the past year, 30% of youth had been involved in a physical fight; 17% on more than one occasion. The 2011 YRBS reports 31% of Ohio youth had been in a physical fight and 33% of U.S. youth had been in a physical fight.

16% of youth felt threatened or unsafe in their homes, increasing to 20% of females.

4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 5% of those in high school.

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Mental Health & Violence Indicators, continued

12% of youth reported that an adult or caregiver hit, slapped, or physically hurt them on purpose.

6% of youth were physically forced to have sexual intercourse when they did not want to, increasing to 10% of high school youth (compared to 9% of Ohio youth and 8% of U.S. youth in 2011) *(Source: 2011 YRBS)*.

2011 Youth Comparisons	Richland County 2011 (6 <sup>th</sup> -12 <sup>th</sup> )	Richland County 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Carried a weapon in past month	11%	11%	16%	17%
Been in a physical fight in past year	30%	25%	31%	33%
Did not go to school because felt unsafe	4%	4%	6%	6%
Physically hurt by a boyfriend/girlfriend	4%	5%	N/A	9%
Forced to have sexual intercourse	6%	10%	9%	8%

\*N/A – Not available

#### Types of Bullying Richland County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	16%	20%	13%	17%	17%	3%
Verbally Bullied	42%	36%	48%	43%	44%	23%
Indirectly Bullied	25%	13%	36%	24%	25%	33%
Cyber Bullied	13%	3%	22%	11%	15%	10%

#### Bullied vs. Not Bullied Behaviors

Youth Behaviors	Bullied	Not Bullied
Contemplated suicide in the past 12 months	18%	5%
Attempted suicide in the past 12 months	9%	2%
Have had at least one drink of alcohol in the past 30 days	19%	16%
Have smoked in the past 30 days	11%	9%

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Assessment, Case Management, Screening, Crisis Intervention, Residential Treatment	The Center	All ages	Prevention/Early Intervention/Treatment	Outcomes monitored
Crisis Hotline	The Center	All ages	Prevention/Early Intervention	Outcomes monitored
Suicide Prevention and Education	NAMI	All ages	Prevention	None
Family-To-Family Education Program	NAMI	Family caregivers of individuals with severe mental illness	Treatment	None
Parents and Teachers as Allies	NAMI	In-Service Mental Health Education for School Professionals	Prevention/Early Intervention	None
Crisis Trainings	NAMI/Mansfield Police/Sheriff's Office	Law enforcement	Prevention	None
Help Me Grow (relationship building, aggression in children, social/emotional support)	The Center/Childcare providers	Prenatal up to 3 years old	Prevention/Early Intervention	Outcomes monitored
Books/Videos/Resources	Richland County Library	All ages	Prevention	None
First Call 211	Richland County Library/Department of Jobs and Family Services	All ages	Prevention/Early Intervention	Calls are tracked
Mental Health Court	Court System	Adults with mental health issues in criminal justice system	Treatment	Outcomes monitored
Special Response Court	Juvenile Court System	Families of Juvenile Offenders	Treatment	Outcomes monitored
Triage For Severe Mental Health Needs	The Center/Mansfield Pediatrics	Children through adolescent	Treatment	Outcomes monitored
Private Counseling	Life Steps (numerous agencies)	All ages	Treatment	Outcomes monitored
Kids Connection	Malabar Intermediate School	Grades 4-6	Prevention	None
Rachel's Challenge (bullying prevention program)	Ontario Local Schools	School aged youth	Prevention	None
Psychiatric Unit	MedCentral	Youth and adult	Treatment	Outcomes monitored
Domestic Violence Advocacy Program	The Shelter	Victims of abuse	Treatment	Outcomes monitored
Boy Scouts/Girl Scouts	Boy Scouts/Girl Scouts	Youth	Prevention	None

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Big Brothers/Big Sisters	Big Brothers/Big Sisters	Youth	Prevention	None
Second Step Program Lessons	Community Action for Capable Youth (CACY)	Pre-K-8 <sup>th</sup> grade	Prevention	Results tracked
Lifeskills Training (LST)	Community Action for Capable Youth (CACY)	Middle & high school students	Prevention	Outcomes monitored

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Gaps & Potential Strategies

Gaps	Potential Strategies
<b>Awareness of available services</b>	<ul style="list-style-type: none"> <li>• Create a community guide to services</li> <li>• Increase education for physicians</li> </ul>
<b>Increase the use of depression/mental health screening tools for adults and youth</b>	<ul style="list-style-type: none"> <li>• Implement a screening program in schools</li> <li>• Increase the use of screening tools by primary care physicians and the ER (using PQH2)</li> <li>• Increase physicians referring to mental health agencies</li> </ul>
<b>Education on signs and symptoms of depression, suicide and other mental health issues, and increase education to decrease stigma associated with mental health issues</b>	<ul style="list-style-type: none"> <li>• Explore opportunities for programs to educate school staff, students, parents/families, and the community</li> <li>• Increase resources that are available</li> </ul>
<b>Increase awareness on bullying</b>	<ul style="list-style-type: none"> <li>• Increase parent involvement</li> <li>• Bullying prevention programs in schools</li> </ul>
<b>Adult crisis teams (ages 40-60)</b>	<ul style="list-style-type: none"> <li>• Work to coordinate services with multiple organizations</li> <li>• Increase resources by looking into possible grants or funding opportunities</li> </ul>
<b>Shortage of psychiatrists</b>	<ul style="list-style-type: none"> <li>• Recruit additional psychiatrists</li> <li>• Looking into tele-psychology (Board of DD is currently using this as a trial)</li> <li>• Increase awareness for physicians (where to refer adults)</li> </ul>
<b>No respite care opportunities for families who care for someone with a severe mental health issue</b>	<ul style="list-style-type: none"> <li>• Look for funding and/or resources</li> </ul>
<b>Resources for mothers with postpartum depression</b>	<ul style="list-style-type: none"> <li>• Look into programs that are being offered in Columbus (use their model)</li> <li>• Create support groups</li> <li>• Look into possible resources</li> </ul>
<b>Depression support groups</b>	<ul style="list-style-type: none"> <li>• Engage local churches to offer support groups</li> </ul>

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### 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. QPR Training: QPR stands for Question, Persuade, and Refer** -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor. QPR can be learned in our Gatekeeper course in as little as one hour. For more information go to: <http://www.qprinstitute.com/>
- 3. 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>.

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying Best Practices, continued

4. **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

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 #2: Increase access and awareness of mental health services & decrease violence and bullying Best Practices, continued

5. **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.colorado.edu/cspv/blueprints/modelprograms/BPP.html>
6. **PATHS (Promoting Alternative Thinking Strategies)** PATHS Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. For more information go to:  
<http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>
7. **Aggression Replacement Training® (ART®)**  
Date Published: 2007  
Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training, and is divided into three components—social skills training, anger-control training, and training in moral reasoning. Clients attend a one-hour session in each of these components each week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.  
For more information go to: <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>
8. **STEPS TO RESPECT:** The [research-based](#) STEPS TO RESPECT program teaches elementary students to recognize, refuse, and report bullying, be assertive, and build friendships. In fact, a recent [study](#) found that the program led to a 31 percent decline in bullying and a 70 percent cut in destructive bystander behavior. STEPS TO RESPECT lessons can help kids feel safe and supported by the adults around them, so they can build stronger bonds to school and focus on [academic achievement](#). And the program supports your staff too, with school wide policies and training. Now everyone can work together to build a safe environment free from bullying. For more information go to:  
<http://www.cfchildren.org/programs/str/overview/>



## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Action Step Recommendations & Action Plan

#### Action Step Recommendations

To work toward **increasing access and awareness of mental health services and decreasing violence and bullying**, the following actions steps are recommended:

1. Increase awareness of available mental health services
2. Increase education of ER and primary care providers on mental health issues
3. Increase the number of primary care physicians who screen for depression during office visits
4. Expand evidence-base programs targeting youth and families
5. Create a mental health support system network

#### Action Plan

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Awareness of Available Mental Health Services</b>		
<p><b>Year 1:</b> Create an informational brochure/guide that highlights all organizations in Richland County that provide mental health services. Include information on which organizations offer free services, offer a sliding fee scale, and which insurance plans are accepted.</p> <p>Educate school personnel and social workers in at least three local school districts on the availability of mental health services and signs and symptoms of mental health issues.</p> <p>Create a presentation on available mental health services and present to Richland County area churches, Law Enforcement, Chamber of Commerce, City Councils, College students majoring in social work, etc.</p>	Mary Kay Pierce, NAMI & Richland County Mental Health and Recovery Services Board	July 2014
<p><b>Year 2:</b> Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information</p> <p>Educate school personnel and social workers in all local school districts on the availability of mental health services.</p> <p>Continue presentations on available mental health services to Richland County groups</p>		July 2015
<p><b>Year 3:</b> Continue efforts of years 1 and 2 and expand outreach</p> <p>Determine on an annual basis, who will update and print the guides for the next 3 years</p>		July 2016

## Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

### Action Step Recommendations & Action Plan, continued

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Education of ER and Primary Care Providers on Mental Health Issues</b>		
<b>Year One:</b> Work with ER and primary care providers and/or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.	MedCentral Health System, Mary Kay Pierce, NAMI & Richland County Mental Health and Recovery Services Board	July 2014
<b>Year Two:</b> Begin offering CME (continuing medical education) and/ or CEU (continuing education units) trainings for ER, primary care physicians and/or staff, and mental health professionals to provide better care for patients and/or clients with mental health issues.  Enlist at least 10 primary care providers to be trained.		July 2015
<b>Year Three:</b> Offer additional trainings to reach at least 75% of primary care providers in Richland County.		July 2016
<b>Increase the Number Primary Care Providers Screening for Depression During Office Visits</b>		
<b>Year 1:</b> 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.	Theresa Roth, MedCentral Health System, Mary Kay Pierce, NAMI & Laurie Hamrick, Catholic Charities	July 2014
<b>Year 2:</b> Introduce PQH2 and PQH9 to physicians' offices and hospital administration.  Pilot the protocol with one primary care and one OBGYN physicians' offices.		July 2015
<b>Year 3:</b> Increase the number of primary care physicians and OBGYNs using the PQH2 screening tool by 25% from baseline.		July 2016
<b>Expand Evidence-based Programs Targeting Youth and Families</b>		
<b>Year 1:</b> Meet with school administrators to introduce the QPR Gatekeeper Training for Suicide Prevention.  Get at least 5 school personnel to take the QPR training course.  Gather baseline data as to which school districts are currently using violence and/or bullying prevention programs and which programs they are using. Research evidence based violence and/or bullying prevention programs. Gather input from school administrators.	Tracee Anderson, CACY & Mary Kay Pierce, NAMI	July 2014
<b>Year 2:</b> Have all school counselors take the QPR training.  Increase the number of school personnel trained in QPR by 25%.  Decide which violence and/or bullying prevention program to use in Richland County. Begin looking for funding through grants and/or local funding sources. Secure funding and begin implementing the program in 2 school districts.		July 2015

**Strategy #2: Increase access and awareness of mental health services  
& decrease violence and bullying  
Action Step Recommendations & Action Plan, continued**

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
<b>Expand Evidence-based Programs Targeting Youth and Families, continued</b>		
<p><b>Year 3:</b> Implement the QPR training course with all teachers in each district.</p> <p>Continue expanding the violence and/or bullying prevention program to 2 additional school districts. Work to increase parent awareness and education associated with bullying.</p>		July 2016
<b>Create a Mental Health Support System Network</b>		
<p><b>Year 1:</b> Collect baseline data on all existing mental health support groups in Richland County and increase awareness of those groups.</p> <p>Introduce the idea of creating a mental health support system network through local churches that will provide support to adults who are receiving or have received mental health services and their families. This could include support groups, counseling etc..</p>	Richland County Inter-Church Council	
<p><b>Year 2:</b> Continue raising awareness of support group opportunities.</p> <p>Partner with at least two local churches to implement the follow-up support system.</p>		
<p><b>Year 3:</b> Double the number of churches who are providing follow-up support system programs.</p>		

## Strategy #3: Decrease risky behaviors

### Risky Behavior Indicators

*In 2011, 16% of Richland County adults had used illegal drugs during the past 6 months. 13% of adults had misused medications. In 2011, the health assessment results indicate that 18% of Richland County youth had at least one drink in the past 30 days. 10% of youth were defined as binge drinkers. 10% of youth were current smokers, having smoked at some time in the past 30 days. 9% of youth misused medications. In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over.*

#### **Adult Substance Use**

In 2011, 16% of Richland County adults had used illegal drugs during the past 6 months. 13% of adults had misused medications.

16% of adults were considered binge drinkers, and 11% of adults reported driving after having perhaps too much to drink.

#### **Youth Alcohol Use**

The 2011 figures indicate that 18% of Richland County youth had at least one drink in the past 30 days, increasing to 23% of those ages 17 and older. 10% of all Richland County youth were considered binge drinkers.

#### **Youth Tobacco Use**

Over one-quarter (27%) of Richland County youth had tried cigarette smoking. 10% of youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S). Almost one-third (32%) of current smokers smoked cigarettes daily. More than half (57%) of the Richland County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

#### **Youth Substance Use**

In 2011, 8% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 13% of high school youth. 9% of youth misused medications. During the past 12 months, 9% of Richland County youth had someone offer, sell, or give them an illegal drug on school property.

#### **Youth Sexual Behavior**

In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 19% of youth had participated in oral sex and 5% had participated in anal sex. 21% of youth participated in sexting. Of those who were sexually active, 57% had multiple sexual partners.

## Strategy #3: Decrease risky behaviors

### Risky Behavior Indicators, continued

#### Behaviors of Richland Youth (ages 12-18)

2011 Youth Comparisons	Richland County 2011 (6 <sup>th</sup> – 12 <sup>th</sup> )	Richland County 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )
Ever tried alcohol	41%	54%	71%	71%
Current drinker	18%	26%	38%	39%
Binge drinker	10%	17%	24%	22%
Ever tried cigarettes	27%	35%	52%	45%
Current smokers	10%	14%	21%	18%
Tried to quit smoking	50%	51%	56%	50%
Youth who used marijuana in the past 30 days	8%	13%	24%	23%
Ever used methamphetamines	1%	2%	6%*	4%
Ever used cocaine	2%	3%	7%	7%
Ever used heroin	<1%	1%	3%	3%
Ever used steroids	3%	3%	4%	4%
Ever used inhalants	8%	8%	12%*	11%
Ever misused medications	9%	14%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	9%	13%	24%	26%
Ever had sexual intercourse	22%	35%	NA	47%
Used a condom at last intercourse	61%	56%	N/A	60%
Used birth control pills at last intercourse	32%	34%	23%	18%
Had multiple sexual partners	57%	59%	N/A	N/A

*N/A – Data is not available*

*\*2007 YRBS Data*

## Strategy #3: Decrease risky behaviors

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
HIV Testing/Counseling	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention/Early Intervention	Outcomes monitored
Don't Drink and Drive Campaign (Safe Communities Grant)	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention/Early Intervention	Outcomes monitored
Enforcement of Anti-smoking Laws	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention	Outcomes monitored
Tobacco Education Group (TEG)	Community Action for Capable Youth (CACY)	Youth Smokers	Prevention/Early Intervention	Evidence based
ASK Training (Ask Server Knowledge Program)	Community Action for Capable Youth (CACY)	Liquor permit holders and their employees	Prevention/Early Intervention	Outcomes monitored
LifeSkills Training Curriculum	Community Action for Capable Youth (CACY)	3 <sup>rd</sup> -9 <sup>th</sup> grade youth	Prevention	Evidence based
First Time Offender Program	Community Action for Capable Youth (CACY)	Court-ordered juveniles and their parent	Prevention/Early Intervention	Results tracked
Too Good For Drugs Curriculum	Community Action for Capable Youth (CACY)	Pre-K-6 <sup>th</sup> grade	Prevention	Outcomes monitored
Positive Opportunities Program (POP) Mentoring	Community Action for Capable Youth (CACY)	4 <sup>th</sup> -10 <sup>th</sup> grade selected students	Prevention	Results tracked
Environmental Compliance Checks	Community Action for Capable Youth (CACY)/ Mansfield Police Dept./METRICH	Alcohol & tobacco licensed vendors	Prevention	Results tracked
D.A.R.E.	Mansfield Police Department	5 <sup>th</sup> and 8 <sup>th</sup> graders (Mansfield City, Ontario, Private and Charter schools)	Prevention	Outcomes monitored
Residential Treatment	Abraxa/ Foundations for Living/New Beginnings	Youth and Adult	Treatment	Outcomes monitored
Crisis Beds/Counseling	The Center	All Ages	Treatment	Outcomes monitored
Drug Disposal Program/Rx Education	Mansfield Police/Shelby City Health Department	All	Prevention	Results are tracked
Elevation Values Everyday	UMADOP	Children ages 5-12 and their families	Prevention/Early Intervention/Treatment	Evidence based
Strengthening Families	UMADOP	Children ages 5-12 and their families	Prevention/Early Intervention/Treatment	Evidence based

## Strategy #3: Decrease risky behaviors

### Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Faith-Based Recovery Programs	Local Churches	Adults with Addiction problems	Treatment	Outcomes monitored
Relationships Under Construction (Pregnancy/STD prevention)	Elementary Schools	6 <sup>th</sup> grade students	Prevention	Outcomes monitored
Books and Video Resources	Richland County Library	All ages	Prevention/Early Intervention/Treatment	None
Veteran's Court & Drug Court	Court System	Court-involved Adults/Veteran's	Early Intervention/Treatment	Outcomes monitored
Halfway House Drug & Alcohol Treatment/Sex Offender Program	Volunteers of America	Court involved Adults for substance abuse/sexual offenses	Treatment	Evidence based
Private Counseling	Various local agencies	All Ages	Treatment	Outcomes monitored
Alcoholics Anonymous/Narcotics Anonymous	Various locations	All ages	Treatment	Evidence based
Psychiatric Unit In-patient & out-patient treatment	MedCentral	Adults and Youth	Treatment	Outcomes monitored
Tobacco Cessation Program	MedCentral/Shelby City Health Department	All ages	Treatment	Outcomes monitored
GRADS Program	Pioneer	Teen Mothers	Early Intervention	Outcomes monitored
IMPACT	Family Life Counseling	Youth sex offenders	Treatment	Evidence based
RAPHA	Family Life Counseling	Victims of sexual abuse	Treatment	Evidence based
5 A's Program	Mansfield/Ontario/Richland County Health Department	Pregnant women who smoke	Prevention/Early Intervention/Treatment	Evidence based
Drug testing programs	Local Schools and Various Agencies	All ages	Prevention/Early Intervention	Outcomes monitored

## Strategy #4: Decrease risky behaviors Gaps and Potential Strategies

Gaps	Potential Strategies
<b>Prescription drug collection</b>	<ul style="list-style-type: none"> <li>• Create a permanent prescription drug drop-off location in Richland County (Support local police departments to do this)</li> <li>• Increase awareness of prescription drug collection and drop off sites</li> </ul>
<b>Lack of consistency in school drug testing policies (punitive/not punitive)</b>	<ul style="list-style-type: none"> <li>• Look at school district's policies and try to coordinate efforts</li> </ul>
<b>Long wait for substance abuse treatment</b>	<ul style="list-style-type: none"> <li>• Increase funding</li> </ul>
<b>Accountability for youth and their parents</b>	<ul style="list-style-type: none"> <li>• Increase parent involvement and education</li> <li>• Look for programs to educate youth and parents (Parent Project)</li> </ul>
<b>Increasing youth prevention opportunities</b>	<ul style="list-style-type: none"> <li>• Look for additional grants and or funding opportunities for research based prevention programs</li> </ul>
<b>Distracted driving</b>	<ul style="list-style-type: none"> <li>• Increase education for youth and adults</li> </ul>
<b>Increase awareness of resources dealing with risky behaviors (including prevention activities)</b>	<ul style="list-style-type: none"> <li>• Create a program guide with available services</li> </ul>
<b>Early onset of sexual activity/pregnancy</b>	<ul style="list-style-type: none"> <li>• Increase education (find out what schools are doing education)</li> <li>• CFHS ad campaign</li> </ul>
<b>Parents providing alcohol to their children</b>	<ul style="list-style-type: none"> <li>• Increase education of consequences</li> <li>• Parents Who Host Campaign</li> </ul>
<b>Youth access to alcohol</b>	<ul style="list-style-type: none"> <li>• Increase seller/server trainings (incentives for vendors to attend)</li> <li>• Increase enforcement and environmental scans</li> <li>• Increase awareness of those businesses who are not serving to minors</li> </ul>
<b>Increase opportunities for positive influences for adults and youth</b>	<ul style="list-style-type: none"> <li>• Life coach program</li> <li>• Increase asset development opportunities</li> </ul>
<b>Mothers who are using substances while pregnant</b>	<ul style="list-style-type: none"> <li>• Increase education</li> <li>• FASD task force</li> </ul>



## Strategy #3: Decrease risky behaviors

### Best Practices

The following programs have been reviewed and have proven strategies to **decrease risky behaviors**:

1. **Parent Project**®: The Parent Project is an evidence/science based parenting skills program specifically designed for parents with strong-willed or out-of-control children. Parents are provided with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. The Parent Project is the largest court mandated juvenile diversion program in the country and for agencies, the least expensive intervention program available today.

**There are two highly effective Parent Project® programs serving families:**

Loving Solutions is a 6 to 7 week program written for parents raising difficult or strong-willed children, 5 to 10 year of age. Designed for classroom instruction, this program has special application to ADD and ADHD issues, and was written for the parents of more difficult children.

Changing Destructive Adolescent Behavior is a 10 to 16 week program designed for parents raising difficult or out-of-control adolescent children, ages 10 and up. Also designed for classroom use, it provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

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

2. **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>.

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

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

## Strategy #3: Decrease risky behaviors

### Best Practices

4. **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).
  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>

#### 5. **Medication Collection Programs:**

The proper disposal of medications has become a global concern with focuses on safety for the public and the environment. Due to the legalities involved with proper disposal, most U.S. communities do not offer disposal programs for waste medications. As a result, many consumers keep drugs in their possession because they do not want the drugs to go to waste or do not know how to dispose of them properly. Serious safety concerns have arisen regarding issues of accidental poisonings, drug diversion by teens, and environmental risks posed by keeping unused medication in the home. These concerns have prompted the initiation of drug take-back programs by numerous local and state governments and other organizations. The goal of Project Drug Drop is to significantly reduce the diversion of controlled substances through proper disposal practices and community awareness education. In the absence of a uniform waste pharmaceutical collection program, individuals are often instructed to flush unwanted pharmaceuticals down toilets or dispose of them in the trash. The concern is that these practices contribute to the contamination of environmental water sources that are cycled back for human consumption. Legal regulations on the transfer of controlled substances has limited the availability of alternate disposal methods but federal regulatory authorities such as the Drug Enforcement Administration (DEA), the Food and Drug Administration (FDA) and the Environmental Protection Agency<sup>3</sup> (EPA) encourage consumers to participate in drug take-back events when possible.

For more information go to: <http://projectdrugdrop.org/about-the-program/>

## Strategy #3: Decrease risky behaviors

### Action Step Recommendations & Action Plan

#### Action Step Recommendations

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

1. Increase responsible beverage service trainings and environmental scans in Richland County.
2. Secure a permanent prescription drug collection site
3. Increase the number of ER and primary care providers screenings for at-risk drinking and drug abuse
4. Increase community education on risky behaviors and awareness of available programs
5. Implement the Parent Project Program
6. Secure a Drug Free Communities (DFC) grant in Richland County

#### Action Plan

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
<b>Increase Responsible Beverage Service Trainings &amp; Environmental Scans</b>		
<p><b>Year 1:</b> Work with the Ohio Investigative Unit to increase the number of responsible beverage service trainings being offered in Richland County.</p> <p>Offer the trainings at various times and locations throughout the county.</p> <p>Work with local Police Departments and Sheriff's Office to look for funding opportunities to increase the number of environmental scans being facilitated.</p>	Tracee Anderson, CACY, Mansfield City Police Department & METRICH	July 2014
<p><b>Year 2:</b> Create awareness in the community regarding the responsible beverage service trainings. Positively identify businesses that have completed the trainings.</p> <p>Begin offering incentives for establishments to attend trainings.</p> <p>Increase the amount of trainings by 25%</p> <p>Increase the amount of environmental scans by 25%</p>		July 2015
<p><b>Year 3:</b> Continue efforts of years 1 and 2.</p> <p>Double the number of businesses that have had their employees trained.</p> <p>Double the amount of environmental scans being facilitated.</p>		July 2016
<b>Secure a Permanent Prescription Drug Drop –Off Location</b>		
<p><b>Year 1:</b> Increase awareness of prescription drug abuse and the prescription drug collection program. Encourage local pharmacies to provide information on prescription drug collections.</p> <p>Begin looking for opportunities to create a permanent drop-off location site.</p>	Mansfield City Police Department, Richland County Sheriff's Office, Tracee Anderson, CACY & Laurie Hamrick, Catholic Charities	July 2014
<p><b>Year 2:</b> Secure a permanent drop-off site in Richland County.</p> <p>Raise awareness of the permanent drop-off site</p>		July 2015
<p><b>Year 3:</b> Increase prescription drug collection sites in Richland County by 25%.</p> <p>Continue raising awareness of the drop-off locations.</p>		July 2016

## Strategy #3: Decrease risky behavior

### Action Step Recommendations & Action Plan, continued

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
<b>Increase the Number of ER and Primary Care Providers Screenings for At-Risk Drinking and Drug Abuse</b>		
<b>Year 1:</b> Collect baseline data on the number of ER and primary care providers that currently screen for at-risk drinking and drug abuse, and at what ages.	MedCentral Health System & Tracee Anderson, CACY	July 2014
<b>Year 2:</b> Introduce an 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.		July 2015
<b>Year 3:</b> Increase the number of ER and primary care providers screening for alcohol and/or drug abuse by 50% from baseline.		July 2016
<b>Increase Community Education on Risky Behaviors and Awareness of Available Programs</b>		
<b>Year 1:</b> Create an informational brochure/guide that highlights all organizations in Richland County that provide services to address risky behaviors, including prevention opportunities. Include information on which organizations offer free services, offer a sliding fee scale, and which insurance plans are accepted.  Educate school personnel and social workers in at least three local school districts on the availability of services.  Plan and implement a community awareness event to offer the Operation Street Smart Workshop to adults in Richland County.	Tracee Anderson, CACY & Mid-Ohio Educational Service Center	July 2014
<b>Year 2:</b> Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information  Educate school personnel and social workers in all local school districts on the availability of services.  Plan additional awareness programs/workshops focusing on different trends and hot topics. Increase awareness of the workshops.		July 2015
<b>Year 3:</b> Continue efforts of years 1 and 2 and expand awareness and outreach.		July 2016
<b>Implement Parent Project</b>		
<b>Year 1:</b> Recruit trained facilitators to implement the program or train facilitators to implement the Parent Project program.  Secure a space to host the program.  Introduce program to juvenile court, Jobs and Family Services, school guidance counselors and churches. Ask them to make referrals to those who offer the program.	Parent Aide Program, (Lori Daugherty will be contacted)	
<b>Year 2:</b> Implement the program with at least 20 parents.		

## Strategy #3: Decrease risky behavior Action Step Recommendations & Action Plan, continued

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
<b>Implement Parent Project, continued</b>		
<p><b>Year 3:</b> Expand program to be offered in different areas of the county and at different times throughout the year.</p> <p>Work with juvenile court to get mandatory referrals for parents.</p> <p>Expand the program to include a youth education piece.</p> <p>Implement the program with at least 50 parents.</p>		
<b>Secure a Drug Free Communities (DFC) Grant</b>		
<p><b>Year 1:</b> Enlist grant writers from various interested organizations.</p> <p>Determine who will be the lead agency.</p> <p>Initiate any pre-work that has to be done to secure the grant such as letters of support, enlisting missing sectors to the current coalition, etc.</p>	Tracee Anderson, CACY & Numerous other organizations	
<p><b>Year 2:</b> Apply for DFC grant by March, 2014.</p>		
<p><b>Year 3:</b> If funded, implement grant deliverables.</p> <p>If not funded in first year, apply again or look to partner with a neighboring county who is already funded and apply for a mentoring grant.</p>		

## Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Richland County Community Health Improvement Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet quarterly to report out the progress. A marketing committee will be formed to disseminate the strategic 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:

Amy Schmidt RN, BSN, Director of Nursing  
Mansfield-Ontario-Richland County Health Department  
555 Lexington Avenue  
Mansfield, OH 44907  
Phone: 419-774-4545  
E-mail: [aschmidt@richlandhealth.org](mailto:aschmidt@richlandhealth.org)